

Effectiveness of Self-Structured Information Booklet on Knowledge Regarding Harmful Effects of Smoking among Adolescent Boys of Higher Secondary School Soura, Srinagar.

Nishata Nazir¹, Aisha Akhter², Munira Kachroo³.

¹M.Sc Nursing Student, Mader-E-Meharban Institute of Nursing Sciences and Research, SKIMS, SOURA, Srinagar, Jammu and Kashmir.

² Guide, Mader-E-Meharban Institute of Nursing Sciences and Research, SKIMS, SOURA, Srinagar, Jammu and Kashmir.

³Principal, Mader-E-Meharban Institute of Nursing Sciences and Research, SKIMS, SOURA, Srinagar, Jammu and Kashmir.

Date of Submission: 15-12-2023

Date of Acceptance: 25-12-2023

ABSTRACT

The study was conducted with an aim to assess the knowledge of adolescent boys regarding harmful effects of smoking so that awareness programme could be formed to make adolescents boys aware about it.

Title of the study: "A study to assess the effectiveness of self-structured information booklet on knowledge regarding harmful effects of smoking among adolescent boys of Higher Secondary School Soura Srinagar Kashmir"

Objectives: The objectives of the study were to assess the pre-test knowledge score of adolescent boys regarding the harmful effects of smoking. To assess the post-test knowledge score of adolescent boys regarding the harmful effects of smoking. To determine the effectiveness of self-structured information booklet by comparing pre-test and post-test knowledge scores of adolescent boys regarding harmful effects of smoking. To find out the association of pre-test knowledge score of adolescent boys regarding harmful effects of smoking with their selected demographic variables (Age in years, Residence, Education status of father, Education status of mother, Occupation of father, Occupation of mother, Type of family, Total monthly family income).

Hypotheses:

- There is significant increase in mean post-test knowledge score of adolescent boys regarding harmful effects of smoking at $p < 0.05$ level of significance.

- There is significant association of pre-test knowledge scores of adolescent boys regarding the harmful effects of smoking with their selected demographic variables (Age in years, Residence, Education status of father, Education status of mother, Occupation of father, Occupation of mother, Type of family, Total monthly family income) at $p < 0.05$ level of significance.

Methodology: Preexperimental one group pre-test post-test design was used. 60 adolescent boys of Higher Secondary School Soura were selected by purposive sampling technique. Self-structured questionnaire was used. Pre-test was conducted on day one followed by administration of intervention on the same day. Post-test was conducted on day seven.

Results : Findings related to knowledge level: On pre-test knowledge score, maximum of study subjects (66.7%) had poor knowledge whereas only 33.3% had average knowledge and none of the study subjects had good knowledge. On post-test majority of study subjects (91.7%) had good knowledge whereas 8.3% had average knowledge and none of the study subjects had poor knowledge.

Conclusion: The findings of the study concluded that on pre-test maximum of the study subjects had poor knowledge and none of the study subjects had good knowledge. So, there was need to educate them regarding harmful effects of smoking. Post-test findings showed that the majority of the study subjects had good knowledge after administration

of self-structured information booklet regarding harmful effects of smoking and information booklet was effective

Key words: Knowledge, Self-structured information booklet, Adolescent boys, Harmful effects of smoking.

I. INTRODUCTION:

Adolescence is most important and sensitive period of one's life. According to World Health Organization (WHO), adolescence is defined as a period between 10 to 19 years, means the second decade of life. Adolescence is an age group that usually tends to be subsumed under the categories of either youth or children¹.

