Effect of Structure Teaching Programme (STP) on Awareness Regarding Ill Effects of Cigarette Smoking and Its Prevention Among Adolescents of Selected College of Maharashtra

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Abstract— **This study was based on quantitative approach. The research design used in this study was pre-experimental one group pretest and posttest research design with the objective of assessing the effectiveness of Structured Teaching Programme on awareness regarding ill effects of cigarette smoking and its prevention among Adolescents Boys and also determine association between the knowledge of people with the selected demographic variables. A pre-experimental with one group prêt-test post-test design was used. Self-administered questionnaire was used among 60 Adolescents Boys before and after an intervention. After a pre-test, the structure teaching programme was used. However, after one week, the post test was conducted among Adolescents Boys to assess the effect of Structure teaching programme on ill effects of cigarette smoking. From the findings, it was observed that the pre-intervention demographic variables of Adolescents Boys were more or less similar revealing common characteristics. Further, it was observed that the percentages of awareness (33.33%) on ill effects of cigarette smoking and its prevention among Adolescents Boys were more or less similar before intervention. However, after an intervention, the percentage of awareness on ill effects of cigarette smoking and its prevention was significantly increased from 33.33% to 48.33%. There was a significant difference (p0.05) was found between awareness on selected organ donation and age, gender, years of experience, qualification (higher education), designation. Findings of the study revealed that the structure teaching programme on ill effects of cigarette smoking and its prevention's a method was effective among Adolescents Boys of selected college of Maharashtra**

I. INTRODUCTION

Health is a wealth and wonderful gift given by God. It's our duty to preserve it to lead a healthy life. Good health is a priceless asset. But some people, for seeking temporary pleasure fall into bad habits such as smoking tobacco. The personal decisions on behaviour affect the prospects for good health and that ill health is not solely a consequence of ill fortune but frequently a direct consequence of behaviour under individual's control. In ancient times, when the land was barren and the people were starving, the Great Spirit sent forth women to save humanity. As she travelled over the world everywhere her right hand touched the soil, there grow potatoes. And everywhere her left hand touched the soil, there grew corn and, in the place, where she had sat, there grew tobacco. The history of smoking can be dated to as early as 5000 BC, and has been recorded in many different cultures across the world. Tobacco has been cultivated and smoked in the Americas for at least 5000 years, originating in the Peruvian and Ecuadorian Andes. The smoking of cannabis in India has been practiced for over 4000 years. Early smoking evolved in association with religious ceremonies; as offerings to deities, in cleansing rituals or to allow shamans and priests to alter their minds for purposes of divination or spiritual enlightenment. After the European exploration and conquest of the Americas, the practice of smoking tobacco quickly spread to the rest of the world. In regions like India and Sub-Saharan Africa, it merged with existing practices of smoking (mostly of cannabis). The tobacco plant (Nicotiana tobaccum) originates from South America where tobacco habits were practiced for ceremonial and shamanistic purposes long before Columbus in 1842; tobacco was being chewed, smoked or snuffed in

many areas of North and South America. In the 1700s and the early 1800s large quantities of tobacco were being snuffed by the aristocracy of Europe and chewed by the American settlers.3 Within 150 years of Columbus's finding "strange leaves" in the New World, tobacco was being used around the globe. Its rapid spread and widespread acceptance characterise the addiction to plant Nicotiana tobaccum. Only the mode of delivery has changed. In the 18th century, snuff held sway; the 19th century was the age of cigar; the 20th century saw the rise of the manufactured cigarette and with it a greatly increased number of smokers. The Portuguese introduced tobacco to India 400 years ago established the tradition of tobacco trader in their colony of Goa. 200 years later, the British introduced commercially produced cigarettes in India. The United States Surgeon General Report 1988 reported that cigarette as well as other forms of tobacco are addicting. The pharmacological and behavioural processes that determine tobacco addiction is similar to those processes determine addiction to drugs like heroin and cocaine. Before it was established that nicotine was psychoactive drug; tobacco dependence was not fully recognised as a substance abuse disorder. In 1980, however the APA in its DSM of mental disorders included tobacco dependence as a substance abuse disorder. Subsequently this classification was developed and strengthened. In the WHO'S ICD (10th version 1990) tobacco is dealt within the section entitled mental and behavioural disorders due to psychoactive substance use.

