A Study To Assess The Effectiveness Of Structured Teaching Programme On Knowledge Regarding ill Effects Of Cigarette Smoking Among Adolescent Boys In Selected School Sindhudurg."

Puja A Mhalatkar[1]

[1.]*M.sc Nursing faculty Br. Nath Pai Nursing Education and research academy, kudal Sindhudurg*

(Maharashtra) India.

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 boys.*

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

Material and Method: *The research approach used for the study was a Quantitative research approach, Descriptive study design was used for the study was conducted at a selected school kudal Sindhudurg. The sample size should be chosen with the help of Simple random sample. The data were collected by structured questionnaries. 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, average and good scores obtained in pre and post assessment. In pre-test majority of students 40 (80%) were in poor category, 9 (18%) students were in average category and 1(2%) student were in good category of Knowledge scores. Where as in post-test after planned teaching programme majority of 32(64%) students were in the category of average knowledge scores, 12 (24%) were in the category of good knowledge scores and 6 (12%) students 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 school.*

Keywords:- cigarette smoking, adolescent boys, Effectiveness, ill-effects.

INTRODUCTION

"Cigarette is classy way to commit suicide"

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. Cigarette smoking during adolescence cause significant health problems among young people including on increase in the number and severity of respiratory illness, decreased physical fitness and effects lung growth and function. Adolescent smoking is global issue because there is not single country around the world where the teens are not smoking many adult smokers initiate the smoking habits during adolescence or young adults.

Adolescence is a period of self reflection of new roles and experimenting with new experience So many young people are force to smoke that are ultimately difficult to overcome and lead to premature death People who start smoking at an early age more likely to develop several addiction to nicotine than those who start at later age.

According to who health organization a person dies of smoking every 13 seconds in the world research has shown that smoking is dangerous as smoking to exmplity disease such as cardiac disease stomach ulcer, COPD And cancer can develop in individual who are exposed to cigarette. Tobacco smoking has been a persistent and serious global social problem for years. Poland is the second-largest producer of tobacco products in the European Union. 26% of adult Poles smoke cigarettes - one in five regularly, and one in twenty - occasionally. The percentage of smokers is currently the lowest in the history of CBOS research. Thus, there is a downward trend in the number of heavy smokers – since 2011, there are 10% fewer smokers in Polish society. Research shows that men are more frequent smokers than women (24% vs 18%). Smoking contributes to health inequalities.

Multiple pathways include targeted marketing and ready access for lower educated communities at greater risk, ties to cultural norms around smoking, and the challenges of communicating risks of smoking. Disproportions continue with regard to access to prevention programs and cessation services.

NEED FOR THE STUDY

"If we lose the battle against tobacco, we will lose the war against cancer"

Most of the risk of dying prematurely due to smoking is reversed people quit Smoking before the age of However smoking during childhood and adolescence is associated with a range of immediate health problems, as well laying the foundation for the development of serious disease in adulthood. Adolscence with early signs of nicotine dependance are more Likely

to become Smokers as early adults. A study ton shows that adolescent smokers that developed nicotine dependance by age of 15. Where at the more age of 25.

Lung development is altered By early tobacco use active Smoking causes reduced lung function and impaired lung growth during child hood and adolsences and the early onset of lung function, decline during late Adolscence and early onset of lung function. Smoking causes cancer, heart disease Stroke, lung diseases, diabetes and chronic obstructive pulmonary disease (COPD), which includes emphysema and chronic bronchitis Smoking also increase risk of for tuberculosis certain eye diseases and problems of the immune system, including rheumatoid arthritis. Second hand Smoke exposure contributes to approximately 41000 deaths among non-smoking adults and 400 deaths in infants each year Second hand smoke causes stroke, lung cancer, and coronary heart diseases in adult children who are exposed to second hand smoke are at increase risk for sudden infant deaths syndrome acute respiratory infection middle ear disease and more severe asthma respiratory symptoms and Slowed lung growth. Adolescence 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. The experience of Nicotine dependence and the low levels of intake it requires both contribute to the significant number of young smokers who report withdrawal symptom similar to those experienced by adults, after a period of abstinence. Tobacco use is associated with accelerated mortality among adults especially in low- and middle-income countries, where the burden of tobacco-related illness and death is heaviest.

More than 1 million adults die each year in India due to tobacco use accounting for 9.5% of overall deaths. India faces a dual burden of tobacco use in the form of smoking and smokeless tobacco. According to the Global Adult Tobacco Survey (GATS) conducted in 2016–17, the overall prevalence of smoking tobacco use is 10.38% and smokeless tobacco use is 21.38% in India. Of all adults, 28.6% currently consume tobacco either in smoke or smokeless form, including 42.4% of men and 14.2% of women.

The Demographic Health Survey, known as the National Family Health Survey (NFHS) is one of the largest health surveys conducted in India providing disaggregate estimates of several health and demographic indicators. It has been a major source for planning policies and programs for different aspects of health among the Indian population.

The government of India recently released the key findings from Phase 1 of the National Family Health Survey conducted in 2019–20, which also included information regarding current tobacco use among Indian adults in 22 states and union territories. The results are compared with those of the GATS to track the progress in these Indian states. Further, the results are stratified in terms of gender and place of residence (rural vs urban) to assess the heterogeneity of tobacco use

among Indian adults. The prevalence of tobacco use among men has declined in most states, except Sikkim, Goa, Bihar, Gujarat, Himachal Pradesh, and Mizoram, where an upward trend can be seen. In the case of women, the prevalence has declined in almost all states except Mizoram and Sikkim.

Material and Method:-

The Quantitative study was conducted in the selected school of kudal Sindhudurg Maharashtra.

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 boys 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 40 (80%) were in poor category, 9 (18%) students were in average category and 1(2%) student were in good category of Knowledge scores. Where as in post-test after planned teaching programme majority of 32(64%) students were in the category of average knowledge scores, 12 (24%) were in the category of good knowledge scores and 6 (12%) students 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.

