



The Effect of Organized Awareness Campaign Launched for Tribal Parents on the Consequences of Passive Smoking among Children

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ABSTRACT

Melukavu is a tribal village in Kottayam District of Kerala, India. Use of tobacco and oral mucosal diseases associated to it are highly prevalent among the tribes in this area. People frequently start smoking young and continue to do so. It is disturbing that these people are unaware of the harmful effects smoking has on their children. To raise the level of health consciousness and for wellbeing in this tribal population, special consideration from the government and medical professionals is needed. This study aims to assess the influence of OAC on tribal parents' awareness of the effects of PS on their off spring. It has been discovered that smoking and their socioeconomic status and education have a positive link. The study unfortunately demonstrated that the tribal population of the area STPs ends a sizeable percentage of their money on tobacco despite being a community that does far worse than the rest of Kerala in terms of literacy, income, and health. This study was expressly created to evaluate these facts because there was no information available regarding the true range and prevalence of tobacco use and the associated oral mucosal ulcers. The contrast between their pre-test TKS and post-TKS is compared. Peer pressure, cultural views, and the family history of tobacco smoking were revealed to be the main causes of early habit onset. The researchers advise more effective anti-tobacco awareness initiatives for tribal parents of Melukavu given the high percentage of tobacco use among them.

Keywords: *Smoking, Passive Smoking, Secondhand Smoking, Children, Tribal Parents, Environmental Tobacco Smoke, Existing Level of Knowledge, Organized Awareness Campaign, Pre-Test Knowledge Score, Post-Test Knowledge Score, Knowledge Level*

Abbreviations: *OAC = Organized Awareness Campaign, PS = Passive Smoking, STPs = Smoking Tribal Parents, ELK = Existing Level of Knowledge, SKQ = Structured Knowledge*

Questionnaire, Pre-TKS = Pre-Test Knowledge Scores, Post-TKS=Post- Post-Test Knowledge Scores,

INTRODUCTION

Age, educational attainment, employment level, and monthly family income are all significantly correlated with tribal parents' understanding of PS and its negative impacts. It is also related to the frequency and volume of cigarettes smoked each day. The majority of them make beedi at home. Several tribal women work in the beedi industry, exposing them to cigarette smoke in the surrounding area. The results of this study confirm the necessity for an efficient Organized Awareness Campaign (OAC) to increase participants' understanding of the harmful effects of passive smoking. According to the study's findings, OAC can significantly enhance the wellbeing of indigenous youngsters. Many recommendations are made as a result.

Finding out the Existing Level of Knowledge (ELK) among Smoking Tribal Parents (STPs) over the effects of Passive Smoking (PS) on children was the primary goal. The effectiveness of the structured awareness programme was the second goal. The final goal was to link certain demographic factors and the knowledge level of STPs. Comparing the differences between the Pre-Test Knowledge Scores (Pre-TKS) of STPs and the sub-sections questionnaire is the fourth goal.

In Melukavu, there are 88 tribal families. There are a total of 288 tribes in its domain, 119 of which are male and 109 female. Only 9 of the 15 wards of Melukavu have access to the library facilities. So our study was limited within these 9 wards. 27 families out of the 88 surveyed by the researchers met the study's requirements. 2 families from each ward were chosen (total 18 families) using area sampling. They were the inhabitants within the radius of one kilometer of the library. Following a survey of 18 families, 23 smokers were chosen as study samples. Men and women were represented among the samples. OAC was started using the resources of the nearby library.

As a pilot study a pre-experimental investigation was carried out in 2 of the designated Melukavu wards. Area sampling and simple random sampling are used to acquire 10 smoking tribal parents. This pilot study used a descriptive and evaluative technique.

The draft OAC finally used for the main study was tried for pilot study. It was applied among 10 STPs (samples). It was deemed effective and understandable. A final draft of the OAC used for main study was created based on this preparation and took the advice of consultants and subject experts.

The descriptive approach was utilized to determine and assess the knowledge and efficacy achieved by the STPs from the OAC initiated. The system model proposed by Bratty Newman served as the conceptual framework. Structured questionnaires and survey formats were used to collect data. Though the pilot study was carried in the same village, the location of researcher's pilot study was distinct from that of the main study's area, and the samples of the two groups did not interact.

The pilot study assessed the impact of OAC on the disease-causing effects of PS in adolescents using a random sample method. OAC was used to analyze data from 10 samples. The mean difference between pre-test and post-TKS was found to be significant at 5% ($P=0.05$), which brought the study to a close.

