Level of Knowledge Regarding Impact of Tobacco Chewing Among Adolescent Boys.

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ABSTRACT *Compliance survey of smoke-free law is an effective means of measuring progress towards a smoke-free society. India has a comprehensive tobacco control law known as Cigarettes and Other Tobacco Products Act, 2003. Even then the prevalence of smoking is high among adolescents. This study aimed to assess the knowledge regarding the impact of tobacco chewing among adolescent boys. The objectives of the study were to assess the knowledge regarding impact of tobacco chewing among adolescent boys the selected community area and to associate the knowledge level with selected demographic variables. The study was conducted in the Mahabalipuram village. A non- experimental descriptive research design was used. A total of 30 samples were selected by using systematic random sampling. The knowledge level of the samples was assessed using a structured questionnaire. The collected data were analysed using the descriptive statistics and inferential statistics. The study results revealed that 50% of the adolescent boys were having moderate knowledge regarding impact of tobacco chewing, there is also a significant relationship between educational status of mother, occupational status of father and mother, type of family and the previous knowledge regarding impact of tobacco chewing and their knowledge score. The study concludes that an agenda to improve the knowledge regarding impact of tobacco chewing among the adolescent boys in rural area in India must include effective interventions to control tobacco use.Failure to do so would most likely result in doubling the burden of diseases—which caused by—among India's teeming tobacco use in adolescent boys.*

INTRODUCTION:

Tobacco consumption is a global problem. It is the single most preventable cause for adult death and disease in the world today. It is estimated that one in three people use tobacco products, with over one million people use tobacco and its products world-wide. Nearly four million of the world population would have been saved from the clutches of death due to tobacco addiction. Nicotine is a highly addictive substance and adult people experimentation can easily lead to a life time of tobacco dependence. **(Bano SN, Zulkfle, 2010).** Tobacco smoking and alcohol consumption are the major causes of cancers of the mouth and pharynx in developed countries and Southern Africa, whereas tobacco chewing explains the high incidence in some developing countries. Tobacco is consumed especially in India and a south East Asian country. Chewing tobacco is a risk factor for oral cancer. The annual incidence to be 10 per 1000, regardless of how tobacco is consumed .Its adverse influence on disease and mortality among individual population is clear. Tobacco consumption is often found to be disproportionality higher among lower socioeconomic groups. **(Gupta PC, Ray CS. 2003).** During the recent years, in India, both in urban and rural, consumption of tobacco in the form of direct chewing of gutkha is alarmingly increasing especially in the young adults as which is major reason for subsistence of oral cancer. Gutkha chewing and smoking leads to an increase in the oral pathogens by reducing the normal symbiotic microbial flora. **(Avasn Maruthit Y, Rao RS, Palivela H, Thakre S, 2007).** Tobacco is chewed predominantly as an ingredient of betal quid or pan, which is a combination of betel leaf, aeronaut and lim**. (Johns Hopkins, 2002).** Many studies are carried out regarding age incidence, tobacco smoking and sites of oral cancer. But few studies have been carried out in India on assessment of knowledge on impact of tobacco chewing. Hence, this study was planned.

MATERIALS AND METHODS:

Research approach: quantitative descriptive research approach

Research design: non – experimental descriptive design

Settings of the study: Mahabalipuram village, Thirukazhukun-

dam Block, Kancheepuram District

Population: adolescent boys in the age group of 13 - 19yrs.

Sample: adolescent boys in the age group of 13 - 19yrs who have met the inclusion criteria

Sample size: 30 adolescent boys in the age group of 13 - 19yrs who have met the inclusion criteria

Sampling Technique: systematic random sampling

Criteria for Selection of Sample:
Inclusion criteria: The inclusion criteria for the present study were:

- Adolescent boys who are willing to participate
- Adolescent boys who can understand and speak Tamil and English
- Adolescent boys in Annal Gandhi and Annal Ambadekar street of Mahabalipuram village

Exclusion criteria: The exclusion criteria for the present study were:

- Adolescent boys not available at the time of study.
- Adolescent boys with physical and psychological illness.
- Adolescent boys not available when randomly selected

Development and description of the tool: A structured interview schedule was developed based on the objectives of the study; through review of literature on related studies, journals, and books; opinion from the experts. The instrument used in this study consists of two sections which are as follows:

SECTION A: demographic data
SECTION B: It consisted of multiple choice questions which were prepared to assess the knowledge on impact of Tobacco Chewing among adolescent boys.

