# A study to assess knowledge, attitude and practice of Tobacco consumption in any form among the patients with oral cancer attending outpatient department in a cancer hospital, Guwahati, Assam

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## ABSTRACT

Tobacco consumption is an epidemic that acts as a biggest public health threat around the world. All forms of tobacco are harmful and cause ill effects. There is no safe level of exposure to tobacco. Most of the tobacco users live in low and middle income areas where the burden of tobacco related illness is high. Tobacco use leads to increase in poverty due to spending of money in it rather than basic household needs. Identifying the individuals at risk can help to stop problems before they develop. Hence projects that can help in altering the knowledge, practice as well as attitude of people regarding tobacco consumption are of prime importance.

**Aim:** To assess knowledge, attitude and practice of tobacco consumption in any form among the patients with oral cancer attending outpatient department at Dr. B Borooah Cancer Institute, Guwahati, Assam

**Primary objectives**

To assess knowledge, attitude and practice of tobacco consumption in any form among the patients with oral cancer attending outpatient department at Dr. B Borooah Cancer Institute, Guwahati, Assam.

**Method**: Descriptive design approach was used in the present study to accomplish the objectives. Convenient sampling is the technique used to obtain the desired sample size. The sample comprised of 60 patients with oral cancer from Dr. B Borooah Cancer Institute, Guwahati, Assam. The researcher developed a structured questionnaire to assess knowledge, attitude and practice towards tobacco consumption in any form and oral cancer. After testing the reliability of the tool, it was administered to the respondents. Descriptive and inferential statistics were used for data analysis.

**Result**: The findings of the study revealed that out of the 60 respondents most of the patients with oral cancer 56.67% had inadequate knowledge of tobacco consumption in any form, 71.66% shown had agreed level of attitude towards tobacco consumption in any form and 80% consumed smokeless tobacco.

**Conclusion**

Various researches conducted in many areas around the world have shown the consequences related to tobacco consumption among individuals. The study indicated that similar study can be conducted with large samples in different settings for generalization as well as comparative study can be done to find out the effectiveness of structured teaching module among the patients with oral cancer.

**Keywords:**Knowledge, attitude, practice, tobacco, oral cancer, outpatient department

**Background**

Cancer is a disease in which some of the body's cells grow uncontrollably and spread to other parts of the body. Cancer is made up of trillions of cells that can start almost anywhere in the human body. Normally, human cells grow and multiply through cell division, a process to form new cells as the body needs them. When cells grow old or become damaged, they die and new cells take their place. Sometimes this orderly process breaks down and abnormal cells grow and multiply when they shouldn't. And these cells may form tumors.[1]

Oral cancer is a malignant neoplasia which can develop in any part of the mouth including tongue, tissue lining the mouth or gums, anterior tongue, throat area at the back of the mouth, etc.

Risk factors of oral cancer includes tobacco, alcohol, Human Papilloma Virus infection, poor oral hygiene and exposure to sun.[2] Heredity is also considered as an risk factor of oral cancer.

Tobacco is the largest contributor to the development of oral cancers. All forms of tobacco have been considered as causative agents.[3]

Data from Indian Journal of Medical Research reveals that the North-Eastern (NE) region has the highest incidence of cancer in India and is also burdened by higher prevalence of risk factors and inadequate cancer treatment facilities. Aizawl district in Mizoram has the highest incidence of cancer in men (Age-adjusted rate of 269.4 per 100,000). While in case of women, Papumpare district of Arunachal Pradesh has the highest incidence (Age-adjusted rate of 219.8 per 100,000) in India.[4]

Six states from North East namely, Mizoram, Meghalaya, Manipur, Nagaland, Tripura and Assam, are among the top states for the consumption of tobacco in any form in India. According to the report of National Family Health Survey, 70% of people in North East consume tobacco which is 26% higher than national average. The highest tobacco consuming state is Mizoram.[5]

**Need of the study**

Although oral cancer undoubtedly has a multifaceted etiology, tobacco consumption are widely considered to be its major risk factor. Lifestyle and environmental factors also have been identified as risk factors for oral cancer, whereas tobacco use remains the single most important and preventable cause of this disease.

The investigator observed that a good number of research studies related to tobacco consumption in any form have been done in different parts of India among student groups andmedical personnel's. But negligible research work has been conducted on knowledge, attitudeand practice of patient with oral cancer. Most of the studies conducted were of limited sample size.

