"A STUDY TO ASSESS THE EFFECTIVENESS OF PLANNED TEACHING PROGRAM ON KNOWLEDGE REGARDING ILL EFFECTS OF SMOKING AMONG ADOLESCENT BOYS OF VILLAGE DANKAUR, GREATER NOIDA, UP"

Submitted to the Faculty of School of Nursing

Galgotias University, Greater Noida, UP

In partial fulfillment of the requirements for the degree of

B.Sc. Nursing

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MAY 2020

CERTIFICATE

This is to certify that this is a joint project work titled "**A study to assess the effectiveness of planned teaching program on knowledge regarding ill effects of smoking among adolescent boys of village Dankaur, Greater Noida"** is an original study undertaken by Pooja, Pooja Malik, Sharukh, Zainab under my guidance at School of Nursing, Galgotias University, UP.

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ACKNOWLEDGEMENT

First and foremost we are bound by gratitude of almighty god for giving us the necessary knowledge and ability in accomplishing our task.

We consider it as a great privilege and honor to be under the guidance of **Dean**. **Prof. Ashia Qureshi** at Galgotias University School of Nursing.We offer our deepest regards and sincere gratitude to **Ms. Nancy** for her sustained interest, guidance and encouragement, which helped us in conceptualizing and completing the endeavor.

We express our profound gratitude to **Dean Prof. Ashia Qureshi**, School of Nursing, Galgotias University who gave us opportunity to conduct this project,

We are extremely grateful to **Dean Prof. Ashia Qureshi** who willingly spared her valuable time for direction and guidance for the preparation of tool, writing chapters and final editing of our project. Thanking you Madam for helping us to finally completing and execution of our study.

A million thanks to all our subjects that is, all the students of School of Nursing, without whose cooperation the study would not have been completed.

We are grateful to **Ms. Nancy** for the expert guidance in the analysis and interpretation of data.

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ABSTRACT

The study on assess the effectiveness of planned teaching program on knowledge regarding ill effects of smoking among adolescent boys of village Dankaur, Greater Noida was undertaken by 4th year B.sc Nursing Students during the year 2019-2020 in partial fulfillment of the requirement for the degree of Bachelor of Science in Nursing at Galgotias University.

Objectives: Assess the pre test level of knowledge regarding ill effects of cigarette smoking and its prevention among adolescent boys. To evaluate the effectiveness of structured teaching program on knowledge regarding ill effects of cigarette smoking and its prevention among adolescent boys. To find out the association between pre-test knowledge score with their selected demographic variables.

Methodology: Quantitative approach was adopted for this study and pre-experimental one group pre-test post-test design was taken for this study. Setting: The study was conducted at BL Inter College, Dankaur, Greater Noida. Sample size: The sample size was 100 adolescent boys. Sampling Technique: The non probability purposive sampling technique was used. Methods of data collection procedure: Data were collected from the adolescent boys to assess the level of knowledge by using structured knowledge questionnaire before and after the implementation of structured teaching program. The collected data were tabulated and analyzed by descriptive and inferential statistics.

Results: The result shows, there was a significant difference between pre test and post test level of knowledge regarding ill effects of cigarette smoking and its prevention among adolescent boys. The obtained t- value (58.86) was greater than the table value at 0.05 level of significance. Conclusion: The Structured Teaching Program was effective ($p<0.05$) to improve the level of knowledge regarding ill effects of cigarette smoking and its prevention among adolescent boys.

CHAPTER I

INTRODUCTION

Background of the study

"Cigarette is classy way to commit suicide"

-Kurl Vonnegut

Tobacco is an agricultural product derived from the leaves of several species of Nicotina Plants. When combined with nicotina tartrate, tobacco becomes one of the most commonly abused recreational drugs. Nicotine, a naturally occurring stimulant in tobacco, can be poisonous if taken in sufficiently high doses, which is not the amount of nicotine absorbed by tobacco use. Nicotine is an addictive substance that makes the use feel alert at first, then relaxed with continued use. (Gately, Lain 2004, 2003)

Tobacco is a serious threat to health and a proven killer and ranks second as a cause of death in the world taking its toll by killing some 5 million people globally. Cigarette smoking among adolescents remains a major public health concern given the frequent persistence of this behavior in to adulthood (Colditz & Hunter 2000). An estimated 150 million adolescent's worldwide use tobacco. Approximately half of the young smokers will die of tobacco related diseases in later life. WHO estimates that unless current smoking pattern is reversed, tobacco will be responsible for 10 million deaths per year, by the decade 2020-2030, with 70% of them occurring in developing countries (WHO 2007, 2)

In India, tobacco kills 8-10 lakhs people each year and many of these deaths will occur in people who are very young. It was found in an observational study that, many of the adolescents are spending their leisure time in smoking in rural areas. In Tamilnadu 30% of males in rural area and 25% in Urban are consuming tobaccos.

Epidemiological research has been focused primarily on cigarette/tobacco, smoking, which has been studied more extensively than any other form of consumption. In 2012, 6.7% of middle school and 23.3% of high school students currently used tobacco products, including cigarette. Every day almost 3,900 children under 18 years of age tried their first cigarette, and more than 950 of them will become new and

regular smokers. In 2007, 20% of high school students reported smoking is the last 30 days, down 45% from 36.4%.

Adolescence is a stage when young people undergo significant changes of the body, mind and personal responsibilities. Adolescence is considered as a transitional period. Self esteem has a strong influence on adjustments across a many aspects of the adolescent's life. Self esteem is known to affect educational achievements, social relationships, mental health and ability to deal with stress. Adolescents with low self-esteem are considered to be less equipped to refuse invitation to use substances or drugs. Risk taking behaviours are behaviours in which the results are unknown and from which there is a possibility of identifiable and possibly fatal injury.

Smoking harms nearly every organs of the body and diminishes a person's overall health. Smoking is a leading cause of cancer like lung, oesophagus, larynx, mouth, throat, kidney bladder, pancreas stomach, and cervix cancer as well as acute myeloid leukaemia. Smoking also causes heart disease, stroke, aortic aneurysm (a balloon – like bulge in an artery in the chest), chronic Obstructive pulmonary disease (COPD), asthma, hip fractures and cataracts. Smokers are at high risk of developing pneumonia and other airway infections. Also, a pregnant smoker is at higher risk of having her baby born too early and with an abnormally low birth weight. A woman who smokes during or after pregnancy increases her infant's risk of death from Sudden Infant Death Syndrome (SIDS). Men who smoke are at greater risk of erectile dysfunction.

Tobacco and its health effects

According to the National Cancer Institute, cigarette has a higher level of carcinogens, toxins and tar than any other substance. Our body has a stress hormone called corticosterone which lowers effect of nicotine. If you are under lot of stress you need more nicotine to get the same effect. It also cause headache and sleep problems. During smoking, nicotine enters the lungs and is absorbed quickly into the blood stream and travels to the brain in a matter of seconds. Nicotine causes addiction to cigarette. Cigarette, Cigars, and other tobacco products vary widely in their content of nicotine, cancer-causing substances, and other toxicants. In a cigarette (which contains less than 1gm of tobacco), the nicotine content can vary between 13.7 and

23.2mg /gm of dry tobacco.

In a four country study including Canada, USA, UK and Australia, a majority of respondents reported noticing information about the dangers of smoking often" or "very often" in the last six months with Canada 59.4%, USA 60.4%, UK 55.6% and Australia 61.0%. It was found that Canadians smokers after the introduction of pack warnings were more likely to report that they had noticed cessation information on packs(84.6%), stopped from smoking a cigarette as a result of the warnings (14.7%) and that pack warnings had led them to think about quitting(45.1%).

Second hand smoke (also called environmental tobacco smoke, involuntary smoking, and passive smoking) is the combination of "side stream" smoke (the smoke given off by a burning tobacco product) and "main stream" smoke (the smoke exhaled by a smoker).

Tobacco prevention:

Today, tobacco control in India is experiencing national and international interventions. Current efforts on tobacco control focus mostly on legislativeimplementation and advocacy at the policy level. Under the cigarette and other tobacco products Act, 2003(COTPA), pictorial health warnings on all tobacco products were made mandatory. A picture speaks a thousand words! The only plausible and effective way to reach those less literate or illiterate and most vulnerable to tobacco addition is through pictorial health warnings. (This space, which comes at no cost to the Government, therefore needs to be utilized as a cost effective mass education –cum- public health strategy). Even in economically challenging times, states can make a significant difference in public health by employing high impact, cost - effective tobacco control and prevention strategies to

1. Monitor tobacco use and prevention policies.
2. Protect people from tobacco smoke.
3. Offer help to quit tobacco use

Need for the Study

If we lose the battle against tobacco, we will lose the war against cancer

- John Arradondo

Adolescence is a vulnerable period which is associated with a heightened risk for the development of depressive disorders. Risk- behaviours like alcohol or illicit drug abuse, excessive use of media, school absenteeism and lack of sleep are also frequently occurring during this period; it is often suggested that such behaviours may be associated with mental health problems.

Approximately 90% of the people who smoke for the first time are adolescents younger than 18, and the rate of smoking in adolescents is rising steadily. In general adolescents start smoking out of curiosity, and many become habitual smokers during this period. Cigarette smoking contributes to premature deaths of an estimated 4,43,000 Americans annually, resulting in $193 billion in direct health care expenditures and productivity losses every year.

Globally, nearly 50,000,00,0 persons die annually from tobacco-related illnesses, and many more suffer from smoking related morbidity. There is therefore, need to identify relevant factors associated with smoking among adolescents in order to better tailor public health interventions aimed at preventing smoking .The WHO, provide certain estimates that India will have the fastest rate of rise in death attributable tobacco in the first two decades of twenty first century

Harmful health effects of smoking cigarettes are numerous. Dangers of smoking are well-known and can have serious detrimental effect on the quality of your life besides diseases. Teenagers are attracted by the smoke and the smoking style, which tempts them to smoke. Friends and colleagues also encourage non-smokers, to smoke just once. They are also told that there are no harmful second-hand smoke effects. Smoking in movies is the main reason for adolescents acquiring this habit concerned about the health.

Adolescent smoking causes dysfunction of the peripheral airway. One study found that the forced expiratory volume in a second (FEV1) of smoking adolescents decreased significantly; specifically, their forced vital capacity (FVC) was

approximately only a half that of non- smoking adolescents. The experience of Nicotine dependence and the low levels of intake it requires both contribute to the significant number of young smokers who report withdrawal symptom similar to those experienced by adults, after a period of abstinence.