In the main study, the assessment among samples reveals that while 14% had an average knowledge score, 86% had low understanding of PS and its consequences on children. Nobody had a high level of knowledge. While a survey was conducted with STPs to evaluate their knowledge of smoking practices, the negative effects of tobacco on health and their parents' attitudes towards tobacco control. The information gathered from 23 smoking tribal parents using a questionnaire that was administered during an interview. Every patient filled out the questionnaire.

Out of the 23 smoking tribal parents, 60% had made at least one attempt to stop smoking for a variety of reasons, including health protection or a doctor's recommendation. The study also assessed and evaluated their ELK in relation to PS and smoking-related illnesses. The remaining 86% had no ELK, while 14% had less ELK. Consequently, the study revealed a lack of understanding and awareness of the impacts of passive smoking.

According to the study on demographic features, 80% of the samples were men and 20% were women, and 75% of them were older than five years. The majority of samples (60%) were Hindus. 36% of the samples received daily earnings, and 30% had education levels between 5th and 10th. 82% of the samples came from BPL families, and 55% of the samples had two kids. The majority of the samples (80%) smoked cigarettes, and 64% of the samples smoked 11 to 20 cigarettes each day. The majority of samples (73%) have a smoking history of more than 10 years.

Proportional distribution of Pre-TKS results from samples demonstrates that, in contrast to 14% who scored on average, 86% had poor awareness on the consequences of PS among children. Nobody had a high level of knowledge. However, the poor knowledge level dropped from 86% to 0% in the post-test scenario, while 52% had average knowledge and 48% had strong knowledge level. Pre-TKS level was lower than the mean Post-Test Knowledge Scores (post-TKS). At the 0.01 level of significance, the estimated paired value of 11055 was higher than the table value. H_0 was therefore rejected as the null hypothesis and adopted as the research hypothesis.

Given that the calculated value (2.9) was greater than the table value at the 5% level of significance, there was a significant relationship between age and pre-test knowledge score. The amount of smoking incidence per day (14.649) and the type of tobacco used (12.53) were both significant at $P=0.05$. While the level of significance for employment position (19.149), education status (19.147), income (16.49), and smoking history (21.67) was high at 1%. H_0 is thus rejected as the null hypothesis for this variable, and H_2 is accepted i.e. there was significant association for selected socio personnel variables with pre-TKS. There was, however, no correlation between sex, religion and the number of children. So, for the variables, the null hypothesis was accepted. The data indicates that, at the 5% level of significance, the F score (2.10) was greater than the table value. H_0 therefore rejected the null

hypothesis and H3 was accepted. This implies that each area questionnaire had a distinct relevance and function.

ETHICAL PERMISSION

The pilot study followed by the main study was limited within the 15 wards of Melukavu Grama Panchayat which is located in Kottayam District, Kerala. Prior to the study ethical permission was taken from President of Kottayam District Panchayat and President of Melukavu Grama Panchayat. 23 samples were included in the study with their consent. No information, other than those directly relevant to smoking habits is obtained from the samples.

RESEARCH APPROACH

Phase I : Descriptive (survey approach)

Phase II : Quantitative in which evaluator approach adopted for this study

Research Design

Phase I : Non-experimental design

Phase II : Pre-experimental, one group, pre-test design and post – test design coming under experimental research design. **O X O** whereas;-

O- Knowledge of STPs regarding PS effects in children (Pre-test)

X-Administration of OAC

O- After the administration of OAC knowledge of STPs regarding effects of PS in children.

Variables: Two types of variables were identified in this study- a) Independent Variables where OAC of STPs on knowledge regarding the PS effects in children. B) Dependent Variables where knowledge levels of STPs regarding passive smoking.

Setting the Study :

Phase I: Selected areas of 15 wards of Melukavu.

Phase 2: Selected families residing in selected areas of Melukavu with children below 12

Population

Phase 1 : Tribal population in Melukavu

Phase 2 : Tribal STPs residing in Melukavu having children below 12

Sample : 23 STPs from selected areas of Melukavu were included.

Sampling Technique

Phase 1: *Area sampling is used in the stratified random sample process to select STPs from the local community:* In Melukavu, there are 88 tribal families and a total of 228 tribes in its domain, of which 119 are male and 109 female. OAC was initiated using the resources of the library. Just 9 of the 15 wards of Melukavu have access to library facilities. So the researchers considered only 9 wards for their study. In 9 wards only 27 families met the requirements of the study.

Phase 2: As 27 families fulfilled the inclusion criteria. The researchers using simple sampling selected 2 houses each from 9 wards. These 18 houses scattered within the radius of the library and suitable to initiate OAC were included in the study. Finally from the 18 families they identified 23 smokers as samples of the study. Men and women were represented among the samples.

