

Predisposing Factors, Perceived Psychosocial Impact and Myths Associated with *Angada*¹ Use, the case of Dessie town, Wollo Ethiopia

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ABSTRACT

Tobacco use, both smoking and smokeless tobacco, is one of the leading cause of preventable death worldwide. According to WHO, smokeless tobacco is a serious challenge for the developing world. In Ethiopia, there are about 1.1 million smokeless tobacco users. Informed by this fact, the present research aimed to assess the predisposing factors, myths, psychological and social impacts related with angda, smokeless tobacco, use in Dessie, Wollo Ethiopia.

The research employed qualitative research method. Purposeful sampling particularly snowball sampling was used to select the participants of the study. In this study a total of 20 participants; 15 men and 5 women were participated. The data was collected by using in-depth interview and non-participant observation.

The findings of the study identified family and peers as the main predisposing factors for angda use. The participants of the study indicated that they use angada to be relaxed, to keep alert and concentrated on work, to supplement other drugs and to substitute other drugs. Besides, angada is perceived to be harmless, associated with better sex life and can be used as traditional healing. In spite of the perceived benefits of angada use, the participants reported that they face multiple psychological, emotional, and social difficulties.

KEY-WORDS— *smokeless tobacco, angada, qualitative method*

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I. INTRODUCTION

Tobacco use, both smoking and smokeless tobacco, is one of the leading public health threats in the world causing different health, economical, psychological and social risks (Cohen, Morelle, Bacchi & West 2005). In the 20th century 100 million people were died due to diseases related with tobacco use and if current trends continue this number will raise ominously to one billion in the 21st century (Blecher & Ross, 2015). In this regard, studies indicated that low and middle-income countries are disproportionately affected by tobacco use. For instance, the number tobacco-attributable deaths by 2030 will reach 8 million (Eriksen, Mackay, Schluger, Islamin & Drope, 2015). However, worryingly, 80% of these deaths are projected to occur in low and middle-income countries (Tobacco Factsheet, 2018). Another source also indicated that, between 2020 and 2030 in high income countries tobacco related deaths are projected to decline by 9% while in low and middle income countries the number of deaths are expected to double from 3.4 million to 6.8 million (Blecher & Ross, 2015).

Furthermore, in the developing world, tobacco use has significant effect in the economic situation of developing countries since it has created huge economic strain as it raises health expenditure and other indirect costs related to illness due to tobacco-attributable diseases. Thus, tobacco use for the developing world is a double edged sword.

In Sub-Saharan Africa, even though the prevalence of tobacco use is at its lowest stage, the area is expected to show the largest growth in tobacco consumption in the world (Méndez, Alshanteqy & Warner, 2013). Despite this fact, most sub-Saharan nations do not seem to prioritize and allocate adequate amount of resource to control tobacco use as the region has been suffering from imminent threats from other infectious diseases and malnutrition. Most Sub-Saharan African nations have been unable to prioritise or deploy adequate resources to address tobacco control (WHO, 2014). Thus, in the coming years, developing countries in general and sub-Saharan Africa in particular are expected to be severely affected by tobacco.

¹A kind of locally used smokeless tobacco used in some parts of Ethiopia

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Regarding smokeless tobacco, reports from WHO indicated that there are over 300 million smokeless tobacco users worldwide of which more than 250 million are in low- and middle-income countries (WHO, 2013). This clearly indicated that smokeless tobacco is a serious challenge for the developing world.

In Ethiopia, according to the global adult tobacco survey, in 2016, the national tobacco use prevalence was estimated at 5.0% (3.4 million) from which 8.1% is among men and 1.8% among women; and 3.8% in urban areas and 5.3% in rural areas. In particular, the prevalence of smokeless tobacco users is about 1.7% (1.1 million) from which 2.6% among men and 0.8% among women (GATS Ethiopia, 2016).

In Ethiopia people use smokeless tobacco in different forms and it has also different names. In some parts of the country people dried the tobacco leaf, crushed it and sniffed up in their nostril. This kind of smokeless tobacco is known as *suret*. In the other parts of the country mainly in Afar and Wollo people use tobacco in different form known as *angada*⁴, a kind of locally used smokeless tobacco which is the focus of this article

Though a considerable amount of people are using smokeless tobacco, there is a paucity of researches regarding the health, psychosocial and economic impacts of smokeless tobacco in Ethiopia. In fact in Ethiopia many researches regarding tobacco use focused on cigarettes and thus there is a dearth of knowledge about smokeless tobacco use and its health, psychological, social and economic impacts in the country. Furthermore, Ethiopia despite her success in the enactment of strong anti-tobacco law to support its tobacco controlling efforts, the law merely focused on cigarettes ignoring other types of products, including smokeless tobacco. Therefore, this research aimed to fill the knowledge gap regarding the predisposing factors, attitudes and beliefs related with smokeless tobacco use along with its psychological and social impacts in Dessie, Wollo Ethiopia. So far as our knowledge, no study has been conducted in Wollo Ethiopia regarding smokeless tobacco and thus our research is a pioneer with a particular importance.

