

ASSESSMENT OF AWARENESS & KNOWLEDGE ABOUT TOBACCO INDUCED ILL EFFECTS IN CLASS 3 and 4 WORKERS AT A LOCAL DENTAL HOSPITAL IN AHMEDABAD: A KAP STUDY

Komal Thakkar*, Pinal Patel**, Shaurya Gandhi***, Archita Kikani****, Mihir Shah*****, Harsh Shah*****

ABSTRACT

BACKGROUND: With less knowledge & concern about the oral health & periodontium the workers tend to feel stress free with their addictive habits.

MATERIAL METHOD: The study was undertaken to know the knowledge, attitude & practice over the awareness of tobacco consumption & its adverse effect on Oral Cavity. Total 80 workers were selected for survey who were working in hospital environment. A survey was done with a self-administered structured questionnaire which had questions on to knowledge & Attitude of workers for tobacco & its effect on periodontium.

RESULTS: All subjects completed the questionnaire in whole. The results showed that the majority of the sample included smokeless tobacco using subjects out of which most of them were ready to quit but were unaware of ill effects, this variation in the result can be attributed to the low educational level of our study population.

CONCLUSION: The present study indicated that the subjects were not well aware of the knowledge about the tobacco and its ill effects and were in favor of quitting habit which needed to be improved.

KEYWORDS: oral health, tobacco, consumption, awareness, smokeless tobacco

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INTRODUCTION:

Globally the tobacco consumption has increased. We live in a country where it shares about 40% of the population consuming tobacco.¹ According to NFHS-III, In India, we have about 55.8% male, 10.8% female in the age group of 12 to-60 years have been found to be consuming tobacco. Among males, 32.7% smokers while 36.5% tobacco chewers are reported, while among females; it is reported to be 1.4 and 8.4%, respectively.² In the developing nation like India the consumption of tobacco is prevalent. In state like Gujarat chewing tobacco is widely prevalent, unfortunately, not much data is available pertaining to prevalence and quitting patterns for chewing form of tobacco in western part of India. Awareness towards hazardous health effects of tobacco has increased with time but its role alone towards attainment of tobacco cessation is questionable.³

Basically, these Pan masala is a mixture of nuts, seeds, herbs and spices, which is served after meals in India while in state like Gujarat, where the study is carried out, it is customary to add tobacco in pan masala and hence it is a common form of tobacco chewing. Another form, Gutka, is a preparation of crushed betel nut, tobacco, catechu, lime and sweet or savory flavorings.

As per India's Cigarette and Other Tobacco

Product Act 2003 (COTPA), selling tobacco to minors or selling of tobacco by minors (under the age of 18) is legally forbidden and violation of the same is a punishable offence. Same rule applies to selling of tobacco containing items within 100 yards radius of any educational premise.⁴ From 31st May, 2009, as per the amendment in COTPA 2003, the pictorial as well as text warning covering at least 40% of the total area of advertisement is mandatory in India.

In spite of which there is a wide range of use of tobacco in different countries. The smoking form of tobacco, has been used in several forms, like hukka (water pipe), chilam (clay pipe), cigarettes, rolled tobacco in the form of bidees, Chchuta (reverse smoking), etc., whereas the nonsmoking or chewable tobacco is in the form of snuff/naswar (roasted and finely powdered for inhalation), mawa, qiwam, gutkha, kheni (mixture of dry raw tobacco with lime), zarda, betel quid with tobacco, paan-masala, etc.. In Indonesia, tobacco is mixed with clove and dipped in the oral cavity. Despite increasing public awareness of risks associated with tobacco use and education programs to discourage its use, cigarettes and alcohol are both considered as significant risk factors for a multitude of health consequences from the long-term use of either of these two.

