Journal of Research in Medical and Dental Science
2021, Volume 9, Issue 8, Page No: 89-93

Available Online at: www.jrmds.in
eISSN No.2347-2367: pISSN No.2347-2545

Evaluate the Level of Knowledge, Attitude and Repetition of Women on Hazards of Tobacco

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ABSTRACT

In worldwide possibly the need of educating the nursing personnel through in services and unceasing education to update their knowledge and skill in identifying the difficulty of tobacco consumption and motivating them to do the instant management for the complication and by its causes of major health problems in rural and urban areas. The data indicates that the associate the selected demographic variables with knowledge, attitude and practice of women about hazards of tobacco consumption. Whereas in rural area the data shows that 30% were having Average knowledge and 65%were having better knowledge on hazards of tobacco consumption. Therefore the result shows that the rural and urban women have difference on knowledge on regarding hazards of tobacco consumption in both rural and urban areas. Because education, information and communication activities play an important role in hewing awareness regarding hazards of tobacco consumption in rural and urban areas. The present study highlights the importance of focusing attention on smoking cessation training, given the high prevalence of smokers among physicians specializing in unrestricted health, their key role both as listening problems, advisers behavioural, and the limited tobacco training offered in student nurses have different knowledge.

Key words: Smoking, Tobacco consumption, University students, Nursing, laboratory technology, Knowledge/attitudes/practice (KAP)

HOW TO CITE THIS ARTICLE: AR Bharathi, Evaluate the Level of Knowledge, Attitude and Repetition of Women on Hazards of Tobacco, J Res Med Dent Sci, 2021, 9(8): 89-88

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Received: 19/07/2021
Accepted: 09/08/2021

INTRODUCTION

Unfortunately, Tobacco consumption to be the leading cause of avoidable disease it's finally to premature death. On an average, tobacco consumers lost about 20-25 years of their productive life, leading to an irreparable loss of economic and human resources [1-3]. Tobacco dependence has actually many aspects of a chronic disease: most patients do not achieve abstinence after their first attempt to quit, they have periods of relapse and they often require repeated cessation interventions Some disease occur due to commonly, the available pharmacological treatments and the group/individual psychotherapy are effective in smoking stop, though integrated tobacco cessation programs and services usually give higher percentages of success [4]. Habit is a thing that often and almost without thinking and hand to stop doing the habit of eating snacks frequently in between meals is also a bad habit the habit of chewing tobacco, smoking cigarette, consuming pan masala and chewing Betel leaves is an important cause for poor oral hygiene in India. Among the most common dangerous for health is consumption of tobacco [5,6].

High rates of smoking among doctors and other health care workers (HCW) and limited training on cessation approaches may compromise the ability of physicians to effectively treat their patients who smoke. In fact, tobacco dependence counselling in medical schools are scarce, as indicated in recent surveys. The Mouth is the only body site that permits viewing with the naked eye the ravages of chewing tobacco for a given client; it is often possible to view in a clinical examination normal tissue, premalignant lesions and malignant tumor. When compared with other Body sites, the mouth offers a unique chance for crucial problem because the mouth Permits non-invasive, repetitive examination in longitudinal studies of tobacco associated acute and chronic diseases. Some of the problems which occur in the mouth due to tobacco consumption are toothache, ulceration of mucous membrane, stomatitis and dental carries. Tobacco causes 85% of oral cancer is South East Asia [6,7].

This was detected by the detective through public posting and also another reason for selecting this topic. When I had community posting I saw many women consuming the tobacco and I asked them why they are taking this tobacco and they answered that it is a recreational or leisure

