

A Study to Assess the Knowledge Regarding the Hazards of Tobacco Smoking Among Patients and Relatives in Selected Tertiary Hospital Karad

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ABSTRACT

Objectives:

The objectives of this study were

1. To assess the knowledge regarding the hazards of tobacco smoking.
2. To find out the association between knowledge regarding the hazards of tobacco smoking with demographic variables.

Materials & Methods used for the study is the evaluative approach with only study group. Study was conducted on sample of 43 patients and relatives in selected tertiary hospital Karad. The data were collected by structured questionnaire. The data were analyzed using descriptive and inferential statistics.

Results: Majority of patients and relatives in selected tertiary hospital Karad 27(62.8%) had poor level of knowledge about hazards of tobacco smoking, whereas 16(37.2%) of patients and relatives had good level of knowledge in selected tertiary hospital Karad.

Conclusion: It was found that; planned teaching programme was effective in increasing the knowledge of patients and relatives regarding the hazards of tobacco smoking.

Keywords: Tobacco, Hazards, Cigarettes, Smoking.

INTRODUCTION

Tobacco consumption is the most prevalent cause of deadly disease like the cancer of the mouth and lungs.

The harmful effects of smoking pipe and cigar are somewhat less long-term smokers of filter tipped cigarettes appear to have 30-35% lower risk of development of

cancer due to consumption of tobacco. Tobacco consumption can affect the lives of adolescents, youngsters and elderly people. The use of tobacco consumption started in adolescents as an occasional trip or pressure from the friends, as a recreational use, experimental basis to feel the experience out of curiosity about tobacco consumption, then it gradually progress to more intensive and compulsive use and become addiction of tobacco consumption. It is fashion in young stars and soon there is defective personality and causes of diseases. ^[1]

Back home, tobacco Beedis is more widely practiced than cigarettes as apparent from dates obtained from National Council of Applied Economic Research, New Delhi and is associated with higher risk because Beedis are more carcinogenic than cigarettes. Tobacco consumption increases the incidence of Carcinoma of lungs and other infectious diseases. T.B. and also acts as a reservoir of infection in the community burdening health care system for ^[2] the tobacco consumption including alcohol, causes enormous, damage to health. It reduces the quality of life of individual and their families and endangers the welfare of the community. Tobacco consumption in Indian States of Uttar Pradesh and Bihar and in parts of Srilanka i.e. chewing of tobacco alone or mixed with slaked lime as bolus of Paan kept in mouth for long hours which is the major cause of cancer of upper digestive tract and oral cavity.

Tobacco consumption causes many health problems like cancer of lungs, larynx, esophagus, peptic ulcer, kidney, pancreas, Heart diseases like atherosclerosis, heart attack, angina pectoris, peripheral vascular diseases stroke, peptic and ulcer, allergy including even T.B. also. More than 1 million die each year due to tobacco in India. More than 85% of lung cancer is attributing to inhalation of Carcinogenic chemicals. The risk of lung cancer decrease as the duration of smoking increases.

MATERIALS AND METHODS

The evaluative approach was used; One Group design was used. Study was conducted on sample of 43 patients and relatives in selected tertiary hospital Karad by using convenient sampling technique. Data were collected, tabulated and analyzed using SPSS version 20.0 with regard to objectives of the study using descriptive and Inferential Statistics.

RESULTS

Table 1: Frequency and Percentage distribution of socio demographic data N=43

Sr.No.	Demographic Variables	Frequency	Percent
1	Age groups		
	< 44 years	21	48.84
	> 44 years	22	51.16
2	Sex		
	Male	43	100.0
3	Education		
	Illiterate or Primary	19	44.2
	Secondary or Graduate	24	55.8
4	Occupation		
	Household	3	7
	Farmer	18	41.9
	Job	16	37.2
5	Type of family		
	Joint	22	51.2
	Nuclear	19	44.2
	Separate	2	4.7
6	Caste		
	Hindu	36	83.7
	Muslim	5	11.6
7	Diet		
	Pure Vegetarian	7	16.3
	Mix- Type of Diet	36	83.7
8	Income		
	< Rs. 5000	29	67.4
	> Rs. 5000	14	32.6
9	Habit		
	Tobacco chewing	17	39.5
	Cigarette Smoking	26	60.5

Table 2: Classifications of patients and relatives in selected tertiary care hospital, Karad on knowledge level regarding hazards of tobacco smoking N=43

Level of Knowledge	Score	Frequency	Percent
Poor	0-3	27	62.8
Good	3-6	16	37.2
Total		43	100

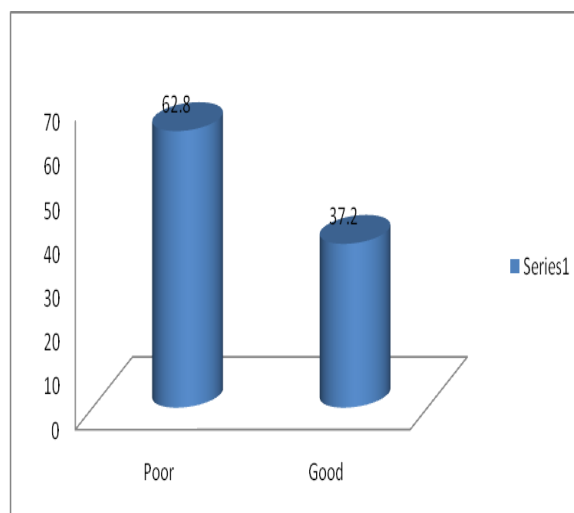


Figure-1: Bar diagram representing distributions of patients and relatives in selected tertiary care hospital Karad on level of knowledge regarding hazards of tobacco smoking

