

Knowledge and Attitude of Tobacco Use among Workers (Non - Teaching Staff) In a Dental College in Jaipur, Rajasthan

Dr. Anup N.¹, Dr. Vikas Jeph², Dr. Gautam Biswas³, Dr. Shravani G.³, Dr. Amit Kumar Jhahharia⁴, Dr. Prateek Jain⁴

1-Prof. and Head, 2-Reader, 3-Senior Lecturer, 4-PG Student
Dept. of Public Health Dentistry
Jaipur Dental College, Jaipur

Aim: To assess the knowledge, attitude and practice of tobacco use among workers (non-teaching staff) in a Dental College in Jaipur.

Settings and Design: Methods and Material: A cross-sectional survey was conducted among non-teaching staff (n=106) of a Dental College in Jaipur. The non-teaching staff workers were approached personally and were asked to anonymously fill out a structured questionnaire including the Knowledge, Attitude and Practice of tobacco use.

Statistical analysis used: Unpaired t-test.

Results: Out of the total of 106 workers (non-teaching staff), 81.8 percent were aware of the effects of tobacco use on their oral and general health. Eighty-three percent of them think that tobacco consumption was worth continuing. Seventy-nine percent think tobacco consumption should be banned.

Conclusions: The findings of the study highlight that an agenda to improve health outcomes among the poor in India must include effective interventions to control tobacco use. There is a need for periodical surveys using more consistent definitions of tobacco use and eliciting information on different types of tobacco consumed.

Key-words: Tobacco Use, Non-Teaching Staff Workers.

I. Introduction

WHO stated that Tobacco use continues to be the leading global cause of preventable death killing nearly 6 million people and causes hundreds of billions of dollars of economic loss worldwide each year.

The association between smoking and risk of the development of cancer is well established (Hymowitz, 2011; Duaso and Duncan, 2012; Durkin et al., 2012; Jensen et al., 2012; Mao et al., 2012; Mitchell et al., 2012). Tobacco related deaths involve more than 5 million people yearly; and it is expected to exceed 8 million by the year 2030 (WHO, 2009). Tobacco use is recognized as the major cause of preventable death (WHO, 2009; Russo et al., 2011). It has been reported that tobacco smoking is the number one cause of cancer (Trichopoulos et al., 1996; Hymowitz, 2011; Schroeder, 2012) and that tobacco smoking is an important risk factor with respect to non-cancer diseases (Ministry of Health and Welfare, 1993).

The risk of death due to a variety of diseases has been reported to increase the younger a person starts smoking (Hirayama, 1990, WHO, 2009). Most of these deaths occur in low and middle-income countries.

Various studies have revealed that tobacco use is common throughout the world due to low prices, aggressive and wide spread marketing, lack of awareness about its dangers and inconsistent public policies restricting its use. Therefore, there is a need to give consideration to assess the knowledge and attitude of tobacco users about its usage and ill effects of tobacco and to plan a teaching program for reducing the incidence. For these reasons, we decided to carry out a survey of non-teaching staff in order to describe the knowledge and attitude of tobacco use among this population.

II. Subjects And Methods

A cross sectional survey was conducted among non-teaching staff of a Dental College in Jaipur in the month of August- September 2014. A total of 106 non-teaching staff workers participated in the survey.

Written permission to conduct the survey was taken from the Principal of the Dental College.

Pilot study: Pilot study was conducted prior to study.

Inclusion criteria:

- Workers who were present on the day of study.
- Workers who can read and understand hindi or English.

Exclusion criteria:

- Workers who cannot read Hindi or English.
- Workers who were absent on the day of study.

Ethical clearance:The ethical clearance to conduct the study was taken from the ethical committee of Jaipur Dental College.

About the questionnaire:The non-teaching staff-workers were approached personally and the purpose of the study was explained and they were asked to anonymously fill out a structured questionnaire. It was also mentioned that responses would remain confidential.The questionnaire consists of questions related to knowledge, attitude and practice of tobacco.

III. Results

- Out of the total of 106 workers (non-teaching staff), 81.8% were aware of the effects of tobacco use on their oral and general health.
- Eighty-three % of them think that tobacco consumption is worth continuing.
- Seventy-nine % think tobacco consumption should be banned.
- Ever-consumers were 62.3% and present consumers are 52.8%.
- The form of tobacco consumed or consuming is shown in table no.6 and among all forms cigarette smoking was highest i.e. 18.9%.
- Reasons told by the workers for tobacco consumption is shown in graph diagram no. 2.
- Frequency of tobacco consumption and monthly expenditure on tobacco is shown in graph diagram no.3 and table no.7 respectively.
- Workers who made an attempt to quit the habit and those who were successful in quitting the habit is shown in pie-diagram no. 4 and 5.

