A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON HAZARDS OF SMOKELESS TOBACCO CHEWING AMONG ADULTS IN SELECTED RURAL AREA IN BANGALORE

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ABSTRACT:
Background: The study was undertaken to assess the effectiveness of structured teaching programme on hazards of smokeless tobacco chewing among adults in Chikkagollarahatti in Bangalore. Objectives: to assess existing knowledge regrading hazards of smokeless tobacco chewing, to assess effectiveness of structured teaching programme on hazards of smokeless tobacco chewing and to find out the association between the knowledge score with the selected demographic variables. Methods: one group pretest posttest, pre-experimental design was used. Sample: 40 adults, the purposive sampling technique was adapted to select subjects, pretest was obtained by using structured self-administered questionnaire from the adults. On the same day structured teaching programme was administered to the adults for about 45 minutes to 1 hour. Post test was conducted on 8th day by using same structured self-administered questionnaire from the participants. Data was analyzed using descriptive statistics. Result: regrading the existing knowledge of hazards of smokeless tobacco chewing, there was lack of knowledge in all aspects among adult people. The pretest mean knowledge score of adults was 10(25%), while the posttest mean knowledge was 21(53%). statistically obtained ‘t’value was 1.684 which is significant at 0.05 level. There exists a significant difference between pretest and posttest knowledge score on hazards of smokeless tobacco chewing among adult people. Hence the research hypotheses H₁ is accepted. There exist significant association between posttest knowledge score on hazards of smokeless tobacco chewing among adult people with demographic variables such as educational status. Hence H₂ is accepted. Interpretation & conclusion: hence the findings reveled that structured teaching programme was effective in enhancement of the knowledge of the adult people on hazards of smokeless tobacco chewing.

KEYWORDS: assess, effectiveness, structured teaching programme, hazards, smokeless tobacco chewing
INTRODUCTION:

Health is wealth as it has a strong and lasting impact on one's personal as well as progress in life. According to WHO, health is a state of complete physical, mental, social and spiritual well-being and not merely the absence of disease or infirmity. Unfortunately, 3 million American users of smokeless tobacco are under 21 years of age. The prevalence of smokeless tobacco use remains higher among young males aged 18 to 24 years and is higher in rural versus urban areas.

In many parts of the world, including in the WHO Eastern Mediterranean Region, people use smokeless tobacco. The tobacco is usually chopped up and moistened, and is used by chewing it or holding it in the mouth between the gum and the cheek. Chewing tobacco is sometimes mixed with other substances including herbs, spices, areca nut, betel leaf and slaked lime. Different forms include paan, naswar, chalia/supari and gutkha. Gutkha is a commercially-manufactured smokeless chewing tobacco that is sweetened and flavoured and is increasingly popular among young people and women in some countries.

Tobacco is the single greatest cause of preventable death in the world. Tobacco use leads most commonly to diseases affecting the heart and lungs, with smoking being a major risk factor for heart attacks, strokes, chronic obstructive disease, emphysema and cancer (particularly lung cancer, cancers of the larynx and mouth, pancreatic cancer). It also causes peripheral vascular disease and hypertension, all developed due to the exposure time and the level of dosage of tobacco. Tobacco contains nicotine and nicotine triggers dopamine level in the brain which raises blood pressure leading to increased intracranial pressure and affects all the systems in the body, so to avoid all these complications it is necessary to explain and prevent the ill effects of tobacco to tobacco-consuming people.

Tobacco smoking and alcohol consumptions are the major cause of cancers of the mouth and pharynx in developed countries and southern Africa, whereas tobacco chewing explains the high incidence in some developing countries. There are several factors contributing to tobacco use among adolescents and adults, they are peer pressure, movies, advertisement, insecurity and anxiety, poor impulse control, unmet needs and poor social support. This creates dependency to tobacco intake and makes it impossible to give up.

Health of the human being should be preserved for making the nation healthy and prosperous. Healthy and sturdy people are likely to evolve as physically and mentally strong adults and enhances the quality human resources. In order to develop a healthy society, it is important that we should have healthy population: their health is a key element for the development of our nation. Some studies report that education is the strongest predictor of tobacco consumption.

Smokeless tobacco products, for the smokers responding to smoking bans in their workplaces or public spaces. Many of these products are being developed and test-marketed with explicit or implicit claims of harm reduction, and the implications of their introduction are being
hotly debated in the tobacco control field. Harm reduction is arguably the most complex, controversial and divisive issues in tobacco control today.

Smokeless tobacco use should be subject to the same regulation as cigarettes and other tobacco products. This includes application of Article 9 © World Health Organization 2014. All rights reserved. All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use.

