

## **“A study to assess the level of knowledge regarding cigarette smoking among young adolescent boys residing at selected community area, Puducherry.”**

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### **ABSTRACT**

Smoking, the act of inhaling and exhaling the fumes of burning plant material. A variety of plant materials are smoked, including marijuana and hashish, but the act is most commonly associated with smoking as smoked in a cigarette, cigar or pipe. Cigarette contains nicotine, an alkaloid that is addictive and can have both stimulating and tranquilizing psychoactive effects. The smoking of cigarette, long practiced by American Indians, was introduced to Europe by Christopher Columbus and other explorers. Smoking soon spread to other areas and today is widely practiced around the world despite medical, social, and religious arguments against it. Smoking and Health: At the dawn of the 20th century, the most common tobacco products were cigars, pipe tobacco, and chewing tobacco. The mass production of cigarettes was in its infancy, although cigarette smoking was beginning to increase dramatically.

### **I. INTRODUCTION**

"This is not a lie; smoke tobacco and you will die."

-JOE BLAZE

Smoking, the act of inhaling and exhaling the fumes of burning plant material. A variety of plant materials are smoked, including marijuana and hashish, but the act is most commonly associated with smoking as smoked in a cigarette, cigar or pipe. Cigarette contains nicotine, an alkaloid that is addictive and can have both stimulating and tranquilizing psychoactive effects. The smoking of cigarette, long practiced by American Indians, was introduced to Europe by Christopher Columbus and other explorers. Smoking soon spread to other areas and today is widely practiced around the world despite medical, social, and religious arguments against it.

Smoking and Health: At the dawn of the 20th century, the most common tobacco products were cigars, pipe tobacco, and chewing tobacco. The mass production of cigarettes was in its infancy, although cigarette smoking was beginning to increase dramatically. According to the 9th edition of the Encyclopaedia Britannica (1888), smoking products were suspected of producing some adverse health effects, yet cigarette was also considered to have medicinal properties. Many scholars and health professionals of the day advocated tobacco's use for such effects as improved concentration and performance, relief of boredom, and enhanced mood.

By the dawn of the 21st century, in stark contrast, cigarette had become recognized as being highly addictive and one of the world's most-devastating causes of death and disease. Moreover, because of the rapid increase in cigarette smoking in developing countries in the late 20th century, the number of cigarette smoking-related deaths per year was projected to rise rapidly in the 21st century. For example, the World Health Organization (WHO) estimated that in the late 1990s there were approximately four million smoking-caused deaths per year worldwide. This estimate was increased to approximately five million in 2003 and six million in 2011 and was expected to reach eight million per year by 2030. An estimated 80 percent of those deaths were projected to occur in developing countries. Indeed, although smoking use was declining in many countries of

western Europe and North America and in Australia, it continued to increase in countries of Asia, Africa, and South America.

**GIUSEPPINA CAMPISI et al 2023 January:** This exploratory study aimed to investigate the knowledge of sex and gender in clinical medicine among Sicilian physicians. Data collection was based on an online survey sent to the members of the Medical Councils of Sicily (Italy). The questionnaire included nine specific items about awareness and attitudes regarding gender medicine and its importance in clinical practice. 8023 Sicilian physicians received the solicitation e-mail and only 496 responded. Personalized medicine is a new paradigm in health care, and the concept of socio-cultural gender, as opposed to biological sex, emerged in several medical approaches. Regarding the knowledge of gender medicine, 71.1% of participants stated that they know it, while 88.5% believe that gender medicine should be included in training programs.

**STATEMENT OF THE PROBLEM:**

A study to assess the level of knowledge regarding cigarette smoking among young adolescent boys residing at selected community area, Puducherry.

**OBJECTIVES OF THE STUDY:**

To assess the level of knowledge regarding cigarette smoking among young adolescent boys.

To evaluate the level of knowledge regarding cigarette smoking among young adolescent boys.

To associate the level of knowledge regarding cigarette smoking among young adolescent boys with their selected demographic data.

**ASSUMPTION:**

- It is assumed that women may have inadequate information on cigarette smoking.
- Young adolescent boys would be cooperative and willing to express their knowledge regarding cigarette smoking.

