EFFECTIVENESS OF VIDEO ASSISTED TEACHING PROGRAMME ON KNOWLEDGE REGARDING TOBACCO CONSUMPTION AND IT'S HAZARDS AMONG ADOLESCENT BOYS IN SELECTED SECONDARY SCHOOL, HYDERABAD".

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ABSTRACT:

Background: Tobacco consumption is a global problem. It is the single most preventable cause for adult death and disease in the world today. Tobacco is a heart breaker and a body breaker as tobacco mainly kills through heart disease and cancer. Nicotine addiction ensures life-long consumers not long-life customers. It's never too late to give it up! Stopping smoking or tobacco chewing even in middle age before having cancer or some other serious disease avoids most of the later excess risk of death due to tobacco. **Aims and objectives**: To assess the knowledge and plan and implement video assisted teaching programme regarding tobacco consumption and its hazards among adolescent boys. **Methodology:** A pre-experimental design was adopted for this study conducted on 60 adolescent boys after obtaining permission from the Principal of Rock Memorial High School, Khairtabad. The samples were selected by simple random sampling technique. Data regarding tobacco consumption and its hazards were collected through a structured knowledge questionnaire and analysed using descriptive and inferential statistics. **Results:** The study findings revealed that in pre test scores the findings were 60% had average knowledge scores and 40% of adolescent boys had below average knowledge scores whereas in the post test 3.33% had scored average knowledge scores and 96.67% of adolescent boys scored above average knowledge scores. **Conclusion:**

The study concluded that there is an urgent need to bring about awareness and knowledge to the adolescent boys regarding tobacco consumption and its hazards to prevent themselves from getting into this habit and resulting in various health issues as well as also discouraging the younger generation from getting into the habit of smoking.

Keywords: Knowledge, video assisted teaching programme, adolescent boys, tobacco consumption, hazards

I.INTRODUCTION:

Nature has given only good things to us and it's useful for the requirement in all aspects, as tobacco also has some medicinal value but most of the people are misusing it for negative causes. Nicotine is a highly addictive substance and adult experimentation can easily lead to a life time of tobacco dependence.

Tobacco production and consumption in India: India is the second largest producer and third largest consumer of tobacco in the world. Nearly all use of tobacco begins in childhood and adolescence. The National Survey on Drug Use and Health estimates that each day, over 4,000 people below the age of 18 years try to initiate their first cigarette. This amounts to more than 730,000 new smokers each year. According to ICMR, in India, each year nearly 1.16 million people develop cancer, 4.5 million develop heart diseases and 3.9 million develop chronic obstructive pulmonary disease (COPD) as a result of tobacco consumption. According to WHO in India, total number of tobacco related deaths are likely to be between 800,000 to 900,000 per year.

About half of the teenagers who are used to tobacco will eventually be killed by it. In addition to the traditional burden of communicable diseases in developing countries today they are also faced with a huge amount of increase of the rise in non-communicable diseases such as mental illness, violence and injuries. Tobacco is a major contributor to these diseases which now accounts for more than half of the disease burden in these countries. It is estimated that in India as compared to any other developing countries will have the rapid rise in tobacco related deaths each year. For every eight seconds there is one tobacco related death.

The tobacco consumers are almost 2-3 times more likely to develop heart disease and various other health complications than non-smokers. Smoking tends to be the causative factor for almost more than 90% of lung cancers and other lung diseases like chronic bronchitis, emphysema etc. Tobacco is responsible for cancer at many sites i.e at the lungs, mouth, pharynx, larynx, stomach, urinary bladder, gall bladder, and penis. Chewing tobacco is the major cause for oral cancer including, cancer of the lips, tongue, cheeks, gums and floor roof of the mouth. Other ill effects of tobacco chewing include cardiovascular diseases, diabetes mellitus, pulmonary diseases, and poor reproductive outcomes.

Together with HIV / AIDS, consumption of tobacco is also leading to the fastest growing cause of death in the world and is almost set to become the leading cause of premature death. India has one of highest rate of cancers in the world, that which is partially attributed to higher prevalence of tobacco chewing.

