

Knowledge and Attitude towards Smoking and It's Effect on Health Among Students of Selected Colleges at Bangalore.

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Abstract: Tobacco contains 4,000 harmful chemicals. A highly addictive substance in tobacco is nicotine, which affects a person's physical as well as mental health. It has effect on functions of brain, IQ level, thinking, and neurological functions it also leads to many kinds of cancer. By active and passive smoking women may develop cancer of breast and cervix. The studies assessing the knowledge & attitude of students towards smoking & it's effect on health. A descriptive research approach was adopted. The study was carried out among 100 pre-university college students at Bangalore. Self administered Knowledge & Attitude questionnaires were administered. The collected data were analysed by using descriptive & inferential statistics based on predefined objectives of the study. Present study showed that knowledge level of students was significantly ($P < 0.05$) less & has more favourable attitude towards smoking & it's effect on health. Study suggested that proper education will enhance knowledge among students & helps to create awareness on effect of smoking on health.

Key words: Knowledge, Attitude, Smoking, Health.

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I. Introduction

People smoke tobacco in a wide variety like beedi, cigarette, cigar, pipe, hukka etc. Males 80% and females 40% over the age of ten years use tobacco in the country. Earlier, the practice of smoking was uncommon, but now a days the trend towards smoking is increased among adolescent boys and girls. Statistics confirm that 80% of adolescents start smoking as early as 13 years of age while 15 to 16 is proven to be the most dangerous age. If they continue to smoke, they may be risk of physical and mental illness¹.

It is predicted that 13% of death will occur by 2020 due to tobacco consumption in India. If this trend continues, tobacco will claim more lives than HIV/AIDS, tuberculosis, maternal mortality and motor vehicle accidents². This is a public health disaster, which has brought an awakening to the danger of tobacco use all over the world.

II. Materials And Methods

Study Design: Non experimental descriptive research design.

Study Location: 2nd year Pre University (Arts) students of Bangalore, Karnataka.

Sampling Technique: Non probability convenient sampling technique was used to select 100 students for the study. Initially ten II Year Pre University (Arts) colleges were selected for the study. The authorities of four II Year Pre University (Arts) colleges did not permit for data collection. Hence, the researcher decided to conduct the study in six colleges only.

Inclusion criteria:

1. Students who were studying in II Year Pre University (Arts) College at Bangalore.
2. Students who can understand English.
3. Students who were willing to participate in this study.

Exclusion Criteria

1. Students who were studying in evening colleges.
2. Students who were absent at the time of data collection.

Description of the Tool

The blue print of the items in the demographic proforma, knowledge questionnaire and attitude scale were prepared by the researcher prior to the construction of the tool. The prepared blue print of the tool along with objectives of the study was submitted to the experts for content validity. Six experts from the field of Psychiatric Nursing and one expert from Psychiatry validated the tool content.

Part I: Demographic proforma included 9 variables like age, sex, religion, type of family, family income, place of residence, area of living, substance use in family and source of information. These nine items were retained after validation.

Part II: Knowledge questionnaire towards smoking was prepared by researcher. It had 24 true or false items. These items were grouped under three areas namely — General knowledge, Physiological and Psychological/Preventive aspects. Each area contains eight items and these items were included under three domains like Knowledge, Comprehension and Problem solving. Correct answer was given a score of one and wrong answers a score of zero.

Part III: 22 items were divided under five areas like Biological, Psychological, Emotional, Social and Myth. The attitude scale was based on Five Point Likert Scale like strongly agree, agree, don't know, disagree and strongly disagree. The scale included positive and negative items.

There were 10 items on positive aspect where in the score allotted for each item was — strongly agree (5), agree (4), don't know (3), disagree (2) and strongly disagree (1).

There were 12 items on negative aspect where in the score allotted for each item is — strongly disagree (5), disagree (4), don't know (3), agree (2) and strongly agree (1).

