



“A STUDY TO ASSESS THE PREVALANCE OF CHEWABLE TOBACCO HABITS AND ITS RELATED HEALTH PROBLEM AMONG CLASS FOURTH WORKERS KRISHNA HOSPITAL, KARAD WITH A VIEW TO PREPARE HEALTH EDUCATION PAMPHLET.”

KEYWORDS

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ABSTRACT **BACKGROUND** Tobacco use is one of the leading preventable causes of premature death, disease and disability around the world. An estimated 4.9 million deaths occurring annually can be attributed to tobacco use. **OBJECTIVES** To assess the knowledge & Prevalence regarding chewable tobacco habits and its related health problems among class-IV workers & find out the association between the knowledge regarding chewable tobacco habits and its related health problems with selected socio-demographic variables. **MATERIAL AND METHODS** Probability purposive sampling technique was used, 30 samples was taken by using self structured questionnaires and validated by experts. **RESULT** There is significant difference between age group and knowledge of tobacco chewers i.e. Significantly high proportion of individuals from age group above 35 years improved their knowledge regarding lesions will be present in oral cancer as compared to individuals from age group up to 35 years $p=0.0352$. **CONCLUSION** The result of study shows that there is need to arrange programme on prevention of tobacco chewing or ban on tobacco production.

INTRODUCTION:

“Health is wealth” as the saying goes. Health is essential factor for a happy contented life. Based on alma-ata declaration, much emphasis is being placed on health promotion and preventive health care.

In India tobacco was first brought by Portuguese merchants 400 years ago. Although there were already some strains of locally-grown tobacco in India these were outclassed by the new imported varieties from Brazil. The trade boomed and tobacco quickly established itself as the most important commodity passing through Goa in the 17th century.

Virtually every household in the Portuguese colony took up the new fashion of chewing tobacco. Smokeless tobacco (chewing tobacco) is known to be associated with lesions of the oral mucosa, some of which may become malignant. To better evaluate the effect of on the mouth, 1,109 major and minor league baseball players were studied during spring training. Subjects completed a questionnaire regarding education, dental hygiene, and demographic data. Detailed information about chewing tobacco use, including brands, amount, and overall usage patterns, was also obtained. In 2006, the national research council (NRC) and the surgeon general public health service independently assessed the health effects of exposure to chewable tobacco.

This report also has attempted to provide estimates of the extent of the public health impact, where appropriate, in terms of numbers of chewing tobacco-attributable cases in nonsmoking subpopulations.

AIMS & OBJECTIVES:

To assess the knowledge & Prevalence regarding chewable tobacco habits and its related health problems among class-IV workers & find out the association between the knowledge regarding chewable tobacco habits and its related health problems with selected socio-demographic variables.

Methods and material:

Probability purposive sampling technique was used, 30 samples was taken by using self structured questionnaires. The study was done in Krishna hospital Karad in wards within one month. Ethical Permission taken to conduct study. Purpose of the study was explained to the subject.

Informed Written consent was taken from each subject. Self structured questionnaire was used to assess the knowledge & prevalence of tobacco habits. Structured Questionnaire was prepared to collect demographic data. The data were tabulated and analyzed in term of objectives of the study using descriptive and inferential statistics. The significance was calculated by using the fisher exact test.

RESULTS: TABLE NO: 1

Section: 1 Distribution of frequency & Percentage distribution of sample characteristics according to socio-demographic Variables:

Sr.no	Demographic variable	Frequency	Percentage
1.	Sex (a)Male	23	76.66%
	(b)female	7	23.33%
2.	Age (a)Upto35	14	46.67%
	(b) more than35	16	53.33%
3.	Religion(a)Hindu	27	90%
	(b)Other	3	10%
4	Monthly salary(a)Upto 5000	11	36.66%
	(b) more than5000	19	63.33%
5.	Socio-economic Status		
	(a)good	17	56.67%
	(b)Average	9	30%
	(c)Poor	4	13.33%
6	Marrital status		
	(a)Married	25	83.33%
	(c)Unmarried	5	16.67%
7.	Type of Family		
	(a)Joint	20	66.67%
	(b)Nuclear	10	33.33%
8.	Education		
	(a)Primary	10	33.33%
	(b)Secondary	14	46.67%
	(c)Higher-Secondary& more	6	20%
9.	Family Dietary Pattern		
	(a)Veg	7	33.33%
	(b)Mix	23	76.66%
10.	Living Area		

(a)Urban	14	46.67%
(b)Rural	16	53.33%

TABLE NO-1 shows that samples with age group of more than 35yrs 16 (53.33%), secondary education 14 (46.67%), married 25(83.33%), Type of Family Joint 20 (66.67%), sex male 23 (76.66%), Hindu 27(90%), Monthly salary more than 5000 19 [63.33%], Socio-economic Status good 17 [56.67%], Family Dietary Pattern mix 23 [76.66%], Living Area Rural 16[53.33%].

TABLE NO-2
SECTION 2-Findings related to pretest and post test knowledge associated with age

Age Group	Improved	Not Improved	Total	Fisher Exact Test	Significant
Upto 35 yrs.	4	10	14	p=0.0086	Yes
more than 35 yrs.	13	3	16		
Total	17	13	30		

There is significant difference between age group and knowledge of tobacco chewers i.e. Significantly high proportion of individuals from age group above 35 years improved their knowledge **p=0.0086**

TABLE NO-3

SECTION 3-Findings related to pretest and post test practice or habit of chewing tobacco associated with age

Age Group	Improved	Not Improved	Total	Fisher Exact Test	Significant
Upto 35 yrs.	1	13	14	p=0.0024	Yes
more than 35 yrs.	10	6	16		
Total	11	19	30		

There is significant difference between age group and practice of tobacco chewers i.e. significantly high proportion of individuals from age group up to 35 years reduced their practice **p=0.0024**

DISCUSSION:

Samples with age group of more than 35yrs 16 (53.33%), secondary education 14 (46.67%), married 25(83.33%), Type of Family Joint 20 (66.67%), sex male 23 (76.66%), Hindu 27(90%), Monthly salary more than 5000 19 [63.33%], Socio-economic Status good 17 [56.67%], Family Dietary Pattern mix 23 [76.66%], Living Area Rural 16[53.33%]. There is significant difference between age group and knowledge of tobacco chewers i.e. Significantly high proportion of individuals from age group above 35 years improved their knowledge **p=0.0086**. There is significant difference between age group and practice of tobacco chewers i.e. significantly high proportion of individuals from age group up to 35 years reduced their practice **p=0.0024** A descriptive study conducted on population tobacco control interventions and their effects on social inequalities in smoking at Glasgow UK to find out the effects of population tobacco control interventions on social inequalities in smoking. Study concluded that population level tobacco control interventions have the potential to benefit more disadvantage groups and thereby contribute to reducing health inequalities.

CONCLUSION:

The present study was undertaken to assess the chewable tobacco habit and knowledge regarding its health problem by providing knowledge. The findings of the study reveals that a developing Health education pamphlet or providing knowledge through pamphlet can make significant rise in knowledge level of which obtained from post test score. The result of study shows that there is need to arrange programme on prevention of tobacco chewing or ban on tobacco production.

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