II. METHODS

The study was carried out in Dessie city from January –March 2020. Dessie town is one of the largest cities in Amhara regional state. It is the capital of South Wollo Zone. The city is 70 kilometres away from Kemisse town where *angada*s widely produced and distributed to various parts of the country.

This research employed qualitative research method. Qualitative research method is an appropriate method when the purpose of a research is to explore phenomenon, processes, events, and actions, and to understand the subjective perspectives of people (Creswell, 2009, p.4). For the purpose of this study to understand the subjective meanings and experiences of *angada* users, qualitative research method was fitted.

Participants and sampling strategy

Purposeful sampling particularly snowball sampling was used to select the participants of the study. For the purpose of selecting the participants of the study non-probability sampling technique, particularly snow-ball sampling technique was used. Snow-balling was important in that the target participants are hard to find (Creswell, 2007). First, the researchers have found-out an *angada* user through personal networks in the study sites and he/she was asked to recommend to another; and this process continued until qualitative data is saturated. In this study a total of 20 participants; 15 men and 5 women were participated: the point of data saturation. The age of the participants vary from 19-65.

Data collection techniques

The data was collected by using in-depth interview and non-participant observation. The techniques were used to generate first person accounts of particular life experiences of people under study, which was supposed to enable for exploration of emerged substantive themes. The methods helped to understand what is going on in the lives of the target population by being available at the site. In the study the 20 *angada* users are interviewed till data is saturated. Data is said to be saturated when successive interviews are consistently yielding little or no new information or insight (Dawson, 2009).

The qualitative data was analyzed using thematic data analysis method. Data collection, data analysis, and interpretation conducted simultaneously in the intention to avoid misunderstanding and distortion. Most importantly, ethics was part of the research process. Issues of informed consent, confidentiality, and unanimity are all considered.

⁴Since there are different types of smokeless tobacco, in the intention to avoid confusion with such the other forms, the researchers used the specific local term, *angada*, in this paper.

III. RESULTS AND DISCUSSION

Predisposing factors

In this study the participants mentioned different factors like family and peers as the main factors that predispose or influence them to use *angada*.

Family as predisposing factor

Families are the most powerful socializing agents that can significantly influence the attitudes, values and behaviors of children as they are the first and most reliable institution by the children (Ioan, Hanganu, Chirilă, Coteți and Neagu, n.d). Therefore, children are prone to imitate and to value what they see in their family. In support of this, Social control theory stated that human beings are vulnerable to deviance of one form or another unless they are protected by their families, peer or school (Hirschi, 1969). Pursuant to this, in the present study, the participants revealed that their predisposition with a family member who use *angada* as a main force that pushed them to start using *angada*. For instance, a 45 year-old *angada* user said:

“When I was young my brother asked me to buy *angada* for him. Sometimes when I bought the *angada* for him, I put a very small piece of the *angada* in my mouth. And when I did this repeatedly, I liked it and when I grew up I dared to use it regularly.

Another 33 years old respondent also said *I remember my father was a regular angada user and I wished I could do the same when I grew up.*

Peer influence

Peer pressure was emphasized as main factor for experiencing *angada*. This finding can be supported by in-depth interview of a 25-year-old man:

“when I was in school I had a friend who use *angada* and encourage me to do the same. First, I was not voluntary to use it but I did not remember for how long this feeling of mine persists. Later I found myself as a regular user of *angada*.”

According to Edwin Sutherland, individuals become deviant through differential association that is when they are exposed to more prodeviant norms and values for long periods (Bassis, Gelles & Levine, 1988). In other word, the more interaction time is longer, the more increased the risk.

Other reports agree with these findings. For instance, the report from UNDCP indicated that *the influence of peer groups, which is usually strong during formative years of youth, may be stronger than that of parents in some cases* (UNDCP, 1995). In the study that focused on adolescents' marijuana use, Kandel (1973) found that friends are identical in their use of marijuana than in any other activity. This all showed that, *angada* use by peers exert a greater influence than the attitudes of parents since they generally find themselves in situation that reward their deviant behavior.

Perceived Reasons to use Angada

The respondents revealed that their decision to use *angada* is based on a rational decision. Thus, *angada* use, according to the respondents, as discussed below is related to multiple functions for use.

