



KNOWLEDGE ON THE ILL EFFECTS OF GUTKHA USE AMONG YOUNG ADULTS

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Abstract

The consumption of tobacco, in particular smokeless forms like gutkha, raise a serious health concern and is a challenge globally. In India, in spite of regular bans the people consume gutkha widely, especially the youth, disadvantaged and socioeconomically back groups. Most of the adults belief that the blended spices and seasoning do not make it as harmful products. But the truth remains that this Gutka just as any other tobacco products is very addictive and injurious to health. This study looks into the awareness of youth regarding the harmful effects of gutkha at Karbalapur village, Sitapur who are aged between 15–35years. Gutkha is a substance of areca nut, catechu, lime, etc and also contains various carcinogenic substances, has been strongly linked to oral cancer and other health hazards. It's continued use, in spite of the law points to a serious problem with public knowledge and law enforcement. To inform the creation of helpful health education methods, this research looks at how much people in the target population are aware of the ill effects of gutkha use. The study findings showed that 58.33% of the people have poor knowledge of the ill effects of Gutka consumption. Results from the study will guide efforts to lower the number of deaths and diseases caused by tobacco in rural India.

Keywords:

Gutkha, Smokeless Tobacco, Oral Cancer, Rural India, Tobacco Regulation, Socioeconomic Factors.

INTRODUCTION

Good health is very important for a country and greatly contributes to its social and economic growth. Eating tobacco in products such as gutkha seriously endangers people everywhere. According to WHO statistics in 2016-17, nearly 267 million adults who are 15 years and above in India are users of tobacco, according to the Global Tobacco Adult Survey. Globally, tobacco use is one of the biggest public threats[1]. Unfortunately, it is also one of the major causes of death and disease in India. India is also the second-largest consumer and producer of tobacco. Consumption of tobacco began more than 400 years ago, and now 40% of tobacco users do not smoke, but use products such as pan masala, zarda and gutkha, in the form of chewing, spitting, dipping, and snuffing.[2]. These products are marketed as mouth fresheners; many of these products are now widely popular with the youth and disadvantaged groups and mostly they are in the rural population[3]. Gutkha consists of areca nut, tobacco, catechu, lime and various flavourings[4]. It includes chemicals such as nicotine, nitrosamines and heavy metals such as cadmium, lead and arsenic—all are highly addictive and can cause cancer[5]. The rising number of oral cancer cases, which is now the third

largest cause of cancer in India[6], is mainly caused by tobacco use. Each year, tobacco use is linked to about 80,000 deaths in India, which has a big impact on the health system and the economy[7].

Even though selling gutkha was prohibited by the FSSAI (Food Safety and Standards Association of India) in 2011, people are able to access and use it in many states [8]. Research indicates that the ban has not stopped people from using or getting access to them to a great extent [9]. Other young people, parents' habits, ignorance and easy access to tobacco helps to explain why young people use tobacco more frequently [10]. Results from the Global Youth Tobacco Survey suggest that tobacco use is about equal among boys and girls in many countries [11]. Since it is forecasted that tobacco will cause many more deaths in India by 2025, we need to assess how aware populations at risk are [12]. Many adults use this as mild psychoactive drug and even available in different packet forms and low prices [13]. This study aims to assess the awareness regarding ill effects of gutkha among adults aged between 15–35 years living in Karbalapur village, Sitapur.

PROBLEM STATEMENT

A descriptive study to assess the knowledge regarding ill effects of usage of Gutkha among adults (15 – 35 years) of Karbalapur village, Khairabad, Sitapur.

OBJECTIVES

- To assess the knowledge about ill effects of usage of Gutkha.
- To find the association between knowledge regarding ill effects of usage of Gutkha and its selected variables

HYPOTHESIS

- H1- There is significant association between knowledge on ill effects of usage of Gutkha and its demographic variables

INCLUSION CRITERIA

- Adults between 15-35 years, Adults of Karbalapur village.
- Adults who are willing and present at the time of data collection.

EXCLUSION CRITERIA

- Adults who are living in other villages.
- Adults who are above 35 years or children below 15 years.
- Adults who are absent from the village at any reason at the time of data collection.

RESEARCH METHODOLOGY

1. Research Design and Data Collection Method

The study employed a non-probability descriptive research design, aimed at assessing the knowledge levels regarding the ill effects of gutkha and their association with selected demographic variables. A non-probability convenience sampling technique was used to select the sample of 60 among Adults aged 15–35 years residing in Karbalapur village, after obtaining formal permission from the administrative authority. The information sheet was provided to the subjects and written informed consent was obtained from the subjects who were willing to participate in the study.

