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Payal Sutariya
MSc Nursing Student,
Ratnaprabha Nursing
Institute, Vadnagar, Gujarat,
India

Surendarkumar J
Associate Professor at
Ratnaprabha Nursing
Institute, Vadnagar, Gujarat,
India

Rajesh Joshi
Principal at Ratnaprabha
nursing Institute, Vadnagar,
Gujarat, India

Corresponding Author:
Payal Sutariya
MSc Nursing Student,
Ratnaprabha Nursing
Institute, Vadnagar, Gujarat,
India

A study to assess the effectiveness of structured teaching programme on knowledge regarding ill effects of cigarette smoking and it's prevention among adolescent in selected college at Vadnagar

Payal Sutariya, Surendarkumar J and Rajesh Joshi

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Abstract

Background: Smoking is the harmful habits which are increasing day by day. cigarette smoking threatening non-smoker as well as smoker is one of the considerable factors in millions of people's loss of their life in the world each year.

Aim: To assess the knowledge of cigarette smoking among adolescent.

Objective: 1. To assess the pre-test level of knowledge regarding ill effects of cigarette smoking among adolescent. 2. To evaluate the effectiveness of structured teaching programme on knowledge regarding ill effects of cigarette smoking among adolescent. 3. To find out association between pre and post-test knowledge with their demographic variable.

Material and Method: The research approach used for the study was a Quantitative research approach, pre-experimental one group pre-test post-test study design was used for the study was conducted at a selected college at Vadnagar. The sample size should be chosen with the help of non probability purposive sampling technique. The data were collected by structured questionnaires. The data were analyzed using descriptive & inferential statistics.

Result: The result shows that adolescent boys were grouped in three categories according to their knowledge scores as poor, good and very good scores obtained in pre and post assessment. In pre-test majority of students 81% were in poor category, 17% students were in good category and 2% student were in very good category of Knowledge scores. Where as in post-test after planned teaching programme majority of 61% students were in the category of very good knowledge scores and 2% students were in the category of poor knowledge score. These was clearly show that that the structured teaching programme imparted to participants to improve knowledge regarding ill effect of cigarette smoking and its prevention had significantly increased in the post test.

Keywords: Psychiatric disorders, suicide, suicide attempt, first admission, recurrent admission, schizophrenia, bipolar disorder, depression, substance abuse disorder

Introduction

Tobacco is an agricultural product derived from the leaves of several species of Nicotina Plants. When combined with nicotina tartrate, tobacco becomes one of the most commonly abused recreational drugs. Nicotine, a naturally occurring stimulant in tobacco, can be poisonous if taken in sufficiently high doses, which is not the amount of nicotine absorbed by tobacco use. Nicotine is an addictive substance that makes the use feel alert at first, then relaxed with continued use (Gately, Lain 2004, 2003) [21] Cigarette smoking among adolescents remains a major public health concern given the frequent persistence of this behaviour in to adulthood.

An estimated 150 million adolescent's worldwide use tobacco. Approximately half of the young smokers will die of tobacco related diseases in later life. WHO estimates that unless current smoking pattern is reversed, tobacco will be responsible for 10 million deaths per year, by the decade 2020- 2030, with 70% of them occurring in developing countries.

5.6 million of today's American Younger than 18 years of age are projected to die prematurely from a smoking related illness. They represent as above one in every 13 Americans aged 17 years or Younger alive today. In India tobacco kills 8- 10 lakhs people each year and many of these deaths will occur in people who are very young. In an observational study, it was found that, many of the adolescents are spending their, leisure time in smoking.

From the estimated survey, it was found that in rural areas Tamil Nadu 30% of males and in Urban 25% of males are consuming tobacco. It was also found that the attitude of adolescent boys towards tobacco consumption is positive. At college level, gathering of in-depth knowledge and witness of burden of tobacco-related diseases and exposure to more stringent anti-tobacco environment may induce, over the course of time. Some form of behavioral change in respect of tobacco use among adolescents.

Epidemiological research has been focused primarily on cigarette/ tobacco, smoking, which has been studied more extensively than any other form of consumption. In 2012, 6.7% of middle –school and 23.3% of high school students currently used tobacco products, including cigarette. Every day almost 3,900 children under 18 years of age try their first cigarette, and more than 950 of them will become new, regular daily smokers. In 2007, 20% of high school students reported smoking is the last 30days, down 45% from 36.4% in 1997 where rates peaked after increasing throughout the first half of the 1990's.

Adolescence is a stage when young people undergo significant changes of the body, mind and personal responsibilities. Adolescence is considered as a transitional period because during this stage a child is becoming, but not yet an adult (American Bar Association 2004, 1, for boy's Physical development)

A lot of advanced thinking capabilities develop during the adolescent period. During adolescent young people gain the ability to plan ahead, anticipate the response of others, and become debaters and arguers. The increased cognitive ability to think about possibilities may also lead to becoming lost in thoughts and worries. Although there are individual differences in cognitive development among adolescents, these new capabilities enable them to make mature decision that was previously beyond their cognitive capacity.

