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A Study To Assess The Health Problems Related To Tobacco Consumption Among Women From Raigad District.

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Abstract

Background: Tobacco is derived from the leaves of the genus Nicotiana tabacum, a plant from the night-shade family, indigenous to North and South America, widely cultivated and commercially grown in many countries of the world, the most prominent Phytochemical found in tobacco. Archaeological studies suggest, the use of tobacco in around first century BC, when Maya people of Central America used tobacco leaves for smoking, in sacred and religious ceremonies. It then later started spreading as far as high up to the Mississippi Valley with the Maya community migrating from down south of America, between 470 and 630 AD. Gradually, it was then adopted by neighboring and native tribes.**Objectives**:1. To identify the rate of tobacco consumption in any form among women of Raigad District. 2. To identify the physical and physiological health problems among women. 3. To identify the psychosocial health problems among women. 4. To find out the association between health problems and selected demographic variables **Hypothesis: H_0-** There will be no significant relation between tobacco consumption with the health problems among women from selected area of Raigad, district. **H_{01}-** There will be no significant association between tobacco consumption in women with selected demographic variables. **Methodology**: The research design consisted of non- experimental, quantitative research approach. Descriptive research design survey method was used in the study. The population selected for the study was women from selected area of Raigad, district. The study samples were 120 women from Raigad district. In this study, non-probability purposive sampling technique was used for the study. The development of the tool involved steps of test construction i.e. preparing the blue print, selection of items, content validation and establishment of reliability. The content validity of the questionnaire was done and modifications were done according to the suggestions given by the experts. Pre-testing and reliability of the tools were done. The reliability coefficient of the cramp score was found to be 0.893.The tool was found to be reliable. **Results**: The study found that 36% of women consumed smokeless tobacco (Mishri), with 50% using it for 4–10 years and 60% consuming it 3–5 times daily; 73% used tobacco soon after

waking, and most reported no co-morbidities. Among those with health issues, 21% had hypertension, while smaller percentages had angina, myocardial infarction, stroke, asthma, or osteoarthritis, and 60% had not received medical care in the past six months. Most participants had normal vital signs, including pulse, respiration, blood pressure, and SpO_2 levels. However, oral health problems were common, with 79% having dental caries, 68% halitosis, 34% stained teeth, and lesions on the hard (28%) and soft palate (37%); pallor of lips (54%), gums (18%), and nails (28%) was also observed. A small proportion had pitting (8%) or non-pitting edema (7%). Regarding psychological health, 49% felt nervous or anxious if unable to consume tobacco on time, 51% worried excessively, and 41–48% experienced fear or "butterfly" sensations in the abdomen. Depression symptoms included little interest in activities (39%), excessive sleep (44%), poor appetite (45%), feelings of failure (43%), thoughts of being better off dead (44%), difficulty concentrating (46%), and hopelessness (44%), though 41–42% were able to feel cheerful or laugh occasionally. Statistical analysis showed no significant differences in anxiety or depression levels across different age groups of tobacco-consuming women at the 0.01 level. **Conclusion and Recommendations**: The result of the study clearly shows that the women in the selected area were facing various health issues and that are physical and social and psychological. As data collected from all the samples, it is been found that the most of the samples were from middle class background with secondary education, friends, neighbors are the influencer for tobacco use and stress is the other reason. They are consuming tobacco as soon as they wake up in morning, at 4-5 times a day, many of the samples had diagnosed with one or another comorbidity and haven't taken any medical advised for past 6months.

Keywords: Assess, Health Problems, Tobacco Consumption, Women.

Introduction

Native American "Shamans" developed tobacco use for religious rites. Simultaneously, people practicing medicine also started using tobacco in different forms to cure certain illnesses such as asthma, earaches, bowel problems, fever, sore eyes, depression, insect bites, burns, etc.

In 1529, a Spanish missionary priest, Bernadino de Sahagun, collected information from four Mexican physicians about use of tobacco for medicinal purposes. He recorded that breathing the odour of fresh green leaves of the plant relieved persistent headaches. For colds and catarrh, green or powdered leaves should be rubbed around inside the mouth. Diseases of glands in the neck could be cured by cutting out the root of the lesion and placing on it crushed tobacco plant hot and mixed with salt, on the same spot. Later reports of tobacco use by the Native Americans might be less reliable than those from contemporary sources, but in 1934 Fernando Ocaranza summed up the medicinal uses of tobacco in Mexico before 1519 as antidiarrheal, narcotic and emollient; he said that tobacco leaves were applied for the relief of pain, used in powdered form for the relief of catarrh and applied locally to heal wounds and burns.

In India, gutkha users claim that it relieves tension, helps in concentration, combats bad breath, and keeps one engaged. Tobacco consumers suffer from three Ds: death, disease, and disability. There is a direct or an indirect influence of culture on tobacco use as some individuals having an inherited factor later become nicotine dependent. Boys see their grandfathers or fathers smoking, so they think it is part of being a man. Smoking is seen as part of being a man and a sign of his male authority. The man is the boss and smoking is a symbol of that authority, and if a woman smokes, it is seen as a threat to the man and his manhood. Also, if a woman smokes, she is assumed to be indecent both morally and sexually.

