

# A Study to Assess the Effectiveness of Structured Teaching Programme on Knowledge Regarding Tobacco Consumption Hazards Among Middle Aged Population

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## Abstract

It is easier to try to prevent a person from ever using tobacco than to get them to quit once they have begun. In addition to the traditional burden of communicable diseases developing countries today are faced with a huge increase in non-communicable diseases, mental illness and violence and injuries. The research approach used for this study was evaluative approach and pre-experimental (one group pre and post-test) design. The independent variable was STP and the dependent variable was knowledge of middle-aged population regarding tobacco consumption hazards. The setting of the study was in rural areas at Hisar and convenient sampling technique was used to select the sample. The sample size was 60 middle aged population. The tool used for this study consisted of two parts. Part – A (demographic data). Part – B, structure interview schedule consists of questions in various aspects such as general information of tobacco, its types, its hazards and its prevention (30 questions). The data was analyzed and interpreted in terms of objectives formulated descriptive and inferential statistics were used for the data analysis. Effectiveness of STP on knowledge regarding tobacco consumption hazards among middle aged population was pretest 38.67% and posttest is 74.67%. The difference was 35.94%. The findings of the study reveal that STP was increased the knowledge of middle-aged population regarding tobacco consumption hazards. This result indicate that age, education and type of occupation influence the knowledge level of middle-aged population for knowledge regarding tobacco consumption hazards. Chi-square test used to associate the level of knowledge and selected demographic variables. The Chi-square value shows that there is significance association between the score level and demographic variables of study revealed that Mean±S.D of pretest knowledge 11.6±2.787 and posttest knowledge 22.38±2.694 respectively.

**Keywords:** Tobacco; Tobacco consumption hazards; Middle aged population.

## Introduction

Tobacco is a major contributor to these diseases which now account for more than half the disease burden in those countries. Tobacco is cultivated in many regions around the world and can be legally purchased in all countries [1].

In India, tobacco was introduced by Portuguese during 17th century through Goa and gradually it has created his own grave among Indian population. It has made a great impact on people of various states; Haryana is one such state in which people are still under this dreadful habit of tobacco consumption despite of all the preventive control measures [2].

Tobacco is consumed in two forms that is smokeless tobacco and in smoked form. Smokeless tobacco consumed orally not smoked. The main types of smokeless tobacco in western countries are chewing tobacco and snuff in Sweden. In developing countries, the tobacco is mostly chewed with other ingredients. Chewing is practiced in different ways; the main ingredients are usually are cantus, betel leaf, lime, tobacco and other type of panmasala, beeda and snuff [3].

An Indian Council of Medical Research (ICMR) report says that use of tobacco accounts for about 30% of all cancers in men and women in India. Cancer of mouth is most common among men followed by lung cancer. Tobacco related cancer accounts for 42% of the male deaths and 18.3% of female cancer deaths [4].

Government of India has taken various initiatives for tobacco control in the country. Besides enacting comprehensive tobacco control legislation (COTPA, 2003), India was among the first few countries to ratify WHO the Framework Convention on Tobacco Control (WHO FCTC) in 2004. The National Tobacco Control Programme was piloted during the 11 th Five Year Plan which is under implementation in 42 districts of 21 states in the country. The advocacy for 4 tobacco control by the civil society and community led initiatives has acted in synergy with tobacco control policies of the Government. Strategies that comprise successful comprehensive tobacco control programs include mass media campaigns, higher tobacco prices, smoke-free laws and policies, evidence-based school programs, and sustained community-wide efforts. Although different levels of success

have been achieved by the states, non-prioritization of tobacco control at the sub national level still exists and effective implementation of tobacco control policies remains largely a challenge [5].

The objectives of the WHO frame work convention on tobacco control is to protect present and future generation by providing and frame work for tobacco control measures to be implemented by the parties at international, regional and national level. This will make for a sustain reduction in the level of tobacco use [6].

## Objectives

- To assess the pre-test knowledge score regarding tobacco consumption hazards among middle aged population.
- To give the structured teaching program to the population regarding tobacco consumption hazards.
- To evaluate the effectiveness of structured teaching program on knowledge regarding tobacco consumption hazards among middle aged population.
- To find out association between knowledge regarding tobacco consumption hazards with their selected socio demographic variables.

## Hypothesis

H1: There will be a significant difference between the pre-test knowledge scores and post-test ,knowledge scores regarding tobacco consumption hazards among middle aged population.