Part I

Distribution of Socio-demographic variables according to frequency and percentage.

1) **Age**

Age group	Frequency	Percentage
a) 13 to 14 Years	12	24%
b) 15 to 16 Years	32	64%
c) 17 to 18 Years	06	12%
d) 19 to 20 Years	00	00

Table showing distribution of demographic variable i.e., age of students, 32 (64%) students belong to age group of 15 to 16 Years, 12(24%) students belong to age of 13 to 14 Years and 06 (12%) students belong to age group of 17 to 18 Years.

2) **Religion**

Religion	Frequency	Percentage
a) Hindu	33	66%
b) Christion	17	34%
c) Muslim	00	00
d) Others	00	00

Table showing distribution of demographic variable i.e., religion of students, 33 (66%) students were Hindu and 17 (34%) students were Christion.

3) Type of Family

Type of Family	Frequency	Percentage
a) Joint	22	44%
b) Nuclear	25	50%
c) Extended	3	06%

Table showing distribution of demographic variable i.e., Type of family, 25 (50%) students belong to Nuclear, 22 (44%) students belong to Joint Family whereas 3 (6%) students belong to Extended Family.

4) Area of Residence

Area of Residence	Frequency	Percentage
a) Rural	27	54%
b) Urban	23	46%

Table showing distribution of demographic variable i.e., Area of Residence, 27 (54%) students belong to Rural area, 23 (46%) students belong to Urban area.

5) Father's Education

Father's Education	Frequency	Percentage
a) Primary	12	24%
b) Secondary	18	36%
c) Diploma / UG	20	40%
d) Illiterate	00	00

Table showing distribution of demographic variable i.e., Father's Education, 20 (40%) fathers were educated till Diploma/ Graduate level, 18 (36%) fathers had secondary education and 12 (24%) fathers had primary education.

6) Mother's Education

Mother's Education	Frequency	Percentage
a) Primary	09	18%
b) Secondary	21	42%
c) Diploma / UG	19	38%
d) Illiterate	01	02%

Table showing distribution of demographic variable i.e., Mother's Education, 21 (42%) mothers were had Secondary, 19 (38%) mothers were educated till Diploma/ UG level and 9 (18%) mothers had primary education.

7) Father's Occupation

Father's Occupation	Frequency	Percentage
a) Unemployed	03	06%
b) Daily Wage Earner	09	18%
c) Self Employed	25	50%
d) Government Employed	13	26%

Table showing distribution of demographic variable i.e., Father's Occupation, 21 (50%) fathers were self-employed, 13 (26%) fathers were government employed, 9 (18%) fathers were working on Daily wage and 3 (6%) fathers were Unemployed.

8) Mother's Occupation

Mother's Occupation	Frequency	Percentage
a) Unemployed	27	54%
b) Daily Wage Earner	04	08%
c) Self Employed	14	28%
d) Government Employed	05	10%

Table showing distribution of demographic variable i.e., Mother's Occupation, 27 (54%) mothers were Unemployed, 14 (28%) mothers were self-employed, 5 (10%) mothers were government employ and 4 (8%) mothers were working on Daily wage.

9) Monthly Income

Monthly Income	Frequency	Percentage
a) 5000 to 10000	05	10%
b) 10001 to 15000	15	30%
c) 15001 to 20000	13	26%
d) Above 20000	17	34%

Table showing distribution of demographic variable i.e., Monthly Income, 17 (34%) family's monthly income were Above 20000, 15 (30%) family's monthly income were 10000-15000, 13 (26%) family's monthly income where 15001-20000 and 5 (10%) family's monthly income were 5000-10000.

Source of Information

Source of information	Frequency	Percentage
a) Health Person	08	16%
b) Parents /Friends / Relatives	18	36%
c) Mass Media	09	18%
d) No Information	15	30%

Table showing distribution of demographic variable i.e., Source of information, 18 (36%) students' source of information was Parents /Friends / Relatives, 15 (30%) students were having no information about ill effects of cigarette smoking, 9 (18%) students' source of information was mass media and 8 (16%) source of information was health person.