A study done by Asha Pratinidhi, Sudesh Gandham et al. to evaluate the effect of Mishri use in pregnant women and they enrolled 705 healthy pregnant women of 20 weeks gestation from which 218 were using Mishri. Where all the sample were counselled about ill effects of tobacco on Fetus, history collected regarding frequency consumption and amount. The study concluded that in spite of counselling 153 women never stopped the use of Mishri and gave birth to the babies weighing on an average 169.9

gram less than babies born from the group that never used it babies of 28.8% who stopped reduced consumption of Mishri were significantly benefited Abnormal delivery was 2.7 for the users.

This is immensely popular in all socioeconomic status states in India. In users of smokeless tobacco, nicotine is absorbed through a mouth where it goes to the brain. Even after removal of tobacco from the mouth nicotine continues to be absorbed into the bloodstream. In addition, nicotine stays longer in the blood for users of smokeless tobacco than the smokers. The risk associated with smokeless tobacco use include cancer (oral, lung, esophageal and pancreatic cancers), heart disease, stroke, gum disease and oral lesions, TB, musculoskeletal diseases.

NEED OF THE STUDY

India, the second-largest producer and consumer of tobacco, faces a unique and complex tobacco problem, with high prevalence among men (over 50%) and significant smokeless tobacco use among women (15–60%). To address this, the government enacted the Cigarettes and Other Tobacco Products Act (COTPA) 2003 and ratified the WHO Framework Convention on Tobacco Control (FCTC) in 2004**.** The National Tobacco Control Programme (NTCP) was launched in 2007–08 to increase awareness, implement tobacco laws, and facilitate cessation services, and it now covers over 600 districts across India. Major initiatives include large health warnings on tobacco products, the mCessation mobile program, regulation of tobacco in films/TV, prohibition of electronic nicotine delivery systems, establishment of national testing laboratories, and the launch of the National Quitline Services.

Global Adult Tobacco Survey (GATS 2, India 2016–17) reported that:

- Overall tobacco use decreased from 34.6% in 2009–10 to 28.6% in 2016–17.
- Smoking prevalence: 19% of men, 2% of women; smokeless tobacco: 29.6% of men, 12.8% of women.
- Combined tobacco use (smoking or smokeless) was 42.4% for men and 14.2% for women.
- Among minors (15–17 years), prevalence dropped from 10% to 4%.
- Age of initiation for smoking and smokeless tobacco increased slightly to ~18.9 years.
- Many users purchase loose tobacco products at low cost, with average expenditures of ₹30 (cigarettes), ₹12.5 (bidis), and ₹12.8 (smokeless tobacco).
- Exposure to second-hand smoke at public places was 23%.
- Health warnings and media campaigns influenced quitting behavior: 62% of cigarette smokers, 54% of bidi smokers, and 46% of smokeless tobacco users considered quitting due to warning labels.
- Awareness about health risks is high, with 96% recognizing that smoking and smokeless tobacco cause serious illness.

Material and Methods

Research approach: Non-experimental, quantitative research approach.

Research design: Non-experimental descriptive research design.

Research setting: A Woman from selected area of Raigad District

Population: Women

Sample: A Woman from selected area of Raigad District.

Sampling technique: Non Probability Purposive sampling technique.

Sample size: 120 Women.

Criteria for selection of the sample

The characteristics of the target group are the focus of inclusion criteria, which specify the population to which the study's findings should apply.

Inclusion criteria are the characteristics that the prospective sample must have if the are to be included in study.

Inclusion criteria

1. A women who consumes tobacco in any form.
2. Woman who are willing to participate in the study.
3. Women who understand Hindi / Marathi

Exclusion criteria pertain to the characteristics of the study sample and specify the grounds for excluding patients from the target group from the current study sample.

Exclusion criteria are those characteristics that disqualify prospective sample from inclusion in the research study.

Exclusion criteria

1. Women who are pregnant.
2. Women who are not present during data collection.

Development of the tool

The tool used for research study was structured interview schedule for knowledge which was prepared to assess the Knowledge of women. The tool was formulated on the basis of the experience of the investigator, review of literature, extensive library search and consultation with experts.

Description of tool: The tool consists of the following sections:

TOOL I: structured interview questionnaire

Tool -I consist of Section A and Section B.

It is a structured instrument consisting of a series of questions or item that prepared by researcher to gather data from individual about demographic data and habits of tobacco consumption.

Section A deals with demographic data of the women includes information on Age, Occupation, educational status, marital status, food habits, history of tobacco.

Section B was structured questions to assess the habits of tobacco consumption such as forms of tobacco consumed, years of consumption, frequency, health effect of tobacco consumption or is there any co-morbidities present, whether they have taken ant treatment for that or not.

Each of the question had four – six alternatives, out of which one was samples respond, that will be mark.

TOOL -II

Physical assessment

All the samples were interviewed and system wise physical assessment done. As per the reviewed literatures, focused area for physical assessment were oral cavity, cardiovascular system and respiratory system. All the aspects will be examined through the physical examination.

