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KNOWLEDGE REGARDING ILL EFFECTS OF TOBACCO CHEWING AMONG RURAL ADULTS.

Nursing

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ABSTRACT

Tobacco is used in India in many forms. Smoking of cigarettes and beedis (tobacco wrapped in dried leaves of special trees) is one form of tobacco use. Smokeless tobacco use consists of chewing pan (mixture of lime, pieces of areca nut, tobacco and spices wrapped in betel leaf), chewing gutkha or pan masala (scented tobacco mixed with lime and areca nut, in powder form), and mishri (a kind of toothpaste used for rubbing on gums). India has one of the highest tobacco users in the world both in number and relative share. India is one of the fewer countries in the world where prevalence of smoking and smokeless tobacco use are high and is characterised by dual use of tobacco (use of both smoking and smokeless tobacco products) also contributes to a noticeable proportion.[1]

Statement of problem:

"A Descriptive Study to assess the knowledge regarding ill effects of tobacco chewing among rural adults residing in shiroli (pulachi) at Kolhapur with a view to develop an informational booklet."

Objective of study:

1. To assess the knowledge regarding ill effects of tobacco chewing.
2. To find out an association between pre-test knowledge score with their selected socio –demographical variables.
3. To prepare and provide informational booklet on ill effects of tobacco chewing.

Methodology: A quantitative descriptive survey approach was used to evaluate the knowledge regarding illeffects of tobacco chewing. The study was conducted in shiroli (pulachi) village. Non-probability Purposive sampling technique was used to select 100 samples. The tool used for the data collection was self-administered structured knowledge questionnaire which comprised of 06 items on demographic data and 20 items on knowledge regarding ill effects of tobacco chewing. **Result:** The result indicates that among 100 adults of shiroli (pulachi) village, The maximum 61 (61%) of people were Age group of 18 years to 29 years where as minimum 39 (39%) of people were age group of 30 years to 49 years. In Gender majority of 85 (85%) people were male and minimum of 15 (15%) were female. In Religion maximum 58 (58%) people were belongs to Hindu religion and minimum 14 (14%) people were Christian. In Marital status majority of 75 (75%) people were married and 25 (25%) were unmarried. In Education majority of 71 (71%) were had secondary education and minimum 13 (13%) were primary education. In Source of information majority of 63 (63%) were got information from health personal and minimum of 07 (07%) had got information from television. In the present study out of 100 subjects, maximum (76%) were having Average knowledge and 15 (15%) were having Good knowledge and 09 (09%) were having Poor knowledge regarding illeffects of tobacco chewing among adults. The mean score of knowledge regarding illeffects of tobacco chewing among adults residing in shiroli(pulachi) village was 11.02±3. There is need to provide informational booklet on illeffects of tobacco chewing . It's high time we should understand that illeffects of tobacco chewing forprevention of diseases due to tobacco chewing.

KEYWORDS

I: INTRODUCTION:

The Global Adult Tobacco Survey (GATS) is a standardized household survey that enables countries to compile data on key tobacco indicators and assist states in the formulation, tracking and execution of effective tobacco control interventions and international comparisons as laid out in the MPOWER policy package of the WHO[2].

The GATS-India survey is the first large scale survey designed to collect reliable information on tobacco use in the country among adults aged 15 years and above. This survey gives us an ample opportunity to look into the current burden of tobacco use among the adult population aged 15 years and above in India, and it's associated socioeconomic, demographic and knowledge related factors. GATS-India is the first large scale survey conducted after the enactment of the Cigarettes and Other Tobacco Products Act (COTPA) (2003) and the launch of the National Tobacco Control Programme (2007–08) in India.[3]

Today tobacco is the leading preventable cause of death in the world. It is the only legal consumer product that kills one third to one half of those who used it as intended by its manufacturers, with its victims dying on an average 15 years prematurely. Approximately 1.8 billion young people (aged 10-24) live in our world today with more than 85% found in developing countries. Having survived the vulnerable childhood period, these young people are generally healthy. However, as the tobacco industry intensifies its efforts to hook new, young and potentially lifelong tobacco users, the health of a significant percentage of the world's youth is seriously threatened by the deadly products. Nicotine is a highly addictive substance and child and adolescent experimentation can easily lead to a life time of tobacco dependence.[4]

II: Methods And Data Collection: After extensive review of literature as well as discussion with guide and experts, the tool that is socio- demographical data and Structured knowledge questionnaire on knowledge regarding illeffects of tobacco chewing were developed to identify the the knowledge regarding illeffects of tobacco chewing among adults residing in Shiroli (Pulachi) village, Kolhapur district.

Prior permission was obtained from the medical officer primary health centre shiroli . For, maximum co-operation, the investigator introduced him to the respondents and willingness of the participants was ascertained. By using non-probability Purposive sampling technique 100 adults of shiroli (pulachi) village were selected for the study. Structured knowledge questionnaire were used to assess the knowledge regarding ill effects of tobacco chewing among rural adults The researcher collected the data from the subjects. The data collected were recorded systematically on each subject and were organized in a way that facilitates computer entry and data analysis.

III: DISCUSSION:

The present study has been undertaken to assess the knowledge regarding illeffects of tobacco chewing among adults residing in Shiroli (Pulachi) village,Kolhapur district with a view to develop information booklet.

1) Characteristics of Selected Socio- Demographic Variables.