Need for study

Adolescence is a vulnerable period which is associated with a heightened risk for the development of depressive disorders. Risk- behaviors like alcohol or illicit drug abuse, excessive use of media, school absenteeism and lack of sleep are also frequently occurring during this period; it is often suggested that such behaviours may be associated with mental health problems.

Approximately 90% of the people who smoke for the first time are adolescents younger than 18, and the rate of smoking in adolescents is rising steadily. In general adolescents start smoking out of curiosity, and many become habitual smokers during this period. Cigarette smoking contributes to premature deaths of an estimated 4,43,000 Americans annually, resulting in \$ 193 billion in direct health care expenditures and productivity losses every year.

Globally, nearly 50,000,00,0 persons die annually from tobacco-related illnesses, and many more suffer from smoking-related morbidity. There is therefore, need to identify relevant factors associated with smoking among adolescents in order to better tailor public health interventions aimed at preventing smoking. The WHO, provide certain estimates that India will have the fastest rate of rise in death attributable tobacco in the first two decades of twenty first century.

Harmful health effects of smoking cigarettes are numerous Teenagers are attracted by the smoke and the smoking style, which tempts them to smoke. Friends and colleagues also encourage non-smokers, to smoke just once. They are also

told that there are no harmful second-hand smoke effects. Smoking in movies is the main reason for adolescents acquiring this habit concerned about the health.

Adolescent smoking causes dysfunction of the peripheral airway. One study found that the forced expiratory volume in a second (FEV1) of smoking adolescents decreased significantly; specifically, their forced vital capacity (FVC) was approximately only a half that of non- smoking adolescents. A Victorian study found that, although significantly more metropolitan than rural adolescents aged 12-13 years smoke, this evens out at later ages. (White & Szabo, 2004) ^[51]. While a Western Australian study found more positive attitudes toward smoking rural school students, there were no differences in smoking prevalence between Metropolitan and Rural School Rural School students, although urban females were more likely to smoke at least three times a week.

A study examined the evidence that increases in tobacco price have a pro-equity effect on Socio- economic disparities in smoking. Evidence on the equity impact of other intervention is inconclusive, with the exception of non-targeted smokers. Smoking cessation program which have a negative equity impact due to higher quit rates among more effective approaches for reducing tobacco use in disadvantaged groups and Communities.

Dr. Robert N. Proctor *et al.*, (2011) ^[17]. The cigarette is the dead last artefact in the history of human Civilization. Cigarette cause about lung cancer death per 3 or 4 millions smoked, which explain why the scale of the epidemic is so large today. Cigarette cause about 1.5 million death from lung cancer per year, a number that rise to nearby 2 million per year by the 2020s or 2030s, even if consumption rates decline in the interior. Part of the ease of cigarette manufacturing stems from the ubiquity of high speed cigarette making machines, which crank out 20,000 cigarettes per minutes. Cigarette maker make about a penny every cigarette sold, which means that the value of a life to a cigarette maker is about US \$ 10,000.

Linpl, *et al.* (2008) ^[32] study examines the identifying the factors related to the initiation and continuance of smoking among youth has been regarded as a crucial step for school nurses and public health nurses to develop effective smoking prevention and cessation program in school and communities. The purpose of the study was to investigate the factors related to adolescent tobacco use in Taiwan. This study found that having friends who offered cigarettes, academic achievements, father's educational level, perceived peer smoking behaviour to be primary influences on smoking attitude and self efficacy and significant predictors of adolescents current smoking behaviours. Parents marital status and classmates who offered cigarettes were significant predictors of adolescents smoking behaviour. Study finding scan provide a basis for school and public health nurses to design effective smoking prevention and cessation program in schools and community settings.

Sargent JD *et al.* (2005) ^[31], a study found that team exposed to the greatest amount of smoking in movies were 2.6 times more likely to start smoking themselves compared with teens who watched least amount of smoking in movies. Lung cancer has become a formidable disease killing about 1.5 million people per year. Lung cancer today is primarily caused by the inhalation of smoke from cigarette, which is also why the disease was quite prior to the 20th century. Because of this reasons the study was taken by the researcher as part of requirement.

From the above studies and the outcomes of survey conducted by the researcher, it was felt that there is a need to conduct a study which could increase the knowledge of young adults regarding ill effects of cigarette smoking and its prevention.

Materials and Methods

The Quantitative study was conducted in the selected arts and commerce college Vadnagar.

Assumptions

The study assumes that,

- Adolescents may have some knowledge regarding ill effects of cigarette smoking and its prevention.
- Education regarding ill effects of smoking and its prevention will help them to gain knowledge.
- Knowledge regarding ill effects of smoking and its prevention will help them to be away from the life threatening illness.

Hypothesis

H1: There is a significant difference between pre- test and post-test level of knowledge scores among adolescent regarding ill effects of cigarette smoking and its prevention.

H2: There is a significant association between pre-test level of knowledge scores of adolescents with their selected demographic variables.

