

A Descriptive Study to Assess the Oral Health Status and Knowledge Regarding Oral Health Hazards among Tobacco Consuming Adults of Selected Communities at Rewa, (M. P.)

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Abstract:-

Introduction: - Most of the people consume tobacco in the form of smoking and chewing and it is a serious growing problem. Tobacco belongs to the night shade family Solanaceae and the genus nicotine named after Jean Nicot, French Ambassador to Portugal. Many varieties developed subsequently in the South American variety N. Tabacum is the major source of today's commercial varieties. Tobacco is a powerful addictive substance and found to be harmful to the health.

Aim: - "The aim of the study is to assess the oral health status and knowledge regarding oral health hazards among tobacco consuming adults of selected communities at Rewa, (M. P.)."

Methods: - The conceptual framework in this study is based on Rosenstock health belief model (1984). The research design selected for the study is the Descriptive correlational approach. Purposive sampling technique was used to collect the data. Total 100 tobacco consuming adults [50 tobacco chewers & 50 smokers] were selected for the research study living in a Lauva and Sagara Community, Rewa (M.P.). Self-structured questionnaire was prepared to assess the oral health status and knowledge of tobacco consuming adults regarding oral health hazards. In this study dependent variables were knowledge of the sample.

Result: The computed chi-square values between relationship of knowledge score with selected demographic variables indicated that there is no significant association between oral health status and selected baseline characteristics such as age, occupation and duration of consumption of tobacco smokers.

Conclusion: From the findings of the study it is clear that the majority of the tobacco consuming adults had good knowledge regarding oral health hazards and majority of the subject had average oral health status.

There is a need to educate the young adults regarding the ill effects of tobacco chewing and smoking, nurses have a pivotal role in health promotion and imparting knowledge regarding hazards of oral health and its ill effects both in hospital and community settings.

- The present study revealed that the tobacco consuming adults have good knowledge regarding oral health hazards, and have average oral health status.
- There is no significant association between knowledge score and demographic variables like age, occupation and duration of consumption of tobacco smokers.

Keywords: Oral Health, Hazards, Adults.

I. 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 while discovering America. The Portuguese brought it to India about 4 centuries ago. Smoking was started later as chewing was considered unhygiene¹. Globally everyday about 80,000-1, 00,000 youth initiate smoking; most of them are from developing countries. Smoking is a costly habit and also annoys other people. Because of the warnings about smoking many people switch to chewing tobacco as alternative. In India millions chew pans and supari and this can be very harmful to the oral health. Most of the people consume tobacco in the form of smoking and chewing and it is a serious growing problem. Tobacco belongs to the night shade family Solanaceae and the genus nicotine named after Jean Nicot, French Ambassador to Portugal. Many varieties developed subsequently in the South American variety N. Tabacum is the major source of today's commercial varieties. Tobacco is a powerful addictive substance and found to be harmful to the health.

Globally, Cigarette smoking is the dominant form of tobacco use in Indian context, the tobacco use implies the use of tobacco in any form of chewing parts or smoking. Smoking and chewing habits however differ a great deal in different parts of India. Different type of smoking habits such as beedi and cigarette chewing habits such as khaini mava and betel quid differ even more in different parts of the country³General, men smoke as well as chew tobacco whereas women generally chew tobacco with exception of few areas where prevalence of smoking among women is high. In coastal area of Andhra Pradesh and Orissa, women

smoke cheroot (called chutta) in a reserve manner (i.e. with glowing end inside the mouth) and in some northern parts of India, women often smoke hookah or Hubble- bubble. Among men, cigarette smoking is largely confined to urban areas whereas in rural areas men mostly Smoke beedi.

II. STATEMENT OF THE PROBLEM

“A descriptive study to assess the oral health status and knowledge regarding oral health hazards among tobacco consuming adults of selected communities at Rewa,(M. P.)”

III. OBJECTIVES OF THE STUDY

- To assess the oral health status of adults consuming tobacco using observation checklist.
- To assess the pre-test level of knowledge regarding oral health hazards among tobacco consuming adults.
- To Find out association between oral health status and knowledge regarding oral health hazards among tobacco consuming adults.

