Knowledge and Attitude on Hazards of Passive Smoking among Women of Pune City

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Abstract

Passive smoking has become a serious health issue in the recent times. World is facing serious public health problem known as Second Hand Smoke (SHS). Globally, it is estimated that one-third of the population is frequently exposed to Second Hand Smoke, with 0.6 million individuals dying each year from SHS exposure. This paper was in response to the rising trend of active smoking where the nearby people are affected more than the actual smokers. This study was conducted with objectives to assess the knowledge, attitude and association between knowledge and attitude. Quantitative research approach with descriptive research design was used on a sample size 50 women with age group of 12 years and above using non-probability purposive sampling. Analysis of data was done by using descriptive and inferential statistics.

Keywords: *Women, Hazards, Passive Smoking, Knowledge and Attitude*

Introduction

Passive smoking is the inhalation of smoke, called second-hand smoke (SHS). Persons other than the intended "active" smoker also sometimes refer it to environmental tobacco smoke (ETS). It occurs when tobacco smoke permeates any environment, causing its inhalation by people within that environment. Second-hand smoke exposes a healthy individual to disease, disability, and death.[1] Adolescents are the vulnerable population to the adverse effects of environmental tobacco smoke. This smoke induces Asthma, exacerbation, as well as acute respiratory infections.[2]

Tobacco smoke reduces the lung functions, and increased bouts of exacerbations in both adults and adolescents.[3] Smoking rates among women are growing in developing countries which were hard to find sometimes ago. The researcher wants to understand the magnitude of exposure to secondhand smoke among antenatal mothers in an urban slum. "Smoking is injurious to health".[4]

Nicotine, carbon monoxide and tar are the main components of Cigarette smoke leading to a disease and affect the individual's health drastically. It can lead to tachycardia and hypertension by releasing hormones like adrenaline that leads to constriction of blood vessels.

NEED FOR THE STUDY

Smoking and passive smoking are harmful to one's health: they increase the risk or exacerbate the severity of cancer, respiratory diseases, and cardiovascular diseases.[6,7,8]

Research Methodology

A quantitative research approach with descriptive design was used. 50 women whose age is 12 yrs and above were taken from selected urban community by using non-probability purposive sampling technique. Data was analyzed using descriptive and inferential statistics.

