

# **RESEARCH ARTICLE**

## "A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURE TEACHING PROGRAMME ON KNODLEDGE REGARDING HAZARDNESS OF SMOKING AND TOBACCO CHEWING AMONG ADOLESCENTS AT SMT. NAGARATHNAMMACOLLEGE OF NURSING, BENGALURU"

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 Manuscript Info
 Abstract

 Manuscript History
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Received: 25 September 2023 Final Accepted: 29 October 2023 Published: November 2023 Smoking is practice in which a substance, most commonly tobacco, is burned and the smoke is tasted or inhaled. This is primarily practical as a route of administration for recreational drug use, as combustion releases the active substances in drugs such as nicotine and makes them available for absorption through the lungs. It can also be done as a part of rituals, to induce trances and spirituals enlightenment.

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## **Introduction:-**

The most common method of smoking today is through cigarettes, primarily industrially manufactured but also hand-rolled from loose tobacco and rolling paper. Other smoking implements includes pipes, cigars, bidis, hookahs, vaporizers, and bongs. It has been suggested that smoking-related disease kills one half of all long-termsmokers but these diseases may also be contracted by non-smokers. A 2007 report states that about 4.9 million people worldwide each year die as a result of smoking.

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## **Objectives Of The Study:-**

- 1. To assess the existing knowledge of smoking and tobacco chewing adolescent.
- 2. To find the association between knowledge scores with selected demographic variables.
- 3. To evaluate the effectiveness of STP(structured teaching programme) on knowledge regarding smoking and tobaccos chewing among adolescent.

## Assumption

- 1. The students age group of 17 to 22 years will have inadequate knowledge regarding the effect of smoking.
- 2. Level of knowledge regarding effect of smoking can be measured by structured questionnaire.

## **Results:-**

The analysed data from the demographic information of the adolescents reveals that majority of subjects 76.7% (23) belong to the age group of 19-20 years, majority 53.3% (16) of them were male, minority 46.7% (14) were female, maximum 86.7%(26) used belong to nuclear family maximum of subjects 9607%(29) belong to middle class family, majority 53.3% (16) are Hindus ,maximum 53.3% (16) gets information from media.

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### **Research Approach:**

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

A descriptive approach was considered to be the most appropriate and adopted for the present study in order to assess the effectiveness of STP on knowledge regarding hazardness of smoking and tobacco chewing among adolescence 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 and it spells out strategies that the researcher adopted to develop information that is accurate, objective and interpretable. **One group pre-test and post-test pre-experimental research design** was adopted to achieve the objectives of the study.

### Sample And Sample Technique:

#### Sample and sample size:

Sample refers to the subset of a population that is selected to participate in a particular study. It is a portion of the population, which represents the entire population.

Sample size of the present study consists of 30 students pursuing their BSc. Nursing at Bengaluru. The samples were selected by using purposive sampling technique.

### **Sampling Technique:**

Sampling technique refers to the process of selecting a portion of population to represent the entire population.

In this study, a purposive sampling technique was adopted to draw the samples for the study.

## **Organization Of The Study Finding:**

SECTION A-Description of demographic variables

**Table 1**: Frequency and percentage distribution of participants by age, gender, type of family, religion, Socioeconomic status.

**Table-2**: Frequency and percentage distribution of participant by education of Father and education of Mother, occupation of Father and occupation of Mother, source of information.

**SECTION-B:** assessment of knowledge scores.

Table-3: mean, mean percentage and SD of pre-test knowledge scores.

**Table4:** Level of pre-test knowledge score.

Table 5: mean, mean percentage and SD of post-test knowledge scores.