To be relaxed

Many of the respondents in the present study indicated that they use *angada* to be relaxed. In this regard A 30-year-old male *angada* user said that:

“...my life is tiresome. It is full of hassles but *angada* helped me to forget all the hassles in my life. It helps me to forget things that worry me. It makes me high. I always feel good after I use *angada*...”

A 24 years old respondent similarly said: *I feel good! So I do it!*

To keep alert and concentrated on work

A significant number of respondents reported that they use *angada* to be awake and to have a good mood. For some, *angada* is a method of increasing energy, relieving tiredness and a means to improve their work performance. A 25-years old respondent said *I am a driver. I usually drive at night from here [Dessie] to Addiss Ababa. Angada helps me to stay alert, to avoid sleepiness and generally it helps me to improve my concentration while I am driving.*

One respondent who is a daily laborer also said that after *angada* reduce physical fatigue and relieve tiredness.

To supplement other drugs

During the interview, the participants illustrated that they started to use *angada* to supplement the effect of other drugs. A 26 years old woman *angada* user said that

In the afternoons, I always I chew Khat (Catha edulis Forssk) and angada make it much effective. When I use angada, I always get high in a very short period of time. Besides, that highness will continue for a longer time.

To substitute other drugs

The participants of the study designated that they started to use *angada* to substitute other drugs like alcohol and cigarettes.

I used to smoke cigarettes. For one thing it is costly for the other people watch you when you smoke it. Therefore, I tried angada as a substitute for cigarettes and I liked it. Though it has similar effect with cigarettes, it has economic advantage.

Myths associated with angada

The data generated from the respondents showed that there are various myths associated with *angada*.

Angada is harmless

The respondents explained their strong belief about the harmlessness of *angada*. For example a 35 years old *angada* user said

Using angada has no harm. When I use it, I just put it in my mouth and i did not swell the juice. Rather I spit it out. Besides, it has no smoke then how it can be harmful to me? Never, it causes no harm.

In support of this another 60 years old man said

I have been using angada for the past 46 years (since I was 14 years old) and I have not seen any sickness. Similarly friend of mine use angada for 45 years and he too has no any health problem. But, our friends who smoke cigarette even for few years have many serious health problems.

Unlike the respondents, literatures elsewhere indicated that smokeless tobacco is harmful and has a significant health risk (Alberta Health Services, 2015). Smokeless tobacco other than the well-known nicotine, contains 3000 chemicals including 28 known carcinogens (Etuet.al , 2017). Besides, citing Hoffman & Djordjevic (1997), the same source indicated that a person who uses smokeless tobacco for eight to ten times per day consumes the same amount of nicotine as someone who smokes 30 to 40 cigarettes (Ibid).

“Angada can be used as traditional healing”

Respondents of the study believed that *angada* is beneficial for mild sicknesses like headache, fevers and toothache. *Angada is good anti-pain used to remove toothache* said –40- year-old Female *angada* user. However, the qualitative data shows that most of the participants of the study have their teeth stained their breaths bad and their tastes diminished.

“Angada is good to have better sex life”

In addition to the above myths believed by the proponents, the use of *angada* is associated with better sex life: to have better erection and to avoid premature ejaculation. *It is natural Viagra* said a 25 years old male *angada* user. Besides, the participants of the study depicted that they know many people who use *angada* for only for this purpose.

However, unlike to what the respondent of the present study said, studies have proven that tobacco has harmful effects on sexual life. For instance, one research by Corona, Sansone, Pallotti, Ferlin, Pivonello Isidori, Maggi & Jannini (2020) showed that tobacco has significant negative effect on sexual arousal since it has negative consequences on blood circulation. It also negatively affected fertility. Harte (2014) also suggested that tobacco use is significantly associated with an increased risk of erectile dysfunction whereas quitting tobacco appears to improve sexual function.

Psychological Impacts of angada

Emotional crisis and discontent in their life

The participants, despite aforementioned perceived benefits, reported that *angada* use is associated with several psychological problems. Generally they face **emotional crisis and discontent in their life**. Participants' emotional crisis is related with self-blaming behavior for being *angada* addicted. A 55 years old man *angada* user elucidated this point as;

I choose the wrong path with angada and now I am in deeply addicted. I have to deal with the choices that I made while using every day for the rest of my life. I destroyed my young age and my life. If only I had chosen not to take the first angada, my life would be totally different. My advice is not to let other people make choices for you. I believe life is so much better without angada.