Findings

Descriptive Analysis

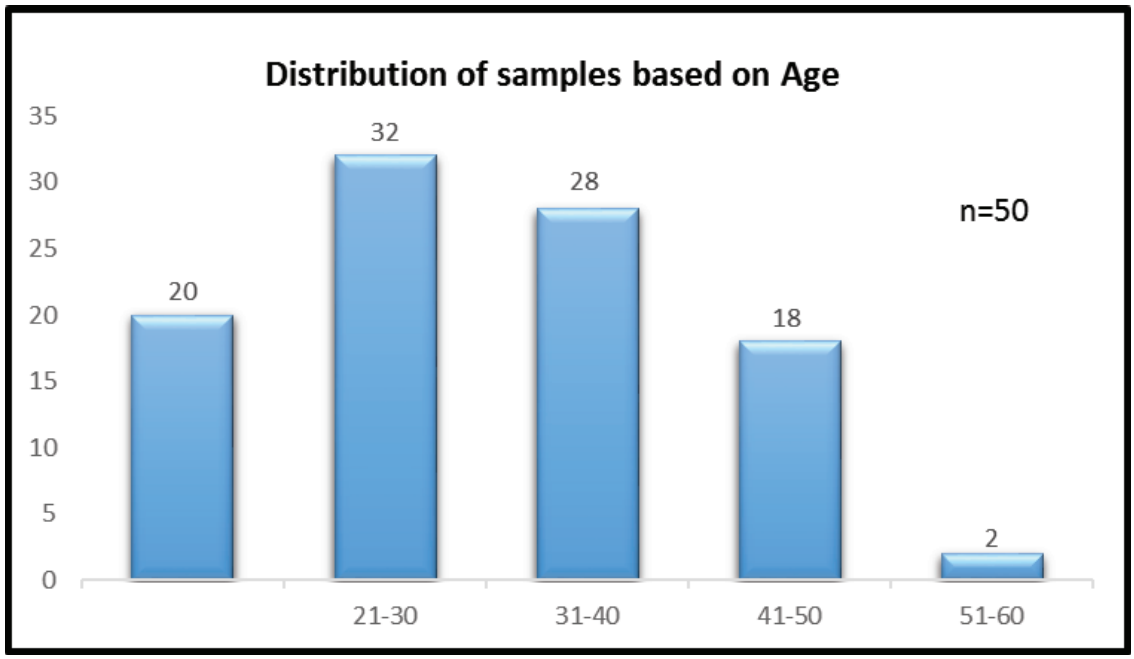

Fig 1: Distribution of sample based on their age

Fig 1 depicts that 20% of women were between 12-20 years of age in the experimental group, 32% of women were from 21-30 years, 28% of women were from 31-40 years, 18% of women were from 41-50 years and 2% of women were from 51-60 years.

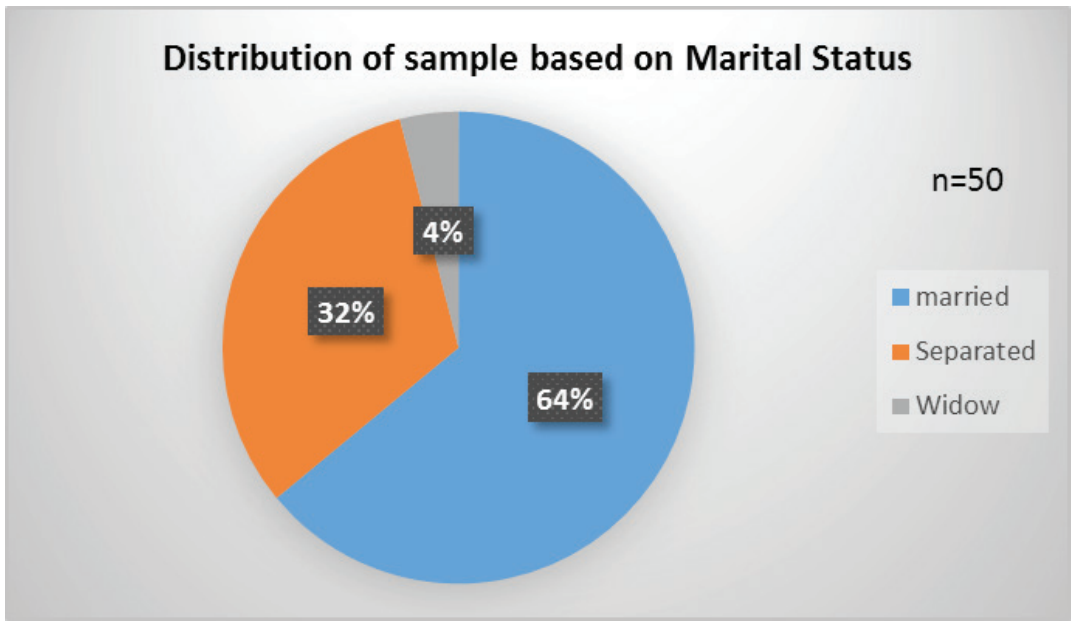

Fig 2: Distribution of sample depending on their Marital Status

Fig 2 depicts that 64% of women were married, 32% of women were separated and 4% of women were widows.

