



“Effect Of Customized Advanced Teaching Program On Knowledge Regarding Tobacco Products Consumption And Its Impact Among People Residing In Rural Area Of Bhopal”

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Abstract

The present study has been undertaken to evaluate the effectiveness of customized advanced teaching program on knowledge regarding tobacco products consumption and its impact among people by advanced teaching program in Gandhi Nagar at Bhopal. The research design adopted for the study was pre- experimental in nature. The tool for the study was self-structured knowledge questionnaire which consists of two parts-PART- I consisted questions related to Socio-demographic data; PART-II consisted of self-structured knowledge questionnaire to assess the knowledge score regarding tobacco products consumption and its impact among people residing in rural area. The data was analyzed by using descriptive and inferential statistical methods. The most significant finding was that 63.3% of people residing in rural area were having average knowledge regarding tobacco products consumption and its impact whereas 36.7% had good knowledge after post-test. It was suggested that the nurses must educate people residing in rural area regarding tobacco products consumption and its impact.

Keyword- Effect, advanced teaching program, knowledge and tobacco products consumption and its impact.

1.INTRODUCTION

Tobacco consumption is the single most readily preventable cause of death in the world. The negative impacts of tobacco use on the human body are well established: it increases the risks for cancers at 13 sites, particularly the lung, and for heart disease, stroke, and chronic obstructive pulmonary disease. Combusted tobacco products kill up to one-half or more of all people who use them, on average 15 years prematurely. Today, tobacco use causes 12% of deaths among adults worldwide, representing almost 6 million people a year. Yet, tobacco products continue to be among the most widely consumed products globally. Unless tobacco use is markedly reduced, it has been estimated that 1 billion people worldwide will have died as a result of using tobacco products by the end of the twenty-first century. Manufactured cigarettes are the predominant form of tobacco used worldwide and by far and away the most lethal type of tobacco use. In fact, one could argue that eliminating cigarettes would be a logical and particularly potent harm reduction intervention. In 2016, manufactured cigarettes accounted for 95% of total smoked tobacco sales, with cigars and other smoked tobacco such as roll-your-own cigarettes, pipes, bidis, and kreteks accounting for the remainder. Various forms of oral smokeless tobacco are common in Southeast Asia and the Middle East and regionally are popular in parts of Europe (Sweden and Norway), as well as the United States.

2.NEED FOR STUDY

In 2014, the world market for tobacco products was worth some US\$744 billion. In developed countries tobacco sales are slowly losing volume due to health concerns and price rises, while developing countries are gaining volume due to demographics. In 2014 the five largest markets (China, Russia, the United States, Indonesia, and Japan) accounted for 63% of global tobacco consumption, with China alone having a retail value of over US\$226 billion, nearly 10 times the size of the next largest market (Russia at US\$28 billion). In fact, between 2012 and 2014, the global cigarette market decreased by 2.2%, but the global market declined even more (6.3%) if China is excluded. In the last decade, alternative products such as electronic nicotine delivery systems (ENDS, also called e-cigarettes) have begun to erode the market position of cigarettes – the global ENDS market in 2014 was valued at US\$6 billion.

Between 2005 and 2014, the global cigarette market has shifted more toward the Asia Pacific region, which now accounts for 65% of total cigarette sales. By contrast, the market has contracted substantially in Europe, North America, and Latin America (combined 39–28%). Over that time span, global retail volume (number of sticks sold) was relatively flat, even as retail value increased. In the United States, litigation has been an important factor affecting cigarette prices.

For example, the Master Settlement Agreement of 1998 obliged tobacco companies to contribute billions annually in payments to states for health-care claims in return for litigation relief. In 2013, the province of Ontario won a \$30 billion dollar lawsuit against tobacco

3.OBJECTIVE OF THE STUDY

1. To assess the pre-test and post-test Knowledge score regarding tobacco products consumption and its impact among people residing in rural area.
2. To evaluate the effectiveness of customized advanced teaching program on knowledge regarding tobacco products consumption and its impact among people residing in rural area.
3. To find out the association between the pre-test knowledge score regarding tobacco products consumption and its impact among people residing in rural area with their selected demographic variables.

4.HYPOTHESES:

RH₀: There will be no significant difference between pretest and post-test knowledge score on tobacco products consumption and its impact among people residing in rural area.

RH₁: There will be significant difference between pretest and post-test knowledge score on tobacco products consumption and its impact among people residing in rural area.

