



TOBACCO AWARENESS AMONG DIFFERENT INDIVIDUALS IN RURAL AREA

Dr. MD. Sadique Hussain (MPH), Neha Haloi (MPH)

Professor Dr. Sahzina Saeed (2019- 2021)

(Amity Institute of Public Health) Amity University Noida

ABSTRACT

AIM: - To create awareness among rural people as we all know that percent of tobacco use are more in rural areas than in urban as they are less educated. **METHODOLOGY:-** Cross – sectional study Study population 264 individuals .A cross - sectional study was conducted in rural area of katihar bihar (Tobacco awareness among different individuals in rural areas). The study was conducted over a period of 105 days (from 1st February 2021 to 15 may 2021) . **RESULTS:-** A total number of subjects 264 , currently using tobacco of 140, over all prevalence rate of 53.0 % . In this study I found the study consistent of 52 female and 212 males , In this study I found 77.7 % of response know the tobacco cause oral cancer, and 45.2% response used tobacco in past, 56.3% response noticing health warning on tobacco packet while purchasing It, 23.6% response tried to quit smoking.. **CONCLUSION:-** The people of the rural area are at high risk of the tobacco use because they are not well educated and even they are not aware of their health and oral health problems. I found in this study many of the people are tobacco addicted and habit of khani and gutka . Prevalence of tobacco habit is quite high.

INTRODUCTION

Tobacco used leads many health complication and risk factors for lung and oral cancer cardiovascular disease chronic bronchitis, every year almost 8 million people die from the tobacco use. Tobacco used in forms of smoking and non-smoking routes . smokeless form Of tobacco used in developing countries . In India tobacco is used in smokeless forms – pan masala , gutka , mixture of arecanut , inhaled or snuff . Tobacco is smoked as a cigarette , bidi , cigar ,Hookah ,shisha (water pipe). Chewing of tobacco is a risk factor for oral cancer and chewing tobacco higher the lower socioeconomic groups and rural populations. Tobacco causes high rates of dental diseases such as dental caries, periodontal diseases, tooth loss. Tobacco products such as bidi, gutka, pan masala, are locally manufactured, and easily available in rural areas. Tobacco causes harmful health effects example bidi have higher concentrations of tar and carbon monoxide and crude smokeless forms are highly carcinogenic contributing to increasing rates of oral cancer.

According to who tobacco is single greatest cause of preventable death globally. Harms caused by inhaling tobacco smoke include disease of the heart and lungs, with smoking being a major risk factor for heart attacks, strokes , chronic obstructive pulmonary disease and cancers Inhaling second hand tobacco smoke can cause lung cancer in non smoking adult in children, exposure to second hand tobacco smoke is associated with a higher incident and severity of respiratory illness, middle ear disease, and asthma attacks. Nicotine in any tobacco products when a person used it readily absorbs in to the blood, entering the nicotine immediately stimulates the adrenal glands to release the Hormone epinephrine and epinephrine stimulate the central nervous system and increase blood pressure, breathing, and heat rate, nicotine effects on the brain. It is a psychoactive stimulate that includes feeling of relaxation and reduced stress. Nicotine is also effects intense irritability, restlessness, and difficulty concentrating and risk of nicotine addiction depends on the dose and methods. Gutka or betel quid is a chewing tobacco it contains carcinogens, it is



responsible for oral cancer and severe negative health effects, digestion aid, kill germs, and generally gives sense of well being, gutkha is consumed by placing a pinch of it between the gum and cheek and gently sucking and chewing, similar to chewing tobacco. Chews gutkha, mixture directly enters the system through oral cavity, which absorbs about 28 carcinogenic chemicals including nicotine. Gutkha turns Saliva bright red, and when it chewed long time users teeth bright red to, it use pregnant women increases the risk of low birth rates in newborns. Smoking remains one of the leading causes of preventable illness, disability and premature death in India. Smoking during the pregnancy also increases the risk of many health problems for the developing baby, such as the preterm birth, low birth weight, and many birth defects of the mouth and lip.

OBJECTIVE

To create awareness among rural people as we all know that percent of tobacco use are more in rural areas than in urban as they are less educated.

METHODOLOGY

Study type – Cross – sectional study

Study population 264 individuals

A cross - sectional study was conducted in rural area of Katihar, Bihar, (Tobacco awareness among different individuals in rural areas).

The study was conducted over a period of 105 days (from 1st February 2021 to 15 May 2021).

