

Assessment Of Knowledge Attitude and Practices to Quit Tobacco Habits in Tobacco Users.

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ABSTRACT: One of the most common problems responsible for the deteriorating health status of people in today's times is tobacco. Many individuals indulge into tobacco habit due to multiple factors like feel of grown up, peer pressure, influence of advertisement etc. leading to tobacco related diseases. **Aim:** The aim of study is to assess the attitude and practice of the tobacco user towards tobacco cessation and to gather the influence of knowledge in its promotion. **Method:** The study was questionnaire based which contained a set of 15 multiple choices of questions. Questionnaire was constructed to test knowledge, attitude and practice towards quitting tobacco habit. **Result:** A greater part of the study subject belong to the age group of 26-35 years. About 56.7% tobacco users thought of cessation of tobacco and 78.2% have taken the steps to cease the habit. There was no any association between the age and gender with the knowledge and attitude of tobacco consumption but an optimistic relation toward the knowledge and attitude but a pessimistic related to pattern of tobacco use. **Conclusion:** Study subject have better knowledge on hazards of tobacco use and most positive attitude however, it does not translate into well outcome like cessation. This call attention towards the importance of tobacco awareness and cessation counseling centers.

KEYWORDS: Addiction, Tobacco, Cigarettes, Cessation.

INTRODUCTION:

One of the most common problems responsible for the deteriorating health status of people in today's times is tobacco. According to World health organization (WHO), India accounts for 12 % of the world's smokers. India is the third largest tobacco producing country and the second largest in tobacco consuming.¹ In India, 274.9 million tobacco users are present currently among which 231.9 million are daily tobacco users and 43 million are occasional users. And surprisingly these are aged >15 years.² Large number of population give way to tobacco habit due to many factors like feel of grown up, peer pressure, influence of advertisement, which leads to tobacco related diseases. Among the low socio-economical individuals smokeless tobacco consumption is highly prevalent including the rural area.³ Smokeless tobacco products are either air-cured or fire cured, which are powdered or ground for use as nasal or oral snuff. Tobacco is also available in various other forms which includes pan, pan-masala, gutka, mishri, pattiwala, zarda.³ Tobacco can cause halitosis, leukoplakia and it also causes staining and discoloration of teeth, Bone loss around the roots of the teeth further tooth loss are the consequences of tobacco chewing.³ Tobacco users chew tobacco to attain focus during working hours thereason for tobacco habits highest for work stress and peer pressure most rural population believes that tobacco chewing can relive body aching and tooth ache. Many tobacco chewers think that it increases their capacity of working but they are not aware of their oral health hazards of these habits.³ Educational interferences have found to be helpful in altering tobacco use behaviors in India. Numerous studies show that tobacco cessation needs to considerable decrease in health risk posed by tobacco use. But when it comes to cessation rates, the success is rate is quite dull. Users face difficulties not only in quoting tobacco but also in just thinking about it.² One must at least start to think about quitting, in order to progress into the stage of taking an action to make a quit attempt.² All forms of tobacco contain nicotine which is highly addictive chemical. This nicotine makes it difficult for habitues to quit habit due to its dependency. Dental treatments require multiple visits, reinforcements, and support for cessation activities. Nicotine replacement therapies have luxuriantly caused increase in cessation rates with multiple years of counseling.³ The aim of study is to assess the attitude and practice of the tobacco user towards tobacco quitting and to gather the influence of knowledge in its promotion.

METHODOLOGY:

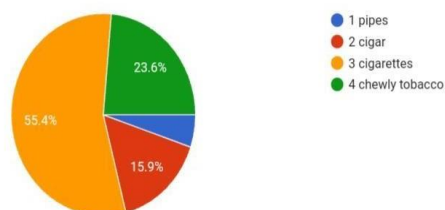
The survey was carried out randomly among tobacco user in the Latur district. The random age group were included in the study and constituted the study population. Questionnaire was constructed to test knowledge, attitude, and practice towards quitting tobacco habit. Self-administered questionnaire used for the study. The questionnaire consists of two parts, the first part being the demographic details such as name, age, gender. Second part of questionnaire consist of 15 questions with multiple answers were given to participants to assess their knowledge and attitude towards quitting tobacco. The responses of the participants were recorded on a three point like scale {yes, no, don't know}.

