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RESEARCH ARTICLE

EXPLORING THE AWARENESS GAP: "A STUDY TO ASSESS THE KNOWLEDGE ON ILL EFFECTS OF SMOKING AMONG FINAL YEAR B.SC NURSING STUDENTS AT SMT.NAGARATHNAMMA COLLEGE OF NURSING, BENGALURU, KARNATAKA

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Abstract

Objectives :

1. To assess the level of knowledge on ill effects of smoking among final year B.Sc. nursing students at Smt. Nagarathnamma College of Nursing, Bengaluru.
2. To find out the association between knowledge scores with selected demographic variables at Smt. Nagarathnamma College of Nursing, Bengaluru.

Method: Descriptive approach was used to collect data from 30 subjects selected by convenient sampling technique through non probability sampling approach consisting 2 section.
Section A – Demographic variables consisting 4 items
Section B – Structured questionnaire for assessing knowledge level consisting 30 items.

Result: The majority of respondents had adequate knowledge on ill effects of smoking Overall mean percentage of knowledge score is 60.11%.

Conclusion: The study was concluded to assess the knowledge regarding ill effects of smoking among final year B.Sc. nursing students at Smt. Nagarathnamma College of Nursing. In this descriptive study was used by taking 30 samples through convenient sampling technique. The data was analyzed and interpreted by applying descriptive statistic method.

The basis of the findings of the study are as follows : Overall mean percentage of knowledge score is 60.11%.

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Introduction:-

Smoking is the practice in which a substance, most commonly tobacco, is burned andsmoke is tasted or inhaled. This is primarily practiced as a route of administration for recreational drug use, as combustion releases the active substances in drugs such as nicotineand makes them available for absorption through the lungs. Tobacco is referred

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to as a “European plant”. Its cultivation became speedily universal. It rewarded the cultivator for beyond every other article of husbandry.

Early smoking evolved in association with religious ceremonies; as offerings to deities, incleansing rituals or to allow shamans and priests to after their minds for purposes of divination or spiritual enlightenment. After the European exploration and conquest of the Americans, the practice of smoking tobacco quickly spread to the rest of the world. In regions like India and Subsaharan in Africa, it merged with existing practices of smoking in Europe, it introducesa new type of social activity and a form of drug intake which previously had been unknown.

Tobacco smoking is most parts of India except Punjab, Maharashtra and Sikkim is reportedin about one fourth to half of adult men of over 15 years of age 8. Amongst women, smoking was more common in the North Eastern States, Jammu &Kashmir, and Bihar, while most other parts of India had prevalence rates of about 4% or less 8. In other reports, even smoking among the school going youth of 13-15 years age, studied as apart of the Global Youth Tobacco Service [GYTS] study was reported on an average in up to about 10% individuals 9-12 .

IT has been suggested that smoking related disease kills one half of all long-term smokersbut this disease may also be contracted by non-smokers. Tobacco smoking is today by far themost popular form of smoking and is practice by over one billion people of all human societies.Some of the substances are classified as hard narcotics, like heroin, but the use of this is verylimited as they are often not commercially available.

Perception surrounding smoking has varied over time and from the place to another; holyand sinful, sophisticated, and vulgar, a panacea and deadly health hazard.

Today medical studies have proven that smoking tobacco is among the leading causes of many diseases such as smokers face and increases risk of countless health problems. Often the potential of suffering from any of this health problem often the potential of suffering fromany of this health problems often scares people more than knowing they will die sooner. Cigarettes have been shown to cause:

1. Serious genetic damage within minutes
2. Lung cancer
3. Heart attacks
4. Throat cancer
5. Stroke
6. Stomach cancer
7. Bladder cancer
8. Chronic obstructive pulmonary disease
9. Pancreatic cancer

Methods:-

Research methodology involves the systemic procedure by the researcher which starts from the initial identification of problem to its final conclusion. It helps the researcher to project a print of the research undertaken.

The chapter deals with research methodology adopted for the present study on the areas of research approach, research design, and variables of study,population, sample and sampling technique, sample selection, inclusion and exclusion criteria, development of the tool data collection method and plan forstatistical analysis.

The purpose of this section is to communicate to the readers what the investigator did to solve the research problems or to answer the research questions.

Research approach

The selection of research approach is the basic procedure for the conduct of research inquiry.

A descriptive approach was considered to be the most appropriate and adopted for the presence study in order to assess the knowledge of students regarding ill effects of smoking at Smt. Nagarathnamma College of Nursing, Bengaluru.

