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## A study to assess the effectiveness of structured teaching Programme on knowledge regarding ill effects of cigarette smoking and its prevention among undergraduate in a selected College Indore

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### Abstract

The present study has been undertaken to assess cognizance score regarding ill effect of cigarette smoking and its prevention among Undergraduate by structured teaching program in Devi safe institute of Nursing College, Indore, Madhya Pradesh the research design adopted for the study was pre-experimental in nature. 40 Undergraduate were selected by non-probability convenient sampling technique. The tool for the study was self-structured cognizance questionnaire which consists of two Parts-I consisted questions related to Socio-demographic data, Part-II consisted of self-structured cognizance questionnaire to assess the cognizance score regarding ill effect of cigarette smoking and its prevention among Undergraduate. The data was analyzed by using descriptive and inferential statistical methods. The most significant finding was that 10.0% of Undergraduate were having average cognizance regarding ill effect of cigarette smoking and its prevention whereas 90.0% had good cognizance after post-test.

**Keywords:** Impact, structured teaching program, cognizance and ill effect of cigarette smoking and its prevention.

### 1. Introduction

According to the National Cancer Institute, Cigarette has a higher level of carcinogens, toxins and tar than any other substance. Our body has a stress hormone called corticosterone which lowers effect of nicotine. If you are under lot of stress you need more nicotine to get the same effect. It also cause headache and sleep problems. During smoking, nicotine enters the lungs and is absorbed quickly into the blood stream and travels to the brain in a matter of seconds. Nicotine causes addiction to cigarette. Cigarette, Cigars, and other tobacco products vary widely in their content of nicotine, cancer-causing substances, and other toxicants. In a cigarette (which contains less than 1gm of tobacco), the nicotine content can vary between 13.7 and 23.2mg /gm of dry tobacco.

### 2. Need for study

Adolescence is a vulnerable period which is associated with a heightened risk for the development of depressive disorders. Risk- behaviours like alcohol or illicit drug abuse, excessive use of media, school absenteeism and lack of sleep are also frequently occurring during this period; it is often suggested that such behaviours may be associated with mental health problems.

Approximately 90% of the people who smoke for the first time are adolescents younger than 18, and the rate of smoking in adolescents is rising steadily. In general adolescents start smoking out of curiosity, and many become habitual smokers during this period. Cigarette smoking contributes to premature deaths of an estimated 4,43,000 Americans annually, resulting in 193 billion in direct health care expenditures and productivity losses every-year. Globally, nearly 50,000,00,0 persons die annually from tobacco-related illnesses, and many more suffer from smoking-related morbidity. There is therefore, need to identify relevant factors associated with smoking among adolescents in order to better tailor public health interventions aimed at preventing smoking. The WHO, provide certain estimates that India will have the fastest rate of rise in death attributable tobacco in the first two decades of twenty first-century.

Harmful health effects of smoking cigarettes are numerous. Dangers of smoking are well-known and can have serious detrimental effect on the quality of your life besides diseases. Teenagers are attracted by the smoke and the smoking style, which tempts them to smoke. Friends and colleagues also encourage non-smokers, to smoke just once. They are also told that there are no harmful second-hand smoke effects. Smoking in movies is the main reason for adolescents acquiring this habit concerned about the health.

### 3. Objective of the study

1. To assess the pre-test level of knowledge regarding ill effects of cigarette smoking and its prevention among adolescent boys.
2. To evaluate the effectiveness of structured teaching program on knowledge regarding ill effects of cigarette smoking and its prevention among adolescent boys.
3. To find out the association between pre-test knowledge score with their selected demographic variables.

### 4. Hypotheses

**H<sub>1</sub>:** There is a significant difference between the pre- test and post-test level of knowledge scores among adolescents regarding ill effects of cigarette smoking and its prevention.

**H<sub>2</sub>:** There is a significant association between pre-test levels of knowledge scores of adolescents with their selected

demographic variables.

### 5. Assumption

1. Undergraduate may have deficit cognizance regarding ill effect of cigarette smoking and its prevention.
2. Structured teaching program will improve cognizance of undergraduate regarding ill effect of cigarette smoking and its prevention.

### 6. Methodology

A quantitative evaluative approach was used and research design pre-experimental one group pre-test post-test research design was used for the study. The samples consisted of 40 Undergraduate selected by Non-probability purposive sampling technique. The setting for the study was Devi safe institute of Nursing College, Indore, Madhya Pradesh Data was collected with the help of demographic variables and administering a self-structured cognizance questionnaire by the investigator before and after structured teaching program. Post-test was conducted after 7 days of pretest. Data were analysis using descriptive & inferential statistics.

