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Rajeshwar Digra
Post graduate student, Public
health Department Swami Devi
Dyal Hospital and Dental
College

Habits and attitude towards tobacco consumption and cessation among dental fraternity of District Panchkula, Haryana

Rajeshwar Digra

Abstract

Background Tobacco use is the Chief avoidable cause of morbidity and mortality in the world and is associated with the increased risk of oral cancer, periodontal disease and other oral conditions. Health professional including dentist are the role model for society and for their patients but involvement of health professional in tobacco consumption is major barrier in conducting tobacco cessation program.

Objective To determine knowledge and Attitude towards tobacco consumption and cessation among the dental fraternity of Panchkula district, Haryana.

Methodology Self-administered close-ended questionnaires were given to the participants to assess the habits and attitude towards the tobacco consumption and cessation activities. The questionnaire was prepared by the investigator, containing 23 questions regarding knowledge, attitude and cessation practice of tobacco consumption. Descriptive statistics using Frequency distributions and percentages were generated for all questions. Pearson chi-square statistics were used to derive p-value for group difference in proportion. Statistical significance level was set at $p=0.05$.

Results Habit of tobacco consumption among dental fraternity was near about 10% among the all subjects where as males were main consumer and only 1% female found to be tobacco consumers. Mean age of initiation tobacco was found to be 18 year. Smoking form of tobacco consumption found to be 68%. Stress (28%) found to be common cause of initiations of tobacco consumption and college campus (40%) was preferable place of smoking. However 70% of the subjects were in favor of banning tobacco in the country. 91% subjects agreed with the fact that it is their responsibility to help their patients in quitting tobacco habits. 90.9% of the respondents feel that Tobacco use cessation (TUC) training should be a part of dental curriculum.

Conclusion Being a health professional, it is duty of dental fraternity to find a role model within themselves for the society as well as for patients. Encourage themselves as well as patients to quit tobacco use for better health.

Keywords: Tobacco use cessation (TUC), smokeless tobacco, dental education, NRT

1. Introduction

World Bank published "Curbing the Epidemic: governments and the economics of tobacco control", in 1999, in which they review and summarize the global trend of tobacco use around the world resulting in premature cause of death along with increasing burden of disease, which can be prevented. In 2000, reports show that nearly 5 million deaths taking place every year from tobacco which will grow to 10 million per year by 2030. Recent reports suggest that tobacco related morbidity and mortality not only affecting high income countries but due to change in trends in tobacco related habits in these countries results in increase in disease burden. Moreover it is assumed that by 2030, seven out of every ten tobacco-attributable deaths will be in developing countries [1]. Smoking prevalence in the South-East Asia Region (SEAR) ranges from 29.8% to 63.1% among men and 0.4% to 15% among women and smokeless tobacco use ranges from 1.3% to 38% among men and 4.6% to 27.9% among women [2]. India is a developing country but one of fastest growing economy of the world facing a huge burden of tobacco-related morbidity, disability and mortality [3, 4]. Reports suggest, nearly one-third to more than half of those above 15 years, use some form of tobacco which is the fact that provokes us as well as health care workers to think upon [4-5]. The Global Adult Tobacco Survey (GATS) in 2010 revealed that in India, around 34.6% of the adult population use tobacco in any form where in, males 47.9% found to be more habitual of tobacco use as compared to females which was found to be 20.3% [6].

Correspondence
Rajeshwar Digra
Post graduate student, Public
health Department Swami Devi
Dyal Hospital and Dental
College

The damaging and harmful effects of tobacco usage on general and especially on oral health are now well recognized fact including higher prevalence and severity of periodontal diseases among smokers [7, 8] and its association with oral malignancies irrespective of tobacco form [9, 10].

Several recent publications have provided the scientific evidence that reveals the association of oral disease and tobacco use where in, also highlighted the role of health care profession as well as dental profession to get involved with tobacco intervention as it more effective in health care sector [11]. Dental professionals have an opportunity to provide cessation intervention to their patients because it is more effective practice when face to face interaction takes place, boost a psychological impact on their patients which might help them to change their life style. Unfortunately studies have shown the prevalence of tobacco among health care provider is high although the scenario is not same for dental students as there is not as much prevalence of tobacco use compared with medical students [11, 12]. Various recent publication suggesting tobacco cessation should be involved in dental curriculum as a preventive strategy but involvement of dental student in tobacco related habits as well as unpreparedness of students for providing counseling in clinics is major issue [13]. As there is no such literature available which reveals the tobacco habits and attitude towards tobacco cessation counseling of the dental Professional of Panchkula, so the Present study was undertaken to determine the prevalence of tobacco use and their attitude towards tobacco cessation.