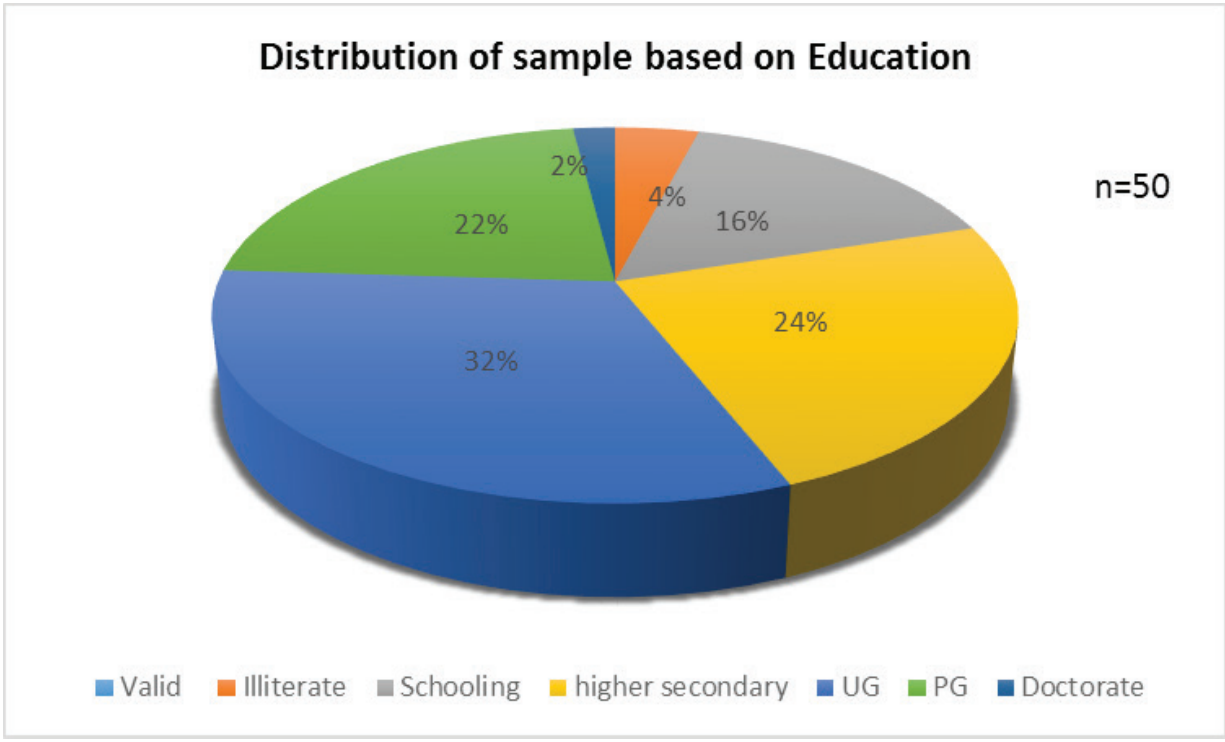

Fig 3: Distribution of sample depending on education

Fig 3 depicts that 4% of women were illiterate, 16% of women were schooling, 24% of women were higher secondary, 32%of women were UG, 22% of women were PG, 2% of women were Doctorate.