H2: There will be significant association between pre-test knowledge scores regarding tobacco consumption hazards and the selected demographic variables.

## Materials and Methods

A study to assess the effectiveness of structured teaching programme on knowledge regarding tobacco consumption hazards among middle aged population in a selected rural areas at Hisar. The Conceptual framework selected for this study was based on CIPP (Context, Input, Process and Product) developed by Daniel Stuffle Beam (1983). The research approach used in this study is Evaluatory research approach. The tool was tried on 6 peoples in Agroha (Hisar). The reliability of the tool was established by using Test and Re-test method for knowledge.

A pilot study was conducted from 13-03-2019 to 18-03-2019 before actual data collection to assess the availability of sample and feasibility of the study of tobacco consumption hazards among middle aged population in Agroha, Hisar. Prior permission was obtained from the ethical committee of institution through Principal, MACON Agroha. Ethical approval was obtained from Sarpanch of village Meerpur, Hisar. Written informed consent from adults of Meerpur was obtained for the willingness to participate themselves and their infants in the study. Study was conducted in the month of March 2019. The data analysis through descriptive and inferential statistics data to determine the knowledge regarding tobacco consumption hazards among middle aged population.

## Results

### Section A: Description of Demographic Variables

Percentage distribution of sample according to socio - demographic variables. According to age, majority of population were in the age 45-50 years (28.3%) followed by the age 61-65 years (26.7%), 51-55 years (25%) and least in age 55-60 years (20%). According to gender, 56.7% were males and, 43.3% were females. According to education of population, 50% were illiterate, 26.7% were primary educated and 20% were gained secondary education and 3.3 % were graduate/postgraduate. According to occupation of population 56.7% were other (retired), 36.7% were farmer 5% were govt. employees and 1.7% were private employed. According to religion, 100% were Hindu. Distribution according to socio-economic status 65% were from medium class, 30% were from lower class and 5% were from upper class. According to source of information, middle aged population got 56.7% from mass media, 40% from health personnel whereas 3.3% from friends. (Table: 1)

**Table 1:** Frequency and Percentage Distribution of Sample Characteristics N=60.

Sr. No.	Demographic Variables		Percentage (%)	Frequency (F)
1.	Age	45-50 years	28.3%	17
		51-55 years	25.0%	15
		56-60 years	20.0%	12
		61-65 years	26.7%	16
2.	Gender	Male	56.7%	34
		Female	43.3%	26
3.	Educational Status	Illiterate	50.0%	30
		Primary education	26.7%	16
		Secondary education	20.0%	12
		Graduate/ Post Graduate	3.3%	2
4.	Occupation	Farmer	36.7%	22
		Private employee	1.7%	1
		Govt. employee	5.0%	3
		Other	56.7%	34
5.	Religion	Hindu	100.0%	60
		Muslim	0.0%	0
		Sikh	0.0%	0
		Christian	0.0%	0
6.	Socio economic status of the family	Lower class	30.0%	18
		Middle class	65.0%	39
		Upper class	5.0%	3

7.	Source of Information	Family members	0.0%	0
		Friends	3.3%	2
		Health Personnel	40.0%	24
		Mass media	56.7%	34

### Section B: Analysis of Level of Knowledge of Middle Aged Population Regarding Tobacco Consumption Hazards.

**Table 1.1:** Criteria measures of pre-test knowledge score.

CRITERIA MEASURE OF PRETEST KNOWLEDGE SCORE	
Score Level (N= 60)	PRE TEST (F %)
Poor Knowledge.(0-15)	54(90%)
Average Knowledge.(16-22)	6(10%)
Good knowledge.(23-30)	0(0%)
Maximum Score=30 Minimum Score=0	

90% of population was having poor knowledge, 10% of population was having average knowledge and 0% of population was having good knowledge.

**Section C:** Part (a) Evaluate the Effectiveness of structure teaching programme on knowledge regarding tobacco consumption hazards among middle aged population.

**Table 1.2:** Knowledge score of pre-test and post-test.

Descriptive Statistics	Mean	SD.	Median Score	Maximum	Minimum	Range	Mean %
Pre-test	11.60	2.787	12	19	6	13	38.70 %
Post-test Knowledge	22.38	2.694	22	29	16	13	74.60 %

The data presented in table indicates that in posttest the maximum population mean percentage score obtained is 74.60%.

