# International Journal of Advanced Multidisciplinary Research and Studies

# A Study to Assess the Effectiveness of Video Assisted Teaching on Knowledge Regarding Health Hazards of Cigarettes Smoking and Alcoholism Among the College Students in Selected College

**Divyani Sadashiv Puri**

Nursing Tutor, Shriram Institute of Nursing, Paniv Tal- Malshirash, Solapur, Maharashtra, India

Corresponding Author: **Divyani Sadashiv Puri**

**Abstract**

A Study to Assess the Effectiveness of Video Assisted Teaching on Knowledge Regarding Health Hazards of Cigarettes Smoking and Alcoholism Among the College Students in Selected College.

## Introduction

"Good habits are the key to all success. Bad habits are the unlocked door to failure."
**—Og Mandino**

A habit is a routine of behaviour that is repeated regularly and tends to occur subconsciously.
In the American Journal of Psychology defined a "habit, from the standpoint of psychology, [as] a more or less fixed way of thinking, willing, or feeling mental experience acquired through previous repetition of a" Habitual behaviour often goes unnoticed by persons exhibiting it, because a person does not need to engage in self-analysis when undertaking routine tasks. Habits are sometimes compulsory. study by habit researcher Wendy Wood and her colleagues found that approximately 43% of daily behaviours are performed out of habit. New behaviours can become automatic through the process of habit formation. Old habits are hard to break and new habits are hard to form because the behavioural patterns that humans repeat become imprinted in neural pathways, but it is possible to form new habits through repetition.[1]
People who both smoke and drink often say that they two habits complement each other, and feel more like smoking when they have an alcoholic drink and vice-versa. This perception is supported by studies– for example, a study looking at the sociocultural influences on smoking and drinking found that 36.9 % of adults who were current drinkers were also current smokers, compared to just 17.5 % of never-smokers. According to the National Institute on Alcohol Abuse and Alcoholism, a standard alcoholic drink in the United States contains .0 grams (0.6 ounces) of pure alcohol. Generally, this amount of pure alcohol is found in:12 ounces of beer,8–10 ounces of malt liquor, 5 ounces of wine, 1.5 ounces, or a "shot," of 80 proof distilled spirits (liquor) These amounts are used by public health experts in developing health guidelines about alcohol consumption and to provide a way for people to compare the amounts of alcohol they consume. However, they may not reflect the typical serving sizes people may encounter in daily life.8According to the federal government's Dietary Guidelines for Americans, 2020–2025, individuals who do not drink alcohol should not start drinking for any reason.

## Background of Study

Cigarette smoking and alcoholism are major public health concerns worldwide. The use of tobacco and alcohol contributes significantly to preventable morbidity and mortality. According to the World Health Organization (WHO), tobacco use is one of the leading causes of death globally, responsible for millions of deaths each year. Similarly, harmful use of alcohol results in a substantial number of deaths and disability-adjusted life years, particularly among young adults.

College students represent a vulnerable group for adopting risky health behaviors such as smoking and alcohol consumption. The transition from adolescence to adulthood, increased peer influence, academic stress, curiosity, and social exposure often contribute to experimentation and continued use of cigarettes and alcohol. Early initiation of these habits increases the risk of long-term addiction, chronic diseases, mental health disorders, and social problems.

**Need for Study**
Tobacco smoking and alcoholism continue to be major public health challenges worldwide. According to the World Health Organization, tobacco use and harmful alcohol consumption are among the leading preventable causes of death and disability globally. Young adults, especially college students, are increasingly exposed to these risk behaviors due to peer pressure, academic stress, social acceptance, curiosity, and easy availability of cigarettes and alcohol.

College life is a critical transitional period where lifelong habits are often formed. Many students initiate smoking and alcohol consumption during this phase without adequate knowledge about their long-term health consequences. Lack of awareness regarding diseases such as lung cancer, chronic obstructive pulmonary disease (COPD), cardiovascular disorders, liver cirrhosis, and mental health problems contributes to the continuation of these harmful practices.

