

Knowledge Regarding the Risk Factors of Oral Cancer among the Tobacco Chewers

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Abstract: Background: Tobacco is a leading preventable cause of deaths worldwide the situation is particularly serious in the developing countries. Tobacco use among the children and adolescents is already a pandemic and they are vulnerable targets of tobacco industry. This is also the scenario in India. Risk factors for oral cancer include tobacco and alcohol use, unprotected exposure to sun light, lack of dietary fruits and vegetables and use of marijuana. Objectives: 1. To assess the knowledge regarding the risk factors of oral cancer among the tobacco chewers. 2. To associate the knowledge regarding the risk factors of oral cancer among the tobacco chewers with demographic variables. Material and Method: Descriptive research design and non probability convenience sampling technique was used in this study. Two hundred tobacco chewers were selected for the data collection. Structured knowledge questionnaire was used to collect the data. Result: Thirty percentages of tobacco chewers had average knowledge, 28% had good knowledge and 42% had excellent knowledge. Demographic variable like the age, occupation, family income, in which form do you consume tobacco in, how many time in a day you chewing tobacco was significant to 0.05. Conclusion: Study concluded that maximum tobacco chewers had excellent knowledge regarding risks factors of oral cancer but knowingly or due to ignorance they consume tobacco in various forms. Hence there is need of health education among general population so this problem can be tide over.

Keywords: Risk factors of oral cancer, Tobacco chewers, Knowledge

1. Introduction

World Health Organization defines health as a State of complete physical mental and social well being and not merely an absence of disease or infirmity. A healthy person is an asset to the society. An unhealthy lifestyle and practices among an individual will lead to a disease. The most common hazardous and with low prognosis disease which is still remain as cause of concern to medical and common society is the oral cancer. Despite of several measures of public awareness still the common man is unaware of its complication and economic burden leading to individual and health care system of country.

Cancer is an abnormal disorganized growth of cells in the tissue of a person. Cancer cells keep on multiplying without paying head to the body's command to stop. This abnormal growth of cells destroys the normal structure and the function of the affected tissue and the body in general.

Tobacco is a leading preventable cause of deaths worldwide; the situation is particularly serious in the developing countries. Tobacco use amongst the children and adolescents is already a pandemic and they are vulnerable targets of tobacco industry. This is also the case in India. Document and monitor the prevalence of tobacco use including smoked, smokeless and other forms of tobacco, Understand student knowledge and attitudes related to tobacco use and its health impact, Assess the impact of tobacco on the oral health status of school-going children in India. Oral cancer, also known as Oropharyngeal Carcinoma, is the 8th most common cancer in the US.

A risk factors is a characteristic or behavior that increases one's possibility of disease. Risk factorss for OC include

tobacco and alcohol use, unprotected exposure to sun (which can cause labial carcinoma), lack of dietary fruits and vegetables, the use of marijuana and the Human Papilloma Virus-16 (HPV-16), a sexually transmitted virus. The American Cancer Society suggests that anyone who is at high risk or over 40 years old should have an OC exam once a year.

Dentists and other health care providers can be very influential in helping patients quit tobacco and alcohol use by obtaining accurate health histories, providing comprehensive OC exams and explaining the OC exam to patients . Providing these exams and screenings can help increase OC risk factors knowledge and awareness as long as the dentists or other health professionals explain what they are doing and why. OC screenings have generally been recommended for high-risk individuals to decrease OC morbidity and mortality.

2. Objectives

- 1) To assess the knowledge regarding the risk factors of oral cancer among the tobacco chewers.
- 2) To associate the knowledge regarding the risk factors of oral cancer among the tobacco chewers with demographic variables.

3. Material and Methods

Survey approach and descriptive research design was used for this study participated 200 samples, samples was tobacco chewers. Setting of the study is selected area of Wardha district and sample technique is Non-probability convenience sampling technique. Study includes tobacco chewers present at the time of the study, which are willing to

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participate in study. Study excludes who have participated in similar type of study. Structured knowledge questionnaire was used to assess knowledge regarding risk factor of oral cancer.

4. Result

The present study has been taken up to assess the knowledge regarding the risk factors of oral cancer among the tobacco chewers. Analysis and interpretation is based on the objectives of the study. A structured questionnaire to assess knowledge of study subjects was used for data collection. The analysis was done with the help of inferential and descriptive statistics.



Graph 1: Knowledge score of tobacco chewers regarding risk factors oral cancer

The above graph shows that (0%) had poor level of knowledge, (30%) were having average level of knowledge and (28%) were having good level of knowledge score and (42%) were having very good level of knowledge. The minimum score was 07 and the maximum score was 20, the mean score for the test was 13.72 ± 0.277 and mean percentage of knowledge was 48.6 ± 1.39

5. Discussion

A study was focused on the knowledge and attitude on risk factors in oral cancer held by dental hygienists working in private dental practices in the Autonomous Community of Murcia, Spain. A sample size is 240 were selected by a simple randomized study. The results show that the response rate was 58.3%. Regarding knowledge of the risk factors in oral cancer, 100% correctly identified tobacco and 90% alcohol. The study was concluded to reduce morbidity and mortality of oral cancer it is necessary to implement training programs on oral cancer for dental hygienists, so they may acquire the necessary skills for its detection and prevention.