Graphical distribution of Socio-demographic variables according to frequency and percentage.
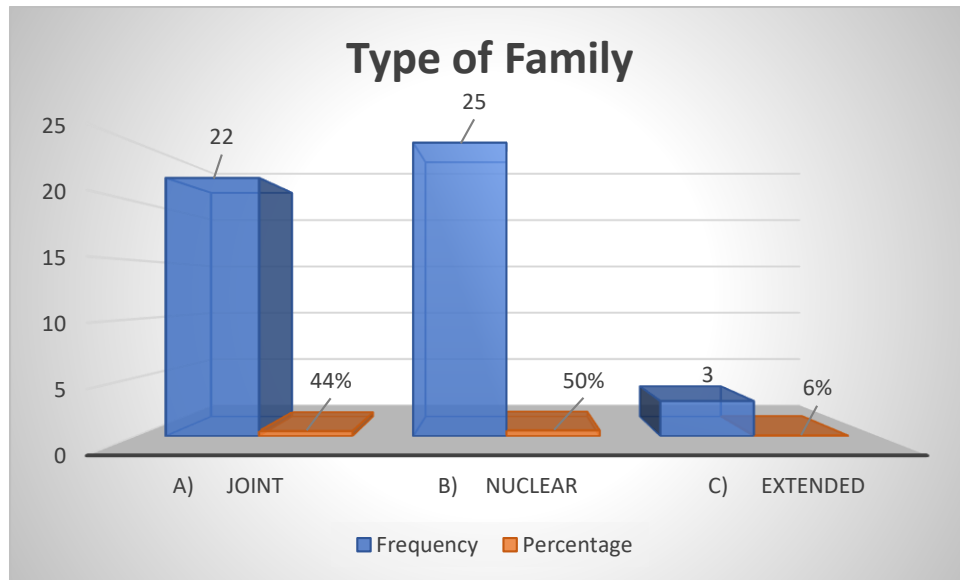
1) **Age**
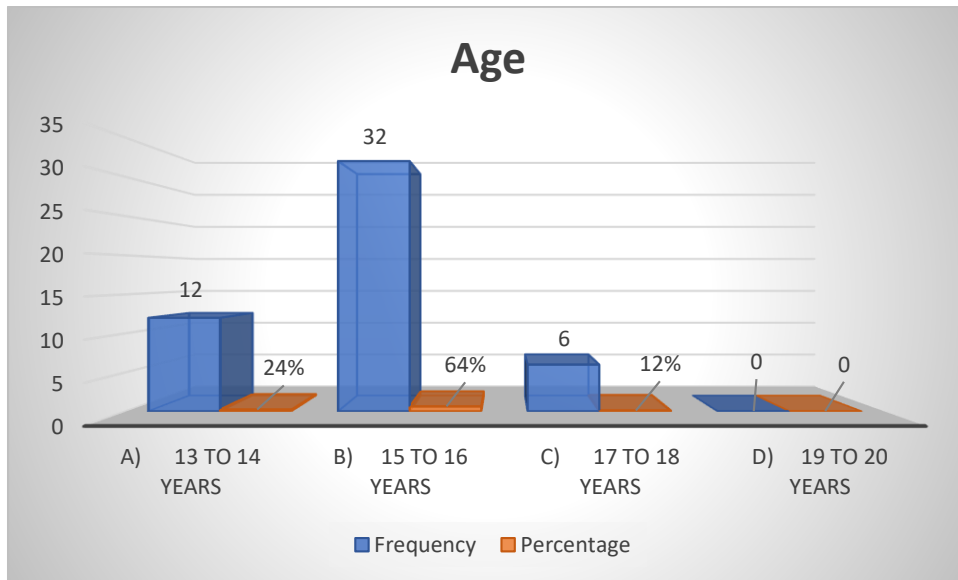
Graphical distribution of Socio-demographic variables i.e. Age, according to frequency and percentage.
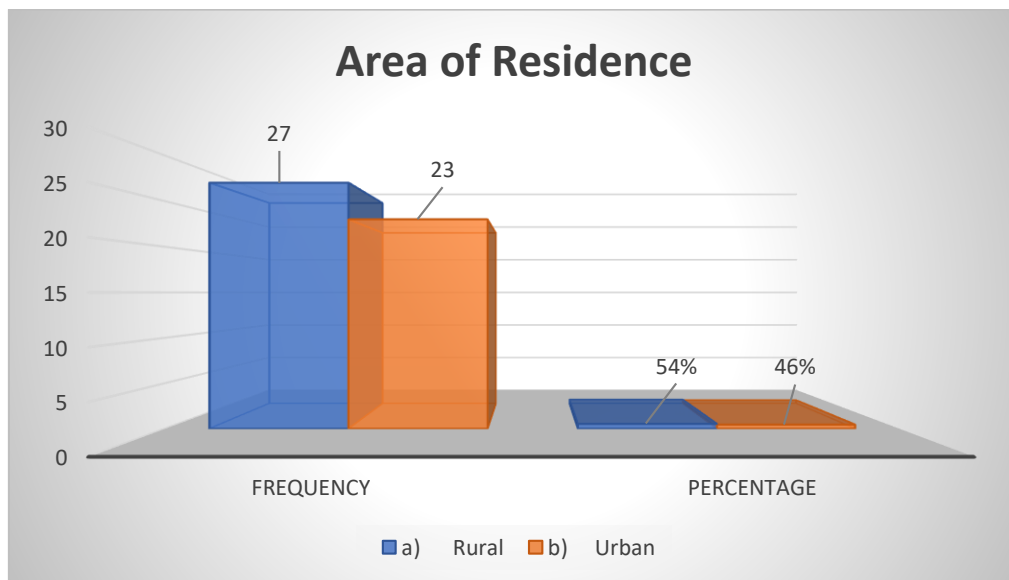
2) **Religion:**
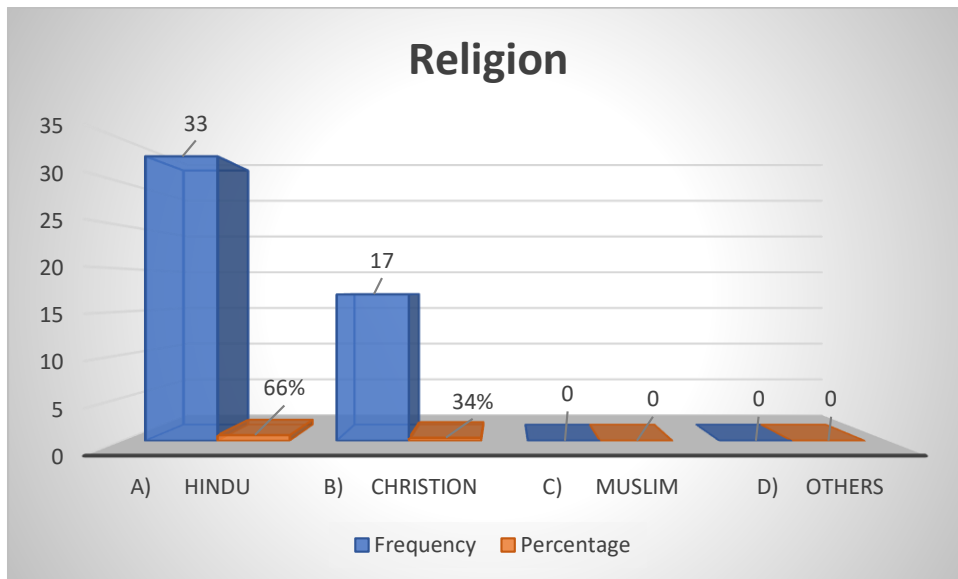
Graphical distribution of Socio-demographic variables i.e. Religion, according to frequency and percentage.
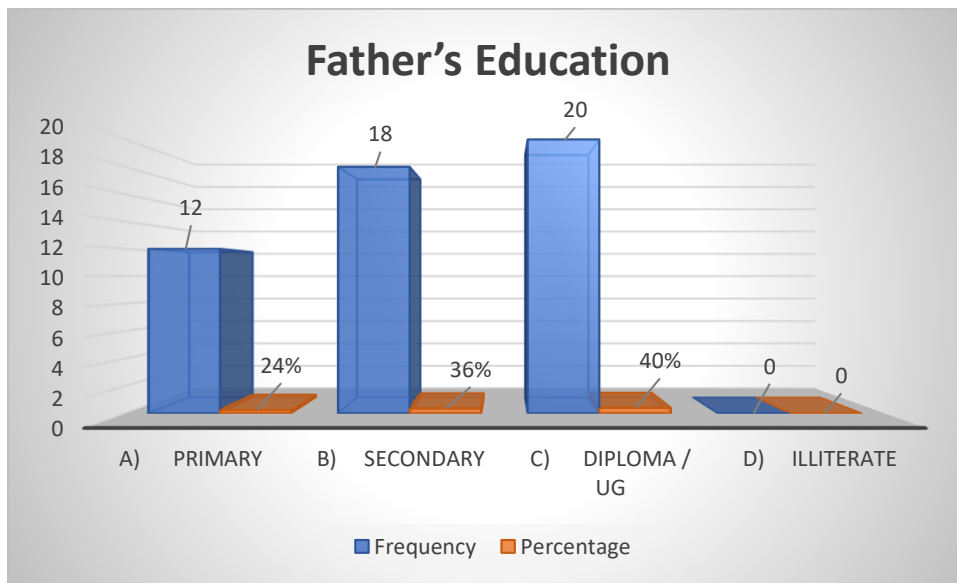
3) Type of family

