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A Study to Assess The Effectiveness of Structured Teaching Program me on Knowledge Regarding Ill Effects of Smoking among Adolescents Boys in Selected College,Hyderabad.

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Abstract: *Smoking harms nearly every organ of the body. The immune system is the body's way of protecting itself from infection and disease. Smoking compromises the immune system, making smokers more likely to have respiratory infections. Smoking also causes several autoimmune diseases, including Crohn's disease and rheumatoid arthritis. It may also play a role in periodic flare-ups of signs and symptoms of autoimmune diseases. Smoking doubles your risk of developing rheumatoid arthritis. The present study was conducted to assess knowledge regarding ill effects of smoking among adolescent's boys in selected college by providing teaching programme. Method: An Evaluative approach with quasi experimentalone group pre-test post-test design was adopted. Sample: 50 adolescents from Vignan Jr & Degree College Bandlaguda, Hyderabad, were selected by using non probability purposive sampling. Tool: Structured questionnaire with 31 items were prepared and validated. Data was collected by administering tool. Results:Pre-test 91.66 % students had poor and 8.33 % had moderate knowledge, whereas post-test 33.33 % students had adequate, 56.66 % had moderate and 10 % had inadequate knowledge levels. Pre-test mean & SD scores were 30.54 & 11.235 and the post-test means & SD scores were 68.6 & 12.068. The obtained 't' value was 16.948. There was a significant difference in pre-test and post-test knowledge scores. Conclusions: By this results it shows that adolescents require proper education on ill effects of smoking to overcome so many health problems.*

Keywords:*Assess; effectiveness; Structured teaching programme; knowledge; smoking; adolescence*.

I. Introduction

Smoking is a major public health problem around the world; especially in developing countries. 1200 people die each day from the effects of tobacco. Smoking is now by for the largest preventable cause of death in the industrialized world. Someone dies from the effects of smoking every 10 seconds. It is estimated that by 2025, 75% of early death in developing countries will be due to smoking related illness. 1/3 of the global population aged years and over current smokers.

"Smoking is the act of drawing in to mouth and puffing out, the smoke of tobacco contained in a cigarette, cigar pipe". The dried leaves of the plant NICOTINA TABACUM containing the drug nicotine, which may be smoked, chewed or inhaled. Prevalence of smoking is more in developing countries, especially in males. Smoking popularity is high in 1964 when 42% of all adults in United States smoked. Each day more than 3500 people under the age of 18 try their first cigarette and another 1100 smoking causes ill effects like heart diseases, cancer-lungs, oral, esophageal, leucopenia. Lung disease, such as asthma, bronchitis, emphysema, influenza, pneumonia.[1]

II. Smoking Cause And Effect

One of the most common problems today that are killing people, all over the world, is smoking. Many people start this horrible habit because of stress, personal issues and high blood pressure. Some people began showing off or some people wanted to enjoy it. One cigarette can results in smoking others, which can lead to major addiction. When someone smokes a cigarette they are not only hurting themselves, but others around them. Smoking does many horrible things to the human body that most people are not aware of it. Almost everyone knows that smoking causes cancer, and heart disease; that it can shorten your life by 10 years or more; and that the habit can cost a smoker thousands of dirham`s a year. So, why people are still smoking? The answer is obviously, addiction. Smoking is a hard habit to break because tobacco contains nicotine, which is highly addictive. There are several effects and causes of smoking.

Smoking in India has been known since at least 2000 BC when cannabis was smoked and is first mentioned in the Atharvaveda, which dates back a few hundred years BC. Fumigation (dhupa) and fire offerings (homa) are prescribed in the Ayurveda for medical purposes and have been practiced for at least 3,000 years while smoking, dhumapana (literally "drinking smoke"), has been practiced for at least 2,000 years. Tobacco was introduced to India in the 1600s. It later merged with existing practices of smoking (mostly of cannabis).

Smoking in public places was prohibited nationwide from 2 October 2008. There are approximately 120 million smokers in India. According to the world health organization (WHO), India is home to 12% of the worlds smokers. Approximately 900,000 people die every year in India due to smoking as of 2009.[2]

HYDERABAD: As more than 10 lakh people are dying due to tobacco related diseases every year, doctors gave giving a call to "quit tobacco" on the occasion of "World No Tobacco Day" which will be observed on Sunday.

