Research Paper

A Study to Assess the Level of Knowledge Regarding Health Effects of Tobacco Use Among Adult Men Residing at selected Community area, Puducherry

Mr. R. Prabakaran [1] & V. Vishalini [2]

[1]*Assistant Professor in Department of Community Health Nursing, Sri Manakula Vinayagar Nursing College, Puducherry-605107*
[2]*B.Sc., (Nursing)-IV Year, Sri Manakula Vinayagar Nursing College, Puducherry-605 107*
Corresponding author: R.Prabakaran Mail id : prabarajalakshmi92@gmail.com

ABSTRACT:
Introduction: *Tobacco is a type of American leaves containing nicotine and can be consumed through smoking, chewing, or inhaled as snuff. It is a complex mixture of chemicals such as nicotine, carbon monoxide, hydrogen cyanide, nitrogen oxides, formaldehyde, acroleine, benzene, phenol, poly aromatichydrocarbons, N-nitrosamines, cadmium, ammonia, methanol, arsenic, and acetic acid.* ***Aim of the study****: The main aim of the study level of knowledge regarding health effects of tobacco use among adult men and to associate the level of knowledge regarding health effects of tobacco use among adult men with demographic variables.*
Methodology: *A quantitative research approach was adopted for the present study. By using convenient sampling technique 50 adult men was selected for the present study.*
Results: *The present study revealed that, majority 38 (76%) of them had Inadequate knowledge, 12 (24%) of them had moderate knowledge. There is no significance association between Age, gender, education status, Occupation, Income, Religion, Languages known, Type of family, Residency, Previous knowledge regarding cigarette smoking and its health effects with level of knowledge regarding health effects of tobacco use among adult men.*
Conclusion: *The study findings concluded that majority of the adult men had inadequate knowledge regarding health effects of tobacco use among adult men.*

I. INTRODUCTION:

Tobacco is a type of American leaves containing nicotine and can be consumed through smoking, chewing, or inhaled as snuff. It is a complex mixture of chemicals such as nicotine, carbon monoxide, hydrogen cyanide, nitrogen oxides, formaldehyde, acroleine, benzene, phenol, poly aromatichydrocarbons, Nnitrosamines, cadmium, ammonia, methanol, arsenic, and acetic acid. The toxicity of tobacco smoke to the respiratory system is significant, with hydrogen cyanide potentially affecting the cilia and growing fetus. Inhalation of tobacco leads to nicotine absorption into the bloodstream, which stimulates catecholamines release, causing tachycardia, constricting peripheral vessels, raising blood pressure, and producing a feeling of euphoria. Carbon monoxide in the smoke reduces the oxygen carrying capacity of the blood. Tobacco consumption is one of the leading preventable causes of disease and death globally, with death due to tobacco use estimated at around 6 million people each year. India is the second largest consumer of tobacco products, with daily cigarette smokers in India smoking an average of 6.2 cigarettes per day. Cancers due to tobacco use are highest among men from Kolkata and least in Mumbai, while women are highest in Chennai.

Tobacco causes major ill effects, including lung cancer, kidney cancer, breast cancer, bladder cancer, esophagus, pancreas, stomach cancer, myeloid leukemia, squamous cell sinonasal cancer, liver cancer, colorectal cancer, gall bladder, adrenal gland, and small intestine cancer. The tobacco epidemic is one of the biggest public health threats the world has ever faced, killing over 8 million people a year worldwide. The economic costs of tobacco use are substantial and include significant health care costs for treating the diseases caused by tobacco use as well as the lost human capital that results from tobaccoattributable morbidity and mortality. (WHO)

NEED FOR THE STUDY

Tobacco kills more than 8 million people each year, including an estimated 1.3 million nonsmokers who are exposed to second-hand smoke. Around 80% of the world's 1.3 billion tobacco users live in low- and middle-income countries. In 2020, 22.3% of the world's population used tobacco: 36.7% of men and 7.8% of women. To

address the tobacco epidemic, WHO Member States adopted the WHO Framework Convention on Tobacco Control (WHO FCTC) in 2003. Currently 182 countries are Parties to this treaty.