The above table 2 and figure 1, shows the level of knowledge of patients and relatives in selected tertiary hospital Karad regarding hazards of tobacco smoking. In the table it is noticeable that majority of patients and relatives 27(62.8%) had poor level of knowledge about hazards of tobacco smoking, whereas 16(37.2%) of patients and relatives had good level of knowledge.

Table 3 shows the association of knowledge level of patients and relatives in selected tertiary hospital Karad regarding Hazards of tobacco smoking with their selected demographical variables, using Chi-square test. The analysis revealed that there is no significant association was found with any of the demographic variables of patients and relatives in selected tertiary hospital, Karad.

Table 3: Association between demographic variables and knowledge level of patients and relatives in selected tertiary hospital Karad on Hazards of tobacco smoking N=43

Demographic Variables	Levels of Knowledge				Total	Chi Square Statistic	p value
	Poor		Good				
	Frequency	Percent	Frequency	Percent			
Age Groups							
≤ 44 years	8	38.10	13	61.90	21	0.01	0.91
> 44 years	8	36.36	14	63.64	22		
Education							
Illiterate or Primary	13	68.42	6	31.58	19	0.46	0.49
Secondary or Graduate	14	58.33	10	41.67	24		
Occupation							
Household	3	100.00	0	0.00	3	4.004	0.26
Farmer	11	61.11	7	38.89	18		
Job	8	50.00	8	50.00	16		
Unemployment	5	83.33	1	16.67	6		
Type of family							
Joint	15	68.18	7	31.82	22	2.29	0.32
Nuclear	10	52.63	9	47.37	19		
Separate	2	100.00	0	0.00	2		
Caste							
Hindu	22	61.11	14	38.89	36	1.25	0.54
Muslim	3	60.00	2	40.00	5		
Buddhism	2	100.00	0	0.00	2		
Diet							
Pure Vegetarian	3	42.86	4	57.14	7	1.42	0.23
Mix- Type of Diet	24	66.67	12	33.33	36		
Income							
< Rs. 5000	17	58.62	12	41.38	29	0.66	0.42
> Rs. 5000	10	71.43	4	28.57	14		
Habit							
Tobacco chewing	13	76.47	4	23.53	17	1.39	0.24
Cigarette Smoking	14	53.85	12	46.15	26		

Table 4: Aspects of patients and relatives about tobacco smoking N=43

Sr. No.	Section B Questions	Frequency	Percent
1	How old when you smoked your first cigarette?		
	<24 years	28	65.1
	25-44 years	11	25.6
	45-64 years	4	9.3
2	Frequency of tobacco use		
	Twice a day	13	30.2
	Daily 3 To 4 Time	10	23.3
	Daily 5 To 6 Time	16	37.2
	Occasionally	4	9.3
3	Reason for tobacco use		
	Stress Relieve	10	23.3
	Peer Pressure	13	30.2
	Work Pressure	12	27.9
	Fun	8	18.6
4	Following which form of tobacco do you use?		
	Smoked	14	32.6
	Chewable	10	23.3
	Both	19	44.2
5	Where do you use tobacco?		
	Home	18	41.9
	Outside with friends	21	48.8
	Near college	1	2.3
	Office	3	7.0
6	How many cigarettes do you smoke a day		
	1-3	25	58.1
	4-6	8	18.6
	7-9	7	16.3
	10-13	3	7.0
7	How do your close friends feel about your tobacco smoking?		
	They Approve	7	16.3
	They Disapprove	11	25.6
	They Disapprove And Stop Being Your Friends	9	20.9
	They shout	16	37.2
8	How many times have you tried to stop smoking?		
	One time	16	37.2
	Two time	8	18.6
	Three time	5	11.6
	So many times	14	32.6
9	What would your parents think of you if you started to tobacco smoking?		
	Upset At All	15	34.9
	Little Upset	7	16.3
	Pretty Upset	16	37.2
	Very Upset	5	11.6

Most of the patients and relatives in selected tertiary hospital, Karad 28 (65.1%) smoked their first cigarette below the age of 24 years.

Most of the patients and relatives 16 (37.2%) used tobacco 5-6 times a day

Peer Pressure is the reason for tobacco use for most of 13 (30.2%) patients and relatives.

19 (44.02%) patients and relatives used both smoked and chewable type of tobacco.

21 (48.8%) patients and relatives used tobacco outside home with friends.

Most of the patients and relatives 25 (58.1%) used 1-3 cigarettes per day.