For preventing tobacco consumption the only better solution needed is behaviour modification and good habits adoption among the adolescents who are particularly involved due to increase in academic pressure and uncertain career encouragement from the influence of peer group, the need of popularity , influences from their favourite personalities and easy access to various forms of tobacco that makes an adolescent initiate to use tobacco products on a daily basis and majority of users have first used tobacco prior to the adolescents in their early ages of life.

Statement of the problem:

A study to assess the effectiveness of video assisted teaching program on knowledge regarding tobacco consumption and its hazards among adolescent boys in selected secondary school, Hyderabad.

Objectives:

1.To assess the existing knowledge regarding tobacco consumption and its hazards among adolescent boys

2. To plan and implement video assisted teaching programme on tobacco consumption and its hazards among adolescent boys.

3. To assess the effectiveness of video assisted teaching programme on tobacco consumption and its hazards among adolescent boys

4. To find association between pre-test knowledge scores regarding tobacco consumption and its hazards with selected demographic variables.

Research Hypothesis:

RH_1: There will be significant increase in the post-test knowledge compared to pre-test regarding tobacco consumption and its hazards among adolescent boys.

RH_2: There will be significant association between knowledge on tobacco consumption and its hazards with selected demographic variables.

Assumptions:

1.The adolescent boys may not have sufficient knowledge regarding hazards of tobacco consumption.

2.Video assisted teaching programme will improve the knowledge of adolescent boys.

II.MATERIALS AND METHODS:

The present study was undertaken at Khairtabad, Hyderabad due to geographical proximity, feasibility of the study and the availability of the samples. Rock Memorial High School is located at a distance of 2 km

from the College of Nursing. The target population comprised of all adolescent boys and the accessible population consisted of adolescent boys of the selected setting.

The samples consisted of 60 adolescent boys who fulfilled the inclusion criteria for the study. The inclusion criterion for the sample was adolescent boys who were willing to participate in the study and the exclusion criterion comprised the samples who do not know to read and write English. Simple random sampling technique was chosen considering the limited time frame and the availability of samples. The research variables were knowledge among adolescent boys and the demographic variables were age, religion, education, education of mother, education of father, occupation of mother, occupation of father, family income, type of family, previous knowledge on tobacco consumption and its hazards and habits.

Demographic variables:

- **Age**
- **Religion**
- **Educational status**
- **Education of father**
- **Education of mother**
- **Occupation of father**
- **Occupation of mother**
- **Family income**
- **Type of family**
- **Previous knowledge**
- **Habits**

Target population

Adolescent boys studying in secondary school

Accessible population

Adolescent boys studying in Rock Memorial High School, Secunderabad

Simple random sampling

Sample size: 60

Data collection tool:

Structured knowledge questionnaire

Pre test

Intervention:

Video assisted teaching programme on tobacco consumption and its hazards

Post test

Data collection and data analysis

Interpretation

Report and thesis

Description of the tool:

The tool used for the present study comprised of two sections:

Section A: Demographic data consisted of 11 items for obtaining information about the selected background factors of adolescent boys such as age, religion, educational status, education of father, education of mother, occupation of father, occupation of mother, family income, type of family, previous knowledge and habits.

Section B: Structured Knowledge Questionnaire on tobacco consumption and its hazards

The structured knowledge questionnaire consisted of 30 questions related to the general concepts of tobacco consumption, various forms of tobacco, its hazards and effects on health and the preventive measures. The knowledge level was divided into three categorical aspects based on the total score obtained by the structured questionnaire. The maximum score was 30.

Interpretation of the level of knowledge:

- Below average knowledge: <50% of score
- Average knowledge: 51 – 75% of score
- Above average knowledge: > 76% score

Data collection procedure:

A formal written permission was obtained from the Principal of Rock Memorial High School, Khairtabad, Hyderabad. The data collection was done within the given time frame among the adolescent boys who fulfilled the inclusion criteria. After a brief out on the process, oral consent was obtained from the samples. The knowledge was assessed by administration of the structured knowledge questionnaire. The data was entered into excel sheet and analysed through Statistical Package For Social Sciences/ PC + Ver 17.

