



## **A Pre-experimental study to assess the effectiveness of Structured Teaching Program on knowledge regarding ill effects of cigarette smoking among students of Rayat Bahra University, Mohali**

<sup>1</sup>Noel, <sup>2</sup>Muskan, <sup>3</sup>Pratham, <sup>4</sup>Prerna, <sup>5</sup>Rafid Ashraf, <sup>6</sup>Navjot kaur, <sup>7</sup>Jasvinder Kaur, <sup>8</sup>Ambika F Christopher and <sup>9</sup>Dr. Deepika R Kumar

<sup>1</sup>B.Sc. Nursing 4<sup>th</sup> Year, Rayat Bahra College of Nursing, Mohali, Punjab, India

<sup>2</sup>B.Sc. Nursing 4<sup>th</sup> Year, Rayat Bahra College of Nursing, Mohali, Punjab, India

<sup>3</sup>B.Sc. Nursing 4<sup>th</sup> Year, Rayat Bahra College of Nursing, Mohali, Punjab, India

<sup>4</sup>B.Sc. Nursing 4<sup>th</sup> Year, Rayat Bahra College of Nursing, Mohali, Punjab, India

<sup>5</sup>B.Sc. Nursing 4<sup>th</sup> Year, Rayat Bahra College of Nursing, Mohali, Punjab, India

<sup>6</sup>Associate Professor, Rayat Bahra College of Nursing, Mohali, Punjab, India

<sup>7</sup>Associate Professor, Rayat Bahra College of Nursing, Mohali, Punjab, India

<sup>8</sup>Professor-cum-Vice Principal, Rayat Bahra College of Nursing, Mohali, Punjab, India

<sup>9</sup>Director Principal, Rayat Bahra College of Nursing, Mohali, Punjab, India

**Corresponding Author: Noel**

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### **Abstract**

**Background:** Tobacco smoking is a leading cause of preventable disease and death worldwide. Early tobacco use is linked to impaired lung function, increased risk of cancer, and long-term dependence. This study investigates the effectiveness of a structured teaching program in improving awareness of the harmful effects of cigarette smoking among students.

**Aim of study:** The aim of the study was to improve the knowledge regarding ill effects of cigarette smoking among students in selected school of Rayat Bahra University, District Mohali, Punjab.

**Design and Methods:** A Quantitative research approach and Pre-experimental research design with one group pre-test post-test was used to conduct the study. Total Sample 150 students were taken with purposive sampling technique. Self-structured Questionnaire was used for data collection. Structured teaching program through lecture-cum-discussion was given after pre-test. Analysis was done by using descriptive and inferential statistics to find the association of pre- test knowledge scores.

**Results:** The study findings revealed that in pre-test and post-test knowledge mean score and standard deviation was  $12.40 \pm 2.273$  and  $18.82 \pm 1.757$  respectively. Mean difference between pre test and post test knowledge score was 6.42. The paired t-test was used in the analysis and calculated values was 29.64, which is more than the table value which was 1.98 at 0.05 level of significance with degree of freedom 149. Hence, Structured teaching programme is found to be effective. Out of all only one socio demographic variable was associated with pre-test knowledge score which was Religion as chi square test was 15.093 which was more than the table value of degree of freedom at 0.05 level of significance 12.529. This study concluded that post-test knowledge scores were greater than pre-test knowledge scores regarding among students of Rayat Bahra University, Mohali. It reveals that planned teaching program was effective.

**Keywords:** Independent variable, structured teaching program dependent variables, knowledge

### **Introduction**

Tobacco smoking is the act of burning tobacco with the smoke breathed in to be tasted and ingested into the circulatory system. Around 23 percent of the world's population smokes cigarettes <sup>[1]</sup>.

Tobacco utilize is a major preventable cause of premature death and disease, currently right now driving to over eight million deaths each year worldwide including an estimated 1.3 million non smokers who are exposed to second hand smoke <sup>[2]</sup> commonly known as passive smokers. Tobacco is expected to kill over 175 million people worldwide between

2018-2030. Different substances are smoked, but the most common substance utilized for this practice is tobacco. Most commonly, the substance utilized is the dried leaves of the tobacco plant, which have been rolled with a small rectangle of paper into an elongated cylinder called a cigarette. Other forms of smoking incorporate the use of a smoking pipe or a bong. Smoking is one of the most common forms of drug use. Tobacco smoking is the most popular form, being practised by over one billion people globally, among whom the majority are in the developing countries. Smoking has been in used since as early as 5000 BCE <sup>[3]</sup>.