INFORMED CONSENT:

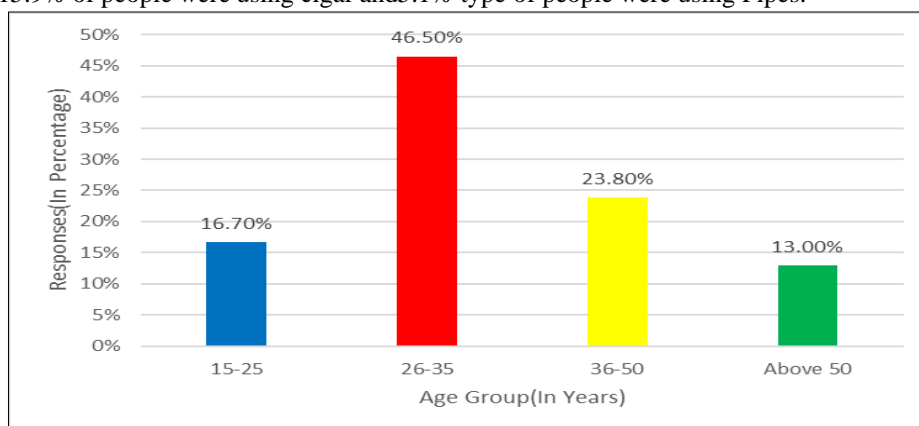
The participants were informed that their participation in the study's questionnaire was entirely on a voluntary basis before they responded. The formal informed consent was waived by the Institutional Ethics Committee.

RESULT:

271 responses

**Fig.01: Distribution of study participants to the form of tobacco**

It shows a higher percentage of people were using cigarette type of tobacco that is 55.4% and 23.6% people have using tobacco in the form of chewing 15.9% of people were using cigar and 5.1% type of people were using Pipes.

**Fig.02 Percentage of Demographic Variable Related to Age Group (In Years)****Table No.1: Attitude of the study subject towards tobacco cessation**

Question	Total Responses	Yes	No	None
Do you have confidence for quitting tobacco products?	270	56.7%	31.1%	12.2%
Have you taken any step to quit tobacco?	271	78.2%	21.8%	
Have you ever received a help or advice to help you to stop tobacco?	271	80.4%	19.6%	
Do you agree with the statement that I think I enjoy consuming tobacco?	270	78.9%	21.1%	
Should there a ban on tobacco products in public places?	272	80.5%	19.5%	
Do you think tobacco advertising should be banned?	272	78.3%	21.7%	
Do you think smoking tobacco make young people more or less attractive?	272	77.9%	22.1%	
Do you think tobacco is addictive?	270	77.4%	22.6%	
Do you aware of harmful effect of tobacco products?	271	84.5%	15.5%	
Do you want to quit tobacco products?	271	84.1%	15.9%	

Table No.2: Practice of Study subject regarding tobacco products

Tobacco consumption	Findings	Percentage
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Frequency of consumption of tobacco products	Sometimes	10%
	2-4times	32.8%
	5-8 times	49.1%
	More than 10 times	8.1%
Money spent on tobacco products	500	10.7%
	500-1000	37.6%
	More 1000	41.7%
	More than 2000	10%
Reason for quittingtobacco	Social pressure	22.9%
	Awareness of hazards	50.9%
	Both	20.3%
	None	7%
Attempt for cessation	Nicotine Replacement therapy	18%
	Tobacco cessation clinic	24.6%
	Medication	19.5%
	NGO	11%
	None	26.8%

DISCUSSION:

The tobacco consumption is the most common cause responsible for deteriorating health status of people and still the tobacco consumption pattern is still increasing. Many case studies regarding the tobacco conducted and patterns age related surveys are performed and the community-based studies are carried out. Our study has shown that despite knowing the hazards of tobacco consumption people are still engaged using different from of tobacco. A random study among random age people is aware of harmful effects and 15.5% people are unaware of the hazards they are consuming. In similar study of Rupali A. Patle⁹ more than 80% of individuals knew that tobacco in any form is injurious to health, specific health effects of tobacco were known to fewer people. A similar case study was done by Manali deb Burma⁴ that 92.2% of participants had knowledge about smoking and it's associated with respiratory disease. In our study 55.4% of the participants are using tobacco in the form of cigarette. The frequency of tobacco consumption was also carried out among the participants engage in 5-8 times a day are 49.1% among 271 participants 41.7% participants spend more than 1000/month irrespective of the occupation they are involved in. A similar study by Priya mohan⁵ shown that the need to be considered not only for the organized sector but also for the unorganized sector in India which forms 92% of the workplace which mostly includes labourers, both rural and urban in various areas such as agricultural construction and industrial, health warning and smoke free policies will have enormous impact on tobacco consumption by poor⁵. The most affected are rural and low socio-economical population who prefer smokeless tobacco use, leading to further improvement from tobacco attributed diseases⁶. In this study the assessment of knowledge attitude to quit tobacco have observed that population is 56.7% have confidence to quit and seek the help and 31.1% are addictive 2 tobacco and have no intention in quitting the tobacco use and 12.2% of population are unaware of any of the extremities are neutral attitude. The population are aware the hazards and are continuing the consumption. A statistical significance was observed between education level and opinion on tobacco being addictive in nature⁴. Other studies also reported perception on smoking been addictive⁸. The participants In study among 272, 78.3% majority of the participant claims that the advertisement should be banned that is promoting in the usage and have an influence on the young population 77.9% young generation finds it attractive to have a habit a social peer pressure into generation other studies also report perception on smoking being addictive^{10,11}. Majority of the participant were in favour of banning smoking in public places has seen in other studies too^{12,13,14}. Tobacco cessation counselling using 5 A's and 5 R's at specialty and super specialty healthcare areas has been efficacious in increasing the cessation rate^{7,8}. Tobacco cessation counselling can be made part of all health care specialties⁵. Participants were having a intention to quit the usage due to awareness of hazards where 50.9% participants tried to quit tobacco consumption used tobacco cessation clinic 24.6% majority of the participants some tried through nicotine replacement therapy 18% and 19.5% use medication for the cessation and 11% seek help from NGO This show a great value as the cessation rate through different modes of cessation programs and active engagement and awareness should be promoted to make evident change. integration of tobacco cessation programs with health and development program can be helpful in overcoming the barriers into tobacco control⁵. A statistically significant positive correlation was found between knowledge and attitude of study population suggesting the participants had a high knowledge and attitude towards the tobacco use, showing the practice of tobacco was still prevalent in spite of good knowledge towards the use. Similar results have been reported in other studies as well.