World over tobacco is responsible for the death of 1 in 10 adults (about 5 million deaths each year). A recent study in India estimated that cigarette and beedi smoking causes about 5 pc of all deaths in women and 20 pc of all deaths in men aged between 30 to 69 years. Unlike other addictions tobacco consumption virtually affects organ of the human body leading to ill-health, said Dr. P Vijay Anand Reddy, director of Apollo Cancer Hospital.

The main health hazards caused by tobacco consumption can be categorized under three groups-cardiovascular diseases (CVDs), pulmonary diseases and cancer.

According to a study about 1.5 to 3 lakh children suffer due to lung and chest disease every year due to passive smoking. Spouses of smokers are at increased risk of cancers and heart problems. Even pregnant women are at higher risk of passive smoking, observes srirangAbkari, consultant internal medicine at Aware Global Hospital.[3]

III. Need for The Study

Energy of smoking adolescence need to be diverted towards positive life where they can lead purposeful life. Nurse's multi-disciplinary team should involve in tobacco consumption and their hazards prevention and cessations in their daily practice. Routine provision of smoking, dependence interventions should be endorsed and advocated by all clinicians as they are effective in reducing both the human monetary costs associated with consumption.

Tobacco consumptions has been a sources of many personal and social evils. A part from the harm they do to physical moral life of the individual, the use of tobacco consumptions creation of serious problems of health (NG srivastava 1989). To many people especially in adolescent age and other people groups are concentrate the consumptions and other bad habits. Yet people of all ages use all kinds of tobacco materials regularly. There are different types of cigarettes and gutakas. The people who are tobacco consumption soon become dangerous of their health. (edithmassan 1987). In India, the problem of tobacco consumptions differ from those of the western countries. Tobacco consumption is special concern for youth, many of the young from their teens are engaging in different activities. Tobacco consumption is spread like contagious all over world and cannot escape from this wide professionals, businessmen, labour, taxi drivers, even govt. officials have become of this habit. For youth from their life and give complications or disease like GI problems, respiratory diseases and even dangerous complications i.e., carcinoma of lungs and upper respiratory tracts and T.B.[4]

By having in sight in to the above all problems the investigator felt that it is essential to bring awareness among the adolescent boys in order to control the consumption of tobacco and its hazards.

Objects:

1. To assess the demographical variables
2. To assess the pre-test knowledge regarding ill effects of smoking among adolescence boys
3. To assess the post-test knowledge regarding ill effects of smoking among adolescence boys
4. To find the effectiveness of the structure teaching programme on knowledge regarding ill effects of smoking among adolescence boys
5. To find the association between post-test knowledge score and their selected demographical variables on knowledge regarding ill effects of smoking among adolescence boys.

IV. Material and Methods

An evaluative research approach was adapted for this study. One group pre-test and post-test design was used. 50 adolescent boys from Vignan Jr & Degree College; those who included in inclusion criteria were selected for the present study by using purposive sampling. The study was conducted form October 2015 to November 2015. The questionnaire was validated by experts; reliability of the tool was 0.93 which was assessed by using split half method. The questionnaire was distributed to students; planned teaching programme was given to the students on the same day after pre-test. Post test was conducted after 7 days with same questionnaire was used to collect data. Tool consist of two sections.

Section I: Demographic Variables

Section II: 31 structured questionnaire to assess the knowledge of ill effects of smoking

Plan for data analysis: Analysis of data was done by using descriptive and inferential statistics.

Descriptive statistics were used to find out:

- Frequency, Percentage, Mean, Standard Deviation.

Inferential statistics were used to find out:

- Chi-square.

V. Results

Table 1: Findings related to levels of knowledge on ill effects of smoking

LEVEL OF KNOWLEDGE	PRE- TEST		POST-TEST	
	FREQUENCY(f)	PERCENTAGE(%)	FREQUENCY(f)	PERCENTAGE(%)
INADEQUATE	55	91.66	6	10
MODERATE	5	8.33	34	56.66
ADEQUATE	0	-	20	33.33

Table 2: Comparison of mean, standard deviation and 't' value scores of ill effects of smoking among adolescence boys in pre and post test

VARIABLES	MEAN	SD	't'	*P*value
Pre-test	30.54	11.235	16.948	0.000
Post-test	68.6	12.068		

Table 3: Relationship between Post-test Levels of Knowledge regarding ill effects of smoking among Adolescence Boys and Selected Demographical Variables of Adolescence Boys.