A Victorian study found that, although significantly more metropolitan than rural adolescents aged 12-13years smoke, this evens out at later ages (White & Szabo,2004).While a Western Australian study found more positive attitudes toward smoking rural school students, there were no differences in smoking prevalence between Metropolitan and Rural School students, although Urban females were more likely to smoke at least three times a week.(Fairthome, Hayman and White,2003). From the above studies and the outcomes of survey conducted by the researcher, it was felt that there is a need to conduct a study which could increase the knowledge of young adults regarding ill effects of cigarette smoking and its prevention.

Statement of the problem

A study to assess the effectiveness of planned teaching programme on knowledge regarding ill effects of smoking among adolescents boys of village Dankaur, Greater Noida.

Objectives

1. To assess the pre-test level of knowledge regarding ill effects of cigarette smoking among adolescents boys.
2. To evaluate the effectiveness of structured teaching program on knowledge regarding ill effects of cigarette smoking among adolescent's boys.
3. To find out the association between pre-test knowledge score with their selected demographic variables

Operational definitions

Effectiveness: it refers to degree to which the structure teaching programme will achieve the desired effect on imparting knowledge regarding ill effects of cigarette smoking and its prevention among adolescents in terms of difference between pre-

test and post-test knowledge score assessed by structured questionnaire.

Structured teaching programme: Refers to systematically developed programme with teaching aids designed to impart knowledge regarding ill effects of cigarette smoking and its prevention among adolescent boys in a selected institution.

Knowledge: Refers to the fact of knowing about cigarette smoking which is acquired through experience or education as measured by structured questionnaire.

Ill effects: Refers to the abnormal, harmful or undesirable effect on an organism that causes anatomical or functional damage, irreversible physical changes, or increases the susceptibility to other biological, chemical or environmental stress.

Cigarette smoking: Refers to active smoking behaviour, the intentional inhalation of cigarette smoke by a smoker by using of any tobacco product including manufactured and hand rolled cigarette.

Adolescents: Refers to boys those who are studying college between 17- 19 years.

Hypotheses

H_1: There is a significant difference between the pre- test and post-test level of knowledge scores among adolescent boys regarding ill effects of cigarette smoking and its prevention.

H_2: There is a significant association between pre-test level of knowledge score and selected demographic variables of study participants.

Assumptions

1. Adolescents may have some knowledge regarding ill effects of cigarette smoking and its prevention.
2. Education regarding ill effects of smoking and its prevention will help them to gain

knowledge.

3. Knowledge regarding ill effects of smoking and its prevention will help them to be away from the life threatening illness.

Limitations

1. The study was limited to adolescent boy's age between 17-19 Years in the selected insititutions.
2. Adolescent boys who are willing to participate in the study
3. The study is limited to adolescent boys who are available on the time of data collection.

Projected Outcome

The study will reveal the importance of planned teaching programme in improving the knowledge regarding ill effects of cigarette smoking and its prevention among high school students

Conceptual Framework

Conceptual framework is a theoretical approach to the study of the problem that is scientifically based and emphasizes the selection, arrangement and classification of its concept. The conceptual framework states functional relationships between events and is not limited to statistical relationships.

The study is intended the effectiveness of structured teaching programme in terms of increasing knowledge regarding ill effects of cigarette smoking and its prevention among adolescent boys at BL Inter College, Dankaur, Greater Noida. The present study is based on general system theory which was introduced by Ludwig Von Bertalanffy (1968) with input, throughput, output and feedback.

According to system's theory, a system is a group of elements that interact with one another in order to achieve the goal. An individual is system because he/she receives input from the environment. This input when processed provides an output. This

system is cyclical in nature and continues to be so, as long as the input, throughput, output and feedback keep interacting. If there are changes in any of the parts, there will be changes in all parts. Feedback from within the systems or from the environment provides information, which helps the system to determine whether it meets its goal.

In the present study these concepts can be explained as follows:

Input

The input consists of information material or energy that enters the system. Adolescent boys studying in the selected school is a system and has inputs within the systems itself and acquired from the environment. These input's include learner's background like age, area of residence, family income, educational status of the parents, occupational status of parents, and source of information, influence the knowledge of adolescent boys.

Throughput

It refers to the action needed to accomplish the derived task to achieve the desired output, i.e effectiveness of structured teaching programme regarding ill effects of cigarette smoking and its prevention.

1) Assessment of knowledge of adolescent boys regarding cigarette smoking
2) Administration of structured teaching programme.
3) Assessment of knowledge using same questionnaire

Output

Output is the improved responses of the adolescent boys followed by the implementation of the structure teaching programme. In the present study output is the gain knowledge score. This system achieved through a comparison between mean pre- test and post-test knowledge scores of the samples.

Feedback

It is a process by which information is received at each stage of the system output and its redirection to input. Accordingly the higher knowledge score obtained by adolescent boys indicate that the structured teaching programme was effective in increasing the knowledge regarding cigarette smoking and its prevention.

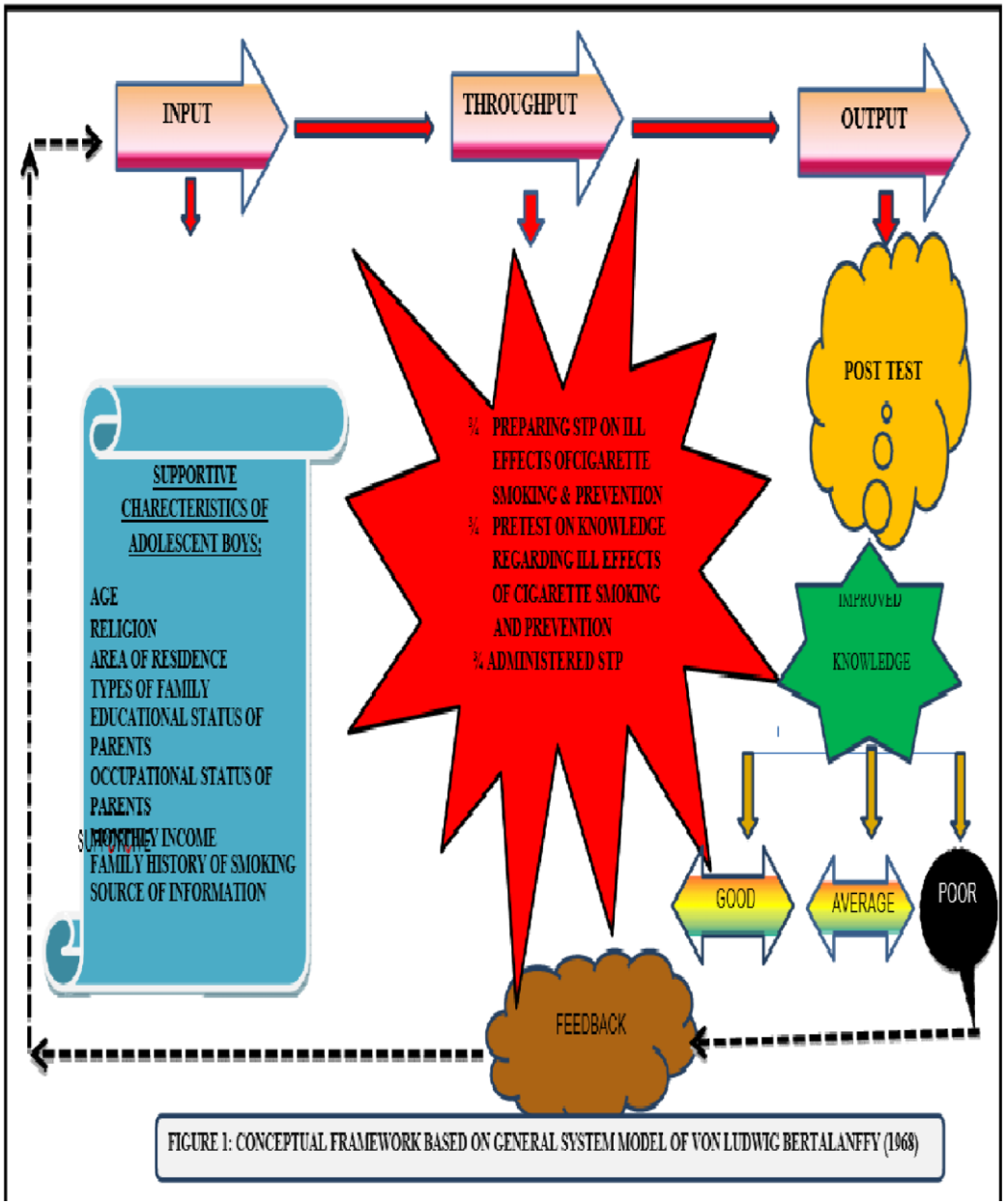


FIGURE 1: CONCEPTUAL FRAMEWORK BASED ON GENERAL SYSTEM MODEL OF VON LUDWIG BERTALANFFY (1968)

CHAPTER II

REVIEW OF LITERATURE

Review of literature is an important step in the development of any research project. It involves the systematic identification, location scrutiny and summary of written materials that contain information on research problems. It enhances the depth of knowledge and inspires a clear insight into the crux of the problems. Literature review throws light on the studies and their findings reported about the problem under study.

The available literature and studies are organized under the following headings.

1. Literature related to tobacco use
2. Literature related to tobacco abuse among adolescents
3. Literature related to relationship between smoking behaviours and adolescents
4. Literature related to any structure teaching programme on smoking and adolescents

Literature related to tobacco use

Wul, et al., (2015) conducted an observational study among the smokers to evaluate the impact of intervention on tobacco related to knowledge, attitude and practices. The intervention group included 414 smokers and the control group included 213 smokers. The result of the study revealed that smoking cessation rate was 27.3% in intervention group and 4.7% in control group.

Rob McGeeA (2013) longitudinal study on Tobacco Smoking in Adolescence Predicts Maladaptive Coping Styles in Adulthood (from 18 to 26 years of age and later coping at age 32 years) conducted in New Zealand. Brief COPE scale and structural equation modeling (SEM) used. The result of the study revealed that cigarette smoking had a small but direct inverse effect on later adaptive coping.

Beaver KM, et al., (2015) conducted a study of self control theory were able to

account for pattern of usage sample size 500 youth residing in Jeddah, Saudi Arabia, were used. Analysis of the data revealed that 12.7% of youth had smoked cigarettes at least 1 time, 2.6% had consumed alcohol at least once, and 3.0% had used illegal drugs. Moreover, the results shows the measures of delinquent peers was the strongest and most consistent predictor of substance use, while a measure of low self- control was unrelated to the measures of substances use.