IV. HYPOTHESIS

- **H₀₁** there is significant difference between knowledge score of tobacco smokers and tobacco chewers.
- **H₀₂** there is significant difference between the oral health status of tobacco smokers and tobacco chewers
- **H₀₃**-There is significant relationship between the oral health status and knowledge on hazards of tobacco smoking on oral health among tobacco smokers.
- **H₀₄**-There is significant relationship between the oral health statuses and knowledge on hazards of tobacco chewing on oral health among tobacco chewers.
- **H₀₅**-There is significant association between oral health status and selected baseline characteristics such as age, occupation and duration of consumption of tobacco smokers.

A. ASSUMPTION

- The adults will have some knowledge about hazards of tobacco consumption on oral health.
- Participants will be willing to participate and give reliable information.
- Knowledge regarding hazards of tobacco consumption on oral health affects their practice.
- Tobacco consumption affects oral health status.

B. DELIMITATION

- Adults consuming tobacco in the form of smoking and chewing separately
- Adults above the age of 20years.
- Adults consuming tobacco for more than five years.

C. SCOPE OF THE STUDY

- The finding will reveal the existing knowledge of adults regarding hazards of tobacco consumption on oral health.
- The study will bring out the need for public awareness regarding tobacco effects on oral health.
- The will help the nurse to identify the high risk individual in the community.

- Identification of oral health problems and necessary measures will improve the oral health status of the adults.

V. RESEARCH METHODOLOGY

A. RESEARCH DESIGN

A researcher overall plan for obtaining answers to the research question for testing the research hypothesis is referred to as the research design. It spells out the basic strategies that the researcher adopts to develop information that is accurate and interpretable. Correlation research is used to examine the strength of relationship between two or more variables. A descriptive correlation design is chosen for the present study to find out the relationship between knowledge on hazards of tobacco consumption on oral health and oral health status.

B. VARIABLES UNDER STUDY

A variable is an attribute of a person, or an object that varies, that is taken on different values.

a) Dependent variable

A presumed effect is referred to as the dependent variables. In this study it refers to the knowledge on hazards of tobacco consumption on oral health among tobacco consuming.

b) Extraneous variables

A variable that compounds the relationship between the independent and dependent variables and that needs to be controlled either in the research design or through statistical procedure.in this study is refer to age, sex, religion, educational status, occupation, income, type of family, marital status, dietary habits, forms of tobacco frequency of consumption, motivational factor, reason for consuming tobacco.

C. SETTING OF THE GOALS

Setting is the more specific place where data collection will occur. The investigator had selected 2 communities under rural communities' Laxmanpur. The communities selected were Lauva and Sagara. The main occupation of the people was labor and private job. The survey conducted by the investigator in their areas during her under graduation community health nursing field experience revealed the data that most of the adults consume tobacco as a time pass habit. Therefore, the investigator took up this area for the study. The area is approximately 12 kilometers from the city.

D. POPULATION

Population is the entire aggregation of cases that meet a designed set of criteria. The population in the study comprised of adults consuming tobacco of selected communities of Rewa. A group of subjects for whom the finding will be generalized is the target population. The target population was adults consuming tobacco either in the form of to tobacco chewing or tobacco smoking only.

E. SAMPLE

A sample consist of a subset of the units that unit that compose the population. In the study sample comprises of 100 adults (50 tobacco smokers and tobacco 50 chewers) who fulfilled the sampling criteria.

F. SAMPLING TECHNIQUE

Sampling is a process of selecting portion of the population to represent the entire population. Purposive sampling or judgment sampling is based on the belief that a researcher knowledge about the population can be used to handpick the cases to be included in the sample. In this study purposive sampling has been done to select the sample. All adults of the selected communities who fulfilled the inclusion criteria and those who were available during the data collection were selected for the study.