A lot of advanced thinking capabilities develop during the adolescent period. During adolescence young people gain the ability to plan ahead, anticipate the response of others and become debaters and arguers. The adolescent age is a critical period for the formation of smoking habit. Most smokers start smoking during their adolescence or early adult years. The earlier they start to smoke, the more likely they become regular smokers. It has been found in developed countries that nearly one-half of the school students who have reached the age of 18 years had already established the habit of smoking. Smoking is the most important preventable cause of death.²

Smoking is serious threat to health, proven killer and ranks second as a cause of death in the world by killing some 5 million people globally. Cigarette smoking among adolescents remains major public health concern and given frequent persistence of this behavior during adulthood (Colditz & Hunter 2000.)³

Smoking is act of inhaling and exhaling the fumes of burning plant material. A variety of plants material are smoked but the act is most commonly associated with tobacco as smoked in a cigarette, cigar or pipe. Smoking is major public health problem around the world, especially in developing countries.⁴ There are about 1.3 billion smokers around the world. It is dangerous because smoke contain more than 4000 poisonous substances that cause various diseases even death. There are mainly three types of smoking i.e smoke, chew or sniff. Smoked tobacco products include cigarette, cigars, bidis and kreteks. Chewed tobacco products include chewing tobacco, Snuff and dip.⁵

Research has identified a range of factors that influence uptake and patterns of smoking which includes low income, poor housing, unemployment, nicotine exposure during childhood, financial pressure, stress, anxiety, depression, parental and peer pressure. Smoking is

often seen as a means of coping with stressful circumstances such as living in unsafe environment and limited opportunities for enjoyment and recreation. Pro-smoking environments influence the uptake of smoking e.g children who grow up in households where adults smoke are themselves more likely to take up smoking.⁶

The active smoker breathes in the mainstream smoke during a puff. Whereas the passive smoker inhales not only the smoke generated by the lit cigarette between two puffs but also the smoke exhaled by active smokers and affects all the organs of the body and can cause many of the same diseases as smoking.⁷ Passive smoking is dangerous and there is no safe level of passive smoking. It puts people at higher risk of smoking related diseases. Passive smoke exposure contributes to approximately 41,000 deaths among non-smoking adults and 400 deaths in infants each year. Coughing, headaches, sore throat, eye and nasal irritation are some of the short-term effects of passive smoking. There is evidence that children are significantly more likely to start smoking themselves if they have family members or live with people who smoke.⁸

Smoking leads to diseases, disability and harms nearly every organ of the body. Smoking is major cause of cardiovascular diseases. Chemicals in cigarette smoke causes the cells that line blood vessels to become swollen and can lead to many cardiovascular conditions like atherosclerosis, coronary heart disease, stroke, peripheral arterial diseases etc. Almost 8 million people have a heart attack and 7 million have a stroke.⁹ The smokers are at equal risk to develop neurological and neurovascular complications such as multiple sclerosis, Alzheimer disease, vascular dementia, small vessel Ischemic diseases, decline immune functions, Parkinson's disease etc.¹⁰ The effects of smoking on the circulatory system includes raised blood pressure and heart rate, constriction of blood vessels in the skin, damage to the lining of the arteries, reduced blood flow to extremities, increased risk of stroke and heart attack due to blockage of the blood supply.

Effects of smoking on the immune system includes greater susceptibility of infections such as pneumonia, influenza, more severe and longer-lasting illness, lower levels of protective anti-oxidants such as vitamin C in the blood. Effects of smoking on respiratory system includes COPD, emphysema, chronic bronchitis, asthma, atelectasis, irritation to the trachea and larynx, reduced lung function and breathlessness due to swelling, narrowing of the lung airways, excess mucus in the lung passages, increased risk of lung infection etc.

Musculo Skeletal system effects includes tightening of certain muscles, reduced bone density. Its effects on the sexual organs include low sperm count, higher percentage of deformed sperm, genetic damage to sperm, impotence in males, reduced fertility, menstrual cycle irregularities or absence of menstruation, menopause one or two years earlier, increased risk of cancer of the cervix. Other effects include irritation, inflammation of the stomach and intestines, increased risk of painful ulcers along the digestive tract, reduced ability to smell and taste, premature wrinkling of the skin, higher risk of blindness, gum disease and still birth.¹¹

The prevention of smoking is utmost important. An active step against teenage smoking by participating in local and school sponsored smoking prevention campaigns, efforts to make public places smoke free and increase taxes on tobacco products can curb smoking.¹² Prevention can take the form of policy level measures such as increased taxation of tobacco products, strict laws and enforcement of laws for those who can purchase tobacco products, smoke free policies in restaurants, bars and other public places, restriction on advertising and mandatory health warning on packages.¹³ Under the cigarette and other tobacco products Act, 2003 (COTPA), pictorial health warnings on all tobacco products were made mandatory.