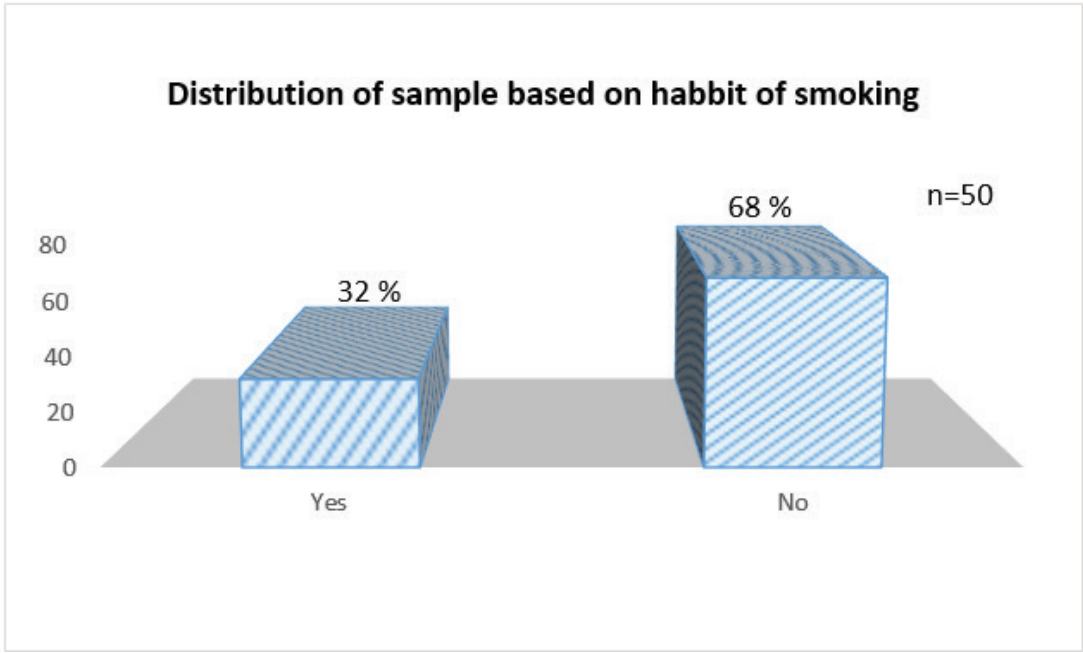

Fig 4: Distribution of samples depending on habit of smoking

Fig 4 depicts that 32% of women are exposed to tobacco smoke, and 68% of women are not exposed to tobacco smoke.

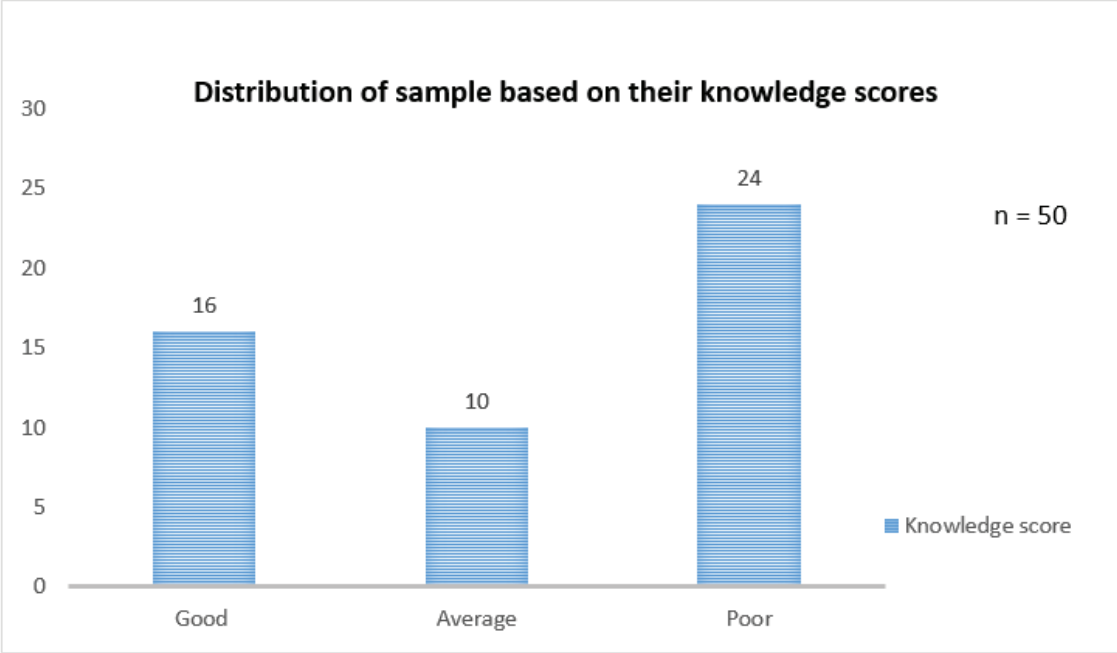

Fig 5: Distribution of sample depending on their knowledge score

Fig 5 depicts that 24% of women are having poor knowledge, 16% of women are having good knowledge and 10%of women are having average knowledge.

