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# Assess the knowledge regarding Tobacco chewing and its adverse effects among nursing personnel

<sup>1</sup>Karuna Lakra, <sup>2</sup>Dr Jinu K Rajan

<sup>1</sup>Ph.D Scholar, <sup>2</sup>Guide <sup>1</sup>Malwanchal University, <sup>2</sup>Malwanchal University

#### Abstract

The current study has been undertaken to assess the pre-test Knowledge score regarding Tobacco chewing and its adverse effects among nursing personnel in Index hospital, Indore. The research design used for study was descriptive in nature. The tool for study was self-structured knowledge questionnaire which consists of 2 parts-PART- I consisted questions related to Socio-demographic data, PART-II consisted of self -structured knowledge questionnaire to assess the pre-test knowledge score regarding Tobacco chewing and its adverse effects among nursing personnel. The data was analyzed by using descriptive & inferential statistical methods. The most significant finding was that 37.5% of nursing personnel were having poor knowledge regarding Tobacco chewing and its adverse effects whereas 62.5% had average knowledge score. Keyword- Assess, knowledge & Tobacco chewing and its adverse effects.

# 1. INTRODUCTION

Chewing tobacco is sometimes known as smokeless tobacco or spitting tobacco. It is available in two forms, snuff and chewing tobacco. Both types of chewing tobacco are held in the mouth inside the cheek or between the cheek and gum. Chewing tobacco is known to contain at least 28 cancer-causing chemicals, medically known as carcinogens. The main carcinogens in chewing tobacco are the tobacco-specific nitrosamines (TSNAs). Some of the other cancer-causing agents found in chewing tobacco are formaldehyde, acetaldehyde, arsenic, benzopyrene, nickel, and cadmium. Nicotine is also found in snuff and chewing tobacco, like all tobacco products. Although nicotine is absorbed more slowly from chewing tobacco than from cigarettes, 3 to 4 times more nicotine is absorbed from chewing tobacco than from a cigarette, and the nicotine from chewing tobacco remains longer in the bloodstream. Nicotine is the substance responsible for tobacco addiction. Chewing tobacco is not the same thing as chewing tobacco. However, the smokeless cigarettes still provide addictive nicotine to the user and second-hand nicotine to others.

#### 2. NEED FOR STUDY

Smokeless tobacco use is highly addictive and damaging to health. Smokeless tobacco contains many cancer-causing toxins and its use increases the risk of cancers of the head, neck, throat, oesophagus and oral cavity (including cancer of the mouth, tongue, lip and gums) as well as various dental diseases. Over 80% of the 1.3 billion tobacco users worldwide live in low- and middle-income countries, where the burden of tobacco-related illness and death is heaviest. Tobacco use contributes to poverty by diverting household spending from basic needs such as food and shelter to tobacco. The economic costs of tobacco use are substantial and include significant health care costs for treating the diseases caused by tobacco use as well as the lost human capital that results from tobacco-attributable morbidity and mortality.

#### 3. OBJECTIVE OF THE STUDY

- 1. To assess the pre-test knowledge scores regarding Tobacco chewing and its adverse effects among nursing personnel.
- 2. To find out association between pre-test knowledge score regarding Tobacco chewing and its adverse effects among nursing personnel with their selected demographic variables.

#### 3. HYPOTHESES:

 $\mathbf{RH}_{0}$ : There will be no significant association between pre-test score on Tobacco chewing and its adverse effects among nursing personnel with their selected demographic variables.

**RH**<sub>1</sub>: There will be significant association between pre-test score on Tobacco chewing and its adverse effects among nursing personnel with their selected demographic variables

#### 4. METHODOLOGY:

A descriptive research design was used to assess the pre-test knowledge score regarding Tobacco chewing and its adverse effects among nursing personnel in Index hospital, Indore. The study was carried out on 80 nursing personnel selected by convenience sampling technique. Demographical variable and self-structured 30 knowledge questionnaire were used to assess the pre-test Knowledge score regarding Tobacco chewing and its adverse effects by survey method.

#### **5. ANALYSIS AND INTERPRETATION**

SECTION-I Table -1 Frequency & percentage distribution of samples according to their demographic variables. n = 80

S. No	Demographic Variables	Frequency	Percentage
1	Age in Years		
a.	21-25	11	13.8
b.	26-30	41	51.2
с.	≥30	28	35.0
2	Gender		
a.	Male	45	56.2
b. 🧹	Female	35	43.8
3	Professional qualification		
a.	GNM	29	36.3
b.	B.Sc. Nursing	42	52.5
с.	M.Sc. Nursing	9	11.3
4	Sources of Previous knowledge related to Tobacco		
	chewing and its adverse effects	12	
a.	Workshop	9	11.2
b.	Conference	68	85.0
с.	None of them	3	3.8

#### SECTION-II- Table- 2.1.1- Frequency and percentage distribution of Pre-test scores of studied subjects:

Category and test Score	Frequency (N=80)	Frequency Percentage (%)
POOR(1-10)	30	37.5
AVERAGE (11-20)	50	62.5
GOOD (21-30)	0	0.0
TOTAL	80	100.0

The present table 2.1.1 concerned with the existing knowledge regarding Tobacco chewing and its adverse effects among Nursing personnel were shown by pre-test score and it is observed that most of the Nursing personnel 30 (37.5%) were poor (01-10) knowledge & some Nursing personnel have 50 (62.5%) were from average category.