Ethical considerations:

The study was conducted after the approval of Ethics committee of the College of Nursing. Permission was obtained from the Principal of the school, Hyderabad. The researcher adhered to all the ethical principles i.e., informed consent, principle of beneficence, justice, privacy and confidentiality.

III.RESULTS:

The data collected were grouped and analysed using descriptive and inferential statistics.

The analysis of demographic variables revealed that majority of samples, 50% were in the age group of 12-13 years, 48% were Hindus, 33% each both from 9th and 10th classes each, 32% of adolescent's mothers had only primary education, 38% of adolescent's father's had done graduation, 50% of adolescent's mothers were employed, 85% of adolescent's fathers were employed, 38% had a family income ranging between

5000-8000, 78% belonged to nuclear family, 55% had previous knowledge from various sources and 70% of them had tobacco consumption habits.

Table 1: Variable wise mean and standard deviation of knowledge scores of adolescent boys on tobacco consumption and its hazards

S.No	Demographic data	F	%	PRE TEST		POST TEST		Mean difference
				Mean	SD	Mean	SD	
1	**Age:**							
	a)12-13years	30	50	12.7	1.7	26.1	5.38	13.4
	b)14-15years	23	38	13.08	1.01	26.30	3.87	13.22
	c)16years	7	12	8.63	2.82	25.85	2.44	17.22
2.	**Religion:**							
	a) Hindu	29	48	13.44	1.27	27.55	6.24	14.11
	b) Christian	11	18	14.18	0	26.54	3.16	12.36
	c) Muslim	19	32	11.73	1.95	26.57	4.24	14.84
	d) Others	01	02	08	01	28	01	20
3	**Education:**							
	a) 7th class	10	17	14.60	1	27.1	3	12.5
	b) 8th class	10	17	14	0.3	27	3	13
	c) 9th class	20	33	11.35	0.5	26.8	4.35	15.45
	d) 10th class	20	33	13.2	0.87	26.05	4.35	12.85

S.No	Demographic data	F	%	PRE TEST		POST TEST		Mean difference
				Mean	SD	Mean	SD	
4	**Education of mother:**							
	a) Illiterate	1	2	14	0	28	1	14
	b) Primary education	19	32	12.68	1.11	24.18	4.24	11.5
	c) Secondary education	15	25	14.2	0.23	26.69	3.74	12.49
	d) Graduate	13	21	11.92	0.8	27.58	3.46	14.73
	e) Post graduate	12	20	11.91	1.38	26.65	3.31	14.74
5	**Education of father:**							
	a) Illiterate	1	2	10	1	28	1	18
	b) Primary education	11	18	12.90	1	24.18	3.16	11.28
	c) Secondary education	13	22	12.46	3.49	26.69	3.46	14.23
	d) Graduate	23	38	13.60	0.68	26.65	4.69	13.05
	e) Post graduate	12	20	12.5	1.14	26.66	3.46	14.16

S.No	Demographic data	F	%	PRE TEST		POST TEST		Mean difference
				Mean	SD	Mean	SD	
6	Occupation of mother:							
	a) Employee	29	29	13.62	1.09	26.93	5.29	13.31
	b) Unemployed	31	31	12.32	1.41	26.35	547	14.03
7	Occupation of father:							
	a) Employee	51	85	13.45	1.38	27.25	7.07	13.6
	b) Unemployed	9	15	11.22	1.25	27.22	2.82	16
8	Family income:							
	a) Rs. 5000-8000	23	38	13.0	1.63	26.08	4.69	13
	b) Rs. 8001-12000	35	35	13.19	0.64	27	4.47	14
	c)Rs. 12001-15000	7	7	12.5	0.43	27.75	1.73	15
	d)Rs. 15001 and above	12	20	13.03	2.77	26.6	3.31	13.3
S.No	Demographic data	F	%	PRE TEST		POST TEST		Mean difference
				Mean	SD	Mean	SD	

