EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON HAZARDS OF CIGARETTE SMOKING AMONG ADULTS IN THANDALAM VILLAGE, KANCHEEPURAM DISTRICT

BY

Mr. Z.RAMAPRABHU

A Dissertation submitted to

THE TAMILNADU Dr. M.G.R. MEDICAL UNIVERSITY,

CHENNAI.

IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE

DEGREE OF MASTER OF SCIENCE IN NURSING

APRIL – 2012

CERTIFIED THAT THIS IS A BONAFIDE WORK OF

Mr. Z.RAMAPRABHU

ADHIPARASAKTHI COLLEGE OF NURSING,

MELMARUVATHUR.

SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENTS

FOR THE DEGREE OF MASTER OF SCIENCE IN NURSING

FOR THE TAMIL NADU DR.M.G.R. MEDICAL UNIVERSITY,

CHENNAI- 600 032

COLLEGE SEAL:

SIGNATURE: _____

Dr.N.KOKILAVANI, M.SC. (N), M.A (Pub.Adm.), M.Phil., Ph.D.,

PRINCIPAL,

Adhiparasakthi College Of Nursing

Melmaruvathur- 603 319,

Kancheepuram District,

Tamil Nadu.

EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON HAZARDS OF CIGARETTE SMOKING AMONG ADULTS IN THANDALAM VILLAGE, KANCHEEPURAM DISTRICT

BY

Mr. Z.RAMAPRABHU

M. Sc., (Nursing) Degree Examination,

Branch – IV, Community health Nursing,

Adhiparasakthi College of Nursing,

Melmaruvathur – 603 319.

A Dissertation submitted to

THE TAMIL NADU DR. M.G.R. MEDICAL UNIVERSITY,

CHENNAI.

IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE

DEGREE OF MASTER OF SCIENCE IN NURSING

APRIL – 2012.

EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON HAZARDS OF CIGARETTE SMOKING AMONG ADULTS IN THANDALAM VILLAGE, KANCHEEPURAM DISTRICT

APPROVED BY DISSERTATION COMMITTEE

APRIL– 2012

SIGNATURE …………………..

Dr. N. KOKILAVANI, M.SC.(N)., Ph.D.,
PRINCIPAL AND HEAD OF THE DEPARTMENT – RESEARCH,
ADHIPARASAKTHI COLLEGE OF NURSING,
MELMARUVATHUR - 603 319.

SIGNATURE …………………..

Dr. BANGINWAR ASHISH SHRINATH, M.B.B.S., M.D.,
DEPARTMENT OF COMMUNITY MEDICINE,
MAPIMS,
MELMARUVATHUR.

SIGNATURE …………………..

Mrs. A. N. KALPANA., M.Sc (N).,
READER,
ADHIPARASAKTHI COLLEGE OF NURSING,
MELMARUVATHUR.

A DISSERTATION SUBMITTED TO
THE TAMILNADU DR. M.G.R.MEDICAL UNIVERSITY,
CHENNAI.
IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE
DEGREE OF MASTER OF SCIENCE IN NURSING
APRIL-2012

EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON HAZARDS OF CIGARETTE SMOKING AMONG ADULTS IN THANDALAM VILLAGE, KANCHEEPURAM DISTRICT

BY

Mr.Z.RAMAPRABHU

M. Sc., (Nursing) Degree Examination,

Branch – IV, Community health Nursing,

Adhiparasakthi College of Nursing,

Melmaruvathur – 603 319.

Dissertation submitted to **THE TAMIL NADU DR.M.G.R. MEDICAL UNIVERSITY, CHENNAI** in partial fulfilment of the requirement for the Degree Of **Master Of Science in Nursing April- 2012.**

_____   _____

Internal Examiner   **External Examiner**

ACKNOWLEDGEMENT

ACKNOWLEDGEMENT

I express my gracious and immense pleasure to thank for his **HOLINESS ARUL THIRU AMMA, FOUNDER,** Adhiparasakthi charitable Medical, Educational and Cultural Trust, Melmaruvathur, for his graceful blessings, Love and unseen guidance and force behind all the efforts.

I express my heartfelt thanks to **THIRUMATHI. LAKSHMI BANGARU ADIGALAR, CHIEF EXECUTIVE OFFICER,** Adhiparasakthi College of Nursing, Melmaruvathur for given me the opportunity to pursue my study in this prestigious institution.

With great respect and honor, I extend my thanks to **SAKTHI Mrs. B. UMADEVI., M.Pharm., Ph.D, Correspondent.,** Adhiparasakthi College of Nursing, Melmaruvathur for her excellence in providing skillful and compassionate spirit of unstinted support throughout the study.

I feel pleasure to extend my gratitude and sincere thanks to **Dr.N.KOKILAVANI, M.SC.(N), Ph.D., Principal, Head Of The Department-Research,** Adhiparasakthi College Of Nursing, Melmaruvathur for her patience and her excellent guidance, without whom this study would not have molded in this

shape. Her rich professional experience and efficient guidance helped me to step cautiously in the right direction.

I wish to express my sincere thanks to **Dr. BANGINWAR ASHISH SHRINATH, M.B.B.S., M.D., Head of the Department of Community Medicine, MAPIMS, Melmaruvathur** for his valuable timely guidance and advice to complete the study.

I would like to express my sincere thanks to **Prof. LAKSHMI, M.Sc(N)., Ph.D., Principal,** Chettinad College of Nursing, for her encouragement, nobility, motivation. I profusely thank her for valuable suggestions and content validity

I feel pleasure to extend my gratitude and sincere thanks to **Prof. B.VARALAKSHMI , M.Sc .,(N), M.Phil., Vice Principal , Head Of The Department-Child Health Nursing,** Adhiparasakthi College Of Nursing, Melmaruvathur for her constant support ,guidance, suggestions and encouragement to complete this study.

I feel pleasure to extend my gratitude and sincere thanks to **Prof. B. SHEEBA, M.SC(N)., M.Phil., Head Of The Department-Psychiatric Nursing,** Adhiparasakthi College Of Nursing, Melmaruvathur**.**

I wish to express my thanks to all the teaching staff members of Adhiparasakthi College of Nursing, Melmaruvathur, who encouraged me and provided support throughout my study.

I wish to express my thanks to **Mr. A. CHANDRAN,** Librarian, Adhiparasakthi College of Nursing, Melmaruvathur, for extending necessary library facilities.

I also sincerely thank all the Non teaching staffs of Adhiparasakthi College of Nursing, Melmaruvathur.

I would like to express my immense thanks to **THE TAMILNADU DR. M.G.R. MEDICAL UNIVERSITY** Library helped me to refer books and journals for my dissertation.

I whole heartedly thank the President of Thandalam Village and adults in the community for their co-operation to complete the dissertation.

Finally I thank all of them who contributed to this work.

LIST OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

LIST OF APPENDICES

LIST OF CONTENTS

LIST OF CONTENTS

LIST OF TABLES

LIST OF TABLES

LIST OF FIGURES

LIST OF FIGURES

LIST OF APPENDICES

LIST OF APPENDIX

CHAPTER – I

INTRODUCTION

CHAPTER I

INTRODUCTION

"Smoking is injurious to health" is the catchy phrase that is printed in the cigarette box. Even though, people are attracted towards cigarette smoking, most of the smokers do not know the adverse effects of smoking. Researches show that smokers start to smoke at the age of 15-18 yrs, because this period is viewed as a period of stress and strain and experiment with wide range of behavior and lifestyle pattern that involve risk taking behavior.

Cliford T. Morgan

B. Hill and Doll stated that Nowadays, there are so many life threatening diseases which increase the mortality rate. The main life threatening diseases are TB, cancer, respiratory disease, gastric disorder etc. which estimated that nearly 80% of the lung cancer was due to cigarette smoking. These are known as a part of smoking hazards.