CONCLUSION:

More than 3/4th male and 1/4th of females was using tobacco. It is evident that in spite of being aware of risk of multiple health problems, a major proportion of respondent were using cigarette. They also had good knowledge about oral health effect of tobacco but they only concern about their esthetics and not about functional changes. Irrespective of having a good knowledge their attitude towards quitting did not change or they did not have confidence to quit so we must take more efforts to change the mindset of respondent.

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DECLARATION OF CONFLICTING INTERESTS:

The researchers declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

REFERENCES:

1. Renuka, P. and Pushpanjali, K., 2014. Effectiveness of health belief model in motivating for tobacco cessation and to improving knowledge, attitude and behavior of tobacco users. *Cancer and Oncology Research*, 2(4), pp.43-50.
2. Surani NS, Gupta PC, Fong TG, Pednekar MS, Quak AC, Bansal-Travers M² Healix-Sekhsana Institute for Public Health. Navi Mumbai Maharashtra, India, Department of Psychology, University of Waterloo Ontario Canada. 'Department of Health Behaviour Roswell Park Cancer Institute New York, USA.
3. Bhatsange, A., Meshram, E.P., Waghmare, A., Lalitha, S. and Japatti, S., 2016. Knowledge, Attitude and Behaviour of Tobacco Chewers Towards Oral Health Visiting Dental Institution in Dhule City, Maharashtra. *Journal of Oral Health & Community Dentistry*, 10(1).
4. Barma, M.D., Kumar, R.P. and Arumugham, I.M., 2021. Knowledge, Attitude and Pattern of Smoking Tobacco among Automobile Company Employees in Chennai--A Cross Sectional Study. *Journal of Evolution of Medical and Dental Sciences*, 10(36), pp.3137-3143.
5. Mohan, P., Lando, H.A. and Panneer, S., 2018. Assessment of tobacco consumption and control in India. *Indian Journal of Clinical Medicine*, 9, p.1179916118759289
6. Aroral M, Madhu R. Banning smokeless tobacco in India: Policy analysis. *Indian Journal of Cancer* 2012;49(4)
7. 84 Thankappan KR, Mini GK, Hariharan M, Vijayakumar G, Sarma PS, Nichter M. Smoking cessation among diabetes patients in Kerala, India: 1-year follow-up results from a pilot randomized controlled trial. *Diabetes Care*, 2014;37:e256-+257.doi:10.2337/de14-1867
8. Country Case Reports: India, Tobacco Free Kids.<http://tobaccofreekids.org/campaign/global/casestudies>(Internet communication)
9. Patle, R.A. and Khakse, G.M., 2014. Study of knowledge, attitude and practices towards tobacco use in geriatric population. *International Journal of Medical Science and Public Health*, 3(7), pp.859-863.
10. Dawood OT, Rashan MAA, Hassali MA, et al. Knowledge and perception about health risks of cigarette smoking among Iraqi smokers. *J Pharm Bioallied Sci* 2016;8(2):146-51.
11. Shalaby SF, Soliman MA. Knowledge, attitude and practice of medical students regarding smoking and substance abuse, Cairo University, Egypt. *Journal of the Egyptian Public Health Association*. 2019;94:11.
12. Bhat N, Oza S, Reddy JJ, et al. Effect of anti-smoking legislation in public places. *Addict Health* 2015;7(1-2):87- 91.
13. Khan MW, Hira V, Haffjee F. Perceptions of students regarding the effects of the implementation of the tobacco control act of 1999 on a South African University campus. *South African Family Practice* 2017;59(1): 41-5.
14. Ghose S, Sardar A, Shiva S, et al. Perception of tobacco use in young adults in urban India: a qualitative exploration with relevant health policy analysis. *Ecancermedicalscience* 2019;13:915