



Research Paper

A study to assess the level of risk assessment regarding cigarette smoking among young adolescent boys residing in selected community area at puducherry”

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ABSTRACT:

Cigarette smoking is 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 study was conducted to assess the level of risk assessment regarding cigarette smoking among young adolescent boys residing in selected community area at Puducherry. A total of 50 young adolescent boys were selected by purposive sampling technique and the study was carried out in selected community area Kalitheerthalkuppam at Puducherry. The data was collected by using the multiple choice questionnaire consist of 25 question on cigarette smoking. The study results shows that the frequency and percentage for level of risk assessment regarding cigarette smoking among young adolescent boys whose where 40(80%) having mild level of risk, 5(10%) were having low level of risk assessment and rest of them 5(10%) having high level of risk assessment. The study depicts that the level of attitude among mean and standard deviation value were 11.38 ± 3.917 . Then their significant value is $p < 0.05$ is significant. The young adolescent boys needs our government support and to provide awareness program regarding cigarette smoking in yearly age at community level. So the adolescent boys have to control activity regarding cigarette smoking.

I. INTRODUCTION:

“Replacing the smoke on your face with a smile today, will replace illness in your life with happiness tomorrow” -MANILA MARK

Tobacco is derived from the leaves of the genus *Nicotiana*, a plant from the night-shade family, indigenous to North and South America. Archeological studies suggest the use of tobacco in around first century BC, when Maya people of Central America used tobacco leaves for smoking, in sacred and religious ceremonies. It then later started spreading as far as high up to the Mississippi Valley with the Maya community migrating from down south of America, between 470 and 630 AD. Gradually, it was then adopted by neighboring and native tribes. Native American “Shamans” developed tobacco use for religious rites. Simultaneously, people practicing medicine also started using tobacco in different forms to cure certain illnesses such as asthma, earaches, bowel problems, fever, sore eyes, depression, insect bites, burns, etc.

Cigarette is a tube-shaped tobacco product that is made of finely cut, cured tobacco leaves wrapped in thin paper. It may also have other ingredients, including substances to add different flavors. A cigarette is lit on one end and smoked, and the smoke is usually inhaled into the lungs. Cigarettes contain nicotine and many cancer-causing chemicals that are harmful to both smokers and nonsmokers. Smoking cigarettes can lead to nicotine addiction and can cause many types of cancer, including cancers of the lung, larynx, mouth, esophagus, throat, kidney, bladder, pancreas, stomach, and cervix, and acute myeloid leukemia. Smoking cigarettes also causes other health problems, including heart disease, stroke, and lung diseases, such as emphysema and chronic bronchitis.

Tobacco use has multifactor influences. Despite increasing public awareness of risks associated with tobacco use and education programs to discourage its use, cigarettes and alcohol are both considered as significant risk factors for a multitude of health consequences from the long-term use of either of these two. There is a direct or an indirect influence of culture on tobacco use as some individuals having an inherited factor later become nicotine dependent. Boys see their grandfathers or fathers smoking, so they think it is part of being a man.[2]

Smoking is seen as part of being a man and a sign of his male authority. In any society at large, it is not considered good for women to smoke but fine for men.

II. REVIEW OF LITERATURE:

MUSTAFA ONMAZ,et al (2023), was conducted a study based on the effect of cigarette smoking on serum methylarginine and α -klotholevels. A case-control analytic study was conducted between 65 smokers and 71 non-smokers. Serum methylarginine and α -klotho levels were analyzed by tandem mass spectrometry and enzyme-linked immunosorbent assay (ELISA), respectively. Serum ADMA ($p < 0.001$), L-NMMA ($p = 0.024$), SDMA ($p < 0.001$) levels of smokers were higher than non-smokers, and serum α -klotho ($p < 0.001$) and arginine levels ($p < 0.001$) were lower. There was a positive correlation between serum ADMA levels with FNBDT, age and pack/year in smokers, while there was a negative correlation between klotho levels and age. A positive correlation was found between serum ADMA levels, Framingham risk score and age in non-smokers. As a result of the study findings states that smoking may be involved in the pathogenesis of these diseases by affecting α -klotho and methylarginine- related pathways.