The preventive measures of smoking by WHO includes six MPOWER strategies which include M: Monitor tobacco use and prevention policies, P: Protect people from tobacco smoke, O: Offer help to quit smoking, W: Warn about the dangers of tobacco, E: Enforce ban on tobacco advertising, promotion and sponsorship, R: Raise taxes on tobacco.¹⁴ According to UNICEF the following measures enter into force from 1st May, 2018 i.e. smoke free policy introduced ban of smoking in enclosed public places, work places as well as some open areas and in public transport. Ban of tobacco advertising, promotion and sponsorship.¹⁵

The Central Government has notified the new specified health warning of gazette notification dated 21st July 2020 for mandatory display on all tobacco product package covering at least 85% of the principal display area. These rules came into force on 1st December 2020.¹⁶

A comprehensive tobacco control legislation titled "The cigarette and other tobacco products (Prohibition of advertisement and Regulation of Trade and Commerce, production, supply and distribution) Act, 2003" was passed by the parliament in April 2003 and notified in

Gazette of India on 25th Feb 2004. The important provisions of the Act for prevention of smoking are:- prohibition of smoking in public places, direct and indirect advertisement of cigarette and other products, sale of cigarette and other tobacco products to a person below the age of 18 years, sale of tobacco products near the educational institutions and mandatory depiction of statutory warnings on tobacco packs and depiction of tar and nicotine contents along with maximum permissible limits on tobacco packs.¹⁷

The health benefits of cessation of smoking can help most of the major parts of body from brain to DNA, reduces the risk of tobacco related diseases, slows the progression of diseases and improve life expectancy by an average of 10 years. One year after cessation the risk of a heart attack drops to half that of the risk of smokers. The risk of lung cancer falls by 50-60% after a decade of cessation. After 15 years of cessation the risk of heart attack and stroke falls to that of people who never smoked.¹⁸

Need for The Study-

Studies have shown that many regular smokers start smoking before or during their adolescent period. The individual who started cigarette smoking during adolescence are at double risk to be regular smoker during their early adulthood. Estimated 12-20 million people smoke in that 30-50% of all high school students made the cigarette smoking as part of their life. It is estimated that over 85% of all lung cancer is smoking related.¹⁹ Approximately 90% of the people who smoke for the first time are adolescents younger than 18 years of age, and the rate of smoking in adolescents is rising steadily. In general adolescents start smoking out of curiosity and become habitual smoker.

As estimated 150 million adolescents worldwide use tobacco and half of the young smokers will die due to tobacco related diseases in later life. WHO estimates that unless current smoking pattern is reversed, tobacco will be responsible for 10 million deaths per year, by year 2020-2030, 70% of them occurring in developing countries. There is need to identify relevant factors associated with smoking among adolescents in order to provide public health interventions aimed at preventing smoking. The WHO, provide certain estimates that India will have the fastest death rate attributable due to tobacco in the first two decades of 21st century.²⁰

It is also one of the major causes of death and diseases in India and accounts for 1.35% million deaths every year. India is second largest consumer and producer of tobacco. There were

almost 267 million tobacco users in India in 14 September 2021.²¹ Kolkata city has recorded highest cigarette consumption by a survey report released in 13 June 2014.²² According to the National Family Health Survey 2015, 13 states surveyed in which tobacco use among men has fallen from 50% in 2005-06 to 47% in 2015. Haryana has 30% prevalence of tobacco usage with about 3.2 million smokers in the year 2015. The Journal of American Medical Association reported that 75% of all teen-agers who smoke have the parents of adopted rearing children²³