Research design
The research design refers to the researcher's overall plan for obtaining answer to the research questions it spells out strategies that the researcher adopted to develop information that is accurate, objective and interpretable. Descriptive research design was adopted to achieve the objective of the study.

Setting of the Study
The setting for the present study is Smt. Nagarathnamma College Of Nursing, Bengaluru. It is one of the reputed college of Bengaluru. The sample was selected by Purposive Sampling technique [based on feasibility, approximately, and availability of the subjects, investigator's familiarity with the setting].The data was collected from 15-06-23 by the group of members.

Research Variable
In this study research variable is knowledge.

Demographic Variables
Demographic variables in this present study are age, gender, socio-economic status, source of information.

Population
The target population of the present study comprises of final year B.Sc nursing students of Smt. Nagarathnamma College of Nursing.

Sample and sample size
Sample size of the present study consists of 30 students of final year B.Sc. nursing students of Smt.Nagarathnamma College of Nursing, Bengaluru.

Sampling Technique
In this study, purposive sampling technique is adopted to draw the samples ofthe study.

Sampling Criteria :
The sample are selected with the following predemined set criteria.

Inclusion criteria
1. Students who are willing to participate in the study.
2. Both boys and girls of final year B.Sc. nursing.
3. Students belonging to age group of 18-26 years.
4. Students who are available during data collection.

Exclusion criteria
1. Students not willing to participate in the study.
2. Students above 26 years and below 18 years of age.
3. Students who are not available during data collection.

Data Collection Tool
The data collection technique is questionnaire method. It is considered to be theappropriate instrument to elicit the response from literates. Keeping this in mindknowledge questionnaire is developed on ill effects of smoking.

Development of the Tool
The main strength behind developing this Tool is, after an extensive review of literature, discussion with the guide and the various experts in the field of nursing and based on the investigator's personal experience the questionnaire isused. Total of 30 question, related to knowledge on cigarette smoking.

Description of the Tool
The tool consists of Section A and B .

Section A :
Demographic variables.

Section B :
Structured questionnaire on ill effects of smoking.

Section A :
Consists of 4 items this includes age, gender, socio -economic status,source of information.

The participants are asked to select the items which they felt suitable. No scoresare given for the items.

Section B :
In order to assess the knowledge regarding ill effects of smoking, thestandard Tool is used by the investigator based on the research problem. It consists of 30 items and it has no negative items.

Scoring
Section A :
Demographic variables consists of 4 items, scoring key for Section A by coding the demographic variables.

Section B :
There are 30 items in the section-B , it has no negative items. The participants are asked to select one right answer. Every right answer is scored 1and wrong answer 0.The total possible maximum score is 30.

15 & up : Above average 11 –
14 : average
0 – 10 : Below average

Main Study Setting
The study is conducted at Smt. Nagarathnamma College of Nursing, Bengaluru.

Period of Data Collection
The main study is conducted from 15-06-23, among 30 subjects; data is collected with the help of structured questionnaire.

Data Collection Procedure
After obtaining the formal permission from the principal of Smt. Nagarathnamma College of

Nursing, Bengaluru, the students who meet the inclusion criteria are identified by the investigator.

After the self introduction the investigator explained the purpose of the study tothe participants, the willingness to participate in the study is ascertained. The investigator spent time with each participant during the data collection;any problem or difficulties encountered by the participant to fill the questionnaire are identified and is clarified then and there, each participants take 15 minutesto answer the given questionnaire.

Plan For Data Analysis
The data obtained are analyzed in terms of the objectives of the study using Descriptive and inferential statistics. A master data sheet is prepared with responses given by the participants. The plan for data analysis is as follows.

Descriptive statistics
1. The responses of the item in part – I Demographic variables is planned tobe summarized in number and percentage.
2. Knowledge on ill effects of smoking of the participants are planned to besummarized in mean and mean percentage.

Inferential statistics
The chi square value are planned to be computer in order to find out the association between demographic variables like age, gender, socio-economic status and source of information.

Table 1:- Demographic Variables Of Respondants :
Classification of respondents based on their age group, gender, socio-economicstatus, source of information.