### 7. Analysis and Interpretation

**Section-I:** Frequency and percentage distribution of samples according to their demographic variables.

**Table 1:** Frequency and percentage distribution of samples according to their demographic variables, N=40

S. No	Demographic variables	Frequency (F)	Percentage (%)
1.	<b>Age (In years)</b>		
	a) 17-18years	12	40
	b) 18-19years	18	60
2.	<b>Religion</b>		
	a) Hindu	18	60
	b) Christian	09	29
	c) Muslim	02	6.66
3.	<b>Types of family</b>		
	a) Joint family	20	66.66
	b) Nuclear family	07	23.33
	c) Extended family	02	6.66
4.	<b>Area of Residence</b>		
	a) Rural	14	46.66
	b) Urban	10	33.33
	c) Semi Urban	07	23.33
5.	<b>Fathers educational status</b>		
	a) Illiterate	08	26.66
	b) Primary	07	23.33
	c) Secondary	08	26.66
	d) Higher secondary	04	13.33
	e) Diploma/Graduate	03	10

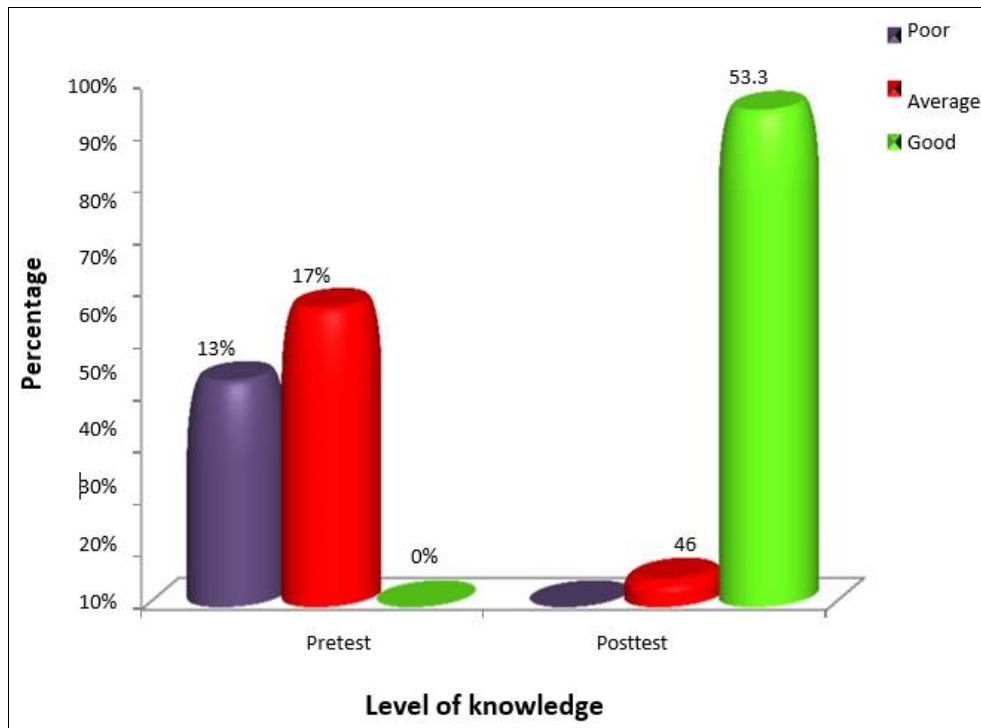
**Section II:** Description of samples according to their pre-test and post-test level of knowledge.

**Table 2:** Distribution of samples according to their pre-test and post-test level of knowledge, N=30

Level of knowledge	Pre test		Post test	
	Frequency (F)	Percentage (%)	Frequency (F)	Percentage (%)
Poor (<14%)	13	13%	0	0%
Average (15-24%)	17	17%	14	46.66%
Good (>25%)	0	0%	16	53.33%

Table depicts that, the pretest and posttest level of knowledge. Majority (17%) of adolescent had average knowledge, (13%) had poor knowledge. No one scored marks in pre-test but in the post test majority (53.33%) had good knowledge and (46.66%) of them scored average level

of knowledge. No one was having poor level of knowledge. The above findings summarize that, the structured teaching program had significant beneficial effect in the level of knowledge among adolescent boys.