A study conducted on reassessment of risk factor for oral cancer smoking tobacco and alcohol consumption was most commonly associated with oral cancer. Totally 140 cases of histologically conformed oral cancer were evaluated for their demographic details, dietary habits and addiction to tobacco and alcohol using a pre-designed structured questionnaire at the Mahatma Gandhi Institute of Medical Sciences Sevagram in Central India. Oral cancer was predominant in the age group of 50 – 59 years. Individuals on a non-vegetarian diet appeared to be at greater risk of developing oral cancer, cases were habituated to consuming

not beverages more+ frequently than controls. The results showed that Consumption of Gutka a granular form of chewable tobacco and areca nut, was significantly associated with oral cancer cases. Bidi smoking was most commonly associated with oral cancer. The study concluded that combination of regular smoking and oral tobacco use as well as a combination of regular alcohol intake and oral tobacco use were significantly associated with oral cancer cases.

A study proved that lifestyle risk factors for oral cancer which shows worldwide 25% of oral cancers are attributable to tobacco usage (smoking and or chewing) 7 – 19% to alcohol drinking, 10 – 15% to micronutrient deficiency more than 50% to betel quid chewing in areas of high chewing prevalence. Conversely low and single exposures do not significantly increase oral cancer risk. These behaviours have common characteristics are widespread, one billion men, 250 million women cigarette smoke, 600 – 1200 million people chew betel quid, two billion consume alcohol, unbalanced diet is common amongst developed and developing countries. The study concluded that the lifestyle behaviours associated to oral cancer with convincing evidence are tobacco use, betel quid chewing, and alcohol drinking, low fruits and vegetables consumption.

A study proved that oral cancer in Southern India, the influence of smoking, drinking, paan-chewing and oral hygiene which carried out a case, control study in 3 areas in India, (Bangalore, Chennai and Trivandrum) including 591 incident cases of cancer of the oral cavity (282 women) and 582 hospital controls (290 women), frequency matched with cases by age and gender. Low educational attachment, occupation as a farmer or manual worker and various indicators of poor oral hygiene were associated with significantly increased risk. Results showed that Oral cancer risk of 2.5 (95%) was found in men for smoking \geq or = 20 Bidi/day. The Oral cancer risk for alcohol drinking was 2.2(95%). The Oral cancer risk for paan chewing was more elevated among women than men. The study was concluded that among men 35% of oral cancer is attributable to the combination of smoking and alcohol drinking and 49% of paan tobacco chewing. Among women, chewing and poor oral hygiene explained 95% of oral cancer.

6. Recommendations

- A similar study can be undertaken for large sample to generalize the findings.
- A study can be undertaken to identify the existing knowledge of tobacco chewer regarding risk factors of oral cancer.
- A comparative study can be conducted on the knowledge and practice of tobacco chewer in other state and district regarding risk factors of oral cancer.
- A study can be conducted to identify the barriers in the implementation of risk factors of oral cancer.
- Telephone helpline counseling is effective with diverse population and has broad reach. Therefore, health care delivery systems should ensure patient access to helpline and promote helpline use.

7. Nursing Implication

The finding of the study has implications in nursing practice, nursing education, nursing administration and research.

- 1) **Nursing Practice:** Findings of the study will motivate tobacco chewer to improve the knowledge regarding risk factors of oral cancer.
- 2) **Nursing Education:** The tobacco chewer will develop an insight towards risk factors of oral cancer. This study will help the tobacco chewer knowledge regarding risk factors of oral cancer. Findings will help nursing students to understand about need to be equipped with adequate knowledge.
- 3) **Nursing Administration:** The findings of the study can be used to the Nursing Administrator in formulating plan for providing education to the tobacco chewer. It will help the nursing administrator to be planned and organized and in giving continuing education to nurse and others students regarding risk factors of oral cancer.
- 4) **Nursing Research:** The findings of the study have added to the existing body of the knowledge in the nursing profession. Other researchers may utilize the suggestions and recommendations for conducting further study. The tool and technique used has added to the body of knowledge and can be used for further references.

8. Conclusion

A study concluded that 30% of tobacco chewers had average knowledge, 28% had good knowledge and 42% had excellent knowledge. Demographic variable like the age, occupation, family income, in which form do you consume tobacco in, how many time in a day you chewing tobacco was significant to 0.05.

References

- [1] Oral Care India .Com. The Complete e-Dental Solution.
- [2] Lewis "A textbook of medical & surgical nursing" published by Mosby in the year, 2004, page no 1008 to 1009.
- [3] "Journal of dental education" April 1, 2001 Volume 65, page no 328 to 329.
- [4] National cancer institute smokeless tobacco or health. An international perspective. Bethesda,MD:National Cancer institute 1992 smoking and tobacco control monograph.
- [5] Oral Oncol. "Knowledge and attitude towards risk factors in oral cancer held by dental hygienist in the autonomous community of Murcia (Spain); a pilot study", in July, 2007, P.No. 602-606.
- [6] Winn and Colleagues (1982)
- [7] Gangane. N, Chawla. S, Anshu, Gupta. SS, Sharma. SM (1995)
- [8] Rosriah Btehain, Noriaki Ikeda, Prakash, Chandra Gupta, Saman Warnakulasuriya, et.al., (1996)
- [9] Balaran. P, Sridhar. H, Rajkumar. T, Vaccarella. S, Herrero. R,
- [10] Geoffrey. C, Kabat, James. R, Hebert and Ernst L. Wynder,[2003]