STATEMENT OF THE PROBLEM:

A study to assess the level of risk assessment on cigarette smoking among young adolescent boys residing in selected community area at Puducherry.

OBJECTIVES OF THE STUDY:

- To assess the level of risk assessment on cigarette smoking among young adolescent boys.
- To evaluate the level of risk assessment on cigarette smoking among young adolescent boys.
- To associate the level of risk assessment on cigarette smoking among young adolescent boys with their selected demographic data. BN

ASSUMPTION:

- ★ It is assumed that women may have inadequate information on cigarette smoking.
- ★ Young adolescent boys would be co-operative and willing to express their risk assessment on cigarette smoking.
- ★ The response given by the young adolescent boys to the questionnaire will represent their true measure of risk assessment on cigarette smoking.
- ★ The risk assessment of young adolescent boys is influenced by demographic factors like education, religion, age, etc.

III. MATERIAL AND METHODS

This chapter deals that research methodology was conducted to assess the level of risk assessment on cigarette smoking among young adolescent boys at selected community area, Puducherry. 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.

DESCRIPTION OF THE TOOL:

SECTION-A:

Demographic variables: - Age, Education, Occupation, Diet pattern, Exercise, Type of family, Hobbies, Religion, Family history of cigarette smoking and Previous history of any illness.

SECTION-B:

This session consist of 25 multiple choice questionnaire risk assessment regarding cigarette smoking among young adolescent boys in selected community area at puducherry.

The score was converted into percentage by using below mentioned formula.

$$\text{Percentage (\%)} = \frac{\text{Obtained score}}{\text{total score}} \times 100$$

SCORING INTERPRETATION:

S.NO	LEVEL OF RISK ASSESSMENT	SCORE
1.	Mild	0-8
2.	Moderate	9-16
3.	Severe	17-25

RESEARCH APPROACH:

For this present study the quantitative research approach was adopted.

RESEARCH DESIGN:

A descriptive research design was adopted for this study.

POPULATION:

The population for this present study includes the young adolescent boys in selected community area.

SAMPLE:

50 young adolescent boys at selected community area kalitheerthalkuppam at Puducherry.

SAMPLE SIZE:

The young adolescent boys individual who are living in kalitheerthalkuppam at Puducherry.

SAMPLE TECHNIQUES:

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

SETTING OF THE STUDY:

The study was conducted in kalitheerthalkuppam village is located at Madagadipet taluk, district of Puducherry, India. It is located 26km towards west from district headquarters Puducherry, pin code 605 107 and postal head office Villiyannur. This place is the border of the Puducherry state and Villupuram district. The village has 666 houses and has population of 2731 of which 1320 are males while 1411 are females as per population census.

SAMPLE SELECTION CRITERIA:

Inclusion criteria:

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

Exclusion criteria:

- Female participants are excluded in this study

IV. RESULTS:

This findings that revealed out of 50 samples, the frequency and percentage for level of risk assessment regarding cigarette smoking among young adolescent boys whose were 40 (80%) having mild level of risk, 5(10%) were having low level of risk assessment and rest of them 5(10%) having high level of risk assessment. It depicts that the level of risk assessment among mean and standard deviation values were 11.38 ± 3.917 . Then their significant value is $p < 0.05$ is significant.

Frequency and percentage wise distribution of the demographic variables among the adolescent boys. (N=50)

Sl.no	Demographic data	Frequency(N)	Percentage(%)
1	Age in years		
	a)10to 12years	0	0
	b)13to 15years	0	0
	c)15to 17years	22	44
	d)18to 21years	28	56
2	Eduction		
	a)SSLC	0	0
	b)HSC	21	42
	c)Degree	29	58
	d)Illiterate	0	0
3	Occupation		

