

Effectiveness of video assisted teaching programme on level of knowledge regarding hazards of smoking and tobacco chewing and its prevention against hazards among 2nd year BSC (N) students.

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Background: Chewing tobacco is consuming smokeless tobacco products by chewing. Smoking is the act of inhaling and exhaling the fumes.

Objectives: To assess the knowledge of 2nd year BSC (N) students regarding hazards of smoking and tobacco chewing and its prevention and hazards before administering the video assisted teaching program To assess the knowledge of 2nd year BSC (N) students regarding hazards of smoking and tobacco chewing and its prevention and hazards after administering the video assisted teaching programme. To evaluate the effectiveness of video assisted teaching programme to 2nd year BSC (N) students regarding hazards of smoking and tobacco chewing and its prevention and hazards. To find out association between the level of knowledge of students about hazards of smoking and tobacco chewing and its prevention and hazards with selected demographic variables.

Methods: A pre experimental one group pretest-posttest design was conducted in 60 2nd year B.Sc. (N) students who were selected by using random sampling technique. The data were explicated apropos the objectives and hypothesis of the study. The level of significance was set at 0.05 via descriptive and inferential statistics.

Results: The pretest depicts that 31(51.67%) 2nd year BSC (N) students had nescience about hazards of smoking and tobacco chewing and its prevention whilst 39 (98.33%) had moderate knowledge. The posttest depicts 49 (81.67%) had ample knowledge whereas 11 (18.33%) had moderate knowledge about study. Hence the data reveals the effectiveness of video teaching programme.

Keywords: Video assisted teaching, Hazards of smoking, Tobacco chewing.

Introduction

Smoking is a severe risk to our health and can have many negative impacts on our overall fitness and well- being. The nicotine that causes the release of dopamine in the brain and ensures neurotransmission that gives the smoker a 'high'. Many smokers resort to getting their regular dose of nicotine with the help of many smoke cessation products such as nicotine gum and nicotine patches¹.

Chewing tobacco is an extensive spread practice. Both smoking and chewing of tobacco can cause significant havoc on the health front. Chewing tobacco causes a sudden rise in blood

pressure and heart rate. Smoking and chewing tobacco results in the same consumption of nicotine. You hold an averagely sized plug in your mouth for 30 minutes; it is the same as smoking down four cigarettes¹.

Currently, around 19 percent of adult around the world smoke tobacco. The percentage of adults worldwide who smoke tobacco has decreased in recent years and is expected to continue doing so. By 2030, it is estimated that 17 percent of the global population will smoke tobacco, compared to 21 percent in 2015².

First time the world Health Organization projects that the number of males using tobacco is on the decline, indicating a powerful shift in the global tobacco epidemic. The findings, published today in a new WHO report, demonstrate how government-led action can protect communities from tobacco, save lives and prevent people suffering tobacco related harm³.

“Declines in tobacco use amongst males mark a turning point in the fight against tobacco”, said Dr.Tedros Adhanom Ghebreyesus, WHO Director General. For many years now we had witnessed a steady rise in the number of males using deadly tobacco products. But now, for the first time, we are seeing a decline in male use, driven by governments being tougher on the tobacco industry. WHO will continue working closely with countries to maintain this downward trend”³

During nearly the past two decades, overall global tobacco use has fallen, from 1.397 billion in 2000 to 1.337 billion in 2018, or by approximately 60 million people, according to the WHO global report on trends in prevalence of tobacco use 2000- 2025 third edition. This has been largely driven by reductions in the number of females using these products (346 million in 2000 down to 244 million in 2018, or a fall over around 100 million). Over the same period, male tobacco use had risen by around 40 million, from 1.050 billion in 2000 to 1.093 billion in 2018 (or 82% of the world’s current 1.337 billion tobacco users)³.

But positively, the new report shows that the number of male tobacco users has stopped growing and is projected to decline by more than 1 million fewer male users come 2020 (or 1.091 billion) compared to 2018 levels, a 5 million less by 2025 (1.087 billion). By 2020, WHO projects there will be 10 million fewer tobacco users, male and female, compared to 2018, and another 27 million less by 2025, amounting to 1.299 billion. Some 60% of countries have been experiencing a decline in tobacco use since 2010³.

According to the National Family Health Survey (NFHS-4) 2015, Government of India, among the 13 States surveyed, tobacco use among men has fallen from 50 percent in 2005-06 to 47% in 2015. At 11 of the 13 states in the report has reported a decline in the numbers between 2005-06 and 2015-16⁴.

