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A Study To Assess the Knowledge and Attitude regarding impact of Passive Smoking among Mothers of Under Five Children attending Immunization Clinic at Selected Hospital Of Jaipur (Raj)

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Introduction: Healthy habits are a vital role to survive for long period even, such as eating well, avoiding harmful substances, exercising and yoga etc. Second-hand smoke (SHS) has two main components, sidestream and mainstream smoke. Non-smokers can get affected by breathing in cigarette smoke at home and in other areas outside home.. **Material and methods:** It is descriptive non-experimental study carried out among the mothers of under-five children at SPMCHI, Jaipur city (Rajasthan). Study was conducted in year 2020 and 60 mothers under-five children were selected by using purposive non-probability sampling method. A pilot study was performed on 10 mothers of under-five children to test reliability and feasibility of study. Reliability of knowledge tool was conducted through Kuder and Richardson Formula 20 (KR20) result was 0.72 and reliability of 5 point rating scale was analyzed by using the Cronbach alfa method it was 0.89. **Results:** Level of knowledge mothers of under-five children, which 60% (36) had poor knowledge, 25% (15) had average knowledge and 15% (9) had good knowledge regarding impact of passive smoking. Level of attitude of mothers under-five children, that 20% (12) had an unfavourable attitude, 67% (40) had neutral attitude, and 13% (8) had favourable attitude. It evidenced that for correlation between knowledge and attitude calculated value of Karl Pearson's correlation coefficient is 0.11 and tabulated value of correlation coefficient is 0.250 for df 58 at 0.05 level of significance. **Conclusion:** Present study reveals most of socio-demographic variables indicate a significant association with level of knowledge regarding impact of passive smoking among mothers of under-five children except age and smoking habit of family member.

Keywords: Knowledge and Attitude, Impact, Passive Smoking, Under 5 children, Mother

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Introduction

Passive smoking in the home is a major hazard to the health of the millions of children who live with smokers, and the extent of this health problem has not, to date, been accurately quantified. It is also identified that the vast majority of death and illness is caused by passive smoking in the home, rather than outside it. [1].

A review article on hazards of passive smoking reported that SHS is a major source of indoor air pollution. According to the world health organization (WHO), around four million, or almost half of the world's children breathe air, polluted by tobacco smoke, particularly at home. [2].

Children have smaller airways and are more sensitive to second hand smoke than adults. When a child is exposed to second hand smoke, his ability to breathe becomes impaired, as the airways become inflamed and filled with mucus. This leaves them more susceptible to respiratory symptoms, such as coughing and wheezing and often leads to respiratory infection. [3]. Sir Richard Doll quoted that "An hour a day in a room with a smoker is nearly a hundred times more likely to cause lung cancer in a non-smoker than 20 years spent in a building containing asbestos. [4].

A study conducted on Passive smoking by the World health organization states that it kills 600,000 a year, including 165,000 children. The study states that the biggest impact on children is in the developing world. [5]. A study by the international agency for research on cancer of the world health organization concluded that non-smokers are exposed to the same carcinogens as active smokers. The smoke contains more than 4,000 chemicals, having 69 known carcinogens.[6].

Objectives

It is a descriptive non-experimental study carried out among the mothers of under-five children at the selected hospital (SPMCHI) in Jaipur city (Rajasthan). A study was conducted in the year 2020 and 60 mothers of under-five children were selected by using a convenient sampling technique respectively. The tool develops and used for data collection contained Section A: socio-demographic data (07 variables), Section B: TOOL:1, a structured knowledge questionnaire

Related to knowledge regarding the impact of passive smoking among mothers of under-five children, TOOL:2, This section of the tool consists of 20 attitude statement both positive and negative statement. A pilot study was performed on 10 mothers of under-five children to test the reliability and feasibility of the study. The reliability of the knowledge tool was conducted through the **Kuder and Richardson Formula 20 (KR20)** the result was 0.72 and the reliability of the 5-point rating scale was analysed by using the **Cronbach Alfa method** it was 0.89.