**II. MATERIALS AND METHODS**

The present study was conducted to assess the level of knowledge regarding cigarette smoking among young adolescent boys residing at selected community area, Puducherry. This chapter deals with the description of research methodology adopted by the investigator for gathering and organizing the data. It includes description of research approach, research design, setting of the study, population, sampling technique, method of data collection, development and description of the tool, reliability, data collection procedure, organization of data and plan for data analysis.

**Section A:**

Demographic Variables: Age, Gender, Educational status, Monthly income, marital status, Religion, Types of family, Diet pattern, Bad habits, History of chronic illness.

**Section B:**

Self-prepared tool multiple choice questionnaire regarding cigarette smoking among young adolescent boys residing at selected community area, Puducherry.

**SCORING INTERPRETATION:**

LEVEL OF KNOWLEDGE	SCORING
Inadequate knowledge	0-7
Moderate knowledge	8-13
Adequate knowledge	14-20

**RESEARCH APPROACH:**

Research approach was the most significant part of any research. Research approach is an umbrella which covers the basic procedure for conducting the research. A quantitative research approach was adapted for this study.

**RESEARCH DESIGN:**

The descriptive research design was adopted for this study.

**SETTING OF THE STUDY:**

The study was conducted in selected area at Puducherry at Kalitheerthalkuppam village is located in

Madagadipet Taluk, district of Puducherry, state India. It is located 26 Km towards west from district headquarters Puducherry, pincode 605107 and postal head office villianur. This place is the border of the Puducherry district and Villupuram district. The village has 666 houses and has a population of 2731 of which 1320 are males while 1411 are females as per population census.

**SAMPLE:**

Any young adolescent boys at selected area kalthi theerthalkuppam at Puducherry.

**SAMPLE TECHNIQUES:**

In this study a purposive sampling technique was used for selecting the samples.

**SAMPLE SIZE:**

50 Young adolescent boys' individual who are living in the selected area at kalthi theerthalkuppam.

**SAMPLE SELECTION CRITERIA:**

**INCLUSION CRITERIA:**

- Young adolescent boys only.
- Person who willing to participate in the study.
- Person who are available during data collection

**EXCLUSION CRITERIA:**

- Young adolescent girls are excluded.

**III. RESULTS**

The findings reveal that out of 50 young adolescent boys the highest percentage of 31 (62%) of them had adequate knowledge, 18 (36%) of them had moderate level of knowledge and only one (2%) of them had inadequate level of knowledge regarding cigarette smoking. It denotes that, majority 30 (60%) of them were belong to 15 to 17 years of age. Regarding education majority 47 (94%) of them were studying HSC. Majority 47 (94%) of them were unemployed. In account of diet pattern 26 (52%) of them were both vegetarian & non vegetarian. Most of them like 37 (74%) of them were never done any exercise. In the view of the type of family, 24 (48%) nearly half of them were from joint family. Majority 26 (52%) of them were had a hobby of watching TV. Regarding religion majority 34 (68%) of them were Hindus. In account of family history of cigarette smoking majority, 25 (50%) halves of them were no family history of smoking. Forty-one (82 %) of them were had no previous history of any other illness.

**Table 1:** Frequency and percentage distribution of demographic variables among young adolescent boys.

(N=50)

S.NO.	DEMOGRAPHIC VARIABLE	FREQUENCY (N)	PERCENTAGE (%)
1.	<b>Age</b>		
	10 to 12 years	0	0
	13 to 15 years	0	0
	15 to 17 years	30	60
	18 to 21 years	20	40
2.	<b>Education</b>		
	SSLC	0	0
	HSC	47	94
	Degree	0	0
	Illiterate	3	6
3.	<b>Occupation</b>		
	Self-employee	0	0
	Driver	0	0
	Labor	3	6
	Unemployed	47	94

