



## A STUDY TO ASSESS THE KNOWLEDGE OF TOBACCO HABITS AND ITS RELATED HEALTH PROBLEMS AMONG YOUNG ADOLESCENT AND YOUNG ADULT

C. Jegatha

Sree Balaji College of Nursing, Bharath University, Chrompet, Chennai

### ARTICLE INFO

#### Article History:

Received 17<sup>th</sup> November, 2016  
Received in revised form 9<sup>th</sup>  
December, 2016  
Accepted 18<sup>th</sup> January, 2017  
Published online 28<sup>th</sup> February, 2017

#### Key words:

Tobacco, Smoking Hazards,  
Adolescent.

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### ABSTRACT

Tobacco use can begin prior to adolescence and continue into adulthood. About 20% of ever smoker children smoked their first whole cigarette before the age of 10. Eighty percent of current smokers started smoking before they turned 18. Nowadays, smoking hazards makes a big issue among the world population. Lung cancer is the leading cause of cancer death and the most prevalent form of cancer is 85% of lung cancer. Tobacco smoke is a powerful asthma trigger it also contains many cancer causing substances, Due to their lack of knowledge regarding the negative effects of tobacco usage on their health, they are taking the tobacco.

### INTRODUCTION

Tobacco is rapidly becoming one of the single leading causes of death in the world. It kills 50% of its users and is expected to kill about one billion people in the 21st century. In 1998 it was found that more than 2,200 young people with age 11 to 19 year use smokeless tobacco 830 are regular users per day. In one year 824,000 young people first try smokeless tobacco with 304,000 becoming regular users. Passive smoking, which is exposure to tobacco smoke from other people smoking in one's environment, also puts a person at risk for smoking related diseases. Smoking and chewing is the major social problems. Now a days as the adolescent are more prone to fall into the pits of social evils, most of them are smokers. Since smoking and chewing is a serious physiological hazard, a study on the cause of smoking in adolescent highly.

### METHODOLOGY

Non experimental research design and Descriptive survey approach was used for this study. 30 samples were from the, Hilton matriculation higher secondary school chrompet. The tools selected for my study was structured interview schedule to collect the data.

#### Data Collection

The investigator explained the procedure and purpose to data collection to the sample. Initially their consent was obtained

then the interview schedule was performed by the investigator to the sample.

#### Scoring Key

- 0 -- Mark given for wrong answer.
- 1 -- Mark given for correct answer

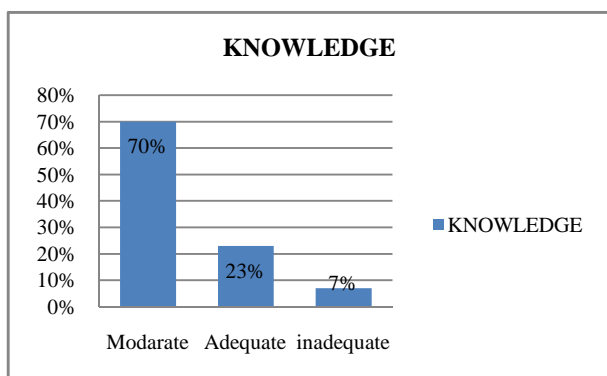
### RESULT AND CONCLUSION

The study findings revealed that

- The majority of them belongs to 16 years, 21(70%) of them belongs to 17 years, 0(0%) Of them belongs to 18 years.
- The Majority 22(74%) of them Hindus, 4(13%) 0 f them are Christian, 3(10%), 1(3%) of them are others.
- The Majority 11 (37%) of them higher secondary school, 2(6%) of them illiterate, 9(30%) of them primary school, 8(27%) of them graduate.
- The Majority 25(84%) of them from nuclear family, 4(13%) of them from joint family, 1(3%) of them from extended family.
- The Majority 15(50%) of them higher secondary school, 3(10%) of them illiterate, 7(23%) of them primary school, 5(17%) of them graduate
- The Majority 22(74%) of them private, 3(10%) of them coolie, 1(3%) of them government, 4(13%) of them others

- The Majority 17(57%) of them Rs.5000-10000 per month, 2(7%) of them below Rs.5000 per month, 7(23%) of them Rs.10000-15000 per month, 4(13%) of them Rs.15000.
- The Majority 21(71%) of them from grandfather, 4(13%) of them from father, 4(13%) of them from brother, 1(3%) of them from others.
- The Majority 22(70%) of them watching television, 2(7%) of them health workers, 5 (16%) of them friends and family, 2(7%) of them others.

#### Percentagae Distribution of Knowledge



The above figure represents of knowledge

- Majority 21(70%) of Them Moderate
- 7(23%) of them Adequate
- 2(7%) of them inadequate

#### Bibliography

##### Books

- Tripathi BM, Lal R. substance abuse in children and adolescents. *Indian J paediatr*-1999 Jul-Aug : 66(4): 569-75.
- RK Chadda and SN Sengupta. Tobacco use by Indian adolescents. Delhi. *Tob Induc Dis*. 2003:1(1): 8.

- NCI and CDC. Smokeless tobacco facts sheets. 3<sup>rd</sup> International conference on smokeless tobacco advancing science and protecting public health. Stockholm Sweden September 22-25, 2002.
- Steven downshen, MD. Smokeless tobacco ups oral cancer risk 80% vol XXI, No. 234 Friday-Saturday, Jul 4-5, 2008. Manila philippenes. 2008 Business world publishing corporation.
- Smokeless tobacco and kids. National spit tobacco education network and texas spit tobacco prevention network.
- M Rani, S Banu, P Jha, SN Nguyen, L Jamjoum. Tobacco use in India: Prevalence and predictors of smoking and chewing in a National cross sectional house hold survey. *Tob Control*. 2003 December: 12(4): e4

##### Journals

- Singh RB, Singh S, Chattopadhyaya P, Singh A, Singhz V, Kulshrestha SK., *et al*. tobacco consumption in relation to cause of death in an urban population of north India. *Int J Chron Obstruct Pulmon Dis*. 2007: 2 (2): 177-85.
- Sumanth S, Bhat KM, Bhat GS. Periodontal health status in pan Chewers with or without the use of tobacco. *Oral health Prev Dent*. 2008:6(3): 223-9.
- Goran Pershagen. Smokeless tobacco. British council 1996 British Medical bulletin 1996: 52(1): 50-57.
- Hergens MP, Lambe M, Pershagen G, Terent A. Smokeless tobacco and the risk of stroke. *Epidemiology*. 2009 May: 20(3) : 468-9.: Author reply 469-70.
- Perrey CL, Stigler MH, Arora M, Reddy KS. Preventing tobacco use among young people in India: project MYTRI. *Am J public Health*. 2009 May: 99 (5) : 899-906. E Pub 2009 March 19.