Although various awareness programs are conducted, traditional lecture-based teaching methods may not effectively engage students or ensure retention of knowledge. Innovative teaching strategies like video-assisted teaching can enhance understanding through visual and auditory stimulation. Videos can demonstrate real-life consequences, expert explanations, and graphical representations of internal organ damage, which may create a stronger impact compared to conventional teaching methods.

There is a growing need to evaluate whether video-assisted teaching is effective in improving knowledge regarding the health hazards of cigarette smoking and alcoholism among college students. Assessing its effectiveness will help educators and health professionals adopt evidence-based teaching strategies to promote healthier behaviors among youth.

**Objective of Study**
To evaluate the effectiveness of video assisted teaching on knowledge regarding health hazards of cigarettes smoking and alcoholism among the college students.

To assess the pre-test level of knowledge regarding health hazards of cigarettes smoking and alcoholism among the college students.

To find out the association between pre-test knowledge score with their selected demographic variables.

**Method and Material**
Research methodology refers to the strategies adopted by the investigator in planning and coordinating the research process.[56]

Research methodology is defined as a highly intellectual human activity used in the investigation of nature and matter and deals specifically with the manner in which data is collected, analysed and interpreted.[57]

The investigator in this chapter has dealt with research approach, research design, variables, setting of the study, population, sample size, sampling technique, criteria for selection of the sample, tool preparation and feasibility of the study, validity, reliability, pilot study, data collection procedure and plan for data analysis. Outline of methodology developed for present study is explained under the following headings.

**Research Apporach**
An evaluator approach is adopted by the researcher to find the effectiveness of video assisted teaching on knowledge regarding health hazards of cigarettes smoking and alcoholism among the college students in selected college.

**Pre –experimental one group pre-test and post-test design is adopted for this study**
The research approach involves the plan to investigate the phenomenon under study. Therefore, the approach helps to decide about presence or absence as well as manipulation and control over variables.

In a view of the nature of the problem selected and to accomplish the objectives of the study an evaluating approach was considered appropriate.

**Research Design**
According to Heppner, research design is a plan or structure for an investigation or list of specification and procedure for conducting and controlling a research project.

In other word it can be described as a master plan which indicates strategies for conducting research. The research design serves as a master plan for the methods and procedure that should be used to collect and analyse the need by the decision maker. Pre –experimental one group pre test and post test design is adopted for this study.

**Sample**
B.T Basavanthappa (2007), sample refers to the portion of the large population of subjects.[26]

**Sampling Technique**
Pollitt and Hungler, 2001. "Sampling refers to the process of selecting a portion of the population to represent the entire population."[27]

Sample is the chosen to the represent of population containing all the characteristics of the population which has been selected to participate in the study. The samples were selected by Pre –experimental one group pre-test and post-test design. The sample that fulfils the inclusion criteria was admitted to the study. The investigator preferred to choose this sampling technique because of the constraint of time in order to complete the data collection within the stipulated time.

Sample Size For the study, the sample size is 100

Sample size as the numerical value assigned to a subset of the population selected to participate in a study.

Non probability purposive sampling technique will be adopted to select the samples 100 college students at selected college.

**Sampling criteria:**
Following criteria was set for the selection of sample.

**Inclusion criteria**
Permission will be obtained from local ethical committee.
A prior formal written permission will be obtained from the hospitals for conducting the study.
An informed consent will be obtained from the subjects. The purpose of the study will be explained to the subjects.
A pre-test on knowledge regarding health hazards of cigarettes smoking and alcoholism is given after which the video assisted teaching is distributed to the participants.
A post-test is administered after 7 days and the data will be collected approximately.

**Exclusion criteria**
▪ Who are not willing to participate in the study.
▪ Not available at the time of data collection.
▪ The patient affected any mental and physical illness.

