

Knowledge Regarding Use of Tobacco and its Ill Effects Among Care Givers

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Abstract

Tobacco use kills nearly six million people worldwide each year [1]. India's tobacco problem is very complex, with a large use of a variety of smoking and smokeless tobacco products [2]. Hence the study was undertaken to evaluate the effectiveness of planned health education programme on knowledge regarding use of tobacco and its ill effects among care givers of patient admitted at RLJH & RC, Kolar. For the study pre experimental one group pre-test and post-test design was used. Through purposive sampling technique 100 tobacco users were selected. Then subjects were assessed for their knowledge regarding use of tobacco and its ill effects through interview schedule, followed by a planned health education programme was administered. After 7days, a post test was conducted using the same tool. The results revealed that, the mean pre-test knowledge score was 7.56 with a SD of 2.82 and the mean post-test knowledge score was 13.46 with a SD of 3.54. The paired 't' value was 18.8 indicating that health education programme was effective in improving the knowledge score of care givers of patients on use of tobacco and its ill effects. The study concluded that, there is an urgent need to educate the general public, on use of tobacco and its ill effects.

Keywords: Care givers; Health education programme; Ill effects of tobacco; Knowledge Tobacco

programme on use of tobacco and its ill effects among care givers of patients admitted at R.L.Jalappa Hospital and Research Centre.

Introduction

Tobacco chewing is the second major cause of death in the world and it is responsible for the death of 1 in 10 adults [3]. It is estimated that, tobacco have killed 100 million people in the 20th century and continues to kill 5.4 million people every year and this figure is expected to rise 8 million per year by 2030 and 80% of which will be occurred in India [4]. The use of tobacco can interfere with people's quality of life and daily functioning. The National Tobacco Control programme was launched by Government of India in 2007-8 with an objective to bring greater awareness about harmful effects of tobacco use and tobacco control laws [5]. A descriptive study conducted on knowledge, attitude and practices of tobacco consumption at rural health centers of Tamil Nadu revealed that, 51% of the subjects had poor knowledge and attitude on use of tobacco and its ill effects [6]. Hence the study concluded that, there is a need to conduct educational program to improve the knowledge, attitude and to decrease the practice of tobacco use among the publics [7]. So present study was undertaken with an objective to evaluate the effectiveness of planned health education

Materials and Methods

Based on objective of the study, a structured knowledge questionnaire and health education programme was prepared in English to assess the knowledge on use of tobacco and its ill effects and to administer health education programme. The tool and educational programme were then translated to Kannada since the study participants communication and understanding were only in Kannada. The prepared content and tool was validated by 6 subject and research experts for an adequacy and appropriateness. After obtaining an ethical clearance from an Institutional ethical committee, a written consent was obtained from the Medical Superintendent of RLJH&RC, Tamaka, Kolar.

The study design was pre experimental with one group pretest posttest design. The inclusion criteria for the study were, care givers between the age group of 21 to 60 years, having the habit of using tobacco chewing and taking care of relatives who were admitted at RLJH & RC and able to understand Kannada language [8]. Care givers excluded from the study were, whose patients admitted in

ICU and posted for surgery on the day of data collection. After obtaining an informed consent, around 100 care givers were selected through purposive sampling technique. Then the care givers were assessed through interview schedule individually for their knowledge on use of tobacco and its ill effects using structured knowledge questionnaire followed by a planned health education programme was administered individually as well as in groups to all 100 care givers. After 7 days of health education programme, post test was conducted using same questionnaire to the care givers. The data was collected from 12-11-2017 to 21-11-2017.

Results

Socio-Demographic Variables

The study findings on socio demographic variable of care givers revealed that, majority (35%) of them were in age group of 35 to 44 years, most (36%) of them were having primary education and 22% of them were illiterates, 45% of care givers occupation was coolie, 52% of them were from nuclear family, 47% of them were having the habit of tobacco chewing for more than 5 years, out of 100 care givers, 17 % of them experienced dental cares and frequent mouth ulcers, most (66%) of the care givers were from rural area, majority (57%) of them were having Rs.11, 000/- to 20,000/- of family income per month.

Pre-Test Knowledge on Use of Tobacco and Its Ill Effects Among Care Givers

Based on the mean percentage, overall knowledge score obtained by the care givers of patients were grouped under adequate knowledge (who scored above 75%), moderately adequate knowledge (who scored 50-75%) and inadequate knowledge (who scored <50%).

After socio-demographic variables, care givers were assessed for their knowledge on use of tobacco and its ill effects, before health education programme and presented in Figure 1.

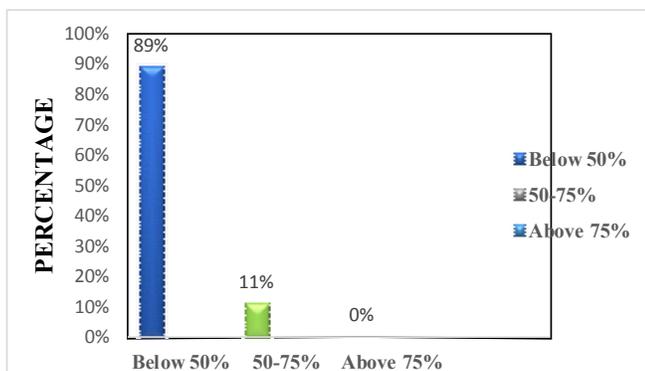


Figure 1: Overall pretest knowledge score of care givers of patients.

The pretest knowledge score (figure-1) revealed that, 89% of care givers had inadequate knowledge, 11% of them had moderately adequate knowledge and none of them had adequate knowledge.

