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A study to assess the knowledge on ill effects of tobacco usage among adults at selected rural areas of Thanjavur DT, Tamil Nadu

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Abstract

Introduction: Habits play a major role in every individual's health aspects. These habits are considered as two types viz Good habits and Bad habits. Bad habits means the activities which lead to ill health some of the bad habits are addiction to alcohol, tobacco and chewing, etc. In India tobacco used in both the forms which is said to be the major health problems.

Objectives: To distribute the demographic variables of adults, to assess the knowledge regarding ill effects of tobacco among adults and to associate the knowledge with demographic variables of adults.

Material and Method: In this study Non Experimental Survey Research Design was used. It was conducted in selected rural areas of Thanjavur district, Tamilnadu. 100 Adult within the age of limit of 21 – 50 yrs are selected as samples by simple random sampling technique. The data was collected by using structured knowledge questionnaire.

Results: The findings of the study shows that the Knowledge level of adults were 6(6%) had inadequate knowledge, 60(60%) had moderately adequate knowledge and 34 (34%) had adequate knowledge regarding the ill effects of tobacco.

Keywords: Knowledge, Ill effects of tobacco, adults

1. Introduction

Health is very much essential for individual to live. Hence health of individual greatly concerned with the individuals habits. Habits play a major role in every individual's health aspects. These habits are considered as two types viz Good habits and Bad habits. Good habits helps to live a healthy life and also help to maintain a good health some of the good habits are doing exercise daily walking, etc. Bad habits means the activities which lead to ill health some of the bad habits are addiction to alcohol, tobacco and chewing, etc. In India tobacco used in both the forms which is said to be the major health problems

India produces 600 million kilogram of all type of tobacco nearly in 4 lakhs acres are engaged in tobacco cultivation. The chief tobacco growing states in India are Andhra Pradesh, Gujarat, Karnataka, West Bengal, Maharashtra, Tamil Nadu, Orissa and Bihar, India produces several types of tobacco, which fall under two botanical species viz Nicotiana tabacum and Nicotiana Rustica. India grows both the species but try for the largest area is under N. tabacum.

2. Need for the study

The WHO in 2004 projected 58.8 million deaths to occur globally from which 5.4 million are tobacco-attributed, and 4.9 million as of 2007 ^[1]As of 2002, 70% of the deaths are in developing countries. As of 2017, smoking causes one in ten deaths worldwide, with half of those deaths in the US, China, India and Russia. ^[2]

There are 1.1 billion tobacco users in the world. One person dies every six seconds from a tobacco related disease ^[3]. Rates of smoking have generally levelled-off or declined in the developed world. Smoking rates in the United States have dropped by half from 1965 to 2006, falling from 42% to 20.8% in adults In the developing world, tobacco consumption is rising by 3.4% per year ^[4]. Second- hand smoke presents a known health risk, to which six hundred thousand deaths were attributed in 2004. It also has been known to produce skin conditions such as freckles and dryness ^[5].

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3. Statement of the problem

A study to assess the knowledge on ill effects of tobacco usage among adults at selected rural areas of Thanjavur.

4. Objectives

- To distribute the demographic variables of adults.
- To assess the knowledge regarding ill effects of tobacco among adults.
- To associate the knowledge with demographic variables of adults.

5. Hypothesis

H: There will be a significant level of knowledge on ill effects of tobacco among adults.

6. Research design

In this study Non Experimental Survey Research Design was used. It was conducted in selected rural areas of Thanjavur district, Tamilnadu. 100 Adult within the age of limit of 21-50 yrs are selected as samples by simple random sampling technique. The data was collected by using structured knowledge questionnaire.

7. Inclusion criteria

Age group between 21 to 50 years

Samples who are available during data collection period

Samples who are willing to participate in the data collection

8. Exclusion criteria

More than 50 years and below 20 years were adults

9. Results

The adults belong to the age group of 21-30years were 64 (64%), 31-40 years were 18 (18%), 41-50 years were 18 (18%) with regard to the sex 74 (74%) were male, 26 (26%) were females with regard education 12 (12%) had informal education, 26 (26%) had secondary education, 42 (42%) had highest secondary education, 20 (20%) were graduates, with regard religion 82 (82%) were Hindu 16(16%) were Christian, 2 (2%) were Muslim, with any tobacco habits 74 (74%) had using tobacco 26 (26%) had not using any tobacco products, with type of tobacco usage 30 (30%) were using smoking 28 (28%) were using chewing 16 (16%) were using both, 26 (26%) were not using tobacco, with regard to source information 42 (42%) were gained knowledge with health personnel, 8 (8%) were by reading magazine, 50(50%) were gained knowledge from mass media.

According to the Knowledge level 6(6%) had inadequate knowledge, 60(60%) had moderately adequate knowledge and 34 (34%) had adequate knowledge regarding the ill effects of tobacco.

The mean knowledge score was 13.7 with standard deviation 2.22.

There was a significant association found between knowledge and the demographic variables like age ($X^2=1.0026$), Educational qualification ($X^2=2.7953$), any tobacco habits ($X^2=10.1055$) and type of tobacco usage ($X^2=4.4315$).

10. Conclusion

This study concludes that most of the adults living in the rural areas are having moderate level of knowledge regarding the ill effects of tobacco. Hence as nursing

personnel we need to do some more health campaign to improve the knowledge of adults regarding the ill effects of tobacco.

11. References

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