

Study To Assess The Effectiveness Of Nurse Led Video Assisted Teaching Programme Regarding Knowledge On Health Hazards Of Tobacco Consumption Among Adult Boys In Selected Colleges Of Jabalpur City

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Abstract

Background :

Nicotine contained in tobacco is highly addictive and tobacco use is a major risk factor for cardiovascular and respiratory diseases, over 20 different types or subtypes of cancer, and many other debilitating health conditions. Every year, more than 8 million people die from tobacco use.¹ The benefits of quitting tobacco are almost immediate. After just 20 minutes of quitting smoking, heart rate improves. Within 1-9 months, coughing and shortness of breath decrease. Within 5-15 years, stroke risk is reduced to that of a non-smoker. Within 10 years, your lung cancer death rate is about half that of a smoker. Within 15 years, individual are at risk of heart disease is that of a non-smoker.

Need Of The Study

Studies suggested that the impact of cigarette smoking and other tobacco use on chronic disease, which accounts for 75% of youngsters spending on health care, nearly one in four high school seniors is a current smoker. most young smokers become adult smokers. one-half of adult smokers die prematurely from tobacco-related diseases (fagerström 2002; doll et al. 2004). despite thousands of programs to reduce youth smoking and hundreds of thousands of media stories on the dangers of tobacco use, generation after generation continues to use these deadly products, and family after family continues to suffer the devastating consequences. yet a robust science base exists on social, biological, and environmental factors that influence young people to use tobacco, the physiology of progression from experimentation to addiction, other health effects of tobacco use, the epidemiology of youth and young adult tobacco use, and evidence-based interventions that have proven effective at reducing both initiation and prevalence of tobacco use among young people. those are precisely the issues examined in this report, which aims to support the application of this robust science base.

Method

The study utilized quasi experimental one group pretest post-test design was adopted the data was collected from selected college of Jabalpur city by using purposive sampling technique the sample comprised of 60 subject among adult boys the tools used for collection of data was self structured multiple choice questionnaires were formed and intervention on nurse led video assisted teaching programme regarding knowledge of oral health hazards of tobacco consumption was given.

Keywords- Nurse led video assisted teaching programme, health hazards, Tobacco consumption, Adult boys

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I. Introduction

Tobacco products, especially when smoked or used orally, have serious negative effects on human health.^{[1][2]} Smoking and smokeless tobacco use is the single greatest cause of preventable death globally.^[3] As many as half of people who smoke tobacco or use it orally die from complications related to such use.^[4] It has been estimated that each year, in total about 6 million people die from tobacco-related causes (about 10% of all deaths), with 600,000 of these occurring in non-smokers due to secondhand smoke.^{[4][5]} It is further estimated to have caused 100 million deaths in the 20th century.^[4] Tobacco smoke contains over 70 chemicals that cause cancer.^{[4][6]} It also contains nicotine, a highly addictive psychoactive drug. When tobacco is smoked, the nicotine in it causes physical and psychological dependency. Cigarettes sold in underdeveloped countries have higher tar content. They are less likely to be filtered, increasing vulnerability to tobacco smoking-related diseases in these regions.^[7]

Tobacco use most commonly leads to diseases affecting the heart, liver and lungs. Smoking is a major risk factor for several conditions, namely pneumonia, heart attacks, strokes, chronic obstructive pulmonary disease (COPD) (including emphysema and chronic bronchitis),

And multiple cancers (particularly lung cancer, cancers of the larynx and mouth, bladder cancer, and pancreatic cancer). It is also responsible for peripheral arterial disease and high blood pressure. The effects vary, depending on how frequently and for how many years a person smokes. Smoking earlier in life and smoking cigarettes higher in tar increase the risk of these diseases. Additionally, environmental tobacco smoke, or second-hand smoke, has manifested harmful health effects in people of all ages.^[8] Tobacco use is also a significant factor in miscarriages among pregnant smokers. It contributes to a number of other health problems of the fetus such as premature birth, low birth weight, and increases the chance of sudden infant death syndrome (SIDS) by 1.4 to 3 times.^[9] Incidence of erectile dysfunction is approximately 85 percent higher in male smokers compared to non-smokers.^{[10][11]}

Many countries have taken measures to control the consumption of tobacco (smoking) by restricting its usage and sales. On top of that, they have printed warning messages on packaging. Moreover, smoke-free laws that ban smoking in public places like workplaces, theaters, bars, and restaurants have been enacted to reduce exposure to second-hand smoke.^[4] Tobacco taxes inflating the price of tobacco products have also been imposed.^[4]