RH₂: There will be significant association between the pre-test score on tobacco products consumption and its impact among people residing in rural area with their selected demographic variables.

5.ASSUMPTION

1. People residing in rural area may have deficit knowledge regarding tobacco products consumption and its impact.
2. Advanced teaching program will improve knowledge of people residing in rural area regarding tobacco products consumption and its impact.

6.METHODOLOGY:

An evaluative approach was used and research design pre-experimental one group pre-test post-test research design was used for the study. The samples consisted of 30 people residing in rural area selected by Non probability convenient sampling technique. The setting for the study was Gandhi Nagar at Bhopal. Data was collected with the help of demographic variables and administering a self-structured knowledge questionnaire by the investigator before and after advanced teaching program. Post-test was conducted after 7 days of pretest. Data were analysis using descriptive & inferential statistics.

7.ANALYSIS AND INTERPRETATION

SECTION-I Table -1 Frequency and percentage distribution of samples according to their demographic variables.
n = 30

S. No	Demographic Variables	Frequency	Percentage
1	Age in Years		
a.	21-25	7	23.3
b.	26-30	9	30.0
c.	31-35	8	26.7
d.	≥35	6	20.0
2	Family Monthly income		
a.	<10000/-	3	10.0
b.	10001-15000/-	13	43.3
c.	15001-20000/-	10	33.3
d.	>20000/-	4	13.3
3	Marital status		
a.	Married	17	56.7
b.	Single	9	30.0
c.	Widow	2	6.7
d.	Divorce	2	6.7
4	Occupation		
a.	Street vendor	3	10.0
b.	Laborer	15	50.0
c.	Shopkeeper	7	23.3
d.	Office worker	5	16.7

SECTION-II- Table- 2.1.1- Frequency and percentage distribution of Pre-test scores of studied subjects:

Category and test Score	Frequency (N=30)	Frequency Percentage (%)
POOR (1-10)	20	66.7
AVERAGE (11-20)	10	33.3
GOOD (21-30)	0	0.0
TOTAL	30	100.0

The present table 2.1.1 concerned with the existing knowledge regarding tobacco products consumption and its impact among people residing in rural area was shown by pre-test score and it is observed that most of the people residing in rural area 20 (66.7%) were poor (1-10) knowledge and some people residing in rural area have 10 (33.3%) average categories.

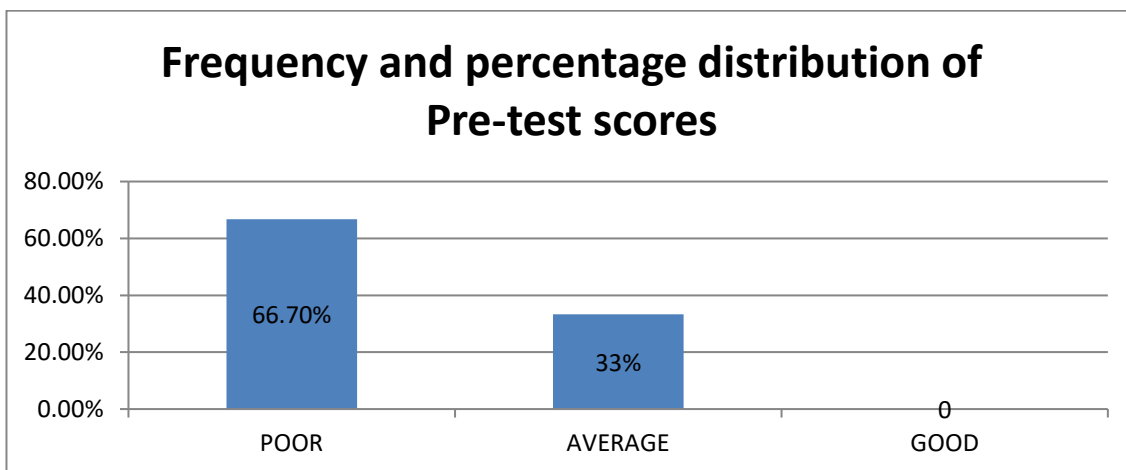


FIG.-2.1.1- Frequency and percentage distribution of Pre-test scores of studied subjects

Table-2.1.2. - Mean (\bar{X}) and standard Deviation (s) of knowledge scores:

Knowledge Pre -test	Mean (\bar{X})	Std Dev (S)
Pre-test score	8.50	1.94

The information regarding mean, percentage of mean and standard deviation of test scores in shown in table 2.1.2 knowledge in mean pre-test score was 8.50 ± 1.94 while in knowledge regarding tobacco products consumption and its impact among people residing in Gandhi Nagar at Bhopal.