India faces a high burden of tobacco consumption. Different factors influence the prevalence of smoking and to smokeless tobacco use. In addition to socio-economic inequalities, regional inequalities must be monitored. The northern and north-eastern region need more focus on tobacco control programs since they show a trend of higher tobacco burden over time. Moreover, the population that is aware of the ill effects of tobacco on health mostly has a relatively lower contribution as compared to the unaware, to the declining tobacco consumption. Since 2016, the government has allowed warnings to cover 85% of the front and back of the package, and a combination of graphic and regional language text warnings are currently used in the country. Studies have documented that these written statutory warnings are predominantly in English and Hindi. Keeping in mind the linguistic diversity influenced by regional variations and socio-economic inequalities in tobacco use in India, all campaigns and warnings on product packages must be in the local language or dialect enabling the user to clearly comprehend the damaging effect of consuming tobacco⁵.

Smokeless tobacco use in work and public places must be prohibited akin to the smoking ban. To

achieve the India health target that aims to reduce tobacco use by 15% by 2020 and by 30% by 2025, culture and context specific strategies addressing the inequalities in tobacco use must be devised, accompanied by strict implementation of the tobacco control policies⁵.

22.8% of adults in Karnataka (about 1.2 crores), nearly one in three men and one in ten women, are currently using tobacco in some form. Karnataka is among 24 Indian states that show varying degree of decline in tobacco use⁶.

In the last seven years, the prevalence of tobacco use among adults reduced by 5.4% points. This means that Karnataka has about nine lakh fewer tobacco users compared to 2009-10. Karnataka registered a relative reduction of 19.1% in tobacco use prevalence between 2009-10 and 2016-17. This is impressive considering that the National Health Policy (2017) has set a target of the relative reduction in tobacco use prevalence of 15% by 2020, and of 30% by 2025⁶.

Both, smoking and smokeless tobacco use declined by 3.1% points in the state. While the reduction in tobacco use among youth (15-17 years) is moderate (3.1% points), the average age of initiation into tobacco use has increased from 17.7 to 19.8 years. There is substantial reduction in people's exposure to tobacco advertisements/ promotion while the tobacco control messages have reached more people. The proportion of people who thought about quitting tobacco because of the warning labels on tobacco packs increased significantly from 28.2% to 47.4%. This suggests that the decision of the Government of India to enlarge the pictorial health warnings from covering 40% of pack surface area to ones now covering 85% of pack surface seem to be effective in serving its purpose⁶.

Need for Study

Tobacco use has predominantly negative effects on human health. Tobacco is the leading cause of preventable mortality and morbidity. It can cause lung diseases by damaging the airway. It causes lung cancer, COPD, heart disease, stroke and other cancers⁷.

Human oral epithelium cells experience carcinogenic and genotoxic effects from the slaked lime present in the betel quid, with or without areca nut. People mostly use tobacco products due to lack of awareness and education⁸.

Oral cancer is the 6th most predominant type of cancer worldwide, affecting both genders equally, although it is particularly common in men in developing countries⁸. In India, tobacco consumption is responsible for half of all the cancers in men and a quarter of all cancers in women⁹. Our country sees one million deaths per year¹⁰.

According to the NRGATS conducted in India and Bangladesh, the current prevalence of smokeless tobacco use is 25.9 and 27.2% respectively⁸. The overall tobacco consumption among adults in Karnataka has declined by nearly 5.4% points in the last seven years, says the findings of the second round of the GATS 2016-2017. It has decreased from 28.2% in 2010 to 22.8% in 2017. Smoking has decreased from 11.9% in 2010 to 8.8% in 2017. Mean age of tobacco initiation has increased from 17.7 years to 19.8 years. Second hand exposure of smoke at public places has decreased from 37.2% in 2010 to 23.9% in 2017. Exposure from second hand smoke at home has decreased from 44.3% in 2010 to 23.2% in 2017. Exposure to second hand smoke at workplace has decreased from 42% in 2010 to 24.8% in 2017. A total of 1311 males and 1403 females were interviewed during September 2015 to October 2016 for the survey¹¹. Around 90 million Indians are left diseased and 270 million people are living in distress owing to the consumption of tobacco¹⁰.

These days the prevalent rate of tobacco smoking estimated around 1.3 billion smokers are expected to increase to 1.6 billion by 2025, and the number of annual deaths because of smoking related diseases is expected to reach 8.3 million. According to different studies, smoking kills more people than HIV/AIDS by 50% in 2015 and expected to be the main cause for 10% of all

deaths in the world¹².

The tobacco epidemic is one of the biggest public health threats the world has ever faced. World health organization it kills 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 is the result of nonsmokers being exposed to second- hand smoke. Around 80% of the 1.1 billion smokers worldwide live in low- and middle- income countries, where the burden of tobacco- related illness and deaths is heaviest. Tobacco use contributes to poverty by diverting household spending from basic needs such as food and shelter to tobacco. Only 1 in 3 countries, representing 38% of the world's population, monitor tobacco use by repeating nationally representative youth and adult surveys at least once every 5 years¹³.

