Research Article

EFFECTIVENESS OF VIDEO ASSISTED TEACHING ON THE KNOWLEDGE AND PERCEPTION ON SMOKING AND ALCOHOLISM AMONG ADOLESCENT BOYS

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ABSTRACT

Adolescence is a phase of rapid growth and development during which physical, physiological and behavioural changes occur. They constitute more than 1.2 billion worldwide, and about 21% of Indian population. Morbidity and mortality occurring in this age group is mostly due to preventable causes. Adolescent risky behavior often results from their inadequate knowledge and lack of understanding of the risks involved. **Aim**: The aim of the study was to assess the effectiveness of video assisted teaching on the knowledge and perception on high-risk behaviours among adolescent boys. **Materials and Methods:** Experimental design was used. By using systematic random sampling 40 students studying from 6th, 7th and 8th standard were selected. **Results:** Maximum number of students were in the age group of 12 years (42.5%). Half of the students were studying in 7th standard (50%), Maximum students were residing at rural areas (60%). Majority of the students 31(77.5%) were Hindus. 12(30%) of the student's fathers were smokers, 16(40%) of the student's fathers were alcoholics. The mean knowledge score in the experimental group after the intervention (16.1) was higher than the mean knowledge score before the intervention (9.5). The mean perception score in the experimental group after the intervention (85) was higher than the mean perception score before the intervention (78.8). **Conclusion:** Smoking prevention is an important issue and healthcare professionals, especially nurses have a major role in helping people to understand the consequences of smoking for their lives.

INTRODUCTION

The World Health Organization (WHO) has defined 'adolescents' as persons in the 10 to 19 years age group. People in the age group comprise 21% of the Indian population. Adolescents are a group of apparently healthy individuals. The health status of an adolescent determines the health status in his/her adulthood. Many serious diseases in adulthood have their roots in adolescence. Also, many adolescents do die prematurely due to various reasons that are either preventable or treatable and many more suffer from chronic ill-health and disability. The World Health Organization estimates that 70% of premature deaths among adults are due to behavioral patterns that emerge in adolescence, including smoking and alcohol.[1]

High-risk behaviors are those that can have adverse effects on the overall development and well-being of youth, or that might prevent them from future successes and development.

Common high risk behaviour includes tobacco use, alcoholism, Illicit drug use, high risk sexual behavior, self-injurious Behaviors, violence and Suicide and behaviors related to obesity and unhealthy Dieting[2] Adolescents are the most vulnerable population to initiate smoking. It is now well established that most of the adult smokers start to use in childhood or adolescence. There has been a perceptible fall in smoking in the developed countries after realization of harmful effects of smoking. The cigarette companies are now aggressively targeting their advertising strategies in the developing countries like India. Adolescents often get attracted to smoking because of such propaganda. The World Bank has reported that nearly 82,000-99,000 children and adolescents all over the world begin smoking every day. About half of them would continue to smoke to adulthood and half of the adult smokers are expected to die prematurely due to smoking related diseases. Adolescents typically become addicted to nicotine while still being teenagers. Usual interval between the first cigarette consumption and daily smoking is 1–2 years[3] The risk of developing smoking related cancer and chronic

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heart and lung diseases is greater in young adolescents., The damaging and harmful effects of smoking on oral health are now well recognized. These include, in particular, a higher prevalence and severity of periodontal diseases and malignancies among smokers. Even experimental use of tobacco in adolescence significantly increases the risk of adult addicting to tobacco as well as the risk of disease and death[4]

Alcohol use and misuse among adolescents continues to remain a public health problem. Worldwide, an estimated 4% of 11 year olds, 8% of 13 year olds, and 21% of 15 year olds drink alcohol weekly; 14% of 13 year olds have been drunk at least once; and 32% of 15 year olds have been drunk at least twice. Early alcohol initiation and early or sustained heavy drinking among youth can lead to neurological damage and leads to reduced quality of life or premature death, such as dropping out of school, taking sexual risks, and accidents[5]

It is seen that smoking and drinking become symbols of maturity and independence, among the adolescents. There is an urgent need to take effective steps, especially on launching community awareness programs for the school children and public to educate them about the consequences of smoking and alcohol intake, and on assessing their effectiveness in curbing the problem.