Assam represents a population of different ethnic group and cultural habits. 80% of Indian population lives in rural setting. Investigator during her experience in dealing with patient population have observed that although few people have adequate knowledge about tobacco consumption in any form but majority of them still continue to consume tobacco. This may be due to negative attitudes, lack of health educational support by health workers. Periodic research is essential for assessing the knowledge, attitude and practice of tobacco consumption in any form. Moreover, nursing research on knowledge, attitude and practice related to tobacco consumption among the oral cancer patients is not conducted till date.

So the investigator felt the need of conducting a study on tobacco consumption in any form among patients with oral cancer.

**Objectives of the study**

- To assess knowledge of tobacco consumption in any form among the patients with oral cancer attending outpatient department at Dr. B. Borooah Cancer Institute, Guwahati, Assam.
- To assess attitude of tobacco consumption in any form among the patients with oral cancer attending outpatient department at Dr. B. Borooah Cancer Institute, Guwahati, Assam.
- To assess practice of tobacco consumption in any form among the patients with oral cancer attending outpatient department at Dr. B. Borooah Cancer Institute, Guwahati, Assam.

**Methodology**

Research approach adopted for this study is non experimental research approach. The research design selected for this study is descriptive research design. Dr. B. Borooah Cancer Institute, Guwahati, Assam were selected conveniently as study setting. Patients with oral cancer attending outpatient department in Dr. B. Borooah Cancer Institute, Guwahati, Assam were the study population with sample size 60. Sampling technique used was Convenient sampling technique.A self structured interview schedule and modified Likert scale was prepared to collect data.

**Inclusion criteria**

- Patients who are diagnosed and treated with oral cancer between age group 30-70 years.
- Patients who consume tobacco in any form.
- Patients who are willing to participate.
- Patients who are present at the time of data collection.
- Patient who can understand English and Assamese language.

**Exclusion criteria**

- Patients who are seriously ill.

**Description of the tool**

The tool consists of four sections:

**Section I:** Consists of 9 items pertaining to socio-demographic variables of the subjects such as Age, Gender, Educational status, Occupational status, Type of family, Income of the family, Marital status, Number of children and Habitant.

**Section II**: Comprised of 7 items regarding knowledge of tobacco consumption in any form among the patients with oral cancer.

The self structured knowledge questionnaire regarding tobacco consumption is a multiple choice questionnaire. The correct option score one mark and the wrong one scores zero mark. The maximum score of the questionnaire was 7. According to the level of knowledge, the scores are further classified as follows:

0-2 = Poor knowledge, 3-5 = Adequate knowledge, 6-7 = Inadequate knowledge

**Section III:** Comprised of 10 items regarding attitude of tobacco consumption in any form among the patients with oral cancer.

The modified likert scale used was five point likert scale. Each statement has five options i.e, strongly agree, agree, neutral, disagree and strongly disagree. The scoring pattern for statements were 5 for strongly agree, 4 for agree, 3 for neutral, 2 for disagree and 1 for strongly disagree. The maximum score was 50. According to the attitude level, the score are classified as:

41-50 = Strongly agree, 31-40 = Agree, 21-30 = Neutral, 11-20 = Disagree, 0-10 = Strongly disagree

**Section IV**: Comprised of 8 items regarding practice of tobacco consumption in any form among the patients with oral cancer.

**Reliability of the tool**

The reliability was calculated separately for knowledge and attitude by using spilt half method. The reliability of the knowledge and attitude tool was found to be r = 0.74 and 0.80.

**Data analysis and interpretation**

The data collected through interview schedule and modified likert scale was analyzed by both descriptive and inferential statistics. The analyzed data has been organized and presented in the form of tables and graphs. The analysis is made by using the important parameters like percentage and frequency distribution.

**Section I: Sample characteristics in relation to demographic variables**

**n=60**

| Demographic Variables | Frequency (f) | Percentage (%) |
|---|---|---|
| **Age** | | |
| 30 – 40 years | 7 | 11.7 |
| 41 – 50 years | 14 | 23.3 |
| 51 – 60 years | 23 | 38.3 |
| 61 – 70 years | 16 | 26.7 |
| **Gender** | | |
| Male | 39 | 65.0 |
| Female | 21 | 35.0 |
| Transgender | 0 | 0 |
| **Education** | | |
| Illiterate | 16 | 26.7 |
| Primary school | 13 | 21.6 |
| Middle school | 10 | 16.7 |
| High school | 16 | 26.7 |
| Above | 5 | 8.3 |
| **Occupation** | | |
| Daily wage employer | 31 | 51.6 |
| Private sector employed | 3 | 5.0 |
| Govt. employed | 7 | 11.7 |
| Unemployed | 19 | 31.7 |
| **Type of the family** | | |
| Nuclear | 43 | 71.7 |
| Joint | 17 | 28.3 |
| Extended family | 0 | 0 |
| **Family income per month** | | |
| Less than 10,001 Rs | 28 | 46.7 |
| Between Rs.10,002 – 29,972 | 23 | 38.3 |
| Between Rs.29,973 – 49,961 | 5 | 8.6 |
| Between Rs.49,962 – 74,755 | 4 | 6.7 |
| Between Rs.74,756 – 99,930 | 0 | 0 |
| Between Rs 99,931 – 199,861 | 0 | 0 |
| | 0 | 0 |