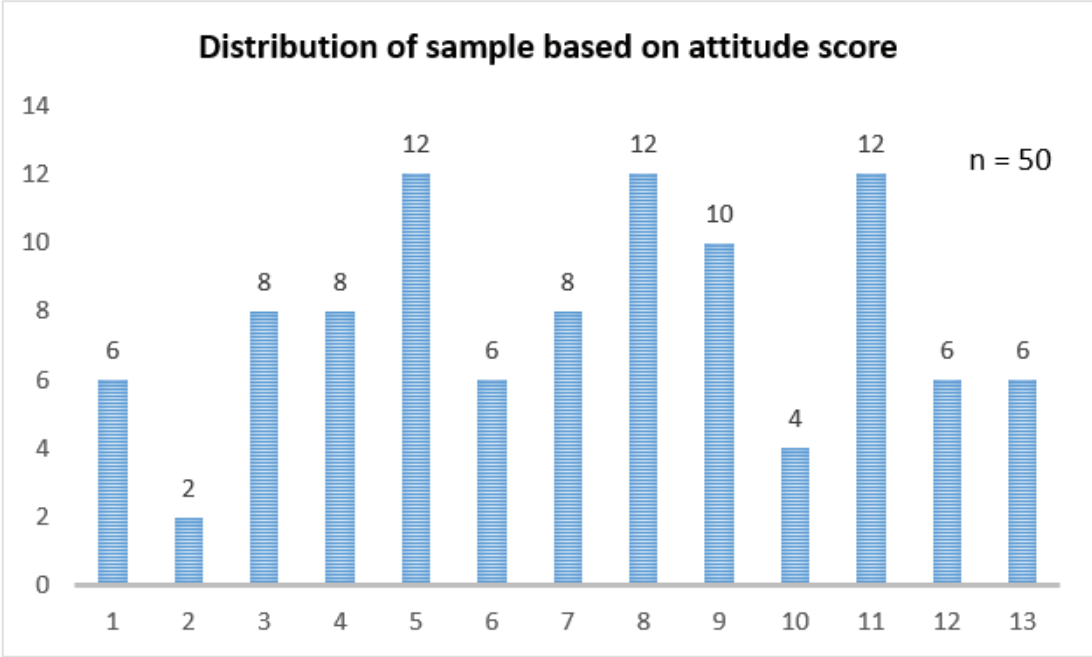

Fig 6: Distribution of sample depending on their attitude score

Fig 6 depicts that the attitude score maximum score is 45% of women are having good attitude and 25%of women are having minimum score.

Table 1: Association between Knowledge and Attitude Score

Chi-Square Tests				
Test	**Value**	**Df**	**Asymp. Sig. (2-sided)**	**Exact Sig. (2-sided)**
Pearson Chi-Square	191.111a	204	.732	.000
Likelihood Ratio	135.234	204	1.000	.000
N of Valid Cases	50			

Table 1 depicts that there is an association between knowledge and attitude score, the attitude and knowledge score are highly associated with each other ($p<0.05$)

Results

Results revealed that 24% of women had poor knowledge, 16% of women had good knowledge and 10% of women had average knowledge. The maximum attitude score was 45% who had good attitude and 25% of women had minimum score. There was an association between knowledge and attitude score, the attitude and knowledge score are highly associated with each other ($p < 0.05$). The demographic variables showed dynamic results. 20 % of women were between 12-20 years of age, 32% of women were from 21-30 years of age, 28% of women were from 31-40 years of age, 18% of women were from 41-50 year of age and 2% of women were from 51-60 year of age. 64% of women were married, 32% of women were separated, 4 % of women were widows. 4 % of women were illiterate, 16% of women had completed their schooling, 24% of women completed their higher secondary, 32% of women were UG, 22% of women were PG, and 2% of women were Doctorate. 36% of women were self-employed, 40% of women were employed, and 24 % of women were homemakers. The income per month of 12 % of women was <10000, 58% of women earned 10001-30000, 26% of women earned 30001- 60000, and 4% of women earned >60000. 32% of women are exposed to tobacco smoke.