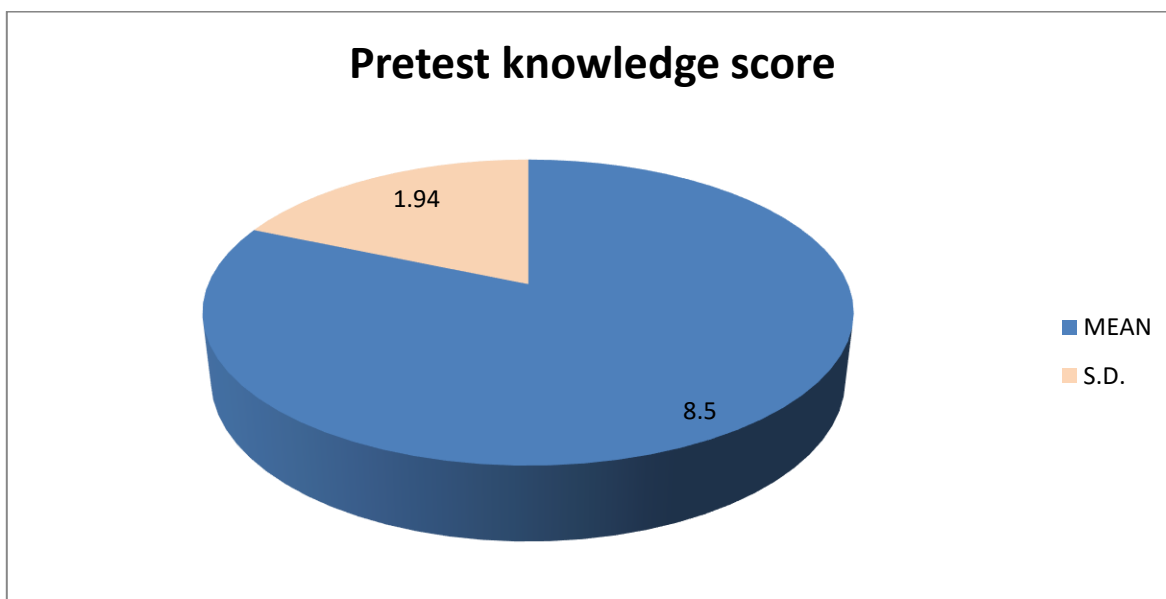


FIG.-2.1.1. - Mean (\bar{X}) and standard Deviation (s) of knowledge scores

Table-2.2.1- Frequency and percentage distribution of Post test scores of studied subjects:

Category and post-test Score	Frequency (N=30)	Frequency Percentage (%)
POOR (1-10)	0	0.0
AVERAGE (11-20)	19	63.3
GOOD (21-30)	11	36.7
TOTAL	30	100%

The present table 2.2.1 concerned with the existing knowledge regarding tobacco products consumption and its impact among people residing in rural area was shown by post test score and it is observed that people residing in rural area 11 (36.7%) were **GOOD** (21-30) knowledge and other people residing in rural area have 19 (63.3%) category which are **AVERAGE** (11-20) posttest knowledge score in the present study.

