



To Assess the Knowledge and Providing Booklet Regarding Health Hazards of Spitting in Public Places among General Population

**Darshana Kumari Wankhede^{1#}, Suwarna Ghugare^{1*†}, Nikita V. Zade^{1†},
Payal C. Bansod^{1†}, Khushbu K. Kamdi^{1†} and Nutan R. Dewale^{1†}**

¹*Smt. Radhikabai Meghe Memorial College of Nursing, Sawangi (Meghe), Wardha, Datta Meghe Institute Medical Sciences (Deemed to be University), India.*

Authors' contributions

This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.

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ABSTRACT

Background: Smokeless tobacco consumption, which is widespread throughout the world, lead to oral sub mucous fibrosis (OSMF), which is a long-lasting and disturbing condition of the oral cavity with the potential for malignancy. Mainly focus on the consumption of smokeless tobacco, such as pan and *ghutkha* the role of these substances in the instruction of OSMF and ultimately oral cancer. It was established using the finding tools provide. The continuous chewing pan and swallowing of *ghutkha* cause progressive fibrosis in sub mucosal tissue. Generally, OSMF occurs due to multiple risk factors, especially smokeless tobacco and its mechanism, such as betel quid, Areca nuts, and slaked lime, which are used in *pan* and *gutkha*. The incidence of oral cancer is higher in women than in men in the South Asian country.

Objective: 1 To assess the existing knowledge regarding health hazards of spitting in public places among the general population. 2. To develop Information booklet regarding health hazards of spitting in public places among the general population.

[#]Assistant professor

[†]Clinical Instructor

^{*}Corresponding author: E-mail: Suwarna.ghugare1990@gmail.com;

Material and Method:

Research Design: Pre experimental research design,

Research Approach: Survey approach,

Setting of Study: Rural population Sawangi (Meghe) Wardha district,

Sample: The sample for the present study comprised of 100,

Sample size: The sample size selected for this study was 100 sample,

Sampling Technique: A convenience sampling technique.

Result: After the complete analysis, this study lead to the following result that the mean knowledge score in pre-test was 6.61 ± 2.30 and in post test it was 11.68 ± 1.45 and mean percentage of knowledge score in pre test was 44.06 ± 15.33 and in post test it was 77.86 ± 9.70 .

Conclusion: After the conclusion of the study it is exposed that the most of the knowledge are gained by providing the booklet and it is most effective result are occurred to provide the same information about the spitting.

Keywords: Prevention of spitting; health hazard; public place.

1. INTRODUCTION

“Spitting is the act of forcibly from the mouth ejecting saliva or other substances”.

India is the pretty awful country the great spit. It is the currently considered rude and tobacco is many parts of the world the including the west in some other part and more socially acceptable. It is the commonly believed that possible to transmit infectious disease, the including the tuberculosis, and the common cool but the epidemiological evidence. This is the case is not present and it can represent a symbolical regurgitation or an act of international contamination. It is a belief is not reflective of meaningful risk of spitting upon the other person, it is global sign of anger, especially the face. disrespect and hatred [1].

The spittoons were used openly during the 19th century to provide acceptable Spitters. The social attitude towards the spitting have changed the greatly in Western Europe since the middle age. By the early 1700s and the spitting had become seen as something which should be concealed and by 1859 many viewed of spitting on the floor or street as vulgar. The frequent spitting was part of the everyday life and at all the level of society it was thought ill-mannered to suck the saliva to avoid the spitting. The spittoon become far less common after the influenza epidemic of 1918 and there since that virtually disappeared. The Supreme Court of the United States³ continues to be provided with a personal cuspidor [2].

The habit is among the greatest level found in people who tobacco chewing and ghutka. The spitting in public places is gross, one of the most common reasons for an unclean environment

and health hazard. The disease carrier can spread air born respiratory disease like pneumonia, influenza and tuberculosis that lead to be TB epidemic. They expectorate on the roads on landing and inside lifts and unmindful of the disease their sputum could spread [3].

It is also produced when the lungs get inflamed due to pollution and smoking and oily food, eating heavy “ Dry climate coupled with bad air quality is also leading to the build-up of mucus in the respiratory tract generating phlegm” said Avinash Bhondwe, ex-president of the city chapter of Indian Medical Association [IMA] [4].

The school children should be taught of harmful effects of spitting in public places. And it NGOs should step up awareness thought street plays and hoardings in an economically weaker section of society. The heavy fine for who spit in public place Mohalla committees should campaign against [5].

