



A PRE-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGARDING ILL- EFFECTS OF TOBACCO CHEWING AMONG SECONDARY SCHOOL BOYS IN SELECTED SCHOOL OF MORADABAD U.P.

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Abstract- There is a significant difference between the pre-test knowledge score and post- test knowledge score regarding the ill- effects of tobacco chewing among secondary school boys in selected school of Moradabad U.P. Result shows that, Out of 60 subjects of a pre-test group, Majority 29(48.33%) had below average knowledge scores followed by good score 17(28.33%) and average knowledge score 13(21.66%) in pre-test. Only 1 scored excellent in the pre-test group. After the STP administration to the group it resulted with majority having good knowledge 38(63.33%), 17(28.33%) had excellent knowledge scores followed by 4(6.6%) with average knowledge and only 1 was below the average. It reveals that the administration of structured teaching program had significantly improved their knowledge score levels.

BACKGROUND OF THE STUDY

Introduction

“Tobacco has not brought any happiness to anyone but it certainly has taken many lives.”

Health is wealth as it has a lasting impact on one's persona as well as progress in life. According to WHO Health is a state of complete physical, mental, social and spiritual well-being and not merely an absence of disease and infirmity. Health perspectives are changing the world and are being accepted by the medical, researchers and health management experts.¹

Tobacco is a well-acknowledged social and health evil. Tobacco consumption is a global problem. Tobacco use has been part of the human society since time immemorial, and it is one of the leading causes of death in the world. More than five million people a year die from tobacco use. Tobacco kills one person every

six seconds. The deaths will reach 10 million a year in the next few years. 70% will occur in the developing countries.

A cross sectional study was conducted among 2,789 students in 19 high schools in 2002. The result of the study was that 21.9% were current smokers and 33.1% had ever used tobacco products. When the data were stratified according to sex, 81/452 (17.9%) females and 337/871(38.7%) males had ever smoked. With regard to current smoking defined as having smoked at least once in the past 30 days, 12.2% of females and 25.5% males were current smokers. This could be explained in part, by the fact that the district relies heavily on tobacco farming and exposure to facilitating environments common. A concerted public health response is urgently required that will effectively alter the home and societal environment so as to discourage uptake of tobacco use by young people.

Tobacco is used in many different ways. Men and women in Bangladesh and India chew betel quid. In Karnataka, gutka betel quid tobacco is very popular, and in urban areas of India, pan Masala is very popular. Tobacco is consumed in many different ways. Smoking, chewing, snuffing or dipping tobacco. There are four characteristics of tobacco use that are related to nicotine: addiction, individual variation into tobacco susceptibility, dose response relationship and time lag effect.

chewing tobacco is the main reason for oral tumors including cancer of lip, tongue, cheeks, gums and floor of roof of the mouth and numerous types of cancer growth especially in the lungs, kidney, larynx and head or neck etc. smokeless tobacco consumption is also harmful for health and caused to different types of cancer. tobacco use can cause gum disease, tooth decay, tooth loss and formation of white or gray patches inside the mouth, inside the mouth called leukoplakia that can lead to cancer. Every year one million new cancer cases are found in India. The diffusion entity 2.5 million. The annual estimated mortality rate in India due to tobacco related disease 6,00,000-7,00,000.

Tobacco dependence is the physical behavior which can be associated with tobacco use. Smokeless tobacco alternative mint snuff, hard candy, Beef jerky, herbal chews, toothpicks, cinnamon sticks, coconut snuff substitutes, nicotine gum, nicotine patches and chewing gum. Titration is also one of the first class method to stop tobacco.¹⁷

Tobacco globalism is the main cause of the world tobacco epidemic and a major threat to global health care. Madhya Pradesh has become primary state in the country to impose a ban on the sale of gutkha containing tobacco and nicotine products. If any person is found selling gutkha the food and the drug administration can impose a penalty of Rs 25,000 under the Food security and Standard Assessment Act. Since 1988, 31st May has been observed annually as the “World No Tobacco Day” and is the global event to call attention to tobacco dependence, which is being supported by WHO and Ministry of Health and Family Welfare.²⁰

Need of the study:

Tobacco consumption is a main public fitness issue in growing countries. The major factors that persist to courage people to use smokeless form of tobacco are its low price, ease of purchase or production, and the widely held misconception that it has medicinal value for improvement in tooth ache, headache, and stomach ache. Presently, tobacco use is the leading preventable cause of death globally.