Global Adult Tobacco Survey conducted by Ministry of Health and Family Welfare, in the year 2016-17 in Jammu and Kashmir there has been 2-3% decline in overall tobacco usage, 1% reduction in smoking tobacco and 3.3% reduction in smokeless tobacco. One in five or 20.8% of J & K people smoke against the national coverage of 10.7%, according to the Global Tobacco Survey 2016-17, the state ranks the sixth highest among Indians states by smoking habits as per this survey.²⁴ As per Global Youth Tobacco Survey conducted by Ministry of Health and Family Welfare in the year 2019-2020 for the age group of 13-15 years the percentage of tobacco users has declined from 14.4% to 11.2% in Jammu and Kashmir.²⁵

Singh (2022)²⁶ conducted survey study to assess the prevalence and distribution of tobacco intake among adolescents more than 15 years of age in union territory of Jammu and Kashmir. It was found that highest number of adolescents who took tobacco in any form belonged to Kupwara district (56.6%), Anantnag district (49.9%) and Budgam district (48.8%) whereas least percentage of tobacco was consumed in Jammu district (26.5%), Kathu district (35.4%) and Srinagar district (38.4%).

Smoking is the leading cause of death and smoking initiation rarely occurs after adolescence. The active and passive smoking related diseases are very high and smokers smoke in the work places, public places, bus stands, restaurants, schools, parks, hospitals etc. Aslo, the investigator's work experience in District hospital Pulwama found that many adolescents and young people with different diseases related to smoking i.e cardiac diseases, respiratory diseases etc and were having lack of knowledge regarding adverse effects of smoking which motivated the investigator to take this project under study.

II. METHODOLOGY-

The research design used in this study was "Pre experimental One Group Pre-test, Post-test

design. The primary objective of the study was to find the effectiveness of self-structured information booklet on knowledge of adolescent boys regarding harmful effects of smoking. Permission was obtained from the concerned authorities to conduct the final study. Ethical clearance was obtained from Institutional Ethical Committee (IEC) to conduct the study on 60 adolescent boys selected via purposive sampling technique.

A self-structured questionnaire was administered to adolescent boys at Higher Secondary School Soura as a pre-test measure on 13 July and intervention was given in the form of self-structured information booklet followed by post-test on 19 July by using the same self-structured questionnaire.

Assessment of knowledge scores was categorised into various levels based on the scale developed by Thomas²⁰ in her study. It was <50 % for poor knowledge, 51-75% for average knowledge and >75% for good knowledge.

III. RESULTS AND DISCUSSION.

Findings related to the demographic variables of the study:

The present study showed that Maximum of the study subjects (56.7%) belonged to age group of 16-17 years whereas (43.3%) belonged to the age group of 18-19 years. Maximum of the study subjects (66.7%) belonged to the urban areas where as (33.3%) belonged to rural areas. Maximum of the study subject's fathers had an education of primary and high school (41.7%) followed by secondary education (28.3%), illiterate (16.7%) and (13.3%) were graduate and above. Maximum mothers of study subjects were illiterate (48.3%), (26.7%) were primary and high school, (13.3%) were secondary and 11.7% were graduate and above. (38.3%) fathers of study subjects were government employees, (31.7%) were private employee and 30% were self-employed. Maximum of mothers of study subjects were self-employed (51.7%), (26.7%) were private employed and (21.7%) were government employed. Majority of the study subjects (70%) belonged to nuclear family and only (30%) belonged to joint family. (43.3%) of the study subjects had total monthly family income Rs 31,000-40,000, 40% had Rs 30,000 and 16.7% had above Rs 40,000 as depicted in table 1. A similar study was conducted by Thakur and Sharma (2020)²⁷ revealed that majority of study subjects (53%) belonged to the age group of 13-16 years and 47% are between 16-19 years, maximum of study subjects (62%) belonged to urban area and 38% belonged to rural areas. Majority of the study

