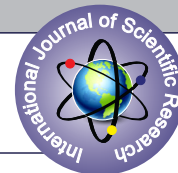


EFFECTIVENESS OF VAT ON KNOWLEDGE REGARDING SMOKING AND SMOKELESS TOBACCO USE AND ITS HEALTH HAZARDS AMONG ADOLESCENTS



Nursing

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ABSTRACT

OBJECTIVE: To assess the effectiveness of VAT on knowledge regarding smoking and smokeless tobacco use and its health hazards among adolescents. **METHODS:** This was quasi experimental study among 100 adolescents recruited by using simple random sampling. The data were collected by using structured knowledge questionnaire. The collected data were organized logically and data was analyzed by SPSS-22. **RESULTS:** Paired't' test showed significant increase in the knowledge score. The mean post test knowledge score of boys (18.36) was significantly higher than their mean pre test score (7.48). The calculated't' value ($t=24.19$) was greater than the table value at 0.001 level of significant. Similarly the mean post test knowledge score of girls (17.18) was significantly higher than their mean pre test score (6.74). The calculated't' value (21.95) was greater than the table value at 0.001 level of significant. Hence research hypothesis H1 was accepted and it was concluded that there was highly significant gain in knowledge in both boys and girls students regarding smoking and smokeless tobacco use and its health hazards. **CONCLUSION:** Video assisted teaching program implemented during the study had equipped the students with better knowledge regarding smoking and smokeless tobacco use and its health hazards and it was instructionally effective, appropriate and feasible.

KEYWORDS

video assisted teaching programme, adolescents, smoking, tobacco, health hazards.

Introduction:

Smoking and smokeless tobacco chewing is the most common worst habits that is being followed by the majority of the world population. This is an addiction which silently kills body organs and leaves you with serious illness and other diseases which may lead to death. Smoking is responsible for a large number of deaths every year throughout the world. Many children and adolescents believe that smokeless tobacco is a safe alternative to cigarette smoking and is not an addictive. They believe they can stop using it at any time. But smokeless tobacco also causes several diseases. The most serious is an increased risk of oral cancer. That's because when using smokeless tobacco, body absorbs more than 28 cancer-causing substances including nicotine, arsenic, formaldehyde etc.

In India, nearly 1 in 10 adolescents in the age group 13-15 yr have ever smoked cigarettes (used at least once in life) and almost half of these reports initiating tobacco use before 10 yr of age.[18]As per the National Sample Survey of India, 29.3% of rural and 20.2% of urban males, 2.3% of rural, and 0.7% of urban females smoked beedi and cigarettes. The prevalence of tobacco consumption in other forms such as snuff, chewing tobacco, burnt tobacco powder, and paste was 19.3 and 9.9% respectively in rural and urban males, 9.3 and 4.3% respectively in rural and urban females. As per WHO estimates, approximately 80% of adult smokers initiate their tobacco use before 18 years of age.

Materials and Methods:

This study identified following objectives to investigate:
To find the effectiveness of VAT on knowledge regarding smoking and smokeless tobacco use and its health hazards in terms of gain in knowledge score.

Present study formulated following hypothesis to test at the level of significance $p<0.001$:

H_1 :- The mean post test knowledge scores of adolescents attending VAT will be higher than the mean pre-test scores at 0.001 level of significance.

The conceptual framework is based on modified Ludwig Von Bertalanffy's general system model (1968). A quasi experimental one group pre test post test design was adopted. Structured Knowledge Questionnaire was developed to collect the data. The samples, 100 adolescents (50 boys & 50 girls) were selected by Simple Random Sampling Technique from selected pre university colleges of Hapur.

Institutional ethical permission obtained well in advance and participants who have signed informed consent were introduced to study tools.

The study tools comprise with two sections, in which first sections covers the socio-demographic variables, second section comprise with

structured knowledge questionnaire complete tool, was validated by experts from nursing fraternity. The pilot study was conducted on 10 participants and the reliability of tools was computed by using split-half method and Karl Pearson Correlation Coefficient and it found 0.88 for the knowledge rating scale. Pretest was administered by structured knowledge questionnaire. Video assisted teaching programme was given in the same day. The post test was conducted after one week. The collected data were analyzed and interpreted based on descriptive and inferential statistics.

Results and Discussion:

The gathered data were organized in logical systematic manner and SPSS 22 version was used to analyze. The analyzed data presented in following manner:

Part A: Analysis of pre test and post test knowledge score of adolescents regarding smoking and smokeless tobacco use and its health hazards.

Level of knowledge	BOYS (N=50)				GIRLS (N=50)			
	PRE TEST		POST TEST		PRE TEST		POST TEST	
	F	%	F	%	F	%	F	%
≤33% (poor)	35	70%	—	—	41	82%	—	—
34-66% (Average)	15	30%	13	26%	9	18%	22	44%
>67% (good)	—	—	37	74%	—	—	28	56%

The data presented in table shows that in pre-test 35(70%) boys had poor knowledge, 15(30%) boys had average knowledge and nobody had good knowledge. Whereas in post test, 37 (74.0%) boys have gained good level of knowledge and 13 (26.0%) boys have gained average level of knowledge regarding smoking and smokeless tobacco use and its health hazards.