2. Methodology

The study was carried out by the department of Public Health Dentistry, Swami Devi Dyal Hospital and Dental College (SDDHDC) Golpura, Barwala, Distt. Panchkula among the dental fraternity which included the Undergraduates, postgraduate students and the staff of two Dental institutions of Panchkula, Haryana (India), during the period from December 2013- March 2014. Data was collected by survey from non-probability samples of dental students (n=326) and dental professionals (n=71). Participation of the subjects in the survey was voluntary.

Ethical clearance was obtained from the Institutional ethical committee before the commencement of the study. A written permission was sought from concern institutions selected for the study and informed oral consent was acquired from all the subjects. The study included only those subjects who were willing to participate and present on the days, the investigator visited the institutions.

All participants were assured of confidentiality. Self-administered close ended questionnaires were given to the participants to assess the habits and attitude towards the tobacco consumption and cessation activities. The questionnaire was prepared by the investigator, containing 23 questions regarding knowledge, attitude and cessation practice of tobacco consumption. Pilot study was conducted on 30 dental student before the main project to check the reliability of questionnaire. The reliability of questionnaire was found to satisfactory.

The survey data were analyzed using the SPSS 17.0 software package (IL Chicago). Descriptive statistics using Frequency distributions and percentages were generated for all questions. Pearson chi-square statistics were used to derive p-value for group difference in proportion. Statistical significance level was set at p=0.05.

3. Results

A total of 435 questionnaires were administered to the health professionals of 2 different dental colleges of District Panchkula, Haryana, out of which 405 answered questionnaires were obtained back (response rate was 93.103%) and 7 questionnaires were excluded from the study due to incomplete response.

Finally, 398 subjects participated in the study out of which 252 were male and 141 were females with their mean age 24.28 years as shown in table 1.

Table 1: Distribution of study subjects according to Age, Gender and Designation

Age			Total = 398
Minimum	Maximum	Mean	
17	38	24.28	
Gender			
Male	Female		
258	141		
Designation			
UG Student	PG student	Staff	
264	62	71	

Present study shows that, Only 25% of subjects admitted that they have been taught regarding counseling the patients for quitting the use of tobacco and only 20% of subjects admitted that they advise their patients about not to use tobacco. 74% of the subjects were in favor of banning the tobacco in the country but being the health professional the knowledge about the law which governs the tobacco in the country was poor as only 5.5% subjects knows about the law. Most of subjects (75.81%) have tried tobacco in any form in their life, however smoking was the commonest form (67%) and mean age of initiation of tobacco was found to be 18.73years. Those who were in habit of regular use of tobacco were found to 10 % of total tobacco user. Male were most regular user of tobacco as compared to the female where only 1% of female were found to be regular tobacco user. Stress factor was the common cause of initiation of tobacco use when it compared with other causes, as shown in figure 1.

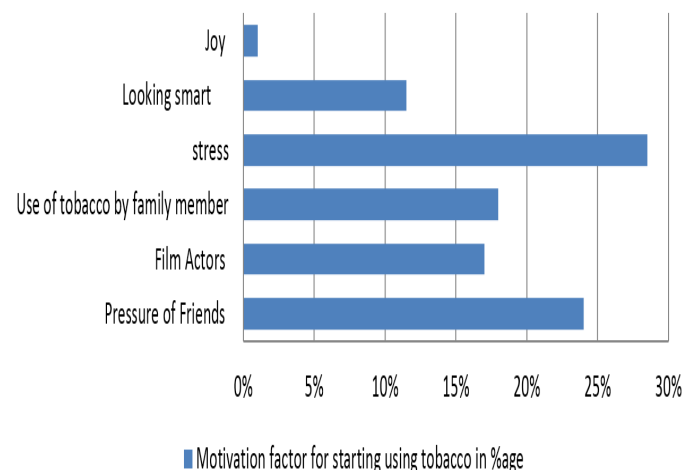


Fig 1: Distribution of subjects according to motivation factor for starting use of tobacco

The most prefer place of smoking was college as reveal by the tobacco user as shown in fig 2.