Gomesh R, et al., (2014) conducted a case control study with pairing by sex, age and body mass index. Smokers who presented to the first appointment of smoking cessation at the hospital. Sousa Martins (HSM) without respiratory symptom and with normal chest radiography. Approximately 31.2%of the smokers showed extra pulmonary disease related to tobacco and 9.38% of the smokers exhibited subclinical chronic obstructive pulmonary disease. Smokers with tobacco –related diseases presented a mean age and RV/TLL ratio superior to smokers without pathology.

XuXH,et al.,(2012)conducted a study to investigate tobacco related knowledge, attitudes and analyses related factors among Chi square test was used to analyse the difference about knowledge of harm of tobacco the college students by stratified cluster random sampling .Investigation content includes social demographic information, smoking behaviours, tobacco related knowledge and attitudes. and awareness of tobacco control related legislation as well as tobacco related attitudes between smokers and non smokers. Current smoking rate among undergraduates was 6.1%. 11.5% for males and 1.4% for females. The awareness about Frame work convention Tobacco Control was 25.7% and the rate was lower in non-smokers than that in smokers.

Jung JW, et al (2012) conducted a cross sectional follow-up study on association between parental smoking behaviour and children's respiratory morbidity; 5 year study in an urban city of South Korea. The sample size was 31,584 children aged 6-11). The study concluded that the prevalence of respiratory symptoms increased in children to parental smoking including SHS and THS. To avoid the risk of respiratory and allergic disease by environmental tobacco smoke, absolute smoking cessation by parents is strongly recommended.

Literature related to tobacco abuse among adolescents

Saba M, et al., (2014) conducted a qualitative study, with semi-structured, in depth telephone interviews with adult smokers who have concurrent asthma were conducted. Obtained data were content –analysed for emergent themes using the 'frame work appoach'. Twenty- four semi structured interviews were conducted. Most patients being motivated to quit smoking.

Smith PH, et al., (2014) conducted a study changes in nicotine dependence severity from 2002to 2012.Using data from the National Survey on Drug Use and Health. Used generalized non-linear factor analysis to examine whether individual Nicotine dependence syndrome Scale (NDSS) items functional differently over time, and whether average NDSS scores changed in a sample of 130,637 current smokers. Consumption levels and dependence severity both declined over the study period. Decline for tolerance were greatest among those without serious psychological distress and among middle-aged smokers.

Dunn Ms,et al.,(2014) examined the relationship between physical activity, physical education class and sports participation on the substance use practices of adolescents. Data was derived from the 2009 youth Risk Behaviours. The results of this study indicated that recreational physical activity, attending PE class, and participatory in sports were independent protective factors for many cigarette use behaviors but not for smokeless tobacco use.

Heger JP, et al., (2014) conducted a study on depression and risk behaviours in adolescence. Data from a school-based sample of 1,434 pupils with a mean age of 14.7 years (SD = 0.8) was used. Most risk- behaviors tend to be associated with increased likelihood for the development of depression and are correlated with the severity of depressive symptomatology. In this sample, alcohol abuse, smoking, media use, lack of physical activity, risky sexual behavior, school absenteeism, and sleeping problems showed an impact on the level of depression which was consistent with previous research. Illicit drug abuse showed no significant impact on depressive

symptoms of young people. Further longitudinal studies are necessary to elucidate the directional relationship between depression and risk behavior in adolescence.

Kushwaha KP, et al., (2012) conducted a study on prevalence and abuse of psychoactive substances in children and adolescents in the slum areas of Gorakpur city, covering a population of 10,187 in the four colleges. Five hundred and eighty children and adolescents in urban slums, and 750 college students between 10-18years were studied by means of a questionnaire for detection of prevalence rate and others for relates of abuse of psychoactive substances. Overall, prevalence of abuse of psychoactive substances was 25% in slum areas, and 18% in college students.

Mehrdad Askrian, et al., (2011) conducted a cross sectional study to comparing Tobacco use knowledge, attitudes, and practices between engineering students at Public and Islamic Azad University in Shiraz. Selected 150 students from the PBU and 450 students from the IAU using simple random sampling. A 57 item survey instrument was utilizes for the study. From participants, 46.8% were females, 10%of 327 students reported being daily smokers, of there, 84% were from the IAU. Totally among the 107 smokers, 61(57% and (27.1%) were water pipe and cigarette smokers, respectively. The mean of the knowledge items between the students of IAU was lower than PBU students.

Salim Surani, et al., (2010) conducted a study on ill effect of smoking and knowledge among school children and Implementation of the "Anti- Tobacco" Project. Children in grade 1-3 were administered a 10-item questionnaire to ascertain their baseline knowledge about the ill effects of smoking, shown an educational cartoon video depicting the ill effects of tobacco, and given a story book based on the video. At the end of the video, children were administered a questionnaire to determine short term recall of the anti- tobacco educational objectives of the program.82% of the children answered the outcome question correctly immediately following the video.

Mesic S, et al, (2013) conducted a survey study on frequency of substance abuse

among adolescents. The study was conducted on randomized sample of 502 students in two primary and three secondary schools in Sarajevo and Gracanica. Survey instrument was a self- made questionnaire with the research variables. The result of the study concluded that students at schools in Sarajevo Consumed drugs 50% more than the Children in Gracanica. Analyzing the age at which the subjects consumed the drug for the first time. We came to the conclusion that in the third year of high school only 8% of adolescents have tried any drugs before they turned 15 years.

Literature related to relationship between smoking behaviours and adolescence

KoMJ, et al., (2014) conducted a study on Objective and Subjective Socio- economic position and current smoking among Korean adolescents. Data were obtained from the 2012 Korea Youth Risk Behaviour web based survey. Affluence Scale (FAS) and the self- related household economic status. Relationship between SEP and smoking were analysed by multivariate logistic regression. The low perceived SEP for either the high or low FAS grade was related to an elevated likelihood of smoking in both genders. A significantly high risk of smoking was found in boys of low perceived SEP in middle school.

Leman RF, et al., (2014) conducted a study on perceived parental permissiveness toward gambling and risky behaviours in adolescents. High- school students (n=2805) provided data on risky behaviour, perceived parental permissiveness toward gambling, impulsivity and sensation seeking. The results revealed that there were significant parental-permissiveness-by-sensation-seeking interactions in multiple models. Relationship between perceived parental permissiveness toward gambling and alcohol use frequency were particularly strong among those with high sensation-seeking.

CHAPTER III
RESEARCH METHODOLOGY

This chapter deals with the method adopted by the researcher to find out the effectiveness of planned teaching programme on knowledge regarding ill effects of cigarette smoking and its prevention among adolescent boys.

The chapter deals with the description of research approach, research design, the research setting, the sample and sampling technique used for the study, the development and description of the tool which includes validity and reliability of the instrument, pilot study, data collection procedure and plan for the data analysis.

Methodology of research organizes all the component of the study in a way that is most likely to lead to a valid answer to the sub problems that have been proposed.

Research Approach

A quantitative research approach was considered to be most appropriate for the present study as it aimed to improve the knowledge regarding ill effects of cigarette smoking and its prevention among adolescent boys.

Research Design:

Pre experimental one group pre test and post test research design is adopted for this study

The study design is schematically represented as following: **O_1 X O_2**

Group1 O_1 X O_2

GROUP	PRETEST O_1	INTERVENTION X_1	POSTTEST O_2
AdolescentBoys (100)	Day 1st	5th Day	12th Day

Table-1 Diagramatic representation of research design

O_1 - Pre test (Socio demographical data and Structured Knowledge Questionniare)

X_1 - Planned teaching programme

O_2- Post test (Structured Knowledge Questionniare)

Variables

1) **Independent variables**: Planned teaching programme
2) **Dependent variables** : Knowledge regarding ill effects of cigarette smoking and its prevention

Hypotheses

A hypothesis is a statement of the researcher's expectation about relationship between variables under investigation. In other words, it is the prediction of expected outcomes.

The following hypothesis were tested at $p<0.05$ level of significance.

H_1: There is a significant difference between the pre- test and post-test level of knowledge scores among adolescent boys regarding ill effects of cigarette smoking and its prevention.

H_2: There is a significant association between pre-test level of knowledge score and selected demographic variables of study participants.

Study Setting

The study was conducted in BL Inter College, Dankaur, Greater Noida.

Study Population

Target population: The target population of the study was the adolescent boys who are studying in the school.

Accessible population: The accessible population of the study was the adolescent boys in BL Inter College Dankaur, Greater Noida.

Sample

Samples were taken from Janta Public School.In this study the sample consists of adolescent boys who met the inclusion criteria.

Sample size

Sample size consisted of 100 adolescent boys.

Sampling technique

The researcher adopted Non probability purposive sampling technique to select the sample for this study.

Criteria for selection of sample

The sample was selected based on the following criteria.

Inclusion Criteria

The study includes,

1. Adolescent boys who were willing to participate in the study
2. Adolescent boys who were available during the period of data collection.

Exclusion criteria:

1. Students who are not available at the time of data collection.
2. Students who are previously exposed to planned teaching program of ill effects of smoking.

Research tool and Technique

The tool consisted of two sections

Section A: Demographic data consisted of following: Age (in year), Religion, Area of residence, Type of family, Father's educational status, Mother's educational status, Father's occupation, Mother's Occupation, Monthly income of the family, Family history of smoking and source of information regarding ill effects of cigarette smoking and prevention.

Section B: Structured knowledge questionnaire regarding the ill effects of cigarette smoking and its prevention. The structured questionnaire contains of 30 questions. Every correct answer was awarded a score of one (1) and every incorrect answer question was accorded as Zero (0). The maximum score on Structured Knowledge Questionnaire was 30.

Level of knowledge is categorized as follows:

More than 75%	Very good
Between 45 -74%	Good
Less than 44%	Poor

Testing of the tool

Validity of the tool

The tool was developed by the investigator based on the review of literature. The tool was evaluated by experts from the field of Nursing and medicine and it was modified according to their suggestion.

Reliability of the tool

The tool was tested for reliability during pilot study by using split half method. The reliability value of the tool was 0.94. Hence, the tool considerable as reliable.