According to WHO report on worldwide tobacco epidemic 2008, nearly two third of the world's smokers lives in 10 nations. India is the second largest consumer contributing around 10% of total consumption after China consuming around 28%. The vast majority of these deaths are anticipated to occur in developing countries. About 8-9 lakh people die each year in India due to diseases related to tobacco use <sup>[4]</sup>. Majority of the cardiovascular diseases, cancers and persistent lung diseases are directly attributable to tobacco consumption. Nearly 40 percent of tuberculosis deaths in the nation are associated with smoking <sup>[5]</sup>.

Around the world, cigarette smoking is the dominant form of tobacco use. In the Indian setting, tobacco use implies a varied range of chewing and smoking forms of tobacco accessible at distinct cost, reflecting the varying socio-economic and demographic patterns of consumption <sup>[6]</sup>.

Tobacco is being consumed in a various variety of, both smoking and smokeless forms, for example, bidi, gutkha, khaini, paan masala, hookah, cigars, chillum, chutta, gul, mawa, misri, etc. <sup>[7]</sup>. Tobacco is also a portion of the socio-cultural milieu in different social orders, especially in the Eastern, Northern, and North-Eastern parts of the nation <sup>[8]</sup>.

Presently, tobacco smoking has been associated with the large number of adverse health events. German scientists identified a link between smoking and lung cancer in the late 1920s, leading to the first anti-smoking campaign in modern history. In 1950, British researchers demonstrated a clear relationship between smoking and cancer <sup>[9]</sup>.

Smoking tobacco is one of the most serious public health risks that leads to cancer along with other disease conditions <sup>[10]</sup>. Tobacco smoking is the practice of smoking tobacco and inhaling tobacco smoke (consisting of particle and gaseous phase). A broader definition would include simply taking tobacco smoke into the mouth, and then releasing it, as is done by some with tobacco pipes and cigar <sup>[11]</sup>.

The majority of smokers start smoking at an early age. Nearly 267 million adults (15 years and above) in India (29% of all adults) are users of tobacco, according to the Global Adult Tobacco Survey India, 2016-17 <sup>[11]</sup>.

On an average a daily cigarette smoker in India smokes 6.1 cigarette sticks per day, and a daily bidi smoker smokes 11.5 bidi sticks per day. One-fourth of daily cigarette smokers smoke more than 10 cigarettes per day, and more than half of the daily bidi smokers smoke more than 10 bidis per day <sup>[12]</sup>.

Cigarette smoking in childhood and adolescence leads to short and long-term health problems. Primarily lungs and respiratory system gets affected. Lung function and lung growth gets impaired. Young people who smokes, experiences shortness of breath, lower physical endurance and sometimes wheezing and may lead to cancers such as oropharyngeal, oesophageal and bladder. Smoking in adulthood is a known risk for heart disease and stroke. Early indications of these diseases, such as atherosclerosis, have been detected at young smokers. Lastly, smoking among young has been shown to increase the risk for marijuana use or other drugs as well as the risk to be engaged in fighting and other risky behaviours. The risks and negative effects of tobacco usage can never be overemphasized. Whether it is first-hand smoke or second-hand exposure, smoking can have several negative effects on your body. The risks of tobacco consumption in any form are known to deteriorate

the individual's overall health, affecting all the organs in the body, increasing the risk of other diseases, and reducing overall life expectancy <sup>[13]</sup>.

Current cigarette smoking was higher among men than women. About 13 of every 100 adult men (13.1%) About 10 of every 100 adult women (10.1%) Current cigarette smoking was highest among people aged 25-44 years and 45-64 years. Current cigarette smoking was lowest among people aged 18-24 years. About 5 of every 100 adults aged 18-24 years (5.3%) Nearly 13 of every 100 adults aged 25-44 years (12.6%) Nearly 15 of every 100 adults aged 45-64 years (14.9%) About 8 of every 100 adults aged 65 years and older (8.3%) <sup>[14]</sup>.

Current cigarette smoking was highest among people with a general education development (GED) certificate and lowest among those with a graduate degree. Nearly 31 of every 100 adults with a GED certificate (30.7%). About 20 of every 100 adults with some high school (no degree) (20.1%). About 17 of every 100 adults with a high school diploma (17.1%). About 16 of every 100 adults with some college (no degree) (16.1%). Nearly 14 of every 100 adults with an Associate degree (13.7%). About 5 of every 100 adults with an undergraduate degree (5.3%). About 3 of every 100 adults with a graduate degree (3.2%) <sup>[14]</sup>.

Cigarette smoking is the largest preventable risk factor for morbidity and mortality in developed countries. Tobacco use is the single greatest cause of preventable death globally. The World Health Organization estimates that each year tobacco causes about 8 million deaths (about 10% of all deaths) with 1.2 million occurring in non-smokers due to second hand smoke. Dramatic changes in the prevalence of cigarette smoking in the second half of this century in the United States (i.e., a reduction among men and an increase among women) have reduced current smoking levels to approximately one quarter of the adult population and have reduced differences in smoking prevalence and smoking - attributable diseases between the sexes. Current smoking in the United States is positively associated with younger age, lower income, reduced educational achievement, and disadvantaged neighbourhood environment. Smoking among teenagers is an issue that affects countries worldwide. Cigarette smoking is a leading contributor to death and illness among Americans <sup>[15]</sup>.

