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ORIGINAL ARTICLE

A Study to Assess the Knowledge and Attitude of Tobacco Use among the Students of Selected Colleges of Vadodara

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ABSTRACT
The tobacco consumption is becoming thetrend for the teenager or the college going students. In tobacco consumption contains 'High calorie, sugar and sodium' which can increase to body fat and affects the BMI (Body Mass Index). Mainly college students are more experiencing with tobacco consumption because of lack of time and stress which leads to the poor chewing habit amongthem. The is a design used in the study is cross sectional sampling.The sampling technique using this study was non-randomized consecutive sampling technique. The samples were 235 sample of the college students of the selected colleges of Vadodara city. The tool consists of demographic tool and structural questionnaires about the perception of the college students and their eating tobacco. Thedata analysis was planned on the basis of objectives of the study using descriptive and inferential statistics in consideration with hypothesis of the research study. In regard to the knowledge question it was found that out of 235 sample 158(67.2) are having good knowledge score in tobacco consumption, 77(32.8) samples are average , 0 sample is poor knowledge. Here correlation coefficient is (0.12) this show that moderately positive correlation in this normally in between (0) to (+1) in our result r is (0.12) so is positive relation between two variable.
Keywords : *Tobacco use, Risk Factor, College Students, Chewing Habbit*

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INTRODUCTON

"Giving up smoke is the easiest thing in the world,
I know because I have done it thousands of time.

Tobacco use may be defined as any habitual use of the tobacco plant leaf and its products. The predominant use of tobacco is by smoke inhalation of cigarettes pipes, and cigars [1]. Smokeless tobacco refers to a variety of tobacco products that are either sniffed, sucked, or chewed [2].

Smoking is a custom loathsome to the eye, harmful of nose, harmful of brain, dangerous to the lung, and in black, stinking fume thereof nearest resembling the horrible stygian smoke of the pit that is bottomless [3]. Tobacco uses kills nearly 6 million people worldwide each year. According to the WHO there were 100 million premature deaths due to tobacco in the 20th century [4]. It was introduced in Europe by Columbus who came to know about it form Caribbean during his history journeys, INDIAN tobacco problem is very complex, with a large use of variety of smoking forms and an array smokeless tobacco product [5].

Bidis are mostly manufactured in the unorganized sectors while cigarettes are mainly manufactured in large scale industries, they comprise tobacco wrapped in tendu leaf and may be secured with colourful string at both end [6]. Tobacco is deadly in any form or disguise scientific evidence has unequivocally establish that exposure a tobacco smoke cause death, disease, and disability [7]. Tobacco uses in India is

more varied than in most of other countries. Only 20% of total tobacco consumption is in the form of cigarettes[8]. Tobacco uses in India is more varied than in most of other countries. Only 20% of total tobacco consumption is in the form of cigarettes [9].

Tobacco related diseases are cause and consequence of poverty. Poverty increases the vulnerability of people disease, and sickness [10]. Tobacco, common name of the plant Nicotianatabacum and to a limited extent Aztec tobacco (N rustic) and the cured leaf that is used usually after aging & processing in various ways for smoking, chewing, snuffing, and extraction of nicotine [11].

Bidi is an indigenous form of tobacco product, made with 0.2-0.3g of tobacco wrapped in temburni leaf; Bidis contain 3 times more nicotine and 5 times more amount of the cigarettes and also available flavours of mango, chocolate [12].

Smokeless tobacco users place snuff or chewing tobacco between their inner cheek and gum on the lower part of the jaw, Smokeless tobacco is a form of tobacco that need not be ignited for use apply orally and nasally[13]. Various other species in the genus nicotine are grown as ornamentals, known collecting as flowering tobaccos[14]. Tobacco leads to clearing of forest for cultivation; stripping fuel for curing and forest resources the environments, tobacco depletes the soil nutrients at a very rapid rate and displace [15].

Smokeless tobacco use was associated of chewing tobacco and oral cancer with direct relation between and quantity and duration of use and frequently use were and respectively[16]. India has one of the highest rates of oral cancer in the world, with over 50% attributable to smokeless tobacco use affected with oral cancer ranking either first or second different type of cancer[17]. Smokeless tobacco use was associated with cancer of the lip, oral cavity, pharynx, digestive, respiratory and intra thoracic organ [18].

Smokeless tobacco cause acute increase blood pressure and heart rate, effect of insulin sensitivity and risk of diabetes form smokeless of tobacco [19].Though tobacco is tropical in origin, it is grown throughout the world, This article deals with forming of commercial tobacco from cultivation to curing and grading [20]. Tobacco is also used in the form of hookah (a traditional water pipe), Gurkha, Mishra, Zara, khan, pan masala [21]. In India an estimated 65% of all men and 33% of all women uses some form of tobacco [22].