Tobacco use is an epidemic in incapacitating the modern youth and an estimated total of 82000-99000 children all worldwide start smoking any given day. Chronic tobacco usage can be attributed to any abrupt and immature decision to experiment tobacco during the early adolescent period. An overwhelming majority of smokers start using tobacco before the age of 19. Even single experimentation has a 50% chance for developing into an addiction and stays proximate till late adult life. Tobacco has the strength to kill 250 million of children today in the current swing and a person every 6.5 sec globally¹⁴.

A cross sectional study conducted on 250 adult (> 18 yrs. of age) women attending primary care clinics in three slums of Karachi, Pakistan, to assess the knowledge and perceptions towards smoking and to identify the factors related with level of knowledge and perceptions among adult women in urban slums. A pre-tested and structured interviewer administered questionnaire was used for data collection. The result of the study revealed that about one third of the women knew that active smoking can cause lung disease, but only a small percentage (7%) knew that it could lead to heart disease. A small proportion of women were aware that smoking can lead to low birth weight (7%) congenital anomalies (5%) and less than 1% of women knew that it contributes to pregnancy loss, still birth and preterm delivery. The understanding of passive smoking affecting children's lung was low (20%) and a similar proportion voiced concern about the bad influenced of maternal smoking on children. Although most of the women disliked being around smokers, more than one third thought that smoking decreases boredom (39%), tension (38%) and also help to relax (40%). A large proportion (48%) of women had the misconception that smoking helps to reduce weight. The study concluded that women are aware of the general ill effects of smoking but fail to identify smoking to be associated with female maladies particularly those who were illiterate and had lower levels of education understanding and attitudes needs to be improved by increasing health awareness and education of women in these urban communities with special emphasis on the effects of smoking on women's health¹⁵.

A cross sectional descriptive study was conducted among 296 students Cairo University, Egypt, to assess the knowledge, attitude and practice of medical students regarding smoking and substance abuse. A self- administered questionnaire based on standardized questionnaires prepared. The result revealed the most of the participants had correct knowledge about health hazards of smoking, where 83.4-93.6% correctly selected the answers, but still stated that they are in need for courses about this issue. Positive attitudes were also expressed towards smoking legislation and tobacco control policies. Cigarette and shisha smoking, bango, and addictive medications abuse were low among the studied group (13.5, 15.2, 2, 3-6.4% respectively). The study concluded that the prevalence of smoking and substance abuse was relatively low among Cairo University medical students who had generally correct knowledge about the hazards of these practices and positive attitude towards their future role in helping their patients to quit¹⁶.

A self- administered questionnaire was conducted among 343 medical practitioners in

Karachi, Pakistan, to assess the knowledge, attitudes and practices of shisha smoking among different designation of medical practitioners. The result revealed that a total of 343 medical practitioners participated in the study including 38.2% interns, 43.1% postgraduate trainees, 12% medical officers and 6.7% consultants. Of the total study population 29.5% of the medical practitioners admitted using shisha at some point in their life. Significant result were obtained when knowledge of medical regarding shisha containing tobacco and its harmful effects on health were judged with p- values of 0.001 and <0.003 respectively. Knowledge regarding hazards of passive shisha exposure was found to be varying with 25.2% interns, 40.5% postgraduate, 34.1% medical-officers and 69.6% consultants being aware of association of neonatal deaths with passive shisha exposure (p-value<0.001) while 51.9% house physicians,

64.25 postgraduates, 53.7% medical officers and 87% consultants believed that shisha exposure during pregnancy can lead to Sudden Infant Death Syndrome(p valve 0.001) This study concluded that there is a lack of knowledge among medical practitioners, especially house physicians, regarding contents used in shisha and its hazards¹⁷.

Statement of the problem

A Study to assess the effectiveness of video assisted teaching programme on level of knowledge regardi hazards of smoking and tobacco chewing and its prevention against hazards among 2nd year BSC (N) students in selected colleges at Karad.

Objectives

1. To assess the knowledge of 2nd year BSC (N) students regarding hazards of smoking and tobacco chewing and its prevention and hazards before administering the video assisted teaching programme.
2. To assess the knowledge of 2nd year BSC (N) students regarding hazards of smoking and tobacco chewing and its prevention and hazards after administering the video assisted teaching programme.
3. To evaluate the effectiveness of video assisted teaching programme to 2nd year BSC (N) students regarding hazards of smoking and tobacco chewing and its prevention and hazards.
4. To find out association between the level of knowledge of students about hazards of smoking and tobacco chewing and its prevention and hazards with selected demographic variables.