Tobacco use is a leading cause of preventable deaths worldwide, so in developing countries like India. Tobacco consumption in various forms has been an integral part of Indian culture since many decades. Since few years, the vices of tobacco consumption have come to forefront in various population across the world <sup>[15]</sup>.

The practice was to start as early as 5000 - 3000 BC. Tobacco was presented to Eurasia in the late 17th century where it taken after common exchange routes. The hone experienced a criticism from its first import into the Western world onwards, but embedded itself in certain strata in a number of societies before becoming widespread upon the introduction of automated cigarchie - rolling apparatus <sup>[16]</sup>.

Tobacco has been utilized by individuals for over a centuries, but cigarette smoking and large scale cigarette manufacturing showed up only in the 19th century. Cigarette smoking has since spread around the world and in 2000 around one in three grow-ups, or approximately 1.1 to 1.2 billion individual around the world, smoked. It is

evaluated that smoking is responsible for four million deaths in the world each year. (WHO 1999) <sup>[17]</sup>.

Tobacco is the product that is being prepared from the leaves of the tobacco plant. The plant is part of the genus Nicotinic and of the 'Solanaceae' (nightshade) family, Tobacco contain the alkaloid nicotine, which is a stimulant. Dried tobacco leaves are mainly used for the purpose of smoking in cigarettes, cigars, pipe tobacco and flavoured shisha tobacco. They can too consumed as snuff, chewing tobacco, dipping tobacco and suns <sup>[18]</sup>.

Tobacco cultivation in India was presented by Portuguese in 1605. At first tobacco was developed in Kaira and Mehsana areas of Gujarat and afterward spread to other areas of the country <sup>[19]</sup>.

Tobacco can be consumed in various forms, of all the prevalent smoking forms of tobacco, bidi is the most popular product in India, especially in rural areas. It is estimated that one-third of all tobacco produced in India is used for bidi making. Cigarette smoking is the second-most popular form of tobacco smoking in India, and is observed mainly in urban areas <sup>[20]</sup>.

Hookah, chuttas, dhumti, chillum, cigars, cheroots and pipes are some other forms of smoking tobacco in use in different parts of the country. Paan (betel quid) with tobacco is the most common form of chewable tobacco. Dry tobacco areca-nut preparations, such as paan masala, gutkha and mawa, are also popular. Along with smoking and chewing, other tobacco products such as mishri, gul, bajjar, gudakhu, etc., are widely used as applications to the teeth and gums. Many of these products are also popular among females <sup>[20]</sup>.

In general, males smoke as well as chew tobacco whereas females mainly use chewing forms of tobacco, except in a few areas where prevalence of smoking among females is higher. In coastal areas of Andhra Pradesh and Odisha, females smoke cheroot (called chutta) in a reverse manner (i.e. with glowing end inside the mouth) <sup>[20]</sup>.

In some parts of Northern India, females often smoke hookah, Smokeless tobacco products are either chewed, snuffed orally, nasally, rubbed on teeth and gums gargled or drunk. Usage varies in various geographic locality, ingredient availability, cultural/societal norms, and personal preferences <sup>[7]</sup>.

Mishri is applied to the gums using a finger, used as a dentifrice. It is used in Gujarat and adjoining areas in Maharashtra and is more common among women and low socioeconomic group <sup>[7]</sup>.

Gudakhu is rubbed over the teeth and gums with fingertip for 10 - 15 minutes. Some swallow the exact while others spit it out. It is commonly used in Bihar, Chhattisgarh, Orissa, West Bengal, Uttar Pradesh and Uttaranchal which is predominantly consumed by rural women <sup>[7]</sup>.

Tapkeer / tapkir / dry snuff / bajar is a dry powdered tobacco available as unscented plain, mentholised and scented varieties. Manufacturers claim to use perfumes extracted from natural herbs and flowers to make. Mostly consumed as oral or nasal. It is used in United States, Europe, India. In India - Gujarat, Maharashtra, Goa and Eastern part of India. More commonly it is used by adolescent boys of Wardha district in Maharashtra and among older women in rural areas in the Bhavnagar district of Gujarat <sup>[7]</sup>.

Lal dantamanjan / red tooth powder / red tooth paste is a

Fine red tobacco powder, herbs, and flavourings. Additionally, ginger, pepper and camphor may be used. It is used to clean the teeth. In India Bihar, Uttar Pradesh, Uttaranchal, Orissa, Mizoram, Nagaland, Arunachal Pradesh, Assam, Meghalaya, Tripura, Goa, Maharashtra, Manipur and Sikkim use this form by men and women of all age group <sup>[7]</sup>.