Background of Study

Tobacco smoke contains nicotine, an addictive stimulant and euphoriant. The effect of nicotine in first time or irregular users is an increase in alertness and memory, and mild euphoria. In chronic users, nicotine simply relieves the symptoms of nicotine withdrawal: confusion, restlessness, anxiety, insomnia, and dysphoria. Nicotine also disturbs metabolism and suppresses appetite. This is because nicotine, like many stimulants, increases blood sugar. Medical research has determined that chronic tobacco smoking can lead to many health problems, particularly lung cancer, emphysema, and cardiovascular disease.8 The adverse effects of smoking are extensive. Smoking is closely associated with respiratory cancer and COPD and conditions related to heart. The health risks associated with smoking are greater among young smokers. The smokers are also at great risk of many other non-fatal diseases, including osteoporosis, periodontal disease, impotence, male infertility, and cataract. Smoking in pregnancy is associated with increased risk for reduced birth weight for gestational age. In the context of rapid globalization, this becomes particularly important in contemporary time since India is undergoing a rapid epidemiological transition. It has resulted in noticeable changes in the lifestyles (habits/practices) of Indian population due to affluence, prevailing tobacco products being easily accessible and youth being targeted by aggressive marketing. It is expected that with income rise in India, that traditional users of tobacco will diminish and cigarette smoking will increase. With urbanization, cigarette smoking is likely to become more fashionable, particularly in urban India.

Need for the study

It is estimated that like other developing countries, the most susceptible time for initiating tobacco use in India is during adolescence and early adulthood, ages 15 24. The majority of users start using tobacco before age 18, while some even start as young as 10. It is estimated that 5,500 adolescents start using tobacco every day in India, joining the 4 million young people under the age of 15 who already regularly use tobacco. Everyday about 80,000 to 100,000 young people initiate smoking, most of them in the developing countries. With current smoking patterns, about 500 million people alive today will eventually be killed by tobacco use. More than half of these future deaths will occur among today's children and teenagers. One million of the 4.9 million lives that tobacco claims worldwide every year are Indians!

om the above studies it is clear that the smoking is extremely common among high school students (adolescent age group). The same smoking has been causing a silent epidemic that is devastating the lives of youth. Thousands of people die needlessly each year from the consequences of cigarette smoking. To date most of the studies have focused on pharmacological intervention for tobacco cessation and very few studies focused on educational intervention for tobacco cessation. As health education is an important nursing activity, nurses can prove their role in tobacco cessation by taking active part in

educating their clients or selected target population in all settings. The investigator observed the high school students who go curiously for testing the tobacco smoke and become the real smokers. Hence, the investigator planned to undertake the structured teaching program, which is very important to prevent the onset of smoking. Such interventional programs in the high school period are essential to bring behavioural changes in high school students and that the students are made to understand the destructive effects of tobacco smoking. The investigator feels that the present study will encourage and motivate students to take protective and preventive measures against tobacco smoking, which will, in turn, help the students to improve the quality of life by controlling the tobacco smoking, and thus the students can bring about the awareness among the public. The above facts and research work earlier shows that there is a need for such structured teaching programs among high school students. As prevention is better than cure, the investigator feels that there is a need for this study.

II OBJECTIVES OF THE STUDY

Primary Objective was used to find out the effect of structure teaching module on Knowledge regarding Ill Effects of cigarette Smoking and its prevention among adolescents.

Secondary Objective

1.To assess the knowledge of adolescents regarding ill effects of smoking and its prevention.
2.To develop and conduct structured teaching program on ill effects of smoking and its prevention among adolescents.
3.To evaluate the effectiveness of structured teaching program on ill effects of smoking and its prevention among adolescents.
4.To find out the association between the knowledge level of adolescents with selected sociodemographic variables.

REVIEW OF LITERATURE

1. Literature related to tobacco use
2. Literature related to tobacco abuse among adolescents
3. Literature related to relationship between smoking behaviours and adolescents
4. Literature related to any structure teaching programme on smoking and adolescents

III.MATERIALS AND METHODS RESEARCH APPROACH

A quantitative research approach was chosen to assess the effect of STP on Effect of Structure Teaching Programme (STM) on Knowledge regarding Ill Effects of cigarette Smoking and its prevention among adolescents in a selected collegiate student of Maharashtra.

RESEARCH DESIGN

A pre-experiment with one group pretest post-test design was used to collect data before and after an administration of STP on Knowledge regarding Ill Effects of cigarette Smoking and its prevention among adolescents in a selected collegiate student of Maharashtra.

Statistical Analysis The data was analyzed by descriptive and inferential statistics. Demographic data was analyzed using frequency and percentage, data from the questionnaire before and after structured teaching module administered was also analyzed using frequency, percentage and's' test. The association between knowledge findings and demographic variables was found by using t test and chi-square test.

DATA COLLECTION PROCEDURE

The investigator obtained formal permission from the college principal at Maharashtra to conduct the study. Pre-experimental one group pre-test post-test design was used for the study. A total number of 110 adolescent were selected through purposive sampling technique. Appropriate orientation was given to the samples about the aim of the study; nature of questionnaire and adequate care was taken for confidentially and identity. The demographic variables collected from the samples include Age, Religion, Type of family, Area of residence, Father's educational status, Mother's educational status, Father's occupation, Mother's occupation, Monthly income of the family, and Family history of smoking and source of information.