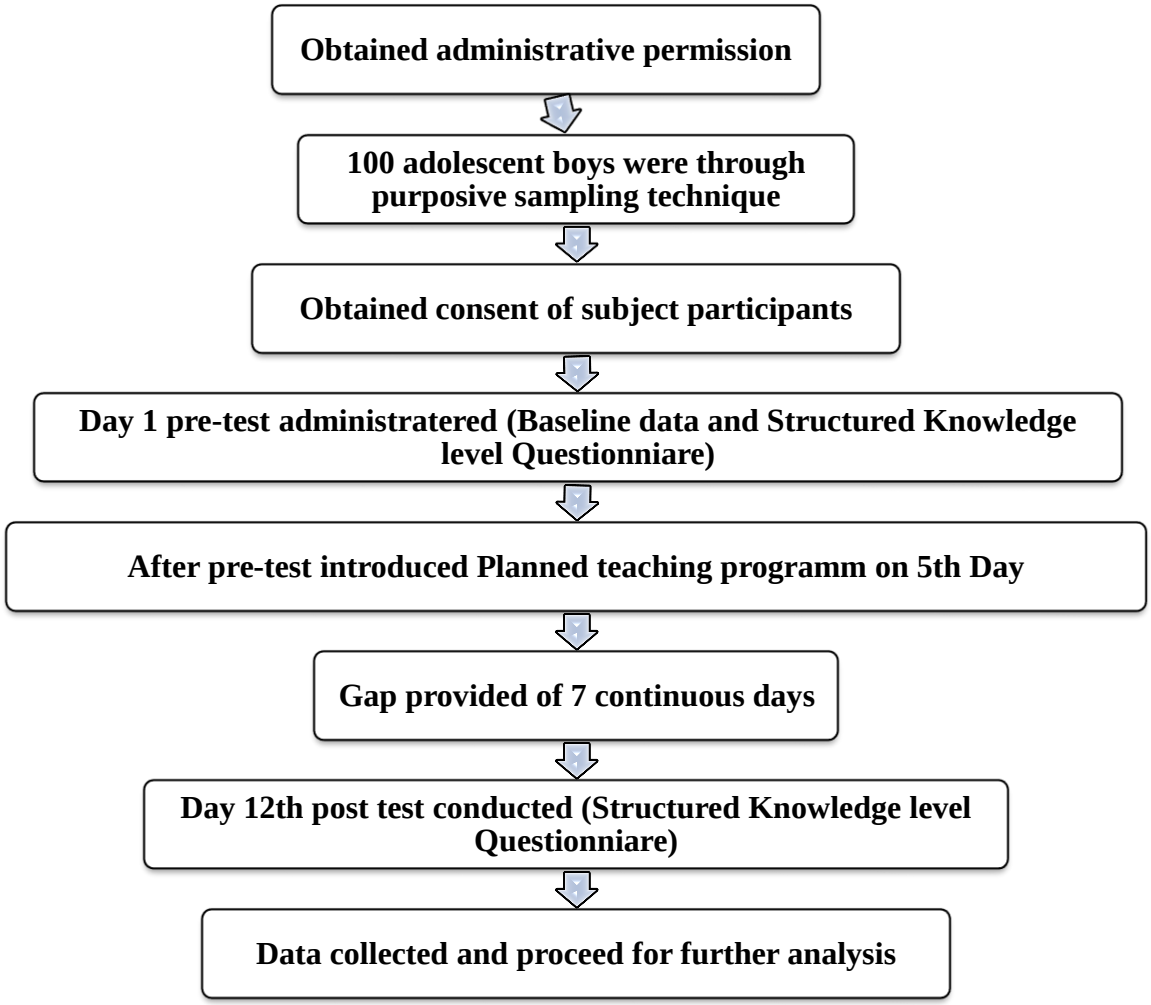
Pilot study

In order to test the feasibility, relevance and practicability of the study, a pilot study was conducted among 10 adolescent boys. And the study was found to be feasible.

Ethical Consideration

Research proposal was approved by the Principal, Janta Public School. Prior to the study, the oral consent of each sample was obtained before starting the data collection. Assurance was given to the samples that confidentiality would be maintained.

Data collection procedure



Plan for data analysis

The data analysis was done according to the objectives of the study. Both descriptive and inferential statistics were used Paired´t´ test was used to compare the effectiveness of structured teaching programme. Chi-square test was used to determine the association between demographic variables with the level of knowledge score.

Summary

This chapter dealt with research approach, research design, variables, research setting, population, sample, sampling technique and sample size, criteria for selection of sample, research tools and techniques, description of tool, development of study Performa, content validity, pilot testing, data collection process and plan for data analysis.

CHAPTER - IV

ANALYSIS AND INTERPRETATION OF DATA

This chapter deals with the analysis and interpretation of data collected from the adolescent boys who have received structured teaching programme on knowledge regarding ill effects and prevention of cigarette smoking. The collected data were analysed, tabulated and presented under the following sections;

Organization of the Study Findings

Section I: Distribution of samples according to their demographic variables.

Section II: Description of samples according to their pre-test and post-test level of Knowledge

Section III: Comparison of pre test and post test knowledge level of adolescents regarding Cigarette smoking

Section IV: Association of pre test knowledge level of adolescents with their selected demographic variables

SECTION I

Distribution of sample according to their demographic variables

Table No.2: Frequency and percentage distribution of adolescent boys with their Socio demographic characteristics

(N =100)

S. No.	Demographic variables	Frequency (f)	Percentage (%)
	Age (in Years)		
1	17 – 18 Years	40	40
	18 – 19 Years	60	60
	Religion		
	Hindu	62	62
2	Christian	29	29
	Muslim	09	09
	Types of family		
	Joint family	23	23
3	Nuclear family	69	69
	Extended family	08	08
	Area of Residence		
	Rural	45	45
4	Urban	32	32
	Semi Urban	23	23
	Fathers educational status	10	10
	Illiterate	15	15
5	Primary	25	25
	Secondary	23	23
	Higher secondary	27	27
	Diploma/Graduate		

6	**Mothers educational status**		
	Illiterate	15	15
	Primary	24	24
	Secondary	22	22
	Higher secondary	23	23
	Diploma/Graduate	16	16
7	**Fathers occupation**		
	Unemployed	04	04
	Daily wage earner	28	28
	Self employed	40	40
	Government employee	28	28
8	**Mothers occupation**		
	Unemployed	54	54
	Daily wage earner	13	13
	Self employed	21	21
	Government employee	12	12
9	**Monthly income**		
	a) 5000 – 10000	35	35
	b) 10001 – 15000	20	20
	c) 15001 – 20000	28	28
	d) Above 20001	17	17
10	**Family history of Smoking**		
	Yes	46	46
	No	54	54
11	**Source of information**		
	Health personnel	11	11
	Parents/Friends	33	33
	Mass media	42	42
	No information	14	14

Table No. 2 depicts that majority of adolescent boys fall in the age group of 18 – 19 Years. Most of 69% of them were living in joint family whereas 23% in nuclear family and only 8% in extended family. 62% belongs to Hindu religion. Majority of 27% adolescent boys' father's educational status were diploma/graduate, (25%) learners and (10%) illiterate. Mothers' of maximum (54%) participants were unemployed and (12%) were Govt employed.

Majority of (24%) participants' mothers were having primary education, 23% had higher secondary and (15%) were illiterate. Majority of study participants Father's occupation (40%) were self employed, (28%) were daily wage earner and Govt employee respectively.

Monthly family income of maximum (35%) participants was between Rs-5000-10000 per month, and (28%) participants had between Rs.15001- 20000 per month. Majority of 54% of study participitants has no history of smoking whereas 46% had history of smoking. Majority (42%) of study participant's source of information was through mass media whereas only 14% of study participants had no information.

SECTION II

Description of samples according to their pre-test and post-test level of knowledge.

Table 3: Distribution of samples according to their pre-test and post-test level of knowledge.

(N=100)

Level of Knowledge	Pre test		Post test	
	Frequency (f)	Percentage (%)	Frequency (f)	Percentage (%)
Poor (<44%)	43	43%	0	0%
Average (45-74%)	57	57%	5	5%
Good (>75%)	0	0%	95	95%

Table depicts that, the pre test and post test level of knowledge. Majority (57%) of adolescent had average knowledge, (43%) had poor knowledge .No one scored (above 75%) marks in pre test but in the post test majority (95%) had good knowledge (above 75%) and (5%) of them scored average level of knowledge (50-75%). No one was having poor level of knowledge.

The above findings summarizes that, the structured teaching programme had significant beneficial effect in the level of knowledge among adolescent boys.

SECTION III

Table 4: Comparison of pre test and post test knowledge level of adolescents regarding cigarette smoking

(N=100)

S. no	Knowledge score	Mean	Mean difference	Standard deviation	't' value
1	Pre test	13.31	13.42	1.89	58.34
2	Post test	26.73		1.40	

(Significant at 0.05 levels)(Table value = 2.00)

The above table depicts comparison of mean pre test and post test knowledge level on cigarette smoking and its prevention. The post test mean score (26.73) was high when compared to the pre test mean (13.31). The obtained t value (58.34) was greater than table value at 0.05 level of significance, which shows that there is significant difference between pre test and post test level of knowledge regarding cigarette smoking among adolescent boys. Hence, the formulated research hypothesis H_1 was accepted.

SECTION –IV

Table 5: Association of pre test knowledge level of adolescent boys with their selected demographic variables.

(N=100)

S. no	Demographic variables	Level of knowledge		Z2	Table value	Level of significance
		Above Mean (13)	Below Mean (13)			
	Age (in years)					
1	17 – 18 years	05	35			
	18 – 19 years	34	26	19.66	3.84	* S
	Religion					
	Hindu	23	39			
2	Christian	13	16	0.53	5.99	# NS
	Muslim	04	05			
	Types of family					
	Joint family	06	17			
3	Nuclear family	30	39	2.51	5.99	# NS
	Extended family	04	04			
	Area of Residence					
	Rural	21	24			
4	Urban	11	21	2.08	5.99	# NS
	Semi Urban	07	16			
	Fathers educational status					
	Illiterate	03	07			
5	Primary	08	07	2.42	9.49	# NS
	Secondary	10	15			
	Higher secondary	07	16			
	Diploma/Graduate	09	18			

	Mothers educational status					
	Illiterate	05	10			
	Primary	14	10			
6	Secondary	06	16	8.59	9.49	#NS
	Higher secondary	06	17			
	Diploma/Graduate	09	07			
	Fathers occupation					
	Unemployed	02	02			
7	Daily wage earner	14	14			
	Self employed	14	26	2.33	7.82	# NS
	Government employee	09	19			
	Mothers occupation					
	Unemployed	17	37			
	Daily wage earner	08	05	5.34	7.82	# NS
8	Self employed	06	15			
	Government employee	06	06			
	Monthly income					
	a) 5000 – 10000	18	17			
	b) 10001 – 15000	10	10	10.7	7.82	* S
9	c) 15001 – 20000	04	24			
	d) Above 20001	08	09			
	Family history of Smoking					
10	Yes	18	28	0.02	3.84	# NS
	No	22	32			
	Source of information					
	Health person	05	06			
11	Parents/Friends	13	20	0.42	7.82	# NS
	Mass media	15	27			
	No information	06	08			

{NS-Non-significant, S-Significant; P-0.05* level}

The above table depicts the association of adolescent boys knowledge on cigarette smoking and its prevention with their age, the calculated value of chi-square(19.66) was greater than

the table value at 0.05 level of significance. So there is a significant association exist between the ages of cigarette smoking with their knowledge.