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	a)Self employee	0	0
	b)Driver	0	0
	c)Labour	17	34
	d)Unemployee	33	66
4	Diet pattern		
	a)vegetarian	0	0
	b)pure vegetarian	0	0
	c)non vegetarian	0	0
	d)both veg&non veg	50	100
5	Exercise		
	a)Walking	0	0
	b)Gym	25	50
	c)Cycling & yoga	3	6
	d)Never done	22	44
6	Types of family		
	a)Nuclear family	0	0
	b)Joint family	31	62
	c)Single parent family	16	32
	d)Extended family	3	6
7	Hobbies		
	a)Watching tv	8	16
	b)Playing games	30	60
	c)Bike riding	6	12
	d)Others	6	12
8	Religion		
	a)Hindu	42	84
	b)Christian	8	16
	c)Muslim	0	0
	d)Others	0	0
9	Family history of cigarette smoking		
	a)father	15	30
	b)grand father	1	2
	c)uncle	9	18
	d)none of the above	25	50
10	Previous history of any illness		
	a)communicable disease	0	0
	b)non communicable disease	9	18
	c)psychiatric illness	0	0
	d)none of the above	41	82

Assessment the level of risk assessment on cigarette smoking among young adolescent boys residing at selected community area, Puducherry. (N=50)

LEVEL OF RISK ASSESSMENT	Frequency(N)	Percentage(%)
High	5	10
Low	5	10
Mild	40	80
Total	50	100

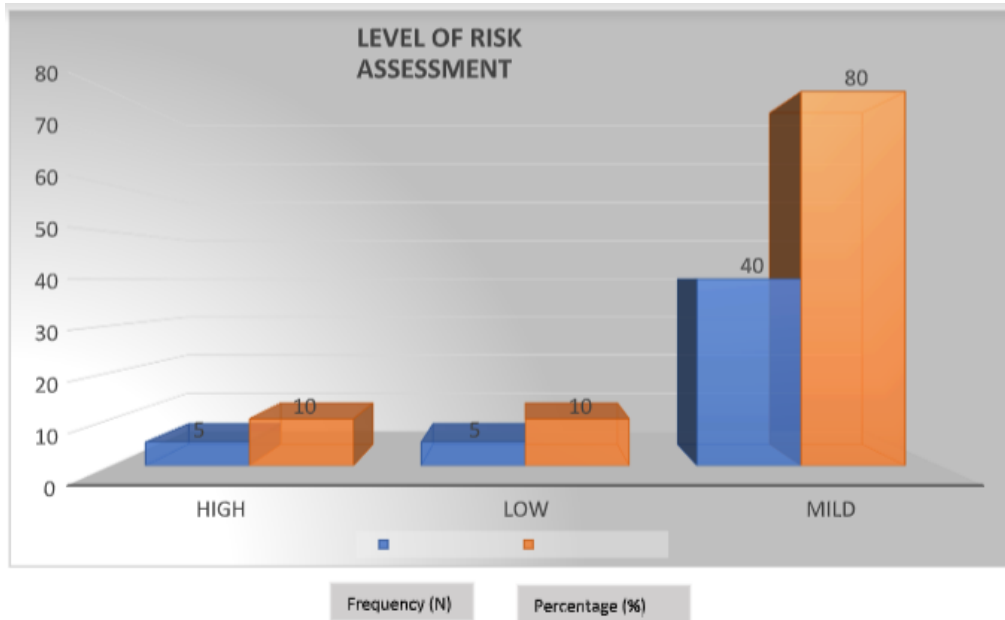


Fig: Represents the frequency and percentage wise distribution of level of risk assessment on adolescent boys

Association between the level of risk assessment on cigarette smoking with selected demographic variables.

(N=50)

SL.NO	Demographic variables	HIGH		LOW Q		MILD		X ² P value
		N	%	N	%	N	%	
1	Agein years							
	a)10to 12years	0	0	0	0	0	0	3.835 2 0.014*S
	b)13to 15years	0	0	0	0	0	0	
	c)15to 17years	1	2	4	8	17	34	
	d)18to 21years	4	8	1	2	23	46	
2	Eduction							
	a)SSLC	0	0	0	0	0	0	1.663 2 0.435 NS
	b)HSC	1	2	3	6	17	34	
	c)Degree	4	8	2	4	23	46	
	d)Illiterate	0	0	0	0	0	0	
3	Occupation							
	a)Self employee	0	0	0	0	0	0	1.983 2 0.371
	b)Driver	0	0	0	0	0	0	

