



AWARENESS ABOUT HARMFUL EFFECTS OF CIGARETTE SMOKING AMONG HIGH SCHOOL STUDENTS OF HIMACHAL PRADESH

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Abstract

The aim of this paper was to assess the awareness level of high school students towards the harmful effects of cigarette smoking. Tobacco smoking use kills more than eight million people annually and is one of the leading causes of preventable deaths globally. In recent times, the prevalence of smoking in Himachal Pradesh especially among high school students is on the rise. It is a massive public health threat. In this light, the objectives of study was framed to find out the level of awareness among rural and urban high school students (boys & girls) and also to find out whether there exists any significant difference in their awareness about the harmful effects of cigarette smoking with respect to gender and locale. A sample of 90 high school students (45 boys & 45 girls) was selected from 6 high schools of district Mandi. To find out the significance of difference between the groups, t-test was applied. The results revealed that gender-wise there exist significant difference related to harmful effects of cigarette smoking among high school students. But locality-wise no significant difference exists related to awareness of harmful effects of cigarette smoking among high school students

Keywords: *Smoking, Tobacco, Health, WHO and Peer Pressure.*



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Introduction

India is second most populous country and 3rd largest producer and consumer of tobacco in the whole world. Tobacco in India is used in many forms. According to NFHS - 4 report, 44.5% of men and 6.8% of women used tobacco in many forms. Apart from the smoked forms that include cigarettes, bidi's and cigars, a plethora of smokeless forms of consumption exist in our country. The prevalence of second hand smoking is inadequately reported in India. According to WHO estimates, every year 3 million people die due to smoking. The major threat to health of our children is cigarette smoking nowadays. Today an estimated 150 million young people use tobacco in the whole world. The majority of tobacco users worldwide began when they were teenager/adolescents. It is the age of transition of mind. Due to curiosity, they tend to be experimenting new things. They are exposed to changes happening around them. Their minds are influenced by the peer group & peer pressure. According to Global Adult Tobacco Survey (GATS) among minors (15-17), 9.6% consumed tobacco in some form and most of them were able to purchase tobacco products. In most countries across the world, tobacco use is synonymous with cigarette smoking. In contrast, the forms of tobacco use in India are multiple. Broadly, these forms can be classified into two types -smoking tobacco and smokeless tobacco. Smoking tobacco includes products like bidi, manufactured cigarette, hand-rolled cigarette, pipe, cigar, hukkah, water-pipe, chutta, dhumti and chillum. Smokeless tobacco is available courtesy products like betel quid with tobacco, khaini, gutka and paan masala with tobacco; these are all consumed by chewing. Other smokeless tobacco products, such as mishri, gul, bajjar and gudakhu, are applied to teeth and gums, while snuff is inhaled. Among all states/UTs, the highest prevalence of tobacco use is

reported in Tripura (64.5%), while the lowest prevalence is reported in Goa (9.7%). In Tripura, and in the neighbouring states of Mizoram (58.7%) and Manipur (55.1%), the number of tobacco users outnumbers non-users of tobacco. In all states from the western and the southern parts of the country, prevalence of tobacco use is lower than the national average of 28.6 per cent. In the north-eastern and eastern states, barring Sikkim, the prevalence of tobacco use among adults is higher than the national average. Percentage of adults currently using tobacco in any form in Himachal Pradesh is total 16.1, Men 30.4 women 1.7. In three states from north India - Himachal Pradesh, Chandigarh and Punjab - less than one per cent women use smokeless tobacco. In Himachal Pradesh (28.1%), Rajasthan (13.8%), Chhattisgarh (18.4%), Odisha (10.6%), Nagaland (10.7%) and Meghalaya (10.5%), ten per cent or more smokers sought counselling support for quitting smoking.