At the country level of morality for 10-14 years range from 0.2 to 14.8 deaths per 1000 adolescent aged[23]. . Nearly all tobacco use begins in adolescence and tobacco use being during youth and progress during young adulthood[24]. In all 88% of amount smokers who smoke daily report that they started smoking by the age of 18 years and more than 3200 children age 18 or younger smoke their first cigarette every day and nearly 9 out 0f 10 smokers start before the age of 18 [25]. This is a time in life of great vulnerably to social influences such as those affered though marketing of tobacco product and modelling of smoking by attractive role model, as in movie, which have especially strong effect on the young [26].

Tobacco kills between 8-9 lakh people each year in India, this will multiply many folds in the next 20 year. Today adolescent are tomorrow citizens [27].The WHO define 'adolescent' as person who are in the 10 to 19 year age group. Preventing youth tobacco use requires a community wild effort of education, counselling and support [28]. The prevention of tobacco use in young people appears to be greatest opportunity for non-communicable disease on the world today as it is home to one sixth of the global population and thus India's share of the golden burden of tobacco induced disease and death is substantial [29].

The most important intervention is primary prevention by accomplishing through awareness and education in adolescents' population regarding the health hazards of tobacco use and motivates them to avoid using tobacco products. Secondary interventions focus on cessation of tobacco use by enforcement and implementation of COTPA law. Tertiary prevention focuses on helping persons to remain smoke free by preventing relapse [30].

In India, people have used tobacco in many forms for several centuries. Its use often starts early in life. There is tendency towards an increase in tobacco use among youth for the past few decades, with an emphasis on smokeless tobacco use[31]. This is a matter of great public health concern. Psychosocial factors have an important role to play in initiation of this habit. It has been observed that a large number of adolescents pick up this habit from their family members or the peers [32].

A major tobacco control strategy is an appropriate price policy to keep the price of tobacco products high with regular increases above the level of inflation, This is because price and consumption, especially the initiation of tobacco use by young, shows a strong inverse correlation everywhere in the world [33].

Some chewing tobacco products look a lot like candy. Children may mistake them for treats, which can lead to nicotine poisoning [34]. According to one study, there were over 120,000 reports of child-related nicotine poisoning between 2001 and 2016. The research also suggests that these numbers are likely low due to underreporting [35].

Tobacco prevention and control effort include

Mass-reach health communications campaigns that use multiple-media formats; include hard-hitting or graphic images; are intended to change knowledge, beliefs, attitudes, and behaviours affecting tobacco use; and provide tobacco users with information on resources on how to quit [36].

Increases in the unit price for tobacco products, which will decrease the number of people using tobacco, reduce the amount of tobacco consumed, and prevent young people from starting to use tobacco[37].Comprehensive smoke-free policies that prohibit smoking in all indoor areas of workplaces and public places, including restaurants and bars, to prevent involuntary exposure to secondhanded smoke [38].

Decrease of 6.7 percentage points in tobacco use initiation among young people (11 to 24 years of age). Median decrease of 3.4 percentage points in the prevalence of tobacco uses among young people (11 to 24 years of age) [39].

MATERIAL AND METHODD

Methodology of research indicate the general pattern of organizing procedure together foe empirical base for the method pf obtaining the valid and reliable data. This is chapter is deal with the methodology adopted for assessing the knowledge and attitude of tobacco use student of selected college in Vadodara. It includes research design, sample, sampling technique, of collection tool and plan for data analysis.

STATISTICS

Descriptive Statistics is use for to the assess the frequency and percentage Inferential Statistics like Chi Square test used to find the association

RESULTS

SECTION A. Frequency Distribution & Percentage table of socio-Demographic Variable (Table 1)

Age above data indicate the highest percentage 65.1% of age group 17–19-year, medium percentage 33.2% age group of 20-22 year, rest 1.7% in age group of 23-25 year.

Gender above data indicate the highest percentage (68.1%) of female and rest (31.9%) in men. Year of study givendata the year of study of teaching professionals. Amon then towering (82.6%) first year of study, (5.1%) second year of study, (2.6%) third year of study, (1.2%) fourth year of study. Education the under graduation (78.3%), diploma (20.9%), and post-graduation (0.9%). Residence rural area of residence (87.2%) and urban area of residence (12.8%). Residence of area of hostel (83%), residence of home (12.3%), and residence of PG (4.7%).

