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ORIGINAL RESEARCH

To evaluate knowledge and attitude regarding tobacco use- A longitudinal study

Reecha Gupta¹, Bhavna Gupta², Mohit Gupta³

¹Professor, Dept. of Prosthodontics and Dental Materials, Indira Gandhi Govt. Dental College, Jammu,

²Senior Lecturer, Department of Public Health Dentistry, Swami Devi Dayal Dental College, Panchkula, Haryana,

³Consultant Orthodontist, Jammu, J & K, India

ABSTRACT:

Background: The use of tobacco products is on rise. The present study was conducted to evaluate knowledge and attitude regarding tobacco use. **Materials and methods:** The present longitudinal study was conducted on 462 school children age ranged 10-18 years of both genders. Data were collected using the modified version of Global Youth Tobacco Questionnaire. **Results:** Age group 10-12 years had 75 boys and 63 girls, 12-14 years had 62 boys and 66 girls, 14-16 years had 58 boys and 68 girls and 16-18 years had 45 boys and 25 girls. 230 participants's father used to smoke everyday, 380 mothers never smoke, 260 fathers use to chew tobacco, 410 mothers never chew tobacco and 392 participants never use tobacco. The difference was significant ($P < 0.05$). 122 participants had adequate knowledge while 340 had poor knowledge, 182 had positive attitude while 280 had negative attitude. The difference was significant ($P < 0.05$). **Conclusion:** There was lack of knowledge and attitude among school children about tobacco usage.

Key words: Attitude, Knowledge, Tobacco

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Corresponding author: Dr. Reecha Gupta, Professor, Dept. of Prosthodontics and Dental Materials, Indira Gandhi Govt. Dental College, Jammu, India.

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INTRODUCTION

The World Health Organization (WHO) estimates that approximately over 1 billion people smoke tobacco currently.¹ Among adolescents, 12% of boys and 7% of girls smoke cigarettes. Deaths attributed to tobacco, in India, are expected to rise from 1.4% of all deaths in 1990 to 13.3% in 2020. The usage of tobacco has increased to such an extent that it has now been referred to as the "tobacco epidemic." Recent trends indicate an earlier age of initiation among children and adolescents, thus contributing to an increasing smoking prevalence in this vulnerable group.²

In India, both the smoking and non-smoking forms of tobacco are used. According to GATS (Global Adult Tobacco Survey) India, 35% of adults in India use tobacco in some form or the other. More than 80% of world's smokers live in low and middle income countries while the

trends in developed nations are showing a decline in tobacco smoking.³

Estimates show that around 1/6th (16.6%) of all the smokers live in India and smoking is primarily through cigarettes, beedis, hokkah and chillum while smokeless tobacco is consumed as pan, gutkha, zarda, khaini etc. which are all laced with tobacco.⁴ Representative information on tobacco use in India is available through several large-scale surveys. However, these surveys often don't refer to the quantity of product being consumed and the age of initiation. Epidemiological studies of coronary heart disease and its risk factors have either focused on rural areas or on urban areas.⁵ The present study was conducted to evaluate knowledge and attitude regarding tobacco use.

MATERIALS & METHODS

The present longitudinal study was conducted in the department of Community dentistry. It comprised of 462 school children age ranged 10-18 years of both genders. The study protocol was approved from institutional ethical committee. All participants were informed regarding the study and their consent was obtained.

Data such as name, age, gender etc. was recorded. Data were collected using the modified version of Global Youth Tobacco Questionnaire (GYTS) (WHO) which is the

knowledge and attitude of adolescents toward tobacco use and its prevalence, role of media in tobacco. This domain consisted of questionnaire and participants were to respond “yes,” “no,” and “doesn’t know;” attitude toward tobacco use – it is defined as respondents’ opinions about tobacco use, prevention of tobacco, favor of banning tobacco use, and socio-cultural perspective toward tobacco use. Results were tabulated and subjected to statistical analysis. P value less than 0.05 was considered significant.

RESULTS

Table I Age wise distribution of patients

Age group (Years)	Boys	Girls
10-12	75	63
12-14	62	66
14-16	58	68
16-18	45	25
Total	240	222

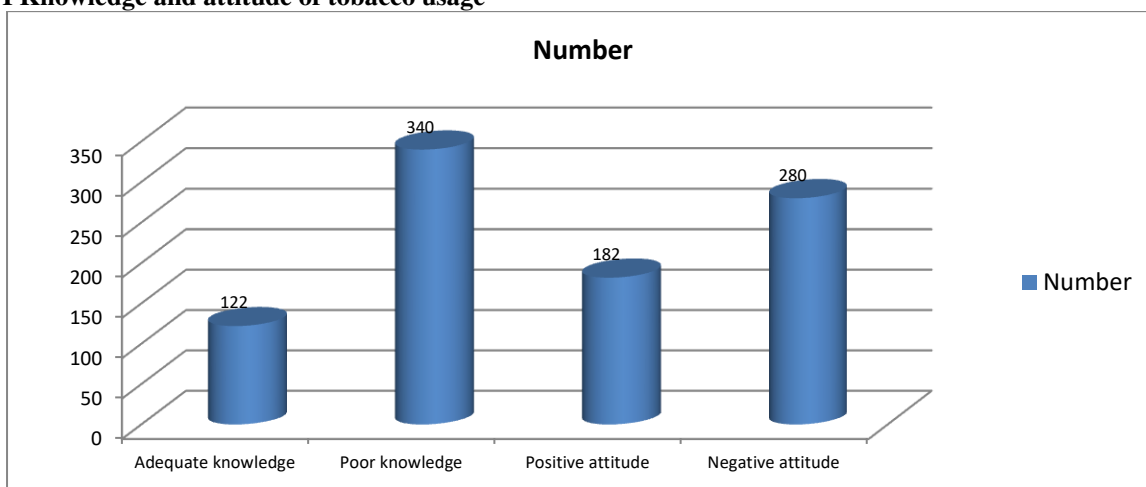
Table I shows that age group 10-12 years had 75 boys and 63 girls, 12-14 years had 62 boys and 66 girls, 14-16 years had 58 boys and 68 girls and 16-18 years had 45 boys and 25 girls.

