A Study to Assess the Effectiveness of Structured Teaching Programme on Knowledge Regarding Oral Health Hazards among Adults Consuming Tobacco of Selected Communities in Gwalior

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ABSTRACT

Tobacco use is a leading cause of cancer and of death from cancer. Adults People who use tobacco products or who are regularly around environmental tobacco smoke (also called secondhand smoke) have an increased risk of cancer because tobacco products.

KEYWORDS: Chewing tobacco, mouth Cancer, cancers of the lip, mouth, tongue, throat, and adult health hazards

1. INTRODUCTION

King James of England in 16th Century commented thus regarding smoking "A custom loathsome to the eyes, hateful to the nose, harmful to the brain and dangerous to the lungs".

Tobacco use is socially accepted in many segments of Indian society. Tobacco use in India is increasing but there are considerable changes in the type and methods by which it is used. According to WHO estimates 194 million men & 45 million women use tobacco in smoked or smokeless form in India. Only 20% of the tobacco consumed in India is consumed as cigarette, 40% consumed as beedi and the rest in smokeless form. Extraordinary high use of tobacco products has devastating impact on the health of people. The WHO estimate that about 8 lakhs persons die from tobacco related diseases. In India approximately 50% of cancers among males and 20% of cancers among females are caused by tobacco consumption. Although people are becoming aware of the ill effects of smoking in terms of morbidity and mortality still they get enslaved.

2. OBJECTIVES
Statement of the Problem

"A study to assess the effectiveness of structured teaching programme on knowledge regarding oral health hazards among adults consuming tobacco of selected communities in Gwalior".

Objectives of the study

1. To assess the level of knowledge among adults consuming tobacco regarding the oral health hazards of tobacco consumption by structured knowledge questionnaire.
2. To assess the oral health status of adults consuming tobacco.
3. To determine the knowledge on hazards of tobacco consumption on oral health.

3. REVIEW OF LITERATURE

Review of literature involves the systematic identification, location scrutiny and summary of written material that contain information on a research problem. The investigator reviewed the related literature to broaden the understanding and gain insight into the selected problem under study. In the study the review of literature is presented under the following headings:

➢ Prevalence of tobacco use
➢ Knowledge and attitude towards hazards of tobacco consumption
➢ Effects of tobacco consumption on oral health
➢ Tobacco consumption and oral health

4. RESEARCH METHODOLOGY

Research methodology is a way to systematically solve the research problem. It deals with defining the problem, formulation of hypothesis, methods adopted for data collection and statistical techniques used for analysing the data with logical reason behind it. The study was conducted with the purpose of assessing the knowledge of tobacco consuming adults on oral health hazards and improving their oral health status in selected communities.

Research Approach

The study approach is descriptive. A research approach tells the researcher as to what data to collect and how to analyse it. It is an overall plan or blueprint chosen to carry out the study it also suggests the possible conclusions to be drawn from the data in the view of nature of the problem and to accomplish objectives of the present study.

Research design

A researcher's overall plan for obtaining answers to the research question for testing the research hypotheses is referred to as the research design. It spells out the basic strategies that the researcher adopts to develop information that is accurate and interpretable. Descriptive research is used to examine the strength of relationship between two or more variables.

Population	Sample and Sampling technique	Variables	Data collection Tools and techniques	Plan for data analyses
Adults Consuming tobacco of selected communities of Cantonment rural area of Morar. Gwalior.M.P	Sample: 100 subject consuming tobacco (50 tobacco smokers) (50 tobacco chewers) *Sampling technique* Purposive Sampling	**Dependant Variable** Oral health status **Independent Variable** Knowledge on hazards of tobacco consumption on oral health **A. Extraneous variables** Age, Sex, religion, educational status occupation income of the family, type of family, marital status, dietary habits, form of tobacco, age of initiation frequency of consumption per week; per day motivational factor, reason for consuming	**Tool I. Structured interview schedule** **Part I.** Base line Proforma **Part II:** Knowledge on hazards of tobacco consumption on oral health. a. Knowledge on hazards of tobacco smoking on oral health. b. Knowledge on hazards of tobacco chewing on oral health **Tool II: observation checklist on oral health status of the tobacco consuming adults.** **Instruments used:** Mouth mirror Probe	**Descriptive and Inferential statistics**

Schematic representation of the research design

Variable under study

Variable is an attribute of a person or an object that varies, that is taken on different values.

Dependant Variable

A presumed effect is referred to as the dependant variable. In the present study it refers to oral health status of tobacco consuming adults.

Independent Variable

The presumed cause is referred to as the independent variable. In this study it refers to the knowledge on hazards of tobacco consumption on oral health among tobacco consuming adults.

Extraneous Variable
A variable that compounds the relationship between the independent and dependant variable and that needs to be controlled either in the research design or through statistical procedure. In this study it refers to age, sex, religion, educational status, occupation, and income, type of family, marital status, dietary habits and forms of tobacco frequency of consumption, motivational factor, and reason for consuming tobacco.

Setting of the study
Settings are the more specific place where data collection will occur. The investigator had selected 2 communities under Morar Cantonment hospital. The communities selected were Sector -4 and Sector-6.

Sampling technique
Sampling is a process of selecting a portion of the population to represent the entire population. Purposive sampling or judgmental sampling is based on the belief that a researcher's knowledge about the population can be used to handpick the cases to be included in the sample. In this study purposive sampling has been done to select the sample.