Baseline variables were collected using demographic proforma such as age, gender, education, occupation, income, and family type. A self-structured knowledge questionnaire consisting of 14 items, which scores 1 point for each correct response and 0 for incorrect answers, was used. A pilot study was conducted among 10% of the sample and content validity was assessed by a panel of medical experts. A split-half method was used for reliability testing [14]. The r value was 0.84. The study was found to be feasible, thus conducted the main study. This structured and ethically sound methodology facilitated a comprehensive assessment of knowledge regarding the ill effects of gutkha among young adults in a rural Indian context, ensuring validity, reliability, and cultural appropriateness throughout the study [15].

DATA ANALYSIS AND INTERPRETATION

The data was organised in a master sheet and analysed by using descriptive and inferential statistics.

Demographic Characteristics of Participants

Majority of participants were males (58%), aged between 26–30 years (32%). Most of them (32%) were employed and income was ₹5,000–₹10,000 (43%), but having only primary education/ illiterate (43%). All were from both joint and nuclear families equally.

(N = 60)

Variable	Category	Frequency (f)	Percentage (%)
Age (in years)	15–20	16	27%
	21–25	14	23%
	26–30	19	32%
	31–35	11	18%
Gender	Male	35	58%
	Female	25	42%
Occupation	Employed	19	32%
	Student	17	28%
	Unemployed	13	22%
	Agricultural/Daily wage	11	18%
Monthly Income	Below ₹5,000	12	20%
	₹5,000–₹10,000	26	43%
	₹10,001–₹20,000	14	23%
	Above ₹20,000	08	14%
Education	Illiterate/Primary	26	43%
	High school	14	23%
	Intermediate	12	20%
	Graduate and above	08	14%
Family Type	Joint	30	50%
	Nuclear	30	50%

Table 1: Frequency and Percentage Distribution of Demographic Variables

1. Knowledge Level Regarding the ill Effects of Gutkha

58% had **low knowledge** about the harmful effects of gutkha, while only 14% had **high knowledge**.

(N = 60)

Knowledge Level	Frequency (f)	Percentage (%)
Low Knowledge	35	58%
Average Knowledge	17	28%
High Knowledge	8	14%

Table 2: Distribution of Participants Based on Knowledge Score

2. Association Between Knowledge Score and Demographic Variables

Knowledge level was significantly associated with **age**, **education**, and **family type**, but not with gender, occupation, or income.

(N = 60)

Demographic Variable	Chi-square Value (χ^2)	Degrees of Freedom (df)	P Value	Text of Significance
Age	14.3	6	0.0267	S
Gender	3.79	4	0.4356	NS
Occupation	12.01	6	0.0613	NS
Monthly Income	6.128	6	0.4082	NS
Education	24.49	6	0.0004	S
Family Type	16.68	4	0.0022	S

(S significant NS not significant)

Table 3: Chi-square Test Results of Association Between Knowledge and Demographic Variables

DISCUSSION AND CONCLUSION

A total of 60 participants were selected using a convenience sampling technique. Data were collected using a validated demographic proforma and a self-structured knowledge questionnaire with a reliability coefficient of 0.84[14]. The results revealed that 58% of the respondents had low knowledge, 28% had average knowledge, and only 14% had high knowledge regarding the harmful effects of gutkha.

The study found statistically significant associations between knowledge scores and demographic variables such as age, education, and family type. However, no significant associations were found with gender, occupation, or monthly income[16]. These findings align with previous literature, indicating that educational status and age are strong predictors of health awareness in rural populations. The results emphasize the need

for targeted public health interventions, particularly community-based health education programs. Nurses can play a pivotal role in such interventions through individual and group counselling, awareness campaigns, and preventive education[17]. Nurse administrators can take the initiative to train frontline health workers, while nurse educators can integrate content on smokeless tobacco use into nursing curricula, enhancing the reach and impact of anti-tobacco education.

Furthermore, nursing research must continue to explore culturally appropriate and evidence-based interventions that can effectively reduce tobacco use and inform policy development[18].

Present study findings supported by a study conducted by Sunil Deshmukh (2019) on gutkha knowledge, attitude and practice of gutkha chewing among young people in Hiroli village of Kalaburagi, district, with an aim to know the knowledge, attitude and practice among gutkha chewers of Hiroli village in Kalaburagi district Karnataka, India. In this study sample comprised a total 479 participants and found that prevalence of smokeless tobacco consumption is high in rural population (49.2%) and most of the participant (51%) agreed that gutkha chewing is injurious to health, but the knowledge of gutkha causing oral and throat cancer was limited (40.6% and 36.4% respectively) [19].

Another study supports the present study conducted by Mahrotra Divya & Prashant (2017) to assess the knowledge of ill effect of Pan Masala among high school students lived in a selected School in north India. An interview and oral examination method was used for data collection for a sample of 0.45 million. The prevalence of gutkha use was most common in 15 to 19 years of age group. A total of 4% adult population above age of 15 year were consumed pan masala. The study concluded that 1.3% population were observed non tobacco pan masala user and 4.8% tobacco users [20].

