Analysis about the Awareness of the Oral Consequences of Consuming Tobacco Products among College Students

Preethitha Sabesan

Abstract: **Aim:** The aim of this study is to conduct a survey among the college students about the awareness of the harmful effects of tobacco products on the oral health. **Materials and method:** A questionnaire containing 16 questions about the various effects of tobacco products on oral health was distributed among 120 students from different colleges. The answered questionnaires were collected and subjected to descriptive analysis to analyse the level of awareness among these students. **Result:** At the end of the study it is found that about 55.16% of the students who answered the questionnaire showed moderate to high level of awareness and about 44.83% of students did not have adequate awareness about the harmful consequences of tobacco consumption on the oral cavity.

**Keywords:** awareness, tobacco consumption, oral consequences, college students.

1. Introduction

Oral Health is an important aspect to estimate the general health of a person. The awareness about the maintenance of oral health has been increased throughout the years. Yet proper knowledge on the pathogenesis, signs and symptoms etc are not understood by the majority of the population. Cancers are the most common cause of death worldwide, increasing the death rate tremendously. Although a definite cause of a number of cancers are not known, the cause of oral cancer, which is the second common cancer in India is found to be primarily due to consumption of tobacco products.

Tobacco is consumed in a variety of different ways, though smoking of manufactured cigarettes is the most prevalent form of its use. Bidi smoking is a popular form of tobacco use in south Asia, accounting for one-third of the tobacco produced in India for smoking (1). There has been a rapid increase in trade and use of smokeless tobacco products in recent years in the country, which is a matter of serious concern to the health planners (2).

Cigarette smoking is a major public health problem in both developed and developing countries. Globally, there are 1.3 billion smokers of which 80% live in developing countries and by the year 2030 the deaths toll will increase from 5.4 million deaths per year to more than 8 million deaths a year (3).

College life is an important transition period during which young adults begins to explore tobacco use (4). Many studies have reported that tobacco smoking is rising in young adulthood between the ages of 18-24 years as they are legitimate targets of tobacco industry marketing and increased the prevalence of smoking among college students (5)(6). The study conducted in Asian countries like Pakistan, China and India also showed there was high prevalence of tobacco smoking among college students (7)(8)(9).

India is the second most populous country in the world. India is the third largest producer and consumer of tobacco in the world. The country has a long history of tobacco use. Tobacco is used in a variety of ways in India; its use has unfortunately been well recognised among the adolescents (10-21).

2. Materials and Method

Questionnaires containing 16 items were distributed among students from various colleges. The questionnaires did not contain any question about the personal information like name or place of the participants. The questionnaire contained basic questions about the tobacco habits, if present their willingness to give up the habit and then proceed towards questions about their knowledge about the effects of tobacco on teeth, periodontal tissues, oral mucosa, its effects on general health, basic signs of carcinoma, incidence of oral carcinoma in tobacco consumers, prevalence of oral carcinoma in India, death rate in India due to oral carcinoma. The questionnaire is close ended and the students were asked to choose yes if they were aware of that fact and no if they were not aware of it previously. The students were allowed to ask their doubts to the representative present while answering the questionnaire. From around 120 questionnaires distributed, 100 students returned the answered questionnaire which is 83% of the total sample size. The answered questionnaires were analysed statistically to find out the average awareness of the students who participated.

3. Results

Graph 1 show the number of yes or no choice made for each question. Each series denotes the respective question. The set 1 denotes the yes choices made and set 2 denotes the number of no choice made for that question.

Graph 1
Restrictions have been imposed on sales and on tobacco use in public places like railway stations, airports, hospitals and governmental offices. However, the more important aspect would be the strict observation and control of such restrictions. The sales of all tobacco products including the MSTP and their easy access strongly need to be banned for children and adolescents. An initiative in this regard has been taken by stopping tobacco sale in vicinity of schools (22).

5. Conclusion

The level of awareness is not sufficient to effectively improve the health status in India. Therefore more awareness programs and effective counselling must be made focussing the younger generation as the main target population. This is because of the high incidence of tobacco consumption among the younger generation seen recently. This can be done by conducting camps, promotional posters, ads, and educating the tutors on the consequences, methods of prevention etc. so that they can help the students.