**Withdrawal criteria**
▪ Sample can withdraw from research at any point of time during the data collection.

**Method of Data Collection**
Burns and Groove, 2005 "It is precise, systematic gathering of information relevant to the research purpose of the specific objectives, questions or hypothesis of the study.
**Specification of the instrument and related measures:**
The tool of data collection translates the research objectives into specific questions or items, the response to which will provide the data required to assess the research objectives. In order to achieve this purpose, each question cleared and must convey to the respondent the idea or group of ideas required by the researcher.

**Data collection procedure:**
▪ Approval from the research committee members, the Ethics committee, and written permission from the head of the institutionalized to conduct research.
▪ Explain the purpose of the research to the participants.
▪ Obtain informed written consent from the participants.
Formal permission was obtained from the concerned authority. Samples were taken from the college. The investigator introduced himself and informed the samples about the nature of the study, so as to ensure better cooperation during the data collection. Objectives and the confidentiality of the study data were discussed. Each sample was given a prepared tool containing Section A (demographic questionnaire) and Section B Kindly read the following questions carefully and place a tick mark against the appropriate response in the space provided. selected samples in 28 days.

**Result**
**Section I**
**Description of samples (college students) based on their personal characteristics**

**Table 1:** Description of samples (college students) based on their personal characteristics in terms of frequency and percentage N=100

| Demographic variable | Freq | % |
|---|---|---|
| **Age** | | |
| 17-18 years | 45 | 45% |
| 18-19 years | 55 | 55% |
| **Religion** | | |
| Hindu | 70 | 70% |
| Muslim | 16 | 16% |
| Other | 14 | 14% |
| **Type of family** | | |
| Joint | 27 | 27% |
| Nuclear | 73 | 73% |
| **Area of residence** | | |
| Rural | 64 | 64% |
| Urban | 36 | 36% |
| **Father's education** | | |
| Primary | 5 | 5% |
| Secondary | 46 | 46% |
| Diploma/graduation | 49 | 49% |