activity. But they do not know the hazards of consuming the tobacco and women are consuming tobacco when compared to men. And there are many studies supporting for my study. The consumption of tobacco causes maximum health worldwide, Epidemiological research over the past several years has confirmed the harmful effects of tobacco consumption. Developing countries are project to contribute 85% of tobacco related death by 2020. These are consuming ill effects on health. Affording to his study 35% of oral mucosal lesions are found to be more public among tobacco uses. Tobacco use may also create to affect other parts of the body Such as cardiovascular system and the most serious consequence is oral cancer. Women consuming tobacco harbour other diseases very easily due to presence of nicotine in the tobacco [8,9]. The diseases are hypertension; tachycardia increased cardiac Contractility, hypothermia, tumor, asthma and bronchitis. A study to assess the level of knowledge, attitude and practice of women on hazards of tobacco consumption and to identify their oral health problem in selected rural and urban area with a view of organizing an educational programmed at, Chennai." So, this is the obligation of primary care given to create consciousness among women regarding the death-traps of tobacco Consumption. Nearby several rigorous public education and statutory events are available for women to gain adequate knowledge regarding hazards of tobacco consumption [10,11]. By this the women can able to lead a positive life and also support the family to the level of wellness in the country. The present study aimed to analyse the associated problem related to this social evil.

METHODOLOGY

A simple random sampling technique (lottery method) was adopted to select the subjects for the study. In total 120 samples who met the inclusion criteria, were selected using simple random sampling techniques. Needed permission as well as ethical clearance was obtained from the principal for conducting the study. Informed consent was obtained verbally / written from all subjects who have accepted to participate in the study. The exclusion criteria were only permanent residents, Visitors also will be excluded, Subjects who are uncooperative, Age group less than 20 and more than 60 years are not included. The instruments used for data collection are interview guide, semi- structured interview questionnaire, 3 point likert scale. This was developed according to the objectives and by long extensive literature review. The data collection was analyzed by using descriptive and inferential statistics with the help of statistician. Data was tabulated and frequency and percentage of table was developed. The pilot study was conducted and the investigator approached the subjects, and informed regarding the objective of the study and obtained the consent after the subjects about the confidentiality of the data. Totally 12 women especially those were consuming tobacco were selected both from rural and urban area was selected .The investigator visited the area and personally interviewed all 12 women. The data was collected through a structured interview questionnaire. The women responded well to the question and they were very co-operative. All the 10 women were found in lack of knowledge regarding tobacco and its hazards. The interview schedule was found to be suitable with little corrections. All the respondents were understood the hazards of using tobacco. Nowadays, tobacco smoking control measures are rural and urban area with comprehensive processes. Awareness upon minority and future nurses, the medical students, the study was completed to find out their knowledge upon health hazard of smoking, the products of tobacco and the control activities and their attitude towards preventive measure of smoking and their practice. Base on the research results, can provide information about our young student's attitude, knowledge and behaviour related to tobacco use and its health impact , to guide programming and advocacy work addressing youth tobacco use. Totally 20-25 women especially those were consuming tobacco were selected both from rural and urban area was selected .The investigator visited the area and personally interviewed all 15 women. The data was collected through a structured interview questionnaire. The women responded well to the question and they were very co-operative. All the 10 women were found in lack of knowledge regarding tobacco and its hazards. The interview schedule was found to be suitable with little corrections. All the defendants were silent the hazards of consuming tobacco.

RESULTS

This table showed that the 50.0% of the women were belonging to the age group of 31 – 40 years in urban area when compared to the mother in the rural area there were only 26.7%. The table indicates that the Religion of the subjects belong to Hindus (85.3%) in urban area, when compared to rural area which were almost same (83.4%). The table represents that the Caste of the subjects belong to backward caste 85% in urban area, when compared to rural area which is only 78.7%. The data quoted that the Educational status of women had only primary school education in urban area was 61.6%, when compared to rural area which is only 23.3%. The table also shows that the most of the women (51.6%) were housewife in rural area when compared to urban areas which are only (26.6%). The table indicates that the marital status of (57 %) married women in urban areas and rural areas (71.6%) were almost equal. Majority (78.6 %) of families were nuclear family in urban areas when compared to rural areas which is only (71.5%). Majority (31.4 %) of families were joint family in rural areas when compared to urban areas which is only (15%). The table shows that the habit of chewing tobacco developed mostly from the grandparents in rural areas which were 58.4% but when compared to urban areas it is only 5%. The table shows that the habit of chewing tobacco developed mostly from the peer groups in urban areas which were 20% but when compared to rural areas the habit is not developed due to peer groups (Table 1).

Table 1: Distribution of women in rural and urban areas by their demographic variables.