Effort to prevent adolescent smoking and alcohol intake should be focused on creating awareness on these harmful practices. The current study aimed to assess the effectiveness of a video assisted teaching on smoking and alcohol in improving the knowledge and perception of adolescents

Aim

The present study aimed at identifying the effectiveness of video assisted teaching on the knowledge and perception of adolescents regarding smoking and alcoholism

METHODOLOGY

Evaluative approach and two group pre test post test control group design was used to collect data. By using systematic random sampling 40 students (20 experimental and 20 controls) studying in 6th, 7th, and 8th standard in two schools at Coimbatore were selected. Formal permission was obtained from the school authority and oral consent was obtained from the students.

Tool-Instrument for data collection consisted of three parts.

- Part I - Demographic Proforma which includes age, sex, standard, medium of instruction, area of residence, religion, educational status of the father and mother, occupation of the father and mother, family income, Number of siblings, order of birth, History of smoking and alcohol in the family members, friends, relatives and neighbors
- Part II- Knowledge Questionnaire consists of 25 items which was used to assess the knowledge of adolescents regarding various aspects of smoking and alcoholism
- Part III-Risk perception scale (5 point likert) was used to assess the perceived risk of adolescents on smoking and alcoholism

RESULTS AND DISCUSSION

Demographic data of the students

Maximum number of students were in the age group of 12 years (42.5%). Half of the students were studying in 7th standard (50%), Maximum students were residing at rural areas (60%).

Majority of the students 31(77.5%) were Hindus, 5(12.5%) were Christians and 4(10%) students were Muslims.12 (30%) of the student's fathers were smokers, 16(40%) of the student's fathers were alcoholics. Nearly half 19(47.5%) of the student's fathers have completed only elementary education, 11(27.5%) have completed high school education.
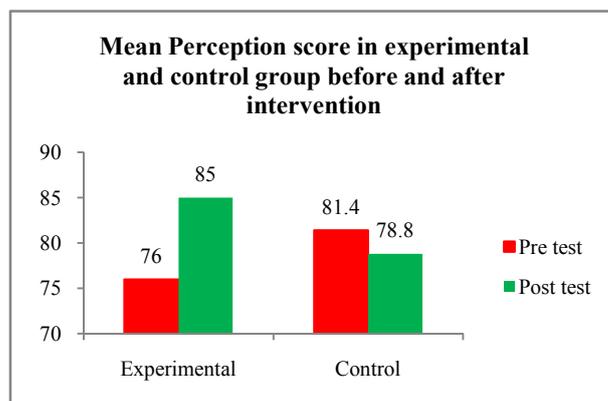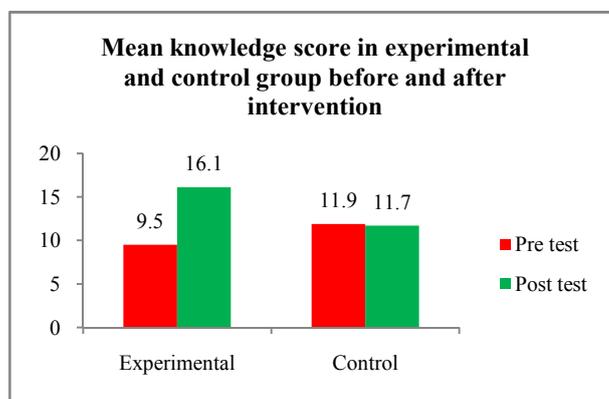
15(37.5%) of the student's mothers have completed only elementary education,7(17.5%) have completed high school education and 9(22.5) student's mothers have no formal education. Most of the student's 30(75%) fathers were coolie workers. Nearly half 22(55%) student's mothers were coolie workers, 8(20%) were house wives