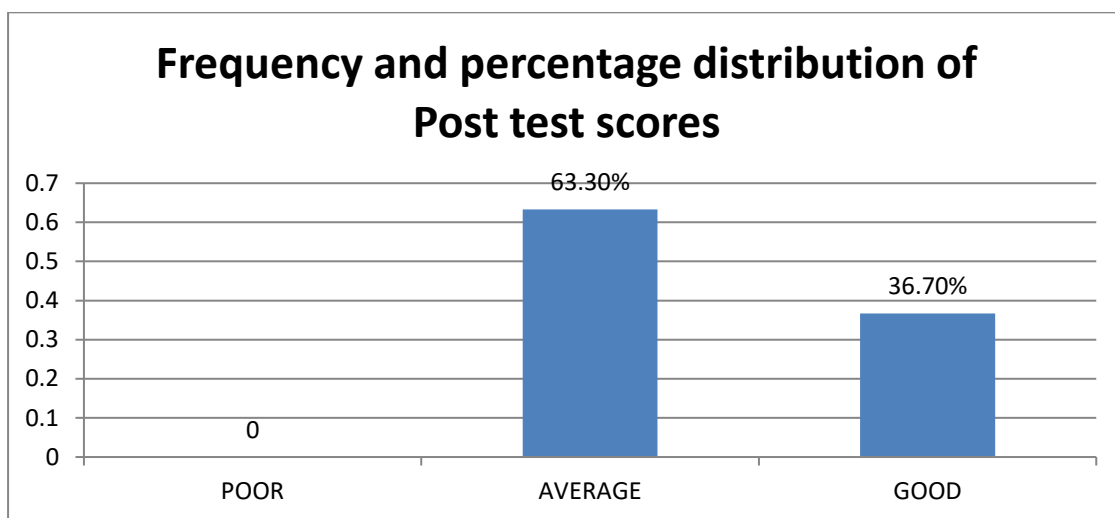


FIG.-2.2.1- Frequency and percentage distribution of Post test scores of studied subjects

Table-2.2.2. - Mean (\bar{X}) and standard Deviation (s) of knowledge scores:

Knowledge Test	Mean (\bar{X})	Std Dev (S)
Post-test score	18.13	4.03

The information regarding mean, percentage of mean and standard deviation of post test scores in shown in table 2.2.2 knowledge in mean post test score was 18.13 ± 4.03 while in knowledge regarding tobacco products consumption and its impact among people residing in Gandhi Nagar At Bhopal.

Hence, it is confirmed from the tables of section-II that there is a significant difference in mean of test scores which partially fulfill the first second objective of the present study.

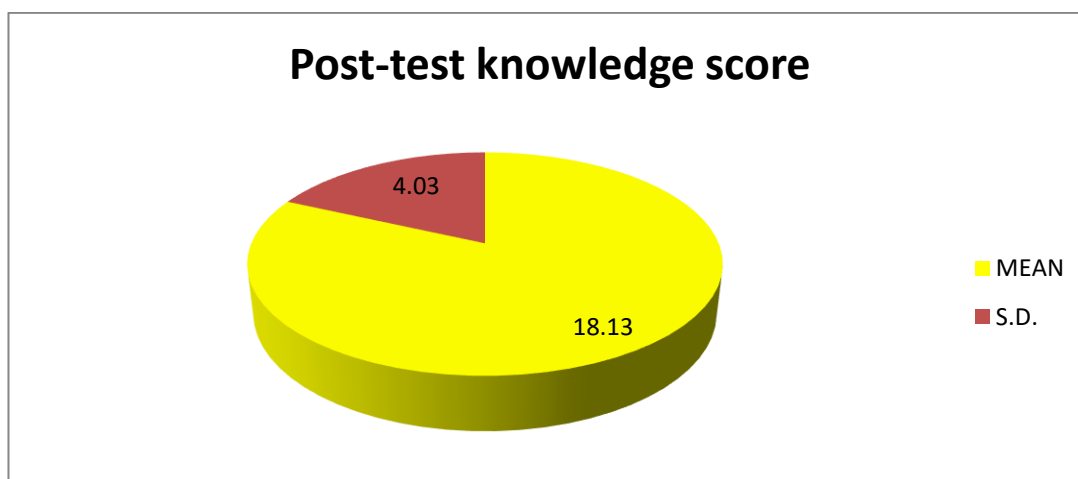


FIG.-2.2.2. - Mean (\bar{X}) and standard Deviation (s) of knowledge scores:

TABLE 2.2.3: Effectiveness of awareness package by calculating Mean, SD, Mean Difference and ‘t’ Value of Pre-test and Post-test knowledge.

Knowledge Score of People residing in rural area	Mean (\bar{X})	S. D. (s)	Std. Error of Mean	D. F.	t-value	Significance
Pre-test	8.50	1.94	0.87	29	-10.96	P<0.05
Post-test	18.13	4.03				

When the mean and SD of pre-test and post-test were compared and ‘t’ test was applied. It can be clearly seen that the ‘t’ value was -10.96 and p value was <0.05 which clearly show that advanced teaching program was very effective in increasing the knowledge of people residing in rural area.

SECTION-III Association of knowledge scores between test and selected demographic variables:

Table- 3.1 Association of age with pre-test scores:

Age (in years)	Test scores			Total
	POOR (1-10)	AVERAGE (11-20)	GOOD (21-30)	
21-25	5	2	0	7
26-30	7	2	0	9
31-35	5	3	0	8
>35	3	3	0	6
Total	20	10	0	30
X=1.38 p>0.05(Insignificant)				

The association of age test scores is shown in present table 3.1. The probability value for Chi-Square test is 1.38 for 3 degrees of freedom which indicated a insignificant valve (p>0.05). Hence, it is identified that there is a insignificant association between age and test scores. Moreover, it is reflected that age isn’t influenced with the present problem.