Assumptions

- BSC Nursing students in selected college will have interest to participate in this study.
- Video assisting teaching programme will help to gain knowledge regarding hazards of smoking and tobacco chewing and its prevention among BSC (N) students.
- Questionnaire will help the researcher to assess knowledge regarding hazards of smoking and tobacco chewing and its prevention among BSC (N) students. BSC (N) students will cooperate and participating in the study.

Delimitations:

The study is delimited to the 2nd year BSC nursing student studying in selected nursing college, Karad, Maharashtra. Data collection is limited to eight weeks of time.

Material & Methods

This study was designed to assess the effectiveness of video assisted teaching programme on level of knowledge regarding hazards of smoking and tobacco chewing and its prevention against

hazards among BSC (N) students in selected colleges at Karad.

Research Approach

The research approach is the umbrella that covers the basic procedure for conducting research⁷⁰.

Variables

1) Independent variable:

Video assisted teaching program on hazards of smoking and tobacco chewing.

2) Dependent variable:

Knowledge regarding hazards of smoking and tobacco chewing and its prevention against hazards among 2nd year BSC (N) students

Attribute variables: In this study attribute variables are age, gender, religion, place of residence, types of family, family history of lung disease, sources of information about smoking and tobacco chewing, habits of smoking.

Setting of the study

The setting is the location, where the study is conducted. This study was conducted Shekhar College of Nursing, Bangalore which is 2nd year BSC (N) students.

Population

Polit, Hungler defined as the entire set of individual or object having some common characteristics some time referred to as universe⁷⁴. The population consisted of 60 students, 2nd year BSC (N) attending the class of Shekhar College of Nursing, Bangalore.

Sample

Sample is the subset of the units which compromise the population⁷⁵. 2nd year BSC (N) 60 students who were available the period of data collections were taken as sample. The data was collected from 60, 2nd year BSC (N) students who were attending the class during the data collection period. The 2nd year BSC (N) students willingly participated in the study.

Sampling technique

Random sampling technique was adopted to select the sample for the study.

Inclusion criteria

This study includes “2nd year BSC (N) students” who are:

- ❖ Studying 2nd year BSC (N) students in selected colleges in Karad Maharashtra.
- ❖ Willing to participate in this study.
- ❖ Able to communicate Marathi and English.

Available at the time of data collection

Description of the final tool

The tool for data collection structured questionnaire having 38 items. The questionnaire consisted of two sections.

Section A (demographic variables)

Section B (knowledge questionnaire)

Section A (demographic variables)

Demographic variables with 8 items on age, gender, religion, place of residence, types of family, family history of lung disease, source of information about smoking and tobacco chewing, habits of smoking.

Section B (knowledge questionnaire)

Knowledge questionnaire consist of 38 objective type questions covering the following area:-

1. Definition of smoking
2. Causes of smoking
3. Signs and symptoms of smoking
4. Hazards of smoking
5. Methods to refrain from smoking
6. Prevention of smoking
7. Definition of tobacco chewing
8. Causes of tobacco chewing
9. Signs and symptoms of tobacco chewing
10. Hazards of tobacco chewing
11. Prevention of tobacco chewing

The items were multiple-choice types with one correct answer and each carrying one score with a total aggregate of 38 scores. The respondents were instructed to place a tick mark against the most suitable single answer

Development of video assisted teaching programme

The following steps were adopted for the development of video teaching programme

1. Development of criteria checklist.
2. Preparation of the first draft of video teaching programme.
3. Content validation of video teaching programme.
4. Pretesting of the video teaching programme.
5. Preparation of final draft of the video teaching programme.

1. Development of criteria checklist

Criteria checklist was prepared as a first step towards the development of video teaching programme after reviewing the literature and consulting the experts. The areas included the criteria checklist were the following.

- Selection of content
- Organization of content
- Language
- Feasibility
- Visual aids

The criteria checklist included and very relevant, relevant, needs modification, not relevant and remarks for which experts were asked to give their ratings.

2. Preparation of the first draft of video teaching programme

The first draft of video teaching programme was prepared on the basis of criteria checklist, extensive review literature and opinion of the experts. It was prepared under the following heading.

- Definition of smoking
- Causes of smoking
- Signs and symptoms of smoking
- Hazards of smoking
- Methods to refrain from smoking
- Prevention of smoking
- Definition of tobacco chewing
- Causes of tobacco chewing
- Signs and symptoms of tobacco chewing
- Hazards of tobacco chewing
- Preventions of smoking

3. Content validation of video assisted teaching

The factors such as convenience, independent and the level of understanding of 2nd year BSC nursing students were considered while preparing the video teaching programme. The video teaching programme was established in consultation with the guide and experts from the field of Medical and Surgical Nursing.