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

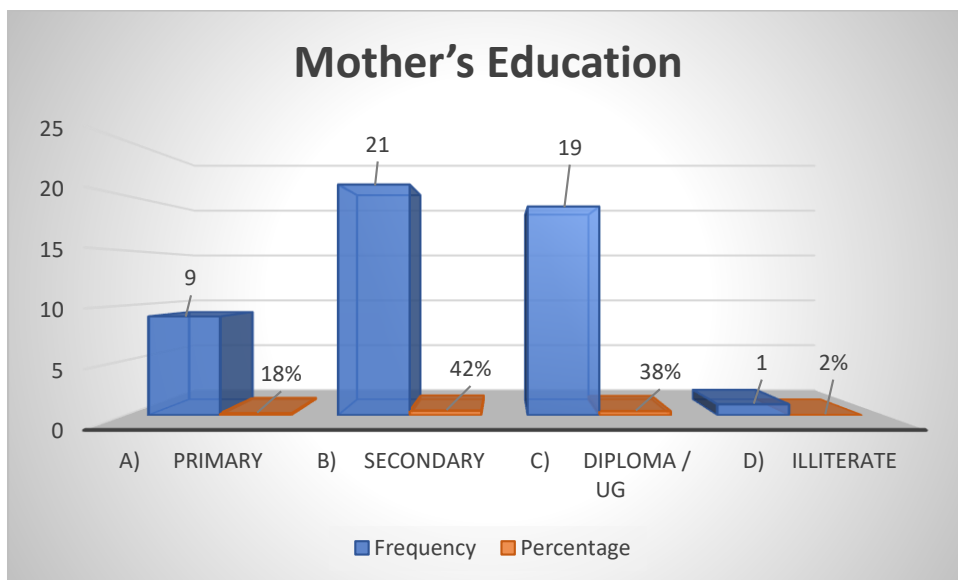**4) Area of Residence**

Graphical distribution of Socio-demographic variables i.e. Area of Residence, according to frequency and percentage.
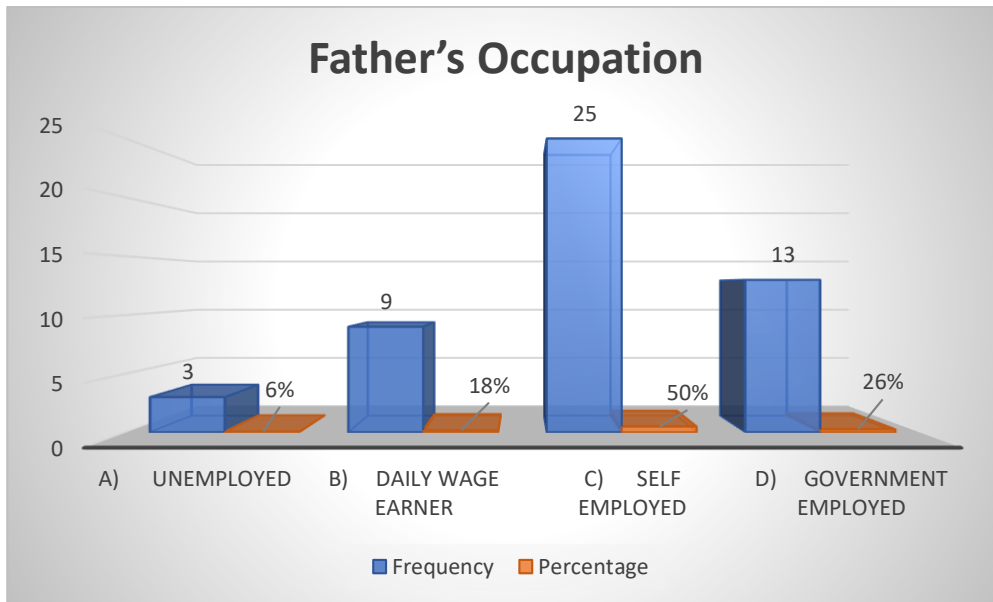
5) Father's Education