#### Section A- Description of demographic variables.

 Table 1:- Frequency and percentage distribution of participant by age, gender, type of family, religion, socio

 economic status.

| SL NO. | VARIABLE       | FREQUENCY (F) | PERCENTAGE (%) |
|--------|----------------|---------------|----------------|
| 1      | Age in years   |               |                |
|        | 17-18 years    | 6             | 20             |
|        | 19-20 years    | 23            | 77             |
|        | 21-22 years    | 1             | 3              |
| 2      | Gender         |               |                |
|        | Male           | 16            | 53             |
|        | Female         | 14            | 47             |
| 3      | Type of family |               |                |
|        | Nuclear        | 16            | 53             |
|        | Joint          | 14            | 47             |
| 4      | Religion       |               |                |
|        | Hindu          | 16            | 53             |
|        | Muslim         | 3             | 10             |
|        | Christian      | 9             | 30             |

|   | Others                | 2  | 7  |
|---|-----------------------|----|----|
| 5 | Socio-economic status |    |    |
|   | Middle class          | 29 | 97 |
|   | Upper middle class    | 1  | 3  |
|   | High class            | 0  | 0  |

**Table 2:-** Frequency and percentage distribution of participant by education of father, education of mother, occupation of father, occupation of mother, source of information.

| SL no. | VARIABLE                   | FREQUENCY (f) | Percentage (%) |
|--------|----------------------------|---------------|----------------|
| 1      | Education of Father        |               |                |
|        | No formal education        | 0             | 0              |
|        | Primary                    | 1             | 3              |
|        | Secondary                  | 7             | 23             |
|        | Higher secondary           | 11            | 37             |
|        | Graduate                   | 9             | 30             |
|        | Post graduate              | 2             | 7              |
| 2      | Education of Mother        |               |                |
|        | No formal education        | 1             | 3              |
|        | Primary                    | 0             | 0              |
|        | Secondary                  | 4             | 13             |
|        | Higher secondary           | 12            | 40             |
|        | Graduate                   | 13            | 43             |
|        | Post graduate              | 0             | 0              |
| 3      | Occupation of Father       |               |                |
|        | Business                   | 11            | 37             |
|        | Employee                   | 9             | 30             |
|        | Farmer                     | 2             | 7              |
|        | Others                     | 8             | 27             |
| 4      | Occupation of Mother       |               |                |
|        | Business                   | 2             | 7              |
|        | Employee                   | 5             | 17             |
|        | Housewife                  | 17            | 57             |
|        | Others                     | 6             | 20             |
| 5      | Source of information      |               |                |
|        | No exposure to information | 2             | 7              |
|        | Formal education           | 3             | 10             |
|        | Family members and friends | 6             | 20             |
|        | Medias                     | 16            | 53             |
|        | Others                     | 3             | 10             |

**Table no. 2** shows that majority of 37% father was higher secondary passed, majority of 43% mother graduated, maximum father 37% is doing business, maximum mother 57% are housewife, majority 53% source of information taken from media.

Section B: existing knowledge scores among adolescents.

| Table 3:- Mean, mean | percentage and SD of | pre -test knowledge score. |
|----------------------|----------------------|----------------------------|
|                      |                      |                            |

| Торіс                       | No of questions | Min-Max<br>score | Mean | % Mean | SD   |
|-----------------------------|-----------------|------------------|------|--------|------|
| Smoking and tobacco chewing | 20              | 0-1              | 13.3 |        | 3.08 |

## Table 4:- Level of pretest knowledge score among adolescents.

| Level of knowledge | % of knowledge score | Respondents no | Respondents |
|--------------------|----------------------|----------------|-------------|
|                    |                      |                | percentage  |
| Poor               | ≤50%                 | 7              | 23          |
| Good               | 51-75%               | 14             | 47          |

| Excellent | >75% | 9 | 30 |
|-----------|------|---|----|

Table 4 shows, 23%( 7) have poor knowledge, 47% (14) have good knowledge and 30%( 9) have excellent knowledge.