9	**Type of family**							
	a) Nuclear	47	78	13.17	1.58	26.61	6.78	13.44
	b) Joint	12	20	12.25	0.83	26.6	3.31	14.35
	c)Extended	1	2	11	0	27	1	16
10	**Previous knowledge:**							
	a) Yes	33	55	12.18	2.22	26.88	5.65	13.48
	b) No	27	45	13.88	0.19	25.66	5.0	13
11	**Habits:**							
	a) Smoking	1	2	10	1	27	1	17
	b) Drinking	0	0	0	0	0	0	0
	c)Chewing tobacco	0	0	0	0	0	0	0
	d)None of the above	59	98	13	1.6	26.62	7.16	13.62

Table1: shows variable wise mean and standard deviation of knowledge scores among the sample of which in the age group of 14-15years scored highest mean knowledge scores in pre-test as well as in post- test (Mean =13.08, SD=1.01, Mean=26.30, SD=3.87) , in the aspect of religion , Christians scored highest mean scores in pre-test(Mean=14.18, SD=0)and moderate scores post-test (Mean=26.54, SD=3.16), in terms of education 7th& 8th class scored highest mean scores both in pre-test (Mean=14.6, SD=1, Mean=14, SD=0.3)& post-test (Mean=27.1 , SD=3; Mean=27 ,SD=3), subjects whose mothers were secondary education scored highest mean scores in pre-test (Mean=14.2, SD =0.23), in the post test mothers who were graduates scored highest mean in post-test (Mean =27.58, SD=3.46), subjects whose fathers were Graduates scored highest mean scores in pre-test(Mean=13.60, SD=0.68) whereas in post test fathers who were illiterate scored highest mean in post- test(Mean=28, SD=1), in the aspect of employment, subjects of employed mothers mean score were higher in both pre& post-test (Mean=13.62, SD=1.09, Mean=26.93, SD = 5.29), subjects of employed fathers mean score is higher in pre- test and post test (Mean=13.45, SD=1.38, Mean = 27.25, SD = 7.07), in terms of family income subjects with the family income of Rs. 8000-12000 scored highest mean knowledge in pre-test(Mean=13.19, SD = 0.64) whereas in post test the family income of Rs. 12001-15000 score highest (Mean = 27.75 , SD = 1.73) , in the aspect of type of family, subjects who belong to nuclear family scored highest mean knowledge score both in pre-test and post test (Mean=13.7, SD = 1.58, Mean = 26.61, SD = 6.78) in terms of previous knowledge subjects who do not have previous knowledge scored highest scores in pre-test (Mean=13.88, SD = 0.19) whereas in post-test subjects with previous knowledge scored highest (Mean=26.88, SD = 5.65, subjects who have no

habits scored highest mean knowledge scores (Mean=13, SD = 1.6) in pre-test where as in post-test subjects with smoking improved tremendously Mean=27, SD= 1).