II. Health Hazards Of Tobacco Consumption

Smoking most commonly leads to diseases affecting the heart and lungs. First signs of smoking-related health issues often show up as numbness in the extremities, with smoking being a major risk factor for heart attacks, chronic obstructive pulmonary disease (COPD), emphysema, and cancer, particularly lung cancer, cancers of the larynx and mouth, and pancreatic cancer, kidney cancer,^[49] cancer of the larynx^[50] and head and neck,^[51] bladder cancer,^[52] cancer of the esophagus, stomach cancer, and penile cancer.^[56] Tobacco smoke can increase the risk of cervical cancer in women. In addition, it can also contribute to renal damage and increased risk for chronic kidney disease also progression to diabetic nephropathy.^[1] Perhaps the most serious oral condition caused by smoking (including pipe smoking) is oral cancer.^{[96][104][105]} However, smoking also increases the risk for various other oral diseases, some almost completely exclusive to tobacco users. Roughly half of periodontitis or inflammation around the teeth cases are attributed to current or former smoking. Smokeless tobacco causes gingival recession and white mucosal lesions. Up to 90% of periodontitis patients are smokers. Tobacco consumers have significantly greater loss of bone height. It is due to susceptibility to infectious diseases, particularly in the lungs (pneumonia). It also increases the risk of Kaposi's sarcoma in people without HIV infection. The incidence of impotence (difficulty achieving and maintaining penile erection) is approximately 85 percent higher in male with tobacco chewing compared to non-chewers. It also increases levels of liver enzymes that break down drugs and toxins which may result in the drugs not working.

III. Need Of The Study

Tobacco kills up to half of its users who don't quit. Tobacco kills more than 8 million people each year, including an estimated 1.3 million non-smokers who are exposed to second-hand smoke. Around 80% of the world's 1.3 billion tobacco users live in low- and middle-income countries. In 2020, 22.3% of the world's population used tobacco: 36.7% of men and 7.8% of women. To address the tobacco epidemic, the tobacco epidemic is one of the biggest public health threats the world has ever faced, killing over 8 million people a year around the world. More than 7 million of those deaths are the result of direct tobacco use while around 1.3 million are the result of non-smokers being exposed to second-hand smoke^{(16),(17)}. The substantial and include

significant health care costs for treating the diseases caused by tobacco use as well as the lost human capital that results from tobacco-attributable morbidity and mortality.⁽¹⁸⁾

All forms of tobacco use are harmful, and there is no safe level of exposure to tobacco. Cigarette smoking is the most common form of tobacco use worldwide.^{21,22} Other tobacco products include waterpipe tobacco, cigars, cigarillos, heated tobacco, roll-your-own tobacco, pipe tobacco, bidis and kreteks, and smokeless tobacco products. Around 80% of the 1.3 billion tobacco users worldwide live in low- and middle-income countries ⁽¹⁹⁾ where the burden of tobacco-related illness and death is heaviest. Tobacco use contributes to poverty by diverting household spending from basic needs such as food and shelter to tobacco. This spending behavior is difficult to curb because tobacco is so addictive.²⁰

Ruchi Verma In 2013 conducted A cross-sectional study on Tobacco consumption and awareness of their health hazards amongst remote village area in Uttar Pradesh

amongst 600 persons (400 men and 200 women). Men and women were divided under various age group i.e. Upto 18, 18-30, 30-50, 50 and above. Maximum percentage of gutka consumption was found among men followed by bidi and cigarette and then a small percentage of persons taking smoking tobacco by pipe and chewing tobacco with lime among age group 30-50 and 50 and above was found due to illiteracy and habit. Among women a small amount of population was found to be taking tobacco products i.e. gutka was consumed by 18% population and bidi 5%, chewing tobacco 12% only among old women in the age group 30-50 and 50 above was found. Nearly 43% population knew that, tobacco consumption is injurious to health. Among them children constituted the maximum percentage due to the guidance by teachers in school. The major causes were relief from stress after lot of work and in group.²³

Spreading awareness about the health hazard of tobacco use can help young boys understand the health hazard and take a step forwards to change their decision about living a better life and saying no to tobacco use. the following objectives were undertaken

IV. Objectives

- Assess the pre test knowledge score regarding health hazards of tobacco consumption among adult boys in selected colleges of Jabalpur city
- Assess post test knowledge score regarding health hazards of tobacco consumption among adult boys in selected colleges of Jabalpur city
- Assess the effectiveness of nurse led video assisted teaching programme regarding knowledge on health hazards of tobacco consumption among adult boys in selected colleges of Jabalpur city
- Compare the pretest posttest knowledge score with socio demographic variable
- Associate the pre test knowledge score of college going adult boys with selected demographic variables.

