



A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGARDING EFFECTS OF PASSIVE SMOKING AMONG ADULTS IN A RURAL AREA OF YEOLA CITY.

Mrs. Jyoti
Madhukar Adhav

M.Sc. Nursing

ABSTRACT

Introduction: Smoking is a well-known world-wide public health problem. The adverse health effects from tobacco smoking were confirmed in the 1950's. Around 5 000,000 premature deaths per year is estimated to be caused by tobacco smoking. Passive smoking is now regarded as the third health threat in the world, after smoking and alcohol abuse. World Health Organisation (WHO) reports that Sweden (19%) besides Norway (29%) and New Zealand (25%) are the exclusive countries in the world where women smoke to the same extent as men. Passive smoking is defined as the non-smokers inhalation of tobacco smoke produced by the active smoking of others. It is equivalent to "being exposed to second-hand smoke or tobacco smoke or ETS" (Environmental Tobacco Smoke).⁶ In a recent survey in Mumbai, 90% of the participants knew about the benefits of health warnings and about 97% favoured pictorial warnings on all tobacco products. Moreover, in a multilingual country where over 40% of its people (42.3million) travel inter-state annually, uniform pictorial warnings would bridge the language barrier which the current text warnings fail to do. Besides, as the tobacco industry reckons, tobacco packages are an important medium for communicating with its uses. **Material And Method:** Evaluative research approach and pre-experimental one group pretest posttest research design was used. The subject for the study was n=60 Adults of rural area simple random sampling technique. Effectiveness was analyzed by structured teaching programme with the help of questionnaire. The data was analyzed by using descriptive statistic that is in frequency, percentage, mean and standard deviation and inferential statistic, Paired 't' to analyze pre test – Post Test Mean knowledge score, chi-square test to find out association between post test knowledge score with selected demographic variables. **Results:** Findings reveal that the post-test mean knowledge scores was found higher [mean = 20.26, SD of 3.36] when compared with pre-test mean knowledge score value which was 13.45 with SD of 5.08. The statistical paired 't' implies that the difference in the pretest and post-test value was found statistically significant at 5% level ($P < 0.05$) with a paired 't' value of 16.85. There exists a statistical significance in the difference of knowledge score indicating the positive impact of structured teaching program. **Conclusion:** The study concludes that structured teaching programme developed by the researcher was found effective in increasing the knowledge of adults in rural area.

KEYWORDS : Knowledge, Passive smoking, Adults.

INTRODUCTION

Smoking is a well-known world-wide public health problem. The adverse health effects from tobacco smoking were confirmed in the 1950's. Around 5 000,000 premature deaths per year is estimated to be caused by tobacco smoking. Since the 1980's the adverse health effects from tobacco smoke on non-smokers spending time in environments polluted by tobacco smoke, have been known. Passive smoking is now regarded as the third health threat in the world, after smoking and alcohol abuse. Though the individual risks for disease are moderately increased, the exposure to tobacco smoke has a major health impact since almost half of the children in the world are exposed.¹

World Health Organisation (WHO) reports that Sweden (19%) besides Norway (29%) and New Zealand (25%) are the exclusive countries in the world where women smoke to the same extent as men.²

Passive smoking is defined as the non-smokers inhalation of tobacco smoke produced by the active smoking of others. It is equivalent to "being exposed to second-hand smoke or tobacco smoke or ETS" (Environmental Tobacco Smoke).³

In a recent survey in Mumbai, 90% of the participants knew about the benefits of health warnings and about 97% favoured pictorial warnings on all tobacco products. Moreover, in a multilingual country where over 40% of its people (42.3million) travel inter-state annually, uniform pictorial warnings would bridge the language barrier which the current text warnings fail to do. Besides, as the tobacco.⁴

A study done on tobacco use among school students in Goa. About 50 sampled schools are taken, over 94% students participated in the study (56% were boys, 44% girls). Tobacco use was reported by 13.5% of which over 40% reported initiation at 10 years of age or earlier. The current smokeless

tobacco use is 2.8% and smoking tobacco use is 3.0%. Smoking among boys was 3.5% and girls 2.2%. Non-users reported knowledge about the harmful effect of tobacco two to three times more than tobacco users. Over 50% of students reported having been taught in school about the dangers of tobacco use. Tobacco use by parents and close friends was positively associated with students attitude towards tobacco use.⁵

A study was conducted to assess the knowledge regarding smoking status and the health effects of tobacco among and also adults their attitude towards tobacco control the data collected from 2238 adult samples by means of an interviewer-administered questionnaire among them 34% of adults are smokers and 60% of the adults try to quit at least once for reason such as health protection because of medical doctors advice.⁶

An experimental study was conducted to assess the pre-test knowledge scores regarding the adverse effects of active and smoking among 80 adolescent boys at Rajasthan. Results of the study revealed that, in pre test majority of the participants 47 (58.8%) were having inadequate knowledge, 33 (41.2%) were having moderately adequate knowledge and none of the participants were having adequate knowledge. Whereas In post-test majority of the participants 57 (53.3%) were having moderately adequate knowledge, 23(28.8%) were having adequate knowledge and none of the participants were having inadequate knowledge. The mean post-test knowledge score 11.87 with mean percentage (59.35%) was greater than the mean pre test knowledge score 6.2 with mean percentage (31%). The mean difference between pre test and post-test score was 5.67 with the mean percentage of (28.35%). Paired t calculated value is 19.87 * $p < 0.05$ is significant at 0.05% level. This indicates that the structured teaching programme was found to be effective in increasing the knowledge of Adolescent boy regarding adverse effects of active and passive smoking.⁷

The researcher presents the review of literature which helps to study the problem in depth. It also serves as a valuable guide to understand what has been done and what is still unknown and tested. The present study is to assess the effectiveness of structured teaching programme on knowledge of rural adults regarding effects of passive smoking at selected rural areas of Yeola City.