Criteria for selection of the samples:

01. Mothers having children with 0 to 5 years of age group.
02. Mothers who willingly participate in the study.
03. The age of the mother will be 20-35 years of age.
04. The mothers who can understand Hindi and English.
05. The study will be carried out at SPMCHI, Jaipur.
06. The sample excluded there is disease conditions related to respiratory cancer.
07. The samples will be except for those attending any programme related to passive smoking.

Development and description of tool: The tool develop and used for data collection contained Section A: socio-demographic data (05 variables), Section B: TOOL:1, a Structured knowledge questionnaire related to knowledge regarding the impact of passive smoking among mothers of under-five children, TOOL:2, This section of the tool consists of 20 attitude statement both positive and negative statement. A pilot study was performed on 10 mothers of under-five children to test the reliability and feasibility of the study. The reliability of the knowledge tool was conducted through the Kuder and Richardson Formula 20 (KR20) the result was 0.72 and the reliability of the 5-point rating scale was analysed by using the Cronbach Alfa method it was 0.89.

Scoring criteria of knowledge score:

Section B (Tool:1)

- The maximum score is 30
- Each correct response gets 1 score
- Each incorrect response gets a zero score

Table 1: Scoring criteria of knowledge score.

Scoring criteria	Knowledge score
23-30	Good knowledge
16-22	Average knowledge
0-15	Poor knowledge

Table 2: Scoring criteria of level of attitude Section B (Tool:2).

Maximum marks – 100

Statement	Response	Marks
Positive statement	Strongly agree Agree Uncertain Disagree Strongly disagree	5 4 3 2 1
Negative statement	Strongly agree Agree Uncertain Disagree Strongly disagree	1 2 3 4 5

Scoring criteria	Attitude score
>75	Favourable attitude
51-75	Neutral attitude
0-50	Unfavourable attitude

Result

The finding is summarized as follows: The level of knowledge of mother of under-five children, in which (36) 60% had poor knowledge, (15) 25% had average knowledge and (9) 15% of them had good knowledge regarding the impact of passive smoking among mothers of under-five children.

Table 3: Frequency and percentage distribution of knowledge.

Category	Frequency {f}	Percentage {%}
Poor (0-15)	36	60
Average (16-22)	15	25
Good (23-30)	9	15

Table no.3 represent that the level of knowledge of mothers of under-five children in terms of predecided categories i.e. 36 (60%) majority of mothers of under-five children was found to have a poor level of knowledge whereas only 9 (15%) had a good level of knowledge regarding the impact of passive smoking, and only 15 (25%) were found to possess the poor level of knowledge regarding the impact of passive smoking.

The mean, SD and mean percentage, median and mode of aspects of knowledge of mothers regarding the impact of passive smoking the present study shows that the highest mean score of subjects is 14 with an SD of 5.7 and mean percentage of 46.66%, the median is 13.5 and mode is 12 was Obtained for knowledge regarding the impact of passive smoking that indicates the mothers of under-five children had low knowledge regarding the impact of passive smoking.

The level of attitude of mothers of under-five children, which (40) 67% had a moderate level attitude, (12) 20% attitude and (8) 13% of them had a high-level attitude regarding the impact of passive smoking.

Table 4: Frequency and percentage distribution of attitude.

Category	Frequency {f}	Percentage {%}
Unfavourable (0-50)	12	20
Neutral (51-75)	40	67
Favourable (>75)	8	13

Table no.4 represent that the attitude of mothers of under-five children in terms of predecided categories i.e. 40 (67%) majority of mothers of under-five children was found to have a neutral level of attitude whereas only 8 (13%) had a favourable level of attitude regarding the impact of passive smoking, and only 12 (20%) were had an unfavourable level of attitude regarding the impact of passive smoking.

The mean, SD and mean percentage, median and mode of aspects of attitude of mothers regarding the impact of passive smoking the present study shows that the highest mean score of subjects is 57 with an SD of 14.42 and mean percentage of 57%, the median is 59 and mode is 63 was obtained for attitude regarding the impact of passive smoking that indicates the mothers of under-five children had neutral attitude regarding the impact of passive smoking.

