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

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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 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 world wide, 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 developing and developed 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 begin to explore tobacco use (4). Many studies have reported that tobacco smoking is rising in young adults between the ages of 18–24 years as they are legal 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 that 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 questionnaires 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

Graph 1 shows 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.
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