Tobacco use is a serious health problem. Currently about one –fifth of all world- wide deaths attributed to tobacco occur in India, more than 8,00,000 people die and 12 million people become ill as a result of tobacco use each year. It is estimated that 5,500 people start using tobacco every day in India, joining the 4 million young people under the age of 15, who already use tobacco.

There are several factors contributing to tobacco and substance abuse among adolescents and adults. Peer pressure, influence of movies and advertisements , insecurity , anxiety, curiosity, poor impulse control, unmet needs, relieving boredom, Imitation of parents and social support are the causes of tobacco use.²³ Many women in rural and urban areas says that they use tobacco to relieve teeth related complaints. Tobacco consumption is more among men, in urban labour classes.

The global tobacco epidemic kills nearly 6 million people each year of which more than 600,000 are people exposed to second hand smoke. Unless we act, it will kill up to 8 million people by 2030, of which more than 80% will live in low and middle income countries. WHO estimates 4.9 million deaths annually are attributable to tobacco. If current trends continue unchecked, it is estimated that around 500 million people alive today will be killed by tobacco.³

Research problem

A pre-experimental study to assess the effectiveness of structured teaching programme on knowledge regarding ill- effects of tobacco chewing among secondary school boys in selected school of Moradabad u.p.

Aim of the study

The aim of present study is to impart the knowledge to secondary school boys regarding the ill- effects of tobacco chewing which will motivate them to avoid using tobacco chewing.

Objectives

1. To assess the pre-test knowledge score regarding the ill- effects of tobacco chewing among secondary school boys in selected school of Moradabad u.p.
2. To assess the post-test knowledge score regarding the ill -effects of tobacco chewing among secondary school boys.
3. To compare the pre-test and post-test knowledge score regarding the ill-effects of tobacco chewing among secondary school boys.

4. To find the association of pre-test knowledge score regarding the ill-effects of tobacco chewing with selected demographic variables.

Hypotheses-

All the hypothesis were tested at the level of p. less than 0.05 significance

H₁- the post test mean score of knowledge of secondary school boys were significantly higher than the mean pre test mean score.

H₀- There was significant association between level of knowledge of secondary school boys and selected demographic variables.

Delimitations:

- The study is limited to only secondary school boys.
- The study is limited to 60 samples only.

RESEARCH METHODOLOGY

The methodology is the important part in the research as it is the framework for conducting a study.

Research Design- pre- experimental [one group pre test –post test design].

Research Setting – PMS public school Moradabad U.P.

Target Population - Boys who are studying in 9th and 10th standard.

Sample Size- The sample of study comprised of 60 boys who are studying in 9th and 10th standard.

Sampling Technique- Simple Random Sampling Technique.

Inclusion Criteria & Exclusion Criteria

Inclusion criteria

1. Students who can understand English.
2. Students who are studying in 9th and 10th standard.

Exclusion criteria

1. Students who were absent at the time of data collection.
2. Students who were not willing to participate in the study.

Variables

Independent variables- Structured Teaching Programme

Dependent variables- Knowledge of secondary school boys

Description of tool(s): Tool comprised of 2 parts:

Section A: It includes Socio Demographic variables such as Age, Religion, Type of family, Occupation of parents, Socio-economic status of family, History of smoking or tobacco use in the family, previous source of information regarding the ill-effects of tobacco

Section B: This part contain a structured knowledge questionnaire regarding the ill-effects of tobacco chewing which comprised of 40 items.

ANALYSIS AND INTERPRETATION

This chapter deals with the analysis and interpretation of data collected from total 60 secondary school boys.

Table 1: Frequency and Percentage of Socio-demographic Variables of Secondary School boys.