<b>4.</b>	<b>Diet pattern</b>		
	Vegetarian	0	0
	Pure vegetarian	0	0
	Nonvegetarian	24	48
	Both veg & nonveg	26	52
<b>5.</b>	<b>Exercise</b>		
	Walking	4	8
	Gym	6	12
	Cycling & yoga	3	6
	Never done	37	74
<b>6.</b>	<b>Type of family</b>		
	Nuclear family	23	46
	Joint family	24	48
	Single parent family	3	6
	Extended family	0	0
<b>7.</b>	<b>Hobbies</b>		
	Watching tv	21	42
	Playing games	26	52
	Bikeriding	2	4
	Others	1	2
<b>8.</b>	<b>Religion</b>		
	Hindu	34	68
	Christian	4	8
	Muslim	12	42
	Others	0	0
<b>9.</b>	<b>Family history of cigarette smoking</b>		
	Father	15	30
	Grandfather	1	2
	Uncle	9	18
	None of the above	25	50
<b>10.</b>	<b>Previous history of any other illness</b>		
	Communicable disease	0	0
	Noncommunicable disease	9	18
	Psychiatric illness	0	0
	None of the above	41	82

**Assessment of the level of knowledge on regarding cigarette smoking among young adolescent boys.**

**Table 2:** Distribution of young adolescent boys according to level of knowledge

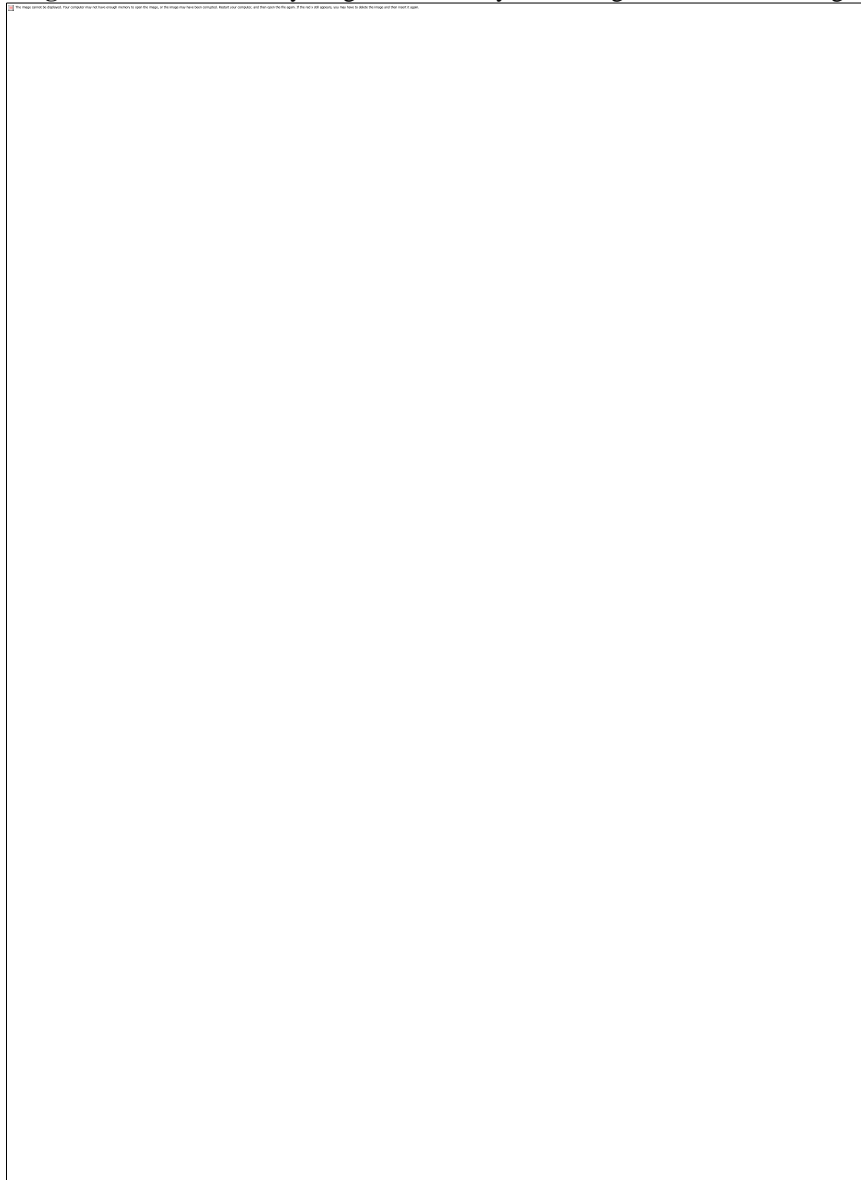
(N=50)

LEVEL OF KNOWLEDGE	FREQUENCY (N)	PERCENTAGE (%)
Inadequate knowledge	1	2
Moderate knowledge	18	36
Adequate knowledge	31	62

The findings reveal that out of 50 young adolescent boys the highest percentage of 31 (62%) of them had adequate knowledge, 18 (36%) of them had moderate level of knowledge and only one (2%) of them had

inadequate level of knowledge regarding cigarette smoking.

