Study the Harmfull Effect of Smoking among the Adult in the Rural Area of Nashik District

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ABSTRACT- In India most of the peoples have the bad habit of smoking & it’s harmful effects on the body, it is the major cause of the cancer of mouth, lungs, esophagus & stomach, pancreas and bladder. The smoking can also affect the health to the next person who comes in a contact with the smoker that is also called as a passive smoking (second hand smoke). Most of the Indian peoples have low knowledge about the harmful effects of smoking. The present investigation study that the effects of smoking scores to 43.33%, 23.33%, 6.67% and 26.67% in Nashik District. The socio demographic variables Age, Sex, Religion, Educational status, Occupation found to be significantly influencing knowledge of the peoples. The finding of the study showed that majority of the adults were between 18-23 yrs = 43.33%, an educational status pre university course and lived in joint families.

Key-words- Smoking, Cancer, Effects of smoking, Street play

INTRODUCTION
The act of inhaling and exhaling the fumes of burning tobacco in cigars, cigarettes or pipes is called cigarette smoking. Originally it was started by Native Americans and was practiced in rituals and for medicinal purposes. But slowly it spread to other parts of the World and by the end of 19th century the use was widespread all over the earth. There are various methods of smoking. They are cigarette, cigar, smoking, pipe, hookah or sheesha. Today the habit is so rampant that many Governments have come down heavily on tobacco manufacturers and sellers in the form of heavy taxation for tobacco and tobacco products. [1]

Smoking is responsible for significant number of cancer related deaths. The person who smokes cigarettes is at the risk of contracting cancer of lungs, larynx, oral cavity, pharynx, esophagus etc. Short term effects of smoking include respiratory problems, nicotine addiction, and addiction to other drugs. The carbon monoxide in cigarette smoke reduces the oxygen level in blood. Lack of oxygen in blood then affects the functioning of vital organs like brain, heart, lungs etc.

Smoking also increases the risk of cardiovascular diseases and stroke [2]. Long term exposure to smoking can result in lung cancer, low levels of lung functioning, reduced rate of lung growth etc. Physical effects of smoking include reduced stamina, performance, and endurance. Smoking also makes a person looks older as it depletes the vitamin A levels in the body. Teenage smokers experience shortness of breath three times more than non-smoker teenagers.'Passive smoking' refers to breathing in smoke from people holding burning cigarettes, cigars or pipes near you or breathing in 'mainstream' smoke exhaled by a person smoking near you. Smoke that drifts from the end of a lit cigarette contains a large number of chemical carcinogens and other toxic substances. Sometimes these amounts are 30 times higher than smoke inhaled by a smoker [3]. Passive smoking is more hazardous to children than to adults. As the immune system of children is very weak, they are at a higher risk of suffering from diseases. Passive smoking effects in children include:Asthma, Bronchitis, Pneumonia, Allergy Infection in lungs/ear/throat smoking causes very serious effects during pregnancy, both on pregnant woman and baby [4]. A pregnant woman who frequently smokes is at a higher risk for miscarriage, certain pregnancy complications such as bleeding, detachment of placenta, ectopic pregnancy and premature birth. There is a possibility of low birth weight baby or stillbirth. There may be some congenital defects in the baby such as cleft palate. There are some passive effects of smoking on people who come in contact with smoke. If
babies and kids come in contact with smokers, they become more prone to asthma and infections of ear, nose and chest. They are at increased risk of sudden infant death syndrome [5].

Need For The Study The progress of the nation mainly depends on the health status of citizens. The healthier the citizen, the advancement of the nation is sure. As smoking is responsible for significant number of cancer which leads to many deaths in every minute. Smoking not only causes death it first weaken the victim’s body and lead them to diseases condition. So, it’s the duty of each and every citizen to enhance the quality of our fellowmen health status. In India alone, tobacco kills 1 million people every year & around 2500 persons die every day from tobacco related disease. Tobacco alone is responsible for 1.5 lacs cancer, 4.2 million heart diseases, and 3.7 million lung diseases in our country men every year and it is estimated that half the people that smoke today will be killed by tobacco [6].

