# Determine the Effectiveness of Awareness Programme on "Tobacco and Its ILL Effects", Among Housekeeping Personnel of Selected Institutes, Bangalore, India

<sup>1</sup>Vijaya Malar, <sup>2</sup>Haider <sup>1</sup>Prof. RR INSTITUTION

Abstract:- Tobacco use is a major cause of death and disease worldwide. Currently, approximately 5.4 million people die each vear due to tobacco-related illnesses its is expected to increase to more than 8 million a year by 2030 Cigarette smoking causes more than 480,000 deaths each year in the United States. This is nearly one in five deaths Smoking causes more deaths each year than the following causes combined:<sup>4</sup> Human immunodeficiency virus (HIV) Illegal drug use Alcohol use Motor vehicle injuries Firearm-related incidents Smoking causes about 90% (or 9 out of 10) of all lung cancer death occur in the world recent studies shows that More women die from lung cancer each year than from breast cancer. Smoking causes about 80% (or 8 out of 10) of all deaths from chronic obstructive pulmonary disease (COPD).<sup>1</sup> **Cigarette smoking increases risk for death from all causes** in men and women. The risk of dying from cigarette smoking has increased over the last 50 years in the U.S.every year.

# I. INTRODUCTION

Tobacco use is a major cause of death and disease worldwide. Currently, approximately 5.4 million people die each year due to tobacco-related illnesses its is expected to increase to more than 8 million a year by 2030 Cigarette smoking causes more than 480,000 deaths each year in the United States. This. is nearly one in five deaths Smoking causes more deaths each year than the following causes combined:<sup>4</sup> Human immunodeficiency virus (HIV) Illegal drug use Alcohol use Motor vehicle injuries Firearm-related incidents Smoking causes about 90% (or 9 out of 10) of all lung cancer death occur in the world recent studies shows that More women die from lung cancer each year than from breast cancer. Smoking causes about 80% (or 8 out of 10) of all deaths from chronic obstructive pulmonary disease (COPD).<sup>1</sup> Cigarette smoking increases risk for death from all causes in men and women. The risk of dying from cigarette smoking has increased over the last 50 years in the U.S.every year.

# II. OBJECTIVES OF THE STUDY

- > To determine the effectiveness of an Awareness Programme about tobacco and its ill effects among respondents.
- To determine the self reported practice of respondents in using tobacco.
- To find association of post-test knowledge score of respondents about tobacco and its ill effects with selected socio demographic variables

The conceptual frame was work adopted of the study was panders health promotion model. The research approach adopted the study was descriptive study .the selection of the workers done by simple random sampling .tool validity of the tool was obtained in the field of experts .the collected data was analysed by using descriptive and inferential statistics .present study reveals that positive correlation between knowledge and ill effects.

# III. RESEARCH APPROACH

The present study was designed in the form of descriptive survey –Quasi Experimental pre test and post test Design

# > Population

All Housekeeping personnel at Sri Krishna group of institute, Vagdevi and Sapthagiri Institute of medical science and research, Bangalore. Karanataka

## Sampling and Sampling Technique

This study samples are the selected housekeeping personnel who are working in Sri Krishna group of institute, Vagdevi College of Nursing and Sapthagiri Institute of Medical Science.

## Sample Size

The sample is the small portion of a population for observation and analysis In .This present study, 60 housekeeping personnel of Sri Krishna group of institute Sample size The sample is the small portion of a population for observation and analysis. In the present study, 60 housekeeping personnel of Sri Krishna group of institute, Vagdevi College of Nursing and Sapthagiri Institute of medical science and research were selected as respondents to assess the effectiveness Vagdevi College of Nursing and Sapthagiri Institute of medical science and research were selected as respondents to assess the effectiveness

#### > Sampling Technique

Convenient sampling technique was used for selection of respondents for the present study to assess the effectiveness of awareness programme on "Tobacco and its ill effects" among respondent

#### IV. RESULTS

## ✤ Interpretation of Data

Descriptive and inferential statistics were used to analyze the data that was collected. The finding of the data has been finalized and organized in accordance with the plan for data analysis. These are presented under the following sections.

- Section-I: Description of Demographic data of respondents.
- Section-II: Assessment of Knowledge of respondents on Tobacco and its ill effect.

Overall and aspect wise pre & posttest knowledge scores of respondents on Tobacco and its ill effect.

Section-III: Assessment of effectiveness of Awareness programme on Tobacco and its.