Table 1

Awareness of the effects of tobacco on your oral and general health	Frequency	Percentage
YES	86	81.1
NO	13	12.3
NOT SURE	7	6.6
Total	106	100.0

Table 2

Do you feel tobacco consumption is a habit worth continuing	Frequency	Percentage
YES	8	7.5
NO	88	83.0
NOT SURE	10	9.4
Total	106	100.0

Table 3

Do you think tobacco consumption should be banned	Frequency	Percentage
YES	84	79.2
NO	15	14.2
NOT SURE	7	6.6
Total	106	100.0

Table 4

If you are a smokeless tobacco consumer, how long do you chew it	Frequency	Percentage
<15 Min	27	25.5
15-30 Min	12	11.3
30-60 Min	2	1.9
> 60 Min	4	3.8
Not Answered	61	57.5
Total	106	100.0

Table 5

Which part of the mouth do you keep it after chewing	Frequency	Percentage
Below the tongue	4	3.8
Buccal mucosa	20	18.9
Labial mucosa	21	19.8
Any other	1	.9
Not Answered	60	56.6
Total	106	100.0

Table 6

For how long do you keep it in mouth after chewing	Frequency	Percentage
<15 Min	23	21.7
15-30 Min	21	19.8
30-60 Min	2	1.9
Not Answered	60	56.6
Total	106	100.0

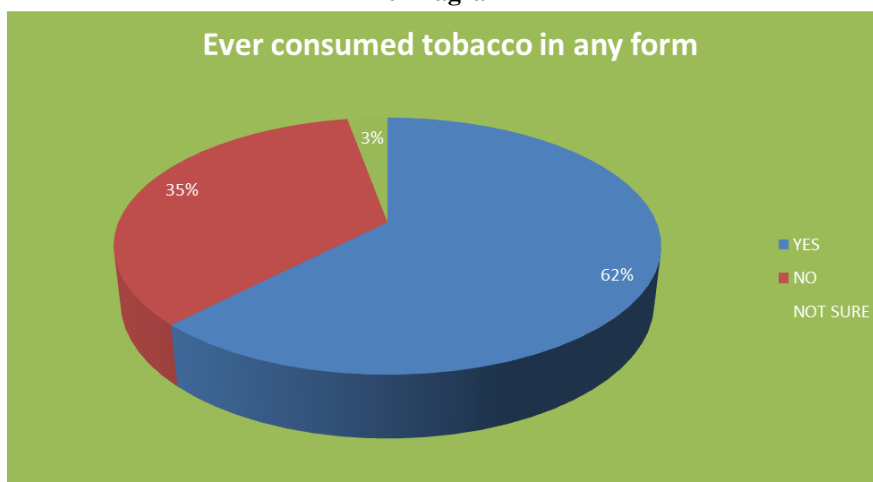
Table 7

What is your monthly expenditure on tobacco	Frequency	Percentage
<Rs. 100	8	7.5
>Rs. 500	26	24.5
Rs.100- 300	21	19.8
Rs. 300-500	5	4.7
Not Answered	46	43.4
Total	106	100.0

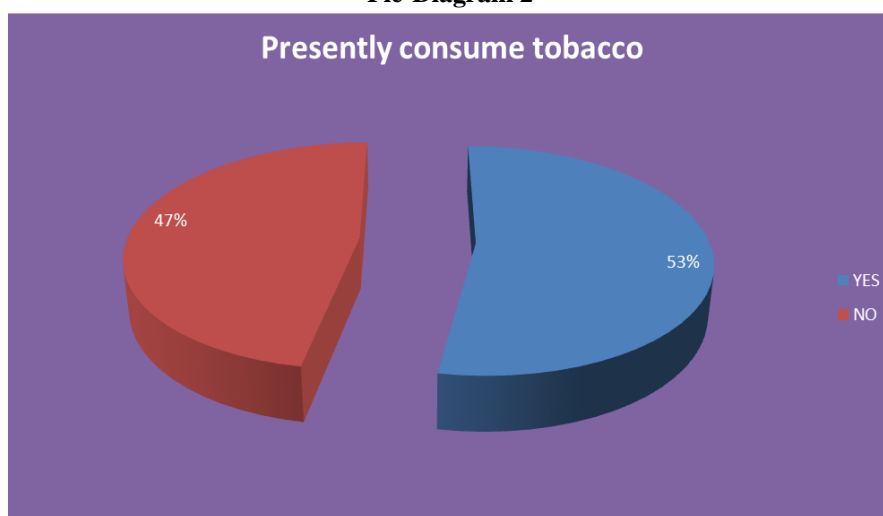
Table 8

If no then what is the reason for not quitting the habit	Frequency	Percentage
Addiction	24	22.6
Any other	5	4.7
Don't feel it necessary to quit the habit	7	6.6
Not Answered	70	66.0
Total	106	100.0