Figure 1: Percentage distribution of adolescent boys according to the knowledge scores in pre and post- test
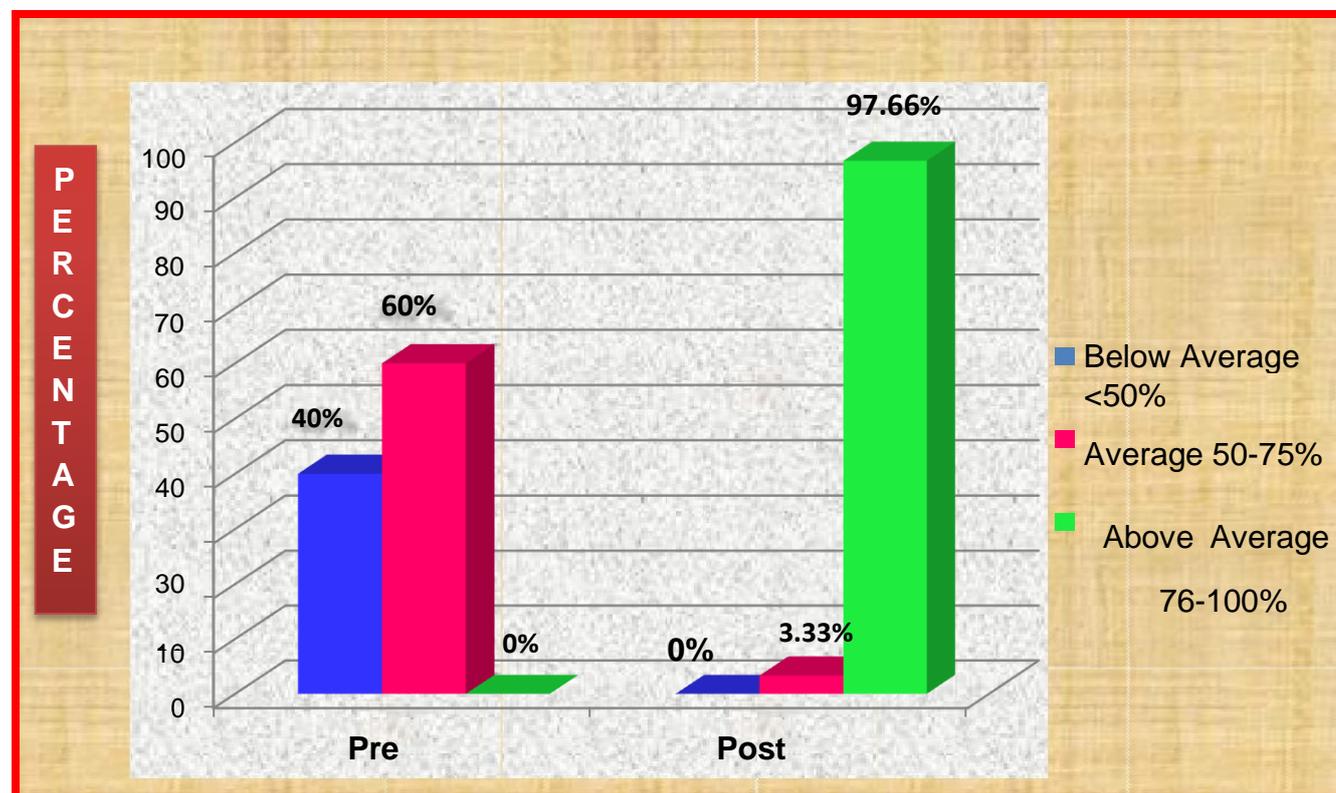

Figure 1 indicates pre and post-test knowledge scores among adolescent boys. The pre-test shows 40% of adolescent boys were in below average, 60% have average knowledge and none of them were in above average level. Further in the post-test it depicts that 3.33% of adolescent boys have scored average and remaining 96.66% have scored above average. Therefore, there is a significant and considerable improvement in post test knowledge scores compared to pre-test. Thus, the video assisted teaching programme was effective in increasing their knowledge scores.

Table 2: Overall knowledge gain with video assisted teaching programme on tobacco consumption and its hazards in terms of Mean and paired "t" test

(n=60)

Knowledge scores	Pre-test	Post- test
Mean	23.3	45.56
Mean percentage	38.88	75.93

Standard deviation	1.91	7.68
Paired ─' t' test	22.33	
Df	59	
Table 't' value	2.023	

Table 2 shows that there was an improvement in Mean scores of respondents that is 38.88. The calculated ─t value is 22.33, which is very much higher than the table value 2.02. It shows that there is significant difference in pre-test and post-test knowledge scores.

Since the video assisted teaching programme on tobacco consumption and its hazards was effective the stated hypothesis H1: There will be a significant difference between pre- test and post – test knowledge scores of adolescent boys on tobacco consumption and its hazards can be accepted.

Table 3: Chi-square values of pre test Knowledge scores of adolescent boys with their demographic variables

S.NO	DEMOGRAPHIC VARIABLE	PRE-TEST CHI-SQUARE	DF	TABLE VALUE	SIGNIFICANCE
1	Age	1.8	4	9.49	NS
2	Religion	4.06	6	12.59	NS
3	Education	7.04	6	12.59	NS
4	Education of mother	4.65	8	15.51	NS
5	Education of father	5.06	8	15.51	NS

S.NO	DEMOGRAPHIC VARIABLE	PRE-TEST CHI-SQUARE	DF	TABLE VALUE	SIGNIFICANCE
6	Occupation of mother	0.2	1	3.84	NS
7	Occupation of Father	2.53	1	3.84	NS
8	Family income	16.1	6	12.59	S
9	Type of family	0.07	4	9.49	NS
10	Previous knowledge	10.55	2	5.99	S
11	Habits	0.75	6	12.59	NS