Result

The result shows that adolescent were grouped in three categories according to their knowledge scores as poor, average and good scores obtained in pre and post assessment. In pre-test majority of students 81 were in poor category, 17% students were in good category and 2% student were in very good category of Knowledge scores. Where as in post-test after planned teaching programme majority of 61% students were in the category of very good knowledge scores, 2% were in the category of poor knowledge score. There was no significant association between sociodemographic variable and pre-test level of knowledge regarding ill effects of cigarette smoking among adolescent boys in selected schools.

Section A

Distribution of Socio-demographic variables according to frequency and percentage

Table 1: Gender

Demographic variables	Frequency	Percentage
a) Male	65	65%
b) Female	35	35%
	00	00

Table showing distribution of demographic variable represents i.e. gender, It clearly shows that male have higher percentage which is 65% compares then the female which is 35%.

Table 2: Religion

Religion	Frequency	Percentage
a) Hindu	66	66%
b) Christian	13	13%
c) Muslim	18	18%
d) Others	03	03%

Table showing distribution of demographic variable i.e., religion of students, 66 (66%) students were Hindu and 13 (13%) students were Christian, 18 (18%) students were Muslim and 03 (03%) were others.

Table 3: Type of Family

Type of Family	Frequency	Percentage
a) Joint	28	28%
b) Nuclear	69	69%
c) Extended	03	03%

Table showing distribution of demographic variable i.e., Type of family, 28 (28%) students belong to Nuclear, 69 (69%) students belong to Joint Family whereas 3 (3%) students belong to Extended Family.

Table 4: Area of Residence

Area of Residence	Frequency	Percentage
a) Rural	45	45%
b) Urban	55	55%

Table showing distribution of demographic variable i.e., Area of Residence, 45(45%) students belong to Rural area, 55 (55%) students belong to Urban area.

Table 5: Father's Education

Father's Education	Frequency	Percentage
a) Primary	14	14%
b) Secondary	26	26%
c) Diploma / UG	44	44%
d) Illiterate	16	16%

Table showing distribution of demographic variable i.e., Father's Education, 44 (44%) fathers were educated till Diploma/ Graduate level, 26 (26%) fathers had secondary education, 16(16%) fathers had illiterate and 14 (14%) fathers had primary education.

Table 6: Mother's Education

Mother's Education	Frequency	Percentage
a) Primary	19	19%
b) Secondary	19	19%
c) Diploma / UG	24	24%
d) Illiterate	28	28%

Table showing distribution of demographic variable i.e., Mother's Education, 28 (28%) mothers were had illiterate, 24 (24%) mothers were educated till Diploma/ UG level and 19 (19%) mothers had primary education and 19(19%) mother had secondary education.

Table 7: Father's Occupation

Father's Occupation	Frequency	Percentage
a) Unemployed	04	04%
b) Daily Wage Earner	53	53%
c) Self Employed	24	24%
d) Government Employed	19	19%

Table showing distribution of demographic variable i.e., Father's Occupation, 53 (53%) fathers were daily wage earner, 24 (24%) fathers were self-employed, 19 (19%) fathers were government and 4(4%) fathers were Unemployed.

Table 8: Mother’s Occupation

Mother’s Occupation	Frequency	Percentage
a) Home maker	78	78%
b) Daily Wage Earner	10	10%
c) Self Employed	07	07%
d) Government Employed	05	05%

Table showing distribution of demographic variable i.e., Mother's Occupation, 78 (78%) mothers were home maker, 10 (10%) mothers were daily wage earner, 07 (07%) mothers were self-employed and 5 (5%) mothers were government employ.

Table 9: Monthly Income

Monthly Income	Frequency	Percentage
a) 5000 to 10000	24	24%
b) 10001 to 15000	42	42%
c) 15001 to 20000	23	23%
d) Above 20001	11	11%

Table showing distribution of demographic variable i.e., Monthly Income, 11 (11%) family’s monthly income were Above 20000, 42 (42%) family’s monthly income were 10000-15000, 23 (23%) family’s monthly income were 15001-20000 and 24 (24%) family’s monthly income were 5000-10000.

Table 10: According to family history of smoking

Demographic variables	Frequency		Percentage	
	Yes	No	61	39%
Family history of smoking	Yes	No	61	39%
			39	61%

Table showing distribution of demographic variable 61 (61%) having family history of smoking and 39(39%) not having family history of smoking

Graphical distribution of socio demographic variable according to frequency and percentage