It evidenced that for the correlation between knowledge and attitude calculated value of Karl Pearson's correlation coefficient is 0.11 and the tabulated value of the correlation coefficient is 0.250 for df 58 at a 0.05 level of significance. The calculated value of the correlation coefficient is 0.11 is less than the tabulated value of 0.250 for df 58 at a 0.05 level of significance hence there is a non-significant correlation between knowledge and attitude regarding the impact of passive smoking among mothers of under-five children. therefore, the investigator fails to reject null hypothesis H_{01}. This means that there is no relationship between knowledge and attitude.

Table 5: Finding related to the relationship between knowledge and attitude of mothers.

N=60

Correlation value	Tabulated value	Degree of freedom	Level of significance	Result
0.11	0.25	58	0.05	Non-significant

It is evident that for the relationship between knowledge and attitude, the calculated value of Karl Pearson's correlation coefficient is 0.11 and the tabulated value is 0.25 for df 58 at a 0.05 level of significance.

There is no significant association between the knowledge of mothers of under-five children and demographic variables such as age ($\chi 2=4.94$) and the Smoking habit of a family member ($\chi 2=7.93$) is not significant at a 0.05 level of significance. Hence hypothesis H_2 is rejected and null hypothesis $H_{02}$is accepted.

There is a significant association between knowledge of mothers of under-five children such as educational status ($\chi 2=18.10$), area of residence ($\chi 2$ 6.68) and source of information ($\chi 2$ 30.31) at a 0.05 level of significance. Hence hypothesis H_2 is accepted and null hypothesis H_{02} is rejected.

There is no significant association between the attitude of mothers of under-five children and demographic variables such as age ($\chi 2=8.28$) and smoking habit of a family member ($\chi 2=9.8$) is not significant at a 0.05 level of significance. Hence hypothesis H_3 is rejected and null hypothesis H_{03} is accepted.

There is a significant association between the attitude of mothers of under-five children and demographic variables such as educational status ($\chi 2=15.87$), area of residence ($\chi 2=9.20$) and source of information ($\chi 2=29.5$), at a 0.05 level of significance. Hence hypothesis H_3 is accepted and null hypothesis H_{03} is rejected.

Discussion

Shahid S. (2012) Conducted a study to assess the impact of household tobacco smoke exposure on childhood wheezing among 600 children of 0-12 years of age in Mumbai. The results showed that 43.8% of the children reported household tobacco smoke exposure. The active smoker was the father In 94.30% of the cases, an uncle and/or grandfather in 19.39% of the cases, (and 13.69%) had two or more relatives smoking at home. There was no case of exposure to maternal smoking. 114 (43.35%), 98 (37.26%) and 51(19.39%) of these tobacco-exposed wheezing children had relatives who smoked beedi, conventional cigarettes or both at home, respectively.[7].

Jill S. et. al. (2010) Conducted to describe and compare knowledge, attitudes, and household practices regarding passive smoking exposure among parents of young urban children with or without Asthma in Sweden. The result showed that overall, 39% of children lived with more than one smoker (cases, 36%; controls, 43%), majority of parents (78%) felt that cigarette smoking is very dangerous and agreed that smoke harms the health of children (97%). Cases were more likely than controls to report that smoking in a car affects children's health (54% vs 42%) and that smoking in front of children is never allowed in their home (88% vs 79%). Additionally, more cases reported a home smoking ban (81% vs 70%). [8].

Shiva F. Padvab M. (2008) Conducted a study to assess the patterns of parental smoking, the level of parental awareness about the hazards of SHS, and the effect of risk awareness on smoking behavior among preschool children in Tehran. The result shows a total of 647 families, out of 35.70 %, (231 families). 97.80% of smoking families, only the fathers smoked; and in 2.20% (5 families), both parents were regular smokers. It was found that the prevalence of smoking was higher in poor families as compared with families who were well-off (39% vs. 25%), and also in families with lower educational levels. [9].