The section 116 of the Bombay Police Act, 1951 has strictly prohibited spitting at the public places area. The offence is liable to punishment under section 117 of the Bombay Police Act and the penalty goes up to Rs. 1,200 [6].

1.1 Need of the Study

Tobacco use is a major public health challenge in India with 275 million adults consuming different tobacco products. Government of India has taken various initiatives for tobacco control in the country. Besides enacting comprehensive tobacco control legislation (COTPA, 2003).

India was among the first few countries to authorize WHO the Framework Convention on

Tobacco Control (WHO FCTC) in 2004. The National Tobacco Control Programme was piloted during the 11th Five Year Plan. Which is under implementation in 42 districts of 21 states in the country. The promotion of tobacco control by the civil society and community led initiative has acted in synergy with tobacco control policies of the Government [7].

In the study Bolton's showed overall and anterior ratio norms for Vidarbha population sample were found to be 88.15 and 78.50, respectively, with standard deviation of 3.27 and 3.19, respectively. The range of overall ratio noted was 80.36–98.44, and the range of anterior ratio was 67.74–89.70 [8]. In the study showed that ViVan ratio was found to be 90.79 with standard deviation of 3.13, variance of 9.81 and range was 83.55 - 95.82 [9].

1.2 Objectives of the Study

1. To assess the existing knowledge regarding health hazards of spitting in public places among the general population.
2. To develop Information booklet regarding health hazards of spitting in public places among the general population

2. MATERIALS AND METHODS

2.1 Research Design

Pre experimental research design

2.2 Research Approach

Survey approach

2.3 Setting of Study

Rural population Sawangi (Meghe) Wardha district

2.4 Sample

The sample for the present study comprised of 100

2.5 Sample size

The sample size selected for this study was 100.

2.6 Sampling technique

A convenience sampling technique.

2.7 Tool

Structured knowledge questionnaires including demographic variable will be use for the study.

2.8 Research Variable

Knowledge and attitude regarding health hazards of spitting.

2.9 Demographic Variable

Age, gender, education, profession.

2.10 Sampling Criteria

2.10.1 Inclusion criteria

- General population of Wardha district.
- People who are willing to participate in the study.
- Those who are available at the time of data collection
- People who can read and write.

2.10.2 Exclusion criteria

- 1) People who are not available at the time of data collection.
- 2) Illiterate people.

3. RESULTS

This section deals with the assessment of level of knowledge regarding health hazards of spitting in public places among the general population. The level of knowledge score is divided under the following heads of poor, average, good and excellent.

Section A: Distribution of the general population with regards to demographic variables.

Section B: Assessment of level of knowledge regarding health hazards of spitting in public place among the general population.

- The above table shows 11% of the general population were belonging to the age group of 10-15 years, 16% in the age group of 16-21 years and 22-27 years, 29% of them were belonging to the age group of 28-33 years and 28% of them were belonging to the age group of more than 33 years respectively.
- The above table shows 44% of the general population were females and 56% were males.

- The above table shows 11% of the general population were educated up to primary standard, 36% to secondary, 29% to higher secondary and 24% of them were graduates and postgraduates
- The above table shows 25% of the general population were laboring/farmer, 9% were students, 24% of them were unemployed and 42% were doing other profession.
- The above table shows 85% of the general population had knowledge regarding health hazards of spitting and 15% had no knowledge.
- The above table shows 32.90% of the general population had information from newspapers, 23.50% from television, 18.80% had information from magazine and 24.70% of them had information from health education.

The above graph shows that 7% of the general population in pre-test had a poor level of knowledge score, 59% in pre-test and 2% in post test had an average level of knowledge score,

31% in pre test and 13% in post test had better and 2% in pre test and 85% in post test had had an excellent level of knowledge score.

Minimum knowledge score in pre-test was 2 and in post test it was 5, maximum knowledge score in pre-test was 13 and in post test it was 14.