**Figure 11:** Distribution of young adolescent boys according to level of knowledge



Association between the level of knowledge on cigarette smoking with selected demographic variables of young adolescent boys.

S.NO.	DEMOGRAPHIC VARIABLE	LEVEL OF KNOWLEDGE						Chi-square ( $\chi^2$ ) P value
		Inadequate		Moderate		Adequate		
		No.	%	No.	%	No.	%	
<b>1.</b>	<b>Age</b>							0.836 df=20.658 NS
	10 to 12 years	0	0	0	0	0	0	
	13 to 15 years	0	0	0	0	0	0	
	15 to 17 years	1	2	10	20	19	38	
	18 to 21 years	0	0	8	16	12	24	
<b>2.</b>	<b>Education</b>							11.956 df=20.005 NS
	SSLC	0	0	0	0	0	0	

*“A study to assess the level of knowledge regarding cigarette smoking among young adolescent..”*

	HSC	1	2	18	36	28	56	
	Degree	0	0	0	0	0	0	
	Illiterate	0	0	0	0	3	6	
<b>3.</b>	<b>Occupation</b>							1.956df=20.376NS
	Self-employee	0	0	0	0	0	0	
	Driver	0	0	0	0	0	0	
	Labour	0	0	0	0	3	6	
	Unemployed	1	2	18	36	28	56	
<b>4.</b>	<b>Dietpattern</b>							5.542df=2.063NS
	Vegetarian	0	0	0	0	0	0	
	Purevegetarian	0	0	0	0	0	0	
	Nonvegetarian	1	2	12	24	11	22	
	Bothveg&nonveg	0	0	6	12	20	40	
<b>5.</b>	<b>Exercise</b>							2.913df=60.820 NS
	Walking	0	0	1	2	3	6	
	Gym	0	0	1	2	5	10	
	Cycling &yoga	0	0	2	4	1	2	
	Neverdone	1	2	14	28	22	44	
<b>6.</b>	Type offamily						1.216df=40.876 NS	
	Nuclearfamily	0	0	9	18	14	28	
	Jointfamily	1	2	8	16	15	30	
	Singleparentfamily	0	0	1	2	2	4	
	Extendedfamily	0	0	0	0	0	0	
<b>7.</b>	<b>Hobbies</b>							2.890df=60.823 NS
	Watchingtv	1	2	6	12	14	28	
	Playinggames	0	0	11	22	15	30	
	Bikeriding	0	0	1	2	1	2	
	Others	0	0	0	0	1	2	