45% of the college students had age 17-18 years and 55% of them had age 18-19 years.
70% of them were Hindu, 16% of them were Muslim and 14% of them had some other religion.
27% of them had joint family and 73% of them had nuclear family.
64% of them were from rural area and 36% of them were from urban area.
5% of their fathers had primary education, 46% of them had secondary education and 49% of them had diploma/graduation.
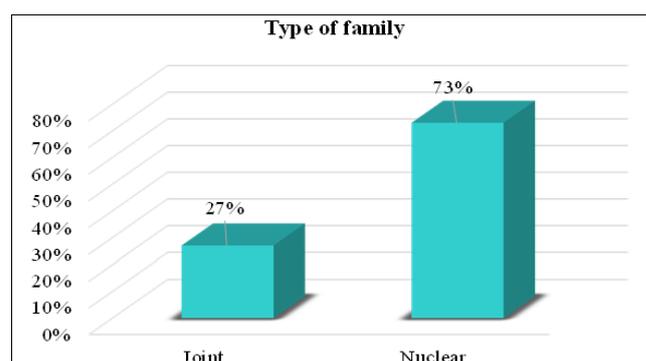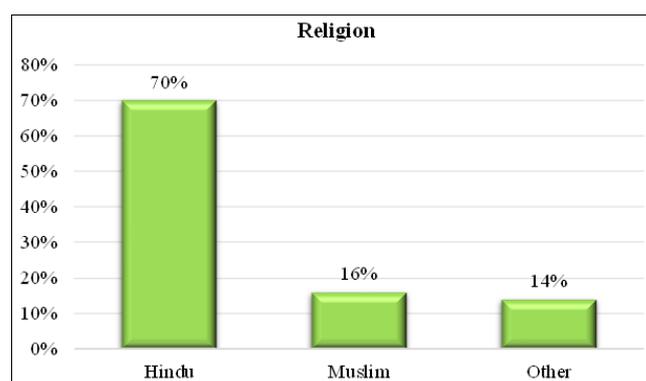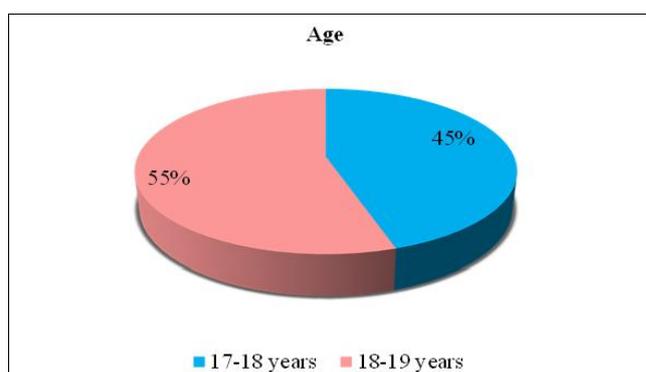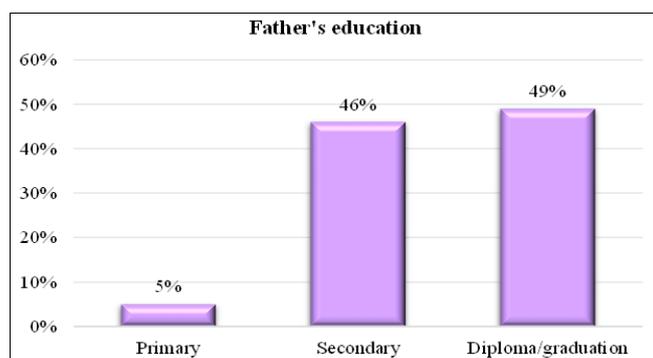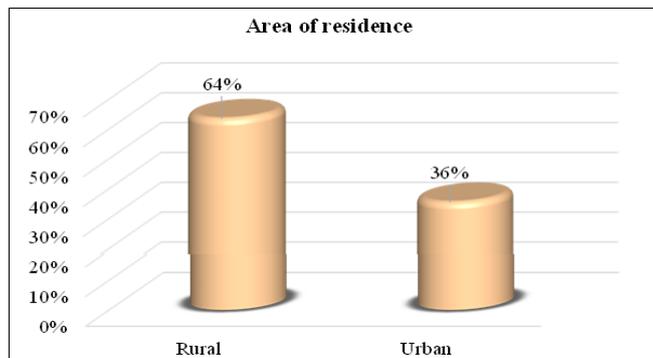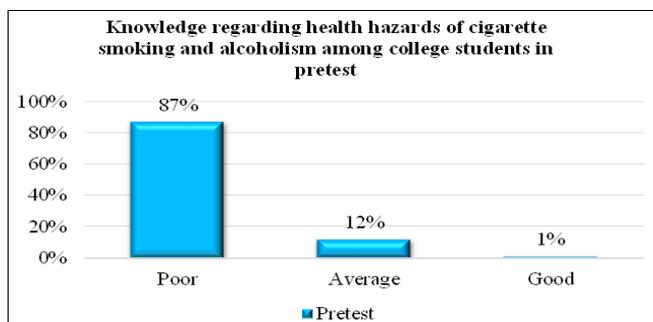
## Section II
**Analysis of data related to pre-test level of knowledge regarding health hazards of cigarettes smoking and alcoholism among the college students**

**Table 2:** Pretest level of knowledge regarding health hazards of cigarettes smoking and alcoholism among the college students N=100

| Knowledge | Pretest | |
| --- | --- | --- |
| | Freq | % |
| Poor | 87 | 87% |
| Average | 12 | 12% |
| Good | 1 | 1% |

In pretest, 87% of the college students had poor knowledge, 12% of them had average knowledge and 1% of them had good knowledge regarding health hazards of cigarettes smoking and alcoholism among the college students.



