

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 harm full 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. Caners 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 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 adult 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 there was high prevalence of tobacco smoking among college students (7)(8)(9).

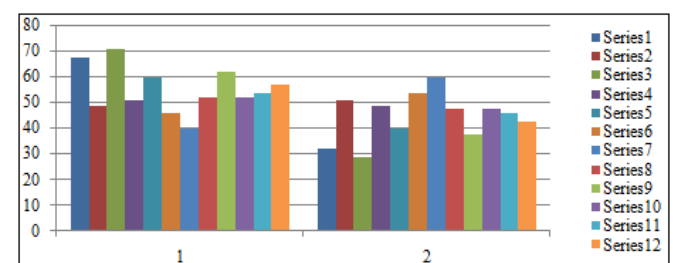
India is the second most populous country in the world. India is the third largest producer and consumer of tobacco in the world. The country has a long history of tobacco use. Tobacco is used in a variety of ways in India; its use has

unfortunately been well recognised among the adolescents (10-21).

2. Materials and Method

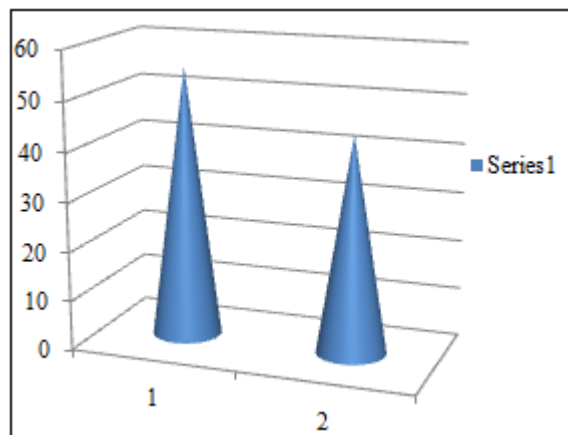
Questionnaires containing 16 items were distributed among students from various colleges. The questionnaires did not contain any question about the personal information like name or place of the participants. The questionnaire contained basic questions about the tobacco habits, if present their willingness to give up the habit and then proceeded 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

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 2

The graph 2 denotes the total number of yes and no choices made to the questions in the questionnaire. The set 1 denotes the total number of yes and set 2 denotes the total number of no choice made.

Each of the yes choice made signifies that the participant was aware of the information asked in that question and the no choice denotes that the participant was not aware of the given fact. There were a total of 55.16 yes choices and 44.18 no choice made on an average. This value denotes the corresponding level of awareness among the participants.

The survey shows that 44 % of the participants who answered the questionnaire were tobacco product users. Out of that 34 % of participants tried giving up the habit, however only 22% of the participants were not successful in giving up the habit.80% of participants were confident that they were aware of the harmful consequences while 20 % were not aware.

78% of the participants were aware that a tobacco product increases the incidents of dental caries and 49% were aware that tobacco products affect the periodontal health. 71% of participants were aware that tobacco increases the chances of getting cancer and 51% knew that there are about 60 carcinogenic chemicals in tobacco products. Only 46% of participants were aware that tobacco had addictive effect similar to nicotine and 40% were aware that India stand second in the death rate due to tobacco products. 62% of the participants were aware that 32% of people diagnosed with oral carcinoma die within 5 years. 52% of the participants were aware that consuming tobacco products can reduce the life span upto 18-20years and 57% of participants were aware that not using tobacco products can increase the life span by 5-8 years.

4. Discussion

The level of awareness among the students is 55.16% according to this survey. Although this is much higher than the results from the past, for a country like India which is the third largest producer of tobacco products and second largest country in the incidents of oral carcinoma, this level of awareness is not adequate to effectively reduce the incidence of carcinoma. The Government of India has recently taken some important legal measures, but there are still many problems in the enforcement of tobacco related law.

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.

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