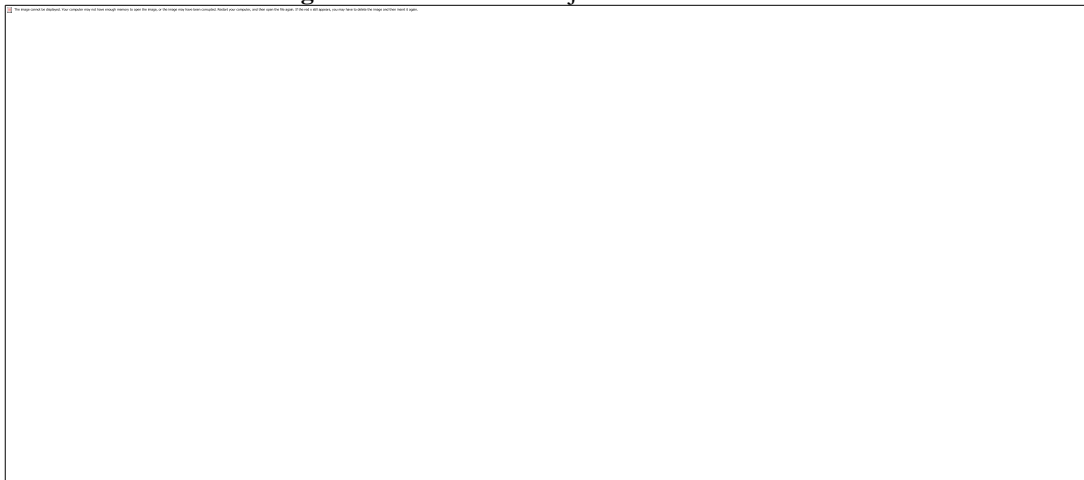
S.NO.	DEMOGRAPHIVARIABLE	LEVELOFKNOELEDGE						Chi- square( $\chi^2$ ) P value
		Inadequatee		Moderate		Adequate		
		No.	%	No.	%	No.	%	
<b>8.</b>	<b>Religion</b>							5.896df=40.207NS
	Hindu	0	0	14	28	20	40	
	Christian	0	0	0	0	4	8	
	Muslim	1	2	4	8	7	14	
	Others	0	0	0	0	0	0	
<b>9.</b>	<b>Familyhistoryofcigarette smoking</b>							27.192df=60.005NS
	Father	0	0	4	8	11	22	
	Grandfather	0	0	1	2	0	0	
	Uncle	1	2	3	6	5	10	
	Noneof the above	0	0	10	20	15	30	
<b>10.</b>	<b>Previoushistory of any other illness</b>							1.239df=20.538NS
	Communicable disease	0	0	0	0	0	0	
	Noncommunicable disease	0	0	2	4	7	14	

Psychiatric illness	0	0	0	0	0	0
None of the above	1	2	16	32	24	48

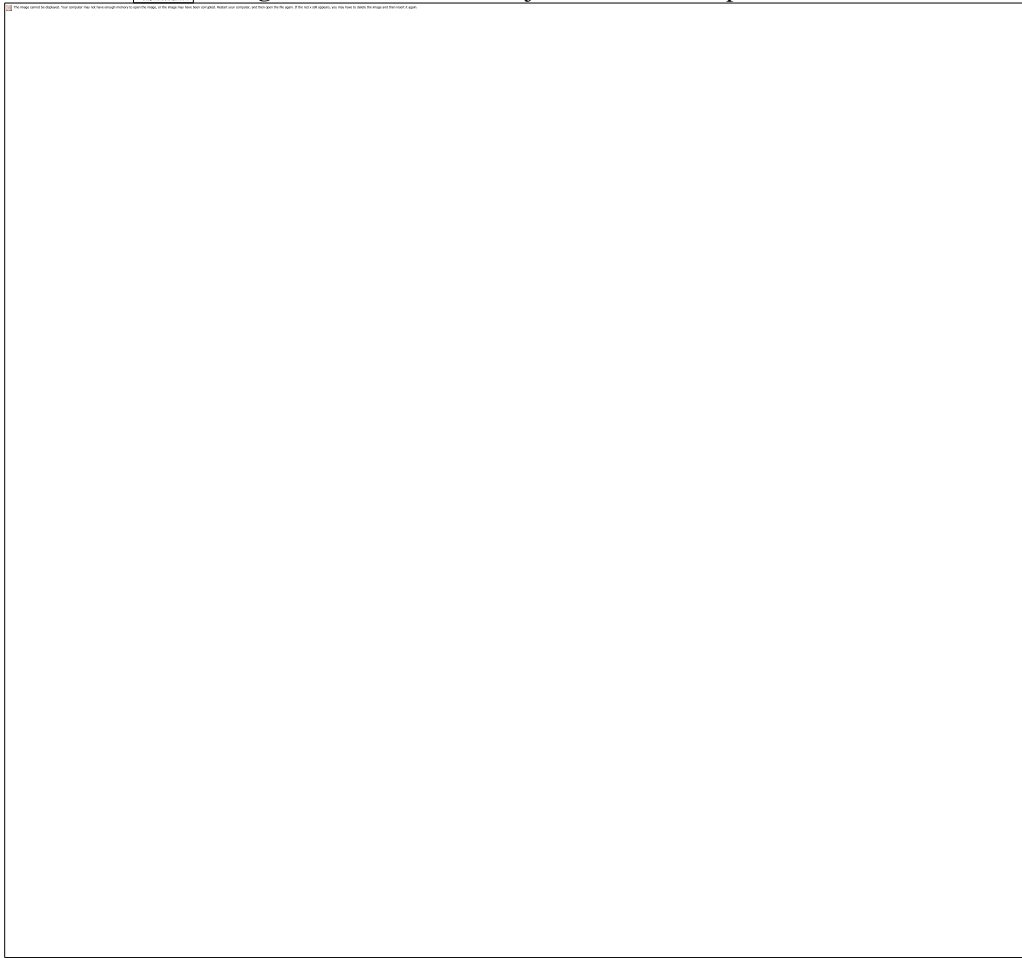
Figure 1: Frequency and percentage distribution of young adolescent boys based on age