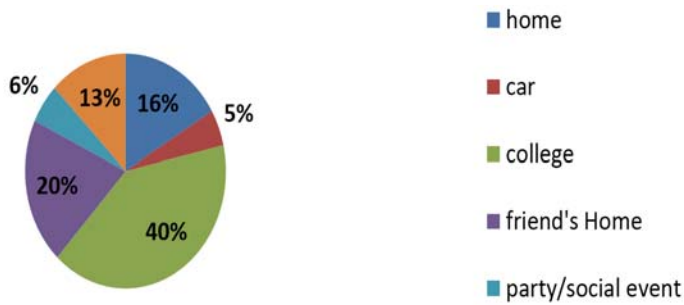


Fig 2: Distribution of subjects according to most preference place of smoking

67.5% of the tobacco user want to quit the and the most common reason given by the respondents (42%) was that they realize the harmful effect of tobacco .72% of tobacco user has tried to quit tobacco and only 2% of tobacco user succeeded in quitting the habit.

Responses to questions related to effectiveness of Tobacco use cessation offered in clinics by the dental fraternity are shown in table 2.

Table 2: Responses to the questions related to Tobacco Use cessation (TUC)

	BDS Students (264)	Post uidents graduate st (62)	Dental staff (71)	Total (398)	X ²	P value
Educate patients about the risks of tobacco use	87(93%)	59(92%)	35(85%)	181	0.985	0.611 ^{NS}
Encourage patients to quit using tobacco	83(88%)	49(77%)	37(90%)	168	6.242	0.044*
Tobacco use cessation counseling offered in the dental office can have an impact on patients' quitting	81(86%)	47(73%)	37(90%)	165	7.477	0.024*
Tobacco cessation training should be a part of dental curriculum	83(88%)	59(92%)	38(93%)	180	1.712	0.425 ^{NS}
Nicotine replacement therapy along with counseling will provide maximum quit rate	79(84%)	54(84%)	31(76%)	164	1.004	0.605 ^{NS}
Financial assistance should be provided to patient for conducting the cessation program	67(71%)	49(77%)	32(78%)	148	1.296	0.523 ^{NS}

p > 0.05; Not Significant (NS); * p < 0.05; Significant at 5% significance level p > 0.05; Not Significant(NS)

4. Discussion

The results of our study reveal important information of Dental fraternity (students and Staff) about knowledge and attitude towards tobacco use and cessation. Nearly 75% of the subjects agreed that they have tried tobacco in their life and initiation of tobacco use age was found to be 18 years. Importance of this age is that most of the students entered in the college for bachelors degree, If focus given to the students as early as they entered in their college life, the primary prevention can be done by counseling the students about tobacco and by education them about harmful effects rather than taking the secondary prevention where we need to do Tobacco cessation Where patients faces problems i.e. dependence and relapse. Another important finding of this present is 10% regular tobacco user out of total subjects. This is not surprising however, as it has previously been noted that dentists generally smoke at one of the lowest rates among all health professionals, and much lower than that of the communities in which they live [11, 12]. Smoking was the commonest form of tobacco like other studies related to tobacco in India among the Health professionals [14]. Male fraternity were more user as compared to female and the results of the India GYTS 2000-2004 are consistent with the present study. This may attribute to the cultural scenario in India where male community is more dominant and open in the society as compared to its counterpart.

Another important highlights of this study is agreement of 70% of the subjects with the fact that there should be ban on tobacco in the country however results cannot be generalize but need to give more emphasis on this factor rather than increasing the price of tobacco products this will put more pressure on the regular user as an addict on their pockets.

Tobacco cessation related question reveals interesting facts as nearly 91.4% of the total respondents agreed that it's their responsibility to educate patients about the risk factor associated with tobacco use. Most of the respondent 84.8% feel that it is dental professional's responsibility to encourage

patients to quit tobacco use by providing them right type of information. Moreover, 83.3% of the respondent feels that TUC counseling offered in the dental office will have an impact on patient's quitting the tobacco habit as more psychological impression takes place on patients mind and also dentist have an opportunity to spend more time on cessation practice. Another important fact reveals in the survey that most 90.9% respondent feels that TUC training should be a part of dental curriculum as lack of training among the dental professional is the main barrier in conducting the cessation practice in the dental office.

Now it's time to fight against tobacco on ground level. Numerous controlled studies examining cessation counseling interventions delivered by physicians and dentists have demonstrated the efficacy of health care providers in reducing smoking among their patients [16, 17]. The role of the dental team in tobacco use cessation is well established [18, 19],

5. Conclusion

Being a health professional, it is duty of dental fraternity to find a role model within themselves for the society as well as for their patients'. Encourage themselves as well as patients to quit tobacco use for better health. Although prevalence of tobacco user among dental fraternity was found to be 10% but important facts reveals in the survey that most of subjects start tobacco use at the age of 18 year, the age when a student entered the college so various interventional strategy can be adopted by the institutional authorities as well as government Additional studies that include comparisons among a variety of academic health science centers and among randomized multiple health professions student groups are needed.

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