### Need of study

Over 90% of people that smoke begin before the age of 18 years, and each day more than 3000 children and adolescents become regular smokers.<sup>16</sup> Cigarette smoking during childhood and adolescence causes significant health problems among young people including an increase in number and severity of respiratory illnesses, decreased physical fitness and potential effects on lung growth and function.<sup>17</sup> Among adults who have ever smoked daily, 87% had their first cigarette by the time they were 18 years of age, and 95% by the age of 21 years. Every day, almost 2500 children under 18 years of age try their first cigarette, and become new regular daily smokers. Half of them will ultimately die from their habit <sup>[18]</sup>.

About 20 million children of age 10-14 years are estimated to be tobacco addicted according to a survey done by National Sample Survey Organisation of Indian government and 5500 new users are added every day and making 2 million new users every year <sup>[18]</sup>.

The major issue in developing nations is extensive use of smoking among adults.<sup>19</sup> The prevalence of smoking in Northern regions of India is 14% in which J&K has the highest prevalence. Also, J&K has the highest number of passive smokers in the region (58%). More than 2 in every 5 adult males and 1 in every 5 adult females are smokers <sup>[20]</sup>. Every year, more than 9 lakhs of its people are killed by cigarette-caused disease. Still, more than 6 lakhs children and 8 crore adults continue to use tobacco each day <sup>[19]</sup>.

Current cigarette smoking was higher among men than women. About 13 of every 100 adult men (13.1%)smokes. About 10 of every 100 adult women (10.1%) smokes. Current cigarette smoking was highest among people aged 25-44 years and 45-64 years <sup>[7]</sup>.

Incidence of cigarette smoking increasing day by day, so there is a prime need to study the level of awareness adolescents and adults have regarding the ill effects of smoking. This age group is now dealing with a number of issues, such as failure, anxiety, depression, adjustment issues, inefficient coping mechanisms, etc. <sup>[19]</sup>.

Cigarette smoking in adolescence and adulthood leads to short and long-term health problems. Primarily lungs and respiratory system gets affected. Lung function and lung growth gets impaired. Young people who smokes, experiences shortness of breath, lower physical endurance and sometimes wheezing and may lead to cancers such as oropharyngeal, oesophageal and bladder. Smoking in adulthood is a known risk for heart disease and stroke. Early indications of these diseases, such as atherosclerosis, have been detected at young smokers and hence reducing overall life expectancy <sup>[21]</sup>.

These types of data will help us to find out the current scenario regarding knowledge of students about this issue. Cigarette smoking harms the health, the treasury, and the spirit of India Therefore, it is significant to spread

knowledge about the negative effects of tobacco use, and spread awareness regarding its ill effects<sup>[19]</sup>.

Lastly, smoking among young has been shown to increased risks and negative effects of tobacco usage can never be overemphasized. Whether it is first-hand smoke or second-hand exposure, smoking can have several negative effects on your body. The risks of tobacco consumption in any form are known to deteriorate the individual's overall health, affecting all the organs in the body, increasing the risk of other diseases, and reducing overall life expectancy<sup>[21]</sup>.

### Problem Statement

A Pre-experimental study to assess the effectiveness of Structured Teaching Program on knowledge regarding ill effects of cigarette smoking among students of Rayat Bahra University, Mohali

### Aim of the study

To improve the knowledge of students regarding ill effects of cigarette smoking

### Objectives

1. To develop a tool to assess the knowledge regarding ill effects of cigarette smoking among students of Rayat Bahra University.
2. To develop and implement Structured Teaching Program.
3. To assess the post test level of knowledge score regarding cigarette smoking.
4. To assess the effectiveness of Structured Teaching Program by comparing pre-test and post-test knowledge score.
5. To find out the association of pre-test knowledge score regarding ill cigarette smoking with selected socio-demographic variables.
6. To disseminate the findings

### Operational definition

1. **Cigarette Smoking:** It refers to the habit of inhalation of smoke through cigarettes which is done actively at a regular/irregular interval.
2. **Knowledge:** It refers to the response of the adolescent students regarding cigarette smoking according to structured questionnaire.
3. **Structured teaching programme:** It refers to a systematically developed instructional program using instructional aids decide to provide information on cigarette smoking among students.
4. **Effectiveness:** It refers to the extent to which knowledge regarding ill effects of cigarette smoking among students will achieve the desired output.
5. **Ill Effects:** It refers to negative or harmful consequences, problems, or damage caused by cigarette smoking.

### Hypothesis

The hypothesis was tested at 0.05 level of significance.

**H<sub>1</sub>:** There was a significant difference between the pre-test and post-test level of knowledge score among students regarding ill effects of cigarette smoking.

