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A Study to Assess the Oral Health Status and Knowledge on Oral Health Hazards of Tobacco Chewing Among E-Rikshaw Drivers of Mandi Gobindgarh, Punjab in View of Preparing a Self-Instructional Module.

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ABSTRACT

The aim of the study is to access the oral health status and knowledge of oral health hazards of tobacco chewing among e rickshaw drivers of mandi gobidgarh Punjab given preparing a self instructional module sample size was 100 . A self structured knowledge questionnaire comprising thirty questions was used to access the knowledge and Oral heath assessment tool (OHAT) for dental screening modified from Kayser johns et al.. adapted from Chalmers et al.

1.The study findings reveals that analyses related to the the oral health status among e rickshaw drivers 65% of sample unhealthy and 30% of changes in oral health status and 5% of healthy oral health status

2. Analyses related to the knowledge of oral health hazard of tobacco chewing among e rickshaw drivers . Most of the drivers 74% had inadequate knowledge 20% had moderate knowledge and 6% had adequate knowledge .

KEYWORDS

Oral health status , tobacco chewing , e rickshaw drivers

Introduction

Three-wheeled motor vehicles, commonly called auto-rickshaws, are the cornerstone of urban mobility. They continue to be the most prevalent mode of transportation in Tier II and III cities, where metros and application-based cab aggregators have not yet made their mark. E-rickshaw drivers (ERDs) work for prolonged hours and constitute an essential part of the urban informal sector in India. The constant physical and psychological stress caused by irregular shifts, fluctuations in fuel prices, long waiting hours, peer pressure, illiteracy, poverty, lack of knowledge about the hazards of tobacco, and other socioeconomic factors lead to various habits majority being tobacco use. [1,2]

The people who drive these vehicles work long hours and face a lot of stress. Because of this stress and other factors like not knowing about the dangers of tobacco, many of them use tobacco products. Using tobacco is a big problem for people's health, both in India and around the world. It can cause serious diseases like cancer and respiratory problems. Many people die because of tobacco use, and even people who don't smoke can get sick from breathing in the smoke. It's really hard for people to quit using tobacco once they start, and it can cause families to struggle to afford things like food and shelter.

Tobacco use is a major public health problem worldwide. Globally and in India.1–3 According to systematic analysis, about 1.14 Currently, 1 billion people worldwide smoke cigarettes, of which 116 million male smokers was from India. This is the most preventable reason for disease and death around the world. Excessive use of tobacco products is of great concern because it has adverse effects all over the world. major emerging Health problems in developing countries are not contagious. Diseases such as cancer, diabetes, stroke, and respiratory disease are associated with tobacco use. In parts of India where there are fewer cities and more countryside, every third grown-up person uses tobacco in some way. In cities, every fifth grown-up person uses tobacco. Overall, about 266.8 million adults in India currently use tobacco, either by tobacco or using smokeless forms. Out of these, 232.4 million use tobacco every day and 34.4 million use it occasionally. Tobacco consumption is a major public health concern not only in India but also globally. According to systematic analysis, there are approximately 1.14 billion current smokers worldwide, with 116 million male smokers residing in India alone. This addictive habit is a leading cause of preventable diseases and deaths worldwide.

STATEMENT OF THE PROBLEM:

A Study to Assess the Oral Health Status and Knowledge on Oral Health Hazards of Tobacco Chewing Among E-Rikshaw Drivers of Mandi Gobindgarh, Punjab Given Preparing a Self-Instructional Module.

OBJECTIVES

1. To assess the oral health status among E-Rickshaw Drivers.
2. To assess the knowledge of oral health hazards of tobacco chewing among E-Rickshaw Drivers.
3. To find the correlation between oral health status and knowledge of oral health hazards of tobacco chewing among E-Rickshaw Drivers.

4. To find out the association between the oral health status score to selected demographic variables among E-rickshaw drivers.
5. To find out the association between the knowledge of oral health hazards score to selected demographic variables among E-rickshaw drivers.

ASSUMPTIONS

The researchers assume that:

1. Oral health status is poor due to tobacco chewing.
2. The expression of knowledge on oral health hazards will be unique to each individual.
3. Oral health status differs in each individual.

DELIMITATIONS

This study was limited to:

1. The population involved in this study will be limited to E-rikshaw drivers during the 2023 year.
2. The data collection is limited to 100 E-rikshaw drivers.
3. Assessment of experiences will be limited to the selected questionnaires.
4. Limited only to E-rikshaw drivers.
5. The study will be limited only to E-rikshaw drivers of Mandi Gobindgarh City.