Tobacco use is a major risk factor for many chronic diseases, including cancer, lung disease, cardiovascular disease and stroke. It is one of the major causes of death and disease in India and accounts for nearly 1.35 million deaths every year. India is also the second largest consumer and producer of tobacco. A variety of tobacco products are available at very low prices in the country. Nearly 267 million adults (15 years and above) in India (29% of all adults) are users of tobacco, according to the Global Adult Tobacco Survey

India, 2016-17. The total economic costs attributed to tobacco use from all diseases in India in the year 2017-18 for persons aged 35 years and above amounted to INR 177 341 crore (USD 27.5 billion).

Most of the cancer among men and women were caused by tobacco use. Based on the practical experience, the investigator had gone through many reviews related to ill effects of tobacco use. It was found that the most common problem due to tobacco use is chronic obstructive pulmonary disease. So, the Investigator has felt the need to assess the level of knowledge regarding health effects of tobacco use among adult men residing at selected community area, Puducherry

STATEMENT OF THE PROBLEM
A study to assess the level of knowledge regarding health effects of tobacco use among adult men residing at selected community area, Puducherry

OBJECTIVES OF THE STUDY
1. To assess the level of knowledge regarding health effects of tobacco use among adult men.
2. To associate the level of knowledge regarding health effects of tobacco use among adult men with demographic variables.

II. RESEARCH METHODOLOGY:

A quantitative research approach was adopted for the present study. A descriptive design was selected for the present study. The present study was conducted at in Vinayagampattu village, Puducherry. The population comprised of all the adult men. By using convenient sampling technique 50 adult men was selected for the present study. The tool consists of demographic data, and knowledge questionnaire. The outcome of the study was evaluated by using descriptive and inferential statistics.

Inclusion criteria:
1.   Adult men who are using tobacco of any forms
2.   Adult men who are understand Tamil / English
Exclusion criteria:
1.   Adult men who were not willing to participate in this study.
2.   Adult men who were not present during the data collection.
SECTION A: Demographic variables include Age, gender, education status, Occupation, Income, Religion, Languages known, Type of family, Residency, Previous knowledge regarding cigarette smoking and its health effects.

SECTION B: The structured knowledge questionnaires consist of 25 items regarding cigarette smoking and its health effects. Each correct response is graded as "1" and wrong response is graded as "0".

SCORING INTERPRETATION:

S.NO	SCORE	INTERPRETATION
1	0-50%	Inadequate knowledge
2	51 – 75%	Moderate knowledge
3	76-100%	Adequate knowledge

DATA ANALYSIS AND INTERPRETATION
The data collected was analyzed using descriptive and inferential statistics.
SECTION A: Description of demographic variables of adult men
SECTION B: Assessment of the level of knowledge regarding health effects of tobacco use among   adult men.

SECTION C: Association of the level of knowledge regarding health effects of tobacco use among adult men with demographic variables.

Table 4.1: Distribution of Demographic Variable of adult men   N = 50

S.No	Demographic variables	Frequency	Percentage
1	**Age in years**		
	a) 20 -25 years	10	20%
	b) 25-35 years	19	38%
	c) 35- 45 year	16	32%
	d) Above 45 years	5	10%
2.	**Gender**		
	a) Male	50	100%
	b) Female	0	0%
	c) Transgender	0	0%
3.	**Education status**		
	a) Primary	19	38%
	b) Secondary	19	38%
	c) Graduate	6	12%
	d) Illiterate	6	12%
4.	**Occupation**		
	a) Private sector	13	26%
	b) Government sector	3	6%
	c) Business	0	20%
	d) Farmer	24	48%
5.	**Income**		
	a) Below 5,000	6	12%
	b) Above 5,000	13	26%
	c) Below 10,000	15	30%
	d) Above 10,000	16	32%
6.	**Religion**		

	a) Hindu	50	100%
	b) Christian	0	0%
	c) Muslim	0	0%
	d) Other	0	0%
7.	**Languages known**		
	a) Tamil	46	92%
	b) English	0	0%
	c) Hindi	0	0%
	d) Both Tamil and English	4	8%
8.	**Type of family**		
	a) Joint	27	54%
	b) Nuclear	23	46%
9.	**Residency**		
	a) Urban	0	0%
	b) Rural	50	100%
10.	**Previous knowledge regarding cigarette smoking and its health effects**		
	a) Yes	0	0%
	b) No	50	100%

