

Assess the effectiveness of planned health teaching on knowledge about nicotine dependence among adolescents

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Abstract

Background: Nicotine is a remarkable product when considering the number of disease to which it can reliably be linked as a casual aspect or as a factor which is partially responsible for the occurrence of disease. Nicotine dependence is not only a risk factor but is also related with low health related quality of life and high psychiatric co-morbidity
Objectives: The objective of this study to assess the knowledge scores about Nicotine dependence among adolescents residing in selected area

Methods: In present study, researcher adopted A Non probability convenient sampling technique was used. Semi structured questionnaire and planned health teaching on knowledge about nicotine dependence. Data collection done on 60 samples. Association was done by Fisher's exact test with selected demographic variable.

Result: A qualification variation in the sample, there has been no significant difference between their knowledge scores. There was positive co-relation between the age and the pre-test knowledge scores of the samples. Older the adolescent, higher was the pre-test knowledge scores.

Conclusion: Findings of the study revealed that after receiving planned teaching the post-test scores increased, this shows that the planned health teaching was very effective as the adolescents are very receptive towards the planned teaching on nicotine dependence.

Keywords: Planned health teaching, Nicotine dependence, Adolescents, knowledge about nicotine dependence, Nicotine dependence in Adolescents

Introduction:

Nicotine intake is a serious public health; challenge in several regions of the world .It has assumed the dimension of an epidemic resulting in enormous disability, disease and death. It is estimated that 5 million preventable deaths occur every year globally, attributable to Nicotine intake. At this rate, the number of such deaths is expected to by 2020. Nicotine in the form of Tobacco appears to be as old as human civilization. Cultivation of tobacco plant probably dates back to 8000 years when two species of the plant, Nicotine. A restice and nicotine tobacco, were dispersed by American Indians through the Southern American continent. When the Portuguese landed on Indian shores they brought in tobacco.

They introduced it finally in the royal courts where it found favor. It seems a valuable commodity of barter trade, being used by Portuguese for purchasing Indian textile. The taste for tobacco, first acquired by the Indian royals, soon spread to the commoner in the seventeenth century. Tobacco began to take firm roots in India. Nicotine intake is estimated to cause 800,000 deaths annually. WHO predicts that tobacco deaths in India may be raised to 1.5 million annually by 2020 (Kumar, Pourni and Ramchandra 2006). In India, Nicotine in the form of tobacco is used in wide variety of ways such as smoking, chewing, applying, sucking, gargling etc. The various forms of Nicotine intake e.g. Beedis:- Beedis are made by rolling dried leaves with 0.15-0.25 gm of sundried, flaked tobacco, Beedi smoking is the most popular form of smoking in India. 34% of Nicotine intake in India is used in the form of Beedis, Cigarette:- Cigarettes smoking is the second most popular form of Nicotine intake used in India after Beedis.

A number of factors influence the intake of Nicotine by children and teenagers. Some of these are the family history of tobacco use in elders, peer influence, experimentation, easy access to such products, personality factors, underlying emotional and psychosocial problems accompanied risk taking behaviors and most importantly, the aggressive marketing strategies of the tobacco industry. As early as the 17th century people in medicine and government saw the need to combat nicotine dependence especially in the form of smoking, but unfortunately, economic considerations prevailed and it was felt more profitable to tax nicotine use (tobacco) rather than ban it. Therefore, we are faced today with a myriad of tobacco related ailments and their considerable human and financial cost. Nicotine dependence in the form of smoking is now well established as a recognized cause of cancer, lung disease, coronary heart disease and stroke. It is considered that single most avoidable cause of premature morbidity and mortality in the world additionally epidemiological studies have reported positive association between nicotine dependence and psychiatric disorders.

NEED OF THE STUDY

Researcher knows that nicotine intake is a cause for many problems greatly related to health which affects our society and adolescents living in the society. The researcher found an intense need to find out the nicotine dependency among adolescents residing in selected areas of Pune city. It is also observed that educational efforts are needed to prepare future nurses to assist nicotine addicts. The researcher also found a great need to create general awareness among adolescents about Nicotine abuse and dependency. **Objectives of the study are** to assess the

pretest knowledge scores about Nicotine dependence, to assess the posttest knowledge scores about Nicotine dependence among adolescents to compare the pretest and posttest knowledge scores about Nicotine dependence among adolescents and to find the association between the selected demographic variables and posttest knowledge scores about Nicotine dependence among adolescents.