- With regard to Age the maximum 61(61%) of people were age group of 18 years to 29 years where as minimum 39(39%) of people were age group of 30 years to 49 years.
- With regard to the Gender majority of 85(85%) people were male and minimum of 15(15%) were female.
- With regard to the Religion maximum58(58%) people were belongs to Hindu religion and minimum 14(14%) people were Christian.
- With regards to the Marital status majority of 75(75%) people were married and minimum 25(25%) were unmarried.
- With regard to the Education majority of 71(71%) were had secondary education and minimum 13(13%) were primary education.
- With regard to the Source of information majority of 63(63%)

were got information from health personal and minimum of 07(07%) had got information from television.

2) Based on the first objective: To identify the knowledge regarding ill effects of tobacco chewing.

In the present study researcher found that 15(15%) were having good knowledge and 76(76%) were having average knowledge and 9(9%) were having poor knowledge about illeffects of tobacco chewing. The mean score of knowledge regarding illeffects of tobacco chewing among adults of Shiroli (Pulachi) village was 11.02±3.

A similar cross sectional study was done on the use of tobacco and tobacco products (Gutkha, khaini, gulmanjan) locally available form of tobacco and tobacco products, among undergraduate male medical students of King George Medical college Lucknow, a city in North India was done from August to September 2005. 423 students were selected randomly in that 265 students had responded. It was found that 28.8% of respondents were using some or other form of tobacco. Researchers found and concluded that tobacco use is a significant problem among the male medical students so that the general public can accept them as their role models in the smoking cessation activities. The results of study was found that, the use of tobacco products in the form of Gutkha, Khaini, Gulmanjan (locally available forms of tobacco) was more as compared to plain tobacco leaves.[5]

3) Based on the second objective: To find out the significant association between pre-test knowledge score with their selected socio –demographical variables among adults of Shiroli (Pulachi) village.

The present study shows the significant association between There is a significant association between knowledge regarding illeffects of tobacco chewing among adults and with their selected demographic variable. The associated selected demographic variable were Gender (x^2=6.672, P<0.05) Religion (χ^2= 27.015,P 0.05), Education (χ^2=36.481, P 0.05), Marital status (χ^2=9.789,P 0.05), and Source of information (χ^2=20.18, P 0.05).

There is no significant association with adults knowledge of ill effects of tobacco chewing among adults and with their selected demographic variables such as Age .

Hence, the research hypothesis H_1 is accepted - There is a significant association between knowledge score regarding ill effects of tobacco chewing among adults and with their selected demographic variables such as Gender, Religion, Education , Marital status and Source of information.

IV: Implications

Implications of the Study

The findings of the study have several implications in different areas which are discussed in following area Nursing Education**,** Nursing Practice, Nursing Administration**,** Nursing Research.

Nursing education: The findings of the study revealed that the knowledge regarding illeffects of tobacco chewing among adults of Shiroli (Pulachi) village is comparatively average. So stress should be on inclusion of illeffects of tobacco chewing among adults in curriculum. The informational booklet can also be utilized by the adults of Shiroli (Pulachi) village; the tool could also be used to identify the knowledge among adults of Shiroli (Pulachi)village.

Nursing practice: Nursing practice includes preventive, promotive, curative and rehabilitative services. The present study showed that majority adults of Shiroli (Pulachi) village were having average knowledge regarding illeffects of tobacco chewing among adults. The use of the informational booklet can be used during educational session, which may help to improve knowledge regarding illeffects of tobacco chewing. There was wide gap between existing and expected levels of knowledge of adults which indicates and immediate need for education regarding illeffects of tobacco chewing.

Nursing Administration: Nurses are vital source in educate public on various health related issues. The informational booklet can be considered as an awareness program from hospital authorities during community health program. The public health nursing administration can use informational booklet to provide knowledge regarding illeffects of tobacco chewing to public in rural areas. The administrator can communicate these findings to practice. They can incorporate this in practice.

Nursing Research: The present study conducted by the investigators can be a source of review of literature for others who are intending to conduct studies on illeffects of tobacco chewing among adults. Evidence based practice to improve the quality of life and this study focuses on illeffects of tobacco chewing among adults and provides information regarding illeffects of tobacco chewing .

V: CONCLUSION:

Based on the findings of the study, the following conclusions were drawnknowledge scores among 100 subjects, Majority of 15(15%) were having good knowledge score and 76(76%) were having average knowledge score and 09(09%) were having poor knowledge score regarding illeffects of tobacco chewing among adults. There is need to provide informational booklet on illeffects of tobacco chewing . It's high time we should understand that illeffects of tobacco chewing forprevention of diseases due to tobacco chewing.

VI: REFERENCES

1. Rani M, Bonu S, Jha P, Nguyen SN, Jamjoum L (2003) Tobacco use in India: Prevalence and predictors of smoking and chewing in a national cross sectional household survey. Tob Control 12:e4 doi:10.1136/tc.12.4.e4. [PMC free article] [PubMed] [Google Scholar]
2. International Institute for Population Sciences (IIPS), Ministry of Health and Family Welfare (MoHFW), Government of India (2010) Global Adult Tobacco Survey India report (GATS India), 2009–10. New Delhi: MoHFW, Government of India; Mumbai: IIPS. [Google Scholar]
3. Kaur J, Jain DC (2011) Tobacco control policies in India: Implementation and challenges. Indian J Public Health 55(3):220–227. [PubMed] [Google Scholar]
4. Tripathi BM, Lal R. substance abuse in children and adolescents. Indian J paediatr-1999 Jul-Aug : 66(4): 569-75.
5. https://www.researchgate.net/publication/40453987_Study_on_the_Use_of_Tobacco_Among_Male_Medical_Students_in_Lucknow_India