Common adverse effects of
Tobacco smoking

Larynx cancer

Oral cavity cancer

Esophagus cancer

Myocardial
Infarction

- Lung cancer
- Chronic
  bronchitis
- Emphysema

Systemic-
athero-
sclerosis

Peptic ulcer

Bladder
cancer

Pancreas
cancer
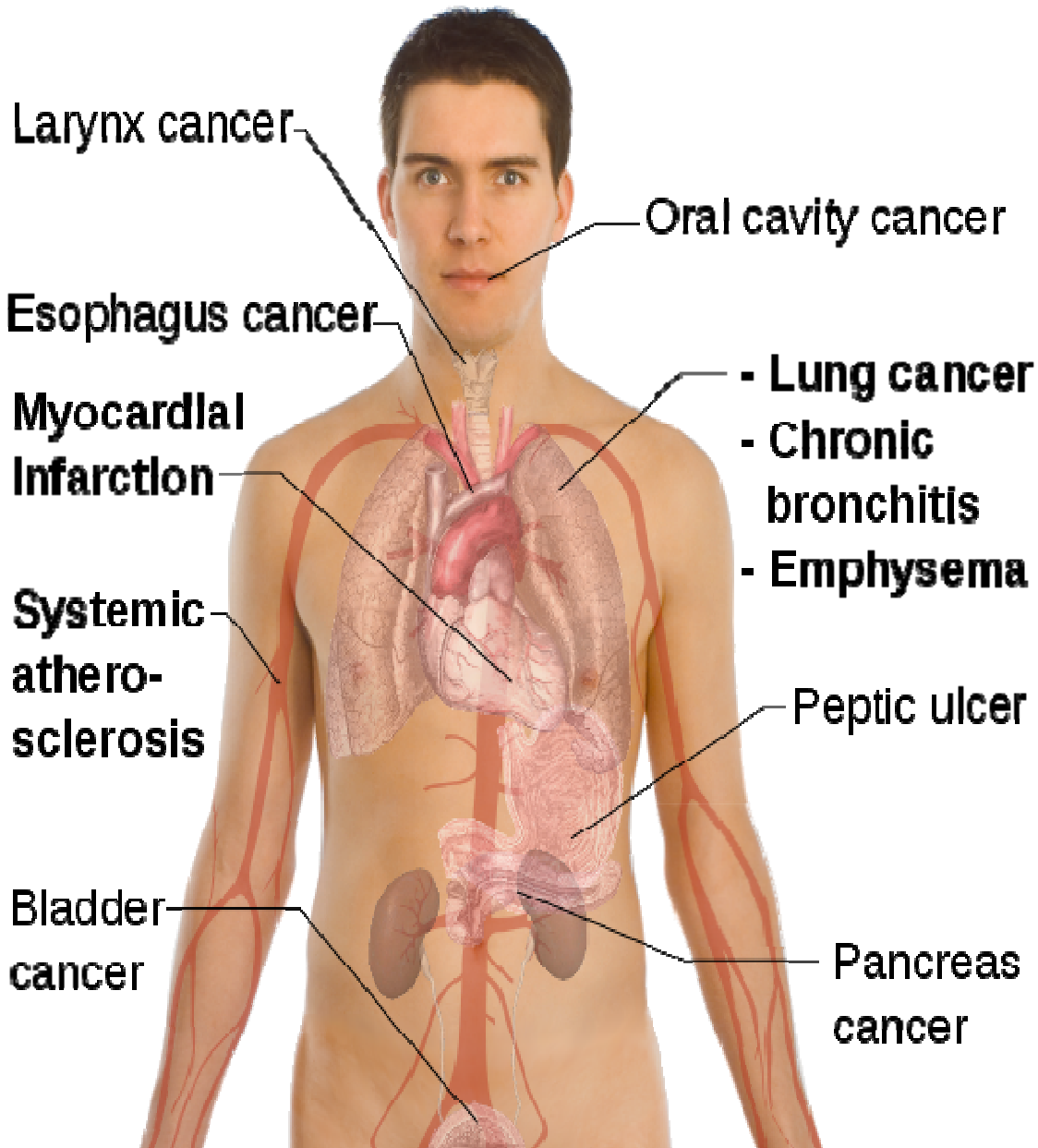
Sources: Adams,2009

A study by **WHO (2010)** estimated approximately one million people as new smokers each year, where as in India, nearly 3000 people arise as new smokers per day. Among those adults are more in number. WHO, estimated that 73% smokers are adults in developing countries. It is estimated that one person dies from smoking tobacco every 72 seconds. In addition, approximately 23% of adults smoked at least one cigarette in the last 30 days. This equates to 4.1 million adults, and 90% of lung cancer are directly attributed to smoking or second hand smoke.
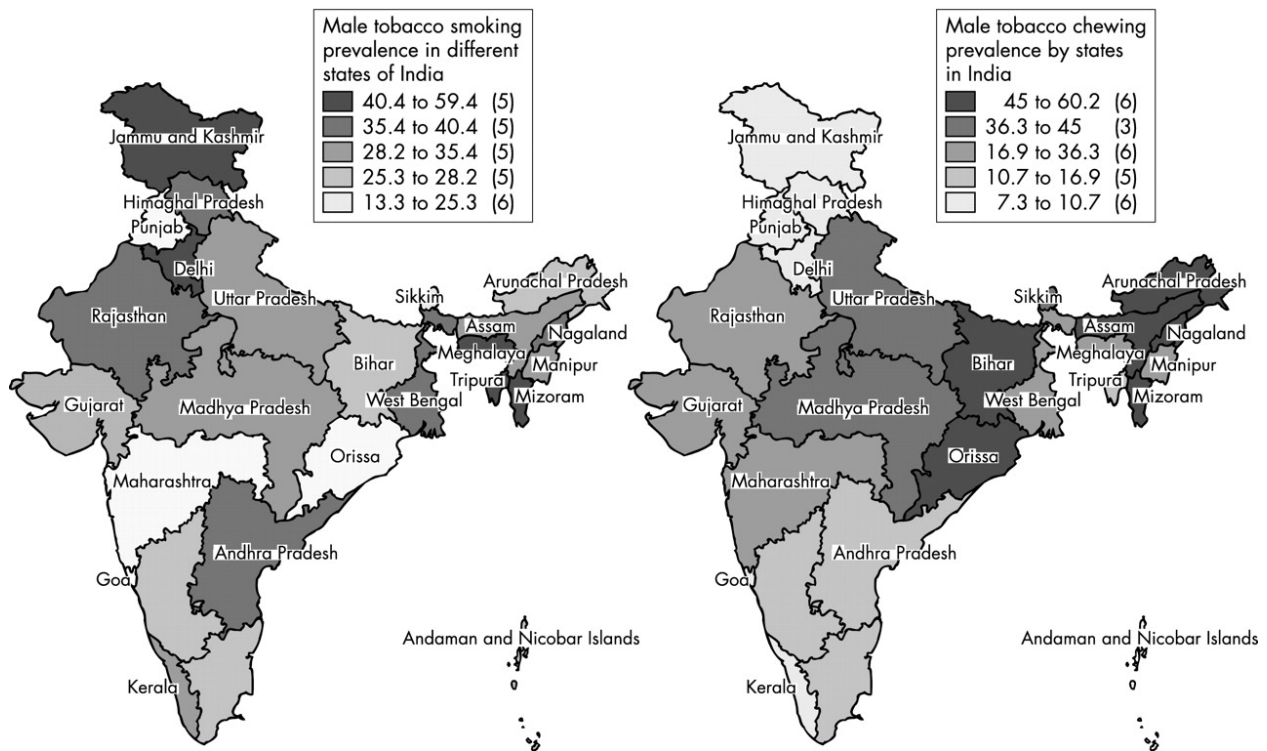
Sources: Medline,2010

Smoking in early age is related to various factors including parental socio economic status, parental attitudes towards tobacco use at (11-14yrs), smoking behavior of parents or friends at (15-18yrs) or the student's school environment. Furthermore, research has shown that the attitude of adults towards tobacco use is a reliable predictor of their children's future smoking.

Adult period is the second decade of life, marking the transition from childhood to adulthood which is an important crossroad in every one's life. According to WHO's estimation, one-fifth of the world's population consists of adults. Achieving independence within the family and marital affairs is an important goal of adults. The time period extends from an age 18-35 yrs through at least 40yrs of age.

Adults develop a more differentiated self-concept, recognizing their behavior and performance vary from setting to setting. The task of identity formation is to develop a stable, coherent picture of oneself that include integrating one's past and present experience with a sense of where one is headed to in the future. Social forces play a large role in shaping an adults sense of self.

Erikson (1968) argues that the key to identify achievements lies in adult's interaction with others. They may be influenced by their peers to use drugs and alcohol on an experimental basis.

Adults wonder how they appear to others and how they will appear to others in future. These questions that appear in early adults continue to be explored as they reach the adulthood.

Many adults will experiment with any or all of the additive substance. Their first exposure may occur as a member of a social group sharing a drink or a puff. Experimentation occurs among adults who want to escape from the feeling of anger and family disharmony.

NEARLY one in five deaths in rich countries is caused by smoking, according to data World Health Organisation. In 2010, s tobacco use killed an estimated 5.1m people worldwide, or one in every eight deaths of adults aged 30 and over. Residents of richer countries are suffering more now because they have been smoking longer: cancers and chronic respiratory diseases caused by tobacco use take a long time to develop. Deaths in poor countries, where many more people have taken on rich-world smoking habits in recent decades, are predicted to rise dramatically in the next 20 years.

NEED FOR THE STUDY

The prevalence of tuberculosis in India is nearly 78% among smokers **(Revised National Tuberculosis Control Programme Survey).** WHO estimated that the coronary artery disease is 42% among smokers and 33% among non- smokers.

A comprehensive approach to health promotion combines activities aimed with intervention focused on changing norms, attitude, behavior of many individuals and institutions that affect the adult's lives. Evidence shows that community health programme can prevent tobacco use among adults.

Youth to youth programme and those emphasizing the immediate effects are more effective but primarily in improving adults attitude towards not smoking. Communities are a primary site for adult health promotion and diseases prevention. Group interventions offer adults a sense of anonymity when obtaining information about sensitive topics.

Once adults have experimented with smoking, approximately 50% continue to smoke 22% of people start smoking at the age of 16 to 20 yrs. It is said that 28.8% of people who smoke live below the poverty line nearly 50,000 non smokers die annually from second hand smoke exposure.

Although the number of adult and adolescent smokers has declined in recent years, cigarette smoking is still considered as the chief avoidable cause of death. The hazards of smoking at any age are undisputed; however a preventive approach to smoking is especially important. Because of its additive nature, smoking which began in childhood, adolescence and adult can result in a lifetime habit, with increased morbidity and early mortality. The most common hazards are cardiovascular diseases like coronary artery diseases, myocardial infarction and respiratory diseases like tuberculosis, lung diseases etc.

Jayant, K., & Notani, P. N. (2008) had conducted a study on knowledge, attitude and practice on tobacco usage in various communities in Bombay and identified that they were well informed about the harmfulness of smoking but knowledge about specific health hazards was limited and most of them had a positive attitude towards non smoking and smoking control programme.

Ganti, A. K. etal. (2009) had done a study on association of positive family history with survival of patients with lung cancer. The investigator used medical records of all patients with lung cancer in academic medical oncology lung cancer clinic between 1999 and 2006 where the investigator

found that of 560 patients 51% were male who had previous smoking history.

The social factor that can influence the initiation of smoking is the belief that cigarette smoking controls weight gain. A comprehensive programme on the subject can facilitate understanding. Preventive education, thus assumes greater importance especially for young adults,.

Education for today's adults must go beyond providing academic facts. Communities are increasingly seeking to develop innovative approaches that help the adults in acquiring relevant knowledge and skills to help them manage their lives. Young people need to share information and discuss issues openly. With better peer support, youth friendly health service and community awareness programme, such as **WORLD NO TOBACCO DAY, NATIONAL CANCER CONTROL PROGRAMME, CIGARATTE AND OTHER TOBACCO PRODUCTS ACT**. Adults will be better equipped to avoid unhealthy habits and to create awareness. This will undoubtedly make them lead a better and responsible life while studying and for future, thus improving their wellbeing in a constructive manner with positive and secure values.

Heras, P., & Kritios, K. (2008) had done a study on smoking among adults and found that out of 927 adults aged 18-35 yrs 32.48% adults were smokers.

Though the community awareness programmes are implemented in the community, the tobacco related diseases are increasing in number every year. Tobacco consumption is related to most common non-communicable diseases in India that is chronic respiratory disease, cancer, diabetes mellitus, cardio vascular diseases.

Hence, in the light of above discussion the investigator desired to conduct a study on effectiveness of structured teaching programme on hazards of cigarette smoking among adults in Thandalam village, Kancheepuram district.

STATEMENT OF THE PROBLEM

Effectiveness of structured teaching programme on hazards of cigarette smoking among adults in Thandalam village, Kancheepuram district.

OBJECTIVES

1. to assess the level of knowledge on hazards of cigarette smoking among adults.

2. to assess the effectiveness of structured teaching programme on hazards of cigarette smoking among adults.

3. to find out the association between the effectiveness of structured teaching programme on hazards of cigarette smoking among adults with selected demographic variables.

OPERATIONAL DEFINITIONS

Effectiveness

The extent to which the teaching programme had achieved the expected outcome and it is measured in terms of improvement significant difference between pretest and posttest scores.

Structured teaching programme:

It refers to a planned teaching on hazards of cigarette smoking which gives the information regarding hazards to health of the individuals.

Hazards of cigarette smoking

An unpredictable phenomenon that causes an edagerment due to inhalation of the gases and hydrocarbon vapours generated by slow burning tobacco in cigarettes

Adults

The persons who are in the age group of 18 to 35 years residing in Thandalam village.