**H<sub>2</sub>:** There was a significant difference between the pre test

and post test mean knowledge score.

**H<sub>3</sub>:** There was significant association between pre-test levels of knowledge score regarding ill effects of cigarette smoking among students with their selected demographic variables.

### Research approach

In view of the nature of the problem and to accomplish the objective of the study for the present study Quantitative Research Approach was adopted to assess the effectiveness of Planned Teaching Program on knowledge regarding ill effects of cigarette smoking among students of Rayat Bahra University, Mohali.

### Research Design

The research design refers to the overall plan for obtaining answers to the research questions and for testing the research hypothesis. The research design spells out the strategies conducting that the researcher adopts to develop information that is accurate, objective and inter-tribal.

The research design used for the present study was Pre-experimental one group pre-test and post-test design was adopted for this study.

### Research Setting

The study was conducted in the Rayat Bahra schools of law, Rayat Bahra School of mechanical engineering and Rayat Bahra schools of pharmacology. The written permission from the concerned authority of schools was taken before starting the final study.

### Target population:

For the present study population were students who were fulfilling the inclusion and exclusion criteria from selected departments of Rayat Bahra University, Mohali.

### Sample size

The total sample size of the study was 150 Students.

### Sampling technique

The research group adopted purposive sampling technique to select the sample for this study for the assessment of knowledge regarding ill effects of cigarette smoking.

### Sampling criteria:

#### Inclusion criteria

The study includes:

Students who were willing to participate in the study  
Students who were available during the period of data collection

#### Exclusion criteria

The study excludes:

Students who were not available during the period of data collection.

Students who had already participated exclusively in cigarette smoking programme such as conference and workshop.

### Development of tool

Structured teaching programme on ill effects of cigarette



smoking was developed comprising of charts, flash cards, power point presentation and pamphlet's.

Following tools were developed as per the need of the study by the investigating group.

**Part 1:** Socio-demographic data sheet.

**Part 2:** Self structured Questionnaire.

**Part 3:** Structured Teaching Program

### Part 1: Socio-demographic data

This sheet deals with socio-demographic variables of age group of 18 to 26 such as age, religion, type of family, education of mother, education of father, occupation of mother, occupation of father, family income per month, stream, habitat, accommodation and family history.

### Part 2: Self structured Questionnaire

This part consists of total 24 questions related to smoking, ill effects of smoking, history of smoking risk factors of smoking, current statistics, therapies and effective strategies for reducing smoking rates.

### Part 3: Structured Teaching Program

This part comprising of charts, flash cards, pamphlets and PowerPoint presentation to improve the knowledge regarding ill effects of cigarette smoking.

### Score interpretation

The correct response was given the score of 1 and the wrong was given the score of 0. The maximum score was 24.

### Variables

**Dependent Variables:** In present study the knowledge was the dependent variable.

**Independent Variables:** In the present study, the independent variable was the Structured Teaching Programme

### Validity of tool

**Content validity** The prepared tools along with problem statement and objectives were sent to 10 experts for the content validity which were from nursing field. All the suggestions of tool validation were incorporated and final tool was prepared after consultation with the research supervisor.

### Reliability of tool

It is a degree of consistency or dependability with which an instrument measures the attributes. Internal consistency of the tool was calculated by split half method and Karl Pearson Method. The reliability of tool was 0.75. Hence the tool was reliable.

### Pilot study

Pilot study was conducted to find out the practicability and feasibility of the tool. Purposive sampling technique was used to select the samples for study to assess the knowledge regarding ill effects of cigarette smoking to assess the effectiveness of Structured Teaching Programme. It was conducted on 10% of total which was done on 15 samples.

### Ethical considerations

Written permission was taken from Director-Principal, Rayat Bahra College of nursing Mohali, Punjab.

Written permission was taken from ethical clearance committee of the college.

Written permission was taken from Dean's of selected schools of Rayat Bahra University.

Informed consent was taken from each study subject.

Confidentiality and anonymity of the subjects was maintained throughout study.

### Data collection procedure

The data collection for the study was done at selected schools of Rayat Bahra university after getting the written permission from the concerned authority of schools. The purpose of the study was explained to the subjects and informed consent was obtained. The respondents were assured of confidentiality. The data was collected by using interview method. By using the purposive sampling technique, 150 samples were selected to assess the knowledge regarding ill effects of cigarette smoking. Structured teaching programme was given after pre- test through lecture-cum-discussion method with the use of charts, flash cards, pamphlets and PowerPoint. On the seventh day, post-test was conducted using the same knowledge and effectiveness tool. At the end pamphlet was distributed to all study subjects. The time taken by each respondent at an average was 5-10 minutes.