Table- 3.2 Association of family monthly income with pre-test scores:

Family Monthly Income	Test scores			Total
	POOR (1-10)	AVERAGE (11-20)	GOOD (21-30)	
<10000/-	1	2	0	3
10001-13000	9	4	0	13
13001-20000	6	4	0	10
>20000/-	4	0	0	4
Total	20	10	0	30
X= 3.73 p>0.05 (Insignificant)				

The association of family monthly income and test scores is shown in present table 3.2. The probability value for Chi-Square test is 3.73 for 3 degrees of freedom which indicated a insignificant value (p>0.05). Hence, it is identified that there is a insignificant association between monthly income and test scores.

Table-3.3. Association of marital status with pre-test scores:

Marital status CLASS	Test scores			Total
	POOR (1-10)	AVERAGE (11-20)	GOOD (21-30)	
Married	11	6	0	17
Single	5	4	0	9
Widow	2	0	0	2
Divorce	2	0	0	2
Total	20	10	0	30
X= 2.52 p>0.05 (Insignificant)				

The association of marital status test scores is shown in present table 3.3. The probability value for Chi-Square test is 2.52 for 3 degrees of freedom which indicated a insignificant valve (p>0.05). Hence, it is identified that there is a insignificant association between marital status and test scores. Moreover, it is reflected that marital status isn’t influenced with the present problem.

Table- 3.4 Association of occupation with pre-test scores:

Occupation	Test scores			Total
	POOR (1-10)	AVERAGE (11-20)	GOOD (21-30)	
Street vendor	3	0	0	3
Laborer	10	5	0	15
Shopkeeper	4	3	0	7
Office- worker	3	5	0	5
Total	20	10	0	30
X= 1.88 p>0.05 (Insignificant)				

The association of age test scores is shown in present table 3.4. The probability value for Chi-Square test is 1.88 for 3 degrees of freedom which indicated occupation and test scores. Hence, it is identified that there is a insignificant association between occupation and test scores. Moreover, it is reflected that occupation occupation isn’t influenced with the present problem.

8.RESULTS

The result of this study indicates that there was a significant increase in the post-test knowledge scores compared to pre-test scores of preventions of pre-eclampsia. The mean percentage knowledge score was observed 8.50 ± 1.94 in the pre-test and after implementation of advanced teaching program post-test mean percentage was observed with 18.13 ± 4.03 .

9.CONCLUSION

Thus, after the analysis and interpretation of data we can conclude that the hypothesis RH1 that, there will be significance difference between the pre-test knowledge score with post-test knowledge score at the ($P<0.05$) is being accepted.

Furthermore, advanced teaching program regarding tobacco products consumption and its impact among people residing in rural area may consider as an effective tool when there is a need in lacking, bridging and modifying the knowledge.

10.LIMITATIONS-

- The study was limited to Gandhi Nagar of Bhopal.
- The study was limited to 30 people residing in rural area.

11.REFERENCE-

1. Rani M, Bonu S, Jha P, Nguyen SN, Jamjoum L. Tobacco use in India: prevalence and predictors of smoking and chewing in a national cross sectional household survey. Tobacco Control. 2003;12:e4. <http://www.tobaccocontrol.com/cgi/content/full/12/4/e4>. Google Scholar
2. National Sample Survey Organization (NSSO). Household Consumption of Various Goods and Services in India 2011-3. New Delhi, India: Ministry of Statistics and Programme Implementation, Government of India; 2014. Google Scholar
3. Sinha DN, Rizwan SA, Aryal KK, Karki KB, Zaman MM, Gupta PC. Trends of smokeless tobacco use among adults (aged 15-49 years) in Bangladesh, India and Nepal. Asian Pac J Cancer Prev. 2015;16:6561–6568.
4. Joshi SR. Tobacco free India: save our children. JAPI. 2006;54:605–607. Google Scholar
5. Mohan P, Lando HA. Tobacco control an issue twinned with oral cancer control. Int Dent J. 2014;64:229–232.
6. Mohan P, Lando HA. Oral tobacco and mortality in India. Ind J Clin Med. 2016;7:5–12.
7. National Family Health Survey (NFHS) 4. Ministry of Health and Family Welfare, Govt. of India, National Family Health Survey: 4, 2015-16, India fact sheet; 2017. <http://rchiips.org/NFHS/nfhs4.shtml>.