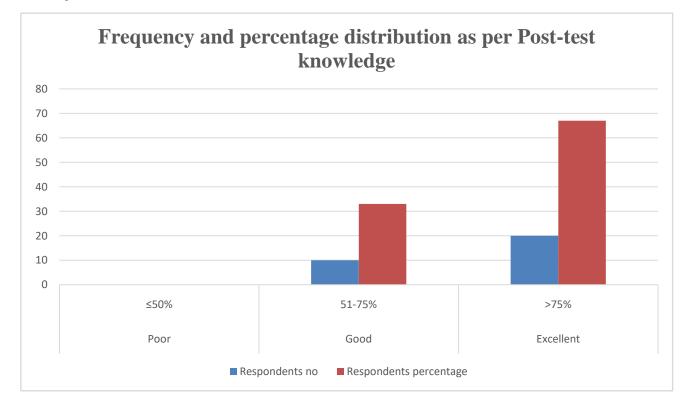
Table 5:- Mean , mean percentage and SD of post-test knowledge score.

| Торіс                       | No of<br>questions | Min-Max score | Mean | Mean % | SD   |
|-----------------------------|--------------------|---------------|------|--------|------|
| Smoking and tobacco chewing | 20                 | 0-1           | 16.1 |        | 1.37 |

**Table 6:-** Level of post-test knowledge score among adolescents.

| Level of knowledge | % of knowledge score | Respondents no | Respondents percentage |
|--------------------|----------------------|----------------|------------------------|
| Poor               | ≤50%                 | 0              | 0                      |
| Good               | 51-75%               | 10             | 33                     |
| Excellent          | >75%                 | 20             | 67                     |

**Table 6:-** shows, 0% (0) of have poor knowledge, 33%(10) have good knowledge and 67% (20) have Excellent knowledge.

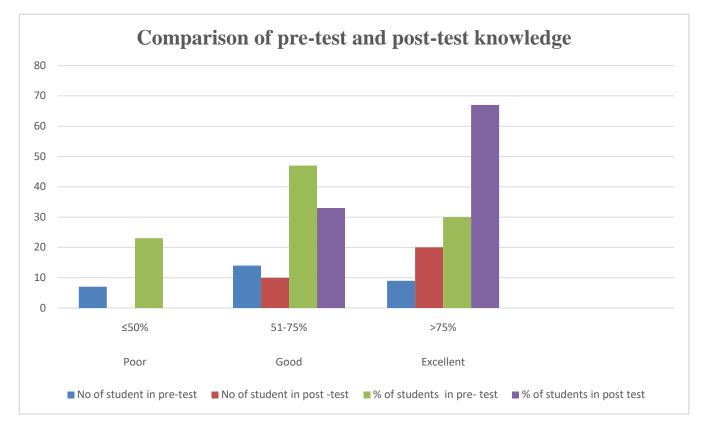


## Section-C: Evaluate the effectiveness of STP:

 Table 7:- Comparison of Pre-test and Post-test knowledge level.

| Level of knowledge | % of knowledge<br>score | No of student<br>in pre-test | No of student<br>in post -test | % of<br>students in<br>pre- test | % of<br>students in<br>post test |
|--------------------|-------------------------|------------------------------|--------------------------------|----------------------------------|----------------------------------|
| Poor               | ≤50%                    | 7                            | 0                              | 23                               | 0                                |
| Good               | 51-75%                  | 14                           | 10                             | 47                               | 33                               |
| Excellent          | >75%                    | 9                            | 20                             | 30                               | 67                               |

Table-7: shows that at pre -test many student got < 50% marks but after giving STP on knowledge regarding hazardless of smoking and tobacco chewing, none of the student have got <50% marks. So that it can concluded that STP was effective for students.



## **Conclusion:-**

## Major findings of study:

•The analyzed data's in the Study revealed that majority of subjects 76.7 % (23) belong to the age group of 19-20years, majority 53.3% 16) of them were male, minority 46.7% (14) were female, maximum 86.7% (26) used belong to nuclear family maximum of subjects 96.7% (29) belong to middle class family, majority 53.3% (16) are Hindus, maximum 53.3% (16) gets information from media.

#### **Implications of study:**

•The findings of the study have implications in various areas of nursing namely Nursing practice, nursing education, nursing administration and nursing research. Addictions demands serious levels of dependency and are a major stress factor. But it should not be neglected; ignorance is the main component preventing the adolescents from accessibility to resources.

#### Nursing education:

•The nursing curriculum should consist of content and activities like care of adolescent with media and ill effects of cigarette smoking and tobacco chewing and preparation of care givers regarding hazardlessof smoking and Tobacco chewing.