The Government of India enacted various legislations and comprehensive tobacco control measures. It enacted the Cigarettes Act (Regulation of Production, Supply and Distribution) in 1975. The statutory warning “cigarette smoking is injurious to health” was mandatorily displayed on all cigarette packages, cartons and advertisements of cigarettes. India adapted the WHO Framework Convention of Tobacco Control (FCTC) and passed the “Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce Production, Supply and Distribution)” Act in 2003. The National Tobacco Control Programme (NTCP) was launched by the Ministry of Health and Family Welfare (MoHFW), Government of India in 2007- 08 to bring about greater awareness about the harmful effects of tobacco use and about the Tobacco Control Laws and to facilitate effective implementation of the Tobacco Control Laws (COTPA 2003). The Cigarettes and other Tobacco Products (Packaging and Labelling) Second Amendment Rules, 2018 includes textual health warning “TOBACCO CAUSES CANCER” and two images of health warning and the words “QUIT TODAY CALL 1800-11-2356” on packets of tobacco products.

It is a known fact that tobacco can cause heart disease and a variety of cancers but, tobacco is one of the leading causes of oral cancer which is a major concern to one’s oral health. Smoking can lead to various oral health problems such as:

- Bad breath
- Tooth staining
- Gum disease
- Inflammation of salivary gland openings on the roof of the mouth
- Increase build-up of plaque and calculus
- Loss of bone within the jaw
- Increased risk of leukoplakia (white patches within the mouth; a pre-cancerous lesion)
- Delayed healing process
- Increased risk of developing oral cancer

Smoking affects the gums and teeth: The nicotine content in tobacco can lead to staining of teeth, it can make the teeth yellow in a very short time and heavy smoking can lead to brownish discoloration of teeth. Smoking leads to increased risk of gum disease as it reduces the blood flow in the gums and other supporting tissues of the tooth making them more likely to get inflamed. Gum disease is still the most common cause of tooth loss.

Smokeless Tobacco: It includes tobacco products other than smoking such as pan with tobacco, guthka, khaini, paan masala, mawa and dry snuff.

Ailments Caused by Smokeless Tobacco

- Mouth, tongue and Oral cancer
- Cancer in the esophagus (food pipe)
- Stomach cancer
- Pancreatic cancer
- Increased risk of heart diseases, stroke and heart attack
- Leukoplakia (white patches in the mouth that can become cancerous)
- Bone loss around the root of the tooth
- Receding gums
- Abrasion of teeth (scratching and wearing down)
- Tooth loss
- Stained and discolored teeth
- Bad breath

Need and Significance of the Study

Smoking is one of the worst habits. The health problems and risks are known to all of us but still thousands of adolescents between 12 to 17 years of age, start smoking each day. Some may start it out of curiosity and some just want to look like young or grownups. Effect of smoking starts with coughing, throat irritation accompanied with bad breath, bad smelling from mouth and clothes. It also leads to discoloration of teeth. Over the time concerned person face health problems like heart disease, bronchitis, stroke and many types of cancer attack. The oral cancer is quite common due to smoking. Smoking is one of the biggest preventable causes of premature death. It is the main cause of serious conditions like heart attack and lung cancer. Smoking is dangerous and it affects human health if not properly addressed and managed. Public awareness related to harmful effects of smoking is very important in the present scenario. The present study was, therefore, undertaken to examine the awareness level about harmful effects of cigarette smoking among high school students of Himachal Pradesh. Many studies have been conducted in this area from time to time in India. But to properly guide and motivate the youth of our country such studies are needed from time and again to aware about the ill effects of smoking. Hence, this study is very much needed in the present scenario.

Objectives: The following objectives were framed in the present paper:

- To find out the awareness regarding harmful effects of smoking among boys and girls of high school.
- To find out the awareness regarding harmful effects of smoking among rural and urban students of high school.

Hypotheses: The following hypotheses were tested in the present paper:

- There is no significant difference in the awareness regarding harmful effects of smoking among boys and girls of high school.

- There is no significant difference in the awareness regarding harmful effects of smoking among rural and urban students of high school.