Table II Questionnaire used in study

Questionnaire		Yes	No	P value
How often do you see your father smoking?	Everyday	230	120	0.01
	Once a week	112		
How often do you see your mother smoking?	Once a week	30	380	0.02
	Once in month	52		
How often do you see your father chewing tobacco?	Often	260	140	0.04
	Once a week	62		
How often do you see your mother chewing tobacco?	Once a week	52	410	0.01
	Occasionally	10		
Have you ever tried or experimented with tobacco use?		70	392	0.001

Table II shows that 230 participants’ s father used to smoke everyday, 380 mothers never smoke, 260 fathers use to chew tobacco, 410 mothers never chew tobacco and 392 participants never use tobacco. The difference was significant (P< 0.05).

Graph I Knowledge and attitude of tobacco usage



Graph I shows that 122 participants had adequate knowledge while 340 had poor knowledge, 182 had positive attitude while 280 had negative attitude. The difference was significant (P< 0.05).

DISCUSSION

Tobacco use in any form is widely prevalent all over the globe including India. During the last century, irrefutable evidence has been generated regarding harmful effect of tobacco use on the health of human beings both in terms of morbidity and mortality.⁶ Among the preventable causes of death, tobacco use still remains a major challenge for public health planners. WHO estimates predict that by 2020 deaths due to tobacco usage could touch 8.4 million worldwide on a yearly basis and the corresponding figure for India could be 1.5 million.⁷

Morbidities caused by tobacco consumption include lung cancer, bladder carcinoma, carcinomas of the oral cavity, Chronic Obstructive Pulmonary Disease, stroke, coronary heart disease etc.⁸ In India out of all cancers occurring in humans, tobacco is responsible for half of them in men and a quarter in women. Regarding contribution to years of life lost, tobacco use is currently ranked fourth in the world.⁹ The present study was conducted to evaluate knowledge and attitude regarding tobacco use.

We found that age group 10-12 years had 75 boys and 63 girls, 12-14 years had 62 boys and 66 girls, 14-16 years had 58 boys and 68 girls and 16-18 years had 45 boys and 25 girls. Gupta et al¹⁰ used the modified version of Global Youth Tobacco Questionnaire to measure the knowledge, attitude, and tobacco use of children. Of the 210 children participated in the study, 54.8% were boys and 45.2% were girls. Ever tobacco use was reported by 31.4% of children, of which, over 10% reported initiation around 8–10 years of age and 21% of them at 12–15 years of age. Among them, 32 (15.2%) children used the smoking form of tobacco (cigarette, beedi, and other unspecified forms), 27 (12.9%) used the chewing form of tobacco, and 7 (3.3%) participants used both forms. The association was found to be statistically significant with regard to the knowledge and attitude scores. Vuolo et al¹¹ in their study utilized people aged 15 years and were interviewed using semi-structured and pretested questionnaire. Majority of respondents were males (91%) and Hindus (76.5%) with 39% aged >56 years. 64.8% were literate. The overall prevalence of tobacco consumption was 19.7% with 32.5% among males and 3.9% in females. Tobacco consumption in the form of cigarette smoking was predominant (49%) followed by beedi (33.1). 52% initiated smoking by 16-25 years of age. 78.6% smoked for pleasure. Muslim respondents were overwhelmingly using smokeless tobacco as compared to Hindu respondents ($p < 0.001$). Level of literacy was found to be significantly associated with tobacco use ($p < 0.001$). Hazards of smoking were known to 84.1% while mere 11.7% knows that they could get rid of this habit. Tobacco consumption in any form is quite prevalent in the current study area. We observed that 230 participants' s father used to smoke everyday, 380 mothers never smoke, 260 fathers use to chew tobacco, 410 mothers never chew tobacco and 392 participants never use tobacco. 122 participants had

adequate knowledge while 340 had poor knowledge, 182 had positive attitude while 280 had negative attitude.

Mukherjee et al¹² found that Self-reported tobacco use among males was as follows: urban 35.2%; urban-slums 48.3%; and rural 52.6%. Self-reported tobacco use among females was as follows: Urban 3.5%; urban-slums 11.9%; and rural 17.7%. More males reported daily bidi (tobacco wrapped in temburini leaf) smoking (urban 17.8%, urban-slums 36.7%, rural 44.6%) than cigarette use (urban 9.6%, urban-slums 6.3%, rural 2.9%). Females using smoked tobacco were almost exclusively using bidis (urban 1.7%, 7.9%, 11% in rural). Daily chewed tobacco use had urban, urban-slum, and rural gradients of 12%, 10.5%, and 6.8% in males respectively. Its use was low in females.

CONCLUSION

There was lack of knowledge and attitude among school children about tobacco usage.

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