According to the estimates of WHO (World Health Organization), every year approximately 5 million people die from tobacco use and if the current trends continue, this figure will reach 10 million per year which include 70% smokers from developing countries. Same is true with smoking. It is not easy to quit any habit but we can by strong determination and by proper guidance. There are many NGO available, who are trying to help those who want to quit this hazardous habit. 31 May is observed as “World No Tobacco Day” and now it is your time to quit smoking and warn people who smoke because your smoking not only affects you, it affects other too. Second-hand smoke (passive smoking) has officially been classified as cause of cancer. It also causes acute and chronic heart diseases, bronchitis, pneumonia, asthma, middle ear infection and sudden infant death syndrome [7]. To estimate the prevalence and socioeconomic and demographic coreleltes of tobacco consumption in India. Prevalence of current smoking and current chewing tobacco where used as outcome measures. Simple and two ways cross tabulation and multivariate logistic regression analysis were main analytical method [8]. The harmful effect does not depend on whether you smoke cigarettes, a pipe, or cigars, but is more dependent on the amount you smoke. Smoking 5 cigarettes a day is much safer than 20 a day. If 20 cigarettes a day triples retinopathy progression (increases it to 300%), that is equivalent to 300/20 = 15% for each cigarette smoked. 5 cigarettes a day equivalent increases your partners disease rate by 12-25% or more (cataracts, heart disease, strokes) etc. The exact figures are not known. In today's culture, smoking is considered cool, among the youth and adults alike [9]. However, no one has paid much attention to the effects of smoking, that can lead to irreversible damage on the mind and the body. This damage is not only individual. It even affects our close ones, and our environment. As such, it is important to take a look at the side effects of smoking, and then proceed with a healthier and more suitable course of action [10].

METHODOLOGY
The study deals with the methodology adapted for the study. The study was conducted under department of Primary Health Center Wadiware. The total duration of study was eight weeks. It also describes the rational for the research approach, research design, setting of the study, population, sample and sampling techniques, sample size, method of data collection, development of tool, ethical consideration, validity, pilot study, reliability and plan for the data analysis.

RESEARCH DESIGN
The research design adopted for this study was pre experimental one group pre test post test. A pre test was conducted on the Adult using structure interview schedule on harmful effect of smoking. intervention was given in the form of Street Play on Harmful effect of smoking and post test conducted by using the same structured interview schedule, to assess the effectiveness of intervention. Diagrammatic representation of research design: R O₁ X O₂ O₃ = Pre test for the assessment of knowledge regarding Harmful effects of smoking.
X = Implementation of Street Play ion Harmful effects of Smoking.
O₄ = Post test to assess the effectiveness of Street Play on Harmful effect of smoking.

Population
The target population of the present study was adults within the age group of above 18 years. The accessible population was specified as the adults within the age group of above 18 years, residing in Wadivare area of Nashik.

Sample
In present study the sample consist of 30 male adults within the age group of above 18 years and who were residing in Wadivare area of Nashik.

Sample Technique
The lottery method is a simple random sampling technique was use to select the study area and sample of the present study.

Sampling Size
30 adults residing in Wadivare area of Nashik, within the age group of above 18 years were considered as sample for the present study.

Setting of the Study
The present study was conducted in Wadivare area of Nashik. Nashik is one of the district, situated in north west part of Maharashtra. To assess the knowledge on the harmful effect of smoking.
1. To provide the knowledge of harmful effect of smoking.
2. To assess the effectiveness of street play based on harmful effect on smoking.

The findings revealed the knowledge of harmful effects of smoking scores to 43.33%, 23.33%, 6.67% and 26.67%. The socio demographic variables Age, Sex, Religion, Educational status, Occupation found to be significantly influencing knowledge of the peoples.