Perceived stigma

During the interview, participants reported that they had been treated unfairly by their families, friends and people in their neighbourhood for they are *angada* users. They have said that they witnessed rejection by family members and friends. Others also said that they were treated differently or with lack of respect. Some others also reported that they experience teasing or negative comments from family members, friends or people in their neighbourhood since they are *angada* users. For instance, a 21 years old *angada* user said that no one in my family want to talk to me because I have used *angada*. Another 34 years old male *angada* user said that I do not want to spend time with friends in my neighbourhood because I know they always gossip me they always tease at me. A 24 years old female *angada* user said *my families and friends hate me. They always disrespect me. They thought that I am useless*. Perceived status loss was also reported as serious challenge they

have faced because of their *angada* use. A 35 years old respondent said that *they call me jezbow⁵ which is a very derogatory term.*

The respondents, because of the perceived stigma, establish friendship with other people who use *angada* as a way of coping mechanism. They felt that people who use *angada* like them would better understand them since they all have similar experiences. A 34 years old female *angada* user said that *I feel good only when I am with my friend that use angada.* Another 30 years old *angada* user explained his feeling as

Even though I had so many friends I did not want to talk to them since they all did not want to talk to me. They always mock at me. There for I did not want to be with there. I had two new friends who also use angada. I talk with them. I spent time with them. We feel like we are relatives.

From the responses of the participants, the researchers realized that participants tried to establish strong relationship with others who use *angada* to avoid discrimination or negative reaction from others who did not use *angada*. However, this kind of friendship would reinforce their *angada* use and would make difficult to escape from it.

Perceived Social Impact

The data generated from the respondents revealed that their use of *angada* disrupted their social life as they had no participation in vital life events like wedding, mournings with relatives and neighbors. A 35 years old man to explain the disruption of his social life by his use of *angada* said that *I did not go to any social gatherings because I thought that people can easily identify that I am high.*

The respondent also reported that their use of *angada* affects their social life to the extent of making the interpersonal interaction dysfunctional. This study found that many *angada* users had no adequate relationships or have problematic relationship with their family and with their friends.

IV. CONCLUSION AND RECOMMENDATION

Tobacco use, both smoking and smokeless tobacco, is one of the leading cause of preventable death worldwide and also responsible for creating different economical, psychological and social risks. According to WHO, there are over 300 million smokeless tobacco users worldwide of which more than 250 million are in low- and middle-income countries. This clearly indicated that smokeless tobacco is a serious challenge for the developing world. In Ethiopia, there are about 1.1 million smokeless tobacco users. In Dessie town, the capital of south wollo zone, smokeless tobacco, particularly *angada* is used by a growing number of people.

The present study revealed that family and peers are the main factors that predispose or influence them to use *angada*. The participants of the study pointed out that they use *angada* for various reasons like to be relaxed, to keep alert and concentrated on work, to supplement other drugs and to substitute other drugs

The study also revealed that in the study area *angada* use is associated with various myths. For instance, as the respondents reported that *angada* is believed to be harmless since it has no smoke and since the user spit out the juice. However, scientific studies elsewhere indicated that smokeless tobacco is harmful and has a significant health risk. Besides, the use of *angada* is believed to be associated with better sex life. Conversely, researches across the globe depicted that tobacco has harmful effects on sexual life.

In spite of the perceived benefits of *angada* use, the participants', as described in the interview, reported that they face multiple psychological, emotional, and social difficulties.

For instance, it was salient in their narratives that it is their sense of "worthlessness" that causes them to frequently be emotionally disturbed and exposes them in an enduring internalized feeling of discontent in their entire life. Stigma was also described as another psychological problem related with their *angada* use. The participants believed that they had been treated unfairly by their families, friends and people in their neighbourhood for they are *angada* users. This perception of the participants' forced them to alienate themselves from their community and to establish new social network with people who also are *angada* users so as to avoid discrimination or negative reactions. However, this kind of social network would reinforce their *angada* use and would make difficult to escape from it. Furthermore, the respondents designated that their use of *angada* affects their social life to the extent of making the interpersonal interaction dysfunctional.

The researchers recommended that the country should ratify a national smokeless tobacco control policy. As the findings of the study clearly indicated that there is a knowledge gap about the multifaceted impact *angada*. Thus, the national, regional, zonal and district level health departments and other stakeholders should work intensively and collaboratively to raise the awareness of the general public about the haram of *angada* and other forms of smokeless tobacco. Community mobilizations including religious fathers, leaders of different community institutions, youths, schools and the like is necessary to prevent *angada* and other forms of smokeless tobacco use. It is also suggested that future researchers should conduct a comprehensive and multi-disciplinary research so as to create a clear understanding of the issue in a broader sense.

⁵A derogatory Amharic term meaning useless or worthless

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