**Fig 1:** Distribution of samples according to their pretest and posttest level of knowledge

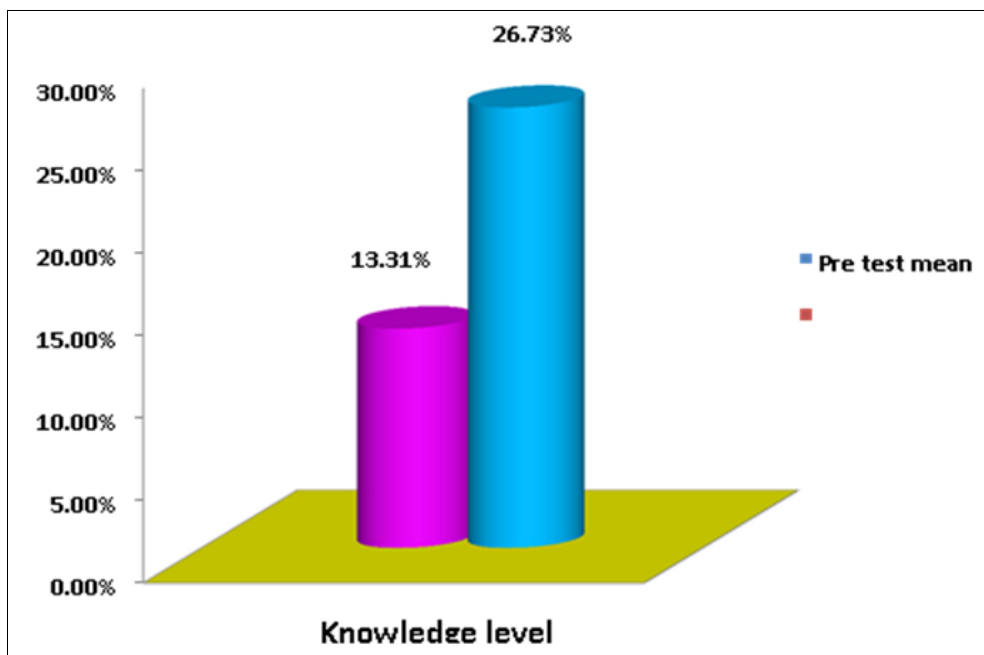
**Section III:** Comparison of pretest and posttest knowledge level of adolescents regarding cigarette smoking.

The above table depicts comparison of mean pre-test and post-test knowledge level on cigarette smoking and its prevention. The post-test mean score (3.33) was high when compared to the pre-test mean (6.66). The obtained t-value (58.34) was greater than table value at 0.05 level of significance, which shows that there is significant difference between pre-test and post-test level of knowledge regarding cigarette smoking among undergraduate students’ boys. Hence, the formulated research hypothesis H<sub>1</sub> was accepted.

**Table 4:** Comparison of pretest and posttest knowledge level of adolescents regarding cigarette smoking (N=30)

S. No	Knowledge Score	Mean	Mean difference	Standard Deviation	‘T’ Value
1	Pre-test	3.33	3.33	0.89	1.34
2	Post test	6.66		1.40	

Significant at 0.05 levels, table value = 2.00



**Fig 13:** Comparison of samples according to their pretest and posttest level of knowledge.

**Section IV:** Association of pre-test knowledge level of adolescent boys with their selected demographic variables.

**Table 5:** Association of pre-test knowledge level of adolescent boys with their selected demographic variables, N=30

S. No	Demographic Variables	Level of knowledge		Z <sub>2</sub>	Table Value	Level of Significance
		Above Mean (13)	Below Mean (13)			
1	<b>Age (in years)</b>					
	a) 17-18years	01	03	9.66	3.84	* S
	b) 18-19years	04	16			
2.	<b>Religion</b>					
	a) Hindu	23	39	0.53	5.99	# NS
	b) Christian	13	16			
	c) Muslim	04	05			
3.	<b>Types of family</b>					
	a) Joint family	06	17	2.51	5.99	# NS
	b) Nuclear family	30	39			
	c) Extended family	04	04			
4.	<b>Area of Residence</b>					
	a) Rural	21	24	2.08	5.99	# NS
	b) Urban	11	21			
	c) Semi Urban	07	16			
5.	<b>Fathers educational status</b>					
	a) Illiterate	03	07	2.42	9.49	# NS
	b) Primary	08	07			
	c) Secondary	10	15			
	d) Higher secondary	07	16			
	e) Diploma/Graduate	09	18			
6.	<b>Mothers' educational status</b>					
	a) Illiterate	05	10	8.59	9.49	#NS
	b) Primary	14	10			
	c) Secondary	06	16			
	d) Higher secondary	06	17			
	e) Diploma/Graduate	09	07			
7.	<b>Fathers occupation</b>					
	a) Unemployed	02	02	2.33	7.82	# NS
	b) Daily wage-earner	14	14			
	c) Self-employed	14	26			
	d) Government employee	09	19			
8.	<b>Mothers occupation</b>					
	a) Unemployed	17	37	5.34	7.82	# NS
	b) Daily wage earner	08	05			
	c) Self-employed	06	15			
	d) Government employee	06	06			
9.	<b>Monthly income</b>					
	a) 5000-10000	18	17	10.7	7.82	* S
	b) 10001-5000	10	10			
	c) 15001-20000	04	24			
	d) Above 20001	08	09			
10.	<b>Family history of Smoking</b>					
	a) Yes	18	28	0.02	3.84	# NS
	b) No	22	32			
11.	<b>Source of information</b>					
	a) Health person	05	06	0.42	7.82	# NS
	b) Parents/Friends	13	20			
	c) Mass media	15	27			
	d) No information	06	08			