TABLE 1 (N=235): Frequency Distribution & Percentage table of socio-Demographic Variable

SR NO	FACRORS	FREQUENCY	PERCENTAGE
1	**AGE**		
	17-19	153	65.1
	20-22	78	33.2
	23-25	4	1.7
2	**GENDER**		
	Male	75	31.9
	Female	160	68.1
3	**Year of Study**		
	First year	194	82.6
	Second year	12	5.1
	Third year	6	2.6
	Fourth year	23	9.8
4	**Education**		
	Diploma	49	20.9
	Under graduate	184	78.3
	Post graduate	2	0.9
5	**Area of Residence**		
	Rural	30	12.8
	Urban	205	87.2
6	**Residence**		
	At Home	29	12.3
	At Hostel	195	83
	As Paying Guest(PG)	11	4.7

SECTION B. FREQIUNCY AND PERCENTAGE OF KNOWLEDGE QUESTIONARIES (Table 2)
All the 15 questions of knowledge were mostly answered correctly by the participants. This represented the shoot up 67.2% of good knowledge, 32.8% of average knowledge and 0% of poor knowledge.
SECTION C: LIKERT SCALE (Table 3)
This is figure shows that Attitude risk negative attitude is 85.5%, Positive risk 12.8% and high risk 17.7%.
RELATIONSHIP BETWEEN KNOWLEDGE AND SELECTED SOCIO DEMOGRAPHIC VARIABLE (Table 4)
RELATIONSHIP BETWEEN ATTITUDE AND SELECTED SOCIO DEMOGRAPHIC VARIABLE (Table 5):
Correlation coefficient is (0.12) this show that moderately positive correlation in this normally in between (0) to (+1) in our result r is (0.12) so is positive relation between two variables. In this one variable is knowledge and second variable is attitude.

TABLE 2: (N=235): SECTION B : FREQIUNCY AND PERCENTAGE OF KNOWLEDGE QUESTIONARIES

Sr No	Knowledge level	frequency	Percentage
1		0	0
2		77	32.8%
3		158	67.2

TABLE 3 (N=235) LIKERT SCALE

Sr no	Attitude risk	Frequency	Percentage
1	Negative	201	85.5
2	Positive Risk	30	12.8
3	Risk	4	1.7

TABLE 4 (N=235): Relationship Between Knowledge And Selected Socio Demographic Variable

SR NO	FACTORS	Level of knowledge			Level of significant
		Inadequate	moderate	Adequate	
1	**AGE**				
	17-19	00	47	106	DF=4 NS
	20-22	00	30	48	
	23-25	00	0	4	
2	**GENDER**				
	Male	00	29	46	DF=2 NS
	Female	00	48	112	
3	**Year of Study**				
	First year	00	63	131	DF=6 NS
	Second year	00	2	10	
	Third year	00	3	3	
	Fourth year	00	9	14	
4	**Education**				
	Diploma	00	15	34	DF=4 NS
	Under graduate	00	62	112	
	Post graduate	00	0	2	
5	**Area of Residence**				
	Rural	00	11	19	DF=2 NS
	Urban	00	66	139	
6	**Residence**				
	At Home	00	8	21	DF=4 NS
	At Hostel	00	66	129	
	As Paying Guest(PG)	00	3	8	

TABLE 5: (N=235): Relationship Between Attitude and Selected Socio Demographic Variable

SR NO	FACTORS	Level of Attitude			Level of significant
		N0 risk (1-7)	Positive risk (8-10)	Negative (11-16)	
1	**AGE**				
	17-19	131	19	3	DF=4 NS
	20-22	68	9	1	
	23-25	2	2	0	
2	**GENDER**				
	Male	64	9	2	DF=2 NS
	Female	137	21	2	
3	**Year of Study**				
	First year	164	27	3	DF=6 NS
	Second year	11	1	0	
	Third year	4	2	0	
	Fourth year	22	0	1	
4	**Education**				
	Diploma	36	13	0	DF=4 NS
	Under graduate	163	17	4	
	Post graduate	2	0	0	
5	**Area of Residence**				
	Rural	22	7	1	DF=2 NS
	Urban	179	23	3	
6	**Residence**				
	At Home	26	3	0	DF=4 NS
	At Hostel	167	24	4	
	As Paying Guest(PG)	8	3s	0	

DISCUSSION

The research tried to find out knowledge and attitude of tobacco use related students of selected college of Vadodara. Data were collect using knowledge, attitude questions.235 samples were taken from college in Vadodara. Research design used for the study was non experimental study. Non randomize cross sectional technique was used. SPPS this research hypothesis H1 accepted.

CONCLUSION

This chapter has dealt with the analysis and interpretation of data collected from 235 students who come under taken to assess the knowledge and attitude of tobacco use among the student of selected college of Vadodara. Both descriptive and inferential statistics were used to analyse the data. The analysis has been recognized and presented under various section liked description of demographic variable, level of knowledge and demographic variable, level of attitude and demographic variable and to find out the relationship between knowledge and attitude of student regarding tobacco use, to find out the association between knowledge, attitude and selected demographic variables.

CONFLICT OF INTEREST

The authors declare that there is no any conflict of intrest

ETHICAL CLEARANCE

As the study conducted on humans approval from institutional ethical committee was obtained before commencement of the study.SVIEC/ON/NURS/SRP/21070.

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