TOOL III

Anxiety depression questionnaire scale to collect data from the women. List of items that the samples need to responds at the time of interviewed. The researcher prepared a structured tool to assess the psychological health in view of anxiety and depression.

The scale which was used in this study was divided under subheadings:

anxiety - not at all, occasionally, most of the time, always

depression-not at all, several days, more than half the days, nearly every day

Researcher interviewed the samples and tick mark the scale as per the response and assessment of the samples.

Results and Discussion

Table no 1: Association of the health problems and selected demographic variables of tobacco consuming women

(n= 120)

SR.NO	Anxiety SCORE	N	M	SD	SDD	SED	't'		SIGNIFI-CANCE
							Calculated	Critical	
1	≤50 yrs	71	15.01	2.80	2.60	0.48	1.59	0.05=1.980	**Not significant at**
2	51-60 yrs	49	14.24	2.27				0.01=2.618	**0.01 level**

Df= 118

The table deals with significant association between health problems and selected demographic variables of tobacco consuming women.

It was found that mean of anxiety in women of age group ≤ 50 yrs was 15.01408 and 51-60 yrs was 14.2449 with standard deviation 2.804173 and 2.276738 respectively and standard error of Difference 0.48. The calculated 't' value was 1.59 which is lesser than table value of 2.618 at 0.01 level of significance, for the degree of freedom 118. Hence there is no significant difference between mean scores of anxiety level of women consuming tobacco as per their age.

Table no 2: Association of the health problems and selected demographic variables of tobacco consuming women

(n= 120)

SR.NO	Depression score	N	M	SD	SDD	SED	't'		SIGNIFI-CANCE
							Calculated	Critical	
1	≤50 yrs	71	21.61	3.78	3.74	0.695	0.157	0.05=1.980	**Not significant**
2	51-60 yrs	49	21.51	3.68				0.01=2.618	**at 0.01 level**

Df= 118

It was evident that the mean score of depression in tobacco consuming women. It was found that the mean score of depression in age group of ≤ 50 yrs was 21.61972 and 51-60 yrs was 21.5102 with standard deviation 3.783051 and 3.688806 respectively and standard error of difference 0.695. The calculated 't' value was 0.157 which is lesser than table value of 2.618 at 0.01 level of significance. Hence there is no significant difference between mean scores of depression level of women consuming tobacco as per their age.

So as the 't' value if both the table was lesser than table value, there is no significant difference between age and psychological health problems. Therefore, H0 is accepted and H1 is rejected.

Conclusion

In this study, after all the analysis and interpretation, it was seen that:

From the finding of the study, 49 (41%) samples were aged between 51 years- 60 year, 88 (73%) women were married, 39 (33%) had completed secondary education, 81 (68%) samples had family history of tobacco consumption. 43 (36%) samples were consuming smokeless tobacco (Mishri) soon after getting up, 88 (73%) having co- morbidity to 33 (28%) samples but most of the samples were having hypertension to 25 (21%) of samples. Physical examination done in which certain abnormalities were observed and maintained and then psychological health parameters were also checked in which anxiety scale shown that, out of 120 samples 8 (7%) samples were having mild anxiety (score of 6- 10), 62 (52%) were having moderate anxiety (score 11- 15) and 50 (42%) of the sample were having severe anxiety(score 16-21) and about depression level in samples, it was seen that 1 (1%) of sample were having moderate depression (score 5-11), 33 (28%) were having moderately severe depression (score 11-19) and 86 (72%) of the samples were having severe depression (score 20-30).

Implications of the Study

Nursing Services:

Nurses should thoroughly assess patients for tobacco use, identify factors affecting preventive practices, and implement proper protocols for tobacco assessment and management.

Nursing Education:

Nursing curriculum should include teaching on the harmful effects of tobacco, preventive measures, video-assisted programs, and health camps. In-service education should update nurses' knowledge regularly.

Nursing Research:

Further research should focus on effective teaching strategies and study morbidity and mortality related to tobacco consumption in different settings.

Nursing Administration:

Administrators should organize in-service education, awareness programs, surveys, and develop policies and audio-visual aids for tobacco prevention and cessation.

Community Nursing:

Community nurses should conduct health camps, provide continuous education, and collect annual data to monitor tobacco use and related health problems.

Recommendations

On the basis of the findings of the study, the following recommendations have been made for further study:

1. A similar study can be conducted in a larger sample for better generalization
2. A study can be conducted to assess the effectiveness of structure teaching program on prevention of tobacco consumption.
3. A study can be conducted to assess the knowledge regarding health issues due to tobacco consumption.

Declarations

Acknowledgement: Write acknowledgement section here you should say thanks to department, university, college etc.

Conflict of interest: The authors declare that they have no competing interest.

Funding: This research received no external funding.

Informed Consent: The authors have obtained student consent and were asked to sign the consent form. All data collected were kept strictly confidential.

Ethical Approval: The proposal for the study was approved by the Institutional Review Board of the SNDT Women's University, LT College of Nursing, Mumbai.

Author Contributions: All authors contributed to the conception and design of the work, drafted the manuscript, revised it critically for important intellectual content, gave final approval of the version to be published and agreed to be accountable for all aspects of the work.

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