*Post Graduate Student, **Post Graduate Student, ***Post Graduate Student, ****Professor, *****Professor and Head of Department, ***** Reader

DEPARTMENT OF PERIODONTICS AND ORAL IMPLATOLOGY,
AHMEDABAD DENTAL COLLEGE AND HOSPITAL, TA. KALOL, DIST: GANDHINAGAR, GUJARAT, INDIA.
DEPARTMENT OF PUBLIC HEALTH DENTISTRY, AHMEDABAD DENTAL COLLEGE AND HOSPITAL.

ADDRESS FOR AUTHOR CORROSPONDENCE : DR. KOMAL THAKKAR, TEL: +91 8690401077

There is a direct or an indirect influence of culture on tobacco use as some individuals having an inherited factor later become nicotine dependent. Boys see their grandfathers or fathers consuming tobacco, so they think tobacco consumption is seen as part of being a man and a sign of his male authority⁵. In any society, at large, it is not considered good for women to smoke any form of tobacco but it seems to be fine for men. The man is the boss and his such action seems to be a symbol of that authority, and if a woman undertakes such habits, it is seen as a threat to the man and his manhood. Also, if a woman smokes or consume tobacco, she is assumed to be indecent both morally and sexually.⁶

Smoking and paan chewing can be part of a social event, confirming hospitality and binding friendships.⁷ Hookah, chilam (clay pipe with tobacco), and shisha are used in a social setting specifically in the rural culture. To attract youngsters, now a day some restaurants have started providing shisha clubs. Havana cigar is smoked in celebrations and is recognized as a status symbol. Seen the trends in India & observing the lower society of people highly affected by the same. The following survey was carried out to assess the knowledge & awareness amongst the class IV/III workers at local dental hospital at Ahmedabad.

METHODS

The objective of the study was to check to access the aptitude, knowledge and practice amongst the Class III & IV worker of local dental hospital in Ahmedabad which were selected through convenient sampling procedure. Number of subjects selected were 80 subjects who were scaled over a self-administered questionnaire which contained 20 questions. There were 5 questions about knowledge and 15 questions about aptitude which were accessed. The name of the participant, age, and sex were noted. Experts from Department of Periodontology and Department of Preventive and Oral medicine, Ahmedabad Dental College, Ahmedabad checked for face and content validity of the surveying instrument (questionnaire). Based on the content validity ratio, the items in the questionnaire were modified or deleted. Pilot testing was done on 10 subjects selected through random sampling. Pilot study was conducted to check the adaptability of the questionnaire amongst

the study group in respect to wording, clarity and comprehension. The pilot also helped to interpret the meaning of every question included in the questionnaire in an appropriate manner and the participant perception about it. The questions were objective questions or had multiple choices and participants had to select from the options. The study was undertaken after approval from ethical committee of Ahmedabad Dental College and Hospital. The answered questionnaire was converted to binary data and the data was analyzed using SPSS (21). Number and percentage distribution of the participants' responses were calculated

RESULTS

The study was done in a local dental hospital for assessing the knowledge, Attitude & practice of tobacco consumption & ill effects on oral cavity amongst the class III and Class IV workers. The participants for study were selected irrespective of them undertaking the habit or not, Study also included quitters too. Local dental hospital workers were selected at it was observe that they were the most prone workers affected by the habit of tobacco chewing but being in the dental hospital environment they are partly aware of the ill effects.

About 95% of participants were exposed to chewing either in past or in present. 6 % had quit tobacco chewing habit from which 42% were male and 68 % female in the past one year.

About 34% of the participants knew the ill effect of their addiction on periodontium

About 97% were willing to quit but were unaware of the treatment modality while 24% had quitted once but failed. Approximately 79 % of quitters and 19% of current-chewers who showed willingness to quit had not consumed tobacco for more than five years. Among those who were not willing to quit tobacco, 81% had chewed tobacco for more than five years.

About 69% of current-tobacco-chewers had a family member consuming tobacco in any form, while 54% of quitters had a history of any family member consuming tobacco. Among the successful quitters, major reasons for quitting were found to be initiation of health problems, which included respiratory problems like coughing, breathlessness, short breathing and wheezing; reduced widening of

mouth, weight loss and decreased working capacity cumulatively. Vows which were self-offered or resulted from positive preaching from the local religious leaders towards quitting of tobacco played a role in 11% of cases, while the reason was familial pressure either by spouse or by other family member(s) in 55% of the cases.