ASSUMPTIONS

1. Adequate level of Knowledge of adults on hazards of cigarette smoking may have a strong influence on adapting healthy behaviors.

2. Health education may promote early health seeking behavior.

3. Planned structured teaching programme would be more effective for improving the knowledge to prevent smoking hazards due to cigarette smoking.

LIMITATION:

1. Data collection period was limited to six weeks.

2. The study was limited to adults in Thandalam village, Kancheepuram district.

3. The age of the study participants was 18-35 years.

PROJECTED OUTCOME:

This study would help to evaluate the effectiveness of structured teaching programme on hazards of cigarette smoking among adults in Thandalam village.

The findings of the study will help the adults in the community to know about the hazards of cigarette smoking, and would help to prevent post predetermined non-communicable diseases from the community through structured teaching programme.

CONCEPTUAL FRAME WORK

Conceptual frame work used for this study is based on Ludwig Von Bertalanffy's (2011) "General System Theory".

A system is defined as a whole with interrelated parts in which the parts have a function and the system as a totality of function. The main components of General System Theory are,

1. Input
2. Throughput
3. Output.

In General System Theory, 'Input' refers to any information which enters into the system through its boundary. 'Throughput' refers to the process whereby the system transforms, creates and organizes the input. 'Output' refers to energy, information or matter that is transferred to the environment. The feedback is the process by which the output of the system is redirected as the input to the same. Feedback emphasizes to strengthen the input & throughput. It may be positive or negative.

INPUT

In this study, pretest is carried out by assessing the level of knowledge of adults about hazards of cigarette smoking. Input is the activity phase where the adults receive the information with the use of projected audio visual aids regarding hazards of cigarette smoking.

THROUGHPUT

Throughput is transformation of information instituted as structured teaching programme for the adults regarding hazards of cigarette smoking in various aspects such as definition of cigarette smoking,general information on cigarette smoking, factors influencing cigarette smoking, explain the effect of cigarette smoke on each system, measures to prevent passive smoking .

OUTPUT

 Output comprises the changes in the level of knowledge on the hazards of cigarette smoking. The output of this study is the increase in the level of knowledge of the adults residing in Thandalam village.

FEEDBACK

The feedback emphasis to strengthen the input and throughput. In case of inadequate knowledge and moderately adequate knowledge the structured teaching programme should be repeated or reassessed.

The investigator accepts the analytical assumptions of symbolic interpretations of transmission of energy in the form of matter and information..

INPUT

DEMOGRAPHIC VARIABLES

Age

Religion

Type of family

Residence

Living with parents

Smokers at home

Smokers among relatives

Educational status of parents

Previous knowledge on cigarette smoking hazards

Structured teaching programme on hazards of cigarette smoking through projected Audio Visual Aids

PRETEST

THROUGHPUT

TRANSFORMATION OF INFORMATION ON CIGARETTE SMOKING HAZARDS

Define cigarette smoking

General information on cigarette smoking

Factors influencing cigarette smoking

Explain the effects of cigarette smoke on each system

Measures to prevent smoking

POSTTEST

OUTPUT

Acquisition of knowledge regarding hazards of cigarette smoking among adults

Adequate Knowledge

Moderate Knowledge

Inadequate Knowledge

FEEDBACK

FIG: 1.3 Modified Ludwig Von Bertalanffy's General System Theory

CHAPTER II

Save us from Tobacco !

REVIEW OF LITERATURE

CHAPTER II
REVIEW OF LITERATURE

Review of literature is an essential component of the research study as it provides a broad understanding of the research problem. The material gathered in the literature review should be treated as an integral part of the research data. Literature review not only influences on the formalities of the problem and the design of the research, but can also provide an useful comparative material when the data collected in the research is analyzed. **(Abdellah and Leveno).**

Keeping this in mind, the investigator has made an extensive literature review on the effectiveness of structured teaching programme on hazards among adults.

A. REVIEW OF LITERATURE

It consists of two parts.

Part 1: Studies related to hazards of cigarette smoking.

Part 2: Studies related to effectiveness of structured teaching programme on hazards of cigarette smoking.

Part 1 Studies related to hazards of cigarette smoking.

Reid, G. J. et al. (2009) had conducted a study on knowledge and attitude of 280 children of parents who smoked and who did not smoke. The scoring for knowledge was similar in two groups and children in group-I displayed tolerant attitudes towards smoking even though they knew the consequence of smoking and 90.2% believed that instruction about smoking damage should be included starting from the first grade of elementary school and it should be at a level which could be easily understood by them.

Shore Ted H. et al. (2004) had conducted a study on the attitude of smokers and non-smokers towards smoking in public places. The investigators used self administered questionnaire on a group of 7th and 8th grade Chinese students. They found that Chinese students had a more positive attitude towards smoking than the students in the United States. This resulted in many changes regarding smoking in public places.

Mendis, S. (2000) had conducted a cohort study to examine the smoking behavior and attitude of 3447 children aged 11 to 18 years in Sri Lankan schools. And the investigator found that the prevalence of smoking in urban and rural children were 7.2% and 4.3% respectively. The knowledge of health hazards of smoking as well as smoking behavior was poor.

Frobisher, C. et al. (2008) had conducted a population - based cohort study on the extent of smoking and age at initiation of smoking among adult survivors of childhood cancer in Britain. The investigators identified that regular smoking was more prevalent currently among survivors of Wilms' tumor than survivors of a central nervous system - neoplasm.

Roosaar, A. et al. (2008) had conducted a prospective study on cancer and mortality among users and non-users of cigarettes. The researchers identified a significant increase in the incidence of combined category of oral and pharyngeal cancer among daily users of cigarette.

Kelishaidi, R., Sadry, G., Zadegan, et al., (2007) had conducted a cross-sectional study to evaluate the effect of some environmental factors on smoking, and to assess some health hazards of smoking among 1950

adults aged 11-18, selected by multi-stage random sampling and identified that mean values of total and LDL-cholesterol and BMI were higher in smokers than in non- smokers. The mean food consumption frequency was lower for fruits and vegetables and higher for fat/salty snacks and fast foods in smokers than in non-smokers.

Gilliland, F. D. et al. (2006) had conducted a prospective cohort study among 2609 children with no lifetime history of asthma or wheezing on the effect of regular smoking and incidence of asthma in adolescents and found that regular smoking was associated with increased risk of new-onset of asthma and regular smokers who were exposed to maternal smoking during gestation had the largest risk for asthma.

Biederman, J. et al (2006) had done a case- control family study to assess if cigarette smoking is a gateway to alcohol and drug use disorders. Identified ADHD youth who smoked cigarettes were observed and found to have a marginally significant trend of risk of AML with the number of years they smoked. It suggested that further investigation is required to confirm these findings.

Thaqi, A. et al (2005) had conducted a study to assess the extent of children's exposure to environmental tobacco smoke. A total of 2767 children aged 5-14 years were involved in the study. Data on nicotine and cotinine in urine were analyzed and found that non-smoking children who were exposed to paternal tobacco smoke at home in average had higher nicotine and cotinine concentration in urine than those who were not exposed to parental tobacco smoke at home.

Larsson, M. et al. (2005) had investigated the relationship between environmental tobacco smoke (ETS) exposure and respiratory symptoms among 4,995 female and 1,822 male who had never smoked. The investigator had identified that female reported more symptoms from tobacco smoke than male and ETS exposure outside the home was shown to be strongly related to almost all respiratory symptoms than ETS exposure at home and female were found to be troubled highly by environmental tobacco smoke exposure than male and showed evidence of serious health hazards.

Part 2: Studies related to effectiveness of structured teaching programme on hazards of cigarette smoking.

Yeretzian J. S., & Afifi R. A. (2010) had done a research on the knowledge- attitude nexus in adults smoking. The investigator collected data from 1294 adults 18- 20 years of age from under – privileged suburbs and suggested that awareness campaign should focus on raising the perceived susceptibility of adult smoking.

Jayant, K. et al. (2010) had conducted a study on knowledge, attitude and practice with regard to tobacco usage among 1278 boys and 353 girls studying in the final year in various communities in Mumbai. The proportion of boys given to one or the other form of tobacco usage (including experimenters/triers) was significantly higher in community (22.5%). Generally boys were more sensitive to best friend's or elder brother's disapproval than to parental. They were well informed about harmfulness of smoking but knowledge about specific health hazards was limited. Most of them had a positive attitude towards smoking and nonsmoking control programmes.

Holly, E. R. et al. (2010) were interested to investigate the smoking habits of Greek community, their attitude towards smoking and their perception of the health consequences of tobacco use. Data were obtained from 1092 adults aged between 18-30 years old. Results indicated that many older adults smoked than the younger ones and boys significantly higher than girls and most of the students believed that people smoke for pleasure and relaxation. The adult's attitudes towards smoking were significantly related to their parent's educational status. Investigators concluded that age and educational status affected students' knowledge of the health effects of tobacco use and suggested smoking intervention program for elementary school students to prevent the habit of tobacco use in pre-adolescent period.

Youssef R. M. et al. (2009) had examined the differentials in knowledge and perception of current and never smokers. Never smokers were significantly more knowledgeable than current smokers about tobacco-related health hazards and they had significantly better perception of dangers of tobacco use, and benefits of being tobacco-free.

Linda, G. et al. (2008) had aimed to conduct a study to estimate the prevalence of smoking and to describe the habits, attitude and practices related to smoking among adults of Jordan University of Science and Technology (JUST), Jordan. Adults were selected randomly and the study revealed that the prevalence of smoking was 28.6% and friends were the main source of first smoking and this most often occurred after 20 years of age. Non- smokers had more positive attitude against smoking and were more aware of the adverse effects of smoking cigarettes. This study provided baseline data to develop an anti- smoking program and encourage policy members to strengthen the policy against smoking.

Rawbone, R. G. et al. (2006) had carried out a research to study the prevalence of respiratory symptoms and health attitude to smoking and health among 10498 adults. The result was that the adult who had smoked regularly had a higher prevalence of upper respiratory tract infection and higher incidence of respiratory symptoms, cough, phlegm production with a cold and shortness of breath compared to non- smokers and found that children were aware of the risk of lung cancer when smoking, but less aware of other more immediate health risks in the younger age group and suggested health education on smoking hazards.

Heimann K. J. (2006) had conducted a study to assess the effectiveness of school- based intervention program to prevent adult smoking. The researcher found that use of tobacco among adults in early adolescent period, resulted in future health problems and ultimately affected the national health care costs. The program designed to produce a favorable attitude about the positive health effects of not smoking and increase knowledge on the hazards of smoking was implemented for 6th graders in parochial middle school. After intervention, there was a significant increase in knowledge about tobacco but no change in attitude regarding the use of tobacco.