1) Gender

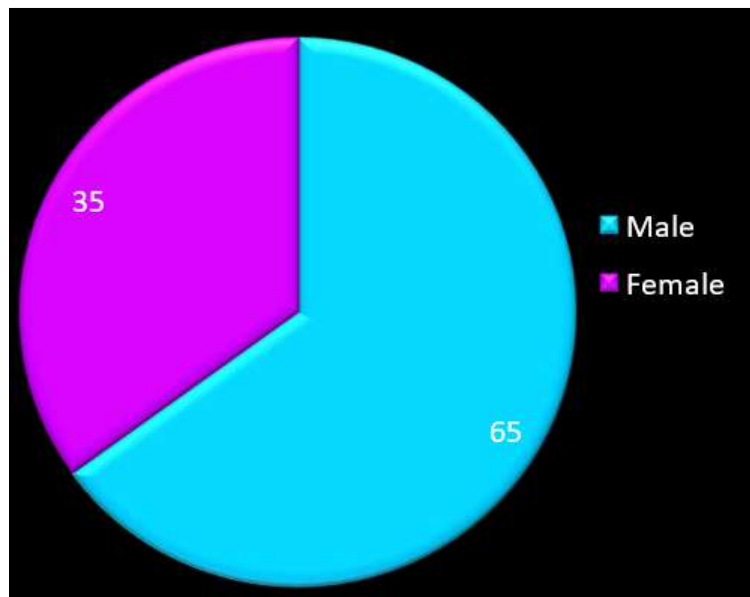


Fig 1: Graphical distribution of Socio-demographic variables i.e gender according to frequency and percentage.

2) Religion

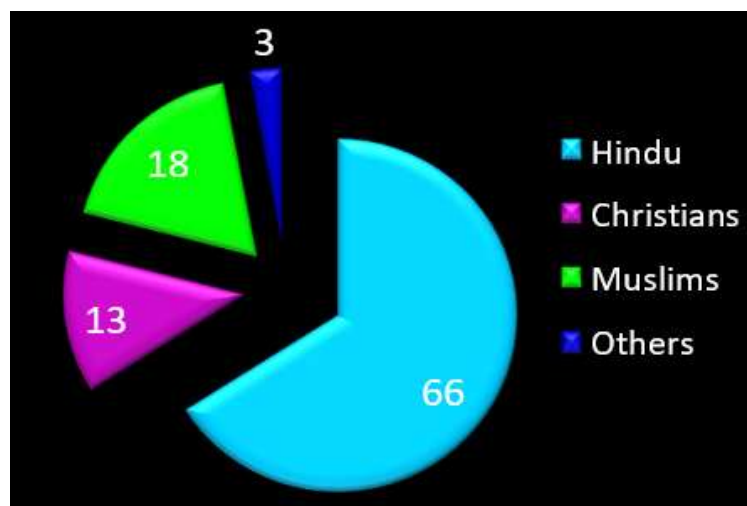


Fig 2: Graphical distribution of Socio-demographic variables i.e religion according to frequency and percentage.

3) Types of family

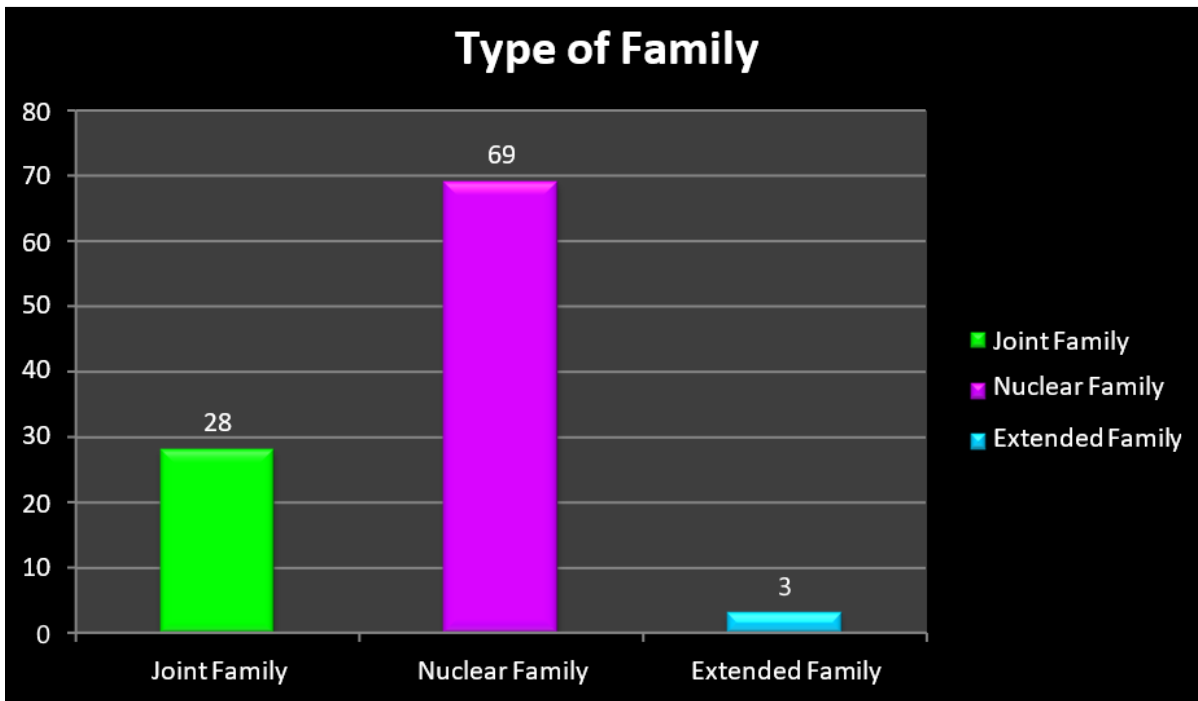


Fig 3: Graphical distribution of Socio-demographic variables i.e. Type of family, according to frequency and percentage.

