

An intervention to create the awareness of rural women regarding ill effect of Tobacco consumption on health

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Abstract

The study was done to know the pattern of tobacco consumption and to create the awareness of rural women regarding ill effects on their health due to use of tobacco and bidi smoking. Agra district was selected as the locale of the study. Hundred twenty women were selected by multistage random sampling technique. A self prepared schedule was used for collecting the base line and post intervention awareness of women regarding ill effects of tobacco consumption. Comparison of baseline and post intervention score was done using 't' test. The results revealed a significant increase in awareness of women from base line to post intervention stage ($t=2.80$).

Key words: Tobacco, rural women, post intervention

Introduction

Tobacco consumption is a major preventable cause of premature death and disease, currently leading to over five million deaths each year worldwide which is expected to rise to over eight million deaths yearly by 2030. Majority of the cardiovascular diseases, cancers and chronic lung diseases are directly attributable to tobacco consumption. Almost 40 percent of tuberculosis deaths in the country are associated with smoking. As per Indian Council of Medical research (ICMR), almost 50 percent of all cancers among males and 25 percent of cancers among females in India are related to tobacco consumption. India shares the highest burden of oral cancer in the world, which is mostly associated with chewing tobacco. India is the second largest consumer of tobacco products in the world. Cigarettes are the dominant form of tobacco intake in most part of the world, oral use of smokeless tobacco (chewing or applying to the teeth or gums) and smoking of *bidis* are the dominant forms of tobacco consumption in India. Tobacco use is much more prevalent among men than among women. Tobacco use is more prevalent in rural areas than in urban areas among both men and women. There is large variation in prevalence of tobacco use in different regions and States/UT.

Consumption of tobacco is greatly influenced by the level of knowledge of ill effects of tobacco products, individual attitude towards use of tobacco and perceptions about the social acceptance. It is important to make general people –both user and non user, aware about the harmful effects of tobacco on their health. The Government of India has initiated several interventions to enhance the knowledge about ill effects

of tobacco use through different media campaigns and awareness programmes under National Tobacco Control Programme. In this background the present study was undertaken with the following objectives:

1. To study the tobacco use pattern in a rural community of Agra district
2. To determine the awareness about ill effects of use of tobacco and bidi smoking among rural women.
3. To determine the effect of intervention on awareness of women.

Materials and Methods

(i) Sample selection:

The study was conducted on 120 women of Agra district. The sample was selected by multistage random sampling technique. The selected women were in the age range of 28 years to 58 years.

(ii) Tools used:

(a) A self made schedule was prepared to assess the awareness of women regarding the ill effects of tobacco and bidi smoking. The tool had two sections, the first session was based on prevalence of tobacco consumption and second session was related to awareness of women regarding the ill effects of use of tobacco and bidi smoking.

Items that revealed awareness were scored as 1 where as those items which revealed unawareness were scored 0. A subject could score a minimum score of 0 and maximum of 12. The reliability of the tool was 82% and validity was 93%.

(b) Educative tool was prepared for creating awareness among rural women regarding ill effect of tobacco consumption and bidi smoking. The educative tool was in the form of power point presentation and

consisted of slides.

(iii) *Intervention:*

Analyses of the self prepared schedule revealed lack of awareness in the subjects regarding ill effects of tobacco consumption and bidi smoking. Hence education was imparted through the prepared schedule for this purpose. The investigator fixed up date, time and venue. Total numbers of three sessions were held for one twenty women. Each session was held for a small group of forty women. In each session knowledge was imparted regarding ill effects of use of tobacco and bidi smoking.

Results and Discussion

Table 1 shows the tobacco consumption pattern in the rural women of the selected area. Bidi smoking is more prevalent (34.16%) form of tobacco consumption. Next to this 26.67% women were those who consumed tobacco in its original form as well as through bidi smoking and only 17.5% women in the selected sample were observed having chewing of tobacco.

Table 1: Prevalence of tobacco consumption

Categories of tobacco consumers	Base Line Information (N =120)	
	No	%
Bidi smokers	41	34.16
Tobacco chewers	21	17.5
Both tobacco chewers and bidi smokers	32	26.67

In the present study bidi smoking was the most prevalent form of tobacco consumption. Similarly Mandal and Dagas, (2012) reported that bidis was the most favored mode of tobacco use in west Bengal .

Table 2: Awareness regarding health risks of tobacco consumption.

Awareness of health risks	Base Line (N=120)		Post Intervention (N=120)	
	No	%	No	%
Blood Cancer	9	7.5	45	37.5
Lunges Cancer	21	17.5	69	57.5
Oral Cancer	12	10	53	44.16
T.B	18	15	72	60
Heart Disease	11	9.17	61	50.84
Asthma	22	18.34	84	70
Loss of immunity power	10	8.34	52	43.34
Poor vision	11	9.17	53	44.16

Above table 3 indicates the awareness of women regarding health risks of tobacco consumption. The result of the present study reveal that before intervention the awareness level of target group is very low as compared to after intervention awareness. Similar condition was seen in Chandigarh regarding the low awareness of tobacco consumption.

Chavan,(2012).

At the base line stage awareness regarding health risk of asthma was known to only 18.34% women, after intervention 70% women were aware about this risk. Before intervention only 8.34% women were aware about the risk of loss of immunity power and after intervention 43.34% women were aware of this risk. The least awareness was seen regarding health risk of blood cancer. Only 7.5% women from the sample were aware about it at baseline level, but after intervention this awareness rose to 37.5% women. Thus the present intervention played a very important role to create awareness among women regarding health risks of tobacco consumption.

Table 3: Effect of intervention on awareness of women

Stages of Intervention	No.	Awareness		Statistical value	
		Mean	S.D	t	P
Pre Intervention	120	12.90	3.66		
Post Intervention		15.25	4.86	2.80	0.01significant

Above table shows the difference in awareness score at pre and post intervention stages among women regarding ill effect of tobacco consumption. The obtained t value (2.80) shows a significant gain in awareness of subjects. Thus the intervention was successful for increasing the awareness of target sample.

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