Demographic variables	Urban		Rural	
	Frequency	Percentage (%)	Frequency	Percentage (%)
Age in years				
20 to 30	-	-	-	-
31 to 40	35	45	15	25.7
41 to 50	57	22.8	25	31.7
Above 51	18	26.7	28	38.6
Religion				
Hindu	52	85.3	45	78.4
Muslim	7	12	6	18
Christian	1	2.1	2	2.85
Area of residence				
Rural area	-	-	75	98.5
Urban area	65	98	-	
Slum area	-	-		
Educational status				
Illiterate	-		39	52.3
Primary school	43	51.6	17	13.3
Higher secondary/ graduates	1.3	1.8	0	0
Occupational status				
House wife	16	26.6	31	51.6
Daily wages	44	73.4	29	48.4
Governmental employee		-		-
Private employee	-		-	
Marital status				
Married	57	71.6	57	78.6
Unmarried	-	-	-	-
Widow	15	22	17	31.4
Divorced	2	3.4	0	-
Type of family				
Nuclear family	57	78	77	87
Joint family	8	27	19	25
Have you suffered any problems after tobacco use				
Yes	28	48.8	18	28
No	33	78.7	42	55

Figure 1 indicated that the knowledge of women on tobacco consumption in rural and urban areas. In urban area the data depict that 32% of the subjects were having Average knowledge and 60 %were having better knowledge on hazards of tobacco consumption. Whereas in rural area the data shows that 27% were having Average knowledge and 72.5%were having better knowledge on hazards of tobacco consumption. Hence the result shows that there is no much difference between areas on knowledge of hazards of tobacco consumption in both rural and urban areas. Because information education and communication activities plays an important role in creating awareness regarding hazards of tobacco consumption in rural and urban areas.

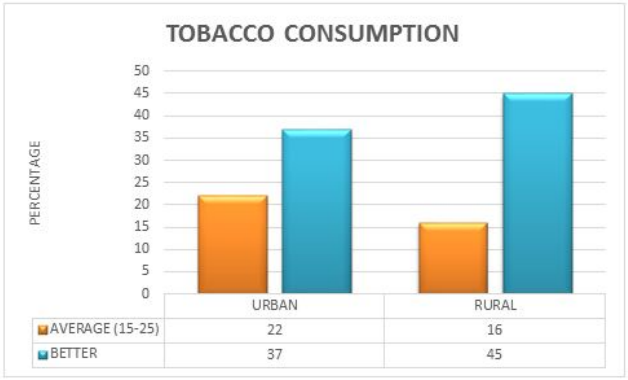

Figure 1: Distribution of level of knowledge among women on hazards of tobacco consumption in rural and urban area.

Figure 2 Showed that the attitude of women on tobacco consumption in rural and urban areas. In rural area the data depicts that 72.5% of the subjects were having uncertain attitude and 28.5% were having agreeing attitude whereas in urban areas the data shows that 68.3% were having uncertain attitude and only 27.7% were having agreeing attitude. As a result the investigator found that the rural women were having uncertain attitude when compared to urban women.

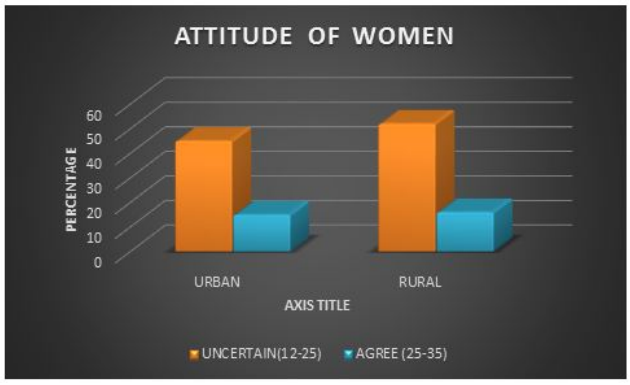

Figure 2: Distribution of Attitude of women on hazards of tobacco consumption in rural and urban areas.