Material and methods

The research methodology that is used in a research study is like a plan for the study. It helps direct the research steps, and the research study process, and helps to ensure that data is collected systematically, logically, and accurately.

The present study, a Quantitative research approach was adopted to assess the oral health status and knowledge of oral health hazards of tobacco chewing among e-rickshaw drivers of Mandi Gobindgarh Punjab.

The sample and sample size for the present study was 100 e-rickshaw drivers of Mandi Gobindgarh. A survey was carried out on the oral health status and knowledge of oral health hazards of tobacco chewing. 100 E-rickshaw drivers were approached by a convenient sampling technique.

SELECTION AND DEVELOPMENT OF TOOL

The tool was developed after careful consideration of the study's objectives and based on a review of literature, the internet, and discussion with experts in the field of nursing. In this study, a checklist of risk factors and measures for oral health status and oral health hazards of tobacco chewing disease were adopted by the investigator. These tools were then used to collect data from E-rikshaw drivers to see how commonly they adopted these risk factors and measures.

DESCRIPTION OF TOOL

The tool consists of 3 Sections-

Section I: Demographical Variables

Socio-demographic variables include such as age, religion, education, monthly income, marital status, frequency of consuming tobacco, type of tobacco consumption, duration of consuming tobacco, and source of information.

Section II: Oral Health Assessment Tool (OHAT) for Dental Screening Modified from Kayser-Jones et al. [19], adapted from Chalmers et al.

Observational checklist for assessing oral health status. The total score is 16. The final score is the sum of scores from the eight categories and can range from 0 (very healthy) to 16 (very unhealthy). While the cumulative score is important in assessing oral health, the score of each item should be considered individually.

Scores will be interpreted by

0 = healthy
1 = changes
2 = unhealthy

Scoring

Level of oral health status	**Scoring**
Healthy	**0**
Changes	**1-8**
Unhealthy	**9-16**

Section III: Structured Interview Schedule for Assessing the Knowledge Regarding Oral Health Hazards of Tobacco Chewing

The structured interview schedule consists of 30 multiple-choice questions a total score of 30. For the right answer, the score is 1 and for the wrong answer, the score is 0.

Level of Knowledge	**Scoring**
Adequate Knowledge	**1-10**
Moderate Knowledge	**11-20**
Inadequate Knowledge	**21-30**

SCORING AND INTERPRETATION

SECTION-II

ANALYSIS RELATED TO THE ORAL HEALTH STATUS AMONG E-RIKSHAW DRIVERS.

Table 2: Frequency and Percentage Distribution related to the oral health status among e-rikshaw drivers.

N=100

LEVEL OF ORAL HEALTH STATUS	CRITERIA MEASURES	FREQUENCY (n)	PERCENTAGE (%)
Healthy Oral Health Status	< 8	05	05%
Changes in Oral Health Status	9-13	30	30%
Unhealthy Oral Health Status	>14	65	65%

Maximum Score=16

Minimum Score=0

Table 2 summarizes the extent related to the oral health status among e-rikshaw drivers. **Unhealthy Oral Health Status (65% of the Sample)** The "Unhealthy" category represents individuals with the least favourable oral health status based on undisclosed criteria. This category accounts for the largest portion, with 65% (65 individuals) of the assessed individuals falling into this group.

The absence of specific criteria makes it challenging to pinpoint the exact oral health issues, but the high percentage indicates a substantial prevalence of compromised oral health.

Changes in Oral Health Status (30% of the Sample) The "Changes" category comprises individuals who are undergoing oral health alterations, yet these changes have not escalated to an unhealthy level.

This group makes up 30% (30 individuals) of the sample. The precise criteria for inclusion in this category remain undisclosed, but it suggests a transitional state between healthy and unhealthy oral conditions.

Healthy Oral Health Status (5% of the Sample) The "Health" category includes individuals with the most favourable oral health status as determined by unidentified criteria. Among the assessed individuals, only 5% (5 individuals) are placed in this category.

SECTION-III

ANALYSIS RELATED TO THE KNOWLEDGE OF ORAL HEALTH HAZARDS OF TOBACCO CHEWING AMONG E-RIKSHAW DRIVERS.

Table 3: Frequency and Percentage Distribution related to the knowledge of oral health hazards of tobacco chewing among E-Rikshaw Drivers.

