



A STUDY WAS A STUDY TO ASSESS THE KNOWLEDGE OF ORAL CANCER AMONG TOBACCO CHEWERS VISITED TO VIMS HOSPITAL BELLARY WITH VIEW TO DEVELOP AN INFORMATION PAMPHLET.

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ABSTRACT

A study was a study to assess the knowledge of oral cancer among tobacco chewers visited to VIMS hospital Bellary with view to develop an information pamphlet. The objectives of the study were 1. To assess the knowledge of oral cancer. 2. To develop information pamphlet of oral cancer among tobacco chewers. 3. To determine association between knowledge of oral cancer among tobacco chewer and selected demographic variables. Descriptive approach was adopted for the present study. Sample was selected by simple random sampling technique. Structured interview questionnaire was prepared to collect data. Findings related to sample characteristics are, out of 100 participants majority of participants 35 (35%) were in the age group of 41-50 years, 73 (73%) were male, 65 (65%) were from nuclear family, 80 (80%) were married, 60 (60%) were belong to Hindu religion, 30 (30%) sample family income in the range of 2001-5000 rupees. 75 (75%) were illiterate, 35 (35%) were doing agriculture, 25 (25%) were get information from health management. Majority (35%) of the participants had inadequate knowledge regarding oral cancer. Over all mean score 15, mean percentage 50 and SD 4.05. By this analysis investigator found that participants were having below average knowledge in all the aspects. The study concluded that the knowledge in the Oral Cancer among Tobacco Chewers visited to VIMS Hospital at Bellary. There was a significant relation between the knowledge and age, education, occupation and source of information. Hence there was a significant relation between demographic variables and knowledge of adults regarding oral cancers.

KEYWORDS : Oral cancer, Tobacco chewer, Information pamphlet.

INTRODUCTION

"Be aware! Be Alive!!"

"The best way to predict the future is to invent it"

-John Fisher.

World Health Organization defines health as a state of complete physical, mental, and social well-being and not merely an absence of disease or infirmity. A healthy person is an asset to the society. An unhealthy lifestyle and practices among an individual will lead to a disease. The most common hazardous and with low prognosis disease which is still remain as a cause of concern to medical and common society is the oral cancer. Despite of several measures of public awareness still the common man is unaware of its complication and economic burden leading to individual and health care system of voluntary. Oral cavity is the cavity of the mouth; especially, the part of the mouth behind the gums and teeth that is bounded above by the hard and soft palates and below by the tongue and by the mucous membrane connecting it with the inner part of the mandible. The different parts of the oral cavity and oropharynx are made up of several types of cells. Different cancers can develop from each type of cell. The differences are important, because they can influence a person's treatment options and prognosis (outlook). Cancer is a class of disease characterized by out-of-control cell growth. There are over 100 different types of cancer, and each is classified by the type of cell that is initially affected. 2. Cancer is a universal and non-communicable disease that affects people without regard to race, gender, socio-economic status or culture. 3. It can occur at any site or tissue of the body and involves any type of cells. There are wide variations in the distribution of cancer throughout the world. Cancer is the second most common killer disease in the world. Cancer is known to be the most feared of all diseases, and feared more than synonymous with death, pain and disfigurement. However, attitudes towards cancer do not fit today's status of the treatment and control. 4. Cancer is an abnormal disorganized growth of cells in the tissue of a person. Cancer cells keep on multiplying without paying heed to the body's command to stop.

This abnormal growth of cells destroys the normal structure and the function of the affected tissue and the body in general.⁵

Cancer of the oral cavity which may occur in any part of the mouth or throat. Is curable if discovered early. Oral cancer may occur on the lips or anywhere within the mouth like tongue, floor of mouth, buccal mucosa, hard and soft palate, pharyngeal walls and tonsils, etc.⁶

The National Institutes of Health, through the National Cancer Institute, determined in 1998 that "cigar smoking causes a variety of cancers including cancers of the oral cavity, lip, tongue, mouth, throat, esophagus, larynx, and lung. Pipe smoking involves significant health risks, particularly oral cancer. Roughly half of periodontitis or inflammation around the teeth cases is attributed to current or former smoking. Smokeless tobacco causes gingival recession and white mucosal lesions. Smokers have significantly greater loss of bone height than nonsmokers, and the trend can be extended to pipe smokers to have more bone loss than nonsmokers. Smoking has been proven to be an important factor in the staining of teeth. Halitosis or bad breath is common among tobacco smokers. Tooth loss has been shown to be 2 to 3 times higher in smokers than in non-smokers. In addition, complications may further include leukoplakia, the adherent white plaques or patches on the mucous membranes of the oral cavity, including the tongue, and a loss of taste sensation or salivary changes.⁷

RESEARCH PROBLEM

A study to assess the knowledge of oral cancer among tobacco chewers visited to VIMS Hospital Bellary with view to develop an information pamphlet.

