Study to assess the effectiveness of structured teaching programme on knowledge among the adolescent boys regarding ill effects of smoking in selected Government Schools of Moga, Punjab - India

Dr. Bhuvanesh Shukla, Urvinder Kaur

Study to assess the effectiveness of structured teaching programme on knowledge among the adolescent boys regarding ill effects of smoking in selected Government Schools of Moga, Punjab – India

Dr. Bhuvanesh Shukla[1], Urvinder Kaur[2]

[1]*Head of Department and Professor of Pediatrics, Jaipur Hospital, Jaipur, Rajasthan, INDIA*

[2]*Assistant Professor, Rayat & Bahra College of Nursing, Mohali, INDIA*

Study to assess the effectiveness of structured teaching programme on knowledge among the adolescent boys regarding ill effects of smoking in selected Government Schools of Moga, Punjab.

ABSTRACT - *Smoking prevention is an important issue and healthcare professionals, especially nurses, may have a major role in helping people to understand the consequences of smoking for their lives. A nurse is recognized as authority on health, she can educate individuals, groups and communities about ill effects of smoking. The investigator had witnessed during her posting in Vidhya Sagar Institute of Mental Health Amritsar, Institute of Human Behaviour and Allied Sciences (IHBAS) Delhi that the adolescents are more influenced by smoking due to images of romance, success, sophisticated popularity and adventure which advertising suggests they could achieve through the consumption of cigarettes.*

On the basis of the results of data analysis it was found that the mean pre-test knowledge was (15.49) before imparting structured teaching programme and after a structured teaching programme the post-test knowledge score was (24.85). This indicated that structured teaching programme was effective. The pre-test and post-test mean knowledge score was statistically significant at p<0.001 level. Hence the research hypothesis was proved which was the mean post-test knowledge score after structured teaching programme regarding ill effects of smoking will be significant at level of p< 0.05 level. There was statistically significant effects of age and educational status of adolescent boys on pre-test and post-test knowledge score regarding ill effects of smoking.

KEYWORDS: *ADOLESCENT, ILL EFFECT OF SMOKING, STRUCTURED TEACHING PROGRAMME, KNOWLEDGE, EFFECTIVENESS*

INTRODUCTION

R.C. Jiloha (2012) Reported that in India, where tobacco is consumed in different forms, 50% of those who use smokeless tobacco tend to start before 10 years of age and 80% of the users start within first 20 years of their life. These data predict that tobacco use will be a long-term addiction for many adolescents who start using it now. 50% of males may smoke for 16 years and 50% females for 20 years, based on median age of smoking initiation 16-17 years. These data were the indicators of the severity of smoking initiation and maintenance in adolescence and the formidable challenges that the therapeutic and preventive interventions present.

NEED OF THE STUDY

Terry Martin (2011) Estimated that heart disease was the leading cause of death in the United States today, and the leading cause of death among smokers. And, on a global level, researchers report that there were 1,690,000 premature deaths from cardiovascular disease among smokers in the year 2000. In contrast, there were approximately 850,000 lung cancer deaths during the same year, and 118,000 chronic obstructive pulmonary disease deaths from smoking in 2001, worldwide. Smoking is hard on the heart, but the fact is, tobacco use plays a role in a multitude of diseases that ultimately lead to disability and/or death. Cigarette smoke contains over 4,000 chemical compounds; 200 of which are known to be poisonous, and upwards of 60 have been identified as carcinogens. Viewed in that light, it's no wonder that the effects of smoking are so widespread and destructive.

Larry West (2010) Estimated that smoking kills 900,000 people every year in India, and unless corrective action is taken soon that number will increase to 1 million smoking-related deaths annually by 2010 and beyond, according to a study published in the New England Journal of Medicine and conducted by scientists from India, Canada and the United kingdom. For the study, 900 field workers gathered information from a sample of 1.1 million homes in all parts of India. There are approximately 120 million smokers in India, about 37 percent of all men and 5 percent of all women between the ages of 30 and 69. The government is taking several steps to control tobacco use, including making special efforts to inform people who are poor or illiterate about the dangers of smoking. According to the study, more than 50 percent of the tobacco-related deaths in India occur among illiterate men or women, and 80 percent of those people reside in rural India.

PURPOSE

This study aimed to assess the effect of structured teaching programme on knowledge among adolescent boys regarding ill effects of smoking..