4) Area of Residence

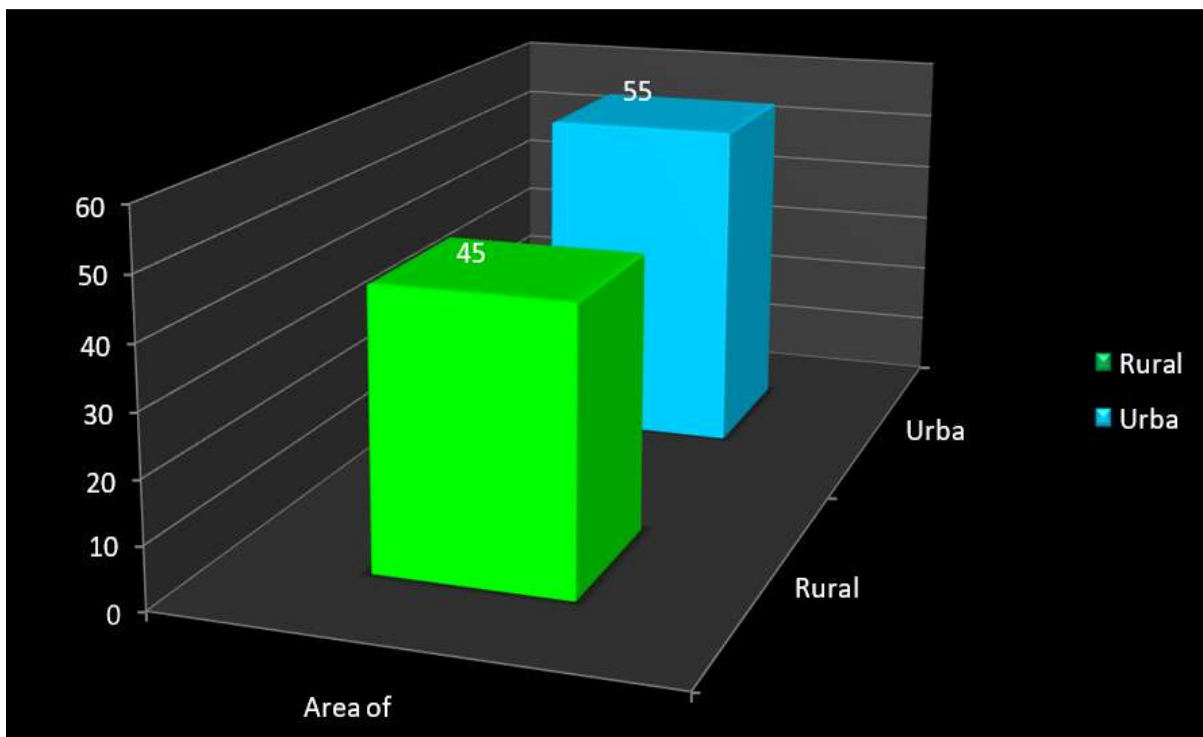


Fig 4: Graphical distribution of Socio-demographic variables i.e. Area of Residence, according to frequency and percentage

5) Father's Education

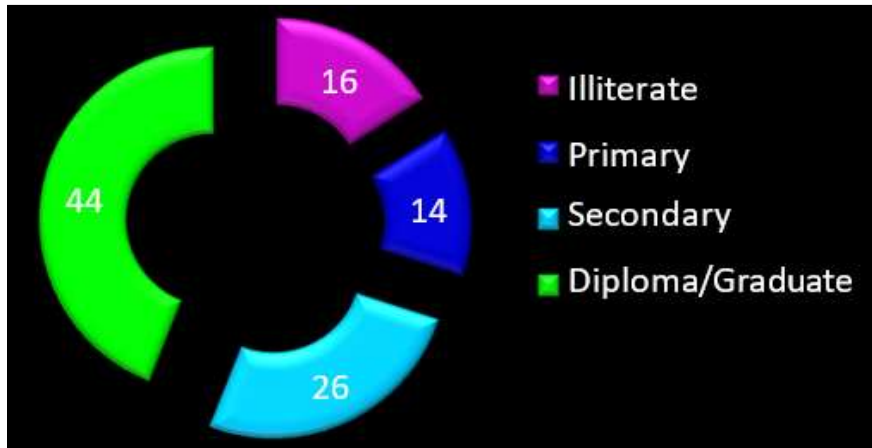


Fig 5: Graphical distribution of Socio-demographic variables i. e. Father's education, according to frequency and percentage.