Sl. NO	Demographic variables	Knowledge levels						Chi-Square (x^2)	'*p*' value
		Inadequate <50		Moderate 50-75		Adequate >75			
		F	%	F	%	F	%		
1	**Age (In Years)**								
	16-18 Y	37	88.1	5	11.9	-	-	2.338	0.126 NS
	18-20 Y	18	100	-	-	-	-		
2	**Education**								
	Inter 1st Yr	21	84.0	4	16.0	-	-	3.298	0.069 NS
	Inter 2nd Yr	34	97.1	1	2.9	-	-		
3	**Type of Family**								
	Nuclear family	33	86.8	5	13.2	-	-	3.158	0.206 NS
	joint family	21	100	-	-	-	-		
	Extended family	1	100	-	-	-	-		
4	**Religion**								
	Hindu	43	93.5	3	6.5	-	-	0.847	0.655 NS
	Muslim	6	85.7	1	14.3	-	-		
	Christian	6	85.7	1	14.3	-	-		
5	**Diet**								
	Mixed diet	39	90.7	4	9.3	-	-	2.035	0.362 NS
	Non vegetarian	12	100	-	-	-	-		
	Vegetarian	4	80.0	1	20.0	-	-		
6	**Hobbies**								
	Reading books	9	64.3	5	35.7	-	-	17.922	0.000 S
	Listening music	21	100	-	-	-	-		
	Playing games	21	100	-	-	-	-		
	Others	4	100	-	-	-	-		
7	**Previous knowledge**								
	Yes	30	100	-	-	-	-	5.455	0.020 S
	No	25	83.3	5	16.7	-	-		
8	**Occupation of father**								
	Daily labor	17	89.5	2	10.5	-	-	1.665	0.645 NS
	Business man	14	93.3	1	6.7	-	-		
	Government employer	11	100	-	-	-	-		
	Private employer	13	86.7	2	13.3	-	-		
9	**Family history of smoking**								
	Grand father	17	94.4	1	5.6	-	-	4.793	0.188 NS
	Father	14	100	-	-	-	-		
	Brothers	6	100	-	-	-	-		
	Other relatives	18	81.8	4	18.2	-	-		
10	**Sources of smoking information**								
	News paper	7	87.5	1	12.5	-	-	23.018	0.000 S
	Television	29	100	-	-	-	-		
	Internet	14	100	-	-	-	-		

	Family members	2	40.0	3	60.0	-	-		
	Health workers	3	75.0	1	25.0	-	-		
11	**Family Income**								
	<20000	32	97.0	1	3.0	-	-	12.397	0.002 S
	20000-40000	15	100	-	-	-	-		
	>40000	8	66.7	4	33.3	-	-		

NS= Not significant
S= Significant

VI. Discussion

Pre-test 91.66 % students had poor and 8.33 % had moderate knowledge, whereas post-test 33.33 % students had adequate, 56.66 % had moderate and 10 % had inadequate knowledge levels. Pre-test mean & SD scores were 30.54 & 11.235 and the post-test means & SD scores were 68.6 & 12.068. 't' test was done to find out the effectiveness of structured teaching programme regarding ill effects of smoking. The obtained 't' value was 16.948, it says that significance between pre and post-test knowledge level, so teaching programme become successful.

The chi square were calculated to find out the association between knowledge of adolescence boys according to age (x^2=2.338), association with education (x^2=3.298), association with type of family (x^2=3.158), association with religion (x^2=0.847), association with diet (x^2=2.035), association with hobbies (x^2=17.922), association with previous knowledge of smoking (x^2=5.455), association with occupation of father (x^2=1.665), association with family history of smoking (x^2=4.793), association with sources of information (x^2=23.018), association with family income (x^2=12.397)

Significant association was found between knowledge scores of adolescence boys regarding ill effects of smoking by their age, education, occupation, type of family, religion, diet, hobbies, previous knowledge of smoking, occupation of father, family history of smoking, sources of information, family income. Thus it can be interpreted that the difference in the mean score related to knowledge more true difference and the research hypothesis was accepted.

VII. Conclusion

- After the structured teaching programme there was a significant difference in the post-test knowledge scores which shows that knowledge had improved and teaching programme become successful.
- Majority of the adolescence have shown a lot of interest to learn about ill effects of smoking and its benefits of quitting smoking.

The findings shows that the structured teaching programme would improve the adolescence knowledge on ill effects of smoking.

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