Pre-testing of the Tool : It was done by conducting pilot study on II Year Pre University (Arts) college students at Bangalore. The comprehension, feasibility and time required to complete the questionnaire was assessed. The average time taken for completing the questionnaire was 30 minutes. The language was found to be clear and the items were easily comprehended by the Participants.

Method of Data Collection: Before collection of data the researcher obtained formal written permission for conducting the study from Principal's of the selected Pre-University colleges. The confidentiality of their identity and responses were assured in order to ensure their cooperation and prompt response. After obtaining the written consent by them for the study, the tool was administered to the group. After collecting the completed questionnaire, correct answers were discussed according to the student's interest and doubts were clarified. The data collection procedure was terminated with thanks to the participants.

Statistical analysis: After coding the collected data, it was transferred to the master sheet. The collected data were quantified & analysed by using appropriate statistics. The level of significance was set at $P = 0.05$. On the basis of the obtained knowledge score an information booklet was prepared on "Hazards of Smoking on Health".

III. Results

**Table 1; The Socio Demographic details of the subjects
N= 100**

Variable	Group	f	(%)
Age in years	16 years	25	25
	17 years	54	54
	>18 years	21	21
Sex	Male	50	50
	Female	50	50
Religion	Hindu	85	85
	Muslim	11	11
	Christian	04	04
Type of family	Nuclear	65	65
	Joint	35	35
Family income	< 5000	07	07
	-	22	22
	5001 -10000	40	40
	10001 – 15000	31	31
	>15000		
Place of residence	Home	66	66
	Relatives	32	32
	Rented	02	02
Area of living	Rural	73	73
	Urban	27	27
Substance use in family	Cigarette	29	29
	Beedi	18	18
	None	53	53
Source of information	Print media	50	50
	Electronic media	22	22
	Personal	28	28

Table 1; depicted the distribution of subject based on their demographic details. Most of the participants, 54% belongs to the mean age of 17 years. 50% Participants were male and rest 50% were female. 85% of the participants were Hindus which formed majority, Most of the participants, that is 65% belonged to nuclear family. With regards to the family income, 40% families earn 10001 – 15000 /- Rs. Monthly. 66% of participants were living at home. With regard to area of living 73% participants were living in rural area. Most of the participants i.e. 53% family members does not use any substance. 50% acknowledged print media as their source of information.

Table 2; Student's Knowledge towards Smoking & it's Effect on Health **N= 100**

Sl. No.	Knowledge	Item No.	Min	Max	Mean	Mean Percentage	Median	SD
1	Males	24	6	17	11.16	46.50%	11	2.38
2	Females	24	7	18	12.3	51.25%	13	2.77
	Total	24	6	18	11.73	48.87%	12	2.63

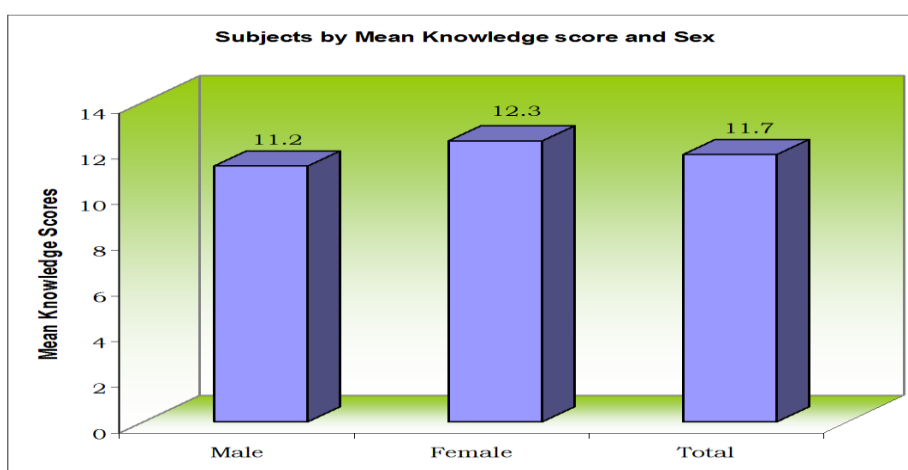


Fig. 1; Student's Knowledge towards Smoking & it's Effect on Health

Table 2, Fig.1 showed that the overall mean knowledge score of the students was 11.73 i.e. 48.87%. So, this indicated that II Year Pre University (Arts) students has less knowledge towards smoking and it's effect on health. Hence, the null hypothesis H_01 was rejected at $P = 0.05$ level of significance.

