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".

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Abstract
"A study was design to examine the effectiveness of structured teaching program me on knowledge regarding ill effects of cigarette smoking among adolescent boys in selected college Moradabad". Up , A pre-experimental research design was used. Non-Random convenient sampling approach was use to select 50 samples The knowledge was measured by 35 items of a structured interview schedule to assess knowledge on ill effects of cigarette smoking . The results were computed using descriptive an inferential statistics based on the objectives of the study.
BACKGROUND OF STUDY
Tobacco smoking is the practice of smoking tobacco and inhaling tobacco smoke. The practice is believed to have begun as early as 5000–3000 BC in Mesoamerica and South America. Smoking is a practice in which a substance is burned and the resulting smoke breathed in to be tasted and absorbed into the bloodstream. Most commonly the substance is the dried leaves of the tobacco plant which have been rolled into a small square of rice paper to create a small, round cylinder called a "cigarette".
OBJECTIVES: -
• To assess the pre-test level of knowledge regarding ill effects of cigarette smoking among adolescent boys.
• To evaluate the effectiveness of structured teaching program on knowledge regarding ill effects of cigarette smoking among adolescent boys.
• To find out the association between pre and post-test knowledge .
Materials and Method An evaluative research approach with pre experimental research design was used to evaluate the effectiveness of the STP. The study was conducted in s s children academy Moradabad (U.P.) random sampling approach was used to select 50 samples. The tool used for the data collection was self administered structured knowledge questionnaire which comprised of 10 items of demographic data and 35 items on social phobia. The reliability of the tool was established by Karl's Pearson technique, with 'r' = 0.75. The conceptual frame was adopted for the study was based on Stuffle Beams CIPP model. Data gathered was analyzed using descriptive and inferential statistics in terms of gathered was analyzed using descriptive and inferential statistics in terms of frequency, percentage, mean standard deviation, 'z' test and chi-square t. test.
Result *The post-test mean score (21.56) was high when compared to the pre-test mean (16.8). The obtained t value (9.807) was greater than table value at 0.05 level of significance, which shows that there is significant difference between pre-test and post-test level of knowledge regarding cigarette smoking among adolescent boys.Hence, the formulated research hypothesis H1 was accepted.*
Conclusion: *Hence the findings revealed that STP was effective in enhancement of the knowledge of adolescent's students regarding social phobia. Thus the researcher conducted the study to make them aware of common social phobia among adolescents.*
Key Words: Smoking, Adolescent

I. Introduction
BACKGROUND OF STUDY
"Cigarette is classy way to commit suicide"
-Kurt Vonnegut Jr.

Tobacco smoking is the practice of smoking tobacco and inhaling tobacco smoke. The practice is believed to have begun as early as 5000–3000 BC in Mesoamerica and South America. Smoking is a practice in which a substance is burned and the resulting smoke breathed in to be tasted and absorbed into the bloodstream. Most commonly the substance is the dried leaves of the tobacco plant which have been rolled into a small square

of rice paper to create a small, round cylinder called a "cigarette".

Harmful health effects of smoking cigarettes are numerous. Dangers of smoking are well-known and can have serious detrimental effect on the quality of your life besides diseases. Teenagers are attracted by the smoke and the smoking style, which tempts them to smoke. Friends and colleagues also encourage non-smokers, to smoke just once. Among young people, the short-term health consequences of smoking include respiratory and non-respiratory effects. Cigarette smokers have a lower level of lung function than those persons who have never smoked.

In adults, cigarette smoking causes heart disease and stroke. Studies have shown that early signs of these diseases can be found in adolescents who smoke. The resting heart rates of young adult smokers are two to three beats per minute faster than non-smokers. Smoking generally has negative health effects, because smoke inhalation inherently poses challenges to various physiologic processes such as respiration.

Smoking is one of the most common forms of recreational drug use. Tobacco smoking is the most popular form, being practiced by over one billion people globally, of whom the majority are in the developing countries. Less common drugs for smoking include cannabis and opium. Some of the substances are classified as hard narcotics, like heroin, but the use of thesae is very limited as they are usually not commercially available. Other smoking include pipes, cigars, bides, hookahs, and bongs.

