



EFFECTIVENESS OF ADVOCACY SKILL BUILDING PROGRAMME ON KNOWLEDGE AND ATTITUDE TOWARDS PREVENTION OF TOBACCO USE AMONG ADOLESCENTS

Mental Health Nursing

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ABSTRACT

Children aged between 10 and 19 years constitute 22.8% of the population (243 million) approximately in India. One in 10 students (10.0%) had ever used tobacco in any form. Proportion of students currently using any tobacco product was 4.5% (boys: 5.5%; girls: 3.1%). Tobacco use among adolescent has reached to pandemic levels. Adolescents should be protected against initiation of any tobacco products. They can be taught refusal skill (How to say NO) on tobacco use to prevent from using tobacco. Once adolescents start using tobacco in childhood, they continue to use tobacco at adulthood also. The aim of the study was to assess effectiveness of standardised teaching programme on knowledge and attitude on Prevention of Tobacco Use for Adolescents at selected schools of Delhi, India. In this study Two group pre-test and post-test design with quasi experimental approach was used. 200 adolescents, 100 each in intervention and control group were enrolled using simple random sampling. Data was collected through online and physical mode using structured Knowledge questionnaire and attitude Likert scale. 45-minute standardised teaching programme was administered to adolescents. Result showed that majority of adolescents were in aged group of 14 yrs with Mean $\pm$ SD 13.6 $\pm$ 0.586. Pre-test Mean knowledge score of intervention group was 17.52 $\pm$ 7.21 and post test score was 34.13 $\pm$ 5.07 which shows significant difference at ($t=-18.848$, $p<0.001$). There was significant difference between Mean pre-test attitude score 6.68 $\pm$ 1.7048 and 15.91 $\pm$ 3.5988 at post-test with ($t=-23.1780$, $p<0.001$). The study concluded that Advocacy skill Building programme was effective in increasing knowledge and attitude of adolescents regarding prevention of tobacco use. Giving information and training is the key to prevent initiation of tobacco use among adolescents.

KEYWORDS

effectiveness, adolescents, knowledge, attitude, tobacco prevention

Introduction

Tobacco products are made from dried and fermented leaves⁽¹⁾ Tobacco contains nicotine the main ingredient that led to addiction. Children aged between 10 and 19 years constitute 22.8% of the population (243 million) approximately in India⁽²⁾. Tobacco use is started and established primarily during adolescence Tobacco uses among adolescent is reaching pandemic levels and once started in childhood, they continue to use tobacco at adulthood also.⁽³⁾

The tobacco epidemic is one of the biggest public health threats the world has ever faced, killing more than 8 million people a year around the world. More than 7 million of those deaths are the result of direct tobacco use while around 1.2 million are the result of non-smokers being exposed to second-hand smoke.⁽⁴⁾ (WHO report 2020). Current tobacco use among youth 13-15yrs was 19.0%. Current tobacco users were 11.2% and smokeless tobacco users were 11.1% (GYTS.2019). There is no safe level of exposure to tobacco as all forms of tobacco products are harmful⁽⁴⁾. Adolescents are more vulnerable and start initiating tobacco because of many factors such as social, environment, peers and family⁽⁵⁾. The most susceptible time for initiating tobacco use in India is during adolescence and early adulthood, ages 15-24 years.⁽⁶⁾

Globally second-hand smoke exposure causes 1.2 million deaths annually. Nearly half of all children breathe air polluted by tobacco smoke and 65000 children die each year due to illnesses related to second-hand smoke. (WHO, June, 2020)⁽⁴⁾.

Objectives:

- 1.To assess knowledge and attitude of adolescents on prevention of tobacco use
- 2.To find effectiveness of intervention on prevention of tobacco use.
- 3.To find association of knowledge and attitude with selected variables.

Methodology

This is a Quasi Experimental Non-equivalent pre-test post-test design with Quantitative approach conducted at two selected schools at Delhi. Sample was adolescents in the age group of 13-15 years who are studying in class 8th and 9th at selected schools at New Delhi.

The sample size of the study was 100 in intervention group and 100 in

control group which was selected using simple random sampling technique. Tools used in the study were subject data sheet of adolescents, knowledge questionnaire, attitude likert scale. Reliability of knowledge questionnaire and attitude rating scale were 0.80 and 0.78 respectively. Ethical clearance was taken from Institutional Ethics Committee of AIIMS, New Delhi. Permission to was obtained from Kendriya Vidyalaya Sangathan, North region, New Delhi and respective school authorities. Consent was taken from parents and assent was also taken from subjects.

Data Collection Method: The objectives and procedure for data collection was explained to the subjects. Only 25-30 students were allowed to come to school on alternate days during covid pandemic. Pre test was conducted on day 1. Knowledge questionnaire and attitude rating scale were administered to subjects. Advocacy skill building programme was administered in a group of 20-35 students. Doubts were clarified. Post test was conducted after one month for both the groups. Advocacy skill building programme was administered to control group only after data was collected.