Methods

In present study, researcher adopted A Non probability convenient sampling technique was used. Semi structured questionnaire and planned health teaching on knowledge about nicotine dependence. Data collection done on 60 samples. Association was done by Chi-square test with selected demographic variable.

Result:

Section-I-DISTRIBUTION OF DEMOGRAPHIC DATA

Table 1: Description of samples based on their personal characteristics in terms of frequency and percentages

Demographic variable	Category	Frequency	Percentage %
Age	12-14 Years	0	0
	14-17 Years	60	100%
	17-20 Years	0	0
Gender	Male	41	68.33%
	Female	19	31.66%
Religion	Hindu	45	75%
	Muslim	12	20%
	Christian	03	05%
	Others	00	00%
Family income	Below 50,000/-	22	36.66
	50,000-1.5 lakhs	19	31.66

	1.5 lakhs – 2.5 lakhs	13	21.66
	2.5 lakhs & above	06	10
Personal history of substance abuse	Cigarette	03	05.33%
	Alcohol	05	08.33%
	Tobacco	08	13.33%
	Mishri	00	00%
	Bidi	02	03.33%
	Ghutka	03	05.00%
	Snuff	00	00
	Any Others	00	00
	Multiple Drug Use	00	00
	None	39	65%
Family history of substance abuse	Yes	18	30.00%
	No	35	58.33%
	If any other	07	11.66%

The table No.1 deals with the demographic data with regard to demographic characteristics, majority of 100 % of the samples were from the age group 14-17 years of the adolescents, 68.33% of them are males, 75% of the adolescents are from Hindu religion, 22(36.66%) of them are having family income Below 50,000. 65% of the adolescents not having any personal history of substance abuse. 58.33% of them not having any substance abuse history.

SECTION – II To assess the Pre-test knowledge scores about Nicotine dependence among adolescents

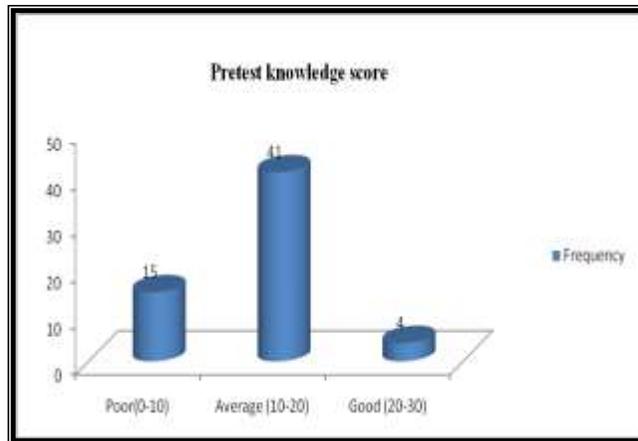


Fig.No.1

Fig No .01 shows that 25% samples scored poor knowledge and 68.33% samples scored average knowledge and 06.66% samples scored good knowledge about Nicotine dependence

Section-III-To assess the post- test knowledge scores about Nicotine dependence among adolescents.

Table-2

Post-test knowledge score	Frequency	Percentage %
Poor(0-10)	04	06.66%
Average (10-20)	24	40.00%
Good (20-30)	32	53.33%

Table No. - 02 shows that 6.66% samples scored poor knowledge and 40% samples scored average knowledge and 53.33% samples scored good knowledge about Nicotine dependence.