FIG.-2.1.1- Frequency and percentage distribution of Pre-test scores of studied subjects

Table-2.1.2 Weah (X) and standard Deviation (s) of knowledge scores:				
Knowledge	Mean	Std Dev		
Pre –test	$(\overline{X})$	(S)		
Pre-test score	7.05	0.45		

Table-2.1.2. <u>-</u> Mean ( $\overline{X}$ ) and standard Deviation (s) of knowledge scores:

The information regarding mean, percentage of mean and standard deviation of test scores in shown in table 2.1.2 knowledge in mean pre-test score was  $7.05\pm0.45$  while in knowledge regarding Tobacco chewing and its adverse effects among Nursing personnel in Index hospital Indore.



FIG.-2.1.1. - Mean ( $\overline{X}$ ) and standard Deviation (s) of knowledge scores

SECTION-III Association of knowledge scores between test and selected demographic variables
Table- 3.1 Association of age of Nursing personnel with pre-test scores

Age	Test scores			Total
(in years)	POOR (1-10)	AVERAGE (11-20)	GOOD (21-30)	
21-25	8	3	0	11
26-30	36	5	0	41
≥30	28	0	0	28
Total	72	8	0	80
	X= 6.97	p<0.05(significant)		

The association of age test scores is shown in present table 3.1. The probability value for Chi-Square test is 6.97 for 2 DF which indicated insignificant value (p>0.05). Hence, it is identified that there is a insignificant association between age & test scores. Moreover, it is reflected that age is influenced with current problem.

#### Table- 3.2 Association of gender with pre-test scores:

Gender	Test scores			Total	
	POOR (1-10)	AVERAGE (11-20)	GOOD (21-30)		
Male	41	4	0	45	
Female	31	4	0	35	
Total	72	8	0	80	
X=0.14 p>0.05 (Insignificant)					

The association of gender & test scores is shown in present table 3.2. The probability value for Chi-Square test is 0.14 for 1 degrees of freedom which indicated a insignificant value (p>0.05). Hence, it is identified that there is a insignificant association between gender & test scores.

Table- 3.3 Association of professional qualification with pre-test scores:					
Qualification		Test scores		Total	
	POOR (1-10)	AVERAGE (11-20)	GOOD (21-30)		
GNM	27	2	0	29	
B.Sc. N	41	1	0	42	
M.Sc. N	4	5	0	9	
Total	72	8	0	80	
	X= 23.7	7 p<0.05 ( significant)			

The association of professional qualification & test scores is shown in present table 3.3. The probability value for Chi-Square test is 23.77 for 2 degrees of freedom which indicated a significant value (p<0.05). Hence, it is identified that there is a significant association between professional qualification & test scores.



		scores:			
Sources of		Test scores		Total	
Previous					
Knowledge			2.C.N		
	POOR	AVERAGE	GOOD		
	(1-10)	(11-20)	(21-30)		
				0	
Workshop		2	0	9	
Conference	62	6	0	68	
None of them	3	0	0	3	
Total	72	8	0	80	
X=1.93 p>0.05 (insignificant)					

The association of sources of previous knowledge on tobacco chewing and its adverse effects and test scores is shown in present table 3.5. The probability value for Chi-Square test is 1.93 for 2 degrees of freedom which indicated sources of previous knowledge on tobacco chewing and its adverse effects & test scores. Moreover, it is reflected that sources of previous knowledge on tobacco chewing and its adverse effects isn't influenced with current problem.

# 8. RESULTS

The findings of the study revealed that 37.5% subjects have poor knowledge; while 62.5% have average knowledge score towards tobacco chewing and its adverse effects. The mean knowledge score of subjects was  $7.05 \pm 0.45$ . The association of knowledge score of nursing personnel was found to be statistically insignificant with demographic variables (age, gender and previous knowledge) p>0.05 and significant with professional qualification.

# 9. CONCLUSION

It was concluded that majority of nursing personnel had average knowledge score regarding tobacco chewing and its adverse effects. Nursing personnel should also in the knowledge level regarding tobacco chewing and its adverse effects.

## **10. LIMITATIONS-**

- This was limited to Index hospital, Indore.
- This was limited to 80 Nursing personnel.

### **11.REFERENCE-**

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