Mostafa. A. et al. (2004) had used one- group pretest/ posttest design to assess the effectiveness of one- day antismoking intervention programme for 289 adults whose age ranged from 18-35 years in a community in Abha, Saudi Arabia. The overall level of knowledge among adults was significantly higher after the program. With regard to academic speciality, science students showed significantly highest level of knowledge before and after the program but the programme did not bring about any significant change in the attitude of adults. They suggested that anti

smoking programme be tailored to the individual adult and conducted at an early age before secondary- school education.

Calir, B., Babalioglu, N., & Dogusan, H. (2010) had done a research on tobacco use among community adults in Turkey. An community – based survey was conducted in all community in Turkey and included 6220 adults. They identified that the prevalence of smoking among community adults is quite higher.

Rogacheva, A. et al. (2009) had done a study on smoking and related factors of the social environment among adolescents in republic of Karelia, a confidential questionnaire was distributed to every 9th grade students and found 29% of boys smoked daily and it increased to 31% in 2009.

Balshe, A. A. et al. (2008) had done a retrospective study on the effect of smoking on the survival of smooth and rough – surface dental implants. The investigator used retrospective chart review for two time periods and identified that smoking was associated with implant failure among the group with smooth – surface implants than rough – surface implants.

Xiaohui, X. U. et al. (2005) had conducted a cohort study on smoking as the risk factor for development of leukemia among individuals aged 14 years or older who were followed up over 16 years. They identified that current smoking is associated with increased risk of adult acute myeloid leukemia and observed a marginally significant trend of risk of AML with number of years smoked and suggested that further investigation is required to confirm these findings.

Giuliano, A. R. et al. (2004) had conducted a prospective cohort study on the association between smoking and clearance of oncogenic human papilloma virus infection among women aged 17-35 years and the result showed that smokers maintained an HPV infection significantly longer and had a lower probability of clearing an oncogenic infection compared with women who never smoked.

CHAPTER III

Smoking to me is Like suicide... It is death in anticipation.
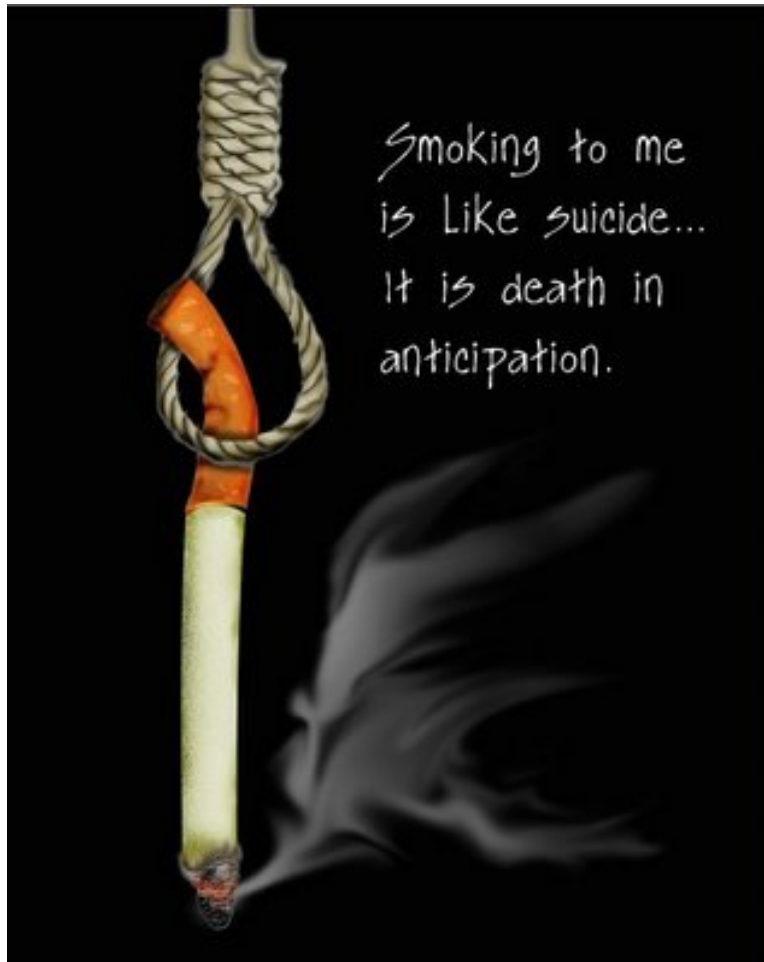
METHODOLOGY

CHAPTER III

METHODOLOGY

This chapter deals with research design, setting, population, sample size, sampling technique, criteria's for selection of sample, description of tools and data collection.

RESEARCH DESIGN

Quasi experimental design was adopted to evaluate the effectiveness of structured teaching programme on hazards of cigarette smoking among adults.

SETTING

The study was conducted in Thandalam village at Kancheepuram district

POPULATION

The study population refers to the adults (18-35 yrs) who are residing in Thandalam village,kancheepuram district.

SAMPLE SIZE

A total number of 50 samples had been selected by using convenient sampling technique.

SAMPLING TECHNIQUE

Convenient sampling technique is used to select the samples for the study.

CRITERIA FOR SAMPLE SELECTION

Inclusion Criteria

1. Only men (18-35 yrs) were included in the study.

2. Adults who are willing to participate in the study.

3. The adults who can understand Tamil and English.

4. The adults who are smoking and having smokers in the family.

5. The adults, who are present during data collection.

Exclusion Criteria

1. Adults who are below 18 yrs.

2. Adults who are not cooperative.

3. Adults who do not understand Tamil/English

INSTRUMENTS FOR DATA COLLECTION

The scholar constructed the Instrument based on the objectives of the study through literature review and expert's guidance .The data collection is derived the following heading like demographic variable, self structured multiple choice questionnaries.

Part – I

It consisted of demographic variables of the subjects and their parents (age, type of family, residence, living with parents, smokers at home, smokers among relatives, and previous knowledge on hazards of cigarette smoking)

Part – II

Self structured multiple choice questionnaires. It consists of 30 multiple choice questions related to hazards of cigarette smoking among adults. Each correct answer will be given the score of one and the wrong answer will be given the score of zero. The total possible score will be 30.

DATA COLLECTION

The study was conducted at Thandalam village, Kancheepuram district. The data was collected for a period of six weeks by using the prepared tools. The tools have been developed based on the objectives of the study and through review of literature. The investigator obtained the approval from the dissertation committee and from the president, Thandalam village, Cheyur Taluk, Kancheepuram District. Oral consent was taken from the study participants to conduct the study. The data collection was done for six weeks.

CHAPTER IV

DATA ANALYSIS AND INTERPRETATION

CHAPTER – IV

DATA ANALYSIS AND INTERPRETATION

This chapter deals with statistical analysis. It deals with description of tool, report of pilot study, informed consent, data collection procedure, score interpretation, method of data analysis plan, results and presentation of findings. Data analysis was done by using descriptive and inferential statistical procedure. The items have been scored after assessment and evaluation and the results have been tabulated. The statistical methods used for analysis were mean, standard deviation and paired 't'- test.

DESCRIPTION OF THE TOOLS

The questionnaire is most frequently a very concise pre planned set of questions designed to yield specific information to meet a particular need for research information about a pertinent topic the research information is obtained from respondents normally from a related area of interest. Data collection instrument was developed through an extensive review of literature and consultation with experts. The structured questionnaire was prepared in English and translated into Tamil before collecting the data.

Details of the tools used in this study are given below

PART-I

Demographic variables

It consisted of demographic variables of the subjects and their parents (age, type of family, residence, living with parents, smokers at home, smokers among relatives, and previous knowledge on hazards of cigarette smoking).

PART II – questionnaires related to knowledge on hazards of cigarette smoking.

It consists of 30 multiple choice questions, each question had three alternative responses. The adults were asked to tick the correct option in the box provided against each questionnaire. Each correct answer was given a score of one and wrong answer was given a score of zero.

SCORE INTERPRETATION

Scoring interpretation $= \dfrac{\text{Obtained score}}{\text{Total score}} \times 100$

SCORE DESCRIPTION

DESCRIPTION	PERCENTAGE
INADEQUATE KNOWELDGE	below 50%
MODERATELY ADEQUATE KNOWELDGE	51% - 75%
ADEQUATE KNOWELDGE	above 75%

REPORT OF THE PILOT STUDY

Prior permission from the authorities was obtained and individual consent taken from the five samples was selected for the study. The pilot study was conducted in Thandalam village, Kancheepuram district, for a period of two weeks. The tools had been used to find out the reliability, validity, feasibility and practicability of the tool and which was evaluated by experts of the Research committee. Content validity was obtained from community health nursing experts. According to convenient sampling technique five samples had been taken and by using the questionnaires on hazards of cigarette smoking among adults had been assessed and then the knowledge had been evaluated and analyzed by using paired t-test.

VALIDITY

The tools had been prepared with the help of experts' guidance on the basis of objectives which had been assessed and evaluated, accepted by experts of Research committee. Content validity was obtained from community health nursing experts.

RELIABILITY

The reliability was checked by inter rater method. The reliability score was 0.74. Reliability and practicability of tool was tested through the pilot study and used for the main study.

INFORMED CONSENT

The investigator obtained the approval from the dissertation committee and from the president, Thandalam village, Cheyyur Taluk, Kancheepuram District. Oral consent was taken from the study participants to conduct the study. The data collection was done for six weeks by using interview and observational method.

DATA COLLECTION PROCEDURE

The Researcher introduced himself and maintained a good rapport and made the people to cooperate and accept the participants for this study. The data was collected from adults with smoking in Thandalam village. The study was conducted in three phases.

1ˢᵗ Phase: Pretest was conducted for the group of 50 samples. Researcher explained the purpose of distributing the questionnaires and explained all the sections given in the questionnaires like demographic data, questions to assess the level of knowledge. Pretest was conducted for 45 minutes.

2ⁿᵈ Phase: After the pretest a structured teaching programme was conducted in community, Thandalam village. Structured teaching programme was lasted for 5 days with 10 samples for each day and session lasted for 45 minutes.

3ʳᵈ Phase: Post test was conducted for 30 minutes. Each day the samples were seated a few distances apart.

PLAN FOR DATA ANALYSIS:

The data were had been organized, tabulated and analyzed by using descriptive statistics (frequency, percentage, mean and standard deviation)

Mean, standard deviation and paired't' test was used to determine the difference between pretest and posttest in the group.

Chi-square test was used to determine the association between level of knowledge and selected demographic variables.

STATISTICAL METHOD

Descriptive statistical analysis and inferential statistical analysis methods had been used to find out the percentage, mean, standard deviation, Paired 't' test and "chi square" test.

S.NO	DATA ANALYSIS	METHODS	REMARKS
1.	Descriptive analysis	The total number of score, percentage of score, mean and standard deviation.	To describe demographic variables of adults residing in Thandalam village.
2.	Inferential analysis	Paired ' t ' test	Analyzing the effectiveness of structured teaching programme on hazards of cigarette smoking among adults between pretest and posttest.