II. Research Methodology
The methodology of the research indicates the general pattern for organising the produce to be used to collect and analyse the data to accomplish the research objective and to test the research hypothesis. It included research approach design, variables under study, the setting, population, sample technique, development and description of tools, pilot study, data collection procedure, plan for data analyse for the present study.

RESEARCH APPROACH
Research approach is a vehicle for hypothesis testing or answering questions, it involves a plan as well as Structure and Strategy. The purpose of the present study was to assess the knowledge of adolescent boys regarding ill effects of cigarette smoking.
A study to assess the effectiveness of structured teaching on knowledge regarding ill effect of cigarette smoking among adolescent boys in selected college Moradabad
Trecce (1982), the research approach is an umbrella that covers the basic procedure for conducting research.
Wises (1972), the silent purpose of evaluate is to measure the effectiveness against objectives.
In this study quantitative research approach was used.

RESEARCH DESIGN
The research design is the master plan specifying the method s and procedure for collecting and analysing the needed information in the research study.
The research design is a plan of how, when and where data to be collected and analysed.

Polit and Hungler, (2005), the research design as the overall for collecting and analysing data including specification for enhancing the internal and external validity of the study
Denise F. Pilot |& Cheryl Tantano Beck (2006), research of the researcher overall plan for obtaining answer to the questions being studied and for handling some of the difficulties encounter during the research process.

Since the present study aimed at evaluating the effectiveness of structured teaching programme on knowledge regarding ill effects of cigarette smoking among adolescent boys in selected college Moradabad.
The descriptive research design adopted & can be presented as- Diagrammatic representation of the research design

Pre test	Treatment	Post test
P1	X	P2

The interpretation of the symbol are as follows

P1------------------------X --------------------------- P2
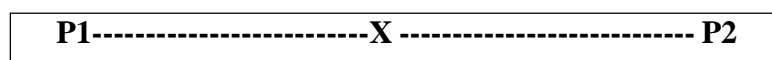
P1 = pre-test regarding ill effect of cigarette smoking before structured teaching programme.
X = structured teaching programme regarding ill effects of cigarette smoking.

P2= post-test regarding ill effects of cigarette smoking after administration of structured teaching programme.
Diagrammatic representation of research design. Group adolescent boys
Week 1 Knowledge test regarding ill effects of cigarette smoking.

Group	Week-1	Week-2	Week-3
Adolescent boys	Knowledge test regarding the ill effects of cigarette smoking.	Structured teaching programme given to increase the knowledge of adolescent boys regarding ill effects of cigarette smoking.	Post-test regarding knowledge of adolescent boys after administration of structured teaching programme.

The design indicated that the pre-test was administered before conducting structured teaching programme. In 3 weeks after the administration of structured teaching programme, a post test of knowledge of adolescent boys regarding ill effects of cigarette smoking was conducted.

SAMPLE
Sample is a subset of population that is selected for a particular study and member of the sample.
Pilot and Hungers (1999), sample is the small portion of population, selected to particulate in research study.

SAMPLE TECHNIQUE
The sampling technique was used for the present study which is a random simple sampling. All the adolescent boys who are studying in selected college, Moradabad, present during the period of data collection.
SAMPLE SIZE
The sample size was 50 students, studying in selected hospital, Moradabad.

VARIABLES UNDER STUDY
According to **Burn's N and Groove S.K (2001**), variable are qualities properties or characteristics of person, things or situation that change or vary.
According to **Pilot and Hungler (1999),** a variable is, as the name implies, something that varies. A variable is a quality of an organisation, group or situation that takes different values.

INDEPENDENT VARIABLE
*   Structured teaching programme on ill effects of cigarette smoking.

DEPENDENT VARIABLE
*   Knowledge of adolescent boys regarding ill effects of cigarette smoking.

RESEARCH SETTING
According to **Pilot and Hungler (1999),** the setting are the physical location and location and condition in which data collection takes place in study.
This study was conducted in Parker College Moradabad.