subjects 50% belonged to nuclear family, 35% belonged to joint family, 11% single parent family and 4% extended family. Regarding fathers' occupation 66% are self-employed, 16% are daily wage earner, 12% are government employees and 6% are unemployed. Regarding mothers' occupation 61% are home makers, 15% are daily wage earner, 15% are self-employed and 9% are government employee. Regarding monthly family income 57% was between Rs10001-15000, 16% was between Rs15001-20000 and 11% was above Rs20000. Another similar study was conducted by Alexander (2017)²⁸ revealed that maximum of study subjects (43%) belonged to the age group of 15-16 years, (26%) belonged to 17-18 years, 25% belonged to 13-14 years and 6% belonged to 19-20 years. Regarding occupation of mother 40% were Homemakers, 25% daily labors, 15% government employees, 20% from business and others. Regarding occupation of father 37% working as labors, 36% agriculture works, 14% government employees and 13% from business and others. Regarding family income it was found that 31% were belonged to Rs 3000 per month, 23% Rs 4001-5000 and remaining 23% were in above Rs 50001 per month.

Findings related to knowledge level of study subjects.

The results of the present study showed that on pre-test knowledge score, maximum of the study subjects (66.7%) had poor knowledge, (33.3%) had average knowledge and none of the study subjects had good knowledge whereas on post-test, majority of the study subjects (91.7%) had good knowledge, (8.3%) had average knowledge and none of the study subjects had poor knowledge as depicted in table 2 and table 3. A similar study was conducted by Khanam (2020)²⁹. Findings revealed that on pre-test, majority of study subjects (68%) had average knowledge (22%) had good knowledge and (10%) had poor

knowledge regarding harmful effects of smoking whereas on post-test, majority of study subjects (64%) had good knowledge, (34%) had average knowledge and (2%) had poor knowledge regarding harmful effects of smoking.

The present study showed that mean post-test knowledge score of the study subjects regarding harmful effects of smoking was significantly higher (38.23±3.70) than that of mean pre-test knowledge score (18.58±6.58) at p<0.05 level of significance. This indicates that self-structured information booklet was effective in enhancing the knowledge of adolescent boys regarding harmful effects of smoking as depicted in table 4. A similar study was conducted by Khanam (2020).²⁹ The findings revealed that the mean post-test knowledge was (21.56±4.357) as compared to mean pre-test knowledge (16.8±4.35). The paired "t" test value was 9.807 which showed statistical significance at p<0.05. Thus, STP was effective in enhancement of the knowledge of adolescent students regarding ill effects of smoking

Findings related to association of knowledge level of study subjects with selected demographic variables.

The results of the present study showed that there was no significant association of pre-test knowledge scores of study subjects with their selected demographic variables i.e Age in years, Residence, Education status of father, Education status of mother, Occupation of father, Occupation of mother, Type of family, Total monthly family income as depicted in table 5. A similar study was conducted by Thomas (2015)²⁰. The study findings showed that there was no significant association of pre-test knowledge score with following selected demographic variables like residence, Education status of father, Education status of mother, Occupation of father, Occupation of mother, Type of family.

Table 1: Frequency and percentage distribution of study subjects according to demographic variables.