			Analyzing the association between demographic variables and effectiveness of structured teaching programme on hazards of cigarette smoking among adults
3	Inferential analysis	Chi square	

Tab. 4.1 Statistical Method of Data Analysis

DATA ANALYSIS AND INTERPRETATION HAVE BEEN DONE UNDER THE FOLLOWING HEADINGS

SECTION –A

Frequency and percentage distribution of demographic variables among adults.

SECTION – B

Comparison between pretest and post test scores of effectiveness of structured teaching programme on hazards of cigarette smoking among adults.

SECTION – C

Comparison between mean and standard deviation of pretest and post test scores of effectiveness of structured teaching programme on hazards of cigarette smoking among adults.

SECTION – D

Mean and standard deviation of improvement score for effectiveness of structured teaching programme on hazards of cigarette smoking among adults.

SECTION – E

Association between the demographic variables in relation to effectiveness of structured teaching programme on hazards of cigarette smoking among adults.

SECTION–A:

Table 4.2 FREQUENCY AND PERCENTAGE DISTRIBUTION OF DEMOGRAPHIC VARIABLES OF ADULTS   **N=50**

Demographic variables		Frequency	N %
AGE	20 - 25 YEARS	17	34.00%
	26 - 30 YEARS	21	42.00%
	31 - 35 YEARS	6	12.00%
	36 - 40 YEARS	6	12.00%
RELIGION	HINDU	30	60.00%
	CHRISTIAN	12	24.00%
	MUSLIM	8	16.00%
	OTHERS	0	.00%
TYPE OF FAMILY	NUCLEAR	9	18.00%
	JOINT	27	54.00%
	EXTENDED	14	28.00%
EDUCATION	NO FORMAL EDUCATION	13	26.00%
	PRIMARY EDUCATION	20	40.00%
	SECONDARY EDUCATIN	17	34.00%
	COLLEGE EDUCATION	0	.00%
RESIDENCE	RURAL	26	52.00%
	URBAN	23	46.00%
	SUB URBAN	1	2.00%

LIVING WITH PARENTS	YES	41	82.00%
	NO	9	18.00%
SMOKERS AT HOME	YES	16	32.00%
	NO	34	68.00%
SMOKERS AMONG RELATIVES	YES	14	28.00%
	NO	36	72.00%
SOURCE OF INFORMATION	MEDIA	9	18.00%
	AWARENESS PROGRAMME	29	58.00%
	PARENTS	12	24.00%
	RELATIVES / FRIENDS	0	.00%

Table 4.1 Depicts the results obtained for the demographic variables observed from the adults in the group. Most of the adults were in the age group of 26-30 yrs 21(42.00%) in the group

With respect to religion 30(60.00%) were Hindus, 12(24.00%) were Christians and 8(16.00%) were Muslims 0(.00%) were others.

Regarding the type of family, 9 (18.00%) were from nuclear family system, 27(54.00%) from joint family14 (28.00%) from extended family in the group.

With respect to education 13(26.00%) no formal education 20(40.00%) primary education 17(34.00%) secondary education 0(.00%) college education.

With respect to residence 26(52.00%) were from rural area 23(46.00%) were from urban area1 (2.00%) were from suburban areas.

With respect to living with parents 41(82.00%) were with parents 9(18.00%) living with their guardians in the group.

Regarding smokers at home, 16(32.00%) have smokers at home 34(68.00%) have no smokers at home 14(28.00%) have smokers among relatives 36(72.00%) have no smokers among relatives.

Regarding source of information 9(18.00%) through media 29(58.00%) through awareness programme 12(24.00%) through parents 0(.00%) through relatives /friends.

FIG 4.1 PERCENTAGE DISTRIBUTION OF DEMOGRAPHIC VARIABLE ON AGE

FIG 4.2 PERCENTAGE DISTRIBUTION OF DEMOGRAPHIC VARIABLE ON RELIGION
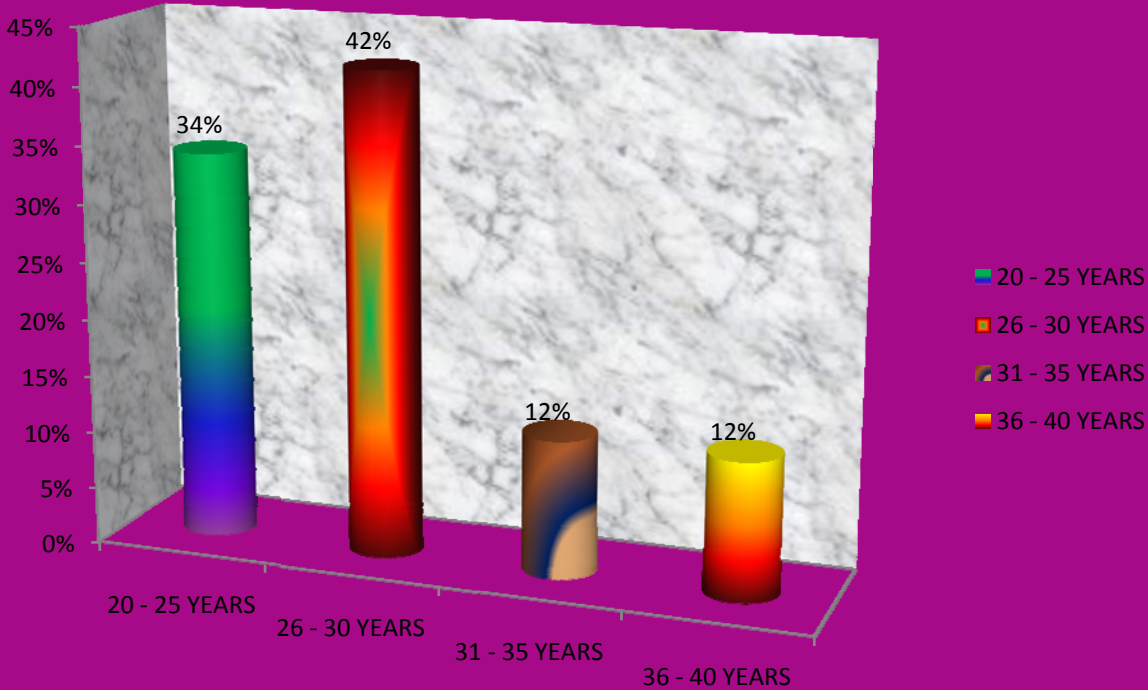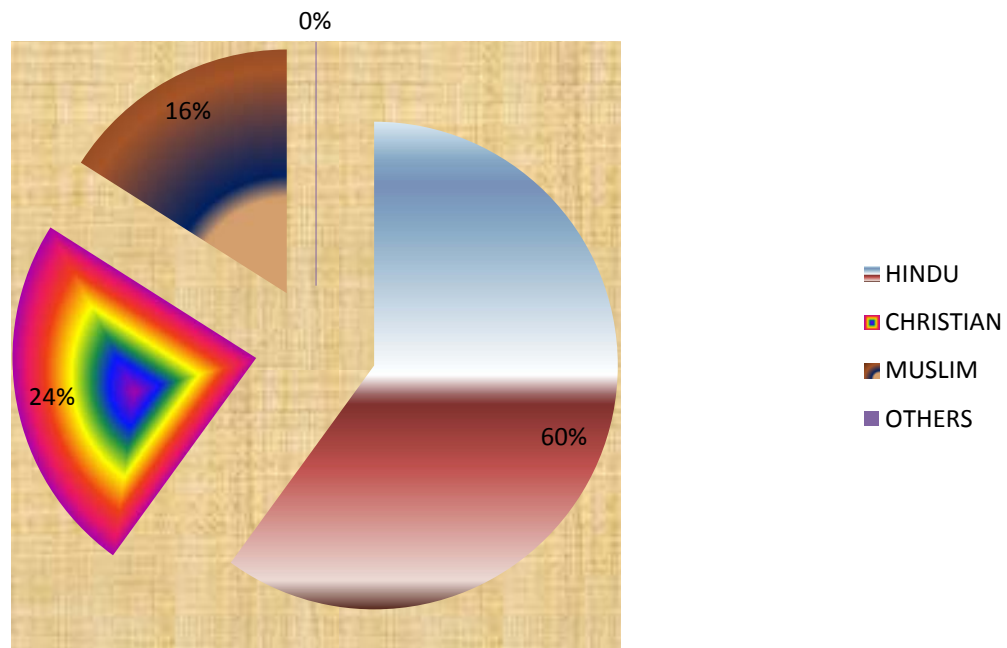
0%