Crone MR. et al (2003) Conducted to assess the Knowledge, attitudes and behavior regarding SHS among 1374 Asian Americans. The results show that involuntary exposure to SHS remains a common public health hazard with 38.3% reporting exposure at home and 40.30% at the worksite and 21.40% in public areas. Knowledge level had a significant effect on tolerance behavior. The researcher concluded that there is an urgent need for a smoke-free policy at home, in the workplace, and public areas. [10].

Blackburn C. et al. (2003) Conducted a study to examine parents' reported knowledge

And use of harm reduction strategies to protect their infants from exposure to tobacco smoke in the home and the relation between reported use of strategies and urinary cotinine to creatinine ratios at Birmingham among 314 smoking households with infants. The results revealed that 86% of parents (281/314) believed that ETS is harmful, 90% (281/314) believed that infants can be protected from it in the home, and 10% (32/314) were either unaware of measures or reported using none. 65% of parents (205/314) reported using two or more measures, but only 18% (58/314) reported not allowing smoking in the home. [11].

Gupta D. et. al. (2001) Conducted a study to determine the prevalence of asthma and its association with ETS exposure among 9090 students of the < 20-year age at Chandigarh. The result showed that among 4367 boys, the prevalence of asthma was 2.60%. Among 4723 girls, asthma was present in 1.90%. The presence of one or more respiratory symptoms was reported by 31% of students. More students with asthma had either parents or other family members smoking at home as compared to non-asthmatics (41% vs. 28%). [12].

Helgason AR, Lund KE, (2001) Conducted a study to assess the health-risk awareness and attitude towards ETS regarding its potential hazards among 5500 parents of children aged 03 years in Nordic countries. The result showed that 02 in 03 parents who smoked did not recognize the increased risk for an inner ear infection and approximately 50% were not aware of the role of parental smoking in recruiting smokers. 01 in 02 smokers tended to agree or agreed that an act should be passed which forbids all indoor smoking in the vicinity of children. After adjustment for covariates, the level of health-risk awareness about ETS was significantly related to no ETS exposure within and outside the home. [13].

David M. et al. (2001) Conducted a study to determine the effects of postnatal smoke exposure on the respiratory health of children aged 4 to 16 years in the United States. The result shows that among all children significant effects associated with high cotinine levels were for wheezing apart from cold in the past year (95%); six or more days of school absence in the past year (95%); and lung function decrements in the forced expiratory volume in one second (95%) And the maximal mid expiratory flow (95%). The cotinine level was increased significantly among 4-16-year-old children. [14].

Francesco F. et al. (1992) Conducted a study to evaluate the possible effects of passive smoking on the respiratory health of children among 3092 primary school children living in 02 polluted areas at Civitavecchia. A self-administered questionnaire was filled in by the parents of chosen children. The results show that exposure to any passive smoking increased the odds ratio of having night cough (1.80), snoring (1.40), and respiratory infections during the first two years of life (1.30). A further increase in risk was observed in children whose mothers smoked or if both parents were smokers (1.50). The study concluded that passive smoking causes an increase in respiratory symptoms in children. [15].

Park S. et. al. (2019) Conducted a study regarding factors influencing exposure to secondhand smoke: passive inhalation in student nurses among 196 college students who had not smoked cigarettes in the past 12 months in Korea. The result shows that Urinary continence measurements show that 32 students (16.3%) were exposed to SHS. Risk factors that increased exposure to SHS affected 80 students (40.8%) in the previous 7 days. Students who were exposed to SHS were 4.45-times more likely to have increased urinary continence levels than those who were not exposed. [16].

Pons-Vigues M. et. al. (2019) Conducted a study regarding the Effect of the comprehensive smoke-free law on time trends in smoking behavior among the population over 15 years of age assigned to PHC teams (66) in Spain. The overall standardized smoker prevalence rate showed a significant downward trend (higher in men than women) and the overall standardized ex-smoker prevalence rate showed a significant increasing trend (higher in women than men) in the three regions. Standardized smoker and ex-smoker prevalence rates were higher for men than women in all regions. [17].