| | | |
|---|---|---|
| More than Rs.199,862 | 0 | 0 |
| **Marital status** | | |
| Married | 55 | 91.6 |
| Unmarried | 1 | 1.7 |
| Divorced | 1 | 1.7 |
| Widowed | 5 | 5.0 |
| **Number of children** | | |
| 1 | 6 | 10.0 |
| 2 | 22 | 36.7 |
| 3 | 14 | 23.3 |
| >3 | 18 | 30.0 |
| **Habitant** | | |
| Rural | 43 | 71.7 |
| Urban | 17 | 28.3 |

**Section II: Data on knowledge of patients with oral cancer regarding tobacco consumption in any form**

| **Level of Knowledge** | **n = 60** | |
|---|---|---|
| | **Frequency (f)** | **Percentage (%)** |
| Poor Knowledge (0 – 2) | 14 | 23.33 |
| Inadequate Knowledge (3 – 5) | 34 | 56.67 |
| Adequate Knowledge (6 – 7) | 12 | 20.0 |

**Section III: Data on attitude of patients with oral cancer regarding tobacco consumption in any form**

| **Level of Attitude** | **n = 60** | |
|---|---|---|
| | **Frequency (f)** | **Percentage (%)** |
| Strongly Disagree (0 – 10) | - | - |
| Disagree (11 – 20) | 1 | 1.67 |
| Neutral (21 – 30) | 9 | 15.0 |
| Agree (31 – 40) | 43 | 71.66 |
| Strongly Agree (41 – 50) | 7 | 11.67 |

**Section IV: Data on practice of patients with oral cancer regarding tobacco consumption in any form**

| Practice | n=60 | |
|---|---|---|
| | Frequency (f) | Percentage (%) |
| **Form of tobacco consumption** | | |
| Smoke | 8 | 13.3 |
| Smokeless | 48 | 80.0 |
| Both | 4 | 6.7 |
| **Kind of tobacco product consumption** | | |
| Cigarette | 8 | 13.3 |
| Chewing tobacco | 17 | 28.3 |
| Betel nut | 31 | 51.7 |
| Other | 4 | 6.7 |
| **Number of times tobacco product consumption in a day** | | |
| Occasionally | 3 | 5.0 |
| 2 – 3 times | 13 | 21.7 |
| 4 – 5 times | 13 | 21.7 |
| More than 5 times | 31 | 61.6 |
| **Years of tobacco consumption** | | |
| >3 years | 2 | 3.3 |
| >4 years | 2 | 3.3 |
| >5 years | 3 | 5.0 |
| >10 years | 53 | 88.4 |
| **Importance of quitting tobacco consumption** | | |
| Very important | 29 | 48.3 |
| It is not harmful | 3 | 5.0 |
| Not that much important | 4 | 6.7 |
| Do not know | 24 | 40.0 |
| **Main reason for tobacco consumption** | | |
| Mental stress | 4 | 6.7 |
| Peer pressure | 37 | 61.6 |
| Workload | 13 | 21.7 |
| Low income | 6 | 10.0 |
| **Place of tobacco consumption** | | |
| Home | 38 | 63.4 |
| Workplace | 8 | 13.3 |
| Recreational place | 5 | 8.3 |
| Other places | 9 | 15.0 |
| **Partner of tobacco consumption** | | |
| Friends | 28 | 46.7 |
| Family | 6 | 10.0 |
| Strangers | 1 | 1.7 |
| Alone | 25 | 41.7 |

**Conclusion**

Various researches conducted in many areas around the world have shown the consequences related to tobacco consumption among individuals. After the study the investigator has come to the conclusion that most of

respondents 56.67% had inadequate knowledge of tobacco consumption in any form, 71.66% shown had agreed level of attitude towards tobacco consumption in any form and 80% consumed smokeless tobacco.

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