16%

24%

60%

- HINDU
- CHRISTIAN
- MUSLIM
- OTHERS

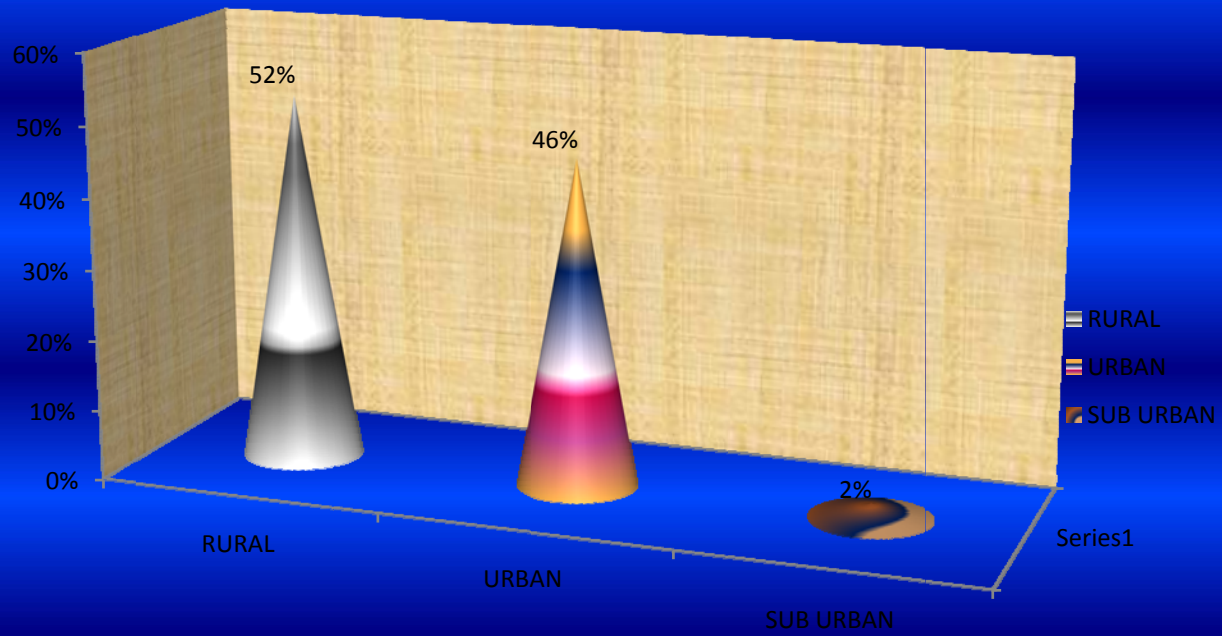FIG 4.3 PERCCENTAGE DISTRIBUTION OF DEMOGRAPHIC VARIABLE ON RESIDENCE

FIG 4.4 PERCCENTAGE DISTRIBUTION OF DEMOGRAPHIC VARIABLE ON EDUCATION
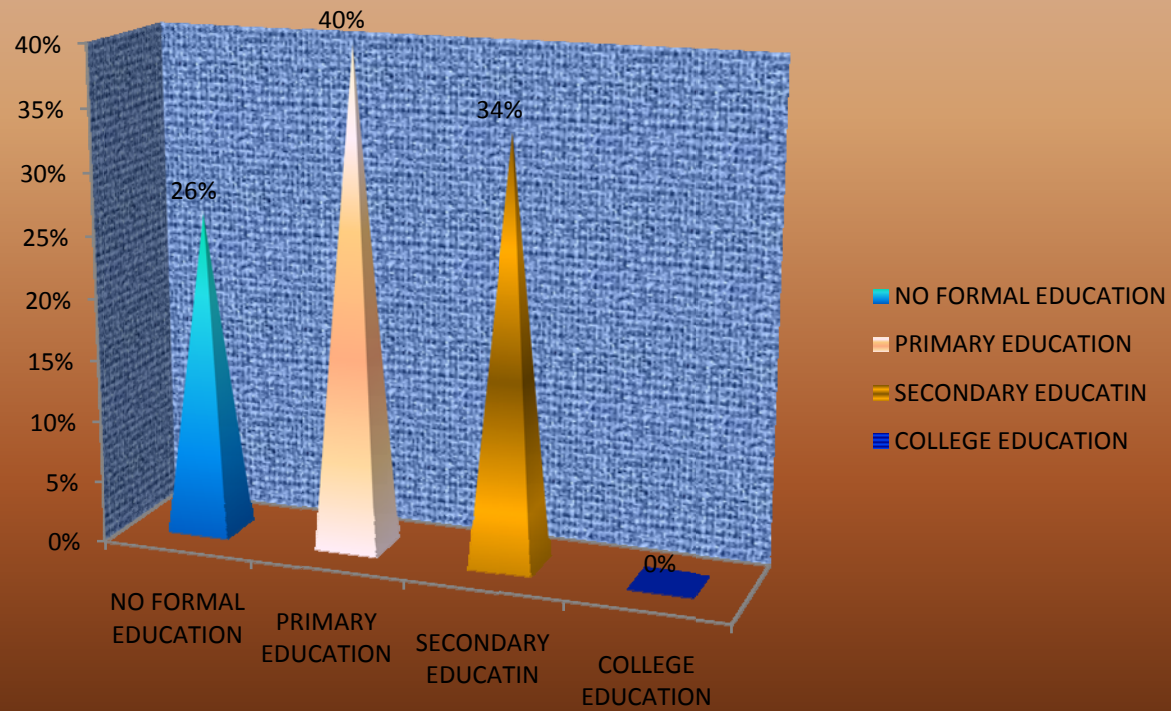
FIG 4.5 PERCENTAGE DISTRIBUTION OF DEMOGRAPHIC VARIABLE ON TYPE OF FAMILY

18%

28%

54%

- ■ NUCLEAR
- ■ JOINT
- ■ EXTENDED
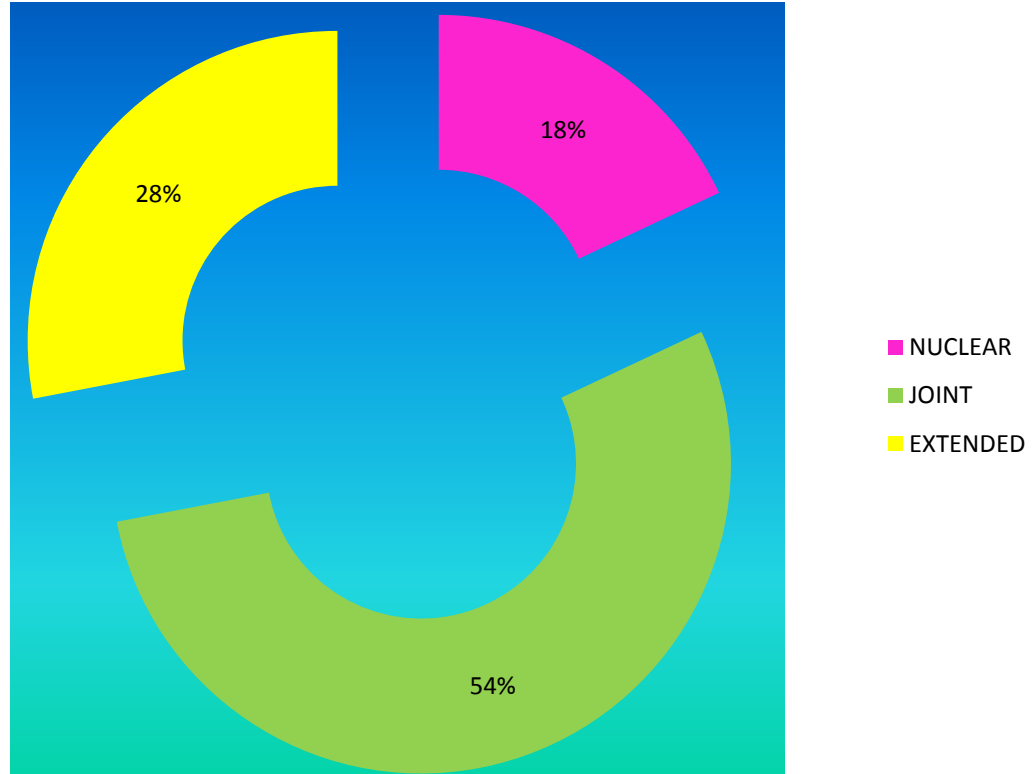
SECTION – B

TABLE 4.3 - FREQUENCY AND PERCENTAGE DISTRIBUTION OF EFFECTIVENESS OF STRUCTURED TEACHING   PROGRAMME ON HAZARDS   OF   SMOKING   AMONG   ADULTS N=50

KNOWELDGE OF SMOKING ADULTS	ADEQUATE		MODERATE		INADEQUATE		TOTAL	
	No	%	No	%	No	%	No	%
Pretest	0	0	10	20	40	80	50	100
Posttest	32	64	18	36	0	0	50	100

Table 4.2 shows that the knowledge of adults.   On pre-test and post test, self - structured questionnaires were used.   On the pre-test day, the smoking adults 10(20%) were in moderate knowledge and 40(80%) were in inadequate knowledge.

On the pre-test day, 32(64%) were in adequate knowledge, 18(36%) were in moderate knowledge and none of them in inadequate knowledge.
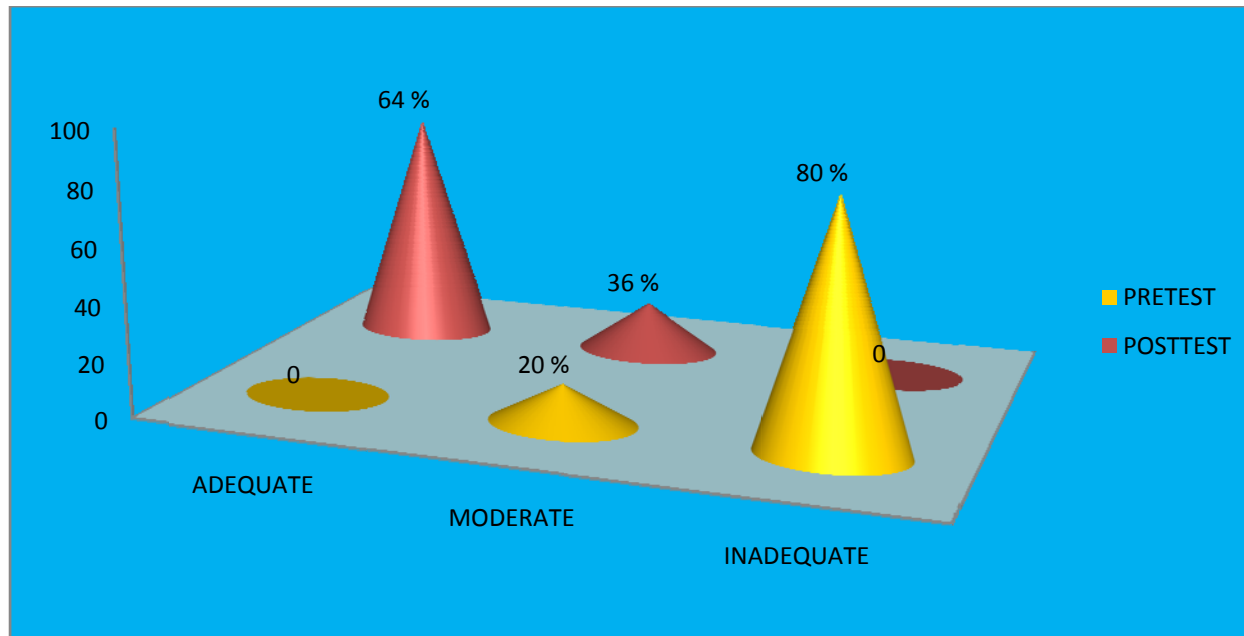
FIG 4.6 percentage distribution of effectiveness of structured teaching   programme on hazards of smoking among adults in pre and post test

SECTION – C

TABLE – 4.4: COMPARISON BETWEEN MEAN AND STANDARD DEVIATION REGARDING EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON HAZARDS OF CIGARATTE SMOKING AMONG ADULTS N=50

S.NO	SMOKING ADULTS	MEAN	STANDARD DEVIATION	STANDARD ERROR MEAN
1	ASSESSMENT	44.32	8.09	1.14
2.	EVALUATION	82.76	9.22	1.30

Table 4.3 shows comparison between mean and standard deviation of pretest and posttest on structured teaching programme about hazards of cigarette smoking on knowledge among adults. This table shows that during the pretest, the mean was 44.32 with standard deviation of 8.09 and on sposttest the mean was 82.76 with the standard deviation of 1.30.