OBJECTIVES

1. To assess the pre-test knowledge of adolescent boys regarding ill effects of smoking.
2. To assess the post-test knowledge of adolescent boys regarding ill effects of smoking.
3. To compare the pre-test and post-test knowledge of adolescent boys regarding ill effects of smoking.
4. To find out relationship between knowledge of adolescent boys regarding ill effects smoking with selected demographic variables like age, religion, educational status, qualification of mother , qualification father, occupation of father , family monthly income, and family history of smoking.

REVIEW OF LITERATURE

World health organization (2012) Projected 58.8 million deaths to occur globally, from which 5.4 million are tobacco-attributed, and 4.9 million as of 2007.As of 2002, 70% of the deaths are in developing countries. In 2000, smoking was practiced by 1.22 billion people, predicted to rise to 1.45 billion people

in 2010 and 1.5 to 1.9 billion by 2025. If prevalence had decreased by 2% a year since 2000 this figure would have been 1.3 billion in 2010 and 2025.

Jindal S.K et al., (2013) A comparative study was conducted in Punjab and Chandigarh to assess the prevalence of smoking among students. The sample consisted of 9319 students out of the total eligible population of 30488 from100 schools. The prevalence of ever-use of tobacco varied between 2.9 to 8.5% in boys and 1.5 to 9.8% in girls. The prevalence was highest in Chandigarh and lowest in Punjab. Between 16 to 46% of students were exposed to the habit of tobacco among parents or friends. There were 10 to 34% students who were passively exposed to environmental tobacco smoke.

Kozlowski LT, Heatherton TF (2011) Conducted study on the prevalence of smoking among students, and be able to evaluate students' knowledge as well as attitudes and beliefs with respect to smoking and its negative consequences, that those 9th and 12th grade students who smoke cigarettes has different beliefs and attitudes towards smoking than those who do not smoke. Therefore, it was necessary to develop educational curricula for schools to teach students about negative effects on health when it comes to smoking during middle yet young age. Effective ways to empower school children with life skills needed in overcoming strong reality of peer pressure that can greatly encourage them to smoke often as it should be. Educational programs should begin by about age 8-10, with high priority for the 11-15 age groups. The students should be educated that smoking cannot make them look good and grown up and feel relaxed and it cannot help them to cope with stress or solve their problems and is appropriate to focus on modifying students attitude toward smoking.

MATERIALS AND METHODS

RESEARCH APPROACH

A quantitative (quasi-experimental research) approach was used in the study to accomplish the objectives of the study.

RESEARCH DESIGN

The research design selected for the study was one group pre-test post-test design.

One group pre-test post-test   OI   X   O2

    O- Observation

    X- Intervention

    Independent Variables

In the study, independent variables were age, religion, educational status, qualification of mother, qualification of father, occupation of father, family monthly income, and family history of smoking.

Dependent variable

In the study, dependent variable was pre and post-test knowledge score of the adolescent boys regarding ill effects of smoking in selected Government Schools of Moga, Punjab.

POPULATION AND SELECTION OF SAMPLE

The population of present study was adolescent boys in the age group of 12 to 19 years studying in selected Government Senior Secondary Schools of Moga, Punjab.

SAMPLE SIZE AND SAMPLING TECHNIQUE

The investigator selected a sample of 100 adolescent boys, 20 adolescent boys from each 7th standard, 8th standard, 9th standard, 10th standard and 11th standard in age group of 12 to 19 years, by using simple random sampling technique with lottery method.

CRITERIA FOR SAMPLE SELECTION

➢ The study was limited to adolescent boys studying in selected Government Schools of Moga Punjab.
➢ The study was limited to the adolescent boys of age 12-19 years.
➢ The study was limited to the adolescent boys who were willing to participate in the study

MAJOR FINDINGS:

The analysis of the data revealed following findings:

1) Maximum numbers of respondents (31%) were in age group of 14-15 years and minimum numbers of respondents (18%) were in age group 18-19 years.
2) Maximum numbers of respondents (65%) were from Sikh religion and minimum numbers of respondents was Muslim religion (1%).
3) Equal number of respondents were divided in each category 8th standard (20%), 9th standard (20%), 10th standard (20%), 7th standard (20%) and 11th standard (20%).
4) Maximum numbers of respondents (32%) were those whose mother were illiterate and minimum number (1%) were those whose mother qualified up to post graduation level.
5) Maximum number of respondents (45%) were those whose fathers were qualified up to senior secondary level and minimum number of respondents (4%) were those whose father were qualified up graduation level.
6) Maximum number of respondents (64%) were those whose father were laborer and minimum number of respondents (6%) were those whose father were farmer