References

[1] http://www.eaom.eu/files/tobacco.pdf
[2] Tobacco use by Indian adolescents RK Chadda, corresponding author and SN Sengupta, TobInduc Dis. 2003; 1(1): 8 Published online 2002 Jun 15. doi: 10.1186/1617-9625-1-8.
[3] World Health Organization. The WHO Reports on theGlobal Tobacco Epidemic. Geneva, 2008
[4] Thompson B, Coronado G, Chen L, Thompson LA, Halperin A, Jaffe R, et al. Prevalence and characteristics of smokers at 30 Pacific Northwest colleges and universities. Nicotine Tob Res 2007; 9:429-38.
[5] Rigotti NA, Lee JE, Wechsler H. US college students' use of tobacco products: results of a national survey. JAMA 2000;284:699-705. PMID: 12034976.
[6] Rigotti NA, Regan S, Majchrzak NE, et al. Tobacco use byMassachusetts public college students: long term effect of the Massachusetts Tobacco Control Program. Tob Control2002;11 Suppl 2:i20-4. PMID: 17976241.
[7] Rozi S, Butt ZA, Akhtar S. Correlates of cigarette smoking among male college students in Karachi, Pakistan. BMCPublic Health 2007;7:312)
[8] Nichter M, Van Sickle D. Popular perceptions of tobacco products and patterns of use among male college students in India. SocSci Med 2004;59:415-31.
[9] Mao R, Li X, Stanton B, Wang J, Hong Y, Zhang H.et al.Psychosocial correlates of cigarette smoking among college students in China. Health Educ Res 2009; 24:105-18.
[10]Patel DR. Smoking and children. Indian Journal of Pediatrics. 1999; 66:817–24. doi: 10.1007/BF02723844. [PubMed]
[11] Sinha DN, Gupta PC. Tobacco and areca nut use in male medical students of Patna. National Medical Journal of India. 2001; 14:176–178. [PubMed]
[12] Kapoor SK, Anand K, Kumar G. Prevalence of tobacco use among school and college going adolescents of Haryana. Indian Journal of Pediatrics. 1995; 62:461–466. doi: 10.1007/BF02755068. [PubMed]
[13] Krishnamurthy S, Ramaswamy R, Trivedi U, Zachariah V. Tobacco use in rural Indian children. Indian Pediatrics. 1997;34:923–927. [PubMed]

[14] Venkatraman S, Mukhopadhyya A, Muliyil J. Trends of smoking in medical students. Indian Journal of Medical Research. 1996;104:316–320. [PubMed]

[15] Vaidya SG, Naik UD, Vaidya JS. Effect of sports sponsorship by tobacco companies on children's experimentation with tobacco. British Medical Journal. 1996;313(7054):375 [PubMed]

[16] George A, Varghese C, Sankaranarayanan R, Nair MK. Use of tobacco and alcoholic beverages by children and teenagers in a low income coastal community in south India. Journal of Cancer Research. 1994;9:111–113. [PubMed]

[17] Jayant K, Notani PN, Gulati SS, Gadre VV. Tobacco use in school children in Bombay, India. A study of knowledge, attitude and practice. Indian Journal of Cancer. 1991;28:139–147. [PubMed]

[18] Gavarasana S, Doddi VP, Prasad GV, Allam A, Murthy BS. A smoking survey of college students in India: Implications for designing an antismoking policy. Japanese Journal of Cancer Research. 1991;82:142–145. [PubMed]

[19] Gavarasana S, Gorty PV, Allam A. Illiteracy, ignorance and willingness to quit smoking among villagers in India. Japanese Journal of Cancer Research. 1992;83:340–343. [PubMed]

[20] Singh SK, Narang RK, Chandra S, Chaturvedi PK, Dubey AL. Smoking habits of the medical students. Indian Journal of Chest Diseases and Allied Sciences. 1989;31:73–75. [PubMed]

[21] Singhi S, Broca JS, Mathur GM. Smoking behaviour of rural schoolboys. Indian Pediatrics. 1987;24:655–659.

[22] Gupta PC. Gutka: a major new tobacco hazard in India. Tobacco Control. 1999;8:132. doi: 10.1136/tc.8.2.132b