Effectiveness of Planned Health Education Programme Between Pre and Post Test

Knowledge of care givers on use of tobacco and its ill effects were re-assessed after a health education programme. To know the difference between pre and posttest knowledge scores, researchers used mean, SD, paired ‘t’ test and presented in table-1.

VARIABLES	MEAN	S.D	PAIRED “t” VALUE	P VALUE
Pre-test	7.56	2.82	18.84	< 0.05
Post test	13.46	3.54		
*SS: Statistically Significant				

Table 1: Comparison of mean Knowledge score between Pre and Post-test (N=100).

Table 1 shows that, the mean pre-test knowledge score of care givers was 7.56 with SD of 2.82 and the mean post-test knowledge score was 13.46 with SD of 3.54. The paired ‘t’ value was 18.84 which was greater than the table value, indicating there was a difference between pre-test and post-test knowledge scores which was statistically significant at 0.05 level ($P < 0.05$). This indicates that planned health education programme was effective in improving the knowledge score of 5.9 among care givers.

Association of Knowledge Score with Socio Demographic Variables

Association between level of knowledge among care givers of patients with selected socio- demographic variables revealed that there was an association between age ($\chi^2=8.21$), education ($\chi^2=10.63$) and duration of tobacco chewing ($\chi^2=11.79$) which was significant at 0.05 level except occupation ($\chi^2=1.58$), type of family ($\chi^2=0.64$), experience of health problem ($\chi^2=0.54$), place of residence ($\chi^2=0.79$) and income of the family ($\chi^2=0.54$).

Discussion

The government of India launched National Tobacco control programme in 2007-08 in 42 districts of 21 states/ Union territories of the country but till date the awareness on this programme has not been reached to the general public [9]. The present study could be considered as premier effort. The literature reviewed for the present study showed that there were only few studies conducted in this area, hence lot of research studies need to be focused related to tobacco use and its control.

The present study was undertaken among patients care givers at a medical college attached hospital, Kolar. In this study, the findings related to socio demographic variables of care givers had a similarity with respect to age, education and place of residence of patients care givers in various other similar studies [10,11]. It is interesting to note that, most of the care givers (35%) were in age group of 35 to 44 years. This indicates that middle aged people are taking care patients admitted at hospital and also are having the habit of using tobacco. With regard to education status, majority (36%) of care givers of patients were having primary education and 22% of them were illiterates. This indicates that low educational status or illiterate people are more vulnerable to use the tobacco because they are unable to read and understand the tobacco control programme related advertisements. With regard to occupation, majority (45%) of care givers were coolies and it may be one of the reason that people between their work, they spend time by chewing tobacco with their co-workers. With regard to type of family, majority (52%) of care givers were from nuclear family and this also may be another reason feeling lonely met have cultivated the habit of tobacco chewing. With regard to duration of habituated tobacco chewing, majority (47%) of care givers used tobacco for more than 5 years and 17 % of them had experienced the health problems related to tobacco use. With regard to place of residence, majority (66%) of patient care givers were from rural area indicating that the rural area people are more prone to use tobacco than in urban area. With regard to family income, most (57%) of them were with lower socio-economic group.

However, the mean pre-test knowledge score of care givers was 7.56 and post-test knowledge score was 13.46 indicating an improvement in knowledge score of 5.9 after planned health education programme. To support this finding there were no studies. Hence there an urgent need to focus more research studies in this area.

Limitation

This study was limited only to the care givers of patients admitted at selected Hospital and having the habit of using oral tobacco.

Conclusion

The present study was an attempt to know the effectiveness of planned health education programme on use of tobacco and its ill effects among care givers of patients admitted at RLJH and

RC and results revealed that the health education was effective in improving the knowledge among care givers.

Acknowledgement

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References

1. The MPOWER package, warning about the dangers of tobacco. Geneva: WHO; 2011. WHO Report on The Global Tobacco Epidemic, 2011.
2. Reddy KS, Gupta PC, editors (2004) Report on Tobacco Control in India (New Delhi, India)New Delhi, India: Ministry of Health and Family Welfare.
3. WHO report 2017.
4. Geneva: WHO (2006) [Last accessed On 2007 December 3rd] WHO. Tobacco: deadly in any form or disguise.
5. www.searo.who.int/entity/ncp.
6. Kalaivani Annadurai, Raja Danasekaran, and Geetha Mani: Knowledge, Attitude and Practices on Anti-Tobacco Measures Imposed Under the Cigarette and Other Tobacco Products Act among Adult Males in Rural Areas of Tamil Nadu, India.
7. Kalaivani Annadurai, Raja Danasekaran, Geetha Mani (2014) Knowledge, Attitude and Practices on Anti-Tobacco Measures Imposed Under the Cigarette and Other Tobacco Products Act among Adult Males in Rural Areas of Tamil Nadu, India.
8. https://en.wikipedia.org/wiki/Health_effects_of_tobacco#cite_ref-WHO_Prevalence_Adults_Age15_1.
9. Geneva: WHO, 2006, [Last accessed on 2007 December 3rd] WHO. Tobacco: deadly in any form or disguise.
10. Gajalakshmi V, Kanimozhi CV (2010) A Survey of 24,000 Students Aged 13-15 Years in India: Global Youth Tobacco Survey 2006 and 2009. Tobacco Use Insights 3: 23-43.
11. Morbidity and Health Care (2007) Vol. 1. Mumbai: IIPS; 2007. International Institute for Population Sciences (IIPS) and Macro International. National Family Health Survey (NFHS-3), 2005-06: India; pp. 426-428.