Graphical distribution of Socio-demographic variables i.e. Father's education, according to frequency and percentage.
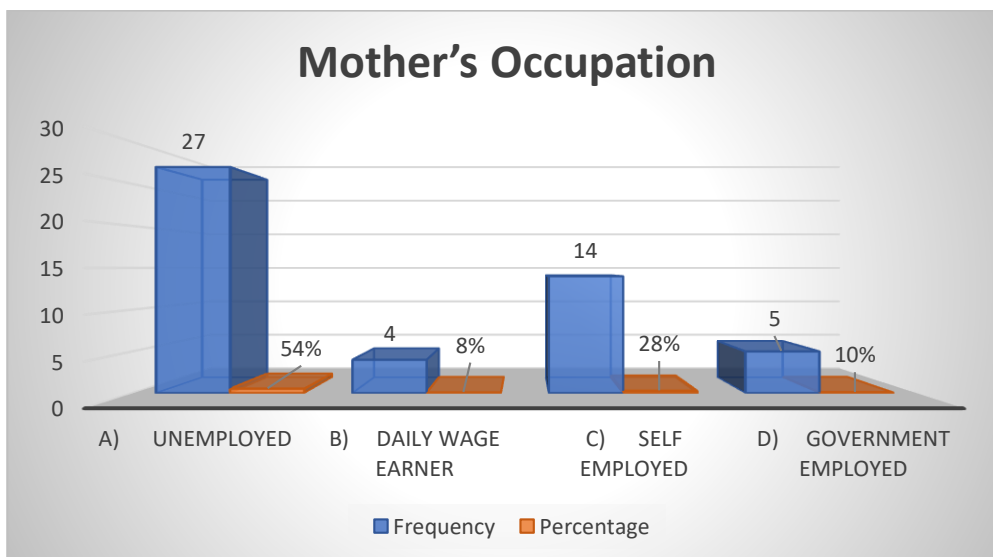
6) Mothers Education

Graphical distribution of Socio-demographic variables i.e. Mother's education, according to frequency and percentage.
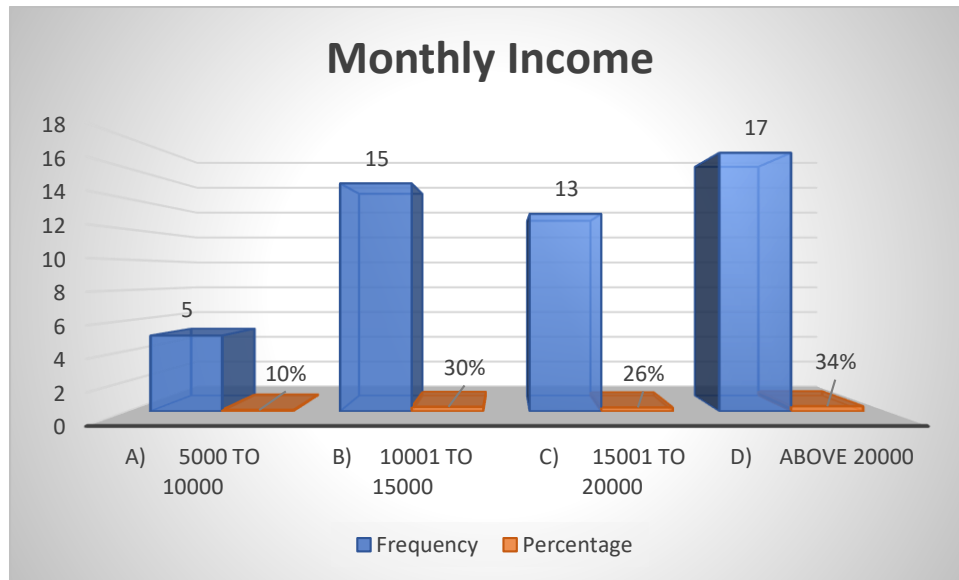
7) Fathers Occupation

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

8) Mothers Occupation

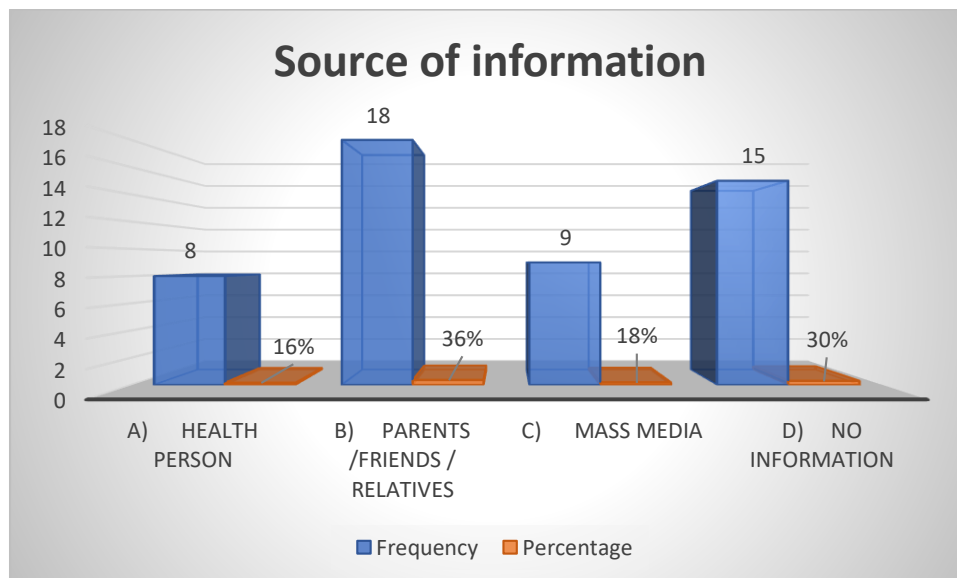**Graphical distribution of Socio-demographic variables i.e. Mother's occupation, according to frequency and percentage.**

9) Monthly Income

Graphical distribution of Socio-demographic variables i.e. Monthly Income, according to frequency and percentage.