SECTION – D

TABLE – 4.5: MEAN AND STANDARD DEVIATION OF IMPROVEMENT SCORE AMONG ADULTS

Level Of Improvement	Paired Differences					t value
	Mean	Standard Deviation	Standard Error Mean	95% Confidence Interval of the Difference		
				Lower	Upper	
Improvement Score	38.44	11.4	1.6	41.61	35.28	24.41*

*p<0.05

Table 4.4 shows the mean and standard deviation of improvement score for effectiveness of structured teaching programme on hazards of cigarette smoking on among adults. The total numbers of samples taken were 50. The table also reveals the knowledge and the value of mean, standard deviation and't' value of improvement score.The improvement score of mean value was 38.44 and standard deviation was 11.4 and the't' value was 24.41, which shows a significant improvement in the level of knowledge of adults on hazards of cigarette smoking.

SECTION – E

TABLE 4.6: ASSOCIATION BETWEEN DEMOGRAPHIC VARIABLES AND HAZARDS OF CIGARATTE SMOKING
N=50

		POST TEST SCORE						χ^2
		INADEQUATE KNOWLEDGE		MODERATE KNOWLEDGE		ADEQUATE KNOWLEDGE		
		Count	N %	Count	N %	Count	N %	
AGE	20 - 25 YEARS	0	0%	6	12%	11	22%	3.491
	26 - 30 YEARS	0	0%	7	14%	14	28%	
	31 - 35 YEARS	0	0%	4	8%	2	4%	
	36 - 40 YEARS	0	0%	1	2%	5	10%	
RELIGION	HINDU	0	0%	12	24%	18	36%	0.846
	CHRISTIAN	0	0%	3	6%	9	18%	
	MUSLIM	0	0%	3	6%	5	10%	
	OTHERS	0	0%	0	0%	0	0%	
TYPE OF FAMILY	NUCLEAR	0	0%	2	4%	7	14%	1.912
	JOINT	0	0%	12	24%	15	30%	
	EXTENDED	0	0%	4	8%	10	20%	
EDUCATION	NO FORMAL EDUCATION	0	0%	6	12%	7	14%	0.911
	PRIMARY EDUCATION	0	0%	7	14%	13	26%	
	SECONDARY EDUCATIN	0	0%	5	10%	12	24%	
	COLLEGE EDUCATION	0	0%	0	0%	0	0%	

RESIDENCE	RURAL	0	0%	12	24%	14	28%	2.707
	URBAN	0	0%	6	12%	17	34%	
	SUB URBAN	0	0%	0	0%	1	2%	
LIVING WITH PARENTS	YES	0	0%	17	34%	24	48%	2.951
	NO	0	0%	1	2%	8	16%	
SMOKERS AT HOME	YES	0	0%	7	14%	9	18%	0.613
	NO	0	0%	11	22%	23	46%	
SMOKERS AMONG RELATIVES	YES	0	0%	6	12%	8	16%	0.397
	NO	0	0%	12	24%	24	48%	
SOURCE OF INFORMATION	MEDIA	0	0%	3	6%	6	12%	2.955
	AWARENESS PROGRAMME	0	0%	13	26%	16	32%	
	PARENTS	0	0%	2	4%	10	20%	
	RELATIVES / FRIENDS	0	0%	0	0%	0	0%	

Table 4.5 reveals that all the demographic variables like age, religion, , type of family, educational status, residence, living with parents, smokers at home ,smokers among relatives source of information, are not significant with the hazards of smoking p<0.05 and the calculated value was greater than table value at 0.05 level of significance.

CHAPTER V

RESULTS AND DISCUSSION

CHAPTER –V

RESULTS AND DISCUSSION

The aim of the present study was to evaluate the effectiveness of structured teaching programme on hazards of cigarette smoking among adults. A total number of 50 samples had been selected for the study. Assessment had been done by self structured questionnaires. Structured teaching programme was given to the group after the pre-test.

The result of the study had been discussed according to the objectives of the study, conceptual framework and on related literature.

The study was conducted at Thandalam village at Kancheepuram district. Fifty adults who met with the inclusion criteria had been included in the study. Each client was assessed with the questionnaire for demographic variables, questionnaire for demographic variables related to smoking and self structured multiple choice questionnaires.

The first objective was to assess the level of knowledge on hazards of cigarette smoking among adults.

Table 4.2 On assessment day, forty (80%) clients were in inadequate knowledge, ten (20%) were in moderate knowledge with mean 44.32 and standard deviation 8.09. It reveals that most of the clients were possessed inadequate knowledge. They were in need of structured teaching programme on hazards of cigarette smoking.

The second objective was to assess the effectiveness of structured teaching programme on hazards of cigarette smoking among adults.

The nursing care as per the protocol was provided to each adult and observed by using self – structured multiple choice questionnaires. Comparison of assessment mean level of 44.32 and evaluation mean of 82.76 showed the improvement score mean of 38.44 with standard deviation of 11.4. The paired't' value 24.41 shows the difference in knowledge between the pre and post test of structured teaching programme. So there is a significant improvement between the pre-test score and post test score. It shows positive correlation between pre-test and post test.

The third objective was to find out the association between the effectiveness of structured teaching programme on hazards of cigarette smoking among adults with selected demographic variables.

Table 4.6 revealed and proved that there was no significant association between the demographic variables (age, sex religion, type of family, educational status, treatment and follow-up, source of health information,).

From the statistical analysis, the improvement score mean 38.44 with standard deviation of 11.4, the paired 't' value of 24.41 which had a significance at $P<0.05$ level and the calculated value was greater than table value at 0.05 level of significance. It implies that the structured teaching programme on hazards of smoking by the investigator was effective and showed improvement in level of knowledge of adults.

CHAPTER VI
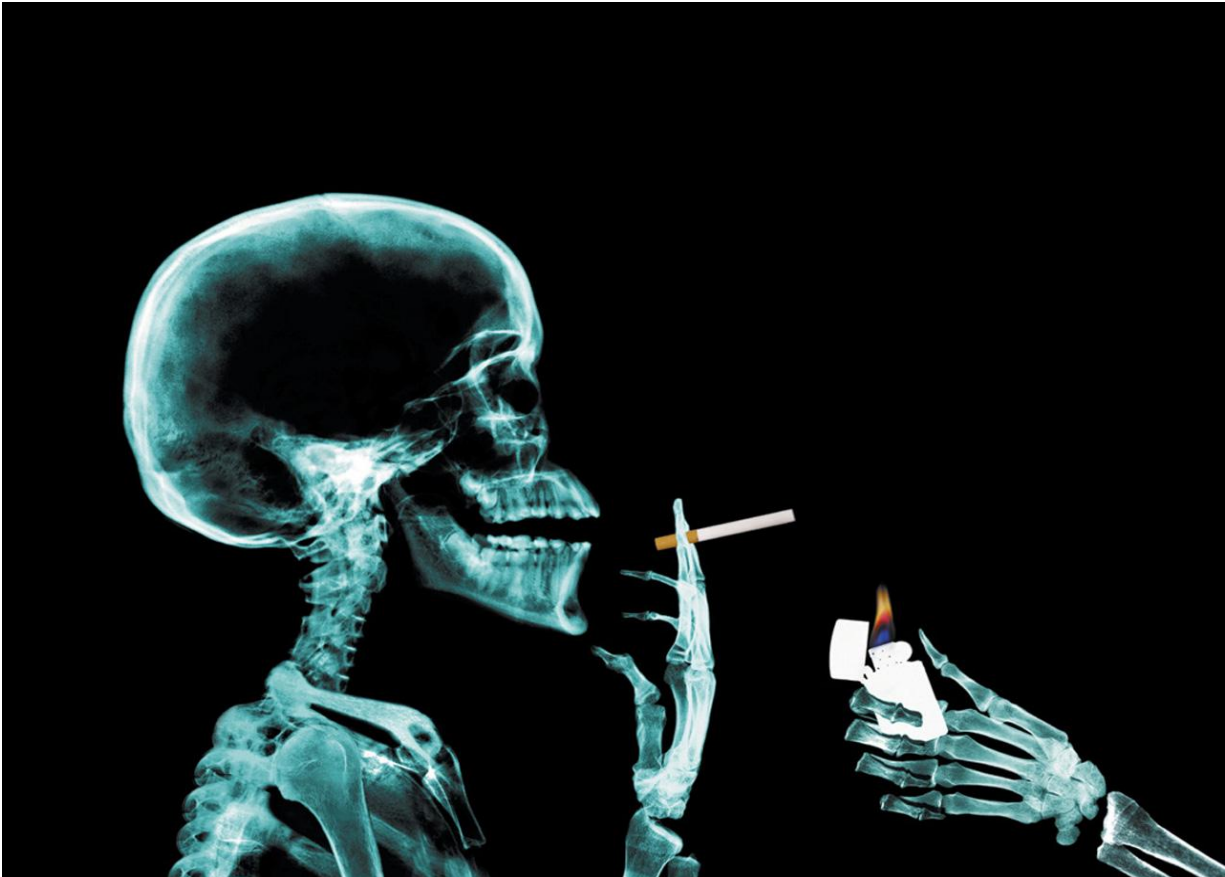
SUMMARY AND CONCLUSION

CHAPTER VI

SUMMARY AND CONCLUSION

The present study was conducted to elicit the effectiveness of structured teaching programme on hazards of cigarette smoking among adults. A total of 50 adults, who met the inclusion criteria had been selected by using convenient sampling technique.

The objective of the study was to assess the knowledge on hazards of cigarette smoking among adult's and to assess the effectiveness of structured teaching programme on hazards of cigarette smoking among adults, to find out the association between effectiveness of structured teaching programme among adults with selected demographic variables .

The investigator first introduced himself to the adults and developed a good rapport with them.   After the selection of sample, the pretest was conducted to the adults on hazards of smoking.

There are two parts in this section.

PART – I: It consisted demographic variables of subjects and their parents on age,religion,type of family, current residence, smokers at home, smokers among relatives, educational status of their father and mother, previous knowledge on hazards of cigarette smoking.

PART – II: It consisted of multiple choice questionnaires that are used to assess the knowledge on hazards of cigarette smoking.

CONCLUSION:

On the pre-test day, out of 50 samples, 23 (80.00%) clients were under inadequate knowledge. On pre-test day after the structured teaching programme on hazards of smoking. Likewise 10 (20.00%) adults were under moderate knowledge and on the post test day, the adults knowledge had improved.

There was statistically ($P < 0.05$) a significant increase in knowledge, In relation to effectiveness of structured teaching programme on hazards of cigarette smoking.

The results of the study have got implications on nursing practice, nursing education, nursing administration and nursing research.

NURSING IMPLICATIONS:

The implications drawn from the study are of vital concern for clinical nurse practitioner, nurse educators, administrators and researchers.

1. **Nursing Practice**

   a. Equip the clinical nurse practitioner to motivate and educate the adolescents and their family members on hazards of cigarette smoking.

   b. Nurse practitioner can prepare posters and charts which depicts the hazards of cigarette smoking on each system and exhibit it in morbidity clinic to create awareness.

   c. The school health nurse should take initiative in conducting health education programme on the hazards of cigarette smoking periodically in school settings.