Data collection-

The process of data collection is conducting a camp in rural area. I have to conduct my offline study in the month of 1st February to 15th May 2021. I conduct this study in 12 villages, 264 data collection in 12 villages, 264 data collection in which males and females are also included. Firstly, I have taken permission from the gram panchayat of the respective villages, and I take permission from secondary school principal so that I set up camps to aware the native people of that respective villages. I have also made poster in which I mentioned all the images of the oral cancer and disease related to the use of tobacco. and

distribute a questionnaire in camp, approximately 5-8 minutes were required for the completion of the questionnaire. The questionnaire based on tobacco use, past habit, causes, smoking habit, duration of tobacco, form of tobacco, addiction, quit smoking habit, tobacco linked with dental problem and advised to quit tobacco.

Demographic variables- Data were collected regarding age, sex, name, education, marital status etc.

Statistical analysis-

The data was entered into Microsoft Excel spreadsheet and analysed using statistical package for social science (SPSS) version 2

RESULTS

A total number of subjects 264, currently using tobacco of 140, over all prevalence rate of 53.0%. In this study I found the study consistent of 52 female and 212 males, Literacy – graduation-101, post graduate-9, upto higher secondary-110, illiterates-44, marital status-147 (married), 117 (unmarried). In this study I found 77.7% of response know the tobacco cause oral cancer, and 45.2% response used tobacco in past, 56.3% response noticing health warning on tobacco packet while purchasing it, 23.6% response tried to quit smoking. In this study were found Form of tobacco used in rural areas cigarette-16.6%, Bidi- 9%, smokeless tobacco- 31.8% and all form of tobacco used 15.9%, and I were found, believe that tobacco are addicted-43.6%, duration of tobacco used past 2 years- < 2 year-3.4%, 2 year-1.9%, > 2 year's- 38.6%. In this study I were found Smoking tobacco and smokeless tobacco linked with dental problems 79.9% response know and I found quitting tobacco advise, during any Visit to a doctor, health care provider in the past 12 Month, have to advised to quit today 78.0% (yes) and Over all prevalence of tobacco consumer in rural areas Was high, it was higher in males tobacco chewing in rural area is very high, illiterate person more likely to smoke and chewing tobacco products as compared to those who were completing to the schooling more than 12 years, socioeconomic basis also tobacco awareness low in poor family and gutkha was more frequently used and bidi and pan masala are also used.



TABLE OF DEMOGRAPHIC INFORMATION

Serial number	Demographic information	Frequency	Percentage
1	Sex		
	Male	212	80.3
	Female	52	19.7
2	Age		
	Min	18	
	Max	65	
	Average age	34.5	
3	Marital status		
	Married	147	55.7
	Unmarried	117	44.3
4	Literacy		
	Graduate	101	38.3
	Post graduate	9	3.4
	Upto higher secondary	110	41.7
	Illiterate	44	16.7

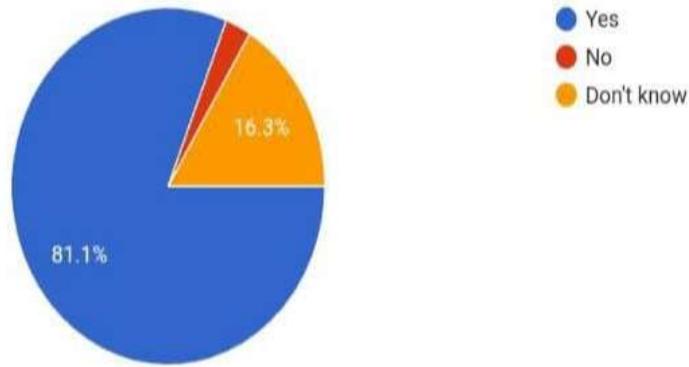
Table of Yes Or No Type Questions

Serial number	Yes or no type questions	Frequency	Percentage
1	Do you use tobacco		
	Yes	140	53.0
	No	124	47.0
2	Form of tobacco use		
	Smokeless- Tobacco	84	31.8
	Bidi	13	4.9
	Cigarette	23	8.7
	All of the above	23	8.7
3	Do you believe tobacco are addicted		
	Yes	115	43.6
	No	9	3.8
	May be	140	53.0
4	Have you used tobacco daily in past		
	Yes	117	44.3
	No	35	13.3
5	Do you know that tobacco cause cancer		
	Yes	205	77.7
	No	5	1.9
	Maybe	54	20.5
6	ever tried to quit smoking		
	Yes	60	22.7
	No	27	10.2