In case of girls, in pre-test 41(82%) girls had poor knowledge, 9(18%) girls had average knowledge and nobody had good knowledge. But in post test, 28 (56%) girls have gained good level of knowledge and 22 (44%) girls have gained average level of knowledge regarding smoking and smokeless tobacco use and its health hazards.

Part II: Analysis of the effectiveness of video assisted teaching programme on adolescents regarding smoking and smokeless tobacco use and its health hazards.

Mean, SD and t value of Pretest and Posttest Knowledge score of boys group and girls group by using Paired 't' test.

GROUP	Respondents Knowledge			df	Paired 't' value	P value
	Mean	MD	SD of mean Difference			
BOYS (N=50) Pre test	7.48	10.88	3.18	49	24.19	0.000*
Post test	18.36					
GIRLS (N=50) Pre test	6.74	10.44	3.36	49	21.95	0.000*
Post test	17.18					

* Significant at 0.001 level

The data presented in the above table shows that mean pretest knowledge of the boys was 7.48 and mean posttest knowledge was 18.36 and calculated 't' value (24.19) was greater than the table value at 0.001 level of significance. In case of girls the mean pretest knowledge was 6.74 and the mean posttest knowledge was 17.18. The calculated 't' value (21.95) was greater than the table value at 0.001 level of significance. Hence the hypothesis H1 was accepted. Therefore it is concluded that there was significant gain in knowledge regarding smoking and smokeless tobacco use and its health hazards among adolescents after video assisted teaching programme.

Discussion

The present study revealed that, in pre test 15(30%) boys and 9 (18%) girls had average knowledge and 35(70%) boys and 41 (82%) girls had poor knowledge. Whereas in post test 37 (74%) boys and 28 (56%) girls had gained good knowledge, 13 (26%) boys and 22 (44%) girls had average knowledge regarding smoking and smokeless tobacco use and its health hazards. The effectiveness of the study was found by using paired 't' test. The mean post test knowledge score of boys (18.36) was significantly higher than their mean pre test score (7.48). The calculated 't' value ($t=24.19$, $P<0.05$) was greater than the table value at 0.001 level of significance. Similarly the mean post test knowledge score of girls (17.18) was significantly higher than their mean pre test score (6.74). The calculated 't' value ($t=21.95$, $P<0.05$) was greater than the table value at 0.001 level of significance. Hence the research hypothesis H1 was accepted. Therefore the study was highly significant to gain in knowledge in both boys and girls students regarding smoking and smokeless tobacco use and its health hazards.

Similar results were observed in another study conducted to assess the effectiveness of structured teaching program regarding ill effects of tobacco use among PUC students in Mangalore. The results showed that in pre test, 42% of students having inadequate knowledge and 58% are having moderate knowledge regarding ill effects of tobacco use. After teaching programme about 80% of students gained adequate knowledge and 20% are gained moderate knowledge regarding ill effects of tobacco use.

Conclusion

The findings suggest that there is an increased need for health awareness programmes and periodic health checkup on identification of various health problems in school students. Nursing education should prepare nurses with a potential for imparting health information effectively and assisting the people in developing their self-care potential in the community.

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References

1. Daniel AB, Nagaraj K, Kamath R. Prevalence and determinants of tobacco use in a highly literate rural community in southern India. *National Med J India*. 2008 Jul-Aug; 21(4)
2. Srinath KR, Prakash CG. Tobacco control in India: Ministry of Health & Family Welfare; 2008.
3. Marilyn JH, David W. Wong's essential of pediatric nursing. 8th edition. India: Reed Elsevier India (p) Ltd; 2009.
4. Arora NK, Anjali G, Ahuja. Global Youth Tobacco Survey (GYTS) – Delhi. *Indian J pediatrics*. 2005 Aug; 42(17)
5. Dikshit R, Kanhere S. Tobacco habits and risk of lung, oropharyngeal and oral cavity cancer in Bhopal, India. *Int J Epidemiol*. 2000 Sep; 29(4)
6. Jindal SK, et al. Tobacco smoking in India prevalence, quit-rates and respiratory morbidity. *National Med J India*. 2003 Aug; 48(2)
7. Sinha DN, Rahul R. Linking Global Youth Tobacco Survey (GYTS) data to the WHO

framework convention on tobacco control: the case for India. *Indian J Public Health*. 2006 Apr-Jun; 50(6)

8. Richard R B, Eian D M, Graham S. tobacco and chemical toxicology. British American tobacco research and development centre. Southampton: 2004.
9. Bhojani UM, Chander SJ, Devadasan N. Tobacco use and related factors among pre-university students in a college in Bangalore, India. *Natl Med J India*. 2009 Nov-Dec; 22(6)
10. Sharma R, Grover VL, Chaturvedi S. Tobacco use among adolescent students and the influence of role models. *Indian J Community Med*. 2010 Dec; 35