{NS-Non-significant, S-Significant; P-0.05\* level}

The above table depicts the association of adolescent boy's knowledge on cigarette smoking and its prevention with their age, the calculated value of chi-square (9.66) 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.

The above table depicts the association of adolescent boys knowledge on cigarette smoking with their religion, the calculated value of Chi-square (0.53) was less than the table value at 0.05 level of significance. So there was no significant association exist between the religions of family with their knowledge.

The above table depicts the association of adolescent boy's knowledge on cigarette smoking with their Type of family, the calculated value of Chi- square (2.51) was less than the table value at 0.05 level of significance. So there was no significant association exist between the types of family with their knowledge.

The above table depicts the association of adolescent boys knowledge on cigarette smoking with their area of residence, the calculated value of chi-square (2.08) was less than the table value at 0.05 level of significance. So there was no significant association exist between the areas of residence with their knowledge.

The above table depicts the association of adolescent boys knowledge on cigarette smoking with their father's educational status, the calculated value of chi-square (2.42) was less than the table value at 0.05 level of significance. So there was no significant association exist between their father's educational statuses with their knowledge.

The above table depicts the association of adolescent boys knowledge on cigarette smoking with their mother's educational status, the calculated value of chi-square (8.59) was less than the table value at 0.05 level of significance. So there was no significant association exist between their mother's educational statuses with their knowledge.

The above table depicts the association of adolescent boys knowledge on cigarette smoking with their father's occupational status, the calculated value of chi-square (2.33) was less than the table value at 0.05 level of significance. So there was no significant association exist between their father's occupational statuses with their knowledge. The above table depicts the association of adolescent boys knowledge on cigarette smoking with their mother's occupational status, the calculated value of chi-square (5.34) was less than the table value at 0.05 level of significance. So there was no significant association exist between the mother's occupational statuses with their knowledge. The above table depicts the association of adolescent boy's knowledge on cigarette smoking with their monthly income, the calculated value of chi-square (10.7) was greater than the table value at 0.05 level of significance. So there is a significant association exist between the monthly income with their knowledge. Hence  $H_2$  was accepted.

The above table depicts the association of adolescent boys knowledge on cigarette smoking with family history of smoking, the calculated value of chi-square (0.02) was less than the table value at 0.05 level of significance. So there was no significant association exist between the family histories of smoking with their knowledge.

The above table depicts the association of adolescent boys knowledge on cigarette smoking with their source of information, the calculated value of chi-square (0.42) was less than the table value at 0.05 level of significance. So there was no significant association exist between the sources of information of adolescents with their knowledge.

## 8. Results

The result depicts comparison of mean pretest and post-test knowledge level on cigarette smoking and its prevention. The post-test mean score (3.33) was high when compared to the pre-test mean (6.66). The obtained t-value (58.34) was greater than table value at 0.05 level of significance, which shows that there is significant difference between pre-test and post-test level of knowledge regarding cigarette smoking among undergraduate students' boys. Hence, the formulated research hypothesis  $H_1$  was accepted.

## 9. Conclusion

The study findings provide the statistical evidence which clearly indicate that Structured Teaching Programme has significant effect on the level of knowledge in adolescent boys.

## 10. Limitations

- The study was conducted to only one group of 30 students in a selected nursing college Indore. Hence generalization is limited to the population understudy.
- The study did not use a control group and there is a

threat to internal validity as the investigator had no control over the took place between the pre-test and post-test.

- Extraneous variables such as exposure to mass media were beyond researcher's control.

## Conflict of Interest

Not available

## Financial Support

Not available

## 11. Reference

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