The above table depicts the association of adolescent boys knowledge on cigarette smoking with their religion, the calculated value of Chi-square (0.53) was less than the table value at 0.05 level of significance. So there was no significant association exist between the religions of family with their knowledge.

The above table depicts the association of adolescent boys knowledge on cigarette smoking with their Type of family, the calculated value of Chi- square (2.51) was less than the table value at 0.05 level of significance. So there was no significant association exist between the type of family with their knowledge.

The above table depicts the association of adolescent boys knowledge on cigarette smoking with their area of residence, the calculated value of chi-square (2.08) was less than the table value at 0.05 level of significance. So there was no significant association exist between the areas of residence with their knowledge.

The above table depicts the association of adolescent boys knowledge on cigarette smoking with their father's educational status, the calculated value of chi-square (2.42) was less than the table value at 0.05 level of significance. So there was no significant association exist between their father's educational statuses with their knowledge.

The above table depicts the association of adolescent boys knowledge on cigarette smoking with their mother's educational status, the calculated value of chi-square (8.59) was less than the table value at 0.05 level of significance. So there was no significant association exist between their mother's educational statuses with their knowledge.

The above table depicts the association of adolescent boys knowledge on cigarette smoking

with their father's occupational status, the calculated value of chi-square (2.33) was less than the table value at 0.05 level of significance. So there was no significant association exist between their father's occupational status with their knowledge.

The above table depicts the association of adolescent boys knowledge on cigarette smoking with their mother's occupational status, the calculated value of chi- square (5.34) was less than the table value at0.05 level of significance. So there was no significant association exist between the mother's occupational status with their knowledge.

The above table depicts the association of adolescent boys knowledge on cigarette smoking with their monthly income, the calculated value of chi-square (10. 7) was greater than the table value at 0.05 level of significance. So there is a significant association exist between the monthly income with their knowledge. Hence H_2 was accepted.

The above table depicts the association of adolescent boys knowledge on cigarette smoking with family history of smoking, the calculated value of chi-square (0.02) was less than the table value at 0.05 level of significance. So there was no significant association exist between the family histories of smoking with their knowledge.

The above table depicts the association of adolescent boys knowledge on cigarette smoking with their source of information, the calculated value of chi-square (0.42) was less than the table value at 0.05 level of significance. So there was no significant association exist between the sources of information of adolescents with their knowledge.

CHAPTER V

DISCUSSION, SUMMARY, CONCLUSION, IMPLICATION, LIMITATIONS AND RECOMMENDATIONS

Discussion:

Adolescent is a time of rapid physical, emotional, cognitional and social change. Additionally, this is period that is critical to the development of behaviour and attitude related to diet, exercise, sexual practice, habits of using tobacco and alcohol. Annual smoking costs are more than$289 billion. We lose at least $ 157 billion yearly in productivity costs when smokers get sick and die early. Today's smokers are more likely to develop lung cancer than smokers 50 years ago. Cigarette smoking is the Number 1 cause of lung cancer. Nearly 9 out of 10 lung cancers are caused by smoking.

The present study was designed to assess the effectiveness of **s**tructured teaching programme on knowledge regarding ill effects of cigarette smoking and its prevention among adolescent boys in a selected college at BL Inter College, Dankaur, Greater Noida.

To find out the effectiveness of Structured Teaching Programme, the investigator adopted pre-experimental one group pre-test post-test design and 100 adolescent boys were selected through purposive sampling technique.

Respondent characteristics are as follows:

1. **To assess the pre-test level of knowledge regarding ill effects of cigarette smoking among adolescents.**

   The major finding of this study was the majority 43%(43) out of 100 adolescents were having poor level of knowledge.Regarding remaining 57% (57) adolescents had average level of knowledge and o% had good knowledge category. The above findings summarizes that half

of the samples were having poor level of knowledge.

Wegman L, et al (2012) conducted a study examines whether individual differences in impulsivity and emotional problems in adolescent smokers are related to initial smoking characteristics of participants, acceptance, retention and outcome of a school-based smoking cessation program A one-group-pre-post test design was realized. The data was obtained from a feasibility study of a youth-specific, cognitive-behavioural and motivation enhancing program at 22 schools with 139 participating teenage smokers in Germany. Acceptance and retention did not differ with regard to impulsivity and emotional problems, but initial smoking status did. Cessation rates varied intervention as less impulsive smokers. In spite of their general positive evaluation, impulsive adolescents seem to benefit less from a smoking cessation program than their non-impulsive counterparts.

2. **To evaluate the effectiveness of structured teaching program on knowledge regarding ill effects of cigarette smoking and its prevention among adolescent boys.**

In case of post –test level of knowledge, 95(95%) out of 100 were acquired good level of knowledge, 5(5%) were having good level of knowledge and no one having poor level of knowledge. The obtained "t" value (58.3) was significant at 0.05 level with the degree of freedom 99.This indicates that , there is a significant difference between pre test and post test level of knowledge scores among adolescent boys regarding ill effects of cigarette smoking and its prevention. Hence H_1 was accepted

Lee PH et al (2007) conducted a quasi- experimental study about the impact of a school wide no with level of impulsivity: compared to non-impulsive participants, impulsive adolescents succeeded in quitting smoking less often. Smoking strategy and class room based smoking prevention curriculum on the smoking behavior of junior high school students. Using a pre -

test post test design, 469 seventh-to ninth-grade students at four junior high schools in Taiwan, were selected and separated into three groups according to class unit. Experimental group A experienced a school-wide no smoking strategy and a six-session smoking prevention curriculum. Experimental group B experienced only the school-wide no smoking strategy. The control group experienced no intervention. The students were tested 1 week before intervention began and 1 week after it ended. Experimental group A exhibited a better understanding than either experimental group B or the control group of the dangers of smoking and of techniques for refusing cigarettes; and in fact, group A indicated low smoking intention than experimental group B. Experimental group A also had a better attitude towards resisting smoking than the control group. The study concluded that to reduce the smoking rates among junior high school students, diversified school-wide no smoking strategies and standardized, diversified instruments should be adopted so that outcomes of smoking prevention work may be assessed more objectively and effectively.

3. **To find out the association between pre- test knowledge score with their selected demographic variables**

The major findings of this study were showed that there was a significant association was found between pre-test knowledge score with the selected demographic variables such as age and monthly income of the family. Hence the calculated Chi-square value was compared with the table value which was higher than the table value. So, the result proven that there was an association between pre test knowledge score with the selected demographic variables To reduce the smoking rates among junior high school students, diversified school-wide no smoking strategies and standardized, diversified instruments should be adopted so that outcomes of smoking prevention work may be assessed more objectively and effectively.

Veeranki, SP,et al (2014)conducted a study to estimate the prevalence of second hand smoke

(SHS) exposure among never smoking adolescents. Data were obtained from nationally representative Global Youth Tobacco Surveys conducted in 168 countries during 1999-2008.SHS exposure was ascertained in relation to the location – exposure inside home, outside home, and both inside and outside home respectively. Independent variable included parent/peer smoking, knowledge about smoke harm, attitudes toward smoking ban, age, sex, and World Health Organization region. Simple and multiple logistic regression analyses were conducted. The study revealed that, 356,414 never- smoking adolescents included in the study, 30.4%, 44.2%, and 23.2% were exposed to SHS inside home, outside home, and both, respectively. Parental smoking, peer smoking, knowledge about smoke harm, and positive attitudes toward smoke ban were significantly associated with increased odds of SHS exposure. Approximately 14% of adolescents had both smoking parents and peers. Compared with never-smoking adolescents who did not have both smoking parents and peers, those who had both smoking parents and peers had 19 (adjusted odds ratio [OR], 19.0; 95% confidence interval [CI], 16.86-21.41), eight (aOR, 7.71; 95% CI, 7.05-8.43), Of 356,414 never-smoking adolescents included in the study, 30.4%, 44.2%, and 23.2% were exposed to SHS inside home, outside home, and both, respectively.

Parental smoking, peer smoking, knowledge about smoke harm, and positive attitudes toward smoke ban were significantly associated with increased odds of SHS exposure. Approximately 14% of adolescents had both smoking parents and peers. Compared with never-smoking adolescents who did not have both smoking parents and peers, those who had both smoking parents and peers had 19 (adjusted odds ratio [aOR], 19.0; 95% confidence interval [CI], 16.86-21.41), eight (aOR, 7.71; 95% CI, 7.05-8.43) and 23 times (aOR, 23.16; 95% CI, 20.74-25.87) higher odds of exposure to SHS inside, outside, and both inside and outcome home, respectively. Study findings highlight the need to develop and implement comprehensive smoke-free policies consistent with the World Health Organization Framework Convention on Tobacco Control.

SUMMARY:

The study was undertaken to assess the effectiveness of Structured Teaching Programme on knowledge regarding ill effects of cigarette smoking and its prevention among adolescent boys in a selected college at BL Inter College, Dankaur, Greater Noida. The study tested and proved the hypotheses H_1 and H_2 that, there was a significant improvement in the pre test and post test level of knowledge of adolescents who received structured teaching programme in BL Inter College, Dankaur, Greater Noida.

The conceptual frame work used for this study was based on general system theory. One group pre test post test design (0_1 x 0_2) was adopted for the present study. Study samples consisted of 100 adolescent boys.. Purposive sampling technique was used for selection of samples. The tool consists of demographic variables of the samples and structured knowledge questionnaire regarding general knowledge about cigarette smoking, ill effects and its prevention.

MAJOR FINDINGS OF THE STUDY:

Majority of samples, 60(69%) were 18 to 19 years of age. Based on the religion, the 62(62%) were belongs to Hindu. Regarding type of family, majority 69(69%) of them are belongs to nuclear family. Among 45(45%) of them are residing in rural area. With respond to the Father's education 27 (27%) of fathers are in diploma/ Graduate holders. Regarding Mother's educational status 24(24%) of mothers are in primary level of education only. Regarding fathers and mothers occupation among 40(40%) unemployed and 54(54%) unemployed respectively. Based on the monthly income of the family among 35(35%) of them have Rs-5000-10,000 income. Regarding family history among 54(54%) of them have the history of smoking. Based on the source of information majority 42(42%) having an information through mass media and among 14(14%) has no information.