The validation was based on the criteria checklist. There was 100% agreement on the content of video teaching programme, general objectives and organization of content. The suggestions

received through validation were accepted and final draft was prepared.

4. Pre testing of the video teaching programme

The video teaching programme was given to 2nd year BSC nursing students and found that there was no difficulty in understanding the content of video teaching programme.

5. Final draft of this video teaching programme

The final draft of the video teaching programme included the following areas:-

- Introduction
- Definition of smoking
- Causes of smoking
- Signs and symptoms of smoking
- Hazards of smoking
- Methods to refrain from smoking
- Prevention of smoking
- Definition of tobacco chewing
- Causes of tobacco chewing
- Signs and symptoms of tobacco chewing
- Hazards of tobacco chewing
- Preventions of tobacco chewing
- The content was divided into units. Each unit has separated content outline.

Data collection procedure

He written permission was obtained from the college authorities, of Krishna Institute of Nursing Sciences, Karad, prior to the data collection. The data collection was done from 03/02/21 to 29/03/21 as per the convenience of the respondents. The purpose of the subject was explained to them and informed consent was obtained from the respondents. A pretest with the knowledge questionnaire was given on the first day; following with administering of video to the respondent with instruction to watch the video thoroughly and come prepared for posttest on the seventh day. Posttest was administered by using the same questionnaire. The data collection process was terminated by thanking the respondent for their patience and cooperation.

Plan for data analysis:-

1. Organizing the master sheet.
2. Frequency and percentage distribution to explain demographical variables.

3. Mean, mean percentage and standard deviation of knowledge scores would be used to determine the effectiveness of
4. The statistical significance of the effectiveness of teaching programme would be analyzed by using paired 't' test.
5. Chi-square test to determine the association between the selected demographic variables and the knowledge level of 2nd year BSC (N) students.

Sample Size Estimation

In the present study the sample size was calculated by using IMBSPSS software. The level of confidence was kept at 95% and the power of test was considered 80%.

Sample and sample size:

A sample consists of subjects of units that comprise the population for the present study. In this study sample size is (n = 60) 2nd year BSC (N) students were been selected from Krishna Institute of Nursing sciences, Karad.

Results

This chapter deals with the results of data collected from a sample of 60 2nd year BSc nursing students regarding hazards of smoking and tobacco chewing and its prevention and hazards.

Section A: Description of demographic profile of the sample

Sec –A: Description of socio demographic variables of 2nd year B.Sc. nursing students.

Table–1: Frequency and percentage distribution of 2nd year B.Sc. nursing students according to demographic variables

SL. No.	Demographic Variables	No	%
1	Age in years		
	a) 18—19	20	33.33
	b) 20—21	24	40.0
	c) 22—23	12	20.0
	d) 23 Years and above	4	6.67
2	Sex		
	a) Female	49	81.67
	b) Male	11	18.33
3	Type of family		
	a) Nuclear	34	56.67
	b) Joint family	21	35.00
	c) Extended family	5	8.33

4	Place of residence		
	a) Urban	12	20.0
	b) Rural	48	80.0
5	Religion		
	a) Christian	19	31.67
	c) Muslims	7	11.67
	d) Others	2	3.33
6	Source of information about smoking and tobacco chewing		
	a) Peer group	23	38.33
	b) Mass media	12	20.00
	c) Family/ relatives	16	26.67
	d) Books / journals	9	15.0
7	Any of your known people is having problem with lung disease?		
	a) Family member	4	6.67
	b) Neighbors/ Friends	2	3.33
	c) None	54	90.0
8	Habits of smoking		
	a) No smoking	38	63.33
	b) Occationally smoking	18	30.0
	c) Chain smoking	4	6.67

In the above table 1 shows that majority of 2nd year BSc nursing students 40% belong to age group of 20-21 years age group. Then 33.3% 2nd year BSc nursing students belong to 18-19 years age group. Whereas 20.00% belongs to 22-23 years age group only 6.67% 2nd year BSc nursing students belong to age group of 23 years and above.

The above table 1 depicts that most of 82% respondent of 2nd year BSc nursing students were female and the remaining 18% respondents of 2nd year BSc nursing students were male

The above diagram shows that 56.67% of 2nd year BSc nursing students were belongs to Nuclear family, 35% from Joint family and 8.33% of 2nd year BSc nursing students were belongs to Extended family

The above table 1 depicts that most of 80% respondent of 2nd year BSc nursing students were from Rural area and the remaining 20 % respondents of 2nd year BSc nursing students were from Urban area.