Characteristics	Category	Respondents/Frequency	Percent
Age (in years)	18-24years	20	33.0
	25-30years	15	25.0
	31-35years	10	17.0
	Above 35 years	15	25.0
	Total	60	100.0
Gender	Male	35	58.0
	Female	25	42.0
	Total	60	100.0
Religion	Hindu	34	57.0
	Islam	20	33.0
	Christian	6	10.0
	Any other	0	0.0
	Total	60	100.0
Occupation	Cleaner	22	37.0
	Gardener	7	11.0
	Attendant	19	32.0
	Security Guard	12	20.0
	Total	60	100.0
Marital status	Married	41	68.0
	Unmarried	15	25.0
	Divorced	4	7.0
	Total	60	100.0
Area	Urban	6	10.0
	Rural	54	90.0
	Total	60	100.0

ISSN No:-2456-2165

<b>T</b>			ISSIN IN0:-2430-2
Types of family	Nuclear	42	70.0
	Joint	16	27.0
	Extended	2	3.0
	Total	60	100.0
Family Income	Rs. 4,000-6,000	34	57.0
	Rs. 6,000-8,000	20	33.0
	Rs. 8,000 and above	6	10.0
	Total	60	100.0
Habit	Yes	35	58.0
	No	25	42.0
	Total	60	100.0
Habit(If Yes)	Cigarette	22	63.0
	Hookah	4	11.0
	Gutkha	7	20.0
	Pan masala	2	6.0
	Total	35	100.0
Habit (How often)	2-4 times	25	72.0
	5-7 times	5	14.0
	More than 10 times	5	14.0
	Total	35	100
Habit (Introduce by)	Friends	28	80.0
	Relatives	2	6.0
	Media (T.V., films)	5	14.0
	Any other	0	0
	Total	35	100.0
Habit(How it	Frustration	15	43.0
develop)	Pleasure	8	23.0
	To increase concentration in work	5	14.0
	Any other.	7	20.0
	Total	35	100.0
Health problem	Lack of appetite	13	37.0
-	More salivation	2	6.0
	Cough & breathlessness	8	23.0
	None of the above	12	34.0
	Total	35	100.0
	T-11		100.0

Table 1

# > Assessment of Knowledge and practice of respondents on Tobacco and its ill effect

Overall and aspect wise pre & post test knowledge scores of respondents on Tobacco and its ill effect

Sl. no	Aspect	No. of	Range	Knowledge score		
		questions		Mean	SD	Mean %
1	Assessment of knowledge of Tobacco and its ill effect	7	0-7	4.17	±4.11	46.33
2	Ill effects of Tobacco	17	0-17	3.27	±2.59	40.87
3	Preventive aspect	8	0-8	3.92	±2.83	30.15
	Over all pre test score	32	0-32	11.36	±17.41	37.86

Table 2:- Mean, Mean percentage and Standard deviation for pre test knowledge of respondents on Tobacco and its ill effect

Table states that the maximum mean percentage pretest score obtained by the respondents is found in the aspects of Assessment of knowledge of Tobacco and its ill effect. (46.33%) followed by Ill effects of Tobacco (40.87%), Preventive aspect (30.15%). The overall knowledge scores of respondents were found to be (37.86%) with standard deviation (17.41) in pretest.

Distribution of respondents by level of knowledge on Tobacco and its ill effect (pre-test)

Level of knowledge	Level of knowledge Percentage	No of	Percentage
	of scores Actual scores	Respondents	
Inadequate	<50%	43	72
Moderate	51% to 75%	13	22
Adequate	75% and above	4	6
Total		60	100

Table 3:- Distribution of respondents by level of knowledge on Tobacco and its ill effect (pretest) (N=60)

Table 3 signifies pretest knowledge level of respondents, majority (72%) of respondents had inadequate knowledge and (22%) had moderate knowledge and (6%) had adequate knowledge.

# V. CONCLUSION

There was significant association between posttest knowledge and Age, Gender, Area, Type of family, Habit (How often), Habit( How it develop) and there was no significant association between post test knowledge and Religion, Occupation, Marital status, Family income, Habit(Which),Habit(Introduce by),Health problem.

# REFERENCES

- [1.] **WHO**. Tobacco or health: a global status report. *Geneva: World Health Organization*, 1997.
- [2.] Gupta R, Prakash H, Gupta VP, et al. Prevalence and determinants of coronary health disease in a rural population in India. J Clinl Epidemiology,1997;50:203– 9
- [3.] **Padmavati S**. Prevention of heart disease in India in the 21<sup>st</sup> century. Need for a concerted effort. Indian Heart J2002;54:99–102.
- [4.] **Vora AR**, Yeoman CM, Hayter JP. Alcohol, tobacco and paan use and understanding of oral cancer risk among Asian men in Leicester. Br Dental J1997;188:441–51.

- [5.] **Franceschi S**, *Bidoli E*, *Herrero R*, *et al. Comparison of cancers of the oral cavity and pharynx worldwide: etiological clues.* Oral Oncology2000;36:106–15.
- [6.] **Moore SR**, Johnson NW, Pierce AM, et al. The epidemiology of tongue cancer: a review of global incidence. Oral Diseases2000;6:75–84.
- [7.] Dikshit R, Kanhere S. Tobacco habits and risk of lung, oropharyngeal and oral cavity cancer: a populationbased case-control study in Bhopal, India. Int J Epidemiol2000;29:609–14.
- [8.] Royal College of Physicians. Smoking and health. London: Pitman Medical Publishing, 1962. 209
- [9.] US Department of Health and Human Services. Smoking and health. Report of the advisory committee to the Surgeon General. Washington DC: US Government Printing Office (PHS publication no 1103), 1964.