•Nursing personnel working in different areas should be given in-service education and help them to update with recent trends.

•The nurse educator should educate the family members about the utilization of Counseling, which emphasis on family adjustment and coping with adolescent with smoking and tobacco habits.

#### Nursing practice:

•Nurses are the key persons of the health team, who play a major role in health promotion and maintenance. Nursing care is an art and science in providing Quality care and health promotion. This study implies a basis for developing Standards of health promotion in the hospital as well as in the community.

•The nurse personnel need to educate and counsel the family members of patient with smoking and tobacco habits.

•As a nurse counselor, she can conduct individual and group counseling for the family members and caregivers of addicted adolescents and to educate how to Take care of them.

### Nursing Administration:

•The nursing administrator can take part in conducting health education programs to improve the adolescent with smoking and tobacco chewing habits.

•The nursing administrator can mobilize the available resource personnel towards the health education to adolescent students, their peer group and Family.

•Nurses being the target groups in the health care delivery system and counseling being an expanded role should take initiative to conduct further research regarding ill effects of cigarette smoking and tobacco.

## **Bibliography:-**

- 1. Denise F. Polit and Cheryl Tatano Beck, Nursing Research, Lippincott Williams and Wilkins, 8<sup>th</sup> edition. Published by Wolten Kluwer pvt. Ltd. New Delhi. Page no (219- 248. 58-59. 337-343. 452-453)
- 2. Makwana NR, Shah VR, Yadav S. A study on prevalence of smoking and tobacco chewing among adolescents in rural areas of Jamnagar district, Gujarat state. JMSR.2007; 1(1): 1-13.
- 3. Kotwal A, Thakur R. Sath T. correlates of tobacco-use pattern amongst adolescents in two schools of New Delhi. Indian J Med sci 2005; 59(6); 243-252.
- 4. B.T. Basavanthappa. (2007). Nursing Research. Jaypee Brothers MedicalPublishers (p) LTD, Page no 12.
- 5. Kub Ali, Levin, black G. Cigarette smoking and the risk of Barrett's Oesophagus cancer causes control. 2009;20(3):303-311.
- 6. 12.Chan CH, Hsiaco CF, chang GC, Fasi YH, Chen YM, et al Interactive effect of cigarette smoking with Human 8-oxoguanino DNA N- glycosylase 1 (hoGGI) polymorphisms on the risk of lung cancer, A case control study in Taiwan AmjEpidemiol. 2007:170:695-702.
- 7. Reddy K S, Gupta P C, "Report on Tobacco Control in India"; Ministry of Health and Family welfare, Govt of India 2004, pp: 43-48.
- 8. 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
- 9. Atren's DM, Nicotine as pan addictive substance critical examination of the basic concepts and empirical evidence, journal of drug issues 2001: 002- 0426 / 01/02: 325- 394.
- 10. MohanD, Chopra A, Sethi H. The co-occurance of tobacco and alcohol in general population of metropolis Delhi, India. Indian journal of medical research 2002; 150-154.
- 11. Sajjan BS, chackoJ,Asha Smoking behavior among arts student of a college in Mangalore, Dakshinakannada, Indian journal of medical science vol.57,2003
- 12. Ayanian JZ, and cleary PD perceived risk of heart diseases cancer among cigarette smokers journal of American medical association 1999:22:7727-7739.
- 13. Ferguson et al. Association between the depression and cigarette smoking among young adults, American journal of psychiatry 2003 :84-89.
- 14. US Department of Health and Human Services, "The Health Consequences of Smoking", A Report of the Surgeon General Atlantia, Georgia: US Department 2004.
- 15. Reddy K S, Gupta P C, "Report on Tobacco Control in India": Ministry of Health and Family Welfare, Govt of India 2004, pp:43-48
- 16. 6. S.K. Jindal, A.N. Aggarwal, K. Chaudhry, S.K. Chhabra, G.A. D'Souza, D.Gupta, S.K. Katiyar, R. Kumar, B. Shah, V.K. Vijayan for Asthma Epidemiology Study Group, Tobacco Smoking in India: Prevalence, Quit-rates and Respiratory Morbidity, Original article.