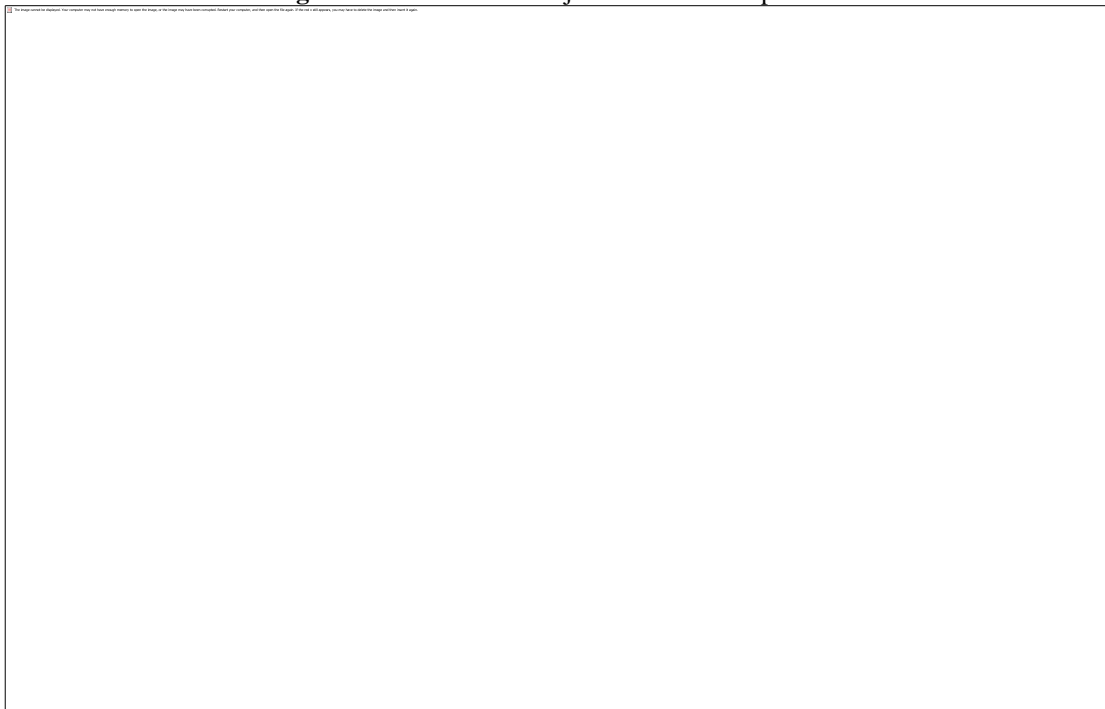
Figure 2: Distribution of subjects based on education