POPULATION
The need for defining the population for the research project arises from the requirement to specify group to which the result of the study applied.
According to Pilot and Hungler (1999), population refers to the entire aggregate of the cases that meet a designed set of Criteria.

TARGET POPULATION
Target population refers to the entire group of individuals or object to which researcher are interested in generalizing the conclusion.
In this study the target population was adolescent boys studying in the selected colleges of Moradabad.

CRITERIA FOR SELECTION OF SAMPLE INCLUSIVE CRITERIA
*   Adolescent boys who are studying in Parker college Moradabad.
*   Adolescent boys who know English and Hindi.

EXCLUSIVE CRITERIA

• Adolescent boys who are not willing to participate in the study.

DEVELOPMENT OF TOOLS

• The tools for our study has been developed by:
• Reviewing of the structured questionnaire of related topic.\
• Consulting with the group guide.
• Investigation through personal knowledge and experience.
• Reading journals and article related to ill effects of cigarette smoking.

SECTION – I

Distribution of sample according to their demographic variables Table 1: Distribution of samples according to their demographic variables

S NO.	Variables	Opts	Percentage	Frequency
1.	Age in year	13 - 14	20.0%	10
		15 – 16	68.0%	34
		17 – 18	12.0%	6
		19 – 20	0.0%	0
2.	Religion	Hindu	38.0%	19
		Muslim	58.0%	29
		Christian	4.0%	2
		Sikh	0.0%	0
3.	Area of Residence	Rural	52.0%	26
		Urban	48.0%	24
4.	Family History of Smoking	Yes	10.0%	5
		No	90.0%	45

(N =50)

Table summarizes that demographic characteristics of adolescents among 50, with regards to age (20%) were 13-14 years, (68%) were 15-16 years, (12%) were 17-18 years, with regards to religion, majority of the samples (38%) belongs to Hindu, (58%) were Muslims and (4%) were Christians.

Regarding area of residence (52 %) were rural area and (48%) were urban area. family history (90%) were no history of smoking and (10%) had history of smoking.
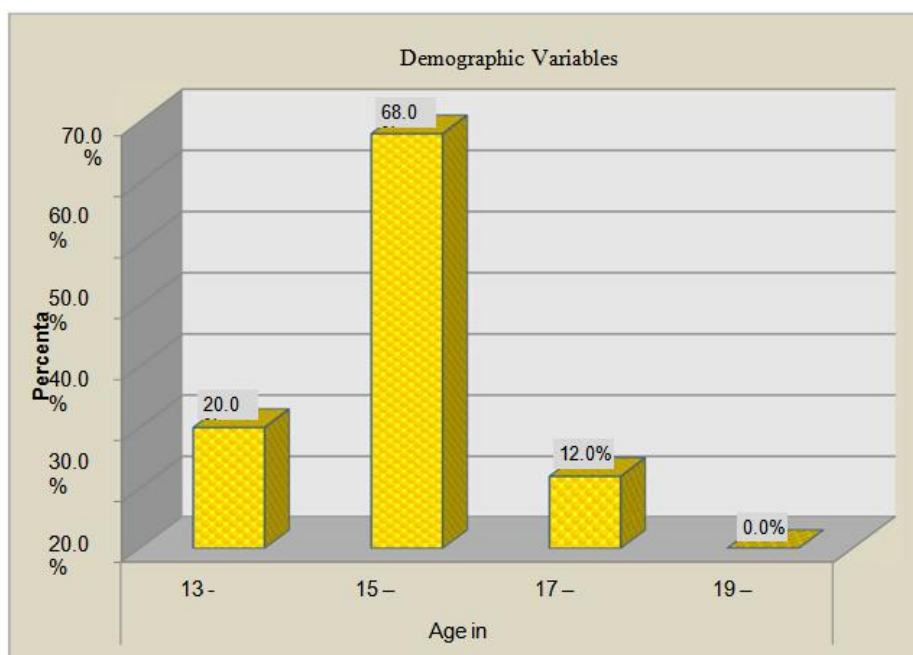
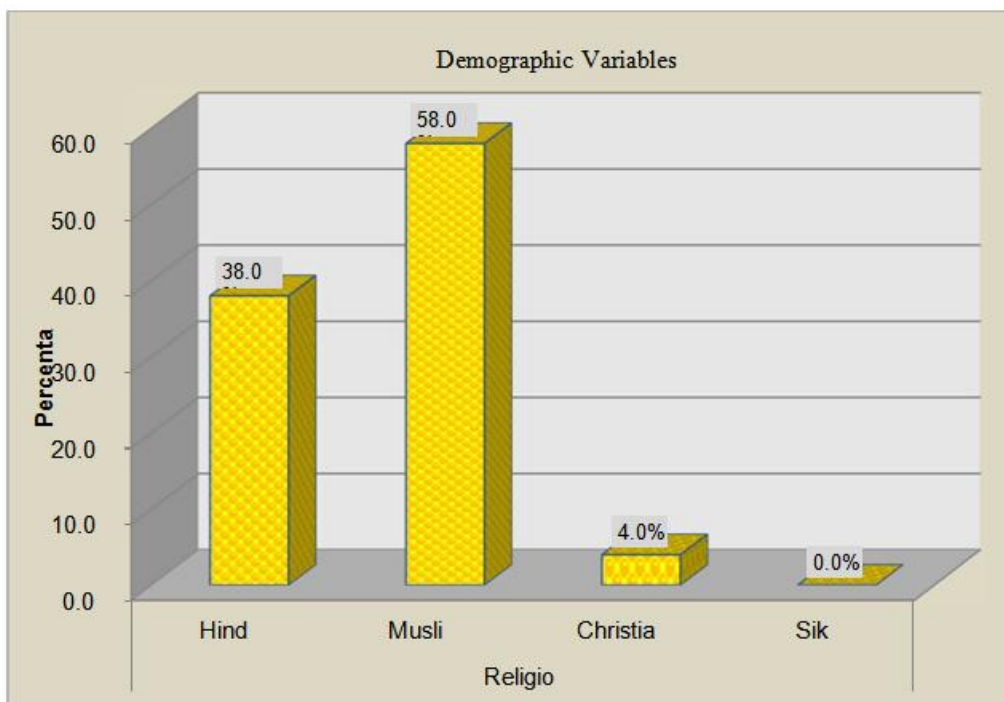**Figure 1: Distribution of samples according to their age**

