IJCRT.ORG ISSN : 2320-2882

INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

Effects Of Structured Teaching Programme On Knowledge Regarding Ill Effects Of Cigarette Smoking And Its Prevention Among Adolescent Boys In Selected Colleges, Sagar (M.P).

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Abstract: Smoking is a practice in which a substance, most commonly tobacco or cannabis, is burned and the smoke is tasted or inhaled. It is primarily practiced 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 spiritual enlightenment. 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 include pipes, cigars, bidis, hookahs, vaporizers and bongs. The study was conducted in ITI College Sagar which was located near BTNC College. Around 800 adolescent boys were studying in this college. The researcher selected adolescent boys between the age group of 17-20 year so the researcher selected this college for study group. The researcher adopted Non probability purposive sampling technique to select the sample for this study. The pre-test was conducted by using structured questionnaire that consists of part -I Demographic data and Part- II multiple choice questions. A time limit of 30minutes was taken to each sample for pre-test. The pre test was conducted in the hall. After completion of pre-test the investigator gave introduction and followed a Structured Teaching Programme for 40- 60min by using LCD. The post-test was conducted by the investigator after a period of one week. In case of post –test level of knowledge, 8(26.6%) good level of knowledge, 22(73.4%) having average level of knowledge; and no one having poor level of knowledge. The obtained –t| value (10.71) was significant at 0.05 level with the degree of freedom 29.This indicates that , there is a significant difference between pre test and post test level of knowledge scores among adolescent boys regarding ill effects of cigarette smoking and its prevention. The mean score on level of knowledge among adolescent in pre test 12, standard deviation 2.35.In post test 17.56 mean score and 1.6 standard deviation.

Index Terms **– cigarette smoking, Adolescents**

I. INTRODUCTION

Smoking injurious to health, that is something written on all cigarette packs to warn the customers of deleterious consequences. Tobacco has been variously hailed as a gift from the gods, a miraculous cure-all for life's physical ills, a solace to the lonely soldier or sailor, a filthy habit, a corrupting addiction, and the greatest disease-producing product known to man.

It is common knowledge that cigarette smoking is the single major cause of cancer and cardiovascular diseases, contributing to hundreds of thousands of premature deaths each year. Studies have proven that even second hand smoke effect becomes the cause of death. Moreover, the dangers of smoking are not confined to the smoker himself, the non-smoker affected by his side is also affected by the act of smoking.

Globally, approximately 47% of males and 12% of females are smokers. In developing countries, 48% of males and 7% of females smoke. Whereas in developed countries, 42% of males and 24% of females have smoketive diseases. Globally, nearly 50,000,00,0 persons die annually from tobacco-related illnesses, and many more suffer from smoking-related morbidity. There is therefore, need to identify relevant factors associated with smoking among adolescents in order to better tailor public health interventions aimed at preventing smoking. The WHO, provide certain estimates that India will have the fastest rate of rise in death attributable tobacco in the first two decades of twenty first century. The global youth tobacco survey (GYTS), in 2009 indicated that the national prevalence of current tobacco use among school-going adolescents (between13 to 15 years of age) was 14.1% and had no changed significantly from the global youth tobacco survey 2006 (16.9%).

Nationwide, 20% of high school students were smoking cigarettes in 2010. The most recent survey of middle school students shows that about 5% were smoking cigarettes. In both high schools and middle schools, many studies among smokers have established the fact that depression is one of the main reasons for people indulging in this act. It is difficult to measure the damaging smoking effects which a non-smoker is being subjected to. Second hand smoking effects on the body could be as lethal as normal smoking.

II STATEMENT OF THE PROBLEM

"Effects of structured teaching programme on knowledge regarding ill effects of cigarette smoking and its prevention among adolescent boys in selected colleges, Sagar (M.P)".

III OBJECTIVES:-

- To assess the pre-test level of knowledge regarding ill effects of cigarette smoking and its prevention among adolescent boys.
- To evaluate the effectiveness of structured teaching program on knowledge regarding ill effects of cigarette smoking and its prevention among adolescent boys.
- To find out the association between pre-test knowledge score with their selected demographic variables.