V. Hypothesis

- H1: there will be significant difference mean pretest & post test knowledge score after administration of video assisted teaching programme .
- H2: there will be significant association between pre test knowledge score of college going adult boys regarding knowledge on health hazards of tobacco consumption with selected demographic variable.

VI. Research Methodology

The study utilised a **Quasi Experimental one group pretest post-test design** for reasearch approach. The data was collected from selected colleges of Jabalpur city by using **Non probability convenient sampling was used to select subject on the basis of sample criteria.** the sample size comprised of **60 adult boys** of selected colleges of Jabalpur city. the tool used for collecting demographic data **Self Structured Multiple Choice Questionnaire** about knowledge about health hazards of tobacco consumption

Criteria For Sample Selection

Inclusion Criteria :

- Adult boys age group between 17-25 years
- Only college going students.
- Student who were present at the time of data collection.
- Student willing to participate in study.

Exclusion Criteria :

- Student who are not willing to participate in the research study.
- Student not present during the time of data collection

Validation Of The Tool

The prepared tool with tool validation certificate, problem statement, objectives, hypothesis along with tool consisting of two section, **I Demographic Data II Self Structured Multiple Choice Question** were submitted to ten experts in field of Medical Surgical Nursing and also to experts in other fields of nursing. necessary corrections and modification were made to the tool according to guidance and useful opinions by experts

Reliability Of The Tool

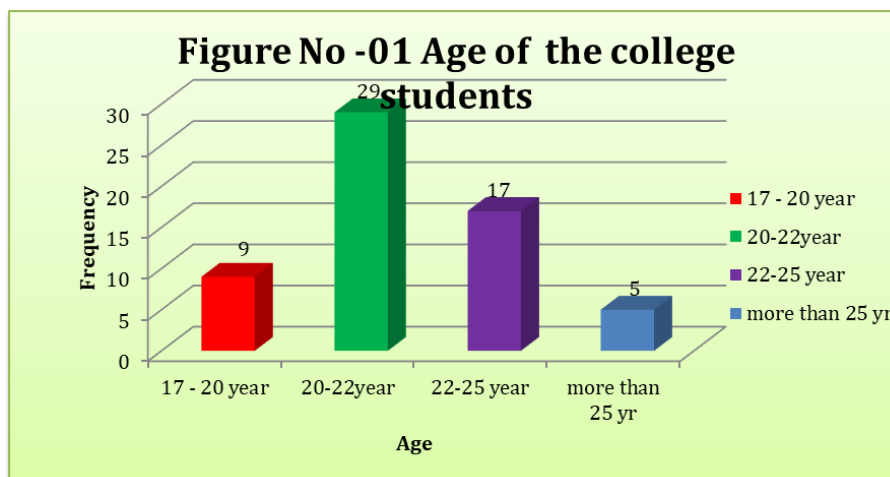
the reliability was calculated by means of split half method it means the co efficient of th einternal consistencythe correlation obtained by karl pearson correlation coeffiicientthe reliability for self structured multiple choice questionnaire was calculated and obtained value was $r=0.93$ which showed that the tools were reliable