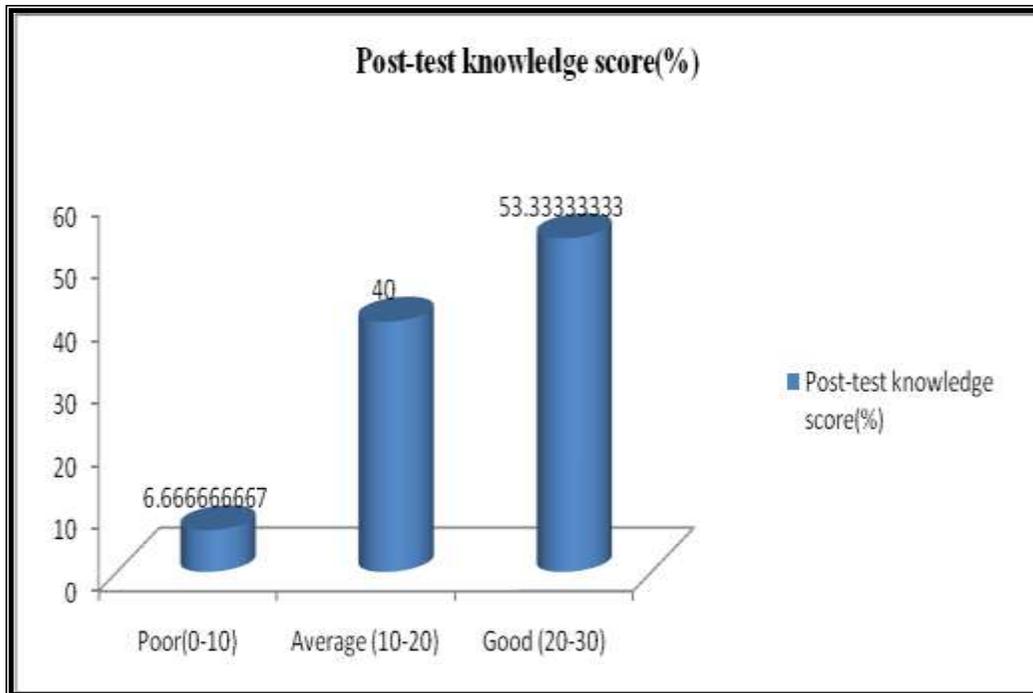


Fig.No.2

Section-IV: To compare the pretest and posttest knowledge scores about Nicotine dependence among adolescents.

majority 68.33% of adolescents in pre-test are having moderately adequate knowledge (scores 11-20), 25% of adolescents in pre-test are having inadequate knowledge (scores 0-10) and only 6.66% of adolescents in pre-test are having adequate knowledge (scores 21-30), whereas in post-test majority 53.33% of the adolescents have adequate knowledge (scores 21-30) and 40 % of adolescents in post-test have moderately adequate knowledge(scores 11-20), which indicates that the planned health teaching on Nicotine dependence was very effective and the knowledge about the Nicotine dependence was improved.

Section-V - To assess the effectiveness of planned health teaching programme on knowledge about Nicotine dependence. This assessment was done using paired t-test.

P-value is 0.0000 (<0.05), the planned health teaching is statistically significantly effective in improving knowledge of adolescents about Nicotine dependence.

Section-VI-To find the association between the selected demographic variables and posttest knowledge scores about Nicotine dependence among adolescents.

Table-3

Demographic data	Chi-square Value	P-value	DF	Result
Age	NA	NA	NA	NA
Gender	0	0.992	1	NS
Religion	NA	NA	NA	NA
Family Income	4.382	0.223	3	NA
Personal history of substance abuse	NA	NA	NA	NA
Family history of substance abuse	1.183	0.227	1	NS

The data in Table shows that there is no significant association between Posttest knowledge score and selected demographic variable. Such as age, gender, religion, family income, personal history of substance abuse & family history of substance abuse.

DISCUSSION

The findings of the study are discussed with reference to the objectives and hypothesis and with the findings of the other studies in the section. The present study was conducted to assess the effectiveness of planned teaching on knowledge of Nicotine dependence. Based on the objectives the researcher tried to evaluate the existing level of knowledge of 60 subjects and find out the effectiveness of planned health teaching about Nicotine dependence.

Murat U., Remzi Altin (2004), was conducted a study on Smoking Prevalence, Behavior and Nicotine Addiction among Coal Workers in Zonguldak, Turkey— to assess the smoking status of coal workers,. The target population consisted of 475 underground coal workers who lived in Zonguldak city of Turkey, and we reached 389 of them result of the study shows that Sixty-nine never smokers (17.7%), 62 ex-smokers (15.9%) and 258 current smokers (66.3%). The mean age of starting smoking was similar among ex and current smokers (15.9 ± 4.2 versus 15.0 ± 4.0).

The most common reason for starting smoking was smoking interest (50%) and friends' influence (15.5%). The most frequent reason stated for successful smoking cessation was experience of smoking—related symptoms or development of a medical condition (51%). The most important reason given by current smokers for smoking cessation attempts was increased chance of developing lung cancer, pneumoconiosis and other diseases (22.9%).

CONCLUSION

Findings of the study revealed that after receiving planned teaching the post-test scores increased, this shows that the planned health teaching was very effective as the adolescents are very receptive towards the planned teaching on nicotine dependence.

IMPLICATION

The findings of the present study have implication for mental health nursing practice, nursing administration, nursing education and nursing research.

MENTAL HEALTH NURSING PRACTICE

“Nurses represent the world's hope for health. Nurses work to promote good health in so many ways assuming an active and assertive role in global tobacco control efforts as a big responsibility and in preventing many fatal forthcoming diseases. Let this also be our passion.”