N=60

Socio-demographic variables	Frequency (f)	Percentage %
Age in years		
14-15	13	21.6
15-16	29	48.3
>16	18	30.0
Religion		
Hindu	24	40.0
Sikh	05	8.3
Muslim	25	41.7
Christian	06	10.0
Type of Family		
Joint	21	35.0
Nuclear	37	61.6
Extended	2	3.3
Occupation of Parents		
Service in Govt Sector	35	58.3
Service in Private Sector	16	26.6
Own Business	9	15.0
Family income of family		
15000-25,000	10	16.6
26,000-35,000	37	61.6

Above 35000	13	21.6
History of Smoking or tobacco use in family		
Yes	31	51.6
NO	29	48.3
Previous knowledge about ill effects of tobacco use		
1. Yes	60	100
2. No	0	00
If yes, source of information		
Mass Media		
Relatives	31	51.6
Health Personnel	11	18.3
Newspaper	07 11	11.6 18.3

Table 1 depicts that, Majority 29 (48.33%) of students belonged to the between age group 15-16 years, followed by 13 (21.6%) comes in age group 14-15 years and 18 (30%) of students belongs to greater than 16 age group.

Majority of students 24 (40.0%) were Hindu, 5(8.3%) were Sikh, 25 (41.7%) were Muslim and 06(10.0%) students was Christian.

Most of students 37(61.6%) were belonged to the nuclear family, 21(35%) were belonged to joint family and 2(3.3%) were belonged to Extended family.

Majority of parents 35(58.3%) were working in government sector, 16(26.6%) were working in private sector and 9(15.0%) having their own business.

Most of the families 37(61.6%) having 26000-35000 income per month, 13(21.6%) families having income above INR 35K per month and 10(16.6%) having their family income 15,000-25000 per month.

Students having family history of consuming tobacco or smoking is, 31(51.66%) while 29(48.33%) students not having a family history of consuming tobacco.

Majority of secondary boys 31(51.66%) get information related to ill- effects of tobacco chewing through mass media followed by 18.33% get through newspaper and relatives. Only 7(11.66%) get information through the health personnel.

Table 2 - Level of knowledge of the secondary school boys regarding ill- effects of tobacco chewing in selected school.

N=60

Level of knowledge	Pre-test		Post-test	
	Frequency (f)	%	Frequency (f)	%
Excellent (31-40)	1	1.66	17	28.33
Good (21-30)	17	28.33	38	63.33
Average (11-20)	13	21.66	4	6.66
Below average (1-10)	29	48.33	1	1.66

Table 3depicted that, Out of 60 subjects of a pretest group, Majority 29(48.33%) had below average knowledge scores followed by good score17(28.33%)and average knowledge score 13(21.66%) in pre-test. Only one subject scored excellent in the pretest group. After the STP administration to the group it resulted with majority having good knowledge 38(63.33%), 17(28.33%) had excellent knowledge scores followed by 4(6.6%) with average knowledge and only one was below the average. It reveals that the administration of structured teaching program had significantly improved their knowledge score levels.

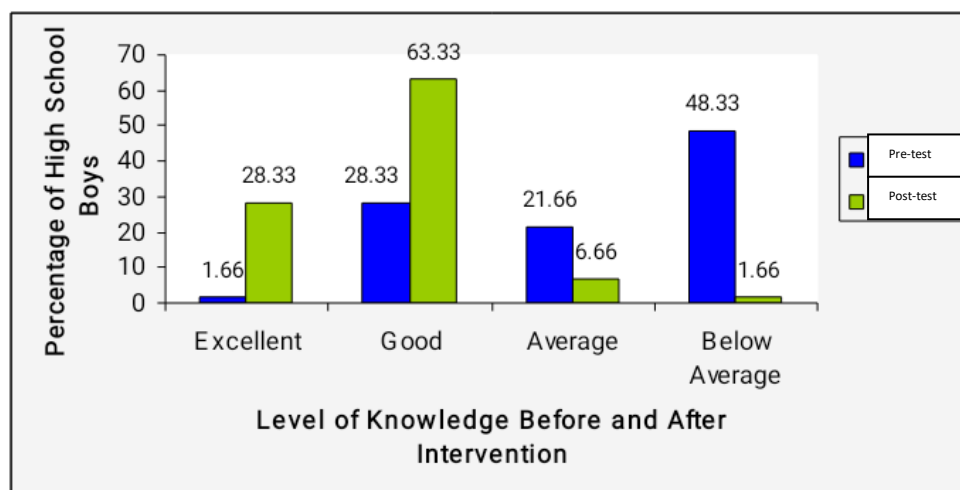


Fig : 1.1 : Level of Knowledge among secondary School Boys before and after the intervention