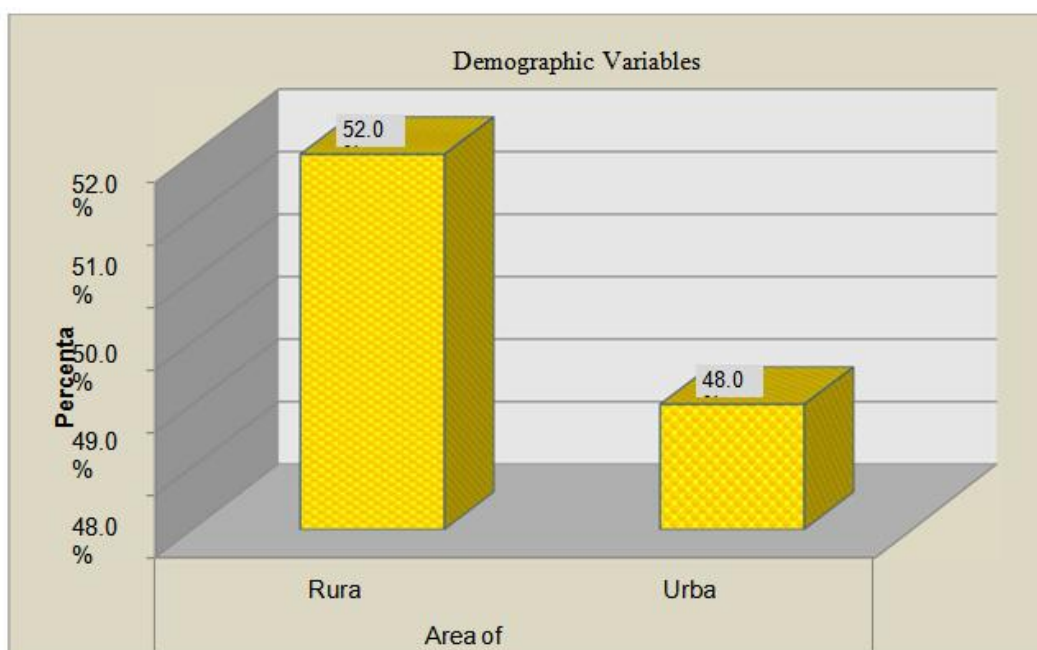**Figure 2: Distribution of samples according to their religion**