(N=100)

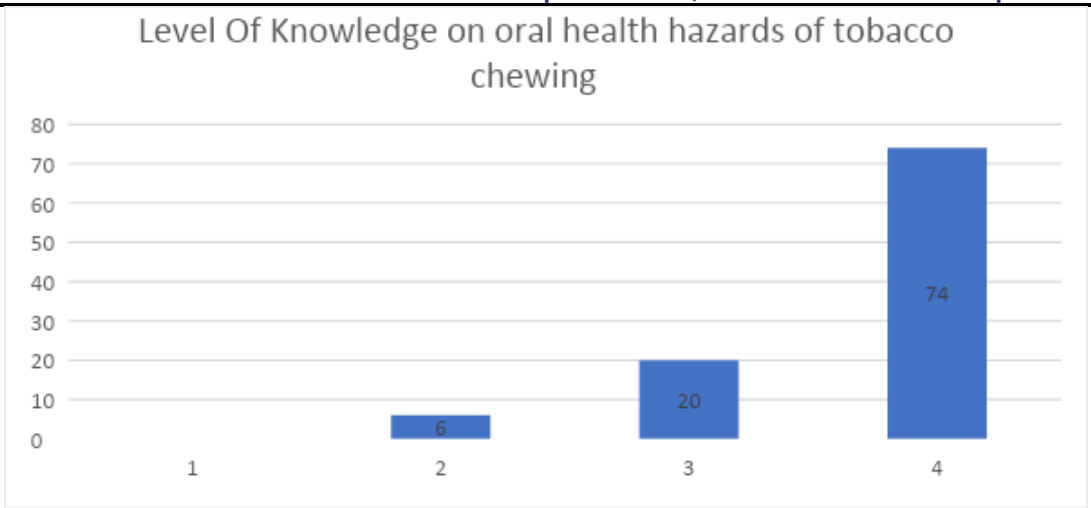
LEVEL OF KNOWLEDGE ON ORAL HEALTH HAZARDS OF TOBACCO CHEWING	CRITERION MEASURE	FREQUENCY (n)	PERCENTAGE (%)
Adequate Knowledge	1-10	06	06%
Moderate Knowledge	11-20	20	20%
Inadequate Knowledge	21-30	74	74%

Maximum score –1

Minimum score –30

Table 3 depicts that most of the e-rickshaw drivers (74%) had inadequate knowledge of the oral health hazards of tobacco chewing, 20% of e-rickshaw drivers had moderate knowledge on oral health hazards of tobacco chewing, and only 6% of e-rickshaw drivers had inadequate knowledge of oral health hazards of tobacco chewing which indicates that these e-rickshaw drivers had a poor understanding of the oral health hazards of tobacco chewing.

The findings of this study suggest that there is a need to improve the knowledge of e-rickshaw drivers about the oral health hazards of tobacco chewing. This could be done through information booklet.



SECTION –IV

FINDINGS RELATED TO THE CORRELATION BETWEEN ORAL HEALTH STATUS AND KNOWLEDGE OF ORAL HEALTH HAZARDS OF TOBACCO CHEWING AMONG E-RIKSHAW DRIVERS

Table 4: Frequency and Percentage Distribution related to the correlation between oral health status and knowledge of oral health hazards of tobacco chewing among e-rikshaw drivers.

Variables	Mean	Mode	SD	Mean Difference	Pearson Correlation
Oral Health Score	6.59	7	1.694	52.990	0.408
Knowledge Score	59.58	60	6.157		

Table 4 illustrates the frequency and percentage distribution concerning the correlation between oral health status and the knowledge of oral health hazards associated with tobacco chewing among e-rickshaw drivers.
The Oral Health Score has a mean (average) value of 6.59, which suggests that, on average, it falls around this score. The mode, which is the most frequently occurring value, is 7, indicating that this value is quite common within the dataset. The standard deviation of 1.694 tells us that the data points for the Oral Health Score are somewhat spread out from the mean, meaning there is some variability in the scores.
Turning to the Knowledge variable, its mean is 59.58, indicating that, on average, the scores for knowledge are around this value.
However, there is also a mean difference of 52.990 mentioned, but without additional context, it's difficult to interpret.
The Pearson correlation of 0.408 suggests a moderate positive linear relationship between oral health status and knowledge of oral health hazards of tobacco chewing.
This means that there is a positive correlation between the two variables, i.e., as knowledge of oral health hazards of tobacco chewing increases, oral health status also increases.

CONCLUSION

The conclusion of the study which was done to assess the Oral Health Status and Knowledge of Oral Health Hazards of Tobacco Chewing Among E-Rikshaw Drivers total most E-Rikshaw Drivers 65% of individuals are considered Unhealth, 30% are Changes in Oral Health Status, and 5% are Healthy Oral Health Status and in the knowledge, the data reveals us that 74% of e-rickshaw drivers had inadequate knowledge**.** There was no association found between the oral health status and knowledge of oral health hazards and the selected demographic variables. Average knowledge in some specific areas, and home-based nursing interventions were developed in the form of the information booklet.

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