

Assessment of Passive Smoking Exposure among Adults Population in a Selected Urban Community Area Kanchipuram District, Tamil Nadu, India

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Abstract

Assessment of passive smoking exposure among adults population in a selected urban community area, Kanchipuram District, Tamil Nadu, India. The objectives are to assess the passive smoking exposure among adults population in a selected urban community area, To associate the passive smoking exposure with demographic variables in selected community area. Purposive sampling technique was used to select 96 samples. The data were collected by using passive smoking exposure scale. The collected data were tabulated and analyzed. Descriptive and inferential statistics were used. The result showed that 51% of passive smoking exposure on adequate knowledge where as 43.75% of passive smoking exposure on moderate knowledge where as 5.2% of passive smoking exposure on inadequate knowledge. P value is S=Significant of gender is $p=0.17$, educational status is $p=0.31$, occupation is $p=0.95$. NS=Non Significant of age is $p=0.92$, residence is $p=0.92$.

Keywords: *Passive smoking, Exposure, Adult.*

Introduction

“Every life is a profession of faith and exercise an inevitable and silent influence”.

Smoking is an addiction of tobacco products, which is the second most preventable causes of premature death in India. Tobacco smoke is a major source of air pollution in indoors and public places.^[1]

Nearly one-third of all the world population is regularly exposed to second hand smoking. This

exposure is responsible for about 1% of the global burden of disease in the form of respiratory infections, ischemic heart disease, lung cancer and asthma and is causing around 600,000 premature deaths globally. The association between second hand smoke and health outcomes, such as frequent respiratory infections, ischemic heart disease, lung cancer, asthma and stroke. Non-smokers who are exposed to second hand smoke have an increased risk of developing heart disease at least by 25%, stroke by 20% and lung cancer 20%.^[2]

Cigarette smoke is an inherently dynamic mixture that changes in characteristics and concentration depending on when is formed and how far it has travelled. The smoke particles change in size and composition as gaseous components are volatilized and moisture content changes; gaseous elements of SHS may be absorbed onto materials and particle concentrations drop with both dilution and impactions on surfaces. Because of its dynamic nature, SHS cannot be quantitatively defined, although such a definition is not needed for either research or public health purposes. A variety of

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indicators of smoking as the source of SHS and SHS itself can be measured.^[3]

Exposure to second hand smoke (SHS) occurs when non- smokers inhale tobacco smoke from burning cigarettes or from smokers exhaled smoke. Subjects may be exposed to SHS in multiple sites, such as the home, public places, cars, homes of relatives and the workplace.^[4]

Need for the Study: London University effects of passive smoking the mortality associated with passive smoking was evaluated in a 12 year study of 27,891 adult smokers and 19,035 non smokers identified in 1963. The research concluded that the passive smoking increase risk of death of adults it like active smoking.^[5]

Secondhand smoke causes approximately 7,330 deaths from lung cancer and 33,950 deaths from heart disease each year.^[6]

Passive smoking is the inhalation of smoke from tobacco products uses by others it also called as second hand smoke (SHS) or environmental tobacco smoke (ETS).^[6]

In Bangalore around 9% of total population suffered from asthma due to second hand smoke in 1979. In 2009 around 27% of population suffered from asthma due to passive smoking.^[6]

Between 1964 and 2014, 2.5 million people died from exposure to secondhand smoke, according to a report from the U.S. Surgeon General. The report also concluded that secondhand smoke is a definitive cause of stroke.^[7]

Statement of the Problem: Assessment of passive Smoking exposure among Adults population in a selected urban Community Area, at Kanchipuram District, Tamil Nadu, India.

Objectives:

- To assess the exposure of passive smoking among adults population
- To find the association between the exposure of passive smoking with selected demographic variables.

Operational Definition:

Exposure: Exposure is the state of having no protection from something harmful and the revelation of

something secret especially something embarrassing or damaging.

Passive Smoking: Environmental tobacco smoke that is inhaled involuntarily or passively by someone who is not smoking.

Adult: An adult is a person older than 18-59 of age.

Hypothesis:

H₁: There will be a significant association between passive smoking exposure among adults population in a selected area.

H₂: There will be a significant association between passive smoking exposure among adults population in a selected urban community area are selected demographic variables are age, gender, residence, educational level, occupation.

Assumptions: The abnormal passive smoking may prone to develop functional lung problems.

Delimitation:

- Adult's population in selected Community Area.
- Data collection period for 10 days

Research Methodology

A Quantitative approach with descriptive design was used in the study. The study was conducted among Adults with the age group between 18 to 59 years residing in selected urban community area, Kanchipuram District, Tamil Nadu. A convenient sampling technique was used to select 96 samples with the following inclusion criteria. People who are all with the age group between 18 to 59 years, People who can understand Tamil and English language, Willing participate in the study, Those who have the exposure of passive smoking at home and environment. The data was analysed by using descriptive and inferential statistics.

Data Collection Procedure:

- i. The data collection procedure was carried out for a period of 10 days.
- ii. The study was initiated after obtaining prior permission from the Institutional Ethical Committee, Concerned area.
- iii. Informed Consent was obtained from the selected sample

- iv. The self administered tool was distribute to the sample and collect data for 10 minutes.

Ethical Clearance:

- Departmental clearance was obtained from Department of Medical Surgical Nursing, Chettinad College of Nursing.
- U.G Committee clearance was obtained from UG Committee.
- Institutional Ethical Committee clearance was obtained from CARE.
- Formal permission was obtained from the authority of the selected Community area.
- Informed consent was obtained from the study samples.

Findings:

Objectives 1: Assess the frequency of passive smoking exposure among adolescents population

51% of adolescent’s population had adequate knowledge.

43.75% of adolescent’s population had moderate knowledge.

5.2% of adolescent’s population had inadequate knowledge.

Objectives 2: Association of demographic variables of the passive smoking exposure among adults population

Age and assessment of passive smoking exposure. There was no significant between the age and the assessment of passive smoking exposure $\chi^2=0.149$, $p(0.92)$. Gender and assessment of passive smoking exposure and there was significant between the Gender and the assessment of passive smoking exposure $\chi^2=3.509$, $p(0.17)$. Residence and assessment of passive smoking exposure and there was no significant between the residence and the assessment of passive smoking exposure $\chi^2=0.149$, $p(0.92)$. Educational level and assessment of passive smoking exposure and there was significant between the educational level and the assessment of passive smoking exposure $\chi^2=7.027$, $p(0.31)$. Occupation and assessment of passive smoking exposure and there was significant between

the occupation and the assessment of passive smoking exposure $\chi^2=1.601$, $p(0.95)$.

Source of Funding: Self

Conflict of Interest: Nil

Conclusion

This result from this study shows that the assessment of passive smoking exposure among adults population. This has to be taken into consideration. There may be some justifiable reasons for adequate knowledge on passive smoking exposure which can be improved upon.

The assessment of passive smoking exposure among adults population. The findings of the shows a significantly of passive smoking exposure among adults population.

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