Inclusion Criteria for Selecting Samples:

- Smoking tribal parents (STPs) with children under the age of 12;
- STPs who live in specific areas;
- STPs who can read and understand Malayalam

Exclusion Criteria for Selection Samples:

- Tribal parents who don't smoke.
- STPs who refused to participate in the study.

Data Collection: Data collection focused mostly on STPs in the chosen area and their understanding the impacts of PS on their children.

Development of Instruments, Techniques, and Tools: The following techniques were used to increase subject knowledge: a) Review of Literature; b) Books; c) Journals and Articles. d) Research studies both published and unpublished. a) Internet search; d) Conversations with pediatricians, nurses, and medical professionals; e) Personal experience; f) Discussion with academicians and colleagues.

OAC Development: First, a draft for the OAC was created using expert advice and literature study. It was organized to encourage group learning and prepared in accordance with the STPs level of knowledge. Parents' conveniences were also taken into account. A checklist of development criteria was created to assess the content OAC. The agree-strongly, agree, disagree, and remarks suggestions sections were included in the criteria for grading scale. 11 experts were invited to provide their recommendations and opinions about the OAC in relation to the criteria checklist as part of the content validity of the OAC that the investigators had designed.

Description Technique: To get information from STPs in survey format and knowledge questionnaires, researchers employed the self-reporting method.

Content Validity: A criteria check list for validation instruments like the OAC and survey formats, among others, was produced. The rating scale's criteria included columns for a) strongly-agree, b) agree, c) disagree, and d) opinions and ideas.

Eleven outside experts were consulted to determine whether the produced data collection tool and instrument, along with the problem statement, objectives, operational development, blueprint, and criteria checklist designed for validation, was appropriate and relevant. Eight of them were either medical doctors or senior nursing workers, and three of them were experts in public health. Out of the 51 suggestions made by the researchers, there was unanimous agreement by specialists on 45 of them.

Reliability of the Tool: By using the co-efficient internal consistency STPs lit-half approach, the reliability of the SKQ was determined. 10 STPs in the chosen wards of Melukavu received the instrument after receiving formal approval from the president of the local body. As the tool's dependability was 0.81, the SKQ was deemed reliable.

OBJECTIVES OF THE STUDY

- Examine the relationship between the ELK of STPs s on effects of PS in children.
- Measure the degree of knowledge among STPs regarding effects of PS in children.
- Evaluate the influence of OAC on the knowledge of STPs regarding effects of PS in children.
- Examine the association between the incidence of smoking and socio-demographic factors of the tribes such as their sex, educational attainment, income, and employment position.
- Compare the variations between the Pre-TKS of the STPs and the SKQ subsections.

HYPOTHESIS

- H1: The mean of the STPS s' Post-TKS will be higher than its Pre-TKS.
- H2: Pre-TKS of STPs will significantly correlate with a subset of socio-personal characteristics.
- H3 There will be difference between Pre-TKS of STPS s with other sub-sections of SKQ.

RESULT

Step 1: *Complete the Primary Level Work.* Our main task was to locate the STPs in the chosen community. In Melukavu, there were 884 tribal families. There were a total of 228 tribes residing inside its borders, 119 of which were male and 109 female. 88 families in total were surveyed for the study. 27 households met the prerequisite for inclusion, which required STPs with children under the age of 12. Among a total of 27 families, researchers randomly chose 18 households, resulting in 23 samples that included both smoking men and women.

Step 2: *Analyze the Distribution of STPs Using Socio-Personnel Variables:* Most of the participants were over 36 years old, with 80% men and 20% women. 60% of them identified as Hindus. The majority (36%) of the samples with respect to the educational status STPs revealed only a high school diploma, demonstrating the importance of providing health education to a group of parents with limited education. In this study, 82% of study samples came from BPL families, whereas just 16% of STPs received daily earnings and 36% worked for the government. In terms of the number of children, 55% of the samples had three, while 29% had two. Yet, 9% of people had just one child, and another 7% had four or more. The distribution of samples by type of smoking material reveals that 40% of the samples used cigarettes and the remaining 60% used beedi. According to their data, 64% of samples smoked between 21 and 30 cigarettes or beedi each day, while just 7% smoked less than 20. Yet, 17% of the samples used more than 30 cigarettes or beedi daily. According to the sample's history of smoking, 73% have smoked for more than ten years, 24% have smoked for three to ten years, and only 3% have smoked for less than three years.

Step 3: Find out the ELK: Only 14% of the samples had average knowledge scores, while 86% had inadequate knowledge on the impacts of PS on children. Nobody had a high level of knowledge.