RESULTS AND DISCUSSION

Table 1: Showing percentage (%) of harmful effects of smoking

<table>
<thead>
<tr>
<th>Age</th>
<th>18–23 Years</th>
<th>23–28 Years</th>
<th>28–33 Years</th>
<th>Above 33 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>43.33%</td>
<td>23.33%</td>
<td>6.67%</td>
<td>26.67%</td>
</tr>
<tr>
<td>Education</td>
<td>Primary</td>
<td>Secondary</td>
<td>High School</td>
<td>Graduate</td>
</tr>
<tr>
<td></td>
<td>46.67%</td>
<td>20%</td>
<td>26.67%</td>
<td>6.67%</td>
</tr>
<tr>
<td>Religion</td>
<td>Hindu</td>
<td>Muslim</td>
<td>Buddhist</td>
<td>Other</td>
</tr>
<tr>
<td></td>
<td>73.33%</td>
<td>3.33%</td>
<td>6.66%</td>
<td>16.67%</td>
</tr>
<tr>
<td>Family Pattern</td>
<td>Joint</td>
<td>Joint</td>
<td>Extended</td>
<td>Divorced</td>
</tr>
<tr>
<td></td>
<td>66.67%</td>
<td>20%</td>
<td>13.33%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Occupation</td>
<td>Labor</td>
<td>Government Job</td>
<td>Private Job</td>
<td>Business</td>
</tr>
<tr>
<td></td>
<td>73.33%</td>
<td>13.33%</td>
<td>0.0%</td>
<td>13.33%</td>
</tr>
</tbody>
</table>

Table 2: Showing percentage (%) of harmful effects of smoking

<table>
<thead>
<tr>
<th>Sex</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attained any educational program</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>20%</td>
<td>80%</td>
</tr>
<tr>
<td>Attained any educational program</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>36%</td>
<td>64%</td>
</tr>
<tr>
<td>Tobacco user</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>28.33%</td>
<td>72.67%</td>
</tr>
<tr>
<td>Tobacco user</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>0.00%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Prevention is an ongoing process of promoting the individuals in order to reduce the likelihood of problems related to unhealthy practice. Harmful effect of smoking is emerging as major health distracter as Harmful effect of smoking has increased in quantity and frequency and the age at which smoking starts is declining. Nursing profession has always its perspective of prevention. Hence the investigator has undertaken as innovative strategy to impart education through street play to the Adults who are consider at peak for Harmful effect of smoking, in order to protect them from evil effects of smoking. The present study was designed to assess the effectiveness of street play on Harmful effect of smoking among male Adults in selected area of Nashik. A sample of 30 subjects was selected from Wadivare. A pre test was conducted using a structure interview schedule on Harmful effect of smoking to assess the existing knowledge of Adults, a street on Harmful effect of smoking was intervened and post test was conducted was same structured interview schedule after one week of the street play. The data was analyzed using descriptive and inferential statistics and finding were discussed in relation with the objectives and hypotheses. The socio demographic variables of the study were Age, Sex, Religion, Educational status, Occupation. The dependent variable was the knowledge of Adults regarding harmful effect of smoking.

In the present study nearly half of the Adults were from the Age group 18-23 years (43.33%), with the 23.33% of the age group 23-28 of age group, 28-33 years of age group 6.67% and above 33 years age group is 26.67 per cent. 6.67% of adults were graduates, followed by High School (26.67%), Secondary School (20%), and Primary School (46.67%) of the Adults. In the study of religions it is found that more than three fourth (73.33%) of the Adults were Hindus, (3.33%) Muslim, (6.66 %) Buddhist and remaining 16.67% were other sample. 66.67% adults are from the join family, from the nuclear family there were 20% Adults and remaining 13.33% are form the extended family. 13.33% of the Adults were Business, followed by 13.33 per cent working as government job, 73.33 per cent working a labor. It is found that there are no workers for private job.

CONCLUSION

The following conclusions were drawn from the findings of present study. In pre test less than half (39.6%) of the Adults had average knowledge, more than half (54.4%) of the Adults had low knowledge and no any person had the high level of kno. Exposure to Street play increased the knowledge of adults regarding Harmful effects of Smoking. Hence the street play was effective in improving the knowledge of adults. Significant association was found between pre test knowledge score of the sample with any of the extraneous variables like Age, Sex, Religion, Educational status, Occupation, source of information regarding harmful effects of smoking. Post test score knowledge score of Adults regarding Harmful effect of Smoking was not significantly associated with the selected extraneous variables like Age, Sex, Religion, Educational status, Occupation, source of information regarding harmful effects of smoking.

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REFERENCES


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