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“A STUDY TO FIND THE DIFFERENCE IN THE KNOWLEDGE, ATTITUDE AND PRACTICE (KAP) OF RURAL AND URBAN TOBACCO USERS”

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ABSTRACT

This research paper tries to study the difference in the Knowledge, Attitude and Practice (KAP) of Rural and Urban Tobacco Users. The study is descriptive research. Sampling is purposive. Sample size is 320 (160 Rural and 160 Urban). t-test has been used for hypothesis testing. Findings shows: Urban tobacco users are significantly better in KAP than Rural tobacco users as reflected by significant ‘t’ value ($p < .05$) and mean value; Knowledge level of Urban tobacco users is significantly better than Rural tobacco users as reflected by significant ‘t’ value ($p < .01$) and mean value; Attitude towards NTCP of Urban tobacco users is significantly better than Rural tobacco users as reflected by significant ‘t’ value ($p < .05$) and mean value; Practice (to consume tobacco products) of Rural tobacco users is significantly more than urban tobacco users as reflected by significant ‘t’ value ($p < .05$) and mean value.

Keyword: Tobacco products, KAP, significance level.

I. INTRODUCTION

The Global Adult Tobacco Survey by WHO, estimated that 28.6% of all adults in India used tobacco in 2016-2017, second only to China. The variety of tobacco products used in India is greater than elsewhere, and associated with additional complications including a high burden of oral cancers from smokeless tobacco use. The challenges of the tobacco epidemic in India are markedly more complex due to the diversity in forms of tobacco used and marked variations in prevalence and patterns of tobacco use. Huge economic losses are incurred due to the health care costs of these diseases.

The Government of India’s response through its National Tobacco Control Program (NTCP) is a step towards addressing this epidemic problem but there is a need to strengthen this program. The proposed evaluative study aims to understand individual users, providers and policy implementation-level factors that are responsible for the current sub-optimal NTCP outcomes.

Government of India launched the National Tobacco Control Programme (NTCP) in the year 2007-08 during the 11th Five-Year-Plan, with the aim to (i) create awareness about the harmful effects of tobacco consumption, (ii) reduce the production and supply of tobacco products, (iii) ensure effective implementation of the provisions under “The Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003” (COTPA) (iv) help the people quit tobacco use, and (v) facilitate implementation of strategies for prevention and control of tobacco advocated by WHO Framework Convention of Tobacco Control .

During the 11th Five Year Plan, NTCP was implemented in 21 states covering 42 districts. To carry forward the momentum generated by the NTCP during the 11th Five Year Plan and baseline data generated through the Global Adult Tobacco Survey (GATS) India 2009-2010, indicating high level of prevalence of tobacco use, it was upscaled in

the 12th Five Year Plan with a goal to reduce the prevalence of tobacco use by 5% by the end of the 12th FYP. As per the second round of GATS, the number of tobacco users has reduced by about 81 lakh (8.1 million).

II. REVIEW OF RELATED LITERATURE

V. Parishi Majmudar, A. Gauravi Mishra, V. Sheetal Kulkarni, R. Rohit Dusane, and S. Surendra Shastri (2015) found that Tobacco use is an important health issue globally. The aim of their research work was to assess changes in pre and post-intervention tobacco-related knowledge, attitudes, and practices among women from urban low socioeconomic strata, after three rounds of interventions. There was statistically significant improvement in the knowledge of women, following the interventions, with particular reference to poor oral hygiene and tobacco use being main cause of oral cancer, knowledge of ill effects of second hand smoke, knowledge about possibility of early detection of oral cancer, perception of pictorial and written warnings on tobacco products, and availability of help for quitting tobacco. The prevalence of smokeless tobacco use is very high among urban women from lower socioeconomic strata. Therefore, tobacco awareness programs and tobacco cessation services tailor made for this group of women must be planned and implemented.

Siyu Dai et.al. (2021) aimed to document parental KAP regarding tobacco use, smoking cessation and children's ETS exposure, and to analyse how knowledge and attitude relate to practice. By multivariate regressions, potential predictive factors for more favorable parental KAP included higher household income, lower parental nicotine dependence level and breastfeeding practice. Parental KAP related to tobacco use and children's ETS exposure needs improvement to address the significant gap between recommended and actual practice. The weak association between knowledge and practice suggested that parental education alone is not adequate to combat ETS exposure in children.

Aiswarya Vijayakrishna et.al. (2022) study mainly aimed to assess the knowledge, attitude, and practice of subjects who attend the smoking cessation clinic and thereby, study and document the drug management in smoking cessation. This was an observational study conducted among 160 patients for 8 months. A knowledge, attitude, and practice questionnaire was prepared and validated. The study revealed the good knowledge of patients and the majority of them tried to quit smoking as advised by their physician..

III. NEED FOR THE STUDY

Tobacco consumption is a bigger issue in India especially in rural areas. But urban areas are not in much better condition than the rural areas as far as tobacco consumption is concerned. Government of India is running number of programs to control the tobacco consumption. Tobacco consumption is found in people of almost age group more than 5 years of age. This is affecting badly the young generation. This future generation of India needs to be healthy and happy. Cessation of tobacco consumption can save the future of India.

IV. STATEMENT OF THE TOPIC

“A study to find the difference in the Knowledge, Attitude and Practice (KAP) of Rural and Urban tobacco users.”