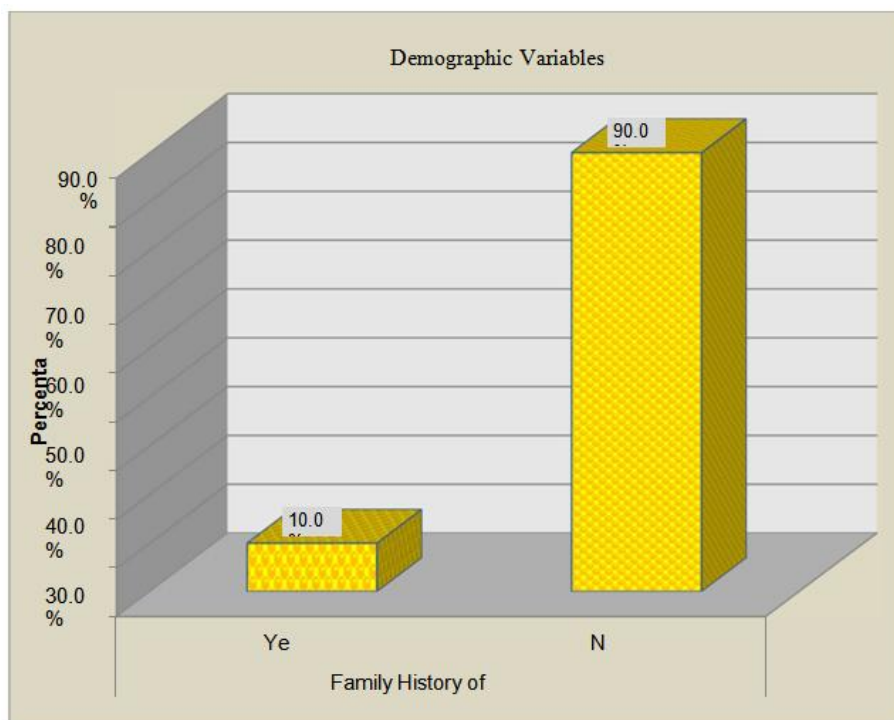**Figure No. 03: Diagram showing the percentage of area of Residence.**

Figure No 04: Diagram showing the percentage of family history of smoking.

SECTION II
Evaluation of effectiveness of structured teaching programme.
Table 2: **Distribution of samples according to their pre-test level of scores**

Score Level (N= 50)	PRETEST (F%)
POOR.(0-11) ≤33%	5(10%)
AVERAGE.(12-22) 34-66%	34(68%)
GOOD.(23-32) 67-100%	11(22%)