10) Source of information

Graphical distribution of Socio-demographic variables i.e. Source of information, according to frequency and percentage.
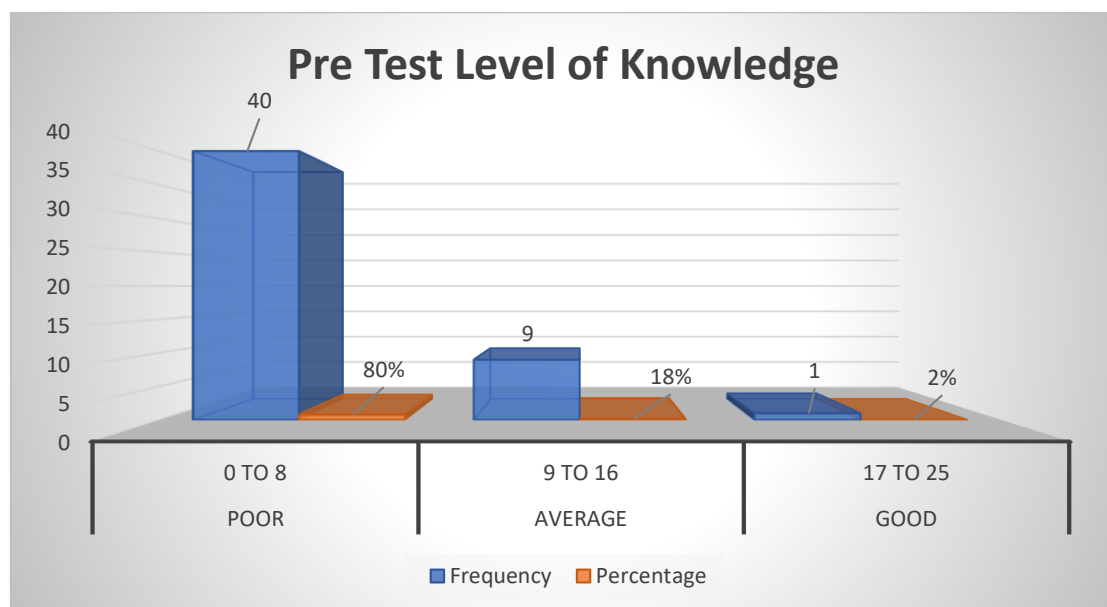
Part II

Assessment of the pre-test level of knowledge regarding ill effects of cigarette smoking among adolescent boys.

Pre-test level of knowledge regarding ill effects of cigarette smoking among adolescent boys according to frequency and percentage.

Level of Knowledge	Scoring	Frequency	Percentage
Poor	0 to 8	40	80%
Average	9 to 16	09	18%
Good	17 to 25	01	02%

Table presents in pre-test 40 (80%) students were having poor knowledge level, 9 (18%) students were having average knowledge level and 1 (2%) student is having good knowledge level regarding ill effects of cigarette smoking.
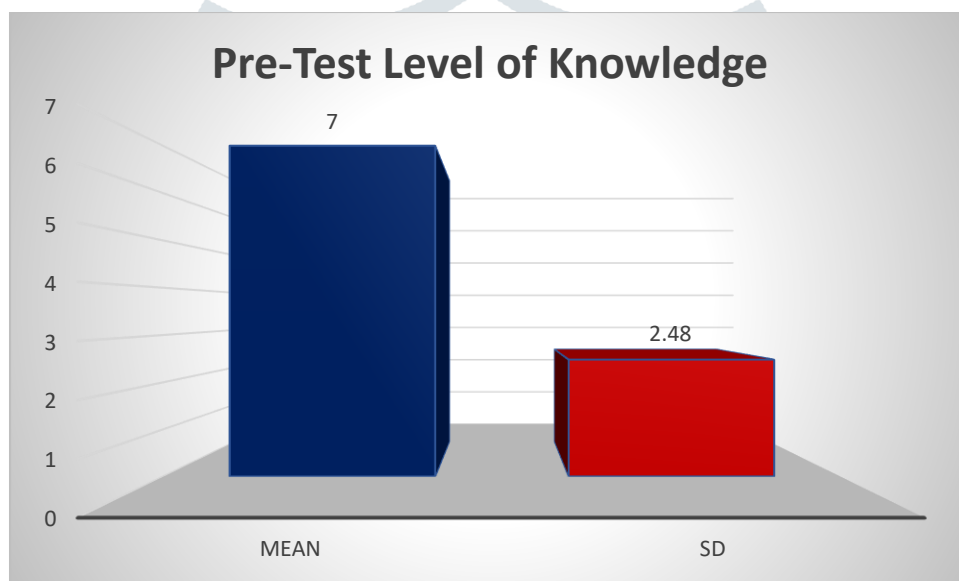

Graphical Distribution Pre-test level of knowledge regarding ill effects of cigarette smoking among adolescent boys according to frequency and percentage.

Pre-test level of knowledge regarding ill effects of cigarette smoking among adolescent boys according to Mean and SD.

Level of Knowledge	Scoring	Mean	SD
Poor	0 to 8		
Average	9 to 16	7	2.48
Good	17 to 25		

Table presents in pre-test mean score about knowledge level regarding ill effects of cigarette smoking was 7 and SD was 2.48.

Graphical Distribution Pre-test level of knowledge regarding ill effects of cigarette smoking among adolescent boys according Mean and SD.
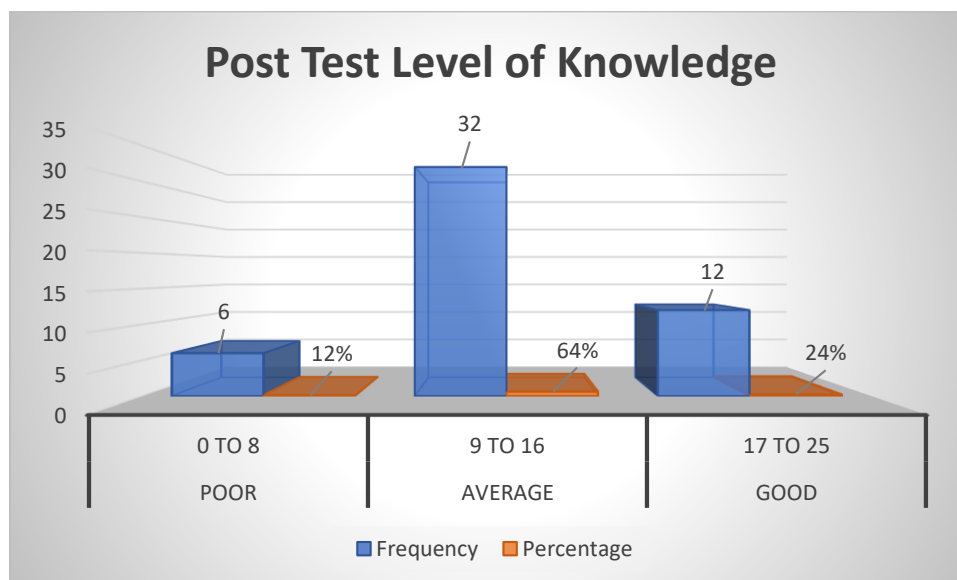
Part III