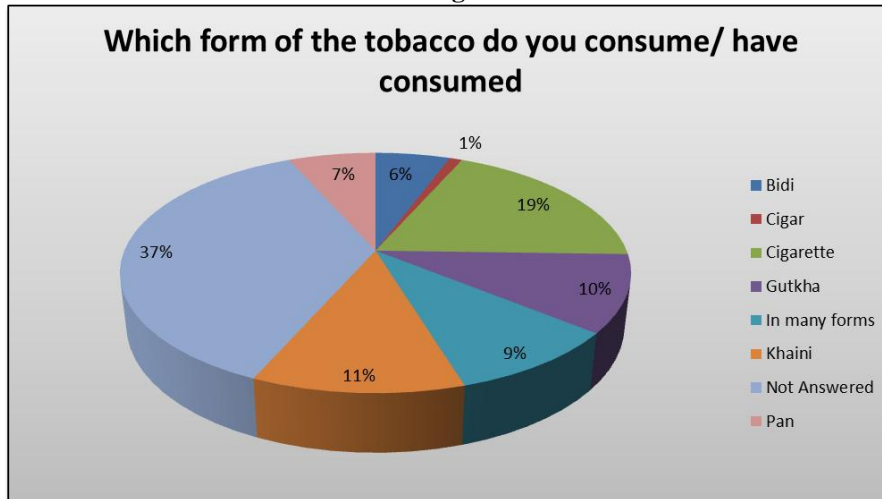
Pie-Diagram 1



Pie-Diagram 2



Pie-Diagram 3



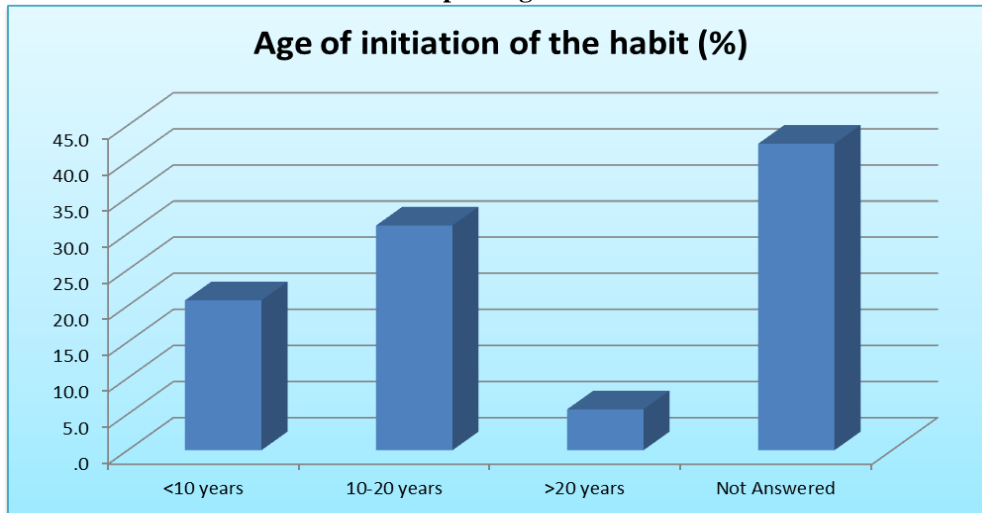
Pie-diagram 4



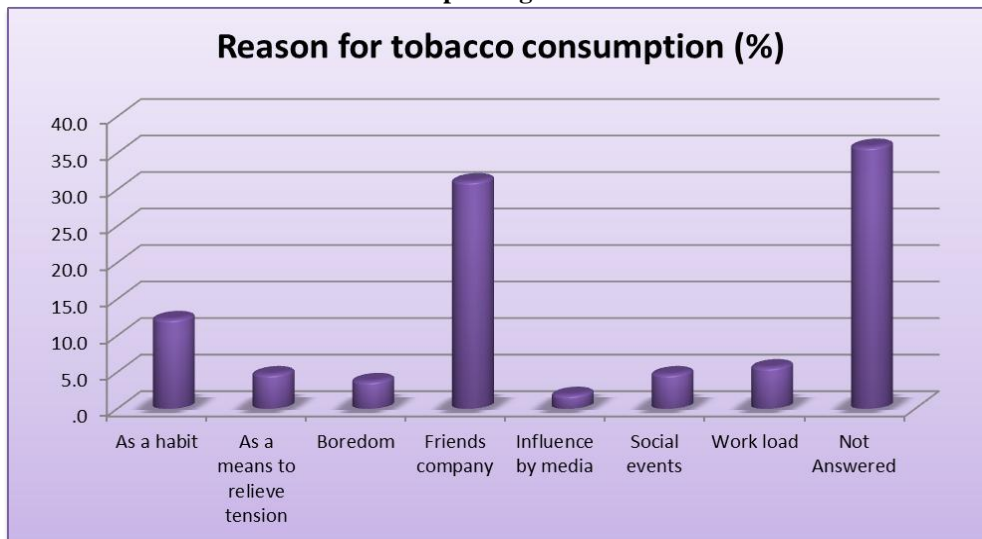
Pie-diagram 5



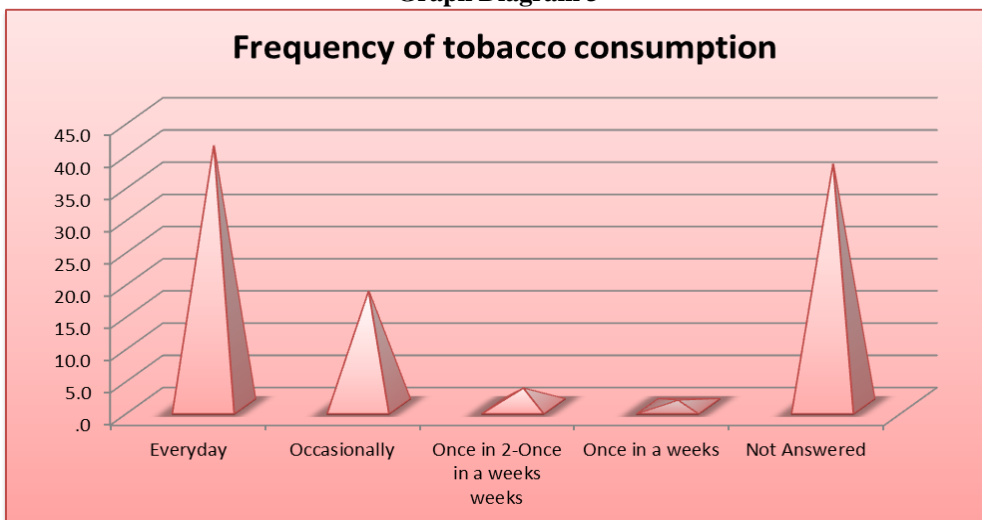
Graph Diagram 1



Graph Diagram 2



Graph Diagram 3



Graph Diagram 4



IV. Discussion

It is likely that poor and less educated people are less aware of the health hazards of tobacco consumption ; more likely to find themselves in conditions predisposing them to initiation of smoking and chewing of tobacco ; and more likely to have higher degree of fatalism or higher overall risk taking behaviour.

The findings of the study highlighted that an agenda to improve health outcomes for the non-teaching staff in dental college must also include effective interventions to control tobacco, as these groups may suffer from disproportionate burden of tobacco induced morbidity and mortality. In addition, each intervention should be evaluated for its effectiveness, separately since access and effectiveness may vary across these groups.

Although the current prevalence of tobacco use among the non-teaching staff of Jaipur Dental College is low, it still needs to be addressed by providing them with the necessary skills and support to quit smoking successfully.

Nearly 79 % of non-teaching staff claimed strong attitudes towards banning tobacco use.

It is estimated that, the most susceptible time for initiation of tobacco use in India is during adolescence and early adulthood. The majority of the users start using tobacco before the age of 18 years. This early age of initiation points to an urgent need to plan effective interventions for this vulnerable age group.

V. Conclusion

The findings of the study highlight that an agenda to improve health outcomes among the poor in India must include effective interventions to control tobacco use. Failure to do so would most likely result in doubling the burden of diseases among India's teeming poor. There is a need for periodical surveys using more consistent definitions of tobacco use and eliciting information on different types of tobacco consumed. The study also suggests a need to adjust the prevalence estimates based on household informants.

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