## Section III
**Analysis of data related to the effectiveness of video assisted teaching on knowledge regarding health hazards of cigarettes smoking and alcoholism among the college students**

**Table 3:** Effectiveness of video assisted teaching on knowledge regarding health hazards of cigarettes smoking and alcoholism among the college students N=100

| Knowledge | Pretest | | Post-test | |
| --- | --- | --- | --- | --- |
| | Freq | % | Freq | % |
| Poor | 87 | 87% | 25 | 25% |
| Average | 12 | 12% | 65 | 65% |
| Good | 1 | 1% | 10 | 10% |

In pretest, 87% of the college students had poor knowledge, 12% of them had average knowledge and 1% of them had good knowledge regarding health hazards of cigarettes smoking and alcoholism among the college students. In posttest, 25% of the college students had poor knowledge, 65% of them had average knowledge and 10% of them had good knowledge regarding health hazards of cigarettes smoking and alcoholism among the college students. This indicates that there is remarkable improvement in the knowledge among college students regarding health hazards of cigarettes smoking and alcoholism after video assisted teaching.
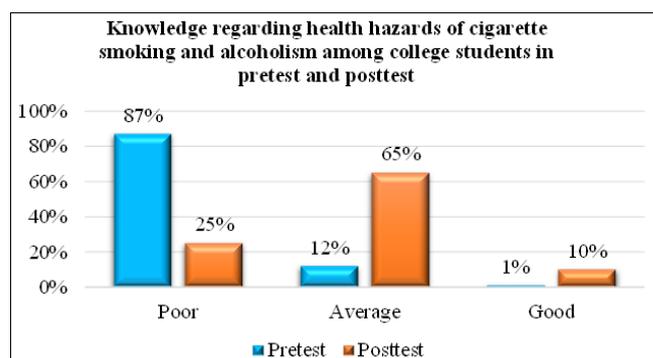


**Table 4:** Paired t-test for the effectiveness of video assisted teaching on knowledge regarding health hazards of cigarettes smoking and alcoholism among the college students N=100

| | Mean | SD | T | Df | p-value |
| --- | --- | --- | --- | --- | --- |
| Pretest | 0.6 | 0.8 | 11.3 | 99 | 0.000 |
| Posttest | 2.2 | 1.1 | | | |

Researcher applied paired t-test for the effectiveness of video assisted teaching on knowledge regarding health hazards of cigarettes smoking and alcoholism among the college students. Average knowledge score in pretest was 0.6 which increased to 2.2 in post-test. T-value for this test was 11.3 with 99 degrees of freedom. Corresponding p-value was small (less than 0.05), the null hypothesis is

rejected. Average knowledge score in post-test is significantly higher than that in pretest. It is evident that the video assisted teaching of significantly effective in improving the knowledge among college students regarding health hazards of cigarettes smoking and alcoholism.
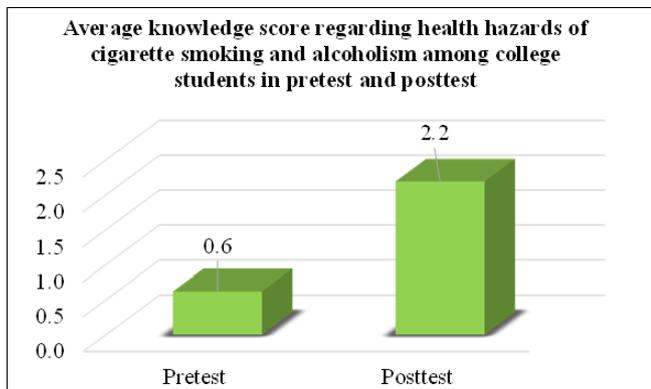