Approximately 45% of quitters did not have a specific reason to quit, while among the current-tobacco-chewers, who were willing to quit, had social pressure 16% and religious vows 39% as the major reasons behind their willingness to quit.

Out of those who quit after initiation of health problems, 68% already knew about health hazards of tobacco but did not bother until any health disturbance occurred to them.

DISCUSSION

The study assesses knowledge attitude & practice of class III & IV workers in Local dental hospital regarding the ill effects of smokeless tobacco usage. The workers at the private dental hospital were included as sample size. These subjects included all workers in spite of their habit. The sample included present and past tobacco users along with subjects without habit. This sample size came from a population which were less educated and not socioeconomically stable. The data was collected by means of a close end well-structured questionnaire. The questionnaires were made in remote language which was well understood by the workers & questions were formed with simple format & they were free to approach the investigators for any query or clarifications

Data analysis suggested that very low level of subjects had through knowledge about the ill effects of tobacco. The lower level of education significantly could be associated with tobacco habit & their level of oral hygiene maintenance. Based on the obtained results the 95% subjects seem to be fully aware of the adverse effects of tobacco on periodontium. While female subjects were well worse with ill effects as well as the quitting measures and 75% of the female subjects were ready to quit, but were not aware of quitting programs, while only 53% of the Male subjects wanted to adapt quitting habit & were well aware of the programs. 47% of the male subjects were aware of the ill effects of tobacco & had clear idea about quitting programs but were unable to do so.

The current study suggested that the majority of subjects were aware of tobacco & its ill effects but knowledge was limited regarding the initial oral health problems with tobacco consumption. Several studies have been done regarding the tobacco and its ill effects on periodontium case-control studies have examined the risk of smokeless tobacco on periodontitis. Kerdvongbundit et al.^{7,8} performed a case-control study of 60 smokers and 60 nonsmokers who had regular dental appointments and similar gingival health and oral hygiene. They demonstrated that smoking was significantly associated with poor periodontal health in terms of probing depth, clinical attachment level and gingival recession. In an age- and sex-matched case control study of dental patients,^{9,10} smokeless tobacco gave odds of 3.08 for periodontitis. The odds increased to 4.95 when the data were controlled for plaque and age. From the current study it is arguable that the awareness of the ill effect of tobacco was below average and needed to be improve. Amongst all subject evaluated a settle variation was noted in regard to knowledge and understanding of ill effects of tobacco. The study being original did not had any similar kind of it for the final comparison. The results were in accordance with our hypothesis that a KAP of the subjects towards the ill effect of smokeless tobacco was limited and this can be attributed to the community as a whole. Our hypothesis must be validated with further study with larger sample size. Moreover, the current study revolves around a single institution. Hence a cross sectional study consisting of similar sample utilizing multiple institutional participants are required for authentication of the hypothesis.

LIMITATION OF THE STUDY

Current study is limited to the local dental hospital this could be done at a broader end, with increase in sample size & with follow up rehabilitation programs which this study did not include. The study had only considered the smokeless tobacco usage as a habit in the subjects; which could have been extended to smoking and smokeless tobacco.

CONCLUSION

The results & the subsequent analysis of the data show very high prevalence of tobacco usage amongst class III & IV workers. Smokeless tobacco usage is one of the major risk factors & causal agent

of oral cancer, cardiovascular diseases, hypertension, adverse pregnancy outcomes, various premalignant and mucosal lesions. The prevalence rates of smokeless tobacco use presented in the study is alarming & calls for urgent corrective measures by the authority.

RECOMMENDATION

The prevalence of tobacco chewing especially gutkha, zarda, sopari, masala is alarming in class III & IV workers at this local dental hospital in Ahmedabad. This institution should bring in the legislation banning tobacco and other products in the hospital environment in accordance with the government.

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