In pre-test level of knowledge, 43(43%) out of 100 adolescents were having poor level of

knowledge .Regarding remaining 57(57%) adolescents had average level of knowledge and no one had good knowledge .

In case of post –test level of knowledge, 95(95%) out of 100 were acquired good level of knowledge, 5(5%) were having average level of knowledge and no one having poor level of knowledge.

Comparison of mean pre test and post test level of knowledge shows, the "t" value (58.34) was significant at 0.05 level with the degree of freedom 99. This indicates that, there is significant difference between pre test and post test level of knowledge regarding ill effects of cigarette smoking and its prevention among adolescent boys. Hence H_1 was accepted. Except Age and monthly income there was no significant association between selected demographic variables such as religion, Type of family, area of residence, father's and mother's educational status, Father's and Mother's occupational status, family history of smoking, source of information and the pre test level of knowledge at 0.05 level. For age and monthly income of the family, the calculated chi-square value was 19.66 at df (1) and Chi square value of 10.7 at df (3) respectively and it was significant at 0.05 level. So the H_2 was accepted.

CONCLUSION

The study findings provide the statistical evidence which clearly indicate that Structured Teaching Programme has significant effect on the level of knowledge in adolescent boys.

IMPLICATIONS OF THE STUDY

Nurses can use the structured Teaching Programme as a best teaching method for imparting the knowledge in adolescent boys. The present study has several implications in Nursing practice, nursing education, Nursing administration and Nursing Research.

Implications for Nursing Practice:

The nurses can play an important role on imparting preventive health care. Health education conducted by the nursing personnel in the college helps in imparting knowledge regarding ill effects of cigarette smoking and its prevention among adolescent boys. Staff Nurses can also educate the adolescent boys who visit the outpatient department or inpatient department and also do screening programme regarding cigarette smoking. This education will help the adolescent boys to understand in-depth about preventive measures of cigarette smoking. Thereby they can adopt healthy life style practices, which help to prevent the disease.

Implications for Nursing Education:

Nursing education should prepare effective future nurses. Active participation of student nurses in conducting educational programmes to provide information regarding ill effects of cigarette smoking and its preventive measures. The nursing curriculum focuses more on the preventive aspect, the nurse must therefore, be prepared to identify the areas of knowledge deficit through the assessment of learning needs of adolescents.

Health information can be impaired through various methods like lecture, incidental teaching and mass media. Several educational strategies can be used to disseminate the health information like lecture, demonstration, flip chart, flash cards and hand out etc, which would make it interesting and helps to gain adequate knowledge. Nurses have to involve themselves in the areas of health practices which helps to lead a healthy life.

Implications for Nursing Administration:

Nurse administrators are responsible to identify the nature of the problem and organize programme related to health promotion to the target people. The study assists the nursing administrative authorities to initiate and carry out health education programme in health care

settings.

Nurse administrator can also take the initiative in imparting health information through different effective methods. They have to support and encourage the nursing students to participate in health promotion activities. Individual and group teaching can be arranged for adolescent boys.

Implications for Nursing Research:

Nurses being the major focus in the health care delivery system must take the initiative in conducting research on significant health care problem among the vulnerable groups in community, especially adolescent boys. These researcher will help to prevent mortality and morbidity caused by any preventable illness such as Cancer, heart attack, impotence etc. Nurse researcher can conduct studies to determine the effectiveness of education in terms of cigarette smoking. Most researchers can be done on prevention of innovative methods of teaching preparation of effective teaching materials, focusing on interest, quality and cost effectiveness.

Limitations of the study

1. The study was conducted to only one group of 100 students in a selected school of Roza, Yakubpur; hence generalization is limited to the population under study.
2. The study did not use a control group and there is a threat to internal validity as the investigator had no control over the took place between the pre test and post test.
3. Extraneous variables such as exposure to mass media were beyond researcher's control.

Recommendations

1. The similar study can be replicated with larger sample with different demographic characteristics.
2. The similar study can be done in different settings.

3. The comparative study can be conducted to determine the knowledge of different age groups on cigarette smoking.
4. The comparative study can be conducted to assess the knowledge of urban and rural adolescents regarding cigarette smoking.
5. The similar study can be conducted by using experimental group and control group.
6. The similar study can be conducted by using different modalities.

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APPENDIX I

Letter seeking permission from Principal to conduct the study

From
B.sc. Nursing Students
4th Year,
Galgotias School of Nursing
Galgotias University
Greater Noida.

To
The Principal
Galgotias School of Nursing
Galgotias University
Greater Noida.

Subject: Letter seeking permission from Principal to conduct the study

Respected Mam

We intended to begin a research study in partial fullfullment if b.sc. Nursing Program Tittled As "A study to assess the effectiveness of planned teaching program on knowledge regarding ill effects of smoking among adolescent boys of BL Inter College, Dankaur, Greater Noida, yakubpur" under the supervison of research guide Ms. Nancy Thakur.

I request your kind permission to carry out the above said study.
Thanking you.

Yours Faithfully
B.Sc. Nursing Students

APPENDIX II

Letter seeking expert's opinion for validation of the tool

From

B.Sc. Nursing Students

Galgotias School of Nursing

Galgotias University

Greater Noida.

To

Subject: Requesting the opinion and suggestion by expert for establishing content validity of the research tool.

Respected Sir/ Madam,

We are the students of B.Sc. Nursing year student of Galgotias School of Nursing, Greater Noida. In partial fulfillment of the course requirement, I have to undertake a research project and to be submitted to Galgotias University. The title of my project is ""A study to assess the effectiveness of planned teaching program on knowledge regarding ill effects of smoking among adolescent boys of BL Inter College, Dankaur, Greater Noida."

Herewith, I am enclosing the copy of the research tools, problem statement, objectives, operational definitions and Methodology of the study, tool and criteria for content validity. Kindly go through tools and validate the content as well as gives your valuable suggestions.

Kindly do the needful at earlier possible. Hope to receive an early reply.

Thanking you in anticipation

Yours sincerely,

APPENDIX-III

LIST OF EXPERTS

1. Miss Simrat Kaur
   Asst. Professor
   School of Nursing
   Galgotias University

2. Miss Deepika
   Asst. Professor
   School of Nursing
   Galgotias University

3. Miss Surabhi
   Asst. Professor
   School of Nursing
   Galgotias University

4. Miss Neha
   Asst. Professor
   School of Nursing
   Galgotias University

APPENDIX IV

Informed Consent for participants

Dear respondent,

This is to bring in your kind notice we are the students of B. Sc. Nursing, Galgotias School of Nursing required to submit my dissertation to Galgotias University Greater Noida as a part of partial fulfillment of the requirement for B. Sc. Nursing program.

Study title: "A study to assess the effectiveness of planned teaching program on knowledge regarding ill effects of smoking among adolescent boys of BL Inter College, Dankaur, Greater Noida."

Study center: Galgotias School of Nursing, Galgotias University Greater Noida

You are requested to participate in this study by answering simple questionnaires, which will take about 15 to 20 minutes for you to complete. Your kind cooperation is highly esteemed your confidential and will be utilized only for the research purpose.

Thanking you for agreeing to participate in this study. Kindly fill the Performa given below.

Consent form

I Mr./Ms./Mrs……..Age

The nature and purpose of the study have been fully explained to me. I have had the opportunity to ask question and I understand it. I understand that my participation in the study is voluntary. I am aware of the fact that I can opt out of the study at any time without giving any reason and this will not affect my future in anyway.

Signature and name of the investigator

_____

Signature of the subject

_____

Date _____

Place _____

APPENDIX V

SECTION A

DEMOGRAPHIC VARIABLES

Instructions: Kindly read the following questions carefully and place a tick mark against the appropriate response in the space provided.

1) **Age in years**
   a) 17- 18 ( )
   b) 18-19 ( )
2) **Religion**
   a) Hindu ( )
   b) Christian ( )
   c) Muslims ( )
   d) others ( )
3) **Type of family**
   a) Joint family ( )
   b) Nuclear family ( )
   c) Extended ( )
4) **Area of Residence**
   a) Rural ( )
   b) Urban ( )
   c) Semi Urban ( )
5) **Father's educational status**
   a) Illiterate ( )
   b) Primary ( )
   c) Secondary ( )
   d) Diploma/Graduate ( )
6) **Mother's educational status**
   a) Illiterate ( )
   b) Primary ( )
   c) Secondary ( )
   d) Diploma/Graduate ( )
7) **Father's Occupation**

a) Unemployed ( )
b) Daily wage earner ( )
c) Self employed ( )
d) Government ( )

8) **Mother's Occupation**

a) Home maker ( )
b) Daily wage earner ( )
c) Self employed ( )
d) Government ( )

9) **Monthly income of the family(Rs)**

a) 5000- 10000 ( )
b) 10001-15000 ( )
c) 15001-20,000 ( )
d) above 20,001 ( )

10) **history of smoking Family**

a) Yes ( )
b) No ( )

11) **Source of information regarding ill effects of smoking & prevention**

a) Health person ( )
b) Parents/ friends/ relatives ( )
c) Mass media ( )
d) No information ( )

SECTION B

Instructions: Kindly read the following questions carefully and place a tick mark against the appropriate response in the space provided.

