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STRUCTURE TEACHING PROGRAMME ON TOBACCO ABUSE AMONG ADULTS IN SELECTED VILLAGE, KANCHEEPURAM DISTRICT.

Nursing

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ABSTRACT

OBJECTIVE

To evaluate the effectiveness of structure teaching programme on tobacco abuse among adults

Methodology: Pre experimental one group pretest – posttest design was adopted. Convenient sampling technique was used and 100 adults were selected at kancheepuram district. The data was collected, organized and analyzed in terms of both descriptive and inferential statistics.

Result: The analysis revealed that the mean value of pretest was 7.92±3.92 and was increased in posttest to 17.36±2.67 The't' value was 10.92, which had high statistical significance at $p<0.05$ level and which confirms that there was a statistically significant difference between pretest and posttest level of knowledge on tobacco abuse among adults.

Conclusion: This study proves that structure teaching programme was effective in improving level of knowledge on tobacco abuse among adults.

KEYWORDS

structure teaching programme, tobacco, abuse, adults, and village.

INTRODUCTION

Globally everyday about 80,000 to 1, 00,000 youth initiate smoking most of from developing countries. Most of the people use the tobacco in the form of chewing and smoking actually it cause the serious health problem.[1]

Cigarette Smoking is the dominant among the tobacco users. Different types of smoking habits such as Beedi, Cigarette and chewing habits such as Khaini, mawa.

In India tobacco use is acceptable practice. According to WHO estimates 194 million men and 45 million women practice smoked or Smokeless forms in India. Only 20% of the tobacco consumed in India as cigarette form , 40% consumed as beedi rest are smokeless form. The WHO estimates that about 8 lakh persons die from tobacco related diseases. In India approximately 50% cancer among male and 20% of cancer among females are caused by tobacco consumption. Although people are becoming aware of the ill effects of Smoking in terms of morbidity and mortality still they get enslaved.[2]

Need for the Study:

Today of the 1.1 billion who smoke worldwide among them 182 billion live in India. Tobacco consumption continues to increase in India at 2-3% per annum and year 2020 it is expected that account for 13% of all deaths in India. Use of tobacco has been changed from the traditional beedi to the most recent gutkha and mawa.[3]

The studies reveals that cheap cost has made one to be addicted. This addiction has bad impact on the oral health status there by both to the respiratory system, cardio vascular system and GI system. A study conducted among Smokers showed prevalence of bleeding gums 81.5%, 100% showed calculus, 82.3% had shallow and deep periodontal pockets. The poor health status cause increased mortality and morbidity rate. In oral health people may not having awareness . Their practices about tobacco makes more health hazards. Oral cancer place a major impact in oral health.[4]

Review of literature:

A prevalence study was conducted on 10 quit methods commonly used by adult cigarette smokers, we used data from a nationally representative longitudinal (2014–2016) online survey of US adult cigarette smokers (n = 15,943). Overall, 74.7% of adult current cigarette smokers used multiple quit methods during their most recent quit attempt. Giving up cigarettes all at once (65.3%) and reducing the number of cigarettes smoked (62.0%) were the most prevalent methods. Substituting some cigarettes with e-cigarettes was used by a greater percentage of smokers than the nicotine patch, nicotine gum, or other cessation aids approved by the US Food and Drug Administration. Further research into the effectiveness of e-cigarettes as a cessation aid is warranted.[5]

Increasing evidence indicates that cigarette smoking is a strong predictor of electronic cigarettes (e-cigarettes) use, particularly in adolescents, yet the effects has not be systematically reviewed and quantified. Relevant studies were retrieved by searching three databases up to June 2015. The meta-analysis results were presented as pooled odds ratios (ORs) with 95% confidence intervals (CIs) calculated by a random-effects model. Current smokers were more likely to use e-cigarette currently (OR: 14.89, 95% CI: 7.70–28.78) and the probability was greater in adolescents than in adults (39.13 vs. 7.51). The probability of ever e-cigarettes use was significantly increased in smokers (OR: 14.67, 95% CI: 11.04–19.49). Compared with ever smokers and adults, the probabilities were much greater in current smokers (16.10 vs. 9.47) and adolescents (15.19 vs. 14.30), respectively. Cigarette smoking increases the probability of e-cigarettes use, especially in current smokers and adolescents.[6]

Statement of the problem

A study to assess the effectiveness of structure teaching programme on tobacco abuse among adults in selected village, kancheepuram district.

Objectives:

- To assess the level of knowledge on effects of tobacco abuse among adults.
- To assess the effectiveness of structured teaching program on effects of tobacco abuse among adults.

Hypothesis:

- There will be a significant difference in the pre and post test level of effects of tobacco abuse among adults.

Methodology:

A pre experimental design was adapted for this study. In this study the independent variable, it refers to the Structured teaching program on tobacco and the dependent variable refers to Level of knowledge on effects of tobacco abuse. The population of the study comprised of adults consuming tobacco, the sample size utilized for the study is 100 adults. The purposive sample technique was adapted, the samples was collected by inclusion criteria fulfilled populations.

Description of tool:

Section A:Demographic variables: Demographic variables include age, sex, religion, educational status, occupational status, income (Rs. Per month).

Living Status, Habits, Have you used substances: Yes / No, If yes specify that. Have you attended any tobacco abuse classes: Yes/ No, If yes specify that. Section B:Structured knowledge questionnaire on effects of tobacco abuse.

It consists of 20 items. It includes General information, Misconceptions, effects and Treatment.

Score Interpretations:

>75 : Adequate
50-75 :Moderately Adequate
<50 : Inadequate

Findings:

Table 1: Frequency and percentage distribution of level of pre and post test level of knowledge on tobacco abuse among adults.

N=100

Level of knowledge on tobacco abuse	Pre test			Post test		
	Inadequate <50%	Moderately adequate 50-75%	Adequate>75%	Inadequate <50%	Moderately adequate 50-75%	Adequate>75%
General Information	88	12	0	0	8	92
Causes	85	15	0	0	4	96
Signs &symptoms	80	20	0	0	2	98
Management	96	4	0	0	3	97

Table 2: Comparison of level of knowledge on on tobacco abuse among adults.

N = 100

Level of knowledge on tobacco abuse	Pre Test		Post Test		t test
	Mean	SD	Mean	SD	
General Information	1.56	2.03	4.33	0.80	11.77
Causes	2.03	1.24	3.86	1.52	5.09
Signs &symptoms	1.96	1.47	4.83	0.46	10.16
Management	2.33	1.51	4.33	0.81	6.38
Over all	7.9	3.92	17.36	2.67	10.92

*p<0.05level significant

CONCLUSION:

The study findings conclude that the post-test caretakers of mentally ill clients score was higher than the pre-test score after administration of structure teaching programme on tobacco abuse. Thus this study proves that "structure teaching programme on tobacco abuse was effective in improving drug non compliance among adults".

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