### Plan of data analysis

Data analysis and interpretation was done on the basis of objectives of the study through SPSS 21 software. The analysis was done by using descriptive and inferential statistics. Descriptive statistics used was Frequency, Percentage, Mean, Standard deviation. Inferential statistics used was Paired t-test and one way ANOVA. It is being presented in the forms of tables, charts, diagrams and graphs in the next chapter.

### Section-A

**Table 1:** Distribution of subjects as per their socio-demographic variables.

Variables	Options	Frequency (N=150)	Percentage
Age	18- 20 years	27	18.0%
	21-23 years	59	39.3%
	24-26 years	41	27.3%
	Above 26 years	23	15.3%
Religion	Hindu	34	22.7%
	Muslim	47	31.3%
	Sikh	39	26.0%
	Others	30	20.0%

Type of Family	Nuclear	77	51.3%
	Joint	58	38.7%
	Extended	15	10.0%
Education of Mother	No formal education	22	14.7%
	Primary	57	38.0%
	Senior secondary	46	30.7%
	Graduate and above	25	16.7%
Education of Father	No formal education	4	2.7%
	Primary	21	14.0%
	Senior secondary	55	36.7%
	Graduate and above	70	46.7%
Occupation of Mother	Home maker	55	36.7%
	Private job	50	33.3%
	Self employed	27	18.0%
	Government job	18	12.0%
Occupation of Father	Private job	66	44.0%
	Government job	39	26.0%
	Self employed	45	30.0%
	Retired	0	0.0%
Family Income per month	Below 30,000	10	6.7%
	30,001 - 40,000	32	21.3%
	40,001 - 50,000	51	34.0%
	Above 50,000	57	38.0%
Stream	Non-medical	88	58.7%
	Medical	15	10.0%
	Commerce	23	15.3%
	Arts	24	16.0%
Habitat	Rural	71	47.3%
	Urban	79	52.7%
Accommodation	Hostel	38	25.3%
	Paying Guest	30	20.0%
	At relative House	14	9.3%
	Home	68	45.3%
Dietary Habit	Vegetarian	53	35.3%
	Non-vegetarian	97	64.7%
Does anyone smoke in family?	Yes	73	48.7%
	No	77	51.3%

## Section - B

### Main analysis and interpretation of data

**Table 2:** Frequency and percentage distribution of pre-test and post-test level of knowledge score regarding Cigarette smoking. N=150

Grading	Score	Pre-test		Post-test	
		F	%	F	%
Poor knowledge	0-8	5	3.3%	0	0%
Average knowledge	9-16	135	90%	12	8%
Good knowledge	17-24	10	6.7%	138	92%

Maximum Score=24, Minimum Score=0

Table 2 depicts that in pre-test, the students had 5(3.3%) poor knowledge, 135(90%) had average knowledge and 10(6.7%) had good knowledge whereas in the post test, the

students had 138 (92%) average knowledge and only 12(8%) students had average knowledge. Hence,  $H_1$  hypothesis is accepted.

**Table 3:** Comparison between pre-test and post- test level knowledge score regarding cigarette smoking by paired t-test (N=150)

Test	Mean	SD	Mean difference	Paired 't' test	P value
Pre Test	12.40	2.273	6.42	29.64	P value at 0.05*
Post Test	18.82	1.757			

Maximum Score=24, Minimum Score=0

It depicts that there was a significant difference between the pre- test and post- test. It was analyzed that post test mean knowledge score(18.82) was higher than the pre test mean knowledge score (12.40). The finding showed that  $H_2$  hypothesis is accepted as there was significant effect of the

Structured Teaching Program in improving knowledge regarding cigarette smoking at 0.05 level of significance. Hence, it is concluded that the intervention provided by the researcher were effective.

**Table 4:** Table Showing Association of Pre-test knowledge scores with Socio-demographic Variables.

Variables	Opts	Good knowledge	Average knowledge	Poor knowledge	Chi Test	P Value	df	Table Value	Result
Age	18- 20 years	4	23	0	5.947	0.429	6	12.592	Significant
	21-23 years	3	53	3					
	24- 26 years	2	37	2					
	Above 26 years	1	22	0					

**Table 5:** Age: Knowledge levels did not vary significantly across different age groups (p=0.429).

Variables	Opts	Good knowledge	Average knowledge	Poor knowledge	Chi Test	P Value	df	Table Value	Result
Religion	Hindu	4	30	0	15.093	0.020	6	12.592	Significant
	Muslim	4	43	0					
	Sikh	1	37	1					
	Others	1	25	4					

**Table 6:** Religion: A significant association was found (p=0.020), suggesting religious background might have influenced pre-test knowledge scores.