Sl No	Demographic variables	N=30	
		Frequency	Percentage
1.	AGE GROUP		
	18 -20	1	3%
	20 -23	27	90%
	24 -26	2	7%
2.	GENDER		
	Male	8	27%
	Female	22	73%
3.	SOCIO-ECONOMIC STATUS		
	Middle Class	20	67%
	Upper Middle Class	8	27%
	High Class	2	6%
4.	SOURCE OF INFORMATION		
	Social Media	8	27%
	Friends	13	43%
	Others	9	30%

Table –2: Aspect wise Mean percentage knowledge scores of respondents onill effect of smoking among final year BSc nursing students

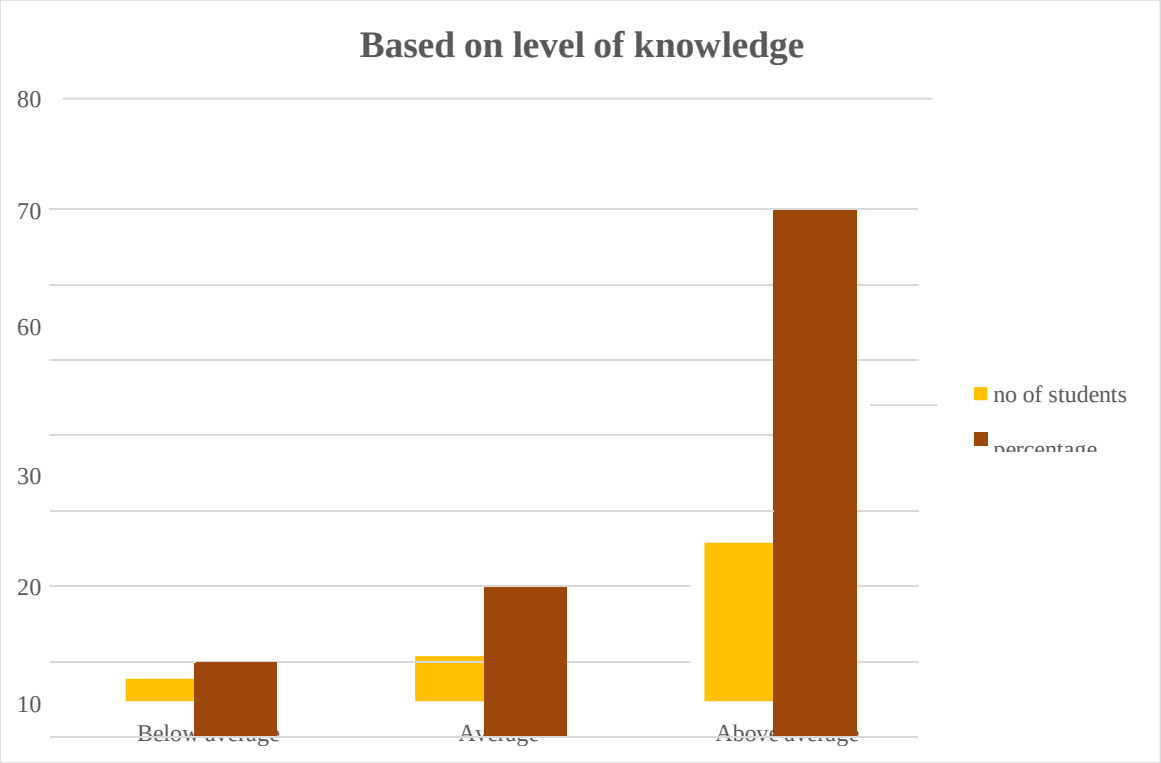
Table 2:- Mean, mean percentage of knowledge score.

No. of questions	Min – max score	Mean	Mean percentage
30	0 - 1	18.03	60.11%

Interpretation :
From this above table it is evident that the maximum mean score is 60.11% which indicates that most of the students have good knowledge on ill effects ofsmoking.

Table 3:- Level Of Knowledge Scores.

Level of knowledge	No. of students	Percentage
Below average	3	10%
Average	6	20%



Nterpretation:
Table-3 shows, 10% of the students have poor knowledge, 20% of students have good knowledge and 70% of students have very good knowledge on ill effects of smoking.

Discussion:-

The present study was conducted to assess the knowledge regarding ill effects of smoking among final year B.Sc nursing students at Smt. Nagarathnamma College of Nursing, Bengaluru by using structured questionnaire. The findings of the study are discussed with reference to the objectives.

Objectives:-

1. To assess the knowledge on ill effects of smoking at Smt. NagarathnammaCollege of Nursing, Bengaluru.
2. To find out association between knowledge scores with selected demographic variables at Smt. Nagarathnamma College of Nursing, Bengaluru.

Findings of the study :
To assess the knowledge on ill effects of smoking at Smt. Nagarathnamma College of Nursing, Bengaluru.
The study is attempt to know about the knowledge of final year B.Sc nursing students regarding ill effects of smoking. The finding of the study reveals that 70% students had above average knowledge and 20% students had average knowledge and 10% students had below average knowledge regarding ill effectsof smoking.