Variables	Categories	Frequency (f)	Percentage (%)
Age in Years	16-17 years	34	56.7%
	18-19 years	26	43.3%
Residence	Urban	40	66.7%
	Rural	20	33.3%
Education Status of father	Illiterate	10	16.7%
	Primary & high school	25	41.7%
	Higher secondary	17	28.3%

	Graduate and above	8	13.3%
Education status of Mother	Illiterate	29	48.3%
	Primary& high school	16	26.7%
	Higher secondary	8	13.3%
	Graduate and above	7	11.7%
Occupation of father	Government employee	23	38.3%
	Private employee	19	31.7%
	Self- employee	18	30.0%
Occupation of mother	Government employee	13	21.7%
	Private employee	16	26.7%
	Self employee	31	51.7%
Type of family	Joint family	18	30.0%
	Nuclear family	42	70.0%
Total Monthly family Income	Rs 30,000	24	40.0%
	Rs 31,000 -40,000	26	43.3%
	Above 40,000	10	16.7%

Table 2: Frequency and percentage distribution of pre-test knowledge scores regarding harmful effects of smoking.

n=60

KNOWLEDGE OF STUDY SUBJECTS	Knowledge Scores of Study subjects	PRE-TEST	
		Frequency(f)	Percentage%
POOR KNOWLEDGE	<22	40	66.7
AVERAGE KNOWLEDGE	23-33	20	33.3
GOOD KNOWLEDGE	>33	0	0

Table 3: Frequency and percentage distribution of Post-Test knowledge scores regarding harmful effects of smoking.

n= 60

KNOWLEDGE OF STUDY SUBJECTS	Knowledge Scores of Study subjects	POST-TEST	
		Frequency	Percentage%
POOR KNOWLEDGE	<22	0	0
AVERAGE KNOWLEDGE	23-33	5	8.3
GOOD KNOWLEDGE	>33	55	91.7

Table 4: Comparison between pre-test and post-test knowledge scores of study subjects regarding harmful effects of smoking

n=60

Knowledge score	Mean \pm S.D	Mean Difference	Paired 't' Test	P value
Pre test	18.58 \pm 6.58			
Post test	38.23 \pm 3.70	19.65	17.530	0.001**

*=Significant at 0.05 level

**=Significant at 0.01 level

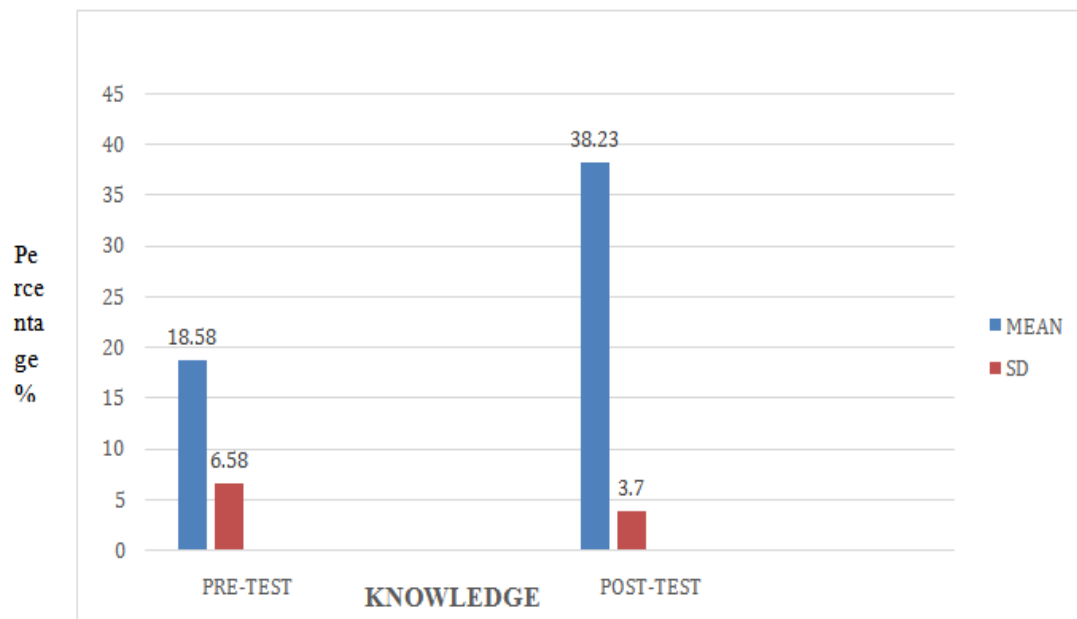


Figure 5 : Bar diagram showing comparison between mean scores of pre -test and post- test.