7) Maximum number of respondents (72%) were those whose family monthly income were less than Rs 3000 and minimum number of respondents were (5%) were those whose family monthly income were Rs 6001 – Rs 9000

8) Maximum number of respondents (79%) were having no family history of smoking and minimum number of respondents (21%) were having family history of smoking

9) The mean pre-test knowledge score was (15.49) and means post-test knowledge score was (24.85).The difference between mean pre-test and post-test knowledge score was highly significant at p< 0.001 level in t test .

10) In post-test (68%) of respondents were having excellent knowledge and (30%) were having good knowledge score. In pre-test knowledge (55%) respondents were having average knowledge, (10%) were having Good knowledge and (35%) were having below average knowledge score.

11) The respondents belonging to age group 16-17 years had highest mean pre-test knowledge score (16.46),12-13 years (13.48), 18-19 years (16), and 14- 15 years (15.81) respectively. In mean post-test knowledge score 14-15 years had (25.35), 18-19 years had (24.56), 16-17 (26) and 12-13 years had (23) respectively. The mean pre-test and post-test was statistically highly significant. It was inferred that age had impact on the knowledge score of the adolescent boys.

12) The mean pre-test knowledge score respondents of belonged to Sikh religion was (15.78) and the post-test knowledge score was (25.12). The mean pre-test knowledge score of respondents belongs to Hindu religion was (14.94) and the post-test knowledge score was (24.47).The mean pre-test knowledge score of respondent belonged to Muslim religion was (15) and post-test knowledge score was (20). The mean pre-test and post-test was statistically non-significant. It was inferred that religion had no impact on the knowledge score of the adolescent boys.

13) The mean pre-test highest knowledge score was obtained by respondents belonged to 11th standard was (18.65), 10th standard was (17.30), 9th standard was (15.25) 7th standard (14), and minimum (12.25) score was obtained by the respondent belonged to 8th standard. The post-test knowledge score was obtained by respondents 11th standard, 10th standard, 9th standard was (26.55, 26.45, 26), 8th standard was (23.95) and 7th standard was (21.30) respectively. The mean pre-test and post-test knowledge score was statistically highly significant. It was inferred that educational status had impact on the knowledge score of the adolescent boys.

14) The highest pre-test mean knowledge score was obtained by the respondents whose mother qualified up to post graduation level (19), graduation level (16.50), senior secondary level (15.39), elementary level (14.88) and illiterate (15.97). In post-test maximum score was obtained by the respondent whose mother were graduate and post graduate (26, 26), senior secondary level (25.06), elementary level (24.28) and illiterate (25.03). The mean difference between the pre-test and post-test knowledge score was compared which was statistically non-significant. It was inferred that qualification of mother had no impact on the knowledge score of the adolescent boys

15) The highest pre-test mean knowledge score was obtained by the respondents whose father were graduate (16), senior secondary (15.78), post-graduation (15.49), elementary (14.57) and illiterate (15.33). In post-test highest score was obtained by the respondent whose fathers were graduate (27.50), post graduate (26.40), senior secondary (25.07), elementary (23.96) and illiterate (24.67). The mean difference between the pre-test and post-test knowledge score was compared which

was statistically non-significant. It was inferred that qualification of father had no impact on the knowledge score of the adolescent boys.

16) The highest mean pre-test knowledge score was obtained by respondents whose father's occupation was govt. job (18) followed by farmer, laborer and private job (15.50, 15.48,14.43) .The mean pre-test knowledge score statistically significant. The post-test highest mean knowledge score was obtained by the respondents whose father were farmer (26.83) followed by laborer, Govt. job, private job (24.98, 25.11, 23.76). The mean post-test knowledge score was statistically highly significant. It was inferred that occupation of father had no impact on the knowledge score of the adolescent boys.