Thus the investigator that there is a need to improve knowledge regarding illeffects of smoking.

To find out the association between knowledge scores with selected demographic variables at Smt. Nagarathnamma College of Nursing, Bengaluru.

Association of knowledge with demographic variables revealed that there isstatistically significant association between knowledge scores and demographicvariables such as age, gender, socio-economic status and source of

information. Hence there is significant association of knowledge regarding ill effects of smoking with demographic variables.

Nursing Implications :

The findings of the study have several implications for ;

1. Nursing practice
2. Nursing education
3. Nursing administration
4. Nursing research

Nursing practice –

The nurse must posses highly specialized skills and necessary knowledge essential for professional nursing practice. Nurse working in the clinical settings will be able to find the opportunities to teach and improve the knowledge of final year B.Sc nursing students regarding ill effects of smoking, nurses also must participate in in- service education program on educating final year B.Sc nursing students about ill effects of smoking.

Nursing education –

Nursing education aims in preparing nurses who will be able to plan and provide comprehensive care to the individual, family and society after completion of educational program, the nursing educator can help the nursing students to gain in depth knowledge and skills inproviding the information on ill effects of smoking. Adequate opportunity to be provided for the student nurse to obtain knowledgeregarding ill effects of smoking. Nursing educators can motivate the nursing students to participate in seminar, workshop and conference on ill effects of smoking. As a nurse counselor, she can conduct individual and group counseling for the family members and care givers of addicted adolescent and to educate how to take care of them.

Nursing research –

The study helps nurse researchers to develop appropriate health education tools for educating the adolescent peer groups, family members regarding ill effects of smoking. The study will motivate tge beginning researchers to conduct same study with different variables on a large scale. The public and private agencies should also encourageresearch in this field through materials and funds

Conclusion:-

The study was concluded to assess the knowledge regarding ill effects of smokingamong final year B.Sc. nursing students at Smt. Nagarathnamma College of Nursing. In this descriptive study was used by taking 30 samples through convenient sampling technique. The data was analysed and interpreted by applying descriptive statistic method.

The basis of the findings of the study are as follows :

Overall mean percentage of knowledge score is 60.11%.

Reference:-

1. Allen F Roberts, “Smoking in Sub- Saharan Africa”, pp: 53 – 54.
2. West, Robot and Shiffman. “Smoking cessation “, Health Press. Ltd, Saul 2007, P28.
3. Reddy K S, Gupta P C, “ Report on Tobacca Control in India “; Ministry of Health and Family Welfare, Govt of India 2004, pp: 43 – 48.
4. Dr. Fauria Khurshid, Urusa Ansari, “ causes of smoking among the teenagers “, Interdisciplinary Journal of Contemporary Research in Business, Vol:03, Nov 09,Jan 2012,pp 848 – 855.
5. Ferguson et al. Association between the depression and cigarette smokingamong young adults, American journal of psychiatry 2003;84-89.
6. Mohan.D, chopra.A, sethi.H.The co- occurance of tobacco and alcohol in general population of metropolis Delhi, India. India journal of medical science 2002;150-154.
7. Chavan B S, et al. Prevalence of alcohol and drug dependence in rural andslum population of Chandigarh. India. J psychiatry. 2007:49;44-8.
8. Edward R. ABC of smoking cessation; The problem of tobacco smoking, British medical journal 2004;328;217-218.

9. Makwana NR. Et al A study on prevalence of smoking and tobacco chewing among adolescent in rural areas of Jamnagar District, Gujarat state.JMSR.2007;1(1) :1-13.
10. Jesse J. Sturm, Yeatts K, Loomis. Effect of tobacco smoke on lung function among adolescent.AJ of PUB. Health. 2004.94;308.
11. Kub Ali, Levin, black G. Cigarette smoking and the risk of Barrett's Oesophagus cancer causes control, 2009;20(3) ;303-311.
12. Colongelo LA, GupstarSM.Gann PH et al, cigarette smoking and colorectalcarcinoma mortality in cohort with long term follow up, cancer2004;100;288-293.
13. Ayanian JZ, and cleary PD perceived risk of heart diseases, cancer among cigarette smokers, journal of American medical association 1999: 22: 7727-7739.
14. Suresh Kishore, B.S.Grag, Khursheedmuzammil journal of medical students & Research vol. 9 No 2,april – june 2007;79.
15. Ezzati.m and Loper AD, Estimates of global mortality attributable to smoking in 2000,lancet 2003;362;824-852.