DISCUSSION

The semi- organized interview survey was controlled to assess the knowledge, attitude and practice of women on hazards of tobacco consumption. The response was analyzed through. Discussion on the findings was arranged based on the objectives of the study. The results indicates that the basic knowledge of women on tobacco consumption in rural and urban area. In urban area the data depict that 37% of the subjects were having Average knowledge and 55 %were having better knowledge on hazards of tobacco consumption. Where as in rural area the data shows that 25% were having Average knowledge and 78%were having Better knowledge on hazards of tobacco consumption. Also the study represents that the consumption rate is more because they don't have the awareness regarding the hazards of tobacco chewing. Hence the result shows that the rural women have better knowledge when compared to urban women. Regarding control measure of smoking, although there was no direct linkage between the exposure to media and the behaviour of smoking, their knowledge on legislative measure of smoking was also low. Nearly (72.6%) of students had knowledge about the tobacco law such as tobacco advertising is prohibited in Myanmar. Only one third of the students had awareness of smoking was prohibited in health & health care service area and, one third of the students knew that smoking was prohibited in education related campus. And in urban area the hypothesis was rejected P value is more than (0.05) whereas in rural area there was significant association between occupation and marital status. This was accordance with the previous results [12-16].

The result shows that there was significant association between occupation and marital status. The statistically significant P value for occupation (0.05) and for marital status P value (0.04). But there was no statistically significant association between age, religion, income, type of family, and habit likewise; the proportion of women with knowledge of the long-term negative effects of tobacco chewing experience on infants was not high, especially regarding sudden infant death syndrome and infant mortality. Our results were comparable to previous studies in other developing countries. Hence, the research hypothesis was accepted and the null hypothesis was rejected [15,16]. The data reveals that the attitude of women on tobacco consumption in rural and urban areas. In rural area the data depicts that 70 % of the subjects were having uncertain attitude and 22.7% were having agreeing attitude whereas in urban areas the data shows that 68.3% were having uncertain attitude and only 31.7% were having agreeing attitude [17]. As a result the investigator found that the rural women were having uncertain attitude when compared to urban women similar to previous studies [18,19].

Women on tobacco consumption in rural and urban areas. The practice of tobacco consumption was revealed that 78.3% were having the habit of chewing tobacco 3 times daily and 21.7% were having the habit of consuming tobacco more than 7 times. But in urban area the practice of tobacco consumption was revealed that 68.3% were having the habit of chewing tobacco 3 times daily and 31.7% were having the habit of consuming tobacco more than 5 times. As a result the investigator found that the rural women have the habit of consuming more tobacco when compared to urban area. In every year we are celebrating World Tobacco Day, But still the people are not realized the seriousness of complication of tobacco chewing [20,21]. It has noted that the represents that the investigator has been identified their oral health problem suffered by women in rural and urban areas due to tobacco consumption [22]. The commonest problem re identified such as oral lesion, dental caries, tartar, gingivitis and tachycardia. The total women suffered with this problem due to tobacco consumption were 47 out of 120.Among the Health problem lesion was found more in individuals. Finally the identified patient had referred 47 of them to the nearest institution for further treatment.

It has identified that the substantive summary of the chi – square analysis which was used to bring out the association between the knowledge, attitude and practice of tobacco consumption and identified their health problem with selected demographic variables in urban area [21,23]. Finally, it has noted that the investigator has been identified their health problem suffered by women in rural and urban areas due to tobacco consumption. The commonest problems are identified such as oral lesion, dental caries, tartar, gingivitis and tachycardia. The total women suffered with this problem due to tobacco consumption were 56 out of 150. And the investigator had given health education and the participants were very cooperative and cleared their doubts and took active participation .So the investigator found that the health education session was very effective. Finally the recognized patient had referred 56 of them to the adjacent institution for additional treatment [24,25].

CONCLUSION

The investigation beginning their health problem suffered by women in rural and urban areas due to tobacco consumption. All difficult are recognized such as dental caries, tartar, gingivitis, tachycardia and Oral lesion. The total women suffered with this problem hence to conclude, a cross-sectional study might lead to risk of hazards of tobacco consumption in both rural and urban areas. Because evidence, education and statement activities plays an important role in creating awareness as regards hazards of tobacco.

FUNDING

No funding sources.

ETHICAL APPROVAL

The study was approved by the Institutional Ethics Committee.

CONFLICT OF INTEREST

The authors declare no conflict of interest.

ACKNOWLEDGMENTS

The encouragement and support from Bharath Institute of Higher Education and Research, Chennai, Tamil Nadu, India is gratefully acknowledged for providing the laboratory facilities to carry out the research work.

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