**Table 5:** Knowledge item analysis N=100

| Knowledge | Pretest | | Post-test | |
|---|---|---|---|---|
| | Freq | % | Freq | % |
| Meaning of Cigarette smoking | 13 | 13% | 45 | 45% |
| Addictive component of cigarette smoking | 16 | 16% | 47 | 47% |
| Most dangerous gas released in burning tobacco product | 11 | 11% | 39 | 39% |
| Initiation phase typically occurs | 12 | 12% | 44 | 44% |
| Populations have the highest percentage of smoking | 10 | 10% | 44 | 44% |

In pretest, 13% of the college students and in posttest 45% of them knew the meaning of cigarette smoking. In pretest 16% of them and in posttest 47% of them knew the addictive component of cigarette smoking. In pretest 11% and in post-test 39% of them knew the most dangerous gas released in burning tobacco product. In pretest 12% and in post-test 44% of them knew when does the initiation phase typically occur. In pretest 10% and in post-test 44% of them knew the populations which has the highest percentage of smoking. This indicates that the percentage of correct responses by college students improved remarkably in post-test as compared to pretest.
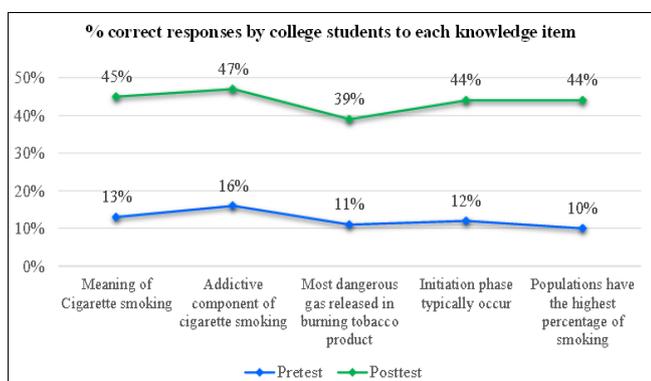


## Section IV
## Analysis of data related to association between pre-test knowledge score and their selected demographic variables

**Table 6:** Fisher's exact test for the association between pre-test knowledge score and their selected demographic variables N=100

| Demographic variable | | Knowledge | | | p-value |
|---|---|---|---|---|---|
| | | Poor | Average | Good | |
| Age | 17-18 years | 37 | 7 | 1 | 0.281 |
| | 18-19 years | 50 | 5 | 0 | |
| Religion | Hindu | 60 | 9 | 1 | 0.859 |
| | Muslim | 15 | 1 | 0 | |
| | Other | 12 | 2 | 0 | |
| Type of family | Joint | 25 | 1 | 1 | 0.071 |
| | Nuclear | 62 | 11 | 0 | |
| Area of residence | Rural | 57 | 6 | 1 | 0.581 |
| | Urban | 30 | 6 | 0 | |
| Father's education | Primary | 5 | 0 | 0 | 0.939 |
| | Secondary | 39 | 6 | 1 | |
| | Diploma/graduation | 43 | 6 | 0 | |

Since all the p-values were large (greater than 0.05), none of the demographic variables was found to have significant association with the knowledge among college students regarding health hazards of cigarettes smoking and alcoholism.

## Summary
This chapter dealt with analysis and interpretation of data. A significant difference was found between pre and post-test knowledge score of respondents after assess the Does the video assisted teaching on knowledge regarding health hazards of cigarettes smoking and alcoholism among the college students in selected college The college student lower knowledge when video assisted teaching program was done student knowledge was gain.

## References
1. Butler Gillian, Hope Tony, Grey Nick [1995]. Managing Your Mind: The Mental Fitness Guide (3rd ed.). Oxford University Press. "Definition of Habit". Merriam Webster Dictionary, 2018. Retrieved August 29, 2008.
2. Definition of Habituation. Merriam Webster Dictionary. Retrieved August 29, 2008.
3. Andrews BR. Habit. The American Journal of Psychology. 1903; 14(2):121-149. Doi: 10.2307/1412711. ISSN 0002-9556. JSTOR 1412711. Merriam Webster Dictionary. Retrieved August 29, 2008.
4. Habituation. Animal Behavior Online. Retrieved August 29, 2008.
5. Wood Wendy, Quinn Jeffrey M, Kashy Deborah A. Habits in everyday life: Thought, emotion, and action. Journal of Personality and Social Psychology. American Psychological Association (APA). 2002;

83(6):1281-1297. Doi: 10.1037/0022-3514.83.6.1281. ISSN 1939-1315. PMID 12500811.