**NEED FOR THE STUDY:**

Tobacco use is a serious health problem. Currently above one by fifth of all world-wide deaths attributed to tobacco occur in India, more than 8,00,000 people die and 12 million people become ill due to tobacco. In India, deaths attributed to tobacco are expected to rise from 1.4% of all deaths in 1990 to 13.3% in 2020. It is estimated that 5500 people start using tobacco every day in India. The WHO estimated that tobacco caused 5.4 million death in 2004 and 100 million deaths over the course of the 20th century. similarly, the united states centrals for diseases conditions and prevention describe tobacco use as “the single most important preventable risk to human health in developed countries and in important cause of premature death worldwide.

Smokeless tobacco use in the Region is increasing rapidly, especially among young people and women. The Region has some of the highest rates in the world, with overall rates of use of tobacco products other than cigarettes (including smokeless tobacco) of 14% among boys age 13–15 (compared to 7% cigarette use) and 9% among girls age 13–15 (compared to 2% cigarette use) (2). Rates are even higher in some countries of the Region (3). In many countries, more women and young people use other tobacco products than smoke cigarettes. Underlying this increase is the misperception that use of tobacco products such as smokeless tobacco is less harmful to health than smoking cigarettes. Smokeless tobacco is not a safe alternative to cigarettes. However, the health dangers of smokeless tobacco use are little understood by users. (WHO, 2009-10)

The Global Adult Tobacco Survey (GATS) conducted in India in 2009–2010 among those ages 15 years or over revealed that smokeless tobacco was the most common form of tobacco used. Prevalence of current SLT use was 26% (33% men; 18% women) and of daily use, 21%. The average age of initiation to SLT was 17.9 years, similar to that for smoking. Product preferences varied by gender and by region. Men generally preferred khaini, followed by gutka and areca nut (the last two contain betel quid). The pattern of product preferences for women is more complicated. In the South and North-East, women preferred areca nut; in the Western, Central, and Eastern regions, women used SLT products mainly for dental application; and they preferred khaini in the Eastern, North-Eastern, and Central regions and gutka in the Central and
North-Eastern regions. In the North, very few women used SLT. The low rate at which SLT users quit use is indicated by the fact that former daily use of SLT was 1.2%.

WHO-EM/TFI/115/E of the WHO Framework Convention on Tobacco Control (FCTC) on the regulation of the contents and emissions of tobacco products, Article 10 on the regulation of tobacco product disclosures and Article 11 on packaging and labelling of tobacco products. Smokeless tobacco use should be included in tobacco control efforts. Actions should include:

- prohibition of misleading labelling and claims of reduced harm and safety
- having health warnings on smokeless tobacco packaging
- education of the public and health professionals about the health risks of smokeless tobacco use
- cessation interventions for smokeless tobacco users.

Based on the above facts, findings, reviews and also during the community posting, the researchers identified that many community adults are chewing smokeless tobacco and they were lack in knowledge regarding the hazards. so the researches felt that it is necessary to teach and enhance the knowledge of community people to reduce the incidence of various cancers and by reduce the mortality & morbidity related to cancer.

A conceptual framework refers to a frame work of prepositions for conducting research. Conceptual framework adopted in the present study was modified Pender’s health promotion model.

RESEARCH METHODOLOGY:

In this study the evaluative research approach is accomplished to assess the effectiveness of structured teaching programme on hazards of smokeless tobacco chewing among adults in Chikkagollarahatti in Bangalore, one group pretest posttest, pre-experimental design was used to assess the knowledge of the community people on hazards of smokeless tobacco chewing

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<tr>
<th>group</th>
<th>pretest</th>
<th>intervention</th>
<th>Posttest</th>
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<tbody>
<tr>
<td></td>
<td>Pretest on 1\textsuperscript{st} day</td>
<td>structured teaching programme on hazards of smokeless tobacco chewing</td>
<td>Posttest on 8\textsuperscript{th} day</td>
</tr>
<tr>
<td>01</td>
<td>x</td>
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<td>02</td>
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Whereas,

- 01-administration of pretest structured self-administered knowledge questionnaire on hazards of smokeless tobacco chewing on 1\textsuperscript{st} day to adults
X- structured teaching programme was administered to the adults for about 45 minutes to 1 hour.

02- administration of posttest structured self-administered knowledge questionnaire on hazards of smokeless tobacco chewing on 8th day to adults

Settings of the study is Chikkagollarahatti in Bangalore. Sample size was 40 adults, non-randomized purposive sampling technique was adapted to select subjects, pretest was obtained by using structured self-administered questionnaire from the adults. On the same day structured teaching programme was administered to the adults for about 45 minutes to 1 hour. Post test was conducted on 8th day by using same structured self-administered questionnaire from the participants. Data was analyzed using descriptive statistics.