1) **What do you mean by Cigarette smoking?**
    a) Inhalation of gases with burning tobacco
    b) Inhalation of gases with nitrous oxide
    c) Ingestion of tobacco
    d) Ingestion of beetle leaves

2) **What is considered the addictive component of cigarette smoking?**
    a) Carbon monoxide
    b) Tar
    c) Nicotine
    d) one of the above

3) **The most dangerous gas released in burning tobacco product is**
    a) Carbon monoxide
    b) Carbon dioxide
    c) Nitrogen
    d) Smog

4) **When does the initiation phase typically occur?**
    a) 18 -25 years
    b) 25 – 30 years
    c) 30 – 35 years
    d) Before the age of 18 years

5) **What populations have the highest percentage of smoking?**
    a) Low-income levels and medically compromised
    b) Minorities and medically compromised
    c) Low income level and those with a general education diploma
    d) Minorities and Teens

6) **Which of the following occurs with addiction?**
    a) There is sporadic involvement with a substance or activity
    b) The substance or behavior is needed to feel normal change

c) It helps establish normal brain function

d) The substance or behavior must produce a negative mood change

7) What are the types of tobacco use?

a) Cigarettes

b) Chewing tobacco

c) cigars and pipes

d) All of the above

8) Which product is used most?

a) Marijuana

b) Caffeine

c) Alcohol

d) Tobacco

9) Which is the most common form of tobacco use

a) Chewing tobacco

b) Snuffing tobacco

c) Smoking tobacco

d) None of the above

10) When you use cigarette nicotine enter your brain

a) Within 5mt

b) Within 10 Seconds

c) Takes More Than 1hour

d) Takes1-2 Mts

11) Which of the following statements is true regarding secondhand smoke?

a) Mainstream smoke is emitted from the burning end of a cigarette

b) Secondhand smoke does not pose any health risks.

c) Side stream smoke is emitted from a smoker's mouth

d) Children exposed to secondhand smoke are twice as likely to become smokers during adolescence

12) The chemicals in cigarette

a) Can clog a person’s lung and blood vessels

b) Are harmful only if inhaled

c) Have all been removed from smokeless tobacco

d) Are not physically addictive

13) What type of Carcinogen seen in cigarette Tar?

a) Benzopyrene
b) Ammonia
c) Butane
d) Acetic acid

14) Clove cigarettes contain about how much tobacco?

a) 40%
b) 50%
c) 60%
d) 70%

15) People who are using cigarette are at high risk for

a) Lung Cancer
b) Colon Cancer
c) Heart Attack
d) Arthritis

16) What is the bumper prize due to smoking?

a) Cancer
b) Heart disease
c) Lung disease
d) Stroke

17) What are the top three causes of death due to smoking?

a) Ischemic heart disease, COPD, diabetes
b) Lung cancer, diabetes, periodontal disease
c) Lung cancer, COPD, ischemic heart disease
d) COPD, pancreatic cancer, myocardial infarction

18) Smoking can cause all of the following except

a) Increased plaque build –up
b) Irregular heart rhythms
c) decreased platelet adhesiveness
d) decreased oxygen supply to the heart

19) Which of the following is NOT a symptom of withdrawal?

a) Sore throat
b) Nausea
c) Chills
d) Severe anxiety

20) The first step in recovering from drug addiction to

a) Stop using the drug
b) Admit that you have a problem
c) Go to a treatment center
d) Wait until the drug is completely remove from your body

21) What percentage of lung cancer cases occur in nonsmokers

a) 40%
b) Less than 10%
c) 15%
d) 25%

22) Withdrawal symptoms can be present

a) within 10minutes
b) 2-3hrs after last use of tobacco
c) within 1 hour
d) after 2 days

23) Hundreds of toxins are found in this. It increases the risk of acute respiratory infection, ear infections, and more severe asthma in children, coronary heart disease, and lung cancer. What is this culprit?

a) Smokeless tobacco
b) Cigars
c) Cigarette
d) Second hand smoke

24) A condition characterized by leathery white patches inside the mouth produced by contact with irritants in tobacco juice is called

a) Obstructive pulmonary disease
b) Pharyngitis
c) Leukoplakia
d) None of the above

25) The excessive use of any drug is called

a) Drug addiction
b) Drug abuse
c) Drug independence
d) Drug tolerance

26) How the tobacco can affect the man mentally?

a) Depression and mood swings
b) Tremors
c) Parkinson's disease
d) Alzheimer's disease

27) How can we prevent adolescents from smoking?

a) To provide awareness programme
b) Increase tobacco taxes
c) Pictorial display with ill effects
d) All of the above

28) How the cigarette smoking affects the adolescent's Cognitive development?

a) Irritability
b) Confusion and disorientation
c) More active
d) More Conscious to do his work

29) How do we identify the stress of student who smokes?

a) Becoming involved in a new activity
b) Lying about the amount of drug use
c) Regularly missing school with poor performance

d) Both b and c

30) What are the preventive measures of smoking in public Places?

a) Display signage on smoking restrictions
b) Pay fine for violation
c) Both a and b
d) Provide private area

APPENDIX VI

A semi structured questionnaire to assess the knowledge regarding ill-effects of cigarette smoking and its prevention

ANSWER KEY

S.NO	ANSWER	S.NO	ANSWER
1	**A**	16	**A**
2	**C**	17	**C**
3	**A**	18	**C**
4	**D**	19	**A**
5	**C**	20	**B**
6	**B**	21	**A**
7	**D**	22	**B**
8	**D**	23	**D**
9	**C**	24	**C**
10	**D**	25	**B**
11	**B**	26	**A**
12	**A**	27	**D**
13	**A**	28	**B**
14	**C**	29	**D**
15	D	30	**C**

APPENDIX - VII

LESSON PLAN

ON

Ill Effects of Cigarette Smoking

And It's Prevention

IDENTIFICATION DATA

TOPIC	:	CIGARETTE SMOKING
GROUP	:	ADOLESCENT BOYS
PLACE	:	BL Inter College, Dankaur, Greater Noida.
DURATION	:	45 MINUTES
METHOD OF TEACHING	:	LECTURE CUM DISCUSSION
PREVIOUS KNOWLEDGE	:	BASIC KNOWLEDGE REGARDING ILL EFFECTS OF CIGARETTE SMOKING AND ITS PREVENTION AMONG ADOLESCENT BOYS
TEACHING AIDS	:	LCD, CHART PAPERS, PAMPHLETS

General Objectives;

At the end of the teaching adolescent boys acquired adequate knowledge regarding ill effects of cigarette smoking and its prevention

Specific objectives:

At the end of the sessions the students will be able to

1. define cigarette smoking
2. mention the compounds in cigarette
3. enumerate the factors influencing the use of cigarette smoking
4. list out the type of smokers
5. list down the type of tobacco
6. describe the causes of cigarette smoking
7. identify the general signs and symptoms of cigarette smoking
8. explain the pathophysiology of nicotine action in the body
9. identify the general signs and symptoms of cigarette smoking
10. list down the ill effects of cigarette smoking as per system
11. explain the prevention of smoking behavior in adolescents

TIME	SPECIFIC OBJECTIVES		TEACHING LEARNING ACTIVITIES	AUDIO VISUAL AIDS	EVALUATION
1mt	Introducing the topic	**INTRODUCTION** Tobacco is a leafy plant grown around the world including in parts of the United Sates. There are many chemicals found in tobacco or created by burning it (as in cigarettes), but nicotine as tar, carbon monoxide, acetaldehyde and nitrosamines, also can cause harm to the body. One person dies every 5mts from smoking, so to prevent such kind of morbidity and mortality due to smoking, there is need to create awareness among people about the risk and ill effects of smoking. In India it is more prevalence in Youth. The parents and educators can help to smokers by teaching them about the ill effects of smoking at every stage. To provide treatment to patients dependent upon tobacco, the following diagnostic codes can be used. It can be found in the ICD- cm under the section of mental disorder (290-319) 305. Tobacco use disorder.	Teacher introduce the topic	LCD	
2mts	Describe the definition	**DEFIINITION** Cigarette Smoking is defined as the inhalation of the gases and hydro carbon vapors' generated by slowly burning tobacco in cigarette.	Teacher: define the cigarette	CHART PAPER	What is the definition of cigarette smoking?

2mts	explain the compounds of cigarette	Cigarette smoking is addictive and is considered more dangerous than pipe or cigar smoke because it is less irritating and therefore more likely to be inhaled. **MAIN COMPOUNDS IN CIGARETTE SMOKE** Cigarette smoke contains over 4000 different compounds. A significant number of them are toxic (poisonous) and can damage our cell. The most abundant ones, tar, nicotine and carbon monoxide 	smoking Learner: active listening. Teacher: Explain the compounds of cigarette. Learner: active listening Learner: active listening	CHART PAPER	What are the compounds of cigarette ?

3 min		**Tar** This is the collective term for the various particles suspended in tobacco smoke. The particles contain chemicals, including several cancer causing substances (carcinogens).Tar is sticky and brown and stains teeth, finger nails and lung tissue. Tar contains the carcinogen benzopyrene**.** **Carbon monoxide:** This colorless gas is fatal in large doses because it takes the place of oxygen in the blood. Each red blood cell contains a protein called hemoglobin that transport oxygen molecules account the body. However carbon monoxide binds the hemoglobin better than oxygen. In response the body makes more blood cells to carry the oxygen it needs, but it makes the blood thicker. This means that when the body demands more oxygen during exercise , less oxygen reaches the brain and heart muscles. **Hydrogen cyanide:** The lungs contain tiny hairs (cilia)that help to clean the lungs by moving foreign substances out Hydrogen cyanide stop this lung clearance system from working properly, which means the poisonous chemicals in tobacco smoke can build	Teacher: explain Learner: active listening	LCD	

3 min		inside the lungs. Other chemicals in smoke that damage the lungs include hydrocarbons, nitrous oxide, organic acid phenols and oxidizing agents. **Oxidising Chemicals:** Highly reactive chemicals which include (free radicals) can damage the heart muscles and blood vessels. They react with cholesterol, leading to the build-up of fatty material on artery walls. **Acetaldehyde:** This chemical is used in solvents. It irritates the eyes , nose, and throat. Long term exposure can damage the liver and the kidney. **Formaldehyde:** Part of the resin used in foam insulation plywood fiber board and particle board. It can cause nasal cancer, as well as damaging the digestive system, skin and lungs. **Nicotine:** This is most carcinogenic. However it is highly	Teacher: Pointing outing Learner: taking notes.	LCD	

		addictive. Smokers find it very hard to quit because they are hooked on the nicotine. Nicotine is an extremely fast acting drug. It reaches the brain within 15 seconds of being inhaled. Exposure to sufficient amount can lead to vomiting, seizures depression of the CNS and the growth retardation. It can also undermine a fetus proper development. **Ammonia:** It is known to cause asthma and raise blood pressure. **Benzene:** It is used in Gasoline, causes several cancers, including leukemia. **Hydrogen Cyanide:** It weakens the lungs and causes the fatigue, headache and nausea. It is used in the production of acrylic plastics and resins and fumigant. **Lead:** It damages the nerves in the brain, as well as the kidneys and the human reproductive system. Lead intake can also cause stomach problems and anemia. It is a known carcinogen and is particularly toxin to		LCD	

3mt	Enumerate the factors influencing cigarette smoking	children. Lead is used in paint and metal alloys**.** **FACTORS INFLUENCING USE OF CIGARETTE SMOKING** ™ Social and physical environment ™ Tobacco advertising g and in movies ™ Small social groups ™ Cognitive and affective processes (Eg. Depression, anxiety and stress) ™ Biological and genetic factor ™ To maintain body image ™ Lack of skills to resist influences to tobacco use. ™ Low Lack of parental support or) involvement ™ Accessibility, availability and price of tobacco products. ™ Low level of academic achievements. ™ self image and self esteem ™ Exposure to tobacco advertising ™ Aggressive behavior (Eg.fighting, carrying weapon)	Teacher: enumerating Learner: taking notes.	LCD	What are the factors influencing cigarette smoking?