Table 3: Comparison of pre-test and post-test mean knowledge scores of secondary school boys regarding ill-effects of tobacco chewing

N=60

	Knowledge score		t value
	Pre-test	Post-test	
Mean	21.4	29.96	11.86***
SD	4.16	3.73	df=118

***p<0.001

Table4. Shows the comparison between pre-test mean knowledge score (21.4) and post-test mean knowledge scores (29.96) among 60 subjects assigned to a group showed statistical highly significant ($p<0.001$). Gain in knowledge scores of high school boys in a group regarding the ill-effects of tobacco chewing establishes the effectiveness of structured teaching program.

Table D: Association between pre-test level of knowledge regarding ill-effects of tobacco chewing among secondary school boys with their socio-demographic variables

N=60

Variables	Excellent	Good	Average	Below average		Chi Square
Age (in years)						
14-15	0	2	5	6	13	6.604
15-16	0	8	5	16	29	
>16	1	7	3	7	18	
Religion						
Hindu	0	6	3	15	24	15.855
Sikh	0	2	1	2	5	
Muslim	0	7	9	9	25	
Christian	1	2	0	3	6	
Type of Family						
Joint	0	3	8	10	21	11.152
Nuclear	1	12	5	19	37	
Extended family	0	2	0	0	2	
Occupation of Parents						

Service in Govt Sector	0	12	9	14	35	10.301
Service in Private Sector	0	2	3	11	16	
Own Business	1	3	1	4	9	
Family income of family						
15000-25,000	0	4	3	3	10	10.377
26,000-35,000	0	12	5	20	37	
Above 35000	1	1	5	6	13	
History of Smoking or tobacco use in family						
Yes	1	9	7	14	31	1.105
No	0	8	6	15	29	
Previous knowledge about ill effects of tobacco use						
1. Yes					60	5.86
2. No					0	
If yes, source of information						
Mass Media	1	7	9	14	31	5.86
Relatives	0	4	1	6	11	
Health Personnel	0	3	2	2	07	
Newspaper	0	3	1	7	11	

NS= Non significant $p > 0.05$

Above Table shows that the computed chi square values between the pre-test knowledge scores of secondary school boys and the selected socio demographic variables were found to be associated non significant with age, religion, type of family, occupation, socio-economic status, history of smoking and tobacco use in family and previous source of information related to ill- effects of tobacco chewing.

Nursing Implications:

The nursing implications are discussed under the following headings.

1. Nursing Practice:

- The nurse's most important job is to inform the public about the dangers of tobacco chewing and many types of cancers are caused by tobacco chewing.
- The nurse plays an important role in disease prevention. There are several implications from the present study.
- The health personnel are responsible for educating the public about the effects of tobacco chewing.

2. Nursing education:

- Prevention is better than cure if it is focused on students or the general public.
- Students should be given more opportunities to learn about the effects of tobacco chewing.
- The nursing curriculum should emphasize the use of different teaching methods. Students can learn about the effects of tobacco chewing from the structured teaching programme.

3. Nursing administration

- The nursing administration should create policies and plans to provide education to the public.
- To make them aware about the effects of tobacco chewing, service education programme should be arranged knowledge about the effect of chewing tobacco should be updated.
- In order to impart the knowledge to the community, the nurse administrator should plan out-reach activities.

4. Nursing research

- Research should be done on the effects of tobacco chewing.
- Tobacco consumption is a global problem. There is a need for research in ares of client education.
- There is need for research on newer methods of teaching, focusing on peoples, interest, community participation and cost-effectiveness.

Recommendations

The recommendations were drawn based on the findings of the study.

- A homogeneous study can be conducted among the universal community.
- A comparative study can be conducted to find similarities and differences between urban and rural students. The booklet on knowledge regarding ill effects of tobacco chewing may be more useful in educating students or other people the community level.

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