Table 1: The above table shows frequency and percentage-wise distribution of demographic variable of adult men. Regarding the age in years, the majority 19 (38%) were in the age group of 25-35 years, 16(32%) were in the age group of 35-45 years and10 (20%) were in the age group of 20-25 years. With regards to gender, majority 50 (100%) were male. In the aspect of education status, the data shows majority 19 (38%) were completed secondary education and 19 (38%) were primary level. In the aspect of occupation status majority, 13 (26%) were private employed. In the aspect of religion majority, 50 (100%) were Hindu. Regarding income per month, the data shows that the majority 13 (30%) were had income above Rs. 5000, 16 (32%) were had income of above 10,000. With regards to language known majority, 46 (92%) were known Tamil and 4(8%) were known both Tamil and English. In the aspect of type of family, 27(54%) were in joint family and 23 (46%) were in nuclear family. With regards to residency majority 50 (100%) were in rural area.
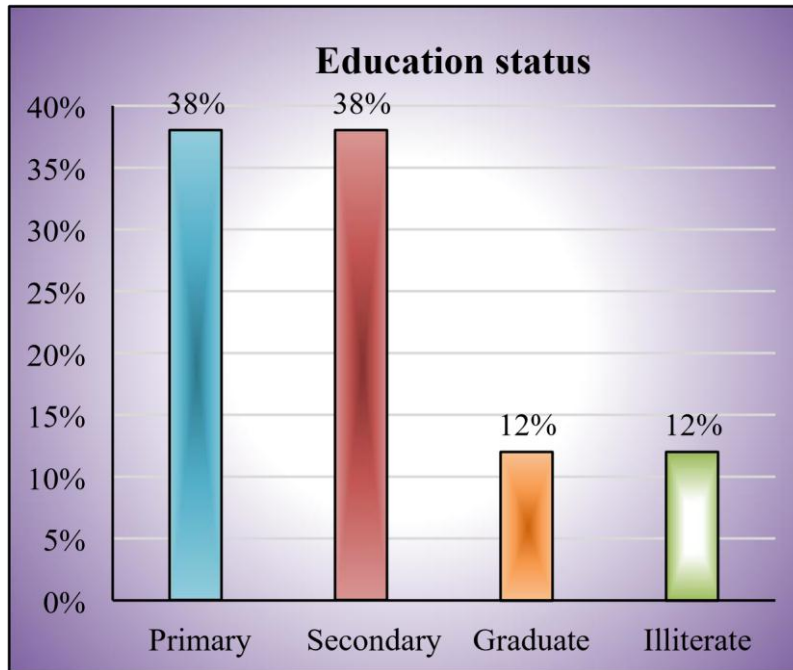
Figure 1: Percentage and frequency wise distribution of demographic variables according to adult men

SECTION B: Assessment of the level of knowledge regarding health effects of tobacco use among adult men.

Table 4.2: Distribution of the level of knowledge regarding health effects of tobacco use among adult men .N = 50

S.NO	LEVEL OF KNOWLEDGE	FREQUENCY (n)	PERCENTAGE %
1.	Inadequate	38	76%
2.	Moderate	12	24%
3.	Adequate	0	0%

Table 4.2: The above table reveals the frequency and percentage-wise distribution of level of knowledge regarding health effects of tobacco use among adult men. The finding shows that, majority 38 (76%) of them had Inadequate knowledge, 12 (24%) of them had moderate knowledge.
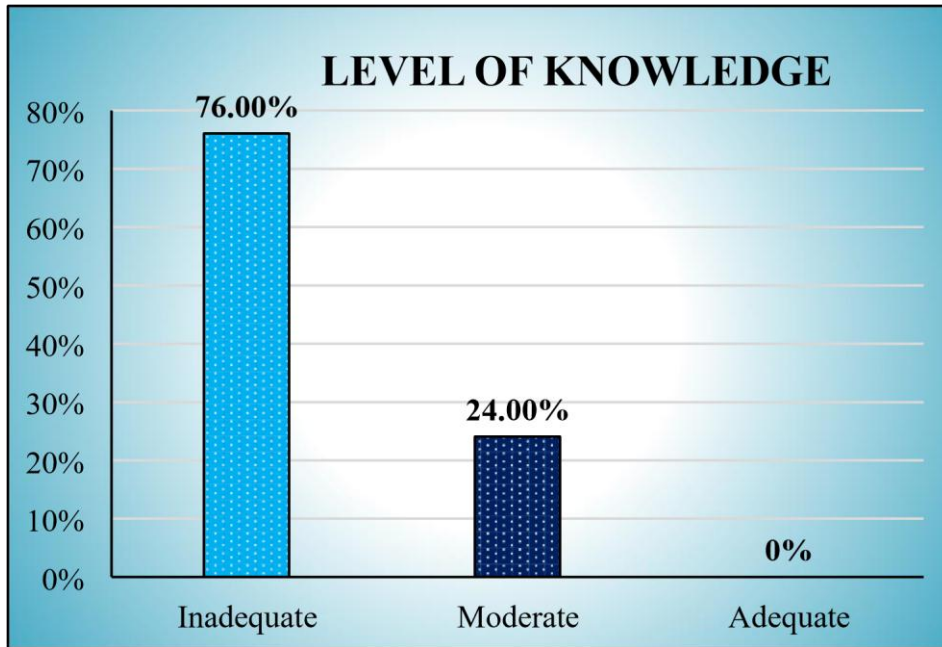
Figure 2: Percentage and frequency wise distribution of demographic variables of adult men according to level of knowledge