Objective:

1. To assess the Knowledge, Attitude and Practice (KAP) of rural and urban tobacco users.

Hypothesis:

1. There will be no significant difference in the Knowledge, Attitude and Practice (KAP) of Rural and Urban tobacco users.
 - 1.1 There will be no significant difference of Knowledge between rural and urban tobacco users.
 - 1.2 There will be no significant difference of Attitude between rural and urban tobacco users.
 - 1.3 There will be no significant difference of Practice between rural and urban tobacco users.

Methodology/Research Design

Research Type:	The study is Descriptive research. Survey Method has been used for data collection.
Population:	All tobacco users in Lucknow district have been the population of the study.
Sampling & Sample Size:	Purposive Sampling has been done in the research. The sample size has been of 320 for tobacco users.

Rural	Urban	Total
160	160	320

Tool:	A self prepared KAP (Knowledge, Attitude and Practice) survey tool has been used for data collection.
Statistics:	t-test has been applied for significance test.

V. RESULT & DISCUSSION

Keeping in mind the objective of the research this section deals with the analysis and discussion of data. Related data is represented in the tables giving N, Mean, S.D. and t values. If the t value has been found significant at .01 or .05 level of significance hypothesis is rejected, and if not found significant at both level it is accepted.

Hypothesis for Objective-1

Hypothesis 1- There will be no significant difference of Knowledge, Attitude and Practice (KAP) between rural and urban tobacco users.

Table-1

KAP	N	M	Sd	t
Rural Tobacco Users	160	35.2	9.32	1.99 p<.05
Urban Tobacco Users	160	48.6	8.36	

Result:

Table 1 shows that the mean values of scores of test on KAP of Rural Tobacco Users and Urban Tobacco Users are 35.2 and 48.6 respectively, with S.D. value of 9.32 and 8.36 respectively. 't' value between two means is 1.99, which is statistically significant (p<.05). Thus hypothesis 1 is rejected which means that there is significant difference of Knowledge, Attitude and Practice (KAP) between rural and urban tobacco users.

The mean score of KAP for Urban Tobacco Users is more than Rural Tobacco Users which means that Urban Tobacco Users are better in KAP score than Rural Tobacco Users

Hypothesis 1.1

There will be no significant difference of Knowledge between rural and urban tobacco users.

Table-1.1

Knowledge (about NTCP)	N	M	Sd	t
Rural Tobacco Users	160	8.32	3.34	3.23 p<.01
Urban Tobacco Users	160	16.28	3.32	

Result:

Table 1.1 shows that the mean values of scores of test on Knowledge level of Rural Tobacco Users and Urban Tobacco Users are 8.32 and 16.28 respectively, with S.D. value of 3.34 and 3.32 respectively. 't' value between two means is 3.23, which is statistically significant ($p < .01$). Thus sub-hypothesis 1.1 is rejected which means that there is significant difference of Knowledge between rural and urban tobacco users.

The mean score of Knowledge for Urban Tobacco Users is more than Rural Tobacco Users which means that Urban Tobacco Users are better in knowledge level score than Rural Tobacco Users

Hypothesis-1.2

There will be no significant difference of Attitude between rural and urban tobacco users.

Table-1.2

Attitude (Towards NTCP)	N	M	Sd	t
Rural Tobacco Users	160	12.38	6.35	2.03 $p < .05$
Urban Tobacco Users	160	20.78	7.68	

Result:

Table 1.2 shows that the mean values of scores of test on Attitude of Rural Tobacco Users and Urban Tobacco Users are 12.38 and 20.78 respectively, with S.D. value of 6.35 and 7.68 respectively. 't' value between two means is 2.03, which is statistically significant ($p < .05$). Thus hypothesis 1.2 is rejected which means that there is significant difference of Attitude between rural and urban tobacco users.

The mean score of Attitude for Urban Tobacco Users is more than Rural Tobacco Users which means that Urban Tobacco Users have better attitude towards NTCP than Rural Tobacco Users

Hypothesis 1.3

There will be no significant difference in Practice between rural and urban tobacco users.

Table-1.3

Practice (To consume Tobacco)	N	M	Sd	t
Rural Tobacco Users	160	14.56	8.56	2.11 $p < .05$
Urban Tobacco Users	160	11.76	8.53	

Result:

Table 1.3 shows that the mean values of scores of test on Practice (to consume tobacco) of Rural Tobacco Users and Urban Tobacco Users are 14.56 and 11.76 respectively, with S.D. value of 8.56 and 8.53 respectively. 't' value between two means is 2.11, which is statistically significant ($p < .05$). Thus hypothesis 1.3 is rejected which means that there is significant difference in Practice (to consume tobacco) between rural and urban tobacco users.

The mean score of Practice (to consume tobacco) for Urban Tobacco Users is less than Rural Tobacco Users which means that Rural Tobacco Users Practice to consume tobacco is more Urban Tobacco Users.

Findings:

1. Urban tobacco users are significantly better in KAP than Rural tobacco users as reflected by significant 't' value ($p < .05$) and mean value.
2. Knowledge level of Urban tobacco users is significantly better than Rural tobacco users as reflected by significant 't' value ($p < .01$) and mean value.
3. Attitude towards NTCP of Urban tobacco users is significantly better than Rural tobacco users as reflected by significant 't' value ($p < .05$) and mean value.

4. Practice (to consume tobacco products) of Rural tobacco users is significantly more than urban tobacco users as reflected by significant 't' value ($p < .05$) and mean value.

VI. CONCLUSION

On the basis of above findings it can be said that better knowledge of ill effects of tobacco product consumption and attitude to control its use lead to less consumption. Results also reveals that tobacco consumption in rural areas is more than urban areas.

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