*Significant at 5% level;　　NS: Non Significant　　S: Significant

From Table 3 it can be concluded that there is no significant association existing between pre test knowledge scores and demographic variables like age, religion, education, education of mother, education of father, family income, type of family, previous knowledge and habits while there is significant association existing between pre – test knowledge scores and demographic variables like family income and Previous knowledge. Hence the stated H2 hypothesis: There will be significant association between pre-test knowledge scores of adolescent boys regarding tobacco consumption and its hazards and the selected demographic variables is rejected.

IV. DISCUSSION:

Tobacco is a heart breaker and a body breaker as tobacco mainly kills through heart disease and cancer. Nicotine addiction ensures life-long customers not long-life customers. There is a lack of awareness among the adolescent boys related to causes, risk factors of tobacco consumption and its effect on health.

As most of the tobacco hazards are preventable and the primary prevention approaches is the most effective strategy for elimination and control of these hazards. The primary prevention strategy greatly focuses on health education and creating awareness on safe practices available.

The investigator has undertaken the present study to assess the knowledge gain with video assisted teaching programme on tobacco consumption and its hazards among adolescent boys through one group pre-test and post-test method. Education was carried out through video assisted teaching programme to the adolescent boys on tobacco consumption and its hazards. A post test was conducted to the same group to find out the knowledge gain with video assisted teaching programme.

Data is analysed with the help of descriptive and inferential statistics. In the total samples, majority of sample were 30(50%) were in age group of 12-13 years, 29(48%), were Hindus in religion, 33% each both from 9th and 10th classes, 25(62.5%) of the mothers were with secondary education, 23(38%) of the fathers were graduates, 31(52%) of the mothers were unemployed 51(85%) of the fathers were employees 23(38%) were having family income of Rs 5,000-8,000 per month,47(78%) were in nuclear family ,33(55%)of them have previous knowledge,70 % of them have had tobacco consumption habits.

The chi-square values computed between knowledge scores and selected demographic variables like Age (1.8), religion (4.06), education (7.04), education of mother (4.65), education of father (5.06), occupation of mother (0.2) occupation of father (2.53), family income (16.1), type of family (0.07), previous knowledge (10.55) and habits (0.75).

The effectiveness of video assisted teaching has showed a lot of improvement in their knowledge scores. Overall mean percentage in pre test is 38.88% and in post test is 75.93% in their knowledge scores. So, there is an improvement in mean percentage from pre test to post test. This improvement is calculated by using ―t test value of 22.33 against the table value (2.023). This shows the results obtained is positive.

Since the video assisted teaching programme on tobacco consumption and its hazards is highly effective among adolescent boys, the stated H_1 hypothesis for the study that there will be a significant difference in pre-test and post- test knowledge scores of adolescent boys on tobacco consumption and its hazards can be accepted. There will not be significant association between knowledge of adolescent boys and selected demographic variables except family income and Previous knowledge thus H_2 hypothesis is rejected.

Finally, it can be concluded that the education on tobacco consumption and its hazards improved the adolescent boy's knowledge, which help them to avoid use of tobacco products.

V. CONCLUSION:

This research project has provided an enriching experience for the researcher and thus helped to realise the need for enforcing awareness on tobacco consumption and its hazards among the adolescent boys as habit of tobacco consumption in various forms was prevalent in the group. Henceforth there is an urgent need top create awareness and strive to develop a positive attitude towards **"STOP TOBACCO CONSUMPTION"** in order to protect themselves from its harmful effects. Thus, adolescent period is the age where peer influence is at its peak level and it's the right age to help adolescents develop healthy habits to live a healthy life as they are the future citizens of the country.

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X. CONTRIBUTORS:

RM: Conceptualization of the study, collection, analysis of the data, writing of the manuscript, finalization of the manuscript and will act as the guarantor of the paper.

LA: Conceptualization of the study, analysis of the data, writing the manuscript, finalised the manuscript, edited and critically evaluated the manuscript.