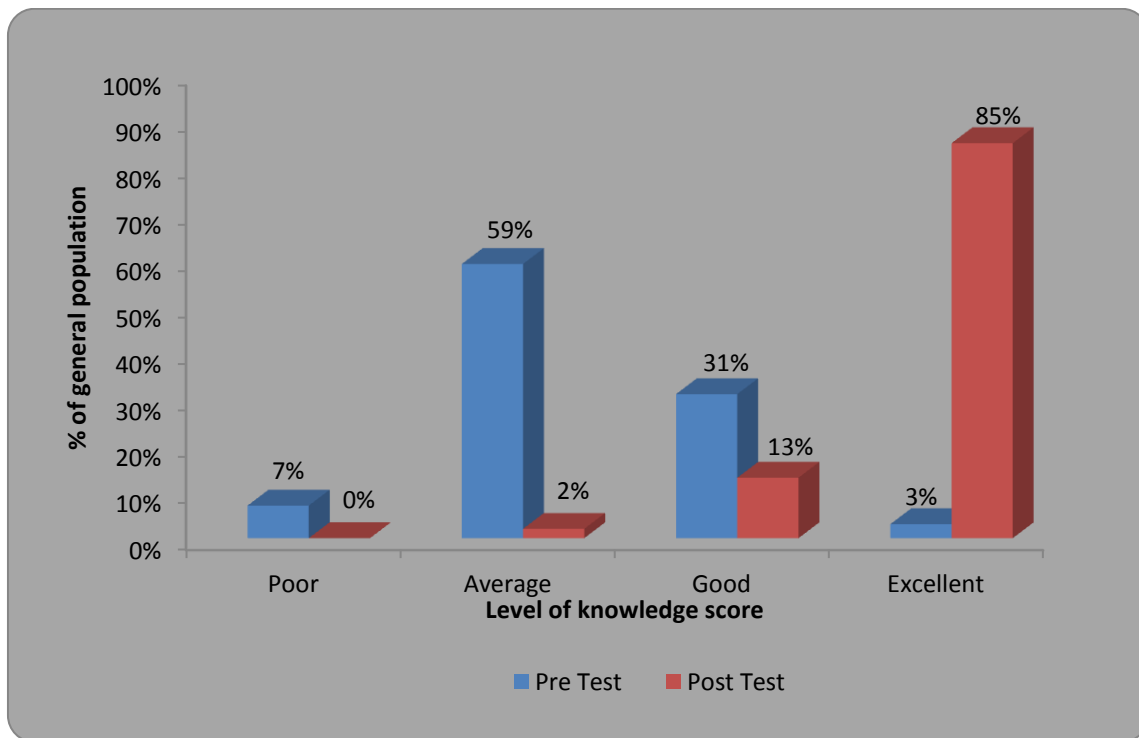
Mean knowledge score in pre-test was 6.61 ± 2.30 and in post test it was 11.68 ± 1.45 and mean percentage of knowledge score in pre test was 44.06 ± 15.33 and in post test it was 77.86 ± 9.70 [10].

4. DISCUSSION

To assess the knowledge regarding health hazards of spitting in public places among a general population, area of Wardha district, Maharashtra was undertaken with the objectives To assess the existing knowledge regarding health hazards of spitting in public places among the general population.

Table 1. Percentage wise distribution of general population according to their demographic characteristics n=100

Demographic Variables	No. of general population	Percentage(%)
Age(yrs)		
10-15 yrs	11	11
16-21 yrs	16	16
22-27 yrs	16	16
28-33 yrs	29	29
>33 yrs	28	28
Gender		
Male	56	56
Female	44	44
Educational Level		
Primary	11	11
Secondary	36	36
Higher Secondary	29	29
Graduate/PG	24	24
Profession		
Labour/Farmer	25	25
Student	9	9
Unemployed	24	24
Other	42	42
Knowledg regarding health hazards of spitting		
Yes	85	85
No	15	15
Source of knowledge		
Newspaper	28	32.9
Telivision	20	23.5
Magazine	16	18.8
Health Education	21	24.7



Graph 1. Assessment with knowledge score

5. CONCLUSION

After the complete analysis, this study led to the following results that pre-test knowledge was 44.06 ± 15.33 and after distributing the booklet, post-test knowledge was occurring is 77.86 ± 9.70 .

After the conclusion of the study, it is exposed that the most of the knowledge is coming to the providing of the same booklet and most effective results are occurred to provide the same information about the spitting.

6. RECOMMENDATIONS

On the basis of the findings of the study, it is recommended that the following studies can be conducted:

The following recommendations are offered for further studies:

- Study can be replicated on in a larger sample to validate the findings of the present study.
- Comparative study may be undertaken to find out the findings of the present study.
- Comparative study may be undertaken to find out the difference in knowledge among urban and rural community of knowledge

regarding health hazards of spitting in public places.

CONSENT

As per international standard or university standard, respondents' written consent has been collected and preserved by the author(s).

ETHICAL APPROVAL

It is not applicable.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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