IMPLICATIONS FOR NURSING EDUCATION:

a. Nurse educator can motivate and encourage the students to prepare educational materials like models and charts on the harmful effects of cigarette smoking on respiratory system, gastro-intestinal system, eyes etc., of quality to enhance nursing care.

b. The curriculum should be strengthened and emphasis should be laid on the topics that enable the students to identify the cause, health hazards of smoking on each system, treatment modalities its preventive measures and information regarding governmental organization who conduct health awareness programme to reduce the incidence of disease.

c. Health education can also be given using video and role play enacted by trained personnel.

d. The nurse educator should educate the community and involve them in peer group teaching which gives a way for better learning outcome.

e. Community health nurse educator should plan and conduct in service education programme on prevention and cessation of cigarette smoking even for nurses working at the grass root level and school teachers so that they in turn could create awareness in the public.

IMPLICATIONS FOR NURSING ADMINISTRATION

a. Nurse administrator may be involved in policy making and budgeting for the health education sessions.

b. Plan appropriate staffing pattern in the health care setting to render holistic care which includes health teaching on lifestyle changes, causes, risk factors and preventive measures etc., to the allocated individuals.

c. Plan and organize continuing education programme for nursing personnel in the health service to update their knowledge and statistics ofcigarette smoking and its hazards.

d. Facilitate the nursing personnel with adequate and appropriate audio visual aids and equipments to demonstrate and teach the adults and their family on cigarette smoking and its ill effects.

e. Nurse administrator should recommend school and college authorities to include preventive programme on cigarette smoking as a part of the co-curricular activities.

IMPLICATIONS FOR NURSING RESEARCH

a. The review of literature reveals that relatively less research has been done on effectiveness of computer assisted teaching on the hazards of cigarette smoking.

b. Both student nurses and nurses should be encouraged to show more interest in the field of research regarding the hazards of cigarette smoking by using various audio visual materials to create awareness on hazards of cigarette smoking.

c. A retrospective study can be done to assess the history of cigarette smoking on cancer patients.

RECOMMENDATIONS

1. A similar study could be replicated employing a larger sample.

2. A study could be done to assess the knowledge of teachers and parents regarding hazards of cigarette smoking on each system.

3. A similar study can be conducted with a posttest after three months and one year interval to evaluate the retention of knowledge attitude and practice.

4. A study can be conducted to assess the effect of passive smoking.

5. A study can be done to compare the level of knowledge and practice on the hazards of cigarette smoking between adults in urban and rural settings.

BIBLIOGRAPHY

BIBLIOGRAPHY

Ahuja .N., (2004).   **A short text of psychiatry**. (5th ed.). New Delhi; Jaypee publication.

Al- Haddad, N. S., Al-Habeeb, T. A., Abdelgadir, M. H., & Qureshi, N. A. (2006**). Smoking patterns among primary health care attendees. *Journal of East Mediterranea*n Health**, 9(5), 911-922.

Ann Worlbert Burgess., (1997). *Psychiatric Nursing*. (5th edition). California; Appleton Lange Publichers.

Anupam Sachdeva. (2007). ***Advances in Peadiatrics***. (1st ed.). New Delhi; Jaypee Brothers Medical Publishers.

Balshe, A. A., Eckert, S. E., & Koka, S. (2008). The effects of smoking on the survival of smooth- and rough- surface dental implants. *International Journal Of Oral Maxillofacial Implants*, 23(6), 1117-1122.

Basavanthappa, B.T. (2007), ***Psychiatric Mental Health Nursing***. (1st ed.). New Delhi; Jaypee Brothers Medical Publishers.

Biederman, J., Mounteaux, M. C., Mick, E., & Wilen, T. E. (2006). Is cigarette smoking a gateway to alcohol and illicit drug use disorders? A study of youths with and without attention deficit hyperactivity disorder. *Biological Psychiatry*, 59(3), 258-264.

Cakir, B., Babalioglu, N., & Dogusan, H. (2010). Tobacco use among institutional adolescents: does social environment affect the risk? *International Journal of Public Health*, 54(6), 379-389.

David Harvey., (2000). **Community Child Health and Paediatrics**. (2nd ed.). London; Butterworth Publications.

Deborah Antai- Otong., (2003). *Psychiatric Nursing.* (1st ed.). Australia; Thompson publication.

Dorothy, R. Marlow., (2009). **Text Book of Paediatric Nursing**. (8th ed.). Philadelphia; Saunders publication.

Doubein, C. A., Li, W., & Difrance, J. R. (2008). **Perceived accessibility as a predictor of youth smoking.** *Ann Fam Medicine*, 6(4), 323-330.

Frobisher, C., Winter, D. L., Reulen, R. C., Taylor, A. J., & Steven, M. C. (2008). Extent of smoking and age at initiation of smoking among adult

survivors of childhood cancer. *Journal of National Cancer Institute*, 100(15), 1068-1081.

Gabbard (1999). *Treatment of Psychiatric disorders*. (2nd ed.). New Delhi; Jaypee Brothers Medical publication.

Gail, W. Stuart., (2007). *Principles and Practices of Psychiatric Nursing*. (8th ed.). Missouri; Mosby publication.

Ganti, A. K., Loberiza, F. R. Jr., & Kessinger, A. (2009). Association of positive family history with survival of patients with lung cancer. *Lung Cancer*, 63(1),   136-139.

Gilliland, F. D., Islam, T., & Gauderman, W. J. (2006). Regular smoking and asthma incidence in adolescents. *American Journal of Respiratory Critical Care Medicine*, 174(10), 1094-1100.

Guiliano, A. R., Sedjo, R. L., Roe, D. J. Harrik., & Baldwin, S. (2004). Clearance of oncologic human papillomavirus infection: effect of smoking. *Cancer Causes Control*, 13(9), 839-846.

Heimann, K. J. (2000). A school- based intervention program to prevent adolescent smoking. *Journal of School Nursing*, 16(4), 22-27.

Ioka, A., Tusukuma, H., & Nakamuro, K. (2004). Life style and pre-eclampsia with special attention to cigarette smoking. *Journal of Epidemiology*, 13(2), 90-95.

Jane Ball., & Ruth Bindler., (1994). *Paediatric Nursing.* (1st ed.). United States of America; Library of congress cataloging publication.

Jayant, k., Notani, P. N., Gulati, S. S., & Gadre, V. V. (2007). Tobacco usage in school children: a study of knowledge, attitude and practice. *Indian Journal of Cancer*, 28(3), 139-147.

Kaklamani, S., Tsikakis, S., & Clare, R. (2008). Risk factor for smoking among school adolescents in Greece. *Child Care Health Development*, 34(3), 310-315.

Kelishaidi, R., Sadry, G., Zadegan, N. S., & Hashemipour, M. (2007). Smoking, adolescents and health: Isfahan healthy heart programme-heart health promotion from childhood. *Asian Journal of Public Health*, 16(1), 15.

Larsson, M. L., Loit, H. M., Meren, M., & Magnusson, A. (2005). Passive smoking and respiratory symptoms. *Journal of European Respiration*, 21(4), 672-676.

Lippincott Williams., (2000). *Psychiatric Nursing made incredibly easy*. (1st ed.). London; Williams and Wilkins publication.

Marcia Stanhope., et al. (2003). *Foundations of Nursing in the Community*. (2nd ed.). Virgina; Mosby publications.

Maria Stanhope., et al. (2003). *Foundations of Nursing in the Community*. (2nd ed.). Virginia; Mosby publication.

Marilyn, J. Hockenberry., (2009). *Wong's, Nursing care of Infant and Paediatrics*.   (8th ed.). Missouri; Mosby publication.

Mendis, S. (1999). Tobacco use in a cohort of children. *British Journal of Addiction*, 85(3), 397-398.

Micheal, A. Merson., (2005). *International Public Health*. (2nd ed.). London. Jones and Bartlett publishers.

Moshin, M. (2005). Anti- smoking campaign in Multan. *Journal of East Mediterranean Health*, 11(5), 1110-1114.

Neeraja, K.P. (2007). *Text book of sociology for Nursing students*. (2nd ed.). New Delhi; Jaypee brothers publication.

Park, K. (2009). *Text Book of Preventive and Social Medicine*. (21st ed.). Jabalpur; Bhanot publication.

Polit Deniso, F., & Hungler Bernadette., (2009). *Nursing research principle & methods.* (8th ed). Philadelphia; J.B.Lippincott company.

Rawbone, R. G., Keeling, C. A., & Guz, A. (2001). Prevalence of respiratory symptoms, knowledge of health hazards and attitude to smoking and health. *Journal of Epidemiology Community Health*, 32(1), 53-58.

Reid, G. J., Seidelin, P. H., Irine, M. J., & Nolan, R. P. (2005). Mental-stress- induced platelet activation among patients with coronary artery disease*. Psychosomatic Medicine*, 71(4), 438-445.

Rogacheva, A., Laatikaninen, T., Patja, K., & Paavolam. (2009). Smoking and related factors of the social environment among adolescents. *European Journal of Public Health*, 18(6), 630-636.

Roosaar, A., & Johnsson, A. L. (2008). Cancer and mortality among users and nonusers of cigarette. *International Journal of Cancer*, 123(1), 168-173.

Sherri Shein Field., et al. (2004). *Health promotion hand book*. (1st ed.). Philadelphia; Mosby publications.

Sundar Rao, P. S. S., Richard, J. (2006). *Introduction to Biostatistics*. (4th ed.). New Delhi; Prentice- Hall of India.

Suraj Gupte., (2004). *The short text book of paediatrics*. (10th ed.). New Delhi; Jaypee Brothers publication.

Susan Rowen James., et al. (2000). *Child Health Nursing*. California; Addison- Wesley publishing company.

Thaqi, A., Franke, K., Merkel, G., & Wichmann, H. E. (2005). Biomarkers of exposure to passive smoking of school children: frequency and determinants. *Journal of Environment and Health*, 15(5), 302-310.

Yeretzian, J. S., & Afifi, R. A. (2010). The knowledge- attitude   nexus in adolescent smoking. *Journal of Public Health*, 31(3), 354-359.

Youssef , R. M., Abou-Khatwa, S. A., & Fouad, H. M. (2006). Current and never smokers: differentials in characteristics, knowledge and perceptions. *Journal of East Mediterranean Health*, 9(5-6), 923-934.

WEBSITES:

http:// in wikipedia.org/wiki

http://www.google.com

http://search.yahoo.com

http://www.healthline.com

http://www.medline.com

http://www.pubmed.com

http://www.indiatimes.com

APPENDICES

Scholar introducing himself to the group

Scholar giving pretest to the group

Scholar conducting Structured Teaching Programme on hazards of cigarette smoking among adults

Scholar conducting Post test to the group