SECTION C: Association of the level of knowledge regarding health effects of tobacco use among adult men with demographic variables.

Table 4.3: Association of the level of knowledge regarding health effects of tobacco use among adult men with demographic variables. N = 50

S.No	Demographic variables	LEVEL OF KNOWLEDGE						X^2 value
		Inadequate		Moderate		Adequate		
1	Age in years	N	%	N	%	N	%	$X^2 = 2.808$ P= 0.422 (NS)
	a) 20 -25 years	9	18	1	2	0	0	
	b) 25-35 years	15	30	4	8	0	0	
	c) 35- 45 year	10	20	6	12	0	0	
	d) Above 45 years	4	8	1	2	0	0	
2.	Gender							
	a) Male	38	76	12	24	0	0	K
	b) Female	0	0	0	0	0	0	
	c) Transgender	0	0	0	0	0	0	
3.	Education status							$X^2 = 3.062$ p = 0.382 (NS)
	a) Primary	17	34	2	4	0	0	
	b) Secondary	13	26	6	12	0	0	
	c) Graduate	4	8	2	4	0	0	
	d) Illiterate	4	8	2	4	0	0	
4.	Occupation							$X^2 = 0.250$ p = 0.969 (NS)
	a) Private sector	10	20	3	6	0	0	
	b) Government sector	2	4	1	2	0	0	
	c) Business	8	16	2	4	0	0	

	d) Farmer	18	36	6	12	0	0	
5.	**Income**							$X^2 = 3.053$ p = 0.384 (NS)
	a) Below 5,000	5	10	1	2	6	12	
	b) Above 5,000	11	22	2	4	13	26	
	c) Below 10,000	9	18	6	12	15	30	
	d) Above 10,000	13	26	3	6	16	32	
6.	**Religion**							**K**
	a) Hindu	38	76	12	24	0	0	
	b) Christian	0	0	0	0	0	0	
	c) Muslim	0	0	0	0	0	0	
	d) Other	0	0	0	0	0	0	
7.	**Languages known**							$X^2 = 0.002$ p = 0.961 (NS)
	a) Tamil	35	70	11	22	0	0	
	b) English	0	0	0	0	0	0	
	c) Hindi	0	0	0	0	0	0	
	d) Both Tamil and English	3	6	1	2	0	0	
8.	**Type of family**							$X^2 = 1.020$ p = 0.313 (NS)
	a) Joint	19	38	4	8	0	0	
	b) Nuclear	19	38	8	16	0	0	
9.	**Residency**							
	a) Urban	0	0	0	0	0	0	
	b) Rural	38	76	12	24	0	0	
10.	**Previous knowledge regarding cigarette smoking and its health effects**							$X^2 = 0.195$ p = 0.907 (NS)
	a) Yes	0	0	0	0	0	0	
	b) No	38	76	12	24	0	0	

*p<0.05 - Significant; p<0.01 - Highly Significant
Table 3: The above table shows that there is no significance association between Age, gender, education status, Occupation, Income, Religion, Languages known, Type of family, Residency, Previous knowledge regarding cigarette smoking and its health effects with level of knowledge regarding health effects of tobacco use among adult men.

MAJOR FINDING OF THE STUDY
The study reveals that, majority 38 (76%) of them had Inadequate knowledge, 12 (24%) of them had moderate knowledge. There is no significance association between Age, gender, education status, Occupation, Income, Religion, Languages known, Type of family, Residency, Previous knowledge regarding cigarette smoking and its health effects with level of knowledge regarding health effects of tobacco use among adult men

III.   CONCLUSION
The present study assessed assess the level knowledge regarding health effects of tobacco use among adult men residing at selected community area, Puducherry. The study findings concluded that most of the adult men had inadequate knowledge. There is no significance association between Age, gender, education status, Occupation, Income, Religion, Languages known, Type of family, Residency, Previous knowledge regarding cigarette smoking and its health effects with level of knowledge regarding health effects of tobacco use among adult men.