The above table 1 depicts majority of 2nd year BSc nursing students are in belief of Hindus, 53.33%. Then, 31.67% are Christians. Where 11.67% are Muslims. Only 3.33% 2nd year BSc nursing students are from other religion

The above table 1 depicts that, majority of 2nd year BSc nursing students i.e., 38.33% are getting information from Peer groups And 26.67% are getting from family and relatives. Whereas 20% 2nd year BSc nursing students are getting information from mass media Only 15% 2nd year BSc nursing students are getting information from books/ journals

The above diagram shows, majority of 2nd year BSc nursing students i.e. 90% of known people didn't have problem of lung disease. And 6.37 and 3.33 known people have lung disease are friends and neighbours respectively

The above table 1 shows, majority of 2nd year BSc nursing students i.e. 63.33% are not using smoking. 2nd year BSc nursing students 30% are occasionally smoking. Only 6.67% of 2nd year BSc nursing students are using chain smoking

SECTION B:

Objective 1

To assess the knowledge of 2nd year BSc nursing students regarding hazards of smoking and tobacco chewing and its prevention before administering the video assisted teaching Programme

n=60

Level of knowledge	Score	Level of Respondents	
		No	%
Inadequate	< 50%	31	51.67
Moderate	50--75%	29	48.33
Adequate	> 75%	0	0.00
Total		60	100

The above table-2 shows the pre-test level of knowledge of 2nd year BSc nursing students regarding hazards of smoking and tobacco chewing and its prevention. In the table it is noticeable that majority of 2nd year BSc nursing students 31(51.67%) had inadequate level of knowledge about hazards of smoking and tobacco chewing and its prevention, whereas 29(48.33%) of 2nd year BSc nursing students had moderate level of knowledge and none of 2nd year BSc nursing students had adequate knowledge regarding hazards of smoking and tobacco chewing and its prevention before

administration of video teaching programme

Table -2

Classification of 2nd year bsc nursing students on pre- test knowledge level regarding hazards of smoking and tobacco chewing and its prevention

Table – 3

Aspect wise pre-test mean knowledge scores of 2nd year B.Sc. nursing students regarding hazards of smoking and tobacco chewing and its prevention **n=60**

Aspects Wise Knowledge	Max Statement	Max Score	Range	Mean	SD	Mean%
Anatomy and physiology of Lungs	14	14	3--9	6.37	2.34	45.50
Hazards of smoking and tobacco chewing	7	7	2--6	3.45	2.6	49.29
Prevention	9	9	2--6	4.69	3.2	52.11
Overall	30	30	7--18	14.51	3.8	48.37

The above table and figure-12, describes the mean and standard deviation of knowledge score obtained by 2nd year BSc nursing students regarding hazards of smoking and tobacco chewing and its prevention before administration of video teaching Programme. It is noticeable in the table that the 2nd year BSc nursing students had obtained significantly low score in each aspect of hazards of smoking and tobacco chewing and its prevention before administration of video teaching Programme with overall mean 14.51(48.37%) and standard deviation 3.8

Objective 2

To assess the knowledge of 2nd year B.Sc. nursing students regarding hazards of smoking and tobacco chewing and its prevention and hazards after administering the video assisted teaching programme.

CLASSIFICATION OF 2ND YEAR BSC NURSING STUDENTS ON POST – TEST KNOWLEDGE LEVEL REGARDING HAZARDS OF SMOKING AND TOBACCO CHEWING AND ITS PREVENTION

n=60

Level of knowledge	Score	Level of Respondents	
		No	%
Inadequate	< 50%	0	0
Moderate	50--75%	11	18.33
Adequate	> 75%	49	81.67
Total		60	100

The above table-4 and figure-13 Shows, the post-test level of knowledge of 2nd year BSc nursing students on hazards of smoking and tobacco chewing and its prevention, in which majority of 2nd year BSc nursing students 49(81.67%) had adequate level of knowledge about hazards of smoking and tobacco chewing and its prevention whereas 11(18.33%) of 2nd year BSc nursing students had moderate level of knowledge and none of 2nd year BSc nursing students had inadequate knowledge regarding hazards of smoking and tobacco chewing and its prevention after administration of video teaching Programme

Table – 5

Aspect wise post-test mean knowledge scores of 2nd year bsc nursing students regarding hazards of smoking and tobacco chewing and its prevention

n=60

Aspects wise knowledge	Max Statement	Max Score	Range	Mean	SD	Mean%
Anatomy and physiology of Lungs	14	14	7--12	10.3	2.2	73.57
Hazards of smoking and tobacco chewing	7	7	4—7	5.89	1.8	84.14
Prevention	9	9	5—8	6.8	2.92	75.56

Overall	30	30	15--27	22.99	3.2	76.63
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The above table-5 and figure-14 Shows that, the mean and standard deviation of knowledge score obtained by 2nd year BSc nursing students regarding hazards of smoking and tobacco chewing and its prevention after administration of video teaching programme. It is noticeable in the table that the 2nd year BSc nursing students have obtained significantly high score in each aspect of hazards of smoking and tobacco chewing and its prevention after administration of video teaching programme with overall mean 22.99 (76.63%) and standard deviation 3.2.

