



ORAL HEALTH STATUS AND KNOWLEDGE ON ORAL HEALTH HAZARDS AMONG TOBACCO CONSUMING ADULTS: A DESCRIPTIVE STUDY

Nursing

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ABSTRACT

A descriptive co-relational study was conducted to assess oral health status and Knowledge on Oral health hazards among Tobacco consuming adults in selected Hospitals at Bangalore. The sample of this study comprised of adults consuming tobacco in selected Hospitals (both inpatient and outpatient) at Bangalore. Non-probable convenient sampling technique was used to draw the sample for the study. The results of this study showed that there was no significant difference between the knowledge score of tobacco smokers and tobacco chewers ($t = 98, p = 0.7$). There was no significant difference between oral health status of the tobacco smokers and tobacco chewers ($t = 98, p = 1.85$). There was no correlation between knowledge on hazards of tobacco consumption on oral health and oral health status of the smokers ($r = 0.0015$). There was no correlation between knowledge on hazards of tobacco consumption on oral health and oral health status of the chewers ($r = 0.271$). The computed chi square value showed significant association between occupation of tobacco smokers and oral health status. The study revealed that even though the adults had good knowledge on hazards of tobacco consumption on oral health they had poor oral health status.

KEYWORDS

Knowledge, Hazards of tobacco consumption, Oral health; oral health status.

INTRODUCTION

King James of England in 16th Century commented thus regarding smoking "A custom loathsome to the eyes, hateful to the nose, harmful to the brain and dangerous to the lungs".

Nearly four million the world over would have been saved from clutches of death due to tobacco addiction, if Columbus knew what he was introducing to the world (Europe) while discovering America. The Portuguese brought it to India about 4 centuries ago. Smoking was started later as chewing was considered unhygienic.

A survey conducted in Sikkim among 13 – 15 year old students showed that the current smokeless tobacco (Boys 35.5 – 49.5%, Girls 27.2 – 36.4%) and gutka (Boys 8.4 – 22.2 %, Girls 14.2 – 22.2 %) use and exposure to gutka advertisement were reported equally for boys and girls. The easy availability and cheap cost has made one to be addicted. This addiction has bad impact on the oral health status there by both to the respiratory system, cardiovascular system and the gastrointestinal system. A study conducted among smokers showed prevalence of bleeding gums (85.1%), 100% showed calculus, 82.3% had shallow and deep periodontal pockets and 79.4% showed loss of tooth attachment.

The investigator observed that tobacco smoking and tobacco chewing habits developed gradually from the very early age of 15 years with increasing frequency in the later years. The frequency of smoking increased beginning with 1 per day gradually to 5-6 packets per day and chewing tobacco for about 10 – 12 times per day. The adults had stained teeth, dental caries, halitosis, lip discoloration and many had complaints of mucosal ulceration and gingival changes. Thus the investigator with self interest, experience, interview with adults and her own observations is motivated to assess the oral health status and identify their knowledge on hazards of tobacco consumption on oral health. Identification of knowledge on hazards of tobacco consumption on oral health and assessment of oral health status among tobacco consuming adults will help at primary, secondary or tertiary level prevention, reduction or weaning depending upon their needs and requirements.

MATERIALS AND METHODS

A descriptive co-relational study was conducted to assess oral health status and Knowledge on Oral health hazards among Tobacco consuming adults in selected Hospitals at Bangalore. The sample of this study comprised of adults consuming tobacco in selected Hospitals (both inpatient and outpatient) at Bangalore. Non-probable convenient sampling technique was used to draw the sample for the study. Adults above the age of 20 years, consuming tobacco for more than 5 years, Irrespective of the quantity of the consumption were recruited for this study. Data was collected using researcher prepared structured knowledge questionnaire. Tool was ensured with adequate reliability and validity by all means. The investigator familiarized her with the adult and explained the purpose of the study, method of data collection, the use of mouth mirror and probe for oral health

assessment and the time duration. She requested the participants for their full co-operation and assured about the confidentiality of their response. An informed consent was taken from the adults willing to participate in the study.