6) Mothers Education

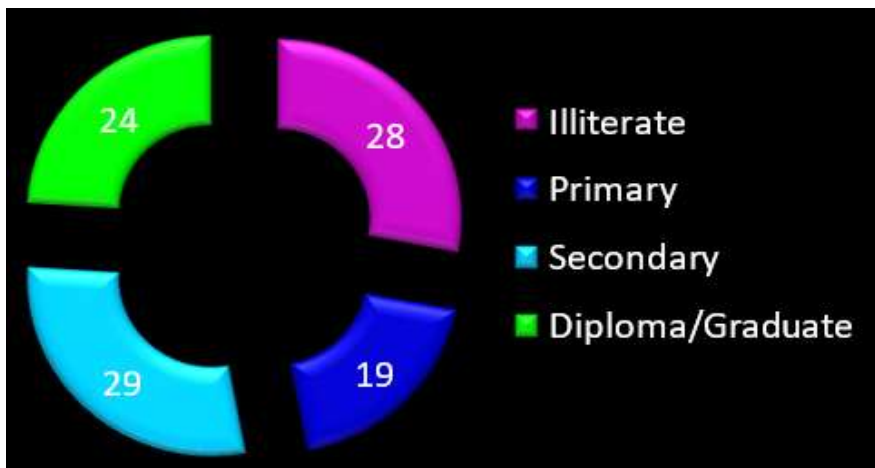


Fig 6: Graphical distribution of Socio-demographic variables i.e. Mother's occupation, according to frequency and percentage.

7) Fathers Occupation

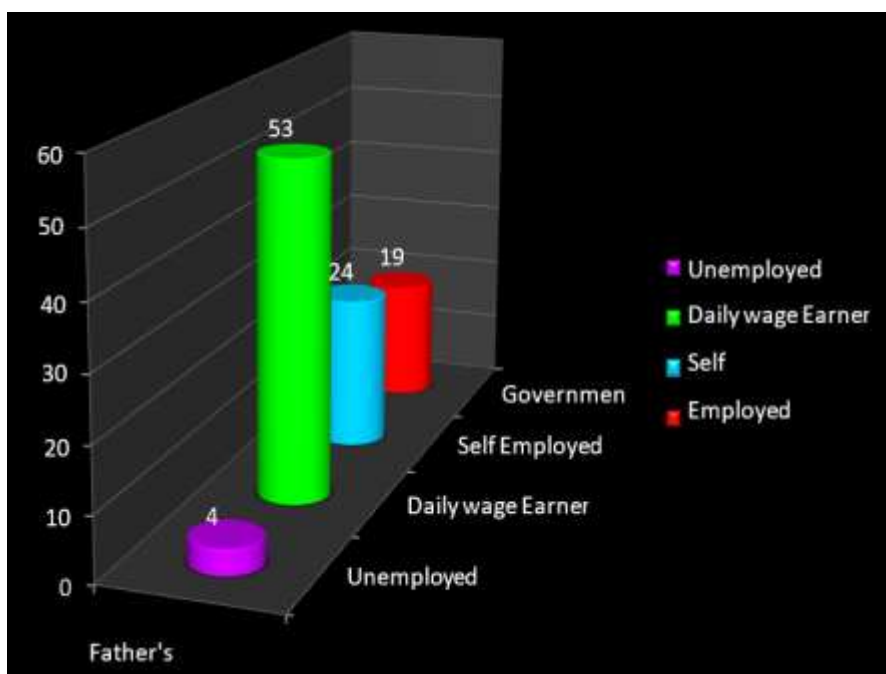


Fig 7: Graphical distribution of Socio-demographic variables i.e. Father's occupation, according to frequency and percentage.