Objective 3:

To evaluate the effectiveness of video teaching programme to 2nd year bsc nursing students regarding the knowledge about hazards of smoking and tobacco chewing and its prevention

Table-5:

**Comparison of knowledge of 2nd year B.Sc. nursing students regarding hazards of smoking and tobacco chewing and its prevention by comparing pre-test with post-test
n=60**

Level of knowledge	Score	Pre test		Post test	
		No	%	No	%
Inadequate	< 50%	31	51.67	0	0
Moderate	50--75%	29	48.33	11	18.33
Adequate	> 75%	0	0.00	49	81.67
Total		60	100	60	100

The above table shows the comparison of pre test and post-test knowledge of 2nd year BSc nursing students on hazards of smoking and tobacco chewing and its prevention. The pre-test table depicts majority of 2nd year BSc nursing students 31(51.67%) had inadequate level of knowledge about hazards of smoking and tobacco chewing and its prevention Only 39(48.33%) of 2nd year BSc nursing students had moderate level of knowledge and none of 2nd year BSc nursing students had adequate knowledge regarding hazards of smoking and tobacco chewing and its prevention before administration of video teaching programme.

The post-test table depicts that, majority of 2nd year BSc nursing students 49(81.67%) had adequate level of knowledge about hazards of smoking and tobacco chewing and its prevention whereas 11(18.33%) of 2nd year BSc nursing students had moderate level of knowledge and none of 2nd year BSc nursing students had inadequate knowledge regarding hazards of smoking and tobacco chewing and its prevention after administration of video teaching Programme. Hence the data reveals the effectiveness of video teaching Programme

Table 6: Determining the knowledge of 2nd year bsc nursing students regarding hazards of smoking and tobacco chewing and its prevention

n=60

Domain	Mean	SD	Mean%	Paired 't' test
Anatomy and physiology of Lungs	3.93	2.3	28.07	13.2**
Hazards of smoking and tobacco chewing	2.44	1.9	34.86	9.9**
Prevention	2.11	1.43	23.44	11.4**
Overall	8.48	3.3	28.27	19.9**

**Significant at $p < 0.01$ level, df 59, (t-2.66)

The above table depicts the mean and standard deviation of knowledge score obtained by 2nd year BSc nursing students in each aspect of hazards of smoking and tobacco chewing and its prevention after the administration of the video teaching Programme. The table shows that 2nd year BSc nursing students had scored more in hazards of smoking and tobacco chewing and its prevention, Causes and Treatment aspects of hazards of smoking and tobacco chewing and its prevention after the administration of video teaching programme and are significant at $p < 0.001$ level, df 59, (t-2.66) by paired 't' test

Objective-4:

To examine association between the level of knowledge and selected socio demographic variables of 2nd year BSc nursing students towards hazards of smoking and tobacco chewing and its prevention and hazards

TABLE – 8: Association between demographic variables and pre-test knowledge level of 2nd year BSc nursing students on hazards of smoking and tobacco chewing and its prevention and hazards
n=60

Si. No	Demographic Variables	No	%	Level of knowledge				Chi square test
				≤ Median (32)		< Median (28)		
				No	%	No	%	
1	Age in years							
	a) 18—19	20	33.33	15	75	5	25	9.11
	b) 20—21	24	40.0	12	50	12	50	df 3
	c) 22—23	12	20.0	5	41.7	7	58.3	S
	d) 23 Years and above	4	6.67	0	0.0	4	100.0	
2	Sex							
	a) Female	49	81.67	28	57.1	21	42.9	1.56
	b) Male	11	18.33	4	36.4	7	63.6	df 1 N.S
3	Type of family							
	a) nuclear	34	56.67	19	55.9	15	44.1	0.45
	b) joint family	21	35.00	10	47.6	11	52.4	df 2
	c) extended family	5	8.33	3	60.0	2	40.0	N.S
4	Place of residence							
	a) urban	12	20.0	8	66.7	4	33.3	1.07
	b) rural	48	80.0	24	50.0	24	50.0	df 1 N.S
5	Religion							
	a) christian	19	31.67	8	42.1	11	57.9	3.49
	b) hindu	32	53.33	19	59.4	13	40.6	df 3
	c) muslims	7	11.67	3	42.9	4	57.1	N.S
	d) others	2	3.33	2	100.0	0	0.0	
6	Source of information about smoking and tobacco chewing							
	a) peer group	23	38.33	16	69.6	7	30.4	4.53
	b) mass media	12	20.00	6	50.0	6	50.0	df 3