**Figure3:**Distribution of subjects based on occupation.

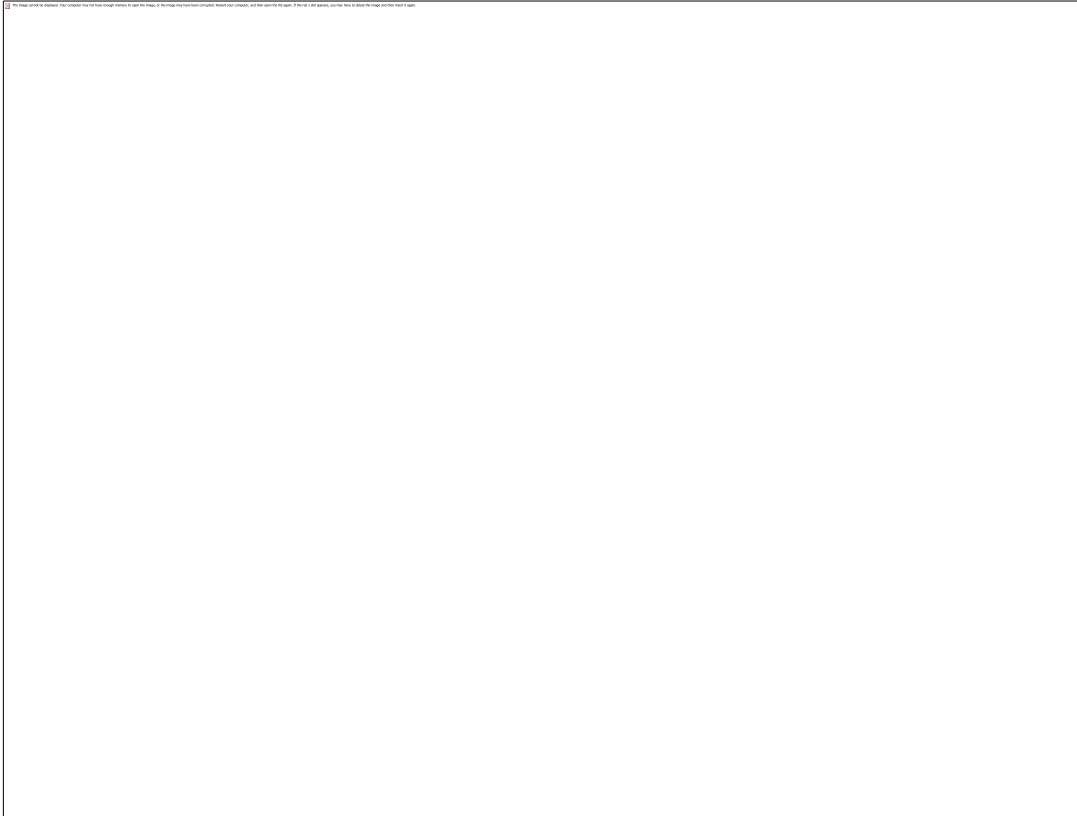


**Figure4:**Distribution of subjects based on diet pattern.

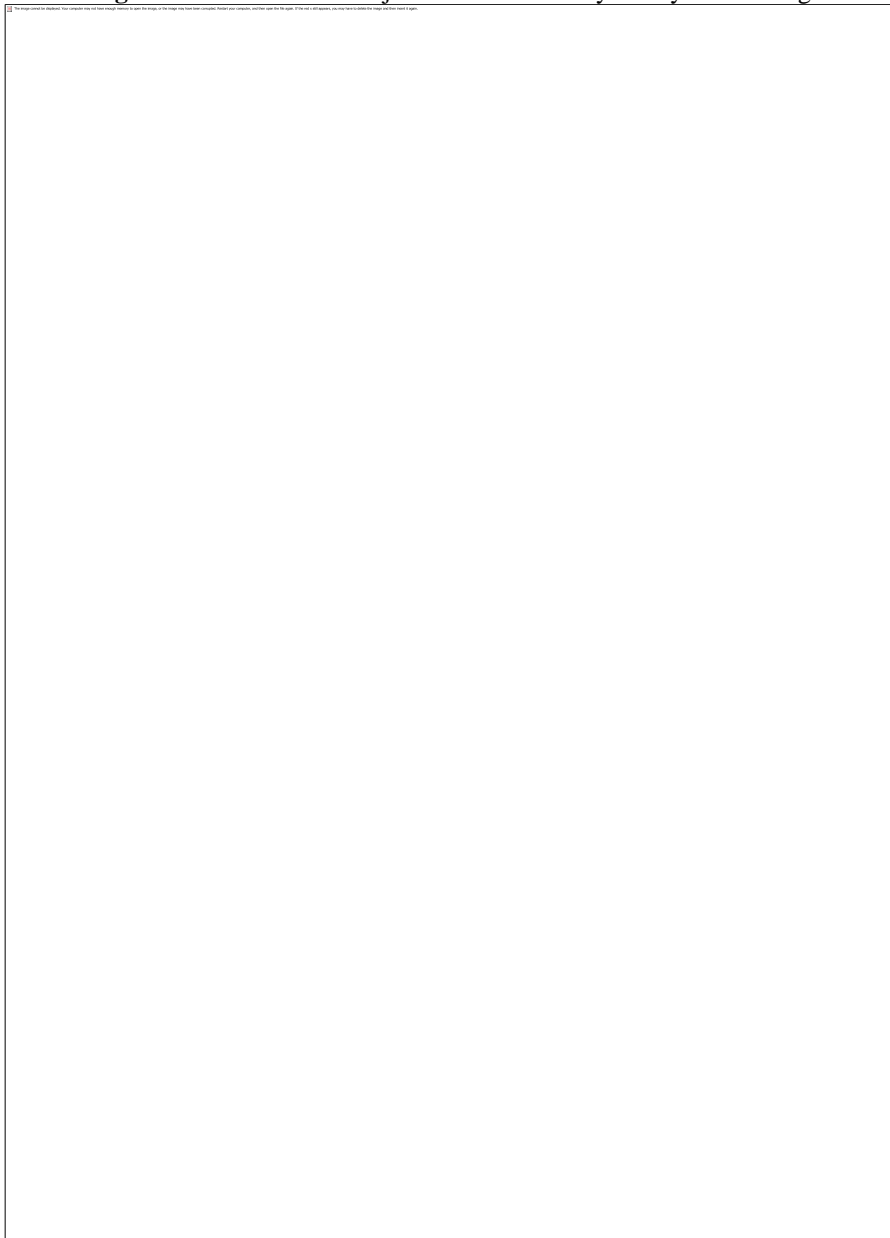




**Figure 5:** Distribution of subjects based on type of family.



**Figure6:** Distribution of subjects based on family history of smoking



**Figure 7:** Distribution of subjects based on history any other illness.



#### **IV. CONCLUSION & RECOMMENDATIONS:**

A study to assess the level of knowledge regarding cigarette smoking among young adolescent boys residing at selected community area, Puducherry. The finding of the study revealed that out of 50 samples, Majority of the young adolescent boys 31 (62%) of them had adequate knowledge, 18 (36%) of them had moderate level of knowledge and only one (2%) of them had inadequate level of knowledge regarding cigarette smoking at the p level 0.005 respectively.

#### **NURSING IMPLICATIONS:**

The present study can help the young adolescent boys in selected area of community to know about the cigarette smoking. The study also recommended the following implications in the nursing professionals' areas such as

- Nursing practice,
- Nursing education,
- Nursing administration
- Nursing research.

#### **NURSING PRACTICE:**

The nurses working in the hospital, clinical setting and community should practice health education as an integral part of nursing professional. This standard protocol was developed by the investigator can also be used by the nurses to practice for awareness on cigarette smoking among young adolescent boys.

#### **NURSING EDUCATION:**

The primary task is to help the young adolescent boys to evaluate and update knowledge related to cigarette smoking. The young adolescents must be able to share their knowledge and should be able to educate other women regarding cigarette smoking.

#### **NURSING ADMINISTRATION:**

The nursing administration should take on active role in organizing and implementing health education campus in the community.

The nurse administrator can organize the service education programme to attain knowledge on cigarette smoking among young adolescents' boys.

#### **NURSING RESEARCH:**

Numbers of studies are being conducted to assess the level of knowledge regarding cigarette smoking among young adolescent boys residing at selected community area, Puducherry. Different studies have to be conducted further it increases the awareness to young adolescent boys regarding cigarette smoking. The nurse researcher can provide supportive care measures which may improve the knowledge on cigarette smoking.

#### **RECOMMENDATIONS:**

Based on the findings of the present study the following recommendation have been made:-

- A similar study can be conducted by large number of samples in future.
- The study was conducted to particularly young adolescent boys.
- A prospective study can also be conducted
- The same study can be conducted in different setting.
- Study based on structure teaching programme regarding cigarette smoking. The study can be done in longitudinal study.

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