RESULTS

• Socio-demographic data

Table – 1: Distribution of Adults according to their demographic characteristics

(n=100)

S.No	Demographic variables	Frequency	Percentage
1	Age in years		
	a) 21-30	14	14
	b) 31-40	26	26
	c) 41-50	27	27
	d) Above 50	33	33
2	Sex		
	a) Male	75	75
	b) Female	25	25
3	Education		
	a) Illiterate	29	29
	b) Primary	48	48
	c) Higher secondary	28	28
	d) Graduation	0	0
	e) Professional	2	2
4	Occupation		
	a) Un skilled	42	42
	b) Skilled	27	27
	c) Un employed	30	30
	d) Professional	01	01
	e) Student	0	0
5	Family income per month		
	a) Below 2000	9	9
	b) Rupees 2001-3000	05	05
	c) Rupees 3001-4000	35	35
	d) Above 4001	41	41
6	Type of family		
	a) Nuclear family	87	87
	b) Joint family	13	13
7	Marital Status		
	a) Single	7	7
	b) Married	76	76
	c) Separated / Divorced / Widowed	17	17
8	Dietary habits		
	a) Vegetarian	7	7
	b) Mixed Diet	93	93

• Knowledge in the area of contents of smoked tobacco

The data shows that tobacco smokers had good knowledge in the area of contents of smoked tobacco (76%), effects of tobacco on oral health due to tobacco consumption (62.4%) and oral hygienic practices (78%). Tobacco chewers gained very good knowledge in the area of contents of smokeless tobacco (96%) and oral hygienic practices (82.6%). The subject had good knowledge in the area of effects of tobacco on oral health due to tobacco consumption (61.3%).

• Distribution of Adults according to their knowledge score.

The data reveals that most of the subject (53%) had good knowledge, scored within the range of 11 – 15. A very few subject (19%) had average knowledge, scored in the range of 6 – 10. Nearly 28% of the subject had very good knowledge, scored in the range of 16 – 20. None of the subject had poor knowledge.

• Oral health status of tobacco consuming adults

Table 8: Frequency and percentage distribution of score of oral health status among the Adults

(n=100)

Oral health status score	Inference	Tobacco smokers (%)	Tobacco chewers (%)	Total (%)
0 – 7	Good	2	7	9
8 – 14	Average	28	15	43
15 – 21	Poor	18	25	43
22 - 28	Very Poor	2	3	5

• Distribution of subjects according to health status of oral cavity.

The data shows that 100% of subject had tooth stains. Among the tobacco smokers 98% had affected on tongue. The floor of the mouth and commissar were least affected nearly 12% and 10% respectively. Nearly 60% of subject had halitosis. Among the tobacco chewers 100% of the subject had tooth stains; 86% had pigmented lips; 82% had gingival infection; 72% had halitosis and 60% had affected palate. Nearly 42% of subject had affected buccal mucosa.

• Correlation between knowledge on hazards of tobacco consumption on oral health and oral health status

The coefficient of correlation test show that there was no relationship between knowledge on hazards of tobacco smoking on oral health and oral health status of tobacco smokers since the calculated r value 0.015, $p > 0.05$ was less than the table value. Hence the null hypothesis was accepted.

There was significant association between oral health status and selected baseline characteristics such as age, occupation and duration of consumption of tobacco smokers

DISCUSSION

The study findings reveals that tobacco smokers had good knowledge in the area of contents of smoked tobacco (76%), effects of tobacco on oral health due to tobacco consumption (62.4%) and oral hygienic practices (78%). Tobacco chewers gained very good knowledge in the area of contents of smokeless tobacco (96%) and oral hygienic practices (82.6%). The subject had good knowledge in the area of effects of tobacco on oral health due to tobacco consumption (61.3%).

A similar study was conducted in Vantmuri village to assess the knowledge and attitude towards the hazards of tobacco consumption among the adults. Ninety four percent of the adults had knowledge regarding tobacco effects on health and 30% had poor knowledge regarding tobacco by-products. Sixty percent of adults stated tobacco use relieves constipation and 38% said it relieves anxiety and stress. Seventy six percent of adults had knowledge that tobacco users will get TB, 22% had poor knowledge regarding tobacco chewers risk of oral cancer. Sixty four percent of adult's attitude towards smoking says it is for prestige and 28% of adults had attitude of quitting smoking and found it difficult. Seventy four percent of adults had an attitude that tobacco is a risk factor for oral cancer.

Similarly an exploratory study on Gutka and smokeless tobacco consumption among 360 subjects from SNDT women's university, Mumbai was conducted through a structured interview. The data was analysed in terms of frequency and percentage. The negative effect of tobacco chewing was found in the majority of the samples. 33.33% subjects consumed all forms of smokeless tobacco.

Efforts should be taken to educate public on effective strategies in managing stress during their course, as they thought that tobacco smoking could be used as a coping strategy to face such stress. In this regard, multiple and regular “stress coping strategies” sessions could be organized for medical students to help them to cope with life stressors and to minimize the possibility of smoking and probably more serious behaviors such as use of alcohol or other substances.

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