IV HYPOTHESES:-

H1 : There is a significant difference between the pre- test and post-test level of knowledge scores among adolescents regarding ill effects of cigarette smoking and its prevention.

H2 : There is a significant association between pre-test level of knowledge scores of adolescents with their selected demographic variables.

V RESEARCH METHODOLOGY

5.1RESEARCH APPORCH:

Quantitative research approach.

5.2 RESEARCH DESIGN:

Quantitative pre- experimental one group pre test and post test research design.

5.3 SETTING OF THE STUDY:

The study was conducted in ITI College Sagar which was located near BTNC College. Around 800 adolescent boys were studying in this college. The researcher selected adolescent boys between the age group of 17-20 year so the researcher selected this college for study group.

5.4 POPULATION AND SAMPLE

SAMPLE:

Sample for this study was adolescents between the age group of 17-20 year and studying in ITI College, Sagar (M.P.).

SAMPLE SIZE:

The sample size consists of 30 adolescent boys.

SAMPLE TECHNIQUE:

The researcher adopted Non probability purposive sampling technique to select the sample for this study.

5.5RESEARCH TOOLS AND TECHNIQUE:

The tool consisted of two sections

Section – A: Demographic data consisted of following: Age(in year), Religion, Area of residence, Type of family, Monthly income of the family, socioeconomic status, Family history of smoking .

Section – B: Structured knowledge questionnaire regarding the ill effects of cigarette smoking and its prevention. The structured questionnaire contains [30 questions]. Every correct answer was awarded a score

of one (1) and every incorrect answer question was accorded as Zero (0). The maximum score on structured knowledge questionnaire was 30.

The **different** level of knowledge is categorized as follows-

Poor	less than 50%
Average	Between 50-60%
Good	More than 60-70%

5.6 DATA AND SOURCES OF DATA

***DATA COLLECTION PROCEDURE**:*

The investigator obtained formal permission from the college principal at Sagar to conduct the study. The principal introduced the investigator to the head of the COPA and motor mechanic traid Department in order to establish support and co-operation to conduct the study successfully. The investigator introduced her to the students and established rapport with them. Pre-experimental one group pre-test post-test design was used for the study. A total number of 30 adolescent boys 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.

The pre-test was conducted by using structured questionnaire that consists of part -I Demographic data and Part- II multiple choice question. A time limit of 30minutes was taken to each sample for pre-test. The pre test was conducted in the hall. After completion of pre-test the investigator gave introduction and followed a Structured Teaching Programme for 60- 80 min. by using LCD. After Structured Teaching Programme their doubt were cleared. The Structured Teaching Programme contained information regarding ill effects of smoking and its prevention that included (general information about components of cigarette, ill effects of each system how to affect in the body, and tips to prevent smoking).The post-test was conducted by the investigator after a period of one week using the same Structured Teaching programme. The same procedure was followed for all the 30 samples.

VI MAJOR FINDINGS OF THE STUDY:

The major finding of this study was in pre test according to the age, out of 30 adolescent 6(20%) of them belong to age between 17-18 year, 17(56.7%) of them belongs to the age between 18-19 year, 7(23.3%) belongs to the age between 19-20 year. In the religion of the pre test out of 30 sample 20 (93.4%) belongs to Hindu,0(0%) belongs to Christian,2(6.6%) belongs to Muslim. In the type of family 14(46.7%) belongs nuclear family , 16(53.3%) belongs joint family and 0(0%) belongs extended family . In the area of residence 9(30%) belongs to rural area ,17(56.7%) belongs to urban area and 4(13.3%) belongs to semi urban area . In the family monthly income 10(33.4%) have <5000 , 8(26.6%) have 5001 -10000 and remaining 12(40%) have income >10000per month . In the socioeconomic status 8(26.6%) belongs to low class , 22(73.4%) belongs to middle class and 0 (0%) belongs to high class. In the family history of smoking 14(46.6%) yes

and 16(53.4%) has no history of smoking In the level of knowledge 28(93.4%) having poor knowledge,2(6.6%) having average knowledge and 0(0%) good level of knowledge out of 30 sample.

