A Pre-Experimental Study to Assess the Effectiveness of Planned Teaching Programme on Harmful Effect of Smoking among Male Adolescents in Selected Area of Rural Community at Bareilly

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Abstract: *Tobacco is an agricultural product derived from the leaves of several species of nicotina plant. When combine with nicitina tartrate, tobacco becomes one of the commonly abuse recreational drugs. Smoking harms nearly every organ of the body and diminishes a person overall health. Millions of Americans have health problems caused by smoking. Smoking is a leading cause of cancer and death from cancer. It causes cancers of the lung, esophagus, larynx, mouth, throat, kidney, bladder, pancreases, stomach and cervix, as well as acute myeloid leukemia. The disruptive survey designed was used to assess the effectiveness of planned teaching program on harmful effect of smoking among male adolescent's in selected area od rural community at Bareilly, [U.P]. In view of the nature of problem and to accomplish the objectives of the study, a self administered structured questionnaire to assess the effectiveness of planned teaching programme on harmful effect of smoking among male adolescent was prepared and used. Validity of the tool was ensure by consulting the guides and experts and the fields of statistics, medicines and nursing and reliability {0.62} of the tool was tested. The study was carried out at rural community at Bareilly [U.P]. 100 male adolescent's were selected by nonprobability convenient sampling technique. The knowledge regarding harmful effect of smoking among male adolescent's under good category is 5[58.66%] and excellent is 11[86.16%]. Hence the total mean average is 71.76. Thus by conducting this study we conclude that male adolescents having excellent knowledge regarding harmful effect of smoking*

Keywords: Effectiveness, Smoking, Harmful effect, Male Adolescents, planned teaching programme, rural community

1. Introduction

Tobacco is an agricultural product derived from the leaves of several species of Nicotina Plants. When combined with nicotina tartrate, tobacco becomes one of the mostcommonly abused recreational drugs. Nicotine, a naturally occurring stimulant in tobacco, can be poisonous if taken in sufficiently high doses, which is not the amount of nicotine absorbed by tobacco use. Nicotine is an addictive substance that makes the use feel alert at first, then relaxed with continued use. (Gately, Lain 2004, 2003)

An estimated 150 million adolescents worldwide use tobacco. Approximately halfof the young smokers will die of tobacco related diseases in later life. WHO estimates that unless current smoking pattern is reversed, tobacco will be responsible for 10 milliondeaths per year, by the decade 2020- 2030, with 70% of them occurring in developing countries. (WHO, 2007)

Epidemiological research has been focused primarily on cigarette/tobacco, smoking, which has been studied more extensively than any other form of consumption. In 2012, 6.7% of middle–school and 23.3% of high school students currently used tobacco products, including cigarette. Every day almost 3,900 children under 18 years ofage try their first cigarette, and more than 950 of them will become new, regular daily smokers. In 2007, 20% of high school students reported smoking is the last 30days, down45% from 36.4% in 1997 where rates peaked after increasing through out the first half of the 1990's.

Adolescence is a stage when young people undergo significant changes of the body, mind and personal responsibilities. Adolescence is considered as a transitional period because during this stage a child is becoming, but not yet an adult (American Bar Association 2004, 1, For boys Physical development)

Self esteem has a strong influence on adjustments across a many aspects of the adolescent's life. Self esteem is known to affect educational achievements, social relation-ships, mental health and ability to deal with stress .Adolescents with low self- esteem are considered to be less equipped to refuse invitation to use substances or drugs. Risk taking behavior's are behaviours in which the results are unknown and from which there is a possibility of identifiable and possibly fatal injury.

Smoking harms nearly every organs of the body and diminishes a person's overallhealth. Millions of Americans have health problems caused by smoking. Smoking is a leading cause of cancer and death from cancer. It causes cancers of the lung, oesophagus, larynx, mouth, throat, kidney bladder, pancreas stomach, and cervix as well as acute myeloid leukaemia.

2. Literature

Review I: Reviews related to harmful effect of smoking in

young adults.

Review II: Reviews related to planned teaching program on harmful effect of smoking in young adults.

3. Methodology

Research approach A Quantitative approach was used for this study to test the effectiveness of planned teaching programme on harmful effect of smoking among male adolescents in selected area of rural community at Bareilly.

The research design refers to the researcher's overall plan for obtaining answers to the research questions and for testing the research hypothesis. It spell out the strategies that the researcher adopted to develop information that is accurate objective and interpretable.

The research design adopted for this study is descriptive study. This study is to assess the effectiveness of planned teaching programm on harmful effect of smoking among male adolescents in selected area of rural community at Bareilly.

The characteristics and attribute of the study subject considered demographic variables. In this study, the demographic variables of male adolescents are Age (in year), Religion, Area of residence, Type of family, Father's educational status, Mother's educational status, Father's occupation, Mother's Occupation, Monthly income of the family, Family history of smoking and source of information.

The tool was tested for reliability during pilot study by using split half method. The reliability value of the tool was 0.94 and hence the questionnaire was found to be reliable.

This chapter deals with methodology adopted for the study. It include the research design, approach and description of setting, variables under study, sample, sampling technique, development and description of tool, Pilot study and procedure for data collection and a plan for data analysis. A detailed description of data obtained from 100 male adolescent and interpretation was given in chapter IV.

4. Result and Findings

In descriptive statistics mean, mean percentage, median and standard deviation were used for analyzing the distribution of respondents according to their demographic characteristics i.e. age of mother, religion, qualification status, occupation of mother, type of family, family income, parity, sources of information, in inferential statistics, Karl Pearson's coefficient of correlation, chi-square and paired t-test were used.