2 min 5mt	List out the type of smokers List down the type of tobacco	**TYPES OF SMOKERS:** 1) <u>Habitual Smoker</u> Smoking is the second nature for this group. You need a cigarette with morning tea and you need it at bed time. 2) <u>Addicted smoker</u> A person has formed an uncontrollable dependence on cigarette to the point where stopping smoking cause severe emotional, mental or physical reactions. 3) <u>Chain smoker</u> It is used to describe a person who smokes relatively, constantly, not necessarily chaining each cigarette. **TYPES OF TOBACCO** Mainly there are two types of tobacco products. They are a) Smoking tobacco b) Chewing tobacco **Smoking types of Tobacco** There is no safe form of tobacco use. All forms contain nicotine and can cause addiction and health problems.	Teacher: list out Learner: Listening . Teacher: explaining the	LCD LCD	What are the types of smokers? What are the types of tobacco?

		Bidis: Bides (pronounced"bee-dees) are small, thin, hand rolled cigarette imported to the United States primarily from India and Southeast Asian Countries. It consists of tobacco wrapped in a tendu or tembuni leaf and may be secured with a colourful string at one or both ends.Bidis can be flavored (eg.Chocolate, cherry, mango) or unflavored. Bidi smoking is associated with an increased risk for oral. lung , stomach and oesophageal cancer and an increased risk for coronary heart disease and heart attacks and risk for chronic bronchitis. **Cigarettes:** A cigarette is a combination of cared and finely cut tobacco, reconstituted tobacco and other additives rolled or stuffed into a paper wrapped cylinder. Many cigarettes have a filter on one end. Smoking cigarettes causes cancer of the bladder, oral cavity, pharynx, larynx (voice box) esophagus, cervix, kidney, lung, pancreas and stomach and causes acute myeloid leukemia. It also causes heart disease and stroke.	types Learner; active listening. Teacher: explain Learner; active listening.	LCD	What are the types of smoking tobacco?

5mt		**Cigar, Cigarillos and little cigars.** Most cigars are made up of a single type of air-cured or dried tobacco. Cigar tobacco leaves are first aged about a year and then fermented in a multi-step process that can take from 3 to 5 months. Fermentation causes chemical and bacterial reactions that change the tobacco. This is what gives cigars a different task and smell from cigarettes. Regular cigars are larger than cigarettes and do not have a filter. Little cigars or cigarillos are very similar in size and shape of cigarettes, have filters are filled with pipe tobacco. Little cigars are often flavored (eg.Chocolate, cherry, apple mango).They are sold in packs of 20 just like cigarettes or singly Cigar contains higher level of nicotine than cigarettes. For those cigar smokers who inhale, the nicotine is absorbed through the lungs as quickly as it is with cigarettes. Cigar smoking is linked to cancers of the mouth, lips, tongue, throat, larynx, lung, pancreas and bladder cancer. Cigar smoking, like cigarette smoking is also linked to gum disease, where the gums shrink away from the teeth. It also raises your risk that teeth will acutely fall out.			

		Hookah: Hookah is a pipe used to smoke shisha, a combination of tobacco and fruit or vegetables that is heated and the smoke is filtered through water. The Hookah consists of ahead, body, water bowl and hose. The tobacco or shisha is heated in the hookah usually using Charcoal. According to WHO, a typical 1 hour session of hookah smoking exposes the user to 100 to 200 times the volume of smoke inhaled from a single cigarette. Hookah smoking has been associated with lung , mouth and other cancers, heart diseases and respiratory infections. Sharing the mouth piece of the hookah has been associated with mouth and other infections including herpes, tuberculosis and hepatitis. Hookah smoking is no safer than other forms of tobacco use. **Kreteks** : Are imported from Indonesia and typically contain a mixture consisting of tobacco, cloves and other additives. As with bidis, standardized machine smoking analyses indicate that kretek deliver more nicotine , carbon monoxide, and tar than conventional cigarette.	Teacher; list out the smoking tobacco Learner; active	LCD	

		Kretek smoking is associated with an increased risk fo lung injury, especially among susceptible individuals with asthma or respiratory infections. Kretek smokers have 13-20 times the risk for abnormal lung function compared with non- smokers. **Pipe:** **P**ipes are often reusable and consist of a chamber or bowl, stem and Mouthpiece. Tobacco is placed into the bowl and lit. The smoke is than drawn through the stem mad mouthpiece and inhaled. Pipe smoking has been shown to cause gun disease and tooth loss, cancer of the mouth, lip, tongue, throat, larynx, lung, pancreas, kidney, bladder, colon and cervix as well as leukemia and diseases such as chronic obstructive Lung diseases stroke and coronary heart diseases. Pipe smoking can also cause "hairy tongue", stained by tobacco making the tongue look discoloured or black. **Electronic Cigarette or E- cigarette** The e- cigarette is a battery-powered device that contains a cartridge filled with nicotine flavor and other chemicals. The e-cigarette is not a tobacco product but a nicotine delivery system. The e-cigarette turns the nicotine and other chemicals into a	listening.		

5mt	Explain the nicotine action in the body	vapour that is then inhaled by the user. The user will puff on it, similar to a cigarette and received a vaporized solution of propylene glycol/nicotine. The e- cigarette often looks like a real cigarette and have some glowing tip. Refillable and replaceable catridges are available with different nicotine flavours such as menthol, cherry, chocolate mint and orange. **PATHOPHYSIOLOGY** **<u>Smoking affect the heart:</u>** Nicotine in cigarette smoke causes catecholamine to release and increased heart rate, peripheral vaso-constriction and increased blood pressure that leads to cause cardiac workload to increase and it results clogging of arteries in the heart. Clogged arteries cause heart attacks and can cause death.	Teacher: explain the nicotine action Learner: Listening	LCD	How the nicotine act in various organs?

		Smoking affect in the lungs: Cigarette smoking → Hyperplasia of goblet cells ↓ Decreased ciliary activity and loss of ciliary cell Increased the production of mucus ↓ Decreased the airway diameter ↓ Difficulty in clearing secretion ↓ Airway obstruction	Teacher: explain the nicotine action Learner: Listening	LCD	

2mt	Explain the Nicotine action in the brain	Many cells develop large, atypical nucleus, which is considered a precancerous condition. After one year of smoking changes in small airway function can develop. In the earlier stages, these changes are mostly inflammatory cells. In later stages, however, peribronchiolar fibrosis is present. These inflammatory changes in small airways can be reversed with smoking cessation atleast in the younger person. **Nicotine action in Brain** Nicotine binds to nicotinic receptors and leads to release of dopamine at neuronal synapses in the nucleus acumens of the brain. It takes about 10 seconds for inhaled nicotine to reach the brain and start having its effects.	Teacher; explain the nicotine action Learner; active listening.		

2mt 5mt	Identify the general signs and symptoms of cigarette smoking List down the ill effects of cigarette smoking system wise	**General signs and symptoms of Cigarette Smoking**: ¾ A person actually smoking a cigarette in public view ¾ Nicotine stained fingers and teeth ¾ The characteristic smell of smoke impregnated clothing and household items ¾ Chronic "smokers cough ¾ The gravelly voice ¾ Often the visible pack of cigarette and lighter in a persons pocket or purse. **Ill Effects of Smoking:** **Central Nervous System:** Risk of macular degeneration Cataract Poor eye sight **Respiratory system:** Respiratory infection, cold and flu Emphysema , Bronchitis COPD Risk of lung cancer **Cardio Vascular System:** Constricted blood vessels Too much clotting	Teacher: explain the signs and symptoms Listener Listening Teacher: explain the effects of cigarette smoking Listener Listening		What are the General signs and symptoms of cigarette smoking? What are the ill effects of cigarette smoking?

		- High cholesterol - Heart disease **Metabolic disorder**: - Blood Cancer (acute Myeloid Leukemia) **Gastro Intestinal System:** - Oropharynx cancer - Larynx cancer - Liver cancer - Stomach cancer - Pancreas cancer - Oesophagus cancer **Genito-Urinary System**: - Bladder cancer - Colon and Rectum cancer **Reproductory System**: In case of female - Problem with pregnancy - Problem for new born - Early menopause - Increased risk of cancer of cervix - Infertility			

		- Menstrual Cycle irregularities **In case of male** - Infertility - Erectile dysfunction - Lower sperm count **Immune System** - Rheumatoid arthritis **Integumentary system**: - Wrinkly skin - Yellow finger - Smelly Hair **Psychological Effects** - Depression - Irritability - Mood swings - Anxiety - Attention deficit - Memory deficit **How to prevent the smoking behavior in adolescence:** ™ To provide tobacco prevention education program.			What are the preventive measures of cigarette smoking in adolescents?

5mt	Describe the prevention of smoking behavior in adolescents	ƒ Promote students knowledge of tobacco hazard ƒ Promote anti-smoking attitude in adolescence ™ Smoke free air law restricting smoking in public places ƒ Preventing or stopping persons from smoking inside or near entrance ways / exits of their establishment ƒ Displaying signage on smoking restrictions thoughout their establishment. ƒ Ensuring that ashtrays, matches and lighters ƒ If they violate the rules they shall be liable to pay fine. ƒ Increase tobacco taxes ƒ Reduce the availability ƒ Increase availability of tobacco health/information to the general public ƒ Decrease exposure to second hand smoke ƒ Stay away from social situation that prompt you smoke ƒ To avoid occasional smoking ƒ Do not addict to peer pressure ƒ Never receive the free puff ƒ Share your feelings and stress to nearest person.			

		ƒ Do not spend money for occasional treat. ƒ Pictorial health warning on tobacco products ƒ Take a decision , never take a cigarette by hand ƒ Don't allow others to smoke in your house. ƒ Health warning include (smoking kills or tobacco kills) ƒ Starting tobacco cessation centre at District level ƒ Launching a IEC/Mass Media Campaign ƒ Awareness programmes through various communication mediums ƒ Ban on tobacco advertising ƒ Ban on sale to minus and within to yards of educational institution. **Conclusion** At the end of the teaching adolescent boys gain good knowledge regarding ill effects of cigarette smoking and also give assurance to say 'No' to free-puff and peer pressure.			