- In case of post –test level of knowledge, 8(26.6%) good level of knowledge, 22(73.4%) having average level of knowledge; and no one having poor level of knowledge. The obtained –t| value (10.71) was significant at 0.05 level with the degree of freedom 29.This indicates that , there is a significant difference between pre test and post test level of knowledge scores among adolescent boys regarding ill effects of cigarette smoking and its prevention.
- The mean score on level of knowledge among adolescent in pre test 12, standard deviation 2.35.In post test 17.56 mean score and 1.6 standard deviation.

VII RESULT AND DISCUSSION

Table no. 1 Distribution of sample according to their demographic variables.

(N=30)

s.no	Demographic variable	Frequency(f)	Percentage(%)
1.	Age(in year)		
	a) 17-18 year	6	20%
	b) 18-19 year	17	56.7%
	c) 19-20 year	7	23.3%
2.	Religion		
	a) Hindu	28	93.4%
	b) Christian	0	0%
	c) Muslim	2	6.6%
3.	Type of family		
	a) Joint family	14	46.7%
	b) Nuclear family	16	53.3%
	c) Extended family	0	0%
4.	Area of residence		
	a) Rural	9	30%
	b) Urban	17	56.7%
	c) Semi urban	4	13.3%
5.	Monthly income		
	a) Less than 5000	10	33.4%
	b) 5000-10000	8	26.6%
	c) More than 10000	12	40%
6.	Socio-economic sataus		
	a) Low class	8	26.6%
	b) Middle class	22	73.4%
	c) High class	0	0%
7.	Family history of smoking		
	a) Yes	14	46.6%
	b) No	16	53.4%

Table no. 2 Distribution of sample according to pre-test and post-test level of knowledge

(N=30)

Level of knowledge	Pre-test		Post-test	
	Frequency(f)	Percentage(%)	Frequency(f)	Percentage(%)
Poor(<50%)	28	93.4%	0	0%
Average(50-60%)	2	6.6%	22	73.4%
Good(60-75%)	0	0%	8	26.6%

Table depicts that, the pre-test and post-test level of knowledge. Majority(93.4%) of adolescent had poor knowledge,(6.6%) had average knowledge and (0%) good knowledge in pre-test . In post-test majority (73.4%) had average knowledge, (26.6%) had good knowledge. No one was having poor level of knowledge.

The above findings summarizes that, the structured teaching programme had significant beneficial effect in the level of knowledge among adolescent boys.

Table no. 3 Comparison of pre test and post test knowledge level of adolescents regarding cigarette smoking. (N =30)

S.no	Knowledge score	Mean	Standard deviation	Mean difference	Df	_t‘
1.	Pre test	12	2.35	-0.96	29	
2.	Post test	17.56	1.56		29	10.71

(The p value is <0000.1.The result is significant that p<0.05)

Table-3, represents, the mean score on level of knowledge in pre test 12 and 17.56 in post test. The paired t value was 10.71 which is significant at p < 0.05.Which shows that there is significant difference between pre test and post level of knowledge cigarette smoking among adolescent boys.

Table no. 4 Chi-square test on the level of knowledge for adolescent boy with selected demographic variable in pre-test and post-test. (N=30)

S.NO.	Demoghaphic variable	Pre Test			Post Test		
		Df		Table value	Df		Table value
1.	Age	4	1.37	9.49	4	0.33	9.49
2.	Religion	4	1.053	9.49	4	15.153	9.49
3.	Type of family	4	0.355	9.49	4	0.584	9.49
4.	Area of residence	4	1.58	9.49	4	0.027	9.49
5.	Monthly incomes	4	1.95	9.49	4	2.8496	9.49