Table 5: Association of pre-test knowledge score of study subjects with their selected demographic variables. n=60

Variables	Category	Poor knowledge	Average knowledge	Total			
		F	F		Chi square	P value	Remarks
Age in years	16—17	24	10	34	0.543	0.461	NS
	18—19	16	10	26			
Residence	RURAL	14	6	20	1.5	0.699	NS
	URBAN	26	14	40			
Education status of father	GRADUATE & ABOVE	6	2	8	2.061	0.561	NS
	ILLITRATE	7	3	10			
	PRIMARY & HIGH SCHOOL	18	7	25			
	SECONDARY	9	8	17			
Education status of mother	GRADUATE & ABOVE	6	1	7	2.191	0.534	NS
	ILLITRATE	19	10	29			
	PRIMARY & HIGH SCHOOL	9	7	16			
	SECONDARY	6	2	8			
Occupation of father	GOVT EMPLOYE	13	10	23	2.092	0.351	NS
	PRIVATE EMPLOYE	13	6	19			
	SELF EMPLOYE	14	4	18			
Occupation of mother	GOVT EMPLOYE	10	3	13	0.805	0.669	NS
	PRIVATE EMPLOYE	10	6	16			
	SELF EMPLOYE	20	11	31			
Type of family	JOINT FAMILY	10	8	18	1.429	0.232	NS
	NUCLEAR FAMILY	30	12	42			
Total monthly family income	Rs. 30,000	8	16	24	0.691	0.966	NS
	Rs.31000—40000	9	17	26			
	Rs.41000 and above	3	7	10			

IV. CONCLUSIONS

Based on findings of the study following conclusions were drawn:

- Pre-test findings showed that the maximum of

the study subjects had poor knowledge and none of the study subjects had good knowledge. So, there was need to educate them regarding harmful effects of smoking.

- Post –test findings showed that the majority of the study subjects had good knowledge after administration of self-structured information booklet regarding harmful effects of smoking and information booklet was effective.
- No significant association was found between pre- test knowledge score of study subjects regarding harmful effects of smoking with their selected demographic variables such as Age in years, Residence, Education status of father, Education status of mother, Occupation of father, Occupation of mother, Type of family, Total monthly family income which indicates that these variables probably have no effect on their knowledge.

Hence, it can be concluded that knowledge of study subjects regarding harmful effects of smoking was poor, therefore, self-structured information booklet regarding harmful effects of smoking should be provided.

Source of funding: None

Conflict of interest: None.

REFERENCES.