Variables	Opts	Good knowledge	Average knowledge	Poor knowledge	Chi Test	P Value	df	Table Value	Result
Type of family	Nuclear	5	23	0	5.947	0.429	6	12.592	Not Significant
	Joint	3	53	3					
	Extended	2	37	2					

**Table 7:** Type of family: No significant difference in knowledge levels based on family structure (P=0.186).

Variables	Opts	Good knowledge	Average knowledge	Poor knowledge	Chi Test	P Value	df	Table Value	Result
Education of mother	No formal education	1	20	1	7.320	0.292	6	12.592	Not Significant
	Primary	2	54	3					
	Senior Secondary	3	40	0					
	Graduate and above	4	21	0					

**Table 8:** Mother's Education: Higher maternal education did not show a significant impact on knowledge levels (p=0.292).

Variables	Opts	Good knowledge	Average knowledge	Poor knowledge	Chi Test	P Value	df	Table Value	Result
Education of father	No formal education	0	4	0	4.850	0.563	6	12.592	Not Significant
	Primary	0	20	1					
	Senior secondary	3	49	3					
	Graduate and above	7	62	1					

Father's Education: No significant association between father's education and pre-test scores (p=0.563)

Variables	Opts	Good knowledge	Average knowledge	Poor knowledge	Chi Test	P Value	df	Table Value	Result
Occupation of mother	Home maker	4	51	0	7.961	0.241	6	12.592	Not Significant
	Private job	4	43	3					
	Self employed	1	26	0					
	Government job	1	15	2					

Mother's Occupation: The occupation of the mother did not significantly affect pre-test knowledge (p=0.241)

Variables	Opts	Good knowledge	Average knowledge	Poor knowledge	Chi Test	P Value	df	Table Value	Result
Occupation of father	Private job	5	56	5	6.937	0.139	4	9.488	Not Significant
	Government job	2	37	0					
	Self employed	3	42	0					
	Retired	0	0	0					

Father's Occupation: No meaningful association between father's occupation and knowledge levels (p=0.139).

Variables	Opts	Good knowledge	Average knowledge	Poor knowledge	Chi Test	P Value	df	Table Value	Result
Family income per month	Below 30,000	1	9	0	4.366	0.627	6	12.592	Not Significant
	30,001-0,000	4	26	2					
	40,001-50,000	2	48	1					
	Above 50,000	3	52	2					

Family Income: Different income levels did not show a significant relationship with knowledge scores (p=0.627).

Variables	Opts	Good knowledge	Average knowledge	Poor knowledge	Chi Test	P Value	df	Table Value	Result
Stream	Non- medical	5	79	4	3.230	0.779	6	12.592	Not Significant
	Medical	2	13	0					
	Commerce	2	21	0					
	Arts	1	22	1					

Stream: Pre-test knowledge did not significantly vary across academic streams ( $p=0.779$ ).

Variables	Opts	Good knowledge	Average knowledge	Poor knowledge	Chi Test	P Value	df	Table Value	Result
Habitat	Rural	2	66	3	3.450	0.178	6	5.991	Not Significant
	Urban	8	69	2					

Habitat: No significant difference between rural and urban students ( $p=0.178$ ).

Variables	Opts	Good knowledge	Average knowledge	Poor knowledge	Chi Test	P Value	df	Table Value	Result
Accommodation	Hostel	3	33	2	5.473	0.485	6	12.592	Not Significant
	Paying Guest	3	27	0					
	At relative House	2	63	0					
	Home	2	12	3					

Accommodation: Living arrangements did not significantly affect knowledge scores ( $p=0.485$ ).

Variables	Opts	Good knowledge	Average knowledge	Poor knowledge	Chi Test	P Value	df	Table Value	Result
Dietary Habit	Vegetarian	3	48	2	0.175	0.916	2	5.991	Not Significant
	Non- vegetarian	7	87	3					

Dietary Habit: No significant difference between vegetarian and non-vegetarian students ( $p=0.916$ ).

Variables	Opts	Good knowledge	Average knowledge	Poor knowledge	Chi Test	P Value	df	Table Value	Result
Does anyone smoke in family?	Yes	4	66	3	0.560	0.756	2	5.991	Not Significant
	No	6	69	2					

Family Smoking: The presence of smokers in the family had no significant impact on knowledge levels ( $p=0.756$ ).

## Discussion

The discussion part deals with the result of the study. The study was conducted to assess the effectiveness of structured teaching programme on the level of knowledge regarding cigarette smoking among male students of Rayat Bahra University. The data was collected from 150 students. The finding of study was based on objectives. The purpose of this study was to assess the effectiveness of structured teaching programme on the level of knowledge regarding cigarette smoking among students of Rayat Bahra University, Mohali.

Before collected the data the investigators gave a brief introduction of self, purpose and background of the study to gain confidence.

The findings show that the structured teaching programme was effective. The first objective was to assess the pre test knowledge regarding ill effects of cigarette smoking among students.

**Pre-Test:** Only a small percentage of participants had adequate knowledge (6.7%). The majority had moderate knowledge (90%). A significant portion had inadequate knowledge (3.3%).