Table 2, Fig.1 projected that mean knowledge score of female students i.e. 12.3 was greater as compared to male mean knowledge score i.e.11.16.

There was significant association between the knowledge level of students and selected demographic variables like Sex $\chi^2 = 6.99$, Religion $\chi^2 = 11.17$, Area of living $\chi^2 = 9.05$. Hence, the null hypothesis H_02 was rejected at $P = 0.05$ level of significance.

Table 3; Area wise Student's Knowledge towards Smoking & it's Effect on Health **N= 100**

Sl No.	Area	No. of items	Max. Score	Mean	Mean Percentage	Median	Standard Deviation
1	General Knowledge	8	8	4.47	20.70%	5	1.56
2	Physiological	8	8	3.59	14.95%	4	1.50
3	Psychological/ Preventive	8	8	3.17	13.20%	3	1.16
	Total	24	24	11.23	48.86%	12	4.22

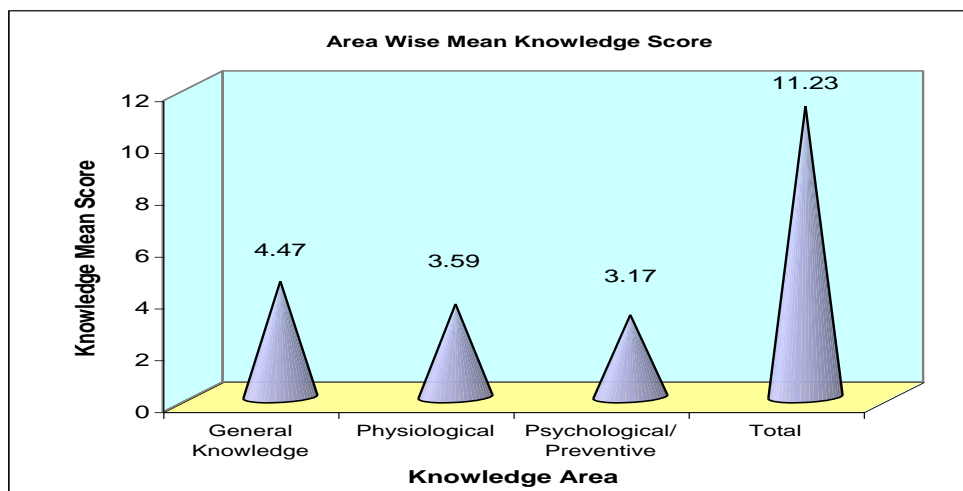


Fig. 2; Area wise Student’s Knowledge towards Smoking & it’s Effect on Health

Table 3 and figure 2 revealed that the area wise mean knowledge score of the participants towards smoking was general knowledge i.e. 4.47, physiological i.e. 3.59 and psychological/preventive i.e. 3.17. On the basis of obtain results in the area of knowledge, an information booklet was prepared on “Hazards of Smoking on Health”. The same was validated by experts in the field of Psychiatric Nursing.