PLAN FOR DATA ANALYSIS

The data analysis was done according to the objectives of the study. Both descriptive and inferential statistics were used Paired′t′ test was used to compare the

effectiveness of structured teaching programme. Chi-square test was used to determine the association between demographic variables with the level of knowledge score.

ORGANIZATION OF FINDINGS

The analysis and interpretation of the observations are given in the following section:

- Section-I: Distribution of adolescents with regardsto demographic variables.
- Section-II: Description on pretest awareness regarding Ill Effects of cigarette Smoking and its prevention among adolescents.
- Section-III: Description on posttest knowledge regarding Ill Effects of cigarette Smoking and its prevention among adolescents.
- Section-IV: Description on Effect of Structure Teaching Program (STP) on Knowledge regarding Ill Effects of cigarette Smoking and its prevention among adolescents.
- Section-V: Description on association of posttest Knowledge score with their selected demographic variables.

III. RESULT

DISTRIBUTION OF ADOLESCENTS WITH REGARDS TO DEMOGRAPHIC VARIABLES.

This section deals with percentage wise distribution of adolescents with regards to their demographic characteristics. A convenient sample of 60 subjects was drawn from the study population, who were adolescents of selected college. The data obtained to describe the sample characteristics including age, class & year, nutrition, residence, religion source of information respectively and are presented in frequency and percentage.

- Age: Almost half of the respondents (48.3%) were in the age group of 13–14 years, followed by 38.3% in the 15–16 years group. Only 13.3% were aged 17–18 years, and none were above 18 years.
- Class & Year: An equal proportion of 48.3% of participants were from the 8th standard, while 41.7% were from the 9th standard, and 10% from the 10th standard. No participants were from the 11th standard.
- Nutritional Status: A slight majority (53.3%) were vegetarians, and 46.7% were non- vegetarians. No participants followed a vegan diet.
- Residence: 43.3% of the respondents resided in urban areas, 36.7% in semi-urban areas, and 20% in rural areas.
- Religion: The majority were Hindus (43.3%), followed by Muslims (18.3%) and Christians (18.3%). The remaining 20% belonged to other religions.

Level of pre test awareness	Score Range	Level of Pre test awareness Score	
		No of teenage girls	Percentage
Poor	0-20%(0-6)	10	16.67
Average	21-40%(7-12)	30	50
Good	41-60%(13-18)	20	33.33
Very Good	61-80%(19-24)	0	0
Excellent	81-100%(25-30)	0	0
Minimum score			4
Maximum score			18
Mean awareness score			11.05 ± 3.64
Mean % awareness Score			36.83 ± 12.14

Above table showing frequency and percentage wise distribution of pre test awareness score regarding Ill Effect of cigarette smoking and its prevention among Adolescents.

Level of awarenes s score	Score range	Pre test		Post test	
		Frequency	Percentage	Frequency	Percentage
Poor	0-20 %(0-6)	10	16.67	0	0
Average	21-40 %(7-12)	30	50	0	0

Good	41-60%(13-18)	20	33.33	28	46.67
Very good	61-80%(19-24)	0	0	29	48.33
Excellent	81- 100%(25-30)	0	0	3	5
Minimum score		4		13	
Maximum score		18		26	
Mean knowledge score		11.05 ± 3.64		18.20 ± 3.41	
Mean % knowledge score		36.83 ± 12.14		60.66 ± 11.37	

Table showing comparison of pre test and post test grading score Description on effectiveness of structured teaching program on awareness regarding ill effects of cigarette smoking and its prevention among adolescents selected college.

Sr No.	Demographic variable	Calculated value			Df	Table value	Level of significance P<0.05	Signifi cance
		t- val ue	F-value	p- val ue				
1.	Age (in year)		3.29	0.027	3,56	2.76	<0.05	S
2.	Class And Year		2.92	0.042	3,56	2.76	<0.05	S
3.	Nutrition		12.64	0.0001	4,55	2.52	<0.05	S
4.	Residence		0.03	0.025	4,55	2.52	<0.05	S
5.	Religion	2.73		0.008	58	2.00	<0.05	S
6.	Source of Information		2.39	0.06	4,55	2.52	>0.05	NS

S–Significant NS- Not Significant

Analysis revels that there is association of post test awareness score age, class & year, nutrition, residence, religion, source of information. While none of the other demographic variable were associated with awareness score.

Discussion, Summary, Conclusion, Implications, Recommendation & Limitations

This section deals with A convenient sample of 60 subjects was drawn from the study population, who were Adolescents of selected college. The data obtained to describe the sample characteristics including age, class & year, nutrition, residence, religion source of information respectively and are presented in frequency and percentage.

In this chapter the discussion, summary, conclusion, implications, recommendations and limitations were presented on the basis of analysis & interpretations.

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