8) Mothers Occupation

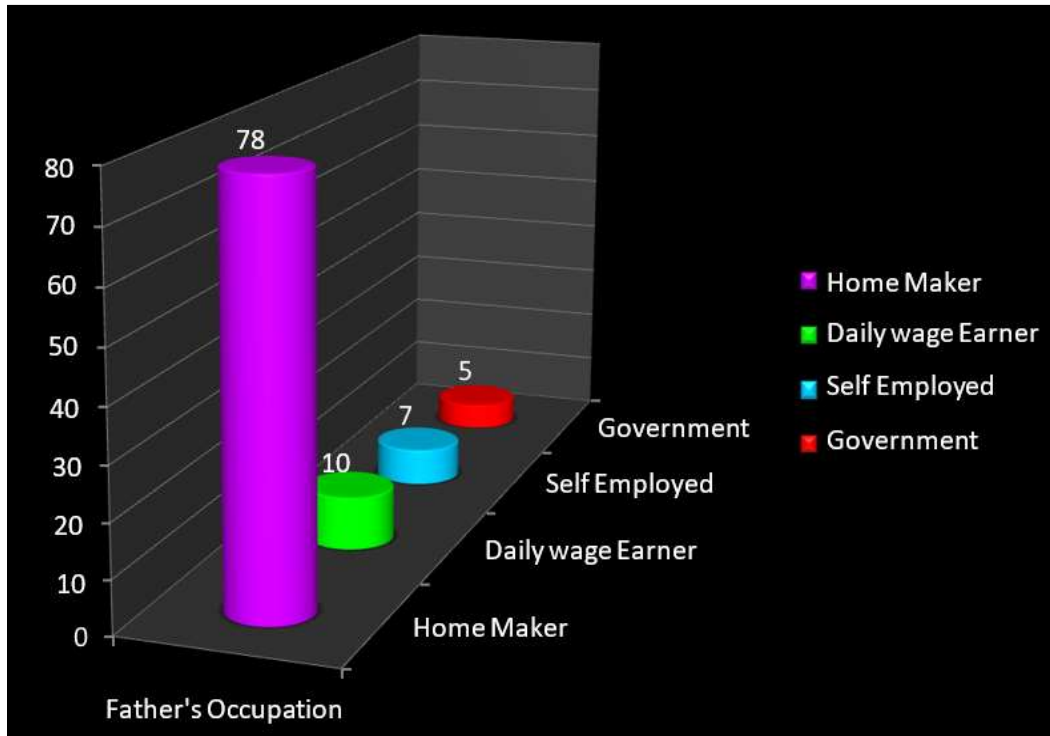


Fig 8: Graphical distribution of Socio-demographic variables i.e. Mother’s occupation, according to frequency and percentage.

9) Monthly income of family

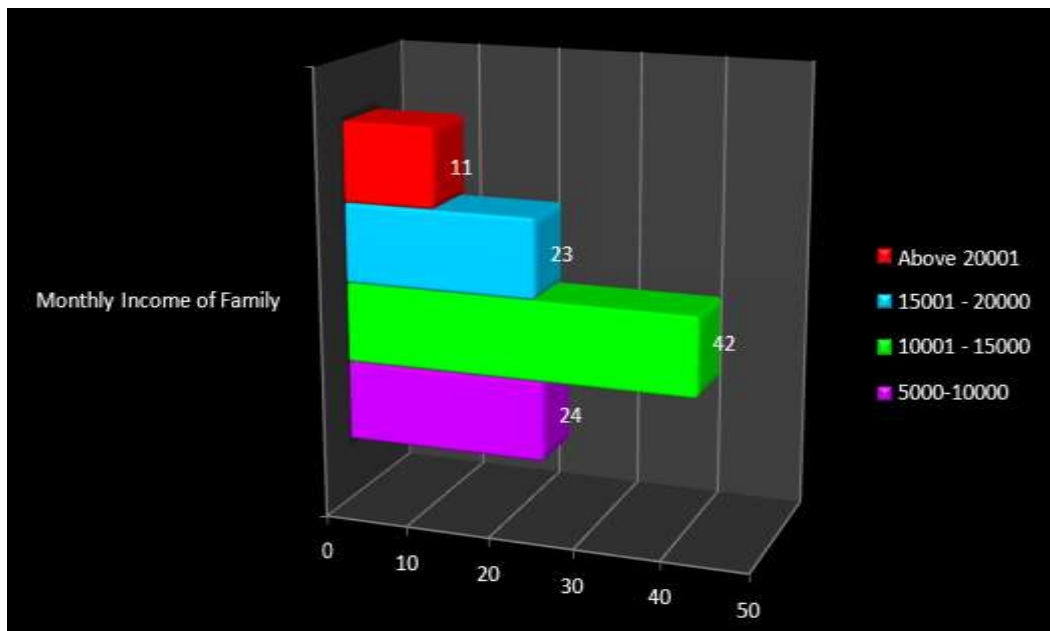


Fig 9: Graphical distribution of Socio-demographic variables i.e. monthly income of family according to frequency and percentage.

10) Family history of smoking

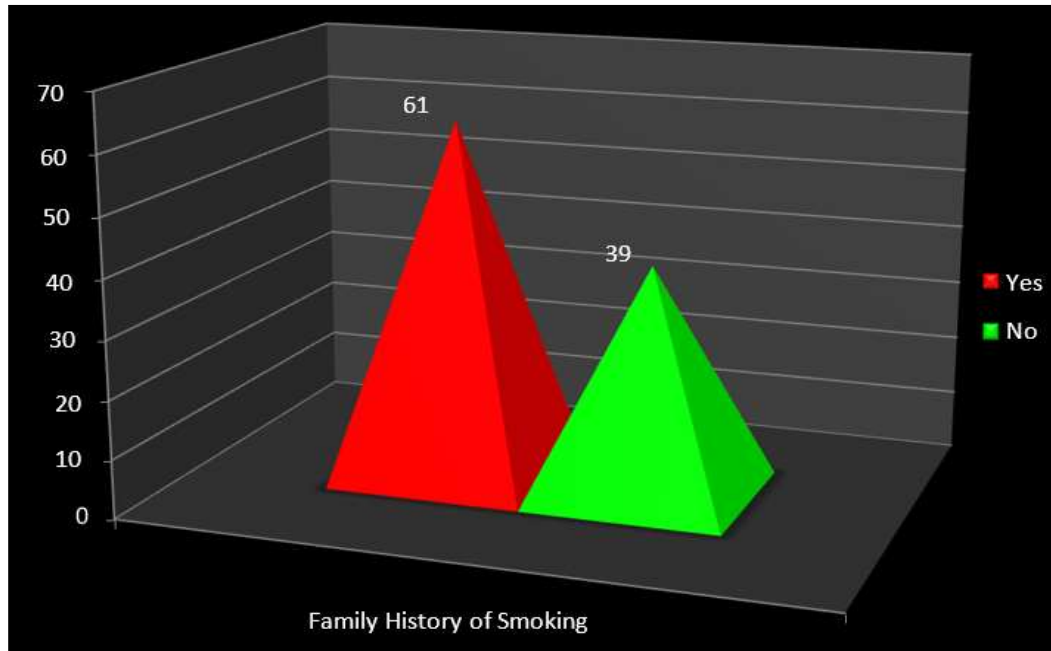


Fig 10: Graphical distribution of Socio-demographic variables i.e. family history of smoking according to frequency and percentage.