Step 4: Evaluate the Effectiveness of OAC: Proportional distribution Pre-TKS results from samples demonstrate that, in contrast to 14% who scored on average, 86% had poor awareness of PS and its consequences on children. Nobody had a high level of knowledge. However, the poor knowledge level dropped from 86% to 0% in the post-test scenario, while 52% had average knowledge and 48% had strong knowledge level. Pre-TKS was lower than the mean post-TKS. At the 0.01 level of significance, the calculated paired value of 11.055 was higher than the table value of 1.66. As a result, the research hypothesis was accepted and the null hypothesis, H_0 , was rejected.

Step 5: Assess the ELK of STPs with Selected Associated Demographic Variables: The estimated value (2.9) was greater than the table value ($df(2)=5.991$, $P_{0.05/P_{0.01}}$, $df(6)=16.812$, $P_{0.05/P_{0.01}}$) at the 5% level of significance, indicating a significant connection between age and TKS. The amount of cigarettes /beedi smoked per day (14.649) and the type of tobacco used (12.53) were both only statistically significant. Whereas employment position (19.147), family income (16.49), smoking history (21.67) and educational status (19.149) were all highly significant at the 1% level. Since there was a substantial correlation between selected socio-personality characteristics and pre-TKS, hypothesis H_0 was rejected for this variable and hypothesis H_2 was accepted. However, no correlation between sex, religion, or the number of children and the pre-TKS was discovered. So, for these factors, null hypothesis is accepted.

Step 6: Compare the Difference between Pre-TKS of STPs with Sub-Sections of Questionnaire: When 5% level significance was applied to the data, the F score (2.10) was greater than the table value (1.25). H_0 therefore rejected the null hypothesis and H_3 was accepted. That implies that each region questionnaire had a distinct purpose and function.

KEY FINDINGS OF THE STUDY

- A total of 88 tribal families from 15 Melukavu wards were surveyed for the study. Of 88 families, 27 families met the inclusion criteria—having STPs with children under the age of 12 and were thus included. The researcher chose 18 families by a lottery. From those 18 households, 23 samples were chosen for the final analysis.
- The samples' ELK reveals that 86% had little awareness of PS and its effects on children, compared to 14% who scored on average. Nobody had a high level of knowledge.
- However, the low knowledge level dropped from 86% to 0% in the post-test scenario, while 52% had average knowledge and 48% had good knowledge level.
- The pre-TKS mean was lower than the post-TKS mean. At a significance level of 0.01, the calculated paired value of 11.055 was higher than the table value. As a result, the research hypothesis was accepted and the null hypothesis, H_0 , was rejected.
- There was a highly significant correlation between age, type of tobacco they use, number of cigarettes they smoke per day, employment status, monthly income, and period of time they had smoked. Hence, the null hypothesis was rejected for this variables by

Ho, and H2 was accepted, i.e., there was a significant relationship between pre-TKS and above socio-personal factors.

- However, no correlation between sex, religion, or the number of children and the pre-TKS was discovered. As a result, here null hypothesis was accepted.
- 5% level of significance, the F score (2.10) was higher than the table value. Ho therefore rejected the null hypothesis and H3 was accepted. This implies that each area in the questionnaire had a distinct purpose and function.

SCOPE THE STUDY

- The focus of this study was restricted to evaluating how OAC affected STPs in Melukavu in terms of how PS affected their children.
- The results of the study will assist the STPs in learning more about the negative impacts of PS on children and others.
- The current analysis can be expanded to other regions with colonies and include large settlements of indigenous people.

CONCLUSION

- It is quite concerning how ignorant local tribe parents are about the harmful effects of smoke on children.
- Improving this tribal community's health awareness and wellbeing calls for special attention from the government and health professionals.
- The majority of pre-TKS samples' results for home-based self-care were subpar.
- The post-TKS clearly shows how the introduction of OAC assisted them in learning about PS impacts in youngsters and how we can prevent it.
- More and more initiatives required for anti-tobacco awareness programs specifically aimed at STPs.
- Some socio-personal factors, such as age, educational status, employment, monthly family income, and length of smoking history, had strong associations with ELK of the samples.

RECOMMENDATIONS

- A comparable study with a sizable sample size can be carried out.
- A comparable study can be conducted to find out dads' knowledge, attitudes, and practices on PS impacts in children prevention.
- It is possible to plan an experimental investigation that includes measurements of environmental smoke levels and urine cocaine.
- The study can be repeated using comparable methodology in many locations.
- A control group can be used in an experiment for accurate comparison.

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