OBJECTIVES

1. To assess the knowledge of oral cancer.
2. To develop information pamphlet of oral cancer among tobacco chewers.
3. To determine association between knowledge of oral cancer among tobacco chewer and selected demographic variables.

RESEARCH DESIGN:

The research design is descriptive design.

RESEARCH SETTING:

Settings are the study is at VIMS hospital bellary.

POPULATION:

A population is the entire aggregation of cases in which a researcher is interested. In the present study, the population in the study was patient between age group of 20-60 years visited VIMS hospital Bellary.

SAMPLE:

The sample consists of 100 who visited VIMS hospital Bellary.

SAMPLE SIZE AND SAMPLING TECHNIQUE:

The sample size considered for the study was 100 . Simple random sample technique was used.

CRITERIA FOR SAMPLE SELECTION

The following criteria were set by the researcher for the selection of sample.

Inclusive criteria

- 1) Age groups 20 to 60 Year.
- 2) Tobacco chewers who were visited to hospital.
- 3) Tobacco chewers who are willing to participate in the study.
- 4) Tobacco chewers who are present during study
- 5) Tobacco chewers who can read kannada, English

Exclusion criteria:

- 1) Tobacco chewers who are not visited in hospital
- 2) Tobacco chewers who can not read kannada, English.

MATERIALS AND METHODS

A descriptive research approach was considered to carry out the study. The main focus of the study was to assess the knowledge regarding the oral cancer in order to develop and administer health education pamphlet. These samples were between the age group 20-40 years visited at VIMS Hospital Bellary. random samples of 100 subjects were taken from the study population for data collection. The data collection instrument was structured knowledge questionnaire.

The collected data were analyzed by using descriptive (mean, Standard Deviation) and inferential statistics (Chi square test)

RESULTS :

Findings Related to Demographic characteristics of samples out of 100 participant majority of participant 35 (35%) were in the age group of 41-50 years , 73(73%) were male , 65 (65%) were from nuclear family , 80 (80%) were married , 60(60%) were belong to hindu religion, 30(30%) sample family income in the he range of 2001-5000 rupees. 75(75%) were illiterate, 35(35%) were doing agriculture, 25(25%) were get information from health management.

Table 1. Frequency and Percentage Distribution of demographic Variables of sample

Sr No	Sample Characteristics	Frequency	Percentage (%)
1	Age (yrs)		
	20-30	20	20
	31-40	25	25
	41-50	35	35
2	Gender		
	Male	73	73
	Female	27	27
3	Type of Family		

	Nuclear Family	65	65
	Joint Family	35	35
4	Marital Status		
	Married	80	80
	Single	20	20
5	Religion		
	Hindu	60	60
	Muslim	11	11
	Christian	29	29
6	Family Income		
	Less than 1000	25	25
	1001-2000	25	25
	2001-5000	30	30
	Above 5000	20	20
7	Education		
	Literate	25	25
	Illiterate	75	75
8	Occupation		
	Cooli	25	25
	Agriculture	35	35
	Employer	20	20
	Others	20	20
9	Source of Information		
	Mass Media	20	20
	Relative	10	10
	Neighbors	20	20
	Friend	15	15
	Health Management	25	20
	Family	10	10

Majority (55%) of the participants had inadequate knowledge regarding oral cancer .

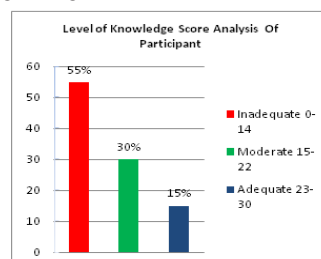


Fig.1 Level of Knowledge Score Analysis Of Participant

The above table illustrates the area wise knowledge score analysis i.e mean score,

mean percentage and standard deviation of each section. On general Concept of Oral cancer the mean score 4.68, mean percentage found to be 58.5%, SD 1.09 in Types, sign, Symptoms & Complication of Oral Cancer the mean score is 4.73 mean percentage 47.3 and SD is 1.8, Prevention & Management of Oral Cancer mean Score is 5.59 percentage is 46.58 und SD is 2.34 and over all mean score 15, mean percentage 50.

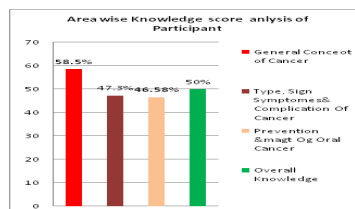


Fig.2 Area wise Knowledge score analysis of Participant

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