Discussion

The study was conducted on a group of 50 women about knowledge and attitude regarding hazards of passive smoking among women. Results revealed that 24% of women had poor knowledge, 16% of women had good knowledge and 10% of women had average knowledge. The maximum attitude score was 45% who had good attitude and 25% of women had minimum score. There was an association between knowledge and attitude score, the attitude and knowledge score are highly associated with each other ($p < 0.05$).[9]

Implications

Nursing Practice

The findings of the study regarding knowledge and attitude about hazards of passive smoking indicate need to assess early and deal with it effectively. The nurse as a caretaker should promote healthy behavior, prevent risk through lifestyle changes. The cases found positive for respiratory problems may be promptly taken care in hospital settings as nurses will be competent enough to manage such cases.

Nursing Education

The nursing curriculum should cover broader aspects of study with objectives to identify the risk behavior, adopt preventive, control measures, and combat the ill effects due to passive smoking. In-service education must be an integral part of Nursing education. Nurses should be encouraged to provide health teaching as and when required and thereby promote good health. Nurses play a pivotal role in educating common man in community settings. Discharge planning and educating

the patients will also help in reducing the incidences and relapses of respiratory illnesses caused due to passive smoking.

Nursing Research

Nursing research uplifts the nursing profession, thus research studies can develop new strategies and further studies can be carried out based on present findings. Similar studies can be done to find the effects of smoke / passive smoke on growth & development of small children.

Limitations

Ø The study is limited to a sample of 50 women from community of Pune City.

Ø The responses of questions may be based on their nature towards subjectivity.

Recommendations

Ø It is suggested that a larger sample may be used to conduct a similar study .

Ø It is recommended that further study can be conducted to identify the hazards of passive smoking among under-five children.

Ø A qualitative study also can be conducted on the lived experiences of patients who have quit smoking in selected rehabilitation centers of the state.

Conflict of Interest: Nil

Source of Funding: Self

Ethical Clearance: This article is cleared from ethical committee of Symbiosis College of Nursing

References

1. Medeiros E. Attitudes, perceptions, and support of student leaders for a tobacco-free campus policy at the University of Washington: a pilot qualitative study (Doctoral dissertation).
2. Booalayan H, Abdulrasool M, Al-Shanfari S, Boujarwa A, Al-Mukaimi A, Alkandery O, Akhtar S. Exposure to environmental tobacco smoke and prevalence of asthma among adolescents in a Middle Eastern country.
3. Lajunen K, Kalliola S, Kotaniemi-Syrjänen A, Malmberg LP, Pelkonen AS, Mäkelä MJ. Environmental tobacco smoke affects lung function of preschoolers with asthma even after a decade. American journal of respiratory and critical care medicine. 2019 Feb 15;199(4):534-6.
4. Annadani RR, Bhat SK, Undi M. A study to assess the magnitude of exposure to secondhand smoke among antenatal mothers in an urban slum of central Karnataka. Indian Journal of Community and Family Medicine. 2020 Jan 1;6(1):41.
5. US Department of Health and Human Services. The health consequences of involuntary exposure to tobacco smoke: a report of the Surgeon General.
6. Yang GH, Jason H, Yang Y. Global adult tobacco survey (GATS) China 2010 country report. China Three Gorges Publishing House: Beijing, China. 2011.
7. Firoozi P, Noormohammadi R, Rafieyan S. Effect of environmental tobacco smoke on oral pigmentation: A systematic review. Journal of Oral Health and Oral Epidemiology. 2020;9(1):1-6.
8. Iloh GU, Collins PI. Awareness of health effects of exposure to secondhand smoke from cigarettes: A cross-sectional study of never-smoked adult primary care patients in Eastern Nigeria. Avicenna journal of medicine. 2017 Oct;7(4):164.
9. Nisar N, Qadri MH, Fatima K, Perveen S, Nisar N, Qadri MH, Fatima K, Perveen S. A community based study about knowledge and practices regarding tobacco consumption and passive smoking in Gadap Town, Karachi. JPMA. The Journal of the Pakistan Medical Association. 2007 Apr;57(4):186.