Effectiveness of structured teaching programme on knowledge regarding ill effects of cigarette smoking among adolescent boys.

Post-test level of knowledge regarding ill effects of cigarette smoking among adolescent boys according to frequency and percentage.

Level of Knowledge	Scoring	Frequency	Percentage
Poor	0 to 8	6	12%
Average	9 to 16	32	64%
Good	17 to 25	12	24%

Table presents in post-test 6 (12%) students were having poor knowledge level, 32 (64%) students were having average knowledge level and 12 (24%) student is having good knowledge level regarding ill effects of cigarette smoking.

Graphical Distribution Post-test level of knowledge regarding ill effects of cigarette smoking among adolescent boys according to frequency and percentage.

Post-test level of knowledge regarding ill effects of cigarette smoking among adolescent boys according to Mean and SD.

Level of Knowledge	Scoring	Mean	SD
Poor	0 to 8		
Average	9 to 16	13.78	3.59
Good	17 to 25		

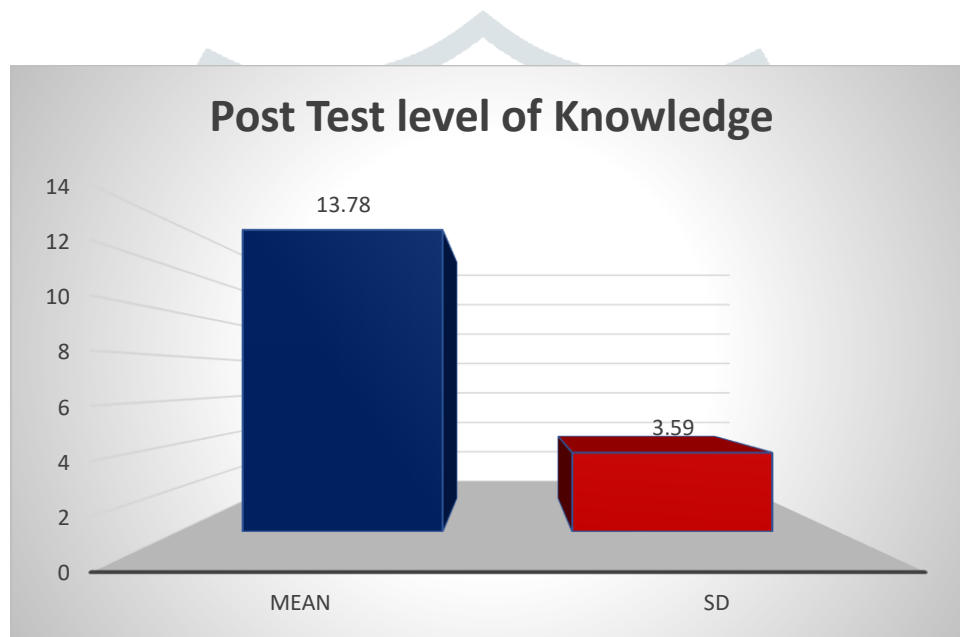Table presents in post-test mean score about knowledge level regarding ill effects of cigarette smoking was 13 and SD was 3.59.
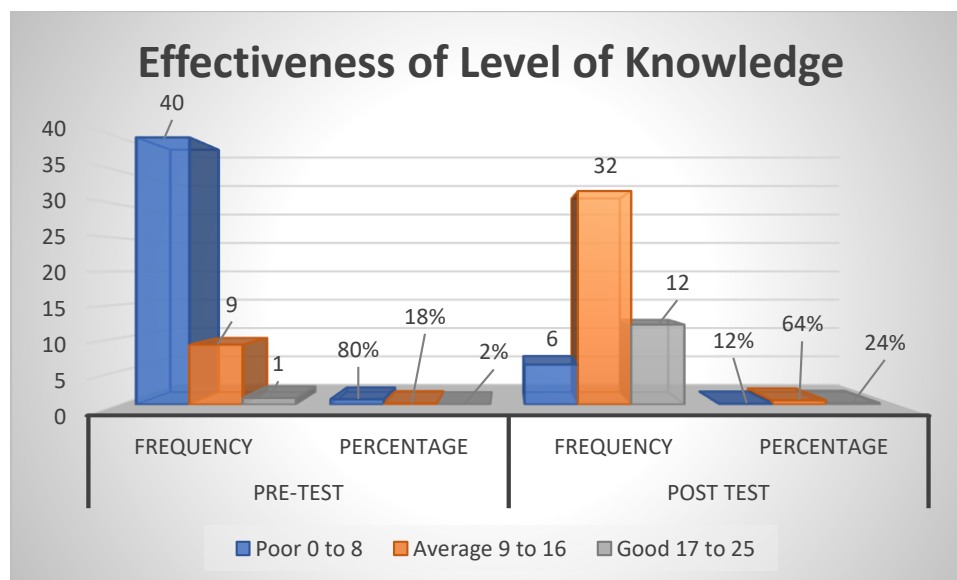

Graphical Distribution Pre-test level of knowledge regarding ill effects of cigarette smoking among adolescent boys according Mean and SD.