DESCRIPTION OF THE TOOL:

The tools used for the data collection was structured self-administered questionnaire on adults. The reliability was found to be r=0.973. It consists of two sections.

- Section-1 demographic variables,
  - With 9 items on age, gender, religion, educational status, occupational status, marital status, place of residence, type of family and source of information regarding smokeless tobacco chewing

- Section-2 structured self-administered knowledge questionnaires on hazards of smokeless tobacco chewing

<table>
<thead>
<tr>
<th>ASPECTS</th>
<th>ITEMS</th>
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<tr>
<td>General information regarding smokeless tobacco chewing</td>
<td>7 items</td>
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<tr>
<td>Knowledge regarding metabolism of smokeless tobacco chewing</td>
<td>5 items</td>
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<tr>
<td>Knowledge regarding hazards of smokeless tobacco chewing</td>
<td>9 items</td>
</tr>
<tr>
<td>Knowledge regrading diagnosis of cancer</td>
<td>3 items</td>
</tr>
<tr>
<td>Knowledge regarding psychological effects</td>
<td>2 items</td>
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<tr>
<td>Knowledge regarding management and prevention of smokeless tobacco chewing</td>
<td>4 items</td>
</tr>
</tbody>
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SCORING PROCEDURE:

The questionnaires consist of 30 items and total aggregate score of 30. Each question having 4 options from which instruction were clearly told to choose the correct options. Each correct option was scored as 1 and wrong as 0.

Total score is divided as,
DEVELOPMENT OF STRUCTED TEACHING PLAN:
1. Preparation of 1st draft of hazards of smokeless tobacco chewing
2. Establishment of content validity of tool on hazards of smokeless tobacco chewing
3. Preparation of final draft of tools of hazards of smokeless tobacco chewing
4. Descriptions of the hazards of smokeless tobacco chewing
5. Planning for structured teaching programme on hazards of smokeless tobacco chewing
   a. Selecting the method of teaching- lecture cum discussion
   b. Selection and preparation of AV aids- flash cards, charts, photographs, pamphlets, handouts
   c. Determining teaching learning activities
   d. Determination of physical facilities- Amman temple campus and anganwadi school
   e. Planning to implement the STP
   f. Informing the participants
   g. Determining the methods of evaluating the STP-posttest scoring comparison to pretest scoring

FINDINGS:
In order to find out the knowledge on smokeless tobacco chewing on the respondents and also to find out the relationship between the variables and knowledge score, the data gathered were analyzed and interpreted using descriptive statistics. Based on the objectives and hypothesis the data are presented under the following headings,

- Section-A: data on distribution of demographic variables
- Section-B: data on knowledge level of adults before administration of STP
- Section-C: data on effectiveness of structured teaching programme on hazards of smokeless tobacco chewing among adults
- Section-D: data on association between knowledge levels among adults with their selected demographic variables
RESULTS:

The results of the study are as follows, Assessment of aspects wise pretest mean knowledge score were, 10.0% in general information, 7.5% in hazards of smokeless tobacco chewing, 2.5% in diagnosis of cancer, 5.0% in management and prevention of smokeless tobacco chewing, metabolism and psychological effects the scores were 0%. Assessment of overall pretest mean knowledge scores was, 25% with SD as 1.2. Assessment of aspects wise effectiveness of structured program, the enhancement mean knowledge score was 28% with its
paired SD as 0.9 and 't'test as 1.684 at 0.05 level of significance. **Assessment of overall effectiveness of structured teaching programme was**, higher 53% with SD 2.1, when compared with overall pretest mean knowledge score value which 25% with SD 1.2. adults had higher mean knowledge score in the posttest than pretest with the mean knowledge enhancement of 0.9 and overall 't'test 1.684 at 0.05 level of significance. The finding revealed that there was significant association between posttest knowledge score and educational status was found to be associated at P 0.05 level. **Hence the hypothesis is accepted.**

**CONCLUSION:**

The primary aim of this study is to assess the effectiveness of structured teaching programme on hazards of smokeless tobacco chewing among adults in Chikkagollarahatti in Bangalore. The study concluded that, the structured teaching programme on hazards of smokeless tobacco chewing was very effective among the adults of Chikkagollarahatti in Bangalore

**RECOMMENDATION:**

Based on the findings of the present study, recommendations offered for future research are,

- The study can be replicated using large sample
- A comparative study can be conducted to assess effectiveness of structured teaching programme between urban and rural adult on hazards of smokeless tobacco chewing
- A study can be conducted by using other alternative methods of teaching programme like information booklet
- A true experimental study can be done to assess the effectiveness of structured teaching programme on hazards of smokeless tobacco chewing among adults

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