17) The highest pre-test knowledge score was obtained by the respondent whose monthly income was 9001 or above (18.50) followed by less than Rs 3000 or less, Rs 3001– Rs 6000, and Rs 6001- Rs 9000 was (15.29, 15.29, 15.40). The mean post-test knowledge highest score was obtained by the respondent whose monthly income was 9001 or above (26.33) followed by less than Rs 3000 or less, Rs 3001– Rs 6000, and Rs 6001- Rs 9000 was (24.61, 24.88, 26.40). The mean pre-test knowledge score was statistically non- significant. It was inferred that family monthly income had no impact on the knowledge score of the adolescent boys.

18) The highest pre-test knowledge score was obtained by respondents belonging to no family history of smoking (15.71) followed by yes category (14.67). The post-test knowledge highest score was obtained by respondents belonging to no family history of smoking (25.08) followed by yes category (24). The mean post-test knowledge score was statistically non-significant. It was inferred that family history of smoking had some impact on the knowledge score of the adolescent boys.

CONCLUSION

From the findings of study following conclusions were drawn:

1) The mean pre-test knowledge was (15.49) before imparting structured teaching programme and after a structured teaching programme the post-test knowledge score was (24.85). This indicated that structured teaching programme was effective

2) The pre-test and post-test mean knowledge score was statistically significant at p<0.001 level. Hence the research hypothesis was proved which was the mean post-test knowledge score after structured teaching programme regarding ill effects of smoking will be significant at level of p< 0.05 level

3) There was statistically significant effects of age and educational status of adolescent boys on pre-test and post-test knowledge score regarding ill effects of smoking.

RECOMMENDATIONS

Based on the result of study following recommendations are made:

1) The similar study can be conducted to assess the rate of the smoking among the adolescents.
2) A similar study can be conducted to assess the knowledge and attitude of the adolescent regarding ill effects of smoking.
3) A similar study can be conducted to assess the prevalence of smoking among the family members of the adolescent.

REFERENCES

[1]. "WORLD HEALTH ORGANIZATION SURVEY" .Quantifying selected major risks to health. Journal of reducing risk promoting healthy life.2012; vol 4. Pp 24-26

[2]. Jindal S.K et al., "A NATIONALLY REPRESENTATIVE CASE-CONTRAOL STUDY OF SMOKING AND DEATH IN INDIA". The New England journal of medicine .2013; vol 11. Pp 1137-1147

[3]. Kozlowski LT, Heatherton TF., "PARENTRAL SMOKING CESSATION AND ADOLESCENT SMOKING". Journal of pediatric psychology .2011; vol 27. Pp 485-496.

[4]. Larry West, "PERCEPTIONS OF TOBACCO USE IN EARLY ADOLESCENT". The journal of primary prevention. 2010; vol. 27.Pp 515-526

[5]. R.C. Jiloha,.Journal of Medical Sciences Research (JMSR) JMSR. September 30. 2012; vol.9. Pp1

[6]. Shukla, B. "STUDY TO ASSESS THE NUTRITIONAL STATUS OF UNDER FIVE CHILDREN IN A SELECTED SUB CENTER OF BIKANER, RAJASTHAN – INDIA" IARS' International Research Journal (2011).

[7]. Shukla, Bhuvanesh, and Dushyant Shukla. "STUDY TO ASSESS KNOWLEDGE AND ATTITUDE REGARDING SELF CARE AMONG PATIENTS UNDERGOING HEMODIALYSIS IN SELECTED HOSPITAL OF PUNJAB – INDIA" IARS' International Research Journal (2012).

[8]. Shukla, Bhuvanesh, and Dushyant Shukla. "STUDY TO ASSESS PHYSICAL HEALTH STATUS OF CHILDREN AT SELECTED ORPHANAGE IN SALEM, CHENNAI – INDIA" IARS' International Research Journal (2011).

[9]. Terry Martin,. "THE EPIDEMIOLOGY OF TOBACCO USE, DEPENDENCE", and cessation in the United States. Journal of Primary Care 2011; vol 26. Pp433-461

Certificate of Recognition

This certificate is awarded to

Dr. Bhuvanesh Shukla

in recognition of his contribution

"Study to assess the effectiveness of structured teaching programme on knowledge among the adolescent boys regarding ill effects of smoking in selected Government Schools of Moga, Punjab – India"

to Vol. 04, No. 01, 2011 *of*

IARS International Research Journal

....

Chief Managing Editor

08 FEB 2014