Comparison of Pre-test and Post-Test level of knowledge regarding ill effects of cigarette smoking.

Level of Knowledge	Scoring	Pre-Test		Post Test	
		Frequency	**Percentage**	**Frequency**	**Percentage**
Poor	0 to 8	40	80%	6	12%
Average	9 to 16	09	18%	32	64%
Good	17 to 25	01	02%	12	24%

The table presents that adolescent boys 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 40 (80%) were in poor category, 9 (18%) students were in average category and 1(2%) student were in good category of Knowledge scores. Where as in post-test after planned teaching programme majority of 32(64%) students were in the category of average knowledge scores, 12 (24%) were in the category of good knowledge scores and 6 (12%) students were in the category of poor knowledge score.

Graphical Distribution of comparison of Pre-test and Post-Test level of knowledge score regarding ill effects of cigarette smoking among adolescent boys according Frequency and Percentage.

Comparison of Pre-test and Post-Test level of knowledge score regarding ill effects of cigarette smoking among adolescent boys according to Mean and SD.

	Pre-Test	Post Test	Mean Difference	Paired t Test
Mean	7	13.78	6.78	P Value = 0.0001
SD	2.48	3.59		t Value = 10.62

Table shows that there was significant increase in post test scores of adolescent boys. The mean post-test knowledge score 13.78 (SD=3.59) of adolescent boys was significantly higher than their pre-test knowledge score 7 (SD=2.48). The paired 't' test statistic value is 10.62. Since, the p value for the test is less than 0.05, the research hypothesis accepted at 95% confidence level it shows that the planned teaching programme was effective method for improving the knowledge of adolescent boys regarding ill effects of cigarette smoking.
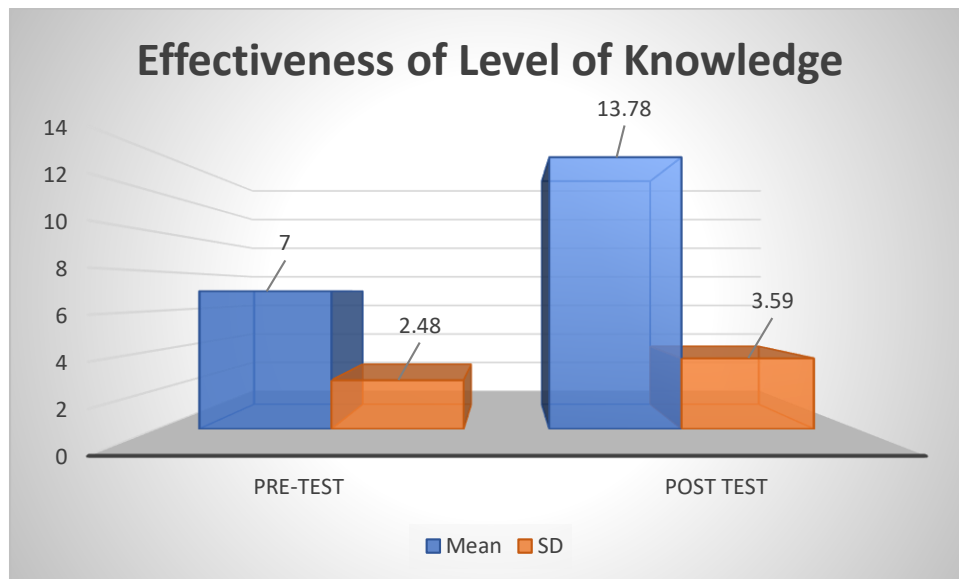

Graphical Distribution of comparison of Pre-test and Post-Test level of knowledge score regarding ill effects of cigarette smoking among adolescent boys according to Mean and SD

Part IV

Association between pre knowledge.

Demographic Variables	Level of Knowledge			Chi Square Value	P Value	Interpretation
	Poor	Average	Good			
1) Age						
a) 13 to 14 Years	09	03	00	8.802	0.0662	NA
b) 15 to 16 Years	26	06	00			
c) 17 to 18 Years	05	00	01			
d) 19 to 20 Years	00	00	00			
2) Religion						
a) Hindu	25	07	01	1.209	0.5247	NA
b) Muslim	15	02	00			
c) Christion	00	00	00			
d) Others	00	00	00			
3) Type of Family						
a) Joint	18	04	00	1.524	0.8225	NA
b) Nuclear	20	04	01			
c) Extended	02	01	00			
4) Area of Residence						
a) Rural	21	06	00	1.791	0.4083	NA
b) Urban	19	03	01			
5) Father's Education						
a) Primary	10	02	00	1.880	0.7579	NA
b) Secondary	14	03	01			
c) Diploma / UG	16	04	00			
d) Illiterate	00	00	00			

6) Mother's Education						
a) Primary	08	01	00	2.089	0.9113	NA
b) Secondary	16	04	01			
c) Diploma / UG	15	04	00			
d) Illiterate	01	00	00			
7) Father's Occupation						
a) Unemployed	2	01	00	7.300	0.2940	NA
b) Daily Wage Earner	5	04	00			
c) Self Employed	22	02	01			
d) Government Employed	11	02	00			
8) Mother's Occupation						
a) Unemployed	20	06	01	2.333	0.8866	NA
b) Daily Wage Earner	04	00	00			
c) Self Employed	12	02	00			
d) Government Employed	04	01	00			
9) Monthly Income						
a) 5000 to 10000	03	02	00	5.071	0.5348	NA
b) 10001 to 15000	11	03	01			
c) 15001 to 20000	12	01	00			
d) Above 20000	14	03	00			
10) Source of information						
a) Health Person	08	00	00	6.907	0.3295	NA
b) Parents /Friends / Relatives	14	04	00			
c) Mass Media	06	02	01			
d) No Information	12	03	00			

The table presents that 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.

Delimitations:-

-The study was limited to adolescent boys age between 17 to 19 years in selected college.

-Adolescent boys who are willing in participate in this study.

-The study in limited in adolescent boys who are available on the day of data collection.

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