Zeynep CS et. al. (2018) Conducted a study regarding the smoking attitude of the patients with Allergic Rhinitis: A comparison with Asthma and chronic obstructive pulmonary disease among 937 patients with Allergic Rhinitis (n=252), Asthma (n=249), COPD (n=188) and healthy

Controls (n=248) were enrolled in the study at Ankara. The results show that the rates of active smokers were 35% (HCs), 26% (COPD), 21% (AR), and 11% for Asthma. Exposure to ETS while with friends was significantly higher among HCs and AR groups ($p<0.0001$). the rate of willingness to quit smoking is high in AR patients (73%) but they did not determine the date of quitting. [18].

Keshavarz H. et. al. (2013) Conducted a study regarding passive smoking and attitudes towards tobacco control programs among 8 dental schools all fourth-year students in Tehran. The results show that the response rate was 84% (325 students, 66% female), and exposure to ETS was reported by 74% of the participants. Men were significantly more exposed to ETS at home, and in other places than were women. Most of the students agreed on queried tobacco control policies. The lowest agreement (72%) was for banning smoking in coffee shops and tea houses. [19].

Johansson A. et. al. (2004), Sweden: Conducted a study to understand the opinions and attitudes towards children's passive smoking among smoking and Non-smoking parents (n=300) with 4-6 years old children in Sweden. The result shows that indoor smokers were more positive regarding passive smoking, less aware of the adverse health effects of passive smoking and more negative regarding the handling of tobacco prevention in health care than both outdoor smokers and non-smokers. Indoor smokers' idea of how children should be protected from tobacco smoke exposure was significantly different from the idea of Non-smokers and outdoor smokers. [20].

Blizzard L Conducted a study on Parental smoking and infant respiratory infection stating, how important it is to not smoke in the same room with the baby in the first 12 months of life among 4486 infants in Tasmania. The result showed that the risk of hospitalization was 56% higher if the mother smoked in the same room with the infant, 73% higher if the mother smoked when holding the infant, and 95% higher if the mother smoked while feeding the infant. [21].

El-Ansari W. (2002) Conducted a study on passive smoking in children: facts and publications among 60 children at Alexandria. The result shows that the passive smoker children, girls were more exposed, 35% of the population burden of cotinine/creatinine Was among these aged 0-2 years and exposure significantly decreased with the child's age. Passive smoker children whose fathers smoked 'lighter' cigarettes had higher exposure levels than those whose fathers smoked regular brands. [22].

Charles W. et. al. (1999) Conducted a study to control and prevention to track tobacco use among youth in 13 countries across the world the finding shows that tobacco use in the age group of 18-24 ranged from a high of 33% to a low of 10%. The majority of the respondents reported being taught in school about the dangers of smoking. Environmental tobacco smoke exposure was very high in all the countries. The majority of current smokers wanted to stop smoking very few were able to attend a cessation program. [23].

Conclusion

The present study reveals that the majority of mothers of under-five children had poor knowledge and neutral attitude regarding the impact of passive smoking. The study shows that most of the socio-demographic variables indicate a significant association with the level of knowledge regarding the impact of passive smoking except for age and the smoking habit of a family member. So hypothesis H_2 is accepted and the null hypothesis is Rejected at a 0.05 level of significance. So, the recommendation based on the above findings that need more activities to enhance the level for that:

- A similar study can be conducted on a larger and wider sample to draw generalizations.
- A comparative study may be conducted on urban and rural mothers.
- A similar study can be repeated with randomization of the sample.
- A study can be made to compare the effectiveness of the video-assisted teaching programme with other methods of teaching.
- A comparative study can be done, one with a control group and another with an experimental group.
- A similar study can be conducted among staff nurses and nursing students.

Author contribution: PS: Concept of study, data collection, SS: Supervision, data interpretation, review of literature, AY: Result analysis, data collection, supervision.

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