Section B: Assessment of Pre and Post test score among adolescents regarding ill effects of smoking and its prevention.

Table 11: Description of Pre and Post test score among adolescents regarding ill effects of smoking and its prevention.

Sr. No.	Knowledge	Poor	Good	Very Good	Total
1	Pre test	81	17	02	100
2	Post test	02	37	61	100

Adolescents regarding ill effects of smoking and its prevention

Table and cone diagram shows that the pre and post test score among adolescents regarding ill effects of smoking and its prevention which has been indicated that pre test shows more percentage were seen in the poor and Good which is 81% and 17% respectively in contrast the post test score were 02% and 37% percentages respectively. It has been seen that more

number of adolescents have got very good in the post test which is 61% where as compared to pre test which is only 2%.

Section C: Effectiveness of Structured teaching programme on Knowledge regarding ill effects of smoking and its prevention.

Table 12: Comparison of Pre and post Score among adolescents regarding ill effects of smoking and its prevention

Sr. No.	Anxiety	Mean	Standard deviation	Paired "t" test
1	Pre test	10.54	3.94	t = 43.35
2	Post test	22.01	4.21	

$p < 0.001$, S – Significant

The table shows that in the pretest, the mean score of knowledge was 10.54 ± 3.94 whereas in the post test the mean score of knowledge was 22.01 ± 4.21 . The calculated paired 't' value of $t = 43.35$ was found to statistically significant at $p < 0.001$ level. This clearly shows that the structured teaching

programme imparted among adolescents regarding ill effects of cigarette smoking and its prevention was significant.

Section D: Association between pre-test level of knowledge scores of adolescents with their selected demographic variables

Table 13: Association between pre-test levels of knowledge scores of adolescents with their selected demographic variables

Demographic Variables		Very Good	Good	Poor	Chi- Square Value
Gender	Male	1	7	57	$\chi^2=5.465$ d.f=2 p=0.0650 N.S
	Female	1	10	24	
Religion	Hindu	1	8	57	$\chi^2=6.696$ d.f=6 p=0.349 N.S
	Christian	0	4	9	
	Muslim	1	5	12	
	Others	0	0	3	
Type of family	Joint	1	6	21	$\chi^2=6.960$ d.f=4 p=0.137 N.S
	Nuclear	1	9	59	
	Extended	0	2	1	
Area of Residence	Rural	1	6	38	$\chi^2=0.787$ d.f=2 p=0.674 N.S
	Urban	1	11	43	
Father's educational status	Illiterate	0	1	15	$\chi^2=5.5096$ d.f=6 p=0.480 N.S
	Primary	0	1	13	
	Secondary	1	7	18	
	Graduate/Diploma	1	8	35	
Demographic Variables		Very Good	Good	Poor	Chi- Square Value
Mother's educational status	Illiterate	0	1	27	$\chi^2=13.496$
	Primary	0	1	18	
	Secondary	1	7	21	d.f=6 p=0.035 S*
	Graduate/ Diploma	1	8	15	
Fathers Occupation	Unemployed	0	1	3	$\chi^2=26.37$ d.f=6 p=0.000 S*
	Daily Wage				
	Earnar	0	2	51	
	Self Employed	0	6	18	
	Government	2	8	9	
Mothers Occupation	House wife	0	8	70	$\chi^2=37.75$ d.f=6 p=0.000 S*
	Daily Wage				
	Earnar	0	2	8	
	Self Employed	1	3	3	
	Government	1	4	0	
Monthly Income of the Family	5k - 10 k	0	2	22	$\chi^2=19.35$
	10 k - 15k	0	3	39	
	15k - 20 k	1	7	15	d.f=6 p=0.0036 S*
	above 20 k	2	9	7	
Family History of Smoking	Yes	1	10	50	$\chi^2=0.153$ d.f=2 p=0.926 N.S
	No	1	7	31	

**p<0.05, S* – Significant, N.S – Not Significant

The table shows that the demographic variable of Mother's Educational status, Father's Occupation and Mother's Occupation had shown statistically significant association with pre test score among adolescents regarding ill effects of cigarette smoking and its prevention at p<0.05 level and the other demographic variables had not shown statistically significant association with pre test score among adolescents regarding ill effects of cigarette smoking and its prevention.

Conclusion

The present study assessed the effectiveness of structured teaching programme on knowledge regarding ill effects of smoking and its prevention. The results revealed that structured teaching programme is very effective in increasing their knowledge at p< 0.01level. From the findings of the study, the investigator concluded that structured teaching

programme has an important role in creating awareness to the public regarding the smoking and its ill effects.

Conflict of Interest

Not available

Financial Support

Not available

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