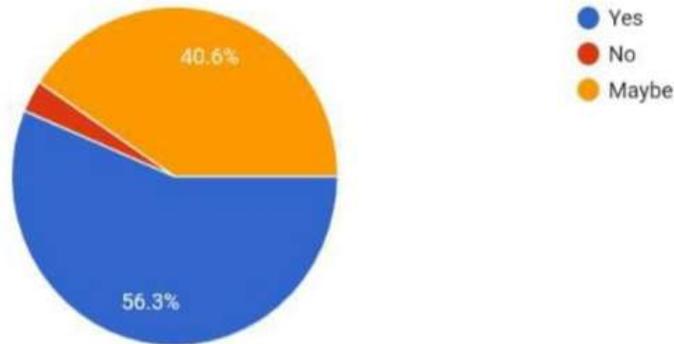


PIE – CHART OF SOME KNOWLEDGE BASED QUESTIONS

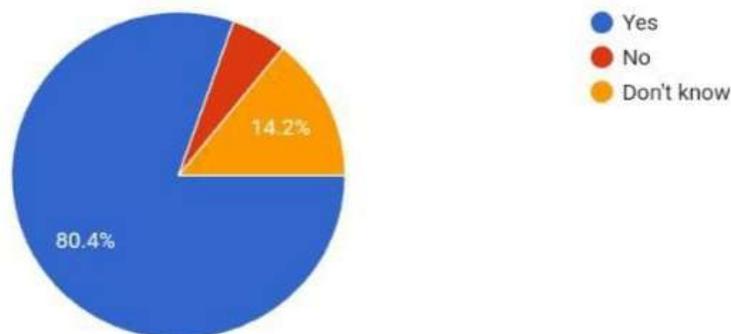
Q- Is smoking tobacco and smokeless tobacco linked with dental problems –



Q- Do you noticing health warning on tobacco packet while purchasing it-



Q- during any visit to a doctor health care provider in the past 12 months , have you advised to quit tobacco-





DISCUSSION

Current cross section study conducted in rural area in katihar Bihar we find precedence of smokeless-Tobacco were in age group of 25 to 40 years, we observed increasing trend of smokeless-Tobacco with age ,we report very less tobacco habits in females in rural areas katihar bihar. As this study done in rural area, so there are many un educated people who doesn't know the sing and symptoms of of the oral cancer and even they don't know the tobacco can life killing supplement. These people are uneducated , they are so poor that even can not fulfil their medical supplies, they even never visit to a doctor , they are having least awareness in the terms of tobacco. khani was the most popular form of rural areas, rural areas people are frequently used khani ,and khani causes missing tooth, smell in mouth, calculus, stain and caries ,periodontal problem. highest in least educated and poorest subjects in both groups, however the habit of tobacco chewing was almost equal distributed in females and males, poor and less educated people are less aware of health hazards of tobacco consumption, more likely to find themselves in connection predisposing to them to initiation of smoking and chewing tobacco, and more likely to have higher degree of fatalism or higher overall risk taking behaviour. Guktka or pan masala was most popular form of chewable tobacco among young people, this trend show the gutkha pan masala is now socially acceptable way of tobacco consumption. One fourth of tobacco users tried to quit their habit of tobacco consumption but they not succeed..

CONCLUSION

The people of the rural area are at high risk of the tobacco use because they are not well educated and even they are not aware of their health and oral health problems. I found in this study many of the people are tobacco addicted and habit of khani and gutkha .

Prevalence of tobacco habit is quite high. Awareness regarding impact on health is very poor. About one third tobacco consumers as said that they need help in quitting tobacco. There is urgent need to address their problem. Health centre personnel may be good assistance point for those who want to quit tobacco habit. They may also act as source of information. Due to poor quality of pictorial warning on pouches and packets, people sometimes fail to correlate tobacco with morbidities caused by it and they remain less impressed by these statutory/pictorial health warnings. Poor and illiterate people living in rural area are the maximum risk of using tobacco.

Tobacco use prevalence is higher in the older age group, male Population, and rural areas and in

slums. Women mainly use Smokeless tobacco. “ Since tobacco use one of the preventable Causes of morbidity and mortality”.

REFERENCES

BOOK REFERENCES

1. *Peterson's Principles Of Oral and Maxillofacial Surgery – Peterson(AUTHOR).*
2. *Ghom – Textbook of Oral Medicine – Ghom(AUTHOR).*
3. *Monheims – Local Anathesia And pain control in Dental Practise – Monheims(AUTHOR).*