VI. DESCRIPTION OF DEMOGRAPHIC AND BASELINE CHARACTERISTICS

- **Age:** -Most of the subject (33%) belonged to above 50 years of age group. Only 14% belonged to 21-30 years of age group.
- **Sex:** -Majority of the subjects (75%) were males and only 25 % were females.
- **Religion:** -Majority of the subjects (86%) belonged to Hindu religion. The remaining were subjects Muslims (10%) only 4% were Christian.
- **Educational Status:** -Most of the subjects (48%) had primary education. The remaining 29% were illiterate and only 2% were professional. None of the adults were graduates.
- **Occupation:** -42% were unskilled 27% were skilled 30% were unemployed and only 1% were professional.
- **Income of the Family:** -Most of the subjects (41%) belonged to the income range of above rupees 4001.Only 5% belonged to rupees 2001-3000 income group.
- **Type of family:** -Majority of the subjects (87%) belonged to nuclear family and 13% belonged to joint family.
- **Marital status:** -Majority of the subjects (76%) were married;17 % were widow and 7% were single.
- **Dietary habits:** - Majority of the subjects (93%) consumed mixed diet and only 7% were vegetarian.

VII. KNOWLEDGE OF SUBJECT ON HAZARDS OF TOBACCO CONSUMPTION ON ORAL HEALTH

Section II deals with analysis of knowledge score and comparison of knowledge score area wise.

Knowledge score	Inference	N=100		
		Tobacco smokers (%)	Tobacco chewers (%)	Total(%)
16-20	Very good	13	15	28
11-15	Good	25	28	53
06-10	Average	12	7	19
<5	Poor	0	0	0

Table 1: Distribution of subject according to their knowledge score

Maximum score=20

The data presented in the table 1 show that most of the subject (53%) had good knowledge, scored within the range of 11-15. A very Few subjects (19%) had average

knowledge, score 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 subjects had poor knowledge (score below 5).

VIII. ORAL HEALTH STATUS OF TOBACCO CONSUMING ADULTS

This section deals with analysis of health status of various parts of oral cavity.

Oral health status score	Inference	N=100		
		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	3

Table 2: frequency and percentage distribution of score of oral health status among the subjects

Maximum score= 28

The data presented in the table 2 show that most of the subjects (43%) had average oral health status. Only 9% of subjects had good oral health status. The remaining 5% of subjects had poor oral health status.

IX. SUMMARY

The chapter deals with the discussion of finding in relation to other studies and the insight received by the investigator during the period of data collection the following chapter deals with the conclusion drawn based on the study.

Indulgence in tobacco is known health risk. Tobacco is a serious threat to health. It is a proven killer. Inspire of this the use of tobacco in developing countries is on the rise. Proportion of peoples indulging in tobacco habit in India and this constituting a high-risk group for various tobacco induced disease is largely unknown. Therefore, when you play with fire your area bounced to get burned even if the fire comes without smoke.

The mouth is really the mirror for the health of the body. Just as trees need strong roots and earth to support them. Teeth also need strong foundation of bones and gums to support them. Hence eat healthy food, keep teeth and gums clean, avoid harmful habits so that teeth will stay strong and firm into old age.

X. CONCLUSION

This chapter deals with conclusion implications in nursing practice, nursing education, nursing research, nursing administration, limitations of the study, suggestion and recommendation.

The following conclusion was drawn on the basis of the data analysis.

- Majority of the subjects (53%) had good knowledge on hazards of tobacco consumption on oral health.
- All subjects (100%) had tooth stains.
- Among tobacco smoker's person was affected (96%).
- Majority of the subjects (43%) had poor health status.
- Tobacco chewers and tobacco smokers had poor oral health status.
- There was no association between knowledge on hazards of tobacco consumption on oral health and oral health status of the subjects.

XI. RECOMMENDATIONS

- Nurse should be trained to perform oral health assessment.
- Awareness programs me for the public who is addicted to tobacco through formal and informal techniques of education.
- Control strategies against tobacco consumption must be targeted mainly to the younger population.
- Smoking control measures should be integrated into the existing activities of primary health care workers.
- Peer pressure against tobacco consumption should be built up in the community through appropriate mass media technique.
- Extension education with appropriate audio visual aids should be developed against smoking to reach vulnerable groups in the population.
- Tobacco and its hazards should be taught in the school itself.

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