Data Analysis and Interpretation

In experimental group majority (89.00%) of subjects were in age group of 14 years, (6.0%) in 13 years and (5.0%) in 15 years. In control group majority (94.00%) of subjects were in the age of 14 yrs. Mean age of subjects were 13.6 $\pm$ 0.586 in experimental group and 13.99 $\pm$ 0.333 in control group. (62.0%) of subjects were male in intervention group and (60.0%) in control group. (94.0%) of subjects were from class 9th in experimental group and (96.0%) in control group. Most of them were belonged to Hindu (94.0%) in intervention and (89.0%) in control group.

More than half of the subjects had family income of Rs.30,000 and above in experimental group and (64.0%) in control group. Majority of subjects (84.0%) belonged to nuclear family in intervention group and (91.0%) in control group. Majority (39.0%) in experimental group and (46.0%) in control group mother's educational status were graduate and above. Considerably higher occupation of mother in experimental (80.0%) and control group (76.0%) were homemakers. Majority of father's occupation in experimental group (51.0%) and in control group (57.0%) were business.

Majority of study subjects (77.0%) in experimental and (74.0%) in

control group heard about tobacco. Most of study subjects in experimental group reported that (67.0%) media and (69.0%) movies were source of information. In control group, (74.0%) media and (65.0%) internet was source of information. (77.0%) in experimental group and (74.0%) in control group heard about tobacco. (2.0%) in experimental group and (3.0%) in control group tried tobacco. (1.0%) subject started taking tobacco at the age of 10-11 years, another at the age of 13-15 yrs. In experimental group, (2.0%) subjects in control group started using tobacco for first time in the age of 10-11, (2.0%) study subjects reported that friends and relatives have introduced tobacco to them.

In experimental group (53.0%) study subject's family member discussed about tobacco in their homes. While in control group (63.0%) reported that family members discussed about tobacco in their family.

Table 1: Pre-test level of knowledge of adolescents regarding prevention of tobacco use.

S.No	Level of Knowledge score	Experimental group (n1=100)	Control Group (n2=100)
		f (%)	f (%)
1	Poor (0-13)	42(42.00)	52(52.00)
2	Average (14-27)	47(47.00)	33(33.00)
3	Good (28-38)	11(11.00)	15(15.00)

Table 1 shows that in pre-test (42.0%) of subjects had poor knowledge and (47.0%) had average knowledge, only (11.0%) had good knowledge in experimental group. While in control group majority of students (52.0%) had poor knowledge.

Table 2: Pre-test level of attitude of adolescents on prevention of tobacco use. N-200

S.No	Level of attitude score	Experimental group (n1=100)	Control Group (n2=100)
		f (%)	f (%)
1	Highly Favorable (62-90)	-	-
2	Favourable (50-61)	17(17.00)	21 (21.00)
3	Unfavourable (0-49)	83 (83.00)	79 (79.00)

Table 2 indicates that majority (83.0%) of subjects had unfavourable attitude and only (17.0%) had favourable attitude in experimental group. While in control group, (79.0%) had unfavourable attitude and (21.0%) had favourable attitude. No subjects from both groups were in highly favourable.

Table 3: Effectiveness of Advocacy Skill Building programme on knowledge and attitude of adolescents.

	Groups	Pre test Mean± SD	Post test Mean± SD	Mean difference	t value	P value
Knowle dge	Experi mental	17.52±7.21	34.14±5.07	16.62	18.84 8	<0.00 1
	Control	15.87±6.703	17.72± 6.877	1.85	1.891	0.061 5
Attitud e	Experi mental	44.32±4.707	77.21±7.82	32.91	36.00 6	<0.00 1
	Control	38.41±11.03 4	41.25± 10.594	2.84	1.708 7	0.090 6
Knowle dge	Comparison of posttest knowledge scores of adolescents between Experimental and Control group				19.20 5	<0.00 1
Attitud e	Comparison of posttest attitude scores of adolescents between Experimental and Control group				27.29 8	<0.00 1
level of significant at p<0.001						

Table 3 shows that overall mean post-test score 34.14±5.07 is more than pre-test mean score 17.52±7.21 with mean difference of 16.62 with t value of -18.848 at p value <0.001. This indicates that knowledge of adolescents improves significantly after advocacy skill building programme.

Overall mean attitude post test score 77.21±7.82 is more than pre-test mean score 44.32±4.707 with mean difference of 32.91 with t value of

36.006 at p value <0.001 which shows significantly different. This indicates that attitude of adolescents improves significantly after advocacy skill building programme

Table 3 depicts the mean posttest knowledge score of study subjects in experimental group was (34.14±5.07) which was higher than that of control group mean of (17.72± 6.877). The calculated t value 19.2058 which shows very highly significance at (p<0.001). Hence advocacy skill building programme was effective in improving knowledge of study subjects in experimental group.

Table no 3 also depicts the mean posttest attitude score of study subjects in experimental group was (77.21±7.82) which was higher than that of control group mean of (41.25± 10.594). The calculated t value 27.2982 which shows very highly significance at (p<0.001). Hence advocacy skill building programme was effective in improving attitude of study subjects in experimental group. There were associations of knowledge score with father's education (p<0.031), father's occupation (p<0.017), heard about tobacco (p<0.002) and family members discussed about harmful effects of tobacco at home (p<0.009). There were significant association between the attitude score and mother's education (p<0.037), family members discussed about harmful effects of tobacco at home (p<0.045).