Method of scoring and interpretation: Each correct answer carries "1" mark and wrong answer carries '0' mark. The maximum score is '30'and the minimum score is '0'. According to the scores obtained by the samples, it was categorized as follows by the investigators.

➢ >76% - Adequate knowledge
➢ 51-75% - Moderately adequate knowledge
➢ < 50% - Inadequate knowledge.

Method of data collection: the data was collected using structured interview schedule.

RESULTS AND DISCUSSION:
The collected data were entered in data sheet and analyzed using descriptive and inferential statistics. The distributions of the demographic data of the study participants are majority (30%) of adolescent boys are in the age group of 15-16 yrs. More than half the proportions (63.3%) of adolescent boys are Hindu. More than half the proportions (57%) of adolescent boys are educated up to high school certificate. Majority (43.3%) of adolescent boys' mother are educated up to high school certificate. Majority (33.3%) of adolescent boys' father are educated up to middle school certificate. Higher proportions (83.3%) of adolescent boys' mother occupation are unemployed. Majority (40%) of adolescent boys' father occupation was unskilled higher proportion (83.3%) of adolescent boys' family monthly income wasRs.1601-Rs.4809. More than half the proportions (60%) of adolescent boys are from nuclear family. Majority (50%) of adolescent boys are having habit of alcoholism higher proportions (77%) of adolescent boys have previous knowledge regarding impact of tobacco chewing. Among the adolescent boys who have previous knowledge regarding impact of tobacco chewing (43%) have acquired knowledge through the television.
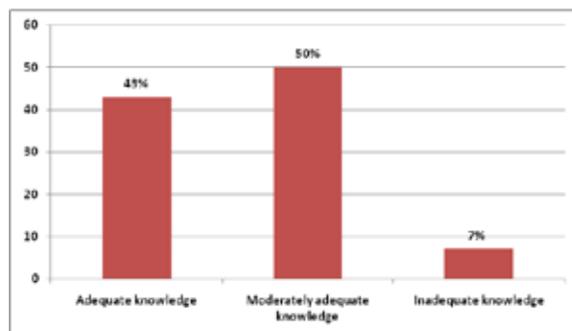

Table 1: shows the knowledge level of adolescent boys regarding the impact of tobacco chewing.

Regarding the association between the knowledge level and the variables there is a significant relationship between educational status of mother, occupational status of father and mother, type of family and the previous knowledge regarding impact of tobacco chewing and their knowledge score. There was no signification with respect to other variables

CONCLUSION:
Tobacco use is a major public health challenge in India with 275 million adults consuming different tobacco products. Government of India has taken various initiatives for tobacco control in the country. Besides enacting comprehensive tobacco control legislation (Cigarettes and Anti-tobacco Products Act, 2003), India was among the first few countries to ratify WHO the Framework Convention on Tobacco Control (WHO FCTC) in 2004. The National Tobacco Control Programme was piloted during the 11th Five Year Plan which is under implementation in 42 districts of 21 states in the country. The advocacy for tobacco control by the civil society and community led initiatives has acted in synergy with tobacco control policies of the Government. Although different levels of success have been achieved by the states, non prioritization of tobacco control at the sub national level still exists and effective implementation of tobacco control policies remains largely a challenge.

Cigarette companies have developed sophisticated campaigns targeting men, women, and children in different socioeconomic groups. Many of these strategies circumvent the Indian tobacco advertising ban. Understanding these marketing strategies is critical to minimize the exploitation of loopholes in tobacco control legislation

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