Table 4; Student’s Attitude Towards Smoking & it’s Effect on Health N= 100

Sl. No.	Attitude	Item No.	Min.	Max.	Mean	Mean Percentage	Median	SD
1	Males	22	57	99	77.78	70.07%	77	10.49
2	Females	22	53	91	72.76	66.14%	73	9.9
	Total	22	53	99	75.27	68.42%	75	10.46

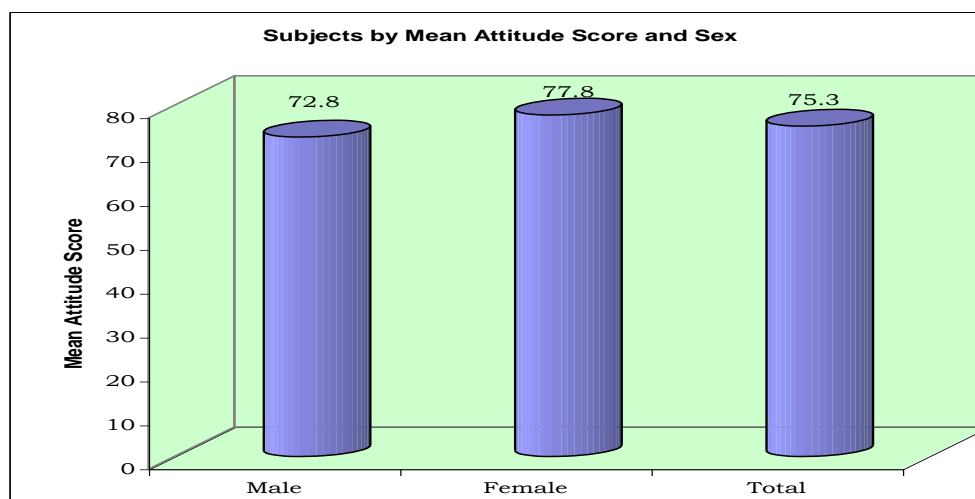


Fig 3; Student’s Attitude towards Smoking & it’s Effect on Health

Table 4, Fig.3 showed that II- year Pre-University students had more favourable attitude toward smoking i.e. 75.27. So, this indicated that students has more chance to develop habits of smoking due to less knowledge on it’s effect on health, Hence, the null hypothesis H_0 1 was rejected at $P = 0.05$ level of significance.

Table 4, Fig.3 projected that mean attitude score of male students i.e. 77.78 was greater as compared to female mean attitude score i.e.72.76.

Study also revealed that 8% of the students had favourable attitude, 88% had neutral attitude and only 4% students had unfavourable attitude towards smoking.

There was significant association between attitude of students and Age χ^2 6.70. Hence, the null hypothesis H_0 was rejected at $P = 0.05$ level of significance.

IV. Discussion

The research study was down to assess knowledge & attitude of adolescents towards smoking & it's effect on health. The result of the present study was supported by earlier study which was conducted by Krishnamurthy et al on 'Tobacco Use in Rural Indian Children' says that male 44%, female 53% and overall 70% of students were aware of harmful effect of smoking but none of them were aware about availability of tobacco cessation therapy and aid.³

Attitude is significantly associated with the age. This is proved in the present study. The concept is also supported by Barros et al while studying on 'Tobacco Smoking among Portuguese High School Students.'⁴ Another study conducted by Huong NT et.al at viet-nam on 13 – 15 years adolescents, found that 89.6% students admitted smoking is harmful for their health. However 46.4 % adolescents admitted that it is difficult to quit smoking, once person become addicted with it. They have also admitted that smoking makes them less comfortable at social gathering.⁵

Shashidhar A, et.al. conducted a cross sectional study on 501 adolescents age group of 12-17 years from south Bangalore, India. Researcher observed that 88.00% adolescents admitted that smoking is bad for health, 40.00% adolescents were unaware about ill effects of smoking on health. The prevalence of smoking among adolescents was 6.8%. More than half of the participants admitted that television was a major source of information about smoking and it's ill effect on health.⁶

So, in order to improve the knowledge among adolescents, researcher had provided information booklet contains problems & managements related to smoking which simultaneously change attitude of adolescents towards smoking & develop positive health.

V. Conclusion

Since smoking is a worldwide problem, college should seek to develop education on the hazards of smoking on health for the students. It is imperative on the part of the educators, administrator's policy makers and nursing professional at large. Result suggested that during education, there is specific potential for students to have knowledge. This has value in creating awareness towards smoking and it's effect on health among students.

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