Discussion

Present study revealed that subjects were in the age group of 13-15 yrs which is similar with study conducted by Madan Kumar et.al, which reported that subjects were in age group of 13-15 years. Present study reported that (62.0%) of subjects were male which is also reported by madam Kumar et al, that (64.4 %) were boys and only (35.6%) were girls. Finding of present study shows that among (2.0%) of subjects tried tobacco, (1.0%) subject started taking tobacco at the age of 10-11 years, (1.0%) at the age of 13-15 yrs in experimental group. Similar finding was reported by Chadda et.al that more than (40.0%) of children had started the habit between 10-15 years of age. (2.0%) subjects in control group started using tobacco for first time in the age of 10-11.

Finding of present study shows that (2.0%) study subjects reported that friends and relatives have introduced tobacco to them which is in line with study reported by Chadda et al. that smoking by a close relative (father, mother, brother/sister or friends were significantly associated with smoking by the adolescents).

Present study reports that (98.0%) of subjects didn't used tobacco in intervention group and (97.0%) in control group which is in consistent with finding reported by Al Agili and Salihu, 2020 that (91.45 %) in intervention group were not using tobacco and (94.56%) in control group were not using tobacco.

Present study shows that in pre-test (42.0%) of subjects had poor knowledge and (47.0%) had average knowledge, only (11.0%) had good knowledge in experimental group. While in control group majority of students (52.0%) had poor knowledge. Similar finding was reported by Alexandra P C, 2017 that (95.0%) study participants had inadequate knowledge whereas (5.0%) had moderately adequate knowledge in pre-test. But in post-test (92.0%) study participants had adequate knowledge and (8.0%) had moderately adequate knowledge. Similar finding reported by (Saima Manzoor, 2018) that in pre-test (35.0%) having inadequate, (62.5%) having moderate and (2.5%) having adequate knowledge.

Present study shows that there is statistically significant difference at p<0.001 between pre-test score (17.52±7.21) and post-test knowledge scores (34.14±5.07) of subjects on prevention of tobacco use. Similar finding was reported by Alexandra P C, 2017. Also supported by Yogeshwar Puri Goswami, Jayalakshmi L. S. D.M. (2015) who reported that post-test mean value (26.90) was higher than the pre-test (12.93). The present findings of the study were supported by a study conducted by Sreevani R (2005) in Tamaka, Kolar among adolescent students to assess the effectiveness of planned teaching programme regarding adverse effects of smoking on knowledge gain. The findings revealed that a significant difference between pre-test and post-test knowledge scores of the adolescents (t=19.18, p<0.001). Another study supported that there was highly significant difference between pre and posttest knowledge score as the p value was <0.0001 by Mrs. Prema S, 2018. The overall mean knowledge score 28.61 obtained by the subjects in post-test was higher than mean knowledge scores 20.18

in the pre-test and with the improvement score of 8.42. There was significant difference between pre-test and post-test knowledge score at $p \leq 0.05$. (Saima Manzoor, 2018.)

Present study shows that there were associations of knowledge score with father's education ($p < 0.004$), father's occupation ($p < 0.035$), heard about tobacco ($p < 0.002$) and family members discussed about harmful effects of tobacco at home ($p < 0.009$) i.e., subjects whose father is educated, having good job, heard about tobacco and family members discussed about harmful effects of tobacco in family were having good knowledge. So, it can reveal that these variables had great impact on adolescents' knowledge. Similar study was reported by (sreevani, 2005)

There were significant association between the attitude score and mother's education ($p < 0.037$), family members discussed about harmful effects of tobacco at home ($p < 0.045$) which indicated that mother's education and family members discussed about harmful effects of tobacco at home had highly favourable attitude toward prevention of tobacco use. These factors also helped in changing unfavourable attitude of subjects to highly favourable attitude towards prevention of tobacco use.

Strength and limitations:

The findings of this study suggest that advocacy skill building programme was effective in terms of increasing knowledge, attitude of adolescents regarding prevention of tobacco use which will help to delay initiation of tobacco use at early age to prevent premature death. Trained adolescents will be the peer mentors for other students at school. Will be able to execute the refusal and advocacy skills correctly and effectively by the adolescents. The study has number of limitations first closing of schools during Covid pandemic so lesser number of class 8th students and more students from class 9th class were involved as (25-30) were allowed to come to school on alternate days. The study was delimited to 8th to 9th class students.

Conclusion:

Based on the findings of the study it can be concluded that there was significant increase in knowledge and attitude scores of adolescents after administering advocacy skill building programme. Advocacy skill building programme was effective in increasing knowledge and attitude of adolescents which will help to delayed initiation of tobacco use and prevent adolescents from indulging in tobacco use. which is a preventable and premature death. Such programme should be included as a part of school curriculum.

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