	c) family/ relatives	16	26.67	7	43.8	9	56.3	N.S
	d) books / journals	9	15.0	3	33.3	6	66.7	
7	Any of your known people is having problem with lung disease?							
	a) Family member	4	6.67	2	50.0	2	50.0	1.82
	b) Neighbors/ Friends	2	3.33	2	100.0	0	0.0	df 2
	c) None	54	90.0	28	51.9	26	48.1	N.S
8	Habits of smoking							
	a) no smoking	38	63.33	25	65.8	13	34.2	7.11
	b) occasionally smoking	18	30.0	5	27.8	13	72.2	df 2
	c) chain smoking	4	6.67	2	50.0	2	50.0	S
N.S- Not significant S- Significant at P<0.05level								

Table-7 shows the association of knowledge level of 2nd year BSc nursing students regarding hazards of smoking and tobacco chewing and its prevention before administering the video teaching programme with their selected demographical variables, using Chi – square test. The analysis revealed that there is significant association was found with -age, Habits of smoking at $p < 0.05$ and no association could be found with other demographic variables of 2nd year BSc nursing students

Discussion

A random sampling technique was used to collect data from the study participants. 60 BSC (N) students were taken pretest and posttest was conducted. The data were collected for a period of eight weeks 3/2/2021 to 29/3/21 at Krishna Institute of Nursing Sciences, Karad. The discussion was based on socio demographic data and the objectives..

The findings of the study have been discussed:

- The majority of 2nd year BSC (N) Students 40% belongs to 20-21years age group, 33.3% students belong to 18-19 years age group, 20.00% belongs to 22-23 years age group, and 6.67% belongs to 23 years and above.
- 82% respondents of 2nd year BSC (N) students were female and 18% respondents were male.
- Family wise findings reveal that 56.67% of 2nd year BSC (N) students belongs to nuclear family, 35% belongs to joint family and 8. 33% were belongs to extended family.
- 80% respondents were from rural area and 20% respondents were from urban area.
- Most of the students are in belief of Hindus (53.33%), 31.67% are Christians, 11.6% are Muslims. Only 3.33% are from other religion.

- Majority of students that is 38.33% are getting information from peer groups, 26.67% are getting from family and relatives, 20% from mass media and only 15% from books /journals.
- The findings revealed that 90% of students did not have problem of lung disease, 6.37 and 3.33 students have lung disease are friends and neighbours respectively.
- The finding based on habits of smoking revealed 63.33% are not using smoking, 30% students are occasionally smoking and only 6.67% students are using chain smoking.
- The findings of the study based on first objective revealed that during pretest 31 (51.67%) 2nd year BSC (N) students had inadequate level of knowledge about hazards of smoking and tobacco chewing and its prevention, whereas 29 (48.33%) of students had moderate level of knowledge and none of the students had adequate knowledge regarding hazards of smoking and tobacco chewing and its prevention.
- Also, the findings noticed that the students had obtained significantly low score in each aspect with overall mean 14.51 (48.37%) and standard deviation 3.8.
- As per the second objective the results revealed that majority of 2nd year BSC (N) students 49 (81.67%) had adequate level of knowledge about hazards of smoking and tobacco chewing and its prevention whereas 11 (18.33%) students had moderate level.
- It is noticed that the students obtained significantly high score in each aspect of hazards of smoking and tobacco chewing and its prevention after administration of video assisted teaching programme with overall mean 22.99 (76.63%) and standard deviation 3.2.
- The findings of third objective shows that 31 (51.67%) had inadequate level of knowledge about hazards of smoking and tobacco chewing and its prevention, 39 (48.33%) of students had moderate level of knowledge and none of 2nd year BSC (N) students had adequate knowledge regarding hazards of smoking and tobacco chewing and its prevention in the pretest.
- The posttest based on third objective shows that 49 (81.67%) had adequate level of knowledge about hazards of smoking and tobacco chewing and its prevention whereas 11 (18.33%) of students had moderate level of knowledge after administration of video teaching programme. Hence the results revealed the effectiveness of video teaching programme.
- Also, the findings shows that the score is more in students in hazards of smoking and tobacco chewing and its prevention, causes and treatment aspect of hazards of smoking and tobacco chewing and its prevention after the administration of video teaching programme and are significant at $p < 0.001$ level, $df 59$, $(t- 2.66)$ by paired 't' test.
- Based on the objective four the analysis revealed that there is significant association was found with age, habits of smoking at $p < 0.05$ and no association could be found with other demographic variables of 2nd year BSC (N) students. Chi- square was used to find out the association.

Conclusion

Gradually the people views can change from wrong, unhealthy perception and practiced to health practices through education. The goal of nursing practice is to increase the knowledge of the people and to promote healthy hood by providing good education and services.

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