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	c)Labour	3	6	1	2	13	26	NS
	d)Unemployee	2	4	4	8	27	54	
4	Dietpattern							
	a)vegetarian	0	0	0	0	0	0	K
	b)pure vegetarian	0	0	0	0	0	0	
	c)non vegetarian	0	0	0	0	0	0	
	d)both veg&non veg	5	10	5	10	40	80	
5	Exercise							
	a)Walking	0	0	0	0	0	0	2.734 4 0.603 NS
	b)Gym	4	8	3	6	18	36	
	c)Cycling&yoga	0	0	0	0	3	6	
	d)Never done	1	2	2	4	19	38	
6	Types of family							
	a)Nuclear family	0	0	0	0	0	0	2.981 4 0.561 NS
	b)Joint family	4	8	2	4	25	50	
	c)Single parent family	1	2	2	4	13	26	
	d)Extended family	0	0	1	2	2	4	
7	Hobbies							
	a)Watching tv	1	2	0	0	7	14	4.721 6 0.049*S
	b)Playing games	3	6	5	10	22	44	
	c)Bike riding	0	0	0	0	6	12	
	d)Others	1	2	0	0	5	10	
8	Religion							
	a)Hindu	3	6	4	8	35	70	2.567 2 0.277 NS
	b)Christian	2	4	1	2	5	10	
	c)Muslim	0	0	0	0	0	0	
	d)Others	0	0	0	0	0	0	
9	Family history of cigarette smoking							
	a)father	1	2	1	2	13	26	2.422 6 0.877 NS
	b)grand father	0	0	0	0	1	2	
	c)uncle	1	2	2	4	6	12	
	d)none of the above	3	6	2	4	20	40	
10	Previous history of any illness							
	a)communicable disease	0	0	0	0	0	0	1.897 2 0.387 NS
	b)non communicable disease	1	2	2	4	6	12	
	c)psychiatric illness	0	0	0	0	0	0	
	d)none of the above	4	8	3	6	34	68	

V. SUMMARY AND CONCLUSION:

The present study was conducted to a study to assess the level of risk assessment on cigarette smoking among young adolescent boys residing at selected community area ,Puducherry. A descriptive Research Design was adopted this study.

The nature and purpose of the study was explained to selected clients and get informed consent obtained from the participants. Each clients was selected through purposive sampling method and assess the level of risk assessment on cigarette smoking. The collected data were computerized and analysed. The analys is was done using both descriptive and inferential statistics. A study to assess the level of risk assessment on cigarette smoking among young adolescent boys residing at kalitheerthalkuppam, Puducherry. The finding of the study revealedthat

out of 50 samples, Majority of the young adolescent boys whose were 40 (80%) having midlevel of risk,5(10%) were having low level of risk assessment and rest of them 5(10%) havinghighlevel of risk assessmentrespectively.

NURSING IMPLICATIONS:

The present study can help the young adolescent boys in selected area of community to know about the risk on cigarette smoking. The study also recommended the following implications in the nursing professionals area 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 regarding risk assessment on cigarette smoking as an integral part of nursing professional. This standard protocol was developed by the investigator can also be used by thenurses to practice for awareness among young adolescent boys regarding risk assessment on cigarette smoking.

NURSING EDUCATION:

The primary task is to help the young adolescent boys to evaluate the risk related tocigarette smoking. The young adolescents must be able to share their knowledge on risk and should be able educate other boys regarding cigarette smoking. The nursing educator should strengthen the evidence-based nursing practice among the undergraduate and post graduate in nursing students.

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 reduce the risk on cigarette smoking among young adolescents boys.The nurse administrator should arrange seminar, conference, workshop related to cigarette smoking for improving knowledge and reduce the risk among young adolescent boys.

NURSING RESEARCH:

Numbers of studies are being conducted to assess the level of risk assessment regarding cigarette smoking among young adolescent boys residing at selected community area, Puducherry. Different studies have to be conducted further it increases the awareness and reduce the risk assessment to young adolescent boys regarding cigarette smoking.

The nurse researcher can provide supportive care measures which may improve the knowledge on cigarette smoking.

VI. RECOMMENDATIONS:

- A similar study can be conducted by large number of samples infuture.
- 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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