Again, another study also supports the present study conducted by Metgud (2018) on prevalence, knowledge and attitude of gutkha among school children of Arsikere, India. The objective of the study is to assess the prevalence knowledge, and attitude of gutkha chewing among children of Arsikere, India. In this study, 200 school children between 10 and 15 years were examined with the help of a questionnaire to evaluate the presence of betel nut and paan Chewing habit in various forms. Children of both sexes were included in the study. Responses of all study population and the association between dependent and explanation Variable were assessed using chi- square test. The study found that 28% of children had the habit of gutkha chewing, more among boys than girls at the ratio of 4:1 which was statistically significant ($p < 0.05$). The habit was more common in government school children than private school children. Over 70% of children believed that it was bad habit, but half the study population was not aware of side effects, 30% of children believed that it was not a bad habit and has no side effect [21].

Achaibam S Singh 'et. al' (2019) conducted a cross-sectional study on knowledge and practice of tobacco use in school students, Nagaland. The objective of study is to assess knowledge of the school students regarding tobacco. In this study 3 to 5 participants are selected using total enumerative sampling techniques.

The study found that overall knowledge of the students about tobacco was 62.25% and practice of tobacco used was 57.2%. The study suggests that tobacco use is an important risk factor which is prevalent among high school students [22].

Gutkha consumption remains a major public health concern in India, significantly contributing to the prevalence of oral cancers and other tobacco-related morbidities [6]. This study sought to assess the knowledge levels regarding the harmful effects of gutkha among adults aged 15–35 years in Karbalapur village, Khairabad, and to examine the association of this knowledge with selected demographic variables.

Conclusion

Gutkha use continues to be a pressing but under-addressed issue in the public health sphere. The study highlights that knowledge about its ill effects remains low among rural youth, particularly those with limited education. Demographic factors such as age, education level, and family structure significantly influence awareness levels.

Nurses, as frontline health professionals, have a crucial role in addressing this gap through community engagement, health education, and policy advocacy. The study recommends implementing planned teaching programs specifically designed for young adults and replicating the research on a larger, more diverse sample to enhance generalizability.

MAJOR FINDINGS OF STUDY:

The following are the major findings of the study. Majority of the person and family members had low level knowledge (58%), where as 28% had average level and 14% of them had low level of knowledge from the total population.

- Majority of person with poor knowledge are between 31-35 years of age.
- Regarding the level of knowledge, 24 Male and 11 Female have poor level of knowledge.
- Findings related to association between level of knowledge with selected demographic variables: there is statistical significant association between age, education and family type and not significant between gender, occupation, monthly income.

IMPLICATION:

To maintain the dynamic balance between the society needs and nursing services, the need for scientific enquiry through research and its utilization becomes a necessary. Educators, practitioners, researchers, administrators and collaboration that exists among these groups mainly affect the utilization of research findings.

Nursing Education:

- Nurse can educate common people regarding harmful effects of gutkha consumption, by having an up-to-date knowledge

Nursing Practice:

- The teaching program can be conducted by nursing personal that improve the knowledge of harmful effects of chewing gutkha to the people around.
- Nurse can conduct individual and group counselling for different age group to make them aware of the harmful effects of chewing gutkha.

Nursing Administration:

- The nurse administrator can assess, organize and conduct teaching programme for health workers in order to enhance their knowledge and keep them aware of the harmful effects of gutkha consumption.
- They can provide adequate data to policy making agencies for making/renewing policies/protocols

Nursing Research:

- Educator and administrators can encourage nurses to read, discuss and conduct research study so as to enable the nurse to make data based decision

Limitations

- This study limited by adults of the age group between 15-35 years at Karbalapur village.
- The sample size was small, so the generalization of findings is limited.
- The data collection tools used in this investigation were prepared for this particular purpose and used for the first time.
- Time constraints limited the study to conducting at a large scale.

Recommendations

- Conduct large-scale studies to confirm and expand these findings.
- Implement structured teaching programs targeting youth and rural communities.
- Integrate anti-gutkha education into school curricula and community health programs.
- Engage policy-makers to strengthen regulation and enforcement of gutkha bans.

CONCLUSION:

Gutkha is a growing threat for oral cancer, a public health problem in our Country. The main aim of study was to assess the knowledge regarding ill effects of usage of Gutkha among adults (15-35year) of Karbalapur village, Khairabad and to find association between the selected variables. The study has adopted a descriptive survey approach in which the study variables are preselected and defined by investigator and the data collected are quantified, then statistically analyzed. The investigator used a semi-structured questionnaire which was distributed to the subject and findings were discussed in terms of objectives and hypothesis. Gutkha consumption and its effects are an issue that is insufficiently acknowledged and has not received adequate attention in health and hygiene. The tobacco epidemic is moving towards the poorer and least educated worldwide. Action must be taken how to prevent this. Nurse can play an important role in organizing and executing creative awareness programme for all vulnerable sections of society.

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