Chi-square test was employed to associate demographic characteristics between respondent's score. Paired t-test was employed to compare the pre and post-test mean level score of knowledge of respondents.

The results of the study were shown in the form of tables and figures. The level of significance selected for the study was $p < 0.05$ level.

Table 4.2: Distribution of samples according to their pre-test and post-test level of knowledge, N=100

Level of knowledge	Pre test		Post test	
	Frequency (f)	Percentage (%)	Frequency (f)	Percentage (%)
Poor (<44%)	43	43%	0	0%
Average (45-74%)	57	57%	5	5%
Good (>75%)	0	0%	95	95%

Table 4.2 depicts that, the pre test and post test level of knowledge. Majority (57%) of adolescent had average knowledge, (43%) had poor knowledge. No one scored (above 75%) marks in pre- test but in the post test majority (95%) had good knowledge (above 75%) and (5%) of them scored average level of knowledge (50-75%). No one was having poor level of knowledge.

Table 4.4: Association of pre test knowledge level of adolescent boys with theirselected demographic variables, N=100

S. no.	Demographic variables	Level of knowledge		Z^2	Table value	Level of significance
		Above Mean (13)	Below Mean (13)			
1	Age (in years)					
	a) 17 – 18 years	5	35	19.66	3.84	* S
	b) 18 – 19 years	34	26			
2	Religion					
	a) Hindu	23	39	0.53	5.99	# NS
	b) Christian	13	16			
	c) Muslim	4	5			
3	Types of family					
	a) Joint family	6	17	2.51	5.99	# NS
	b) Nuclear family	30	39			
	c) Extended family	4	4			
4	Area of Residence					
	a) Rural	21	24	2.08	5.99	# NS
	b) Urban	11	21			
	c) Semi Urban	7	16			
5	Fathers educational status					
	a) Illiterate	3	7	2.42	9.49	# NS

	b) Primary	8	7			
	c) Secondary	10	15			
	d) Higher secondary	7	16			
	e) Diploma/Graduate	9	18			
6	Mothers educational status			8.59	9.49	#NS
	a) Illiterate	5	10			
	b) Primary	14	10			
	c) Secondary	6	16			
	d) Higher secondary	6	17			
	e) Diploma/Graduate	9	7			
7	Fathers occupation			2.33	7.82	# NS
	a) Unemployed	2	2			
	b) Daily wage earner	14	14			
	c) Self employed	14	26			
	d) Government employee	9	19			
8	Mothers occupation			5.34	7.82	# NS
	a) Unemployed	17	37			
	b) Daily wage earner	8	5			
	c) Self employed	6	15			
	d) Government employee	6	6			
9	Monthly income			10.7	7.82	* S
	a) 5000 – 10000	18	17			
	b) 10001 – 15000	10	10			
	c) 15001 – 20000	4	24			
	d) Above 20001	8	9			
10	Family history of Smoking			0.02	3.84	# NS
	a) Yes	18	28			
	b) No	22	32			
11	Source of information			0.42	7.82	# NS
	a) Health person	5	6			
	b) Parents/Friends	13	20			
	c) Mass media	15	27			
	d) No information	6	8			

The above table depicts the association of adolescent boys knowledge on cigarette smoking and its prevention with their age, the calculated value of chi-square (19.66) was greater than the table value at 0.05 level of significance. So there is a significant association exist between the ages of cigarette smoking with their knowledge.

* Significant at 5% level of 29 df (i.e, P<0.05)

5. Discussion

Adolescent is a time of rapid physical, emotional, cognitional and social change. Additionally, this is period that is critical to the development of behaviour and attitude related to diet, exercise, sexual practice, habits of using tobacco and alcohol. Annual smoking costs are more than $289 billion. We lose at least $ 157 billion yearly in productivity costs when smokers get sick and die early. Today's smokers are more likely to develop lung cancer than smokers 50 years ago. Cigarette smoking is the Number 1 cause of lung cancer. Nearly 9 out of 10 lung cancers are caused by smoking.

The present study was designed to assess the effectiveness of planned teaching programme on knowledge regarding harmful effects of smoking among male adolescent in a selected area of rural community at Bareilly. The major finding of this study was the majority 43% (43) out of 100 adolescents were having poor level of knowledge. Regarding remaining 57% (57) adolescents had average level of knowledge and o% had good knowledge category. The above findings summarizes that half of the samples were having poor level of knowledge.

6. Similar Study Finding

Cao R, et al., (2014) conducted a study to disclose the relationship between current smoking behaviours and household characteristics in Guangdong. A questionnaire survey was conducted among the adults sampled by four-stage randomized cluster sampling in ten districts of five cities in Guangdong from September to November, 2010. The questionnaire included demographic characteristics, smoking behaviours and smoking – related household characteristics. Chi-square test and unconditional logistic analysis were employed to explore the relationship between current smoking behaviours and household characteristics. This study included 2150 respondents, with data from 2121 eligible questionnaires used for analysis. The current smoking rates for respondents with household characteristics including per capita household income below 1000 Yuan, three or more smokers in the family, no ban of smoking at home and treating visitors with cigarettes were 28.75, 56.5%,34.2% and 43.5%, respectively, and were significantly higher than those for respondents with household characteristics at other levels (P" 0.01 for all). After controlling for factors such as gender, age, personal income, education, employment status and residential location, we found that the number of family smokers, smoking restrictions at home and treating visitors with cigarettes had significant association with current smoking behaviours (P"0.01 for all), except for per capita household income(P=0.567)In order to reduce tobacco use, much effort should be made to create smoke- free homes, encourage smoking cessation and treat visitors with no cigarettes.

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