Table-1 Comparison of mean score of knowledge and risk perception before and after the intervention in experimental and control group   N=40

	Knowledge			Risk perception		
	Mean score		t value	Mean score		t value
	Before	After		Before	After	
Experimental	9.5	16.1	5.288*	76	85	4.570*
Control	11.9	11.7	.238	81.4	78.8	1.181

* - significant at 0.05 level

The difference in the post test mean score and the pretest means score in experimental group for both variables was found to be statistically significant.

Mean knowledge score in experimental and control group before and after intervention

Mean Perception score in experimental and control group before and after intervention

The mean knowledge score in the experimental group after the intervention (16.1) was higher than the mean knowledge score before the intervention (9.5). The mean perception score in the experimental group after the intervention (85) was higher than the mean perception score before the intervention (76). Paired 't' test was used to find out the effectiveness and the difference in the post test mean score and the pretest mean score in experimental group for both variables was found to be statistically significant at p<0.05 level.(Table 1)

Table 2 Comparison of post test mean score of knowledge and risk perception between experimental and control group N=40

	Knowledge		Risk perception	
	Mean score	t value	Mean score	t value
Experimental	16.1	3.149[*]	85	2.415[*]
Control	11.7		78.8	

[*] - significant at 0.05 level

Independent 't' test was used to find out the difference in post test score of experimental and control group. The post mean knowledge score of experimental group (16.1) was higher than the post mean knowledge score of control group (11.7). The post mean perception score of experimental group (85) was higher than the post mean perception score of control group (78.8). The difference in the post test mean score of experimental and control group for both variables was found to be statistically significant (Table 2).

DISCUSSION

Similar study was conducted by Brijesh *et al* to assess the effectiveness of awareness programme on harmful effects of tobacco and alcohol on knowledge and self reported practice of adolescent students in the age group of 14 to 17 years studying in class 11th and 12th in a school at Dehradun, revealed that there was significant improvement in knowledge regarding harmful effects of alcohol and tobacco use. None of the adolescent reported that they have ever used alcohol or tobacco. However 68.22% of adolescents reported that their family members chew tobacco and 15% of their closest friends chew tobacco and 24.29% of their closest friends smoked tobacco. Majority (88.17%) of the adolescents perceived that smoking was harmful to the health. The study concluded that the awareness program resulted in significant improvement of knowledge about harmful effects of tobacco and alcohol use. [6]

Another study finding which supports the current study finding is a quasi experimental study which was conducted by Yogeshwar Puri Goswami revealed that the mean post test knowledge score(26.90) was significantly higher than the mean pretest knowledge score(12.93). This study reveals that proper education (STP) enhance post test knowledge among students regarding substance abuse [7]

Bhuvanesh Shukla conducted a study to assess the effectiveness of structured teaching programme on knowledge among the adolescent boys regarding ill effects of smoking in selected Government Schools of Moga, Punjab - India. Findings revealed that Maximum number of respondents (79%) had no family history of smoking and minimum number of respondents (21%) had family history of smoking. On the basis of the results of data analysis it was found that the mean post-test knowledge score was (24.85) higher than the mean pre-test

knowledge (15.49). This indicated that structured teaching programme was effective in terms of improving the knowledge of adolescents [8]

CONCLUSION

Though adolescence is usually a healthy period, several risk factors of adult diseases which begin in adolescence can be prevented with proper interventions during this period, though with challenges Habits like smoking and alcoholism have lifelong impact and potential to cause health problems like coronary heart disease and diabetes in adulthood. Even though there is legal restriction, alcohol and tobacco products are available generously for under-18 age group. Primordial prevention from substance abuse with strict enforcement of law can prevent occurrence of such diseases. Awareness programmes are feasible and potentially effective in preventing adolescents from these harmful practices

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