VII. Result

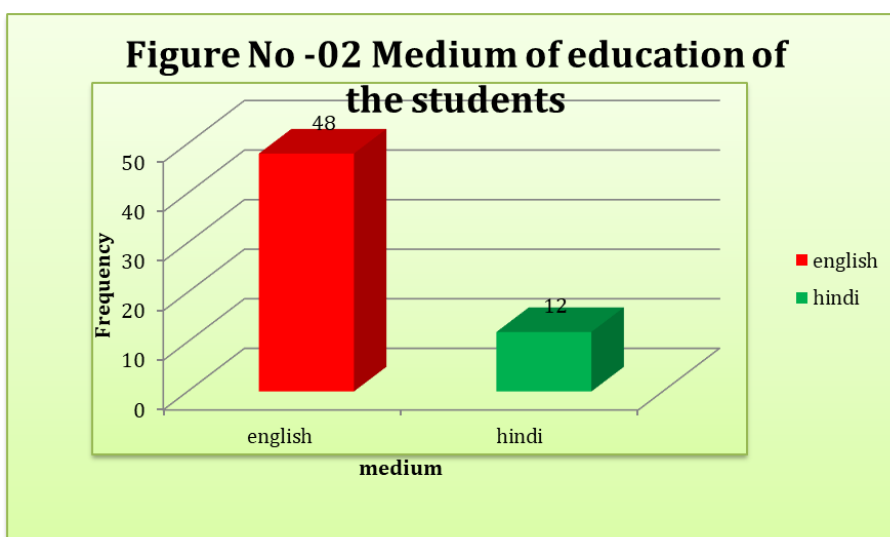
S.No	Variables	Frequency	Percentage
1	Age		
	17 - 20 year	9	15%
	20-22year	29	49.00%
	22-25 year	17	28%
	more than 25 yr	5	8%
2	medium of education		
	English	48	80%
	Hindi	12	20%
3	Residence		
	Rural	5	8%
	Urban	55	92.00%
4	Family income		
	below 5000 rs	0	0.00%
	5000-10000 rs	3	5
	10000-15000 rs	17	28.00%
	above 20000rs	40	67%
5	Types of family		
	nuclear	45	75%
	Joint	15	25%
6	duration of tobacco consumption		
	None	53	88%
	1-2 yr	5	9.00%
	3-4 yr	2	3.00%
	above 4 yr	0	0.00%

7	occupation of mother		
	working women	7	12.00%
	social worker	11	18.00%
	house wife	35	58.00%
	self employed	7	12.00%
8	occupation of father		
	private service	25	42.00%
	Farmer	6	10.00%
	government service	7	12.00%
	self employed	22	36.00%
9	types of tobacco consumption		
	None	53	89.00%
	Chewing	2	3.00%
	Smoking	5	8.00%
	Snuffing	0	0.00%
10	Any previous knowledge about health hazard to tobacco consumption		
	No	38	63.00%
	Yes	22	37.00%
11	Have you attended similar type of educational programme		
	Yes	5	8.00%
	No	55	92.00%
12	history of tobacco consumption in family		
	Mother	5	8.00%
	Father	14	23.00%
	grand father& mother	16	27.00%
	None	25	42.00%
13	Have you seen any complication of tobacco consumption In your family and society		
	yes	6	10.00%
	No	54	90.00%

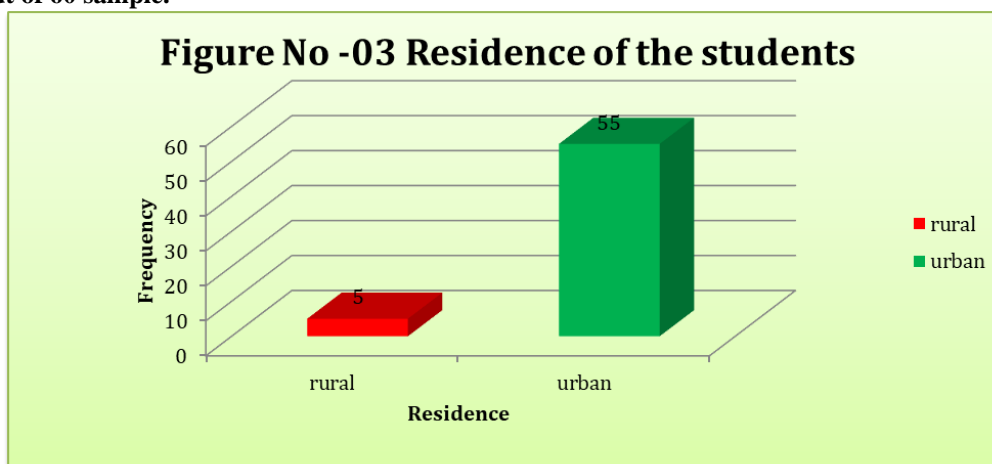
Description : in this study , 9 student are age of 17 -20 yr ,majority 29 student are age of 20-22 yr , 17 student are age of 22-25 yr , 5 student are age of more than 25yr.



Description : In this study 48 students are of English medium , 12 students are of hindi medium out of 60 sample.



Description : in this study 5 students are living in rural area, 55 students are living in urban area . out of 60 sample.



VIII. Conclusion

After the study it was found that the mean pre test knowledge score was 16.78 which was increased to 23.06 in post test knowledge score that sure the plan teaching was effective to increase the knowledge of college going student regarding oral health hazards of tobacco consumption. The comparison between pre and post knowledge made by t-test. The pre test and post test knowledge was statistically tested by applying t-test method at the level of 0.05%. In this study the calculated value of t is less then the table value(2.326), the hypothesis is accepted.

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