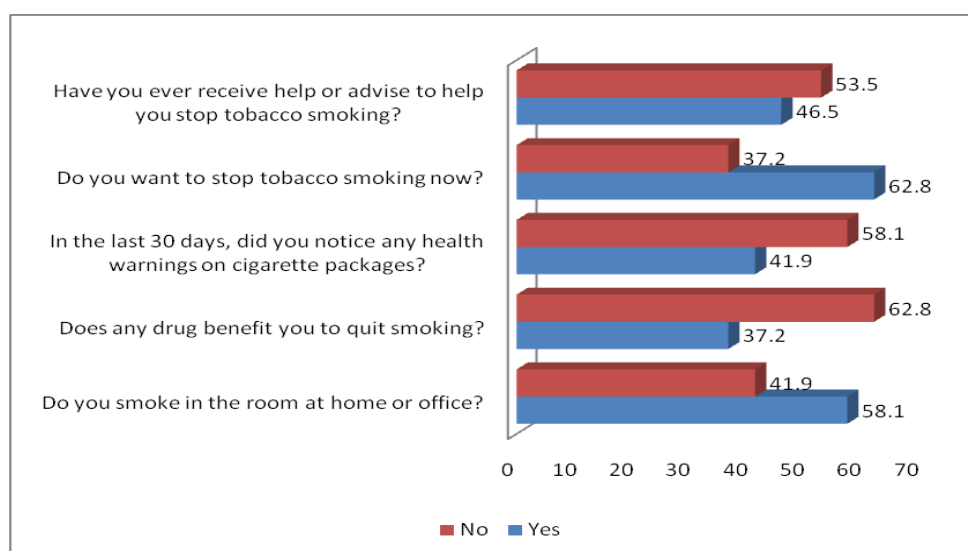
11 (25.6%) close friends of patients and relatives disapprove tobacco smoking and 16(37.2%) close friends shout for the same.

Most of the patients and relatives 16(37.2%) tried to stop smoking only single time.

16 (37.2%) parents of the patients and relatives were pretty upset when their children started tobacco smoking.

Table 5: Perception of patients and relatives about tobacco smoking N=43

Sr. No.	Section C Questions	Yes		No	
		Frequency	Percent	Frequency	Percent
1	Do you smoke in the room at home or office?	25	58.1	18	41.9
2	Does any drug benefit you to quit smoking?	16	37.2	27	62.8
3	In the last 30 days, did you notice any health warnings on cigarette packages?	18	41.9	25	58.1
4	Do you want to stop tobacco smoking now?	27	62.8	16	37.2
5	Have you ever receive help or advise to help you stop tobacco smoking?	20	46.5	23	53.5



25 (58.1%) patients and relatives in selected tertiary hospital Karad smoke in the room at home or office

16 (37.2%) patients and relatives in selected tertiary hospital Karad thought that their drug benefits them to quit smoking and 27(62.8%) didn't think like that.

25 (58.1%) noticed health warnings on cigarette packages, in the last 30 days.

27(62.8%) patients and relatives wanted to stop tobacco smoking.

23(53.5%) patients and relatives received help or advise to help them to stop tobacco smoking.

DISCUSSION

Some research studies have been conducted in National and International level to assess knowledge about hazards of tobacco smoking of patients and relatives in selected tertiary hospital Karad.

Results revealed, majority of patients and relatives in selected tertiary hospital Karad 27(62.8%) had poor level of knowledge about hazards of tobacco smoking, whereas 16(37.2%) of patients and relatives had good level of knowledge. Which was contradictory to 94.4% of the study subjects who had knowledge about the

harmful effects of smoking. [3] This conflict of results could be due to a greater consciousness of the health consequences of addiction among the study participants.

58.1% patients and relatives in selected tertiary hospital Karad smoke in the room at home or office and around 82.8% supported ban on smoking in public places (such as hotels, taxis, schools, markets, and playgrounds). [4]

62.8% patients and relatives wanted to stop tobacco smoking compared to 53.3% of cigarette users expressed the desire to quit the habit. [3] Most smokers (80%) were aware of detrimental effects of addict and declared a will to quit smoking. [4] 72.5 % men current tobacco users wanted to stop smoking/gutkha chewing. [5] This revealed that all users held a positive attitude toward quitting. Therefore, motivation on the part of family, friends, and close ones could help them to come out of this. There is a need to follow-up to determine the trends of tobacco use, in order to adjust targeted tobacco prevention strategies. [3]

CONCLUSION

From the data analysis and findings of the present study, it is concluded that, majority of patients and relatives in selected tertiary hospital Karad 27(62.8%) had poor level of knowledge about hazards of tobacco smoking, whereas 16(37.2%) of patients and relatives had good level of knowledge in selected tertiary hospital Karad.

On-going teaching and health education programs can further improve the

knowledge of patients and relatives in selected tertiary hospital Karad.

There was no significant association was found between level of knowledge with any of the demographic variables of patients and relatives in selected tertiary hospital Karad.

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How to cite this article: Bhosale TS, Zagade T, Yedage S et.al. A study to assess the knowledge regarding the hazards of tobacco smoking among patients and relatives in selected tertiary hospital Karad. Galore International Journal of Health Sciences & Research. 2018; 3(4): 59-63.