Methodology

The survey method under descriptive method of research was used in this study. Keeping in view the need of the study all the high school students, district Mandi of Himachal Pradesh constituted the population of the study. To select 90 students, simple random sampling was done. For data collection researcher used self-made awareness tool i.e. Smoking Awareness Scale. A strong rapport was established with high school students to get their free and open views on various items pertaining to Smoking awareness scale. Since the data from the scale was available in the form of scores, so to find out the significance of difference between the various groups ‘t’-test was applied.

Analysis and Interpretation of Data

Analysis of the data is the most important step in research from which the results can be streamed out. After the data has been collected, it must be processed and analysed to draw proper inferences. To serve this purpose of the hypothesis-wise analysis and interpretation is given as under:

H0: Hypothesis Testing - 1, “There is no significant difference in the awareness regarding harmful effects of smoking among boys and girls of high school”

Table 1: Significance of difference between mean Awareness Scores of High School Students (boys and girls)

Gender	N	Mean	S.D.	df	‘t’-value
Boys	45	22.10	5.17	88	2.710 S*
Girls	45	19.20	4.98		

S*: Significant at .01 Level

It is quite clear from table 1 that the mean score of boys is 22.10 and S.D is 5.17. The mean score of girls is 19.20 and S.D is 4.98. The ‘t’-value is 2.710 which is more than corresponding table value at 0.01 level of significance. This means that there is significant difference in the awareness regarding harmful effects of smoking among boys and girls of high school. The mean score reveals that boys are more aware as compare to girls. Therefore the hypothesis 1- “There is no significant difference in the awareness regarding harmful effects of smoking among boys and girls of high school” is not accepted.

H0: Hypothesis Testing - 2, “There is no significant difference in the awareness regarding harmful effects of smoking among rural and urban students of high school”

Table 2: Significance of difference between mean Awareness Scores of High School Students (rural and urban)

Locality	N	Mean	S.D.	df	‘t’-value
Rural	36	21.21	5.17	88	1.159 NS
Urban	54	22.57	5.85		

NS: Not Significant at .05 Level

It is evident from table 2 that the mean score of rural group is 21.21 and S.D is 5.17. The mean score of urban group is 22.57 and S.D is 5.85. The ‘t’-value is 1.159 which is less than corresponding table value at 0.05 level of significance. This means that there is no significant difference in the awareness regarding harmful effects of smoking among rural and urban

students of high school. Therefore urban as well rural students are almost equally aware regarding harmful effects of smoking. Hence the hypothesis –2, “There is no significant difference in the awareness regarding harmful effects of smoking among rural and urban students of high school” is accepted.

Findings

The findings of the study are as under:

- There is significant difference in the awareness regarding harmful effects of smoking among boys and girls of high school i.e. boys are more aware as compare to girls.
- There is no significant difference in the awareness regarding harmful effects of smoking among rural and urban high school students. Both groups of students are almost equally aware regarding harmful effects of smoking.

Educational Implications

On the basis of the findings it is clear that the current awareness regarding the existence and dangers of smoking among high school students are required to be properly addressed. School and college level students should be given orientation regarding harmful effects of smoking. Awareness campaigns should be made a part of school curriculum. Educational bodies like DIETs, SCERTs and NCERTs should organize special rallies, dramas, orientation programmes and special classes by experts to enhance the awareness of school students. All school going students should be sensitized towards the ill effects of smoking. The major health impacts of smoking were established more than 50 years ago but states and union governments were slow to respond to the growing health epidemic. Despite different tobacco control strategies, globally deaths from smoking continue to rise and are forecast to reach 10 million a year by the 2030's. There is general agreement that in order to noticeably reduce smoking rates, governments need to adopt a comprehensive & holistic approach to tobacco control. It include a range of measures especially, a total ban on tobacco advertising and promotion; restrictions on smoking in public places and in the workplace. To conclude, the role of parents, teachers and senior citizens of the state in fighting with this negative habit is very important. They should inspire and influence their children not to be attracted by peer pressure. They should educate them the ill health effects of smoking and continuously monitor their free time activities.

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