Criteria for sample selection
Inclusion criteria
➢ Adults above the age of 20 years
➢ Adults consuming tobacco.

Exclusion criteria
➢ Adults smoking and chewing tobacco
➢ adults who already participated in the same study

Data collection instruments
The following steps were adopted in the development of the tool:
➢ Review literature
➢ Discussion with Nursing experts and dentists
➢ Development of a blue print
➢ Construction of a structured interview schedule
➢ Construction of a structured lesson plan
➢ Content Validity
➢ Pre-testing of the tool
➢ Reliability

5. Pilot study
Pilot study is a small-scale version of trail run for the major study. Pilot study was conducted in Morar Cantonment Rural Area in the Sector-2, Gwalior. Pilot study was conducted from Feb. 21 – March 14, 2020 Formal permission was obtained from concerned authority before conducting the study.

Data collection process
A formal written permission was obtained from R.M.O of Cantonment hospital Morar, Gwalior (Annexure). Data were collected from March 15[h] to March 22th, 2020. The investigator familiarised her with the subject and explained the purpose of the study, method of data collection, the use of mouth mirror and probe for oral health assessment and the time duration.

Plan for data analysis
Data analysis is the systematic organisation and synthesis of research data and the testing of research hypotheses using those data. Data will be entered into the master sheet. Description and inferential statistics will be used for the data analysis. The data will be analysed as shown below:

Section I: - a) Description of the demographic characteristics uses descriptive Statistics.

b) Description of the baseline characteristics using descriptive statistics

Section II: - Knowledge score of subject on hazards of tobacco consumption on oral health will be analysed using mean, percentage mean, range, standard deviation, frequency and percentage

6. RESULTS
The data obtained from 100 subjects (50 tobacco smokers and 50 tobacco chewers) regarding their knowledge on hazards of tobacco consumption on oral health and their oral health status were analysed and interpreted in the light of the objectives of the study. The data collected were tabulated in a master sheet and analysed using descriptive and inferential statistics.

Objectives of the study
1. To assess the level of knowledge among adults consuming tobacco regarding the oral health hazards of tobacco consumption by structured knowledge

2. To determine the effectiveness of PTP regarding knowledge on oral health hazards among adults consuming tobacco.

7. DISCUSSION
The findings of the study are discussed with reference to the objectives, hypotheses and findings of other studies. Discussion of findings is based on the sample characteristics, knowledge of subject on hazards of tobacco consumption on oral health, oral health assessment and association of knowledge on hazards of tobacco consumption on oral health and selected variables.

Statement of the Problem
"A study to assess the effectiveness of structured teaching programme on knowledge regarding oral health hazards among adults consuming tobacco of selected communities in Gwalior".

Oral health assessment

Majority of the subject (43%) had poor oral health status and 43% had average oral health status and only 9% had good oral health status and only 5% had very good oral health status. Data related to the health status of various parts of the oral cavity showed that all subject (100%) had tooth stains. Majority (88%) of the subject had lip discoloration and 8% of the subject had gingival infection and only 10% had least affected floor of the mouth. Similar findings were found in a study conducted in Mumbai, among subjects of SNDT women's university.

8. CONCLUSION

This chapter deals with conclusion, implications in nursing practice, nursing education, nursing research, nursing administration, limitations of the study, suggestions and recommendations.

The following conclusions were drawn on the basis of the data analysis.

➢ All subject (100%) had tooth stains.
➢ Among tobacco smokers palate was affected (96%).
➢ Majority of the subject (43%) had poor oral health status.
➢ Tobacco chewers and tobacco smokers were equally knowledgeable.

Implications of the study
Nursing administration

The findings of a study could be utilised by the nursing administrator to provide quality care to the clients in the hospital and community.

Nursing education

The nursing curriculum in India has little emphasis on dental health. The nurse educators have the responsibility to update the knowledge of nursing personnel on hazards of tobacco consumption and dental health.

Nursing practice

The nurse plays an important role in health care delivery system. Primary prevention is one of the important components of the hospital and community health nursing.

Nursing research

The study revealed various areas. The findings also emphasize in exploring the extent of the problem of tobacco consumption to reduce the prevalence rate of the manifestations.

Limitations of the study

1. The study was limited to only tobacco smokers and tobacco chewers. The subject consuming both the forms of tobacco was excluded from the study.

2. The study was limited to the adults who consume tobacco.

Suggestion

1. Nurse should be trained to perform oral health assessment.
2. Awareness programme for the public who is addicted to tobacco through formal and informal techniques of education.

9. SUMMARY

Indulgence in tobacco is a known health risk. Tobacco is a serious threat to health. It is a proven killer. In spite of this the use of tobacco in the developing countries is on the rise. Proportion of peoples indulging in tobacco habit in India and thus constituting a high risk group for various tobacco induced diseases is largely unknown. Therefore when you play with fire you are bound to get burned even if the fire comes without smoke.

Objectives of the study

To assess the level of knowledge among adults consuming tobacco regarding the oral health hazards of tobacco consumption by structured knowledge questionnaire.

Assumptions

The adults have some knowledge about hazards of tobacco consumption on oral health.

Participants will be willing to participate and give reliable information.

Hypotheses

H1:	The mean post-test knowledge score among adults consuming tobacco on oral health hazards of tobacco consumption will be significantly higher than the mean pre-test knowledge score.

H2:	There will be significant association between the pre-test level of knowledge score and selected variables like age, education socioeconomic status and source of health related information.