IV. RECOMMENDATIONS:

- Same study can be conducted with large samples.
- Same study can be conducted in urban area among public.

BIBLIOGRAPHY:

JOURNAL REFERENCE

[1]. Bharati, Bhavna, et al. "Prevalence of Smokeless Tobacco Use in India and Its Association with Various Occupations: A LASI Study." Frontiers in Public Health, Frontiers Media SA, Feb. 2023. Crossref, doi:10.3389/fpubh.2023.1005103.
[2]. Kumar J, Saya GK, Kanungo S. Prevalence and health risk score of tobacco and alcohol use by using the World Health Organization Alcohol, Smoking and Substance Involvement Screening Test among construction workers in Puducherry, India. Ind Psychiatry J. 2021 Jan-Jun;30(1):47-54. doi:
[3]. 10.4103/ipj.ipj_6_20. Epub 2021 Jun 17. PMID: 34483524; PMCID: PMC8395547
[4]. Saya, GaneshKumar, et al. "Prevalence and Health Risk Score of Tobacco and Alcohol Use by Using the World Health Organization Alcohol, Smoking and Substance Involvement Screening
[5]. Test among Construction Workers in Puducherry, India." Industrial Psychiatry Journal, no. 1, Medknow, 2021, p. 47. Crossref, doi:10.4103/ipj.ipj_6_20.
[6]. Sorenson G., et al. (2015). Promoting life skills and preventing tobacco use among low – income Mumbai youths. PLOS ONC. 7(4): 3498.
[7]. Sridharan S., et al. (2016). Effect of environmental tobacco smoke from smoker parents on gingival pigmentation in children and young adults: a cross – sectional study. Journal of Pertodontology. 82(7): 986 – 62.
[8]. Stankovic A., et al. (2016). Exposure to environmental tobacco smoke and absence in work in women in Serbia. Cent Eur Journal of Public Health. 20(1): 24 – 8.
[9]. Sujatha D., et al. (2017). Prevalence and correlation of oral lesions among tobacco
[10]. Smokers, tobacco chewers, areca nut users. Asian Pacific Journal of Cance Prevention. 13(4): 1633
[11]. Sur D., et al. (2018). Smoking habits among slum dwellers and the impact on health economies.
[12]. Journal of Indian Medical Association.105(9): 492 – 6.
[13]. Suryawanshi, S.L., & Nimale, N.E., (2018). A socio – epidemiological survey at tobacco chewing habits in Aurangabad. Indian Community Health. 7: 45 –
[14]. Trai, Y.W., Wen, Y.W., & Tsai, T.S. (2016). Perspectives, psychological distress and urge to smoke.
[15]. International Journal of Environmental Research for Public Health. 6(6): 1799 – 1811.

BOOK REFERENCE

[16]. Basavanthappa. Community Health Nursing. Jaypee Brothers,Medical Publishers Pvt. Limited, 2008.
[17]. Gangadharan, Shobana, and M. Hemamalini. Community Health Nursing. Elsevier Health Sciences, 2021.
[18]. Savage, Christine L. Public/Community Health and Nursing Practice. F.A. Davis, 2019.
[19]. Medical-Surgical Nursing Made Incredibly Easy! Lippincott Williams & Wilkins, 2008.
[20]. Smeltzer, Suzanne C. O'Connell. Brunner and Suddarth's Textbook of Medical-Surgical Nursing.
[21]. Lippincott Williams & Wilkins, 2010.
[22]. Williams, Linda S., and Paula D. Hopper. Understanding Medical Surgical Nursing. F.A. Davis, 2015.

NET JOURNAL:

[23]. https://www.who.int/news-room/fact-sheets/detail/tobacco
[24]. https://www.who.int/india/health-topics/tobacco
[25]. https://tobaccocontrol.bmj.com/content/early/2012/06/14/tobaccocontrol-
[26]. 2011050249?versioned=true
[27]. https://pjmhsonline.com/2021/jan/421.pdf
[28]. https://www.frontiersin.org/articles/10.3389/fpubh.2023.1005103/full