OBJECTIVES:

1. To assess the knowledge of the Adults of rural area regarding the effects of passive smoking in terms of pre-test knowledge scores.
2. To determine the effectiveness of structured teaching program by comparing the pre- test and post- test knowledge scores on effects of passive smoking among adults of rural area.
3. To determine the association between pretest level of knowledge of adults of rural area regarding effects of passive smoking with their selected demographic variables.

MATERIAL AND METHOD:

Evaluative research approach and pre-experimental one group pretest posttest research design was used. The subject for the study was n=60 Adults of rural area simple random sampling technique. Effectiveness was analyzed by structured teaching programme with the help of questionnaire includes Section I socio-demographic data of adults residing from rural area and Section II Consists of 30 questionnaire such as introduction, prevalence of tobacco use, health effects of tobacco smoking, passive smoking and its effects and prevention of passive smoking. The knowledge scores ranged from 0 – 30 and categorised as Poor Knowledge 0 – 10, Average knowledge 11-20, Good knowledge 21 -30.

Inclusion Criteria: Adults Of Rural Area Who Are

1. Residing at selected rural areas
2. Willing to participate in the study
3. Able to communicate either in Marathi, Hindi or English

Exclusion Criteria: Adults Of Rural Area

1. Who have behavioural problems as reported by their family members
2. Not willing to participate in the study

Statistical Analysis:

The data was analyzed by using descriptive statistic that is in frequency, percentage, mean and standard deviation and inferential statistic, Paired 't' to analyse pretest – Post Test Mean knowledge score, chi- square test to find out association between post test knowledge score with selected demographic variables.

RESULTS:

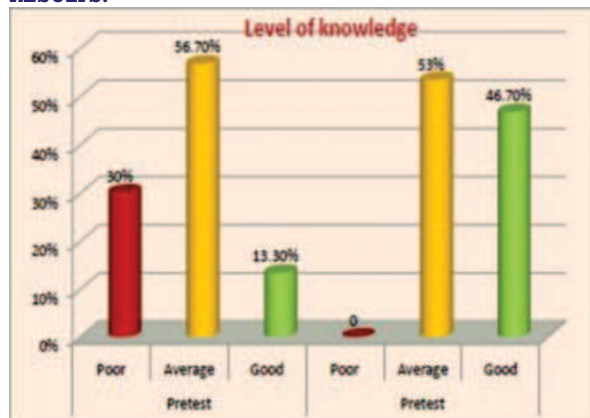


Figure No.1: Frequency And Percentage Distribution Of Respondents According To Level Of Knowledge Regarding Effects Of Passive Smoking

Majority 23 (38.3%) of the respondents belong to the age group of 31-40 years Majority 32 (53.3%) of the respondents were males, Majority 37 (61.7%) of the respondents were belonged to Hindu religion, Majority 23(38.3%) of the respondents were had primary education, Majority 31(51.7%) of respondents were belonged to nuclear family, Majority 33(55%) of respondents were unmarried, Majority 37(61.7%) of respondents were had history of smoking in family, Majority 31(51.7%) of respondents exposed to educational program, Majority 24(40%) of respondents source was books/journals.

Table No 1: Distribution Of Mean And SD Of Knowledge Level Of Passive Smoking Among Adults

Sr No	Content	Mean	SD
1	Pre- Test	13.45	5.08
2	Post Test	20.26	3.36

CONCLUSION:

The study concludes that structured teaching programme developed by the researcher was found effective in increasing the knowledge of adults in rural area.

REFERENCES:

1. WHO, Tobacco or Health: A Global Status Report.1997 <http://www.who.int/2003;10:17>.
2. Mackay J & Eriksen M. The Tobacco Atlas. WHO. <http://www.who.int/tobacco/statistics/tobacco-atlas/en/2003;10:18>
3. Repace J, Kawachi I, Glantz S. Fact sheet on secondhand smoke. Presented at the 2nd European Conference on Tobacco or Health.1999;2:23-27.
4. Torell U. The smoking man. [Den rökande människan] Dissertation. Linköping University. Linköping, 2002.
5. Pednekar MS, Gupta PC. Tobacco use among school students in Goa, India.
6. India Journal of Public Health. 2004 Jul-Sep; 48(3):147-52.
7. Peto:BMJ: smoking and death:the past 40 years and the next 40 years:1994 30d(6959):937-939.
8. Suresh Chandra Parmar and Omprakash Veragi. A Study To Assess The Effectiveness Of Structured Teaching Programme On Knowledge Regarding The Adverse Effects Of Active And Passive Smoking Among Adolescent Boys In Selected Secondary School At Udaipur, Rajasthan. Int. J. of Adv. Res.2020;8:551-553