- [1]. Adolescence. Available at <http://www.britannica.com/Science>.
- [2]. Danishta, et-al. A Study to assess the effectiveness of structured teaching programme on the knowledge regarding the hazards of smoking among adolescent boys at New Dreamland Educational Institute Beehama. Ganderbal. Unpublished Bachelors Research. J and K.2020.
- [3]. Rani, Thakur, Sharma. Smoking and tobacco-an evil for adolescents. JETIR. 2021;8(7):2349-5162.
- [4]. Smoking-tobacco. Available at <https://www.britannica.com>.
- [5]. cigarettes-other-tobacco-products. Available at <https://nida.nih.gov/publications/drugfacts>.
- [6]. Smoking disadvantages. Available at <https://www1.health.gov.au/internet/publications/publishing.nsf>.
- [7]. Schramm, Carre, Scheffler, Aubriet. Active and passive smoking-new insight on the molecular composition of different cigarette smoke aerosols by LDI-FTICRMS. AE.2014;92:411-420. Available from: <https://www.Sciencedirect.com/Science/article/abs/pii/S1352231014003240>
- [8]. Second hand smoke. Available at <https://www.cdc.gov/tobacco>.
- [9]. smoking-leads-to-disease-and-disability-and-harms. Available at <https://www.Winstonmedical.org>.
- [10]. Hajdusianek ,Zorawik , Prosol , Poreba, Gac. Tobacco and nervous system development and function. BS. 2021; 11(6): 797. doi: 10.3390/brainsci11060797.PMID:34208753; PMCID: PMC8234722.
- [11]. Smoking-effects-on-your-body. Available at <https://www.betterhealth.vic.gov.au>.
- [12]. Teen-smoking-10-ways-to-keep-teens-smokefree. Available at <https://www.augustahealth.com/article>.
- [13]. Tobacco-nicotine-e-cigarettes/how-can-we-prevent-tobacco-use.Availableat <https://nida.nih.gov/publications/research-reports-on-2023>, October 6.
- [14]. Tobacco. Available at <https://www.Who.int/news-room/fact-sheets>.
- [15]. Un-supports-comprehensive-enactment-tobacco. Available at <https://www.Unicef.org/georgia/press-realse>.
- [16]. <https://ntcp.mohfw.gov.in/assets/document/public-Notice-2016/English-6th-Dec>. Available from: <https://ntcp.nhp.gov.in>
- [17]. Pradhan, Oswal, Padhan, Seth, Sarin, Sethuraman, Sebastian. Cigrattes and other tobacco products Act (COTPA) implementation in education institutions in India.TPV.2020;6:51.
- [18]. Young RP, Hopkins R J, Smith M, Hogarth D K. Smoking cessation: The potential role of risk assessment tools as motivational triggers . PMEDJ. 2010;86(1011):26-33
- [19]. Varughese. A study to evaluate theeffectiveness of self-motivational booklet regarding knowledge on harmful effects of smoking and benefits of quitting among smokers in selected rural community areas at Bangalore. Published Master thesis: RGUHS Banglore, Karnataka;2016-2017
- [20]. Thomas. Effectiveness of structured teaching programme on knowledge regarding ill effects of cigarette smoking and its prevention among adolescent boys in a selected college at Madurai [Published master thesis] Maduri: TamilnaduDr. M.G.R Medical

- University;2015.1-177. Available from:
<http://repository-tnmgrum.ac.in/1113/1/3005228rosammathomas.pdf>.
- [23]. Tobacco. Available at
<https://www.who.int/India/health-topics>.
- [24]. Tobacco/
<https://www.thehindu.com/news/cities/Kolkata>.
- [25]. Ministry of Health and Family Welfare, Government of India, World Health Organization, Centers for Disease Control and Prevention, GAST2:Global Adult Tobacco Survey- India 2015.
- [26]. Tobacco-gives-Jk-its-highest-tax-revenue-and a-copd-crises. Available at
<https://www.Indiaspend.com>.
- [27]. Ministry of Health and Family Welfare, Government of India, World Health Organization , Centers for Disease Control and Prevention, GAST2:Global Adult Tobacco Survey- India 2019-2020.
- [28]. Singh M. Prevalence and distribution of tobacco intake in various districts of Jammu and Kashmir, J&K.JIMPH.2022;1(1) :10-13. Available from: <https://www.jimph.org/article>.
- [29]. Thakur Neeta, Sharma Riya. A descriptive study to assess the knowledge regarding the ill effects of smoking among adolescents in selected school in Jalander Punjab.IJNER.2020;8(1):85-90. Available from: <https://ijneronline.com/Abstractview>.
- [30]. Alexander. A study to evaluate the effectiveness of structured teaching programme on knowledge regarding hazards of tobacco among adolescent boys of Tallarevu Village, Kakinada.IJANM.2017;5(1):15-19. Available from: <https://i-scholar.in/index.php/ijanm/article/view/155157>.
- [31]. Khanam. A study to assess the effectiveness of structured teaching programme on knowledge regarding ill effects of cigarette smoking among adolescent boys in selected college Moradabad.IOSR-JNHS.2020;9(6):52-66. Available from: <https://www.iosrjournals.org>.