6.	Socioeconomic status	4	0.779	9.49	4	0.779	9.49
7.	Family history of smoking	2	3.025	5.99	2	0.88	5.99

The above table show that in pre test ,on considered with their age ,the calculated value of chi square (1.37) was less then the table value at (9.49) level of significance. So there was no significant association exit between the age of cigarette smoking with their knowledge. As per religion ,the calculated value of chi square(1.053)was less than the table value at (9.49) level of significance. So there is no significant association exist between the religion of family cigarette smoking with their knowledge. In their type of family, the calculated value of Chi-square(0.355) was less than the table value at (9.49) level of significance. So there was no significant association exist between the type of family with their knowledge. In their area of residence, the calculated value of Chi- square (1.58) was less than the table value at (9.49) level of significance. So there was no significant association exist between the area of residence with their knowledge. In their monthly income, the calculated value of chi-square (1.95) was less than the table value at (9.49) level of significance. So there was no significant association exist between the monthly income .In their socio economic status ,the calculated value of chi-square (0.7793) was less than the table value at (9.49) level of significance. So there is no a significant association exist between the socio economic status with their knowledge smoking.

In their family history of smoking, the calculated value of chi-square (3.0256) was less than the table value at(5.99) level of significance. So there was no significant association exist between the family history of smoking with their knowledge.

The above table show in the post test ,with their age, the calculated value of chi-square (0.33) was less than the table value at (9.49) level of significance. So there was no significant association exist between the age of adolescents with their knowledge .In their religion, the calculated value of chi-square(15.1517) was greater than the table value at (9.49) level of significance. So there is a significant association exist between the religion of cigarette smoking with their knowledge .In their type of family, the calculated value of Chi-square(0.584) was less than the table value at (9.49) level of significance. So there was no significant association exist between the type of family with their knowledge .In their area of residence, the calculated value of Chi- square (0.027) was less than the table value at (9.49) level of significance. So there was no significant association exist between the area of residence with their knowledge .In their monthly income of family, the calculated value of chi-square (2.8496) was less than the table value at (9.49) level of significance. So there was no significant association exist between the monthly income with their knowledge .With their socio economic status, the calculated value of chi-square (0.7793) was less than the table value at (9.49)level of significance. So there was no significant association exist between their socio economic status with their knowledge .With their family history of smoking, the calculated value of chi-square (0.99) was less than the table value at(5.99) level of significance. So there was no significant association exist between the family history smokings with their knowledge.

CONCLUSION:

The study findings provide the statistical evidence which clearly indicate that Structured Teaching Programme has significant effect on the level of knowledge regarding prevention of smoking in adolescent boys. A structural teaching program can be an effective tool in reducing cigarette smoking among adolescents. However, it is crucial to recognize that a structural teaching program alone may not be sufficient to completely eliminate adolescent smoking. A multi-faceted approach that combines education with policy changes, such as increased tobacco taxes, stricter enforcement of age restrictions, and smoke-free environments, is essential for achieving sustained reductions in smoking rates. Furthermore, tailoring programs to the specific needs and cultural contexts of different adolescent populations can enhance their effectiveness. Ongoing evaluation and refinement of these programs are necessary to ensure their continued relevance and impact

REFFERENCES

1. CAROL A.GLOD –Contemporary psychiatric mental health nursing, published by F.A.Davis Company ,Page No.278-283.
2. Dr. Sanjay Kr. Agarwal ― Lecture note on statistics‖, 1st edition, Published by AITBS Publishers India, Page No. 261-279.
3. K. Park, ― A Text book of Preventive and social medicine, 22nd edition , Published by M/S banarsidasbhanot, Page No.447-448.
4. Lippincott, ― Manual of nursing practice, 9th edition , published by wolters Kluwer (India) pvt. Ltd. Page No. 1825-1829.
5. Mary A. nies. Melanie Mcewen, ― Community Health Nursing promoting the health of populations‖, 3rd edition, published by W.B.Saunders Company, Page No.624,653.
6. Mary c. TOWNSEND, ― Psychiatric Mental Health Nursing , 4th edition , F.A. DAVTS Company /PUBLISHERS. Page No. 409-417.
7. Melvin Lewis, ― A Comprehensive Text book child and adolescent psychiatric , 2nd edition , Published by willians ,A waverly Company ,Page No. 736-748.