The second objective was to implement Structured Teaching Program regarding ill effects of cigarette smoking.

With the use of structured teaching programme, knowledge was given to the regarding cigarette smoking, it's, health hazards, Addiction and nicotine dependence procedure, impact on mental health along with social and financial

impact to students.

Third objective is to assess the post test knowledge regarding ill effects of cigarette smoking.

After the intervention (92%) of participants achieved good knowledge, and the number of participants with the average knowledge dropped to (8%), additionally the percentage of poor knowledge (3.3%) was completely eliminated in the post test. This highlight the effectiveness of the intervention in significantly improving knowledge levels.

The fourth objective is to assess the effectiveness of Planned Teaching Program by comparing pre-test and post-test knowledge score.

The paired t-test results indicate a statistically significant improvement in knowledge after the intervention. The pre-test mean score was  $12.4 \pm 2.273$ , while the post-test mean score increased to  $18.82 \pm 1.757$ , showing a mean difference of 6.42 points. The paired t-test value of 29.64 is highly significant ( $p < 0.001$ ), confirming that the intervention effectively enhanced knowledge. Since the table value at 0.05 significance level is 1.98, and the obtained t-value is much higher, the result is statistically significant.

The fifth objective is to determine the association of pre-test knowledge score with selected socio-demographic variables.

The association of socio demographic variables was done by chi square test, the mean difference of cigarette smoking with the selected socio demographic variables, such as age, religion, education of mother was statistically significant at  $p \leq 0.05$  level, and type of family, marital status, education of father, family income per month, previous knowledge,



source of knowledge was statistically non-significant at  $p < 0.05$

### Summary

A study was conducted to assess the knowledge related to cigarette smoking among students of Rayat Bahra University, Mohali.

The main objectives of the study were, to develop tool to assess the pre-test level of knowledge regarding cigarette smoking, to develop and administer structured teaching programme, to assess the post-test level of knowledge score regarding cigarette smoking in students of Rayat Bahra University, Mohali.

To compare the pre-test and post-test level of knowledge score regarding cigarette smoking, to find out the association of pre-test level of knowledge score with their selective socio-demographic variables and to disseminate the findings.

For the study we followed purposive Sampling Technique and the sample size was of 150 students of Rayat Bahra University, Mohali. Self-Structured Questionnaire was used to assess the knowledge of male students regarding cigarette smoking. The pre-test knowledge scores reveal that the majority of participants (90%) had average knowledge (9-16 scores), while 6.7% demonstrated good knowledge (17-24 scores), and 3.3% had poor knowledge (0-8 scores). This suggests that most participants had a moderate understanding before the intervention, highlighting the need for further education to enhance their knowledge levels.

The post-test knowledge score distribution shows that 92% of participants (138 out of 150) achieved good knowledge (17-24 scores), while 8% (12 participants) remained at an average knowledge level (9-16 scores). No participants scored in the poor knowledge category (0-8 scores). This indicates a significant improvement in knowledge levels after the intervention.

The data was analyzed by using statistical and inferential test i.e., percentage, frequency, Mean, Median, Standard Deviation, Maximum Score, Minimum Score and Range. The data has been presented in the form of figures and tables which helps to depict the findings.

### Conclusion

The conclusion was drawn on the basis of the findings of the study. The findings of the study showed that post-test knowledge score were greater than pre-test knowledge score regarding ill effects of cigarette smoking among students of Rayat Bahra University, Mohali. It reveals that structured teaching program was effective. Our findings highlight the effectiveness of the intervention in significantly improving knowledge levels.

**Implications:** The findings of the study can be implicated in different areas such as public health, sociology, pharmaceutical and biomedical research, nursing practice and nursing research.

**Nursing Practice:** Several implementations can be drawn from present study for nursing practice; nurses are key members of health care system as well as the education system. Nurses help in promotion, prevention, maintenance and rehabilitation of health of an individual in healthcare

settings. So, the nurses can provide the education system with various ideas to create awareness among population.

**Nursing Research:** The findings of the present study help in improving and refining the existing knowledge. It helps to expand the scientific body of professional knowledge up to which further researches can be conducted. It can help in addressing common myths and misconceptions (e.g. Smoking relieves stress, anxiety etc).

**Public Health:** It helps in creating awareness amongst students and can act as baseline related to quit smoking campaigns

**Sociology:** Research explores societal knowledge of students towards the deep rooted societal issues.

**Psychological Research:** It contributes in developing more strategies and tool to study human mind as despite being moderately knowledgeable still why do people indulge in smoking.

### Recommendations

On the basis of findings, the study recommendations are often for further research. Similar study can be undertaken with a large sample to generalize the findings. Similar study can be undertaken that not only assess the knowledge of students regarding ill effects of cigarettes smoking but also include the attitude of students towards it.

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