– Pamela J Haylock. MA, RN.

Nursing Practice:

Nurses should enhance their professional knowledge in Practice, since the basic nursing education does provide that the nurse's in depth knowledge about assessment and management, promotion and prevention of diseases and also to promote an awareness in the society and community, their knowledge should be updated for a better and health atmosphere. By creating an awareness and promotion of health, the mortality rate can be decreased and the morbidity rate can be increased. So the nurse should play an important role in giving health education to the young and the old. Nurses need to be equipped with advanced knowledge and skill to become involved in decision making and thus timely referral so they should be involved in such a research program which can help them to improve the knowledge of the people in the community.

Nursing Education:

To achieve high level of educational standards nursing education needs to be raised to a greater height. This will be achieved if all the aspects of health needs are considered as a whole. The results can be used by nursing teachers as informative illustrations for nursing students. Nursing curriculum should incorporate a vast section on nicotine dependence & its prevention. The education curriculum must include alternative treatments and methods in the syllabus, which will expose the adolescents to the various alternatives to help the adolescents in prevention and promotion of positive health and create awareness of harmful effects of nicotine on the health.

Nursing Administration:

As a part of administration, the nurse administrator plays a vital role in imparting knowledge and modifying the behavior of the adolescents by giving health education to the students, community and society. A nurse administrator should develop institutional policies on assessment of problems of adolescents of the adolescents, who are prone to nicotine dependency at very young age. In-Service education or continuing nursing education should be emphasized more. As an administrator, the nurse should motivate her staff to participate in learning new methods of teaching health education on various aspects including relieving stress, learning to communicate, develop good Intra-personal relationships and to practice new trends in the nursing field.

Nursing Research:

The results of the present study also have implication in 'Nursing Research'. Nursing research is an essential aspect of nursing as it uplifts the profession and develops new nursing norms and a body of knowledge. Another research has been added to the nursing literature. The research design, findings and the tool can be used as avenues for further research. The focus of the present study develops into the identification of problems and inadequacy of knowledge about different addiction and especially nicotine uses. The highlighted area in the present study can be assessed more in the future studies related to quitting of nicotine substances especially in the form of tobacco chewing and smoking.

Ethical Clearance: Permission obtained from Institute Ethical Research Committee. Confidentiality was maintained of the data

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Interest of Conflict: No interest of conflict

References

1. Araujo, R.B., Olivera, M.S., Pedroso, R.S. & Castro, M.G. (2009). Coping for carving management in nicotine dependence patient's. *Brazilian Journal of Psychiatry*, 31(2): 89-94.
2. Banman, K. E. Foshee, U.A. Haley, N.J.(1992). The interactions of sociological and biological factors in adolescent cigarette smoking, *addictive Behaviors*, 17: 459-467.
3. Bauman, K.E and Ennett, S (1999). Peer influence on adolescent drug use. *American psychologist*, 49, 820-822.
4. Behera, D & Balamogesh, T (2004). Lung cancer in India, *Indian Journal of Chest Disease & Allied Sciences*, 46, 269-281.
5. Braandon T.H Theddevs A, Herzogi Jennifer, E, et al (2004) cognitive and social learning models od fgur dependence: implication for the assessment of tobacco dependence in adolescents *Addiction*, 99(1), 51-77.
6. Byrne, D.B and Mazanor,(2000). Self-esteem and nicotine dependence among adolescents: stress and health, 117(2), 105-110.
7. Castro, G.F., Maddohian, E, Newcomb MD and Bentler, P.M (1987). A multivariate model of the determinants of cigarette smoking (Nicotine dependence) among adolescents. *Journal of health and social behavior* 28, 273-289.
8. Chadda, R.K & Sengupta, S.N (2002). Nicotine use by Indian adolescents. *Nicotine induced disease*, 1(2), 111-119
9. Shivcharan Singh Gandhar, Suresh Sharma, Jaya Deshmukh. Contributing and hindrance factor to seek health care services in COVID-19 Pandemic. *European Journal of Molecular & Clinical Medicine*, 2020, 7(11). Page. 5960-5979. Available from: https://ejmcm.com/article_8126.html
10. Cohen S. Kamarak, T, Mermalstein, R C (1983), A Global Measure of Perceived Stress due to Nicotine Dependence, *Journal of Health & Social Behavior* 24, 385–396.
11. Conrad K, M. Flay, B.R.E. Hill, (1992),”Why Children Start Dependence on Nicotine”, Predictors of Onset. *British Journal of Addiction*. 87, 1711-1724.