**Table 1.3:** Criteria measures of pre-test and post-test knowledge to see effectiveness of STP.

CRITERIA MEASURE OF KNOWLEDGE SCORE		
Score Level (N= 60)	PRE TEST (F %)	POST TEST (F %)
Poor Knowledge.(0-15)	54(90%)	0(0%)
Average Knowledge.(16-22)	6(10%)	31(51.7%)
Good knowledge.(23-30)	0(0%)	29(48.3%)
Maximum Score=30 Minimum Score=0		

In pre-test level of knowledge of population showed that 90% of population was having poor knowledge, 6% of population was having average level of knowledge and 0% of population was good level of knowledge.

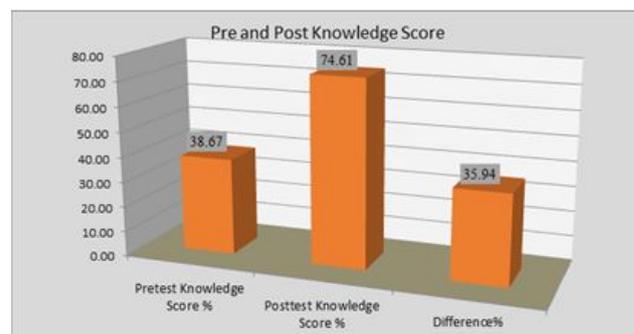
In post-test, Level of peoples in the post test showed that 48.3% of people were having good knowledge regarding tobacco consumption hazards and 51.7% of the people were having average knowledge and 0% people were having poor knowledge regarding tobacco consumption hazards.

### Section D: Descriptive statistics Comparison of pre-test and post test.

**Table 1.4:** Comparison of pre-test and post test.

N=60							
Paired T Test	Mean ±S.D.	Mean %	Range	Mean Diff.	Paired T Test	P value	Table Value at 0.05
PRE TEST KNOWLEDGE	11.6± 2.787	38.70	6-19	10.780	36.908 *Sig	<0.001	2.00
POST TEST KNOWLEDGE	22.38 ±2.694	74.60	16-29				
** Significance Level 0.05 Maximum=30 Minimum=0							

It is observed from the present study that the knowledge mean score 11.6 in pre-test and in post-test knowledge mean score 22.38. The calculated p value (0.001) is significant at 2.00 levels. Hence H1 hypothesis is accepted.



## Discussion

Discussion of the findings of present study in accordance with the objectives of the research problem. The findings of the study have been discussed with reference to the results obtained by the investigator. The knowledge of middle-aged population regarding tobacco consumption hazards was assessed in relation to age, gender, education, religion, occupation, socio economic status of the family and source of information.

In assessment, pre-test the lowest people's percentage score (0.0%) was in the prevention of tobacco consumption hazards. The maximum knowledge deficit existed in the (5%) regarding addictive ingredient in tobacco, (6.7%) regarding cause of tobacco consumption, (1.7%) What are the health hazards of tobacco consumption on pulmonary and (0.0%) regarding what are the normal reactions if you quit. (0.0%), regarding

consequence of tobacco consumption, (0.0%) Warnings written on tobacco products indicates, (11.7%), you can protect your children from second hand smoking, (23%). In post-test, test the lowest people's percentage score (85%) regarding the health hazards of tobacco consumption. It represents that maximum knowledge deficit existed in this area. (86%), regarding cause of tobacco consumption, (30%) regarding addictive ingredient in tobacco and (73%) how community can prevent tobacco control hazard. (90%), regarding which of the following are activities of TCL. It is observed from the present study that the knowledge mean score 11.6 in pre-test and in post-test knowledge mean score 22.38. The calculated p value (0.001) is significant at 2.00 levels. Hence H1 hypothesis is accepted.

## Conclusion

In the present study majority of the people had poor level of knowledge regarding tobacco consumption hazards in pretest. After implementing structured teaching program majority of the people had average level of knowledge. Maximum knowledge was regarding tobacco, its types, hazards, consequences and prevention of tobacco consumption. The Conceptual framework selected for this study was based on CIPP (Context, Input, Process and Product) developed by Daniel Stuffle Beam (1983). The research approach used for this study was evaluative approach and pre-experimental (one group pre and post-test) design. The independent variable was STP and the dependent variable was knowledge of middle-aged population regarding tobacco consumption hazards. The setting of the study was in rural areas at Hisar and convenient sampling technique was used to select the sample. The sample size was 60 middle aged population. In pre-test the lowest people's percentage score

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