6. Rosenthal Norman. Habit Formation. Psychology Today. Retrieved November 30, 2011.

7. U.S. Department of Health and Human Services. The Health Consequences of Smoking-50 Years of Progress: A Report of the Surgeon General. Atlanta: U.S. Department of Health and Human Services, Centres for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014. [Accessed 2016 Dec 20].

8. IARC Working Group on the Evaluation of Carcinogenic Risks to Humans. Alcohol consumption and ethyl carbamate Exit Disclaimer. IARC Monographs on the Evaluation of Carcinogenic Risks in Humans. 2010; 96:3-1383.

9. IARC Working Group on the Evaluation of Carcinogenic Risks to Humans. Personal habits and indoor combustions. Volume 100 E. A review of human carcinogens. Exit Disclaimer IARC Monographs on the Evaluation of Carcinogenic Risks in Humans. 2012; 100(Pt E):373-472.

10. Bernardi V, Rota M, Botteri E, *et al*. Light alcohol drinking and cancer: A meta-analysis. Annals of Oncology. 2013; 24(2).

11. Bagnardi V, Rota M, Botteri E, *et al*. Alcohol consumption and site-specific cancer risk: A comprehensive dose-response meta-analysis. British Journal of Cancer. 2015; 112(3):580-593.

12. Cao Y, Willett WC, Rimm EB, Stampfer MJ, Giovannucci EL. Light to moderate intake of alcohol, drinking patterns, and risk of cancer: Results from two prospective US cohort studies. BMJ. 2015; 351:h4238.

13. https://archpublichealth.biomedcentral.com/articles/10.1186/s13690-022- 00929-9

14. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7803324/ 34

15. https://www.tobaccopreventioncessation.com/Prevalence-of-tobaccosmoking-and-association-with-other-unhealthy-lifestyle-risk,140242,0,2.html

16. Journal of Emerging Technologies and Innovative Research (JETIR) www.jetir.org j2022 JETIR May 2022; 9(5).www.jetir.org (ISSN2349-5162)

17. http://repositorytnmgrmu.ac.in/1113/1/3005228rosammathomas.pdf

18. Yaruhanga J, Atorkey P, McLaughlin M, Brown A, Byrnes E, Paul C, *et al*. Effectiveness of Individual Real-Time Video Counseling on Smoking, Nutrition, Alcohol, Physical Activity, and Obesity Health Risks: Systematic Review. J Med Internet Res, Sep 11, 2020; 22(9):e18621. Doi: 10.2196/18621. PMID: 32915156; PMCID: PMC7519427

19. International Journal of Recent Scientific Research, May, 2017; 8(5):16847-16850. Doi: 10.24327/IJRSR

20. International Journal of Scientific and Research Publications, July 2018; 8(7):399. ISSN: 2250-3153, Doi: 10.29322/IJSRP.8.7.2018.p7963http://dx.doi.org/10.29322/IJSRP.8.7.2018.p796 3

21. Puspanjali Mohapatro, Rashmimala Pradhan. Risk Taking Behaviour Associated with Alcohol use among College Student. Asian Journal of Nursing Education and Research. 2021; 11(3):317-0. Doi: 10.52711/2349-2996.2021.00076

22. Neeta Thakur, Riya Sharma. A Descriptive Study to Assess the knowledge regarding the ill effects of smoking among adolescents in selected school, in Jalandhar, at Punjab. Int. J. Nur. Edu. and Research. 2020; 8(1):85-90. Doi: 10.5958/2454-2660.2020.00017.4