



**A STUDY TO ASSESS THE EFFECTIVENESS OF VIDEO ASSISTED
TEACHING PROGRAM ON KNOWLEDGE REGARDING TOBACCO
CONSUMPTION AND ITS HAZARDS AMONG ADOLESCENT BOYS IN
SELECTED SECONDARY SCHOOL, RATLAM, M.P.**

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INTRODUCTION:

Exposure to cigarette smoke, both voluntary and involuntary, poses a serious threat to the public health and economic well-being of smokers. Tobacco is a breaker of the heart and body because tobacco kills mainly with heart disease and cancer. Nicotine addiction ensures lifelong customers, not long-term customers. Among adolescent boys, there is a lack of awareness about the causes, risk factors of tobacco consumption and its impact on health.

Nature has given us only good things and it is useful for the requirement in all aspects because tobacco also has some medicinal value but most people abuse it for negative reasons. Nicotine is a highly addictive substance, and adult experimentation can easily lead to a lifelong addiction to tobacco. Tobacco production and consumption in India: India is the second largest producer and third largest consumer of tobacco in the world. Almost all tobacco use begins in childhood and adolescence. The National Survey on Drug Use and Health estimates that more than 4,000 people under the age of 18 try their first cigarette every day. This represents more than 730,000 new smokers each year. According to the ICMR, nearly 1.16 million people get cancer, 4.5 million get heart disease and 3.9 million get chronic obstructive pulmonary disease (COPD) every year in India due to tobacco consumption. According to the WHO, the total number of tobacco-related deaths in India is likely to be between 800,000 and 900,000 annually. It kills about half of teenagers who are

addicted to tobacco. In addition to the traditional burden of communicable diseases, developing countries today also face a huge increase in non-communicable diseases such as mental illness, violence and injuries. Tobacco is a major contributor to these diseases, which now account for more than half of the diseases in these countries. It is estimated that India will have a rapid increase in tobacco-related deaths every year compared to other developing countries. One tobacco-related death occurs every eight seconds. Tobacco users are almost 2-3 times more likely to develop heart disease and various other health complications than non-smokers. Smoking tends to be the causative factor for almost more than 90% of lung cancer and other lung diseases like chronic bronchitis, emphysema etc. Tobacco is responsible for cancer in many places i.e. lungs, mouth, pharynx, larynx, stomach, bladder, gall bladder and penis. Chewing tobacco is the leading cause of oral cancer including cancer of the lips, tongue, cheeks, gums and palate. Other harmful effects of tobacco chewing include cardiovascular disease, diabetes mellitus, lung disease and poor reproductive outcomes. Along with HIV/AIDS, tobacco use is also the fastest growing cause of death in the world and is poised to become the leading cause of premature death. India has one of the highest rates of cancer in the world, which is partly attributed to a higher prevalence of tobacco chewing.

Objectives:

1. 1.To assess the existing knowledge regarding tobacco consumption and its hazards among adolescent boys
2. To plan and implement video assisted teaching programme on tobacco consumption and its hazards among adolescent boys.
3. To assess the effectiveness of video assisted teaching programme on tobacco consumption and its hazards among adolescent boys
4. To find association between pre-test knowledge scores regarding tobacco consumption and its hazards with selected demographic variables.

Research Hypothesis:

H1: There will be significant increase in the post-test knowledge compared to pre-test regarding tobacco consumption and its hazards among adolescent boys.

H2: There will be significant association between knowledge on tobacco consumption and

its hazards with selected demographic variables.

Assumptions:

1. The adolescent boys may not have sufficient knowledge regarding hazards of tobacco consumption.
2. Video assisted teaching programme will improve the knowledge of adolescent boys

MATERIALS AND METHODS:

This study was conducted at a selected school in Ratlam, study feasibility and sample availability. The target population consisted of all adolescent boys and the available population consisted of adolescent boys of the selected setting.

The samples consisted of 60 adolescent boys who met the inclusion criteria for the study. The inclusion criteria for the sample were adolescent boys who were willing to participate in the study, and the exclusion criteria were those who could not read and write English. A simple random sampling technique was chosen considering the limited time frame and sample availability. Research variables were knowledge in adolescent boys and demographic variables were age, religion, education, mother's education, father's education, mother's occupation, father's occupation, family income, family type, previous knowledge about tobacco use and its risks and customs.

Data are analyzed using descriptive and inferential statistics. In the total samples, most of the sample was 50% in the age group of 12-13 years, 48% were Hindu by religion, 33% each from 9th and 10th grade, 62.5% of mothers were with secondary education, 38% of fathers were graduates, 52% mothers were unemployed 85% fathers were employees 38% had family income Rs 5000-8000 per month 78% were in nuclear family 55% of them have prior knowledge 70% of them have tobacco consumption habits.

Chi-square values calculated between knowledge scores and selected demographic variables such as age (1.8), religion (4.06), education (7.04), mother's education (4.65), father's education (5.06), mother's occupation (0.2) father's occupation (2.53), family income (16.1), family type (0.07), prior knowledge (10.55) and habits (0.75).

Description of the tool:

The tool used for the present study comprised of two sections:

Section A: Demographic data consisted of 11 items for obtaining information about the selected background factors of adolescent boys such as age, religion, educational status, education of father, education of mother, occupation of father, occupation of mother, family income, type of family, previous knowledge and habits.

Section B: Structured Knowledge Questionnaire on tobacco consumption and its hazards

The structured knowledge questionnaire consisted of 30 questions related to the general concepts of tobacco consumption, various forms of tobacco, its hazards and effects on health and the preventive measures. The knowledge level was divided into three categorical aspects based on the total score obtained by the structured questionnaire. The maximum score was 30.

Interpretation of the level of knowledge:

- Below average knowledge: <50% of score
- Average knowledge: 51 – 75% of score
- Above average knowledge: > 76% score

RESULTS:

The data collected were grouped and analysed using descriptive and inferential statistics.

Analysis of demographic variables revealed that most of the sample, 50% were in the age group of 12–13 years, 48% were Hindu, 33% each of 9th and 10th grade, 32% of adolescent mothers had only primary education, 38% of adolescent fathers had completed matriculation, 50% of adolescent mothers were employed, 85% of adolescent fathers were employed, 38% had family income in the range of 5000-8000, 78% belonged to a nuclear family, 55% had prior knowledge from various sources and 70% of them had consumption habits tobacco. There was an improvement in the average score of the respondents, which is 38.88. The calculated value of $-t$ is 22.33, which is much higher than the table value of 2.02. It shows that there is a significant difference in pre-test and post-test knowledge scores.

Since the video-assisted educational program on tobacco use and its risks was effective, the stated hypothesis H1 can be accepted: There will be a significant difference between the pretest and posttest scores of adolescent boys' knowledge of tobacco use and its risks.

CONCLUSION:

This research project provided an enriching experience to the researcher and thus helped to realize the need to enforce awareness about tobacco use and its risks among adolescent boys as the habit of consuming tobacco in various forms was prevalent in the group. Henceforth there is an urgent need to create awareness and try to develop a positive attitude towards “STOP TOBACCO CONSUMPTION” to protect themselves from its harmful effects. Thus, adolescence is the age when peer influence is at its highest, and it is the right age to help teenagers develop healthy habits for a healthy life because they are the future citizens of the country.

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