Maximum Score=32 Minimum Score=0

Table depicts that, the pre-test level of knowledge score. Majority (68%) of adolescent had average knowledge, (22 %) have the good knowledge and (10%) had poor knowledge.
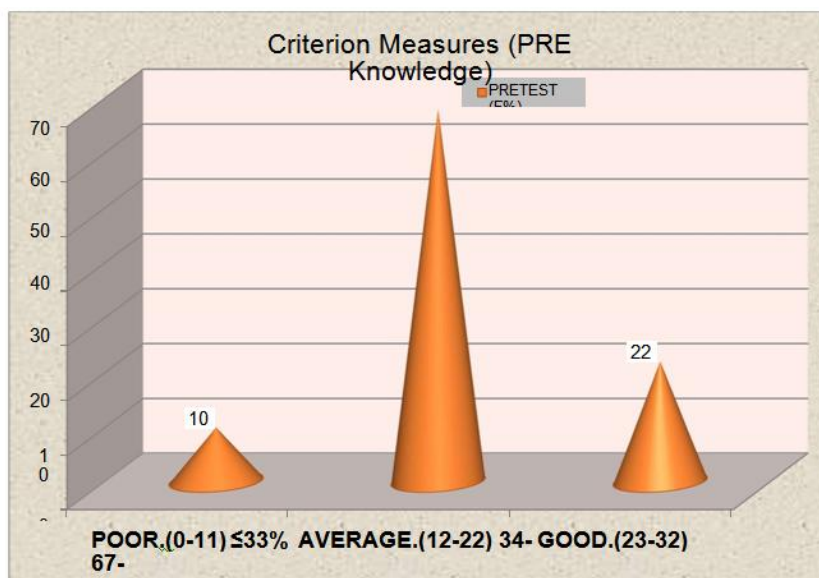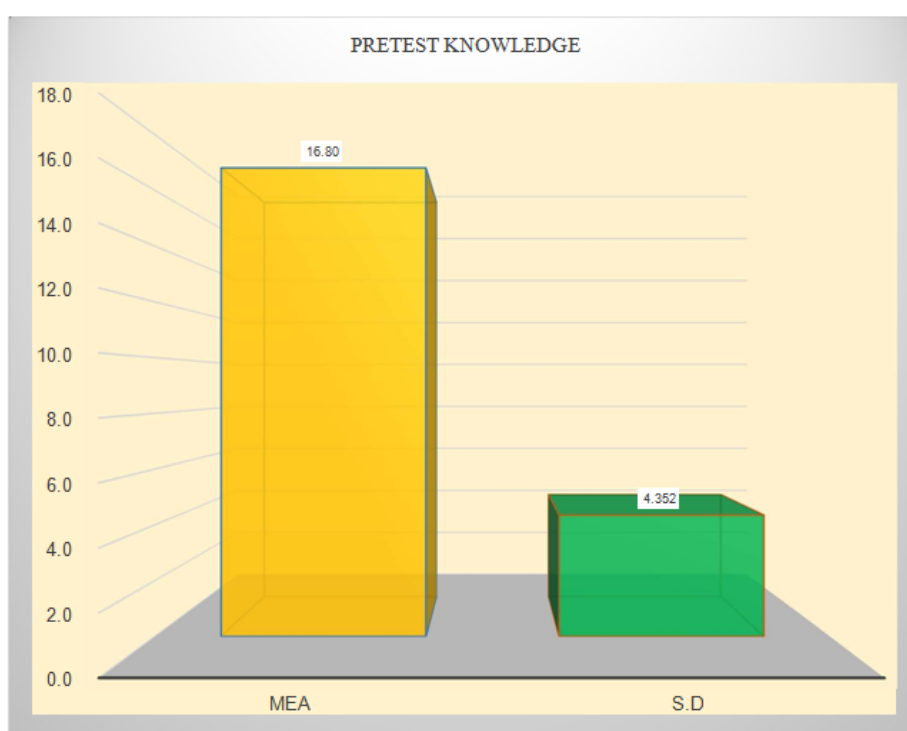

Figure No 5: Diagram showing Level of Scores. Table No 3: Descriptive Statistics table

Table No 3: Descriptive Statistics table

N= 50

Descriptive Statistics	Mean	S.D.	Median Score	Maximum	Minimum	Range	Mean %
PRETEST KNOWLEDGE	16.80	4.352	17	26	9	17	52.50
Maximum=	32		Minimum=	0			

Table depicts that, the mean pre-test knowledge scores percentage is (52.50%) of the adolescent boys and standard deviation is 4.352.

Figure No 6: diagram showing Individual Scores

Table No 4: Distribution of samples according to their post-test level of scores.

Score Level (N= 50)	POSTTEST (F%)
POOR.(0-11) ≤33%	1(2%)
AVERAGE.(12-22) 34-66%	17(34%)
GOOD.(23-32) 67-100%	32(64%)

Maximum Score=32 Minimum Score=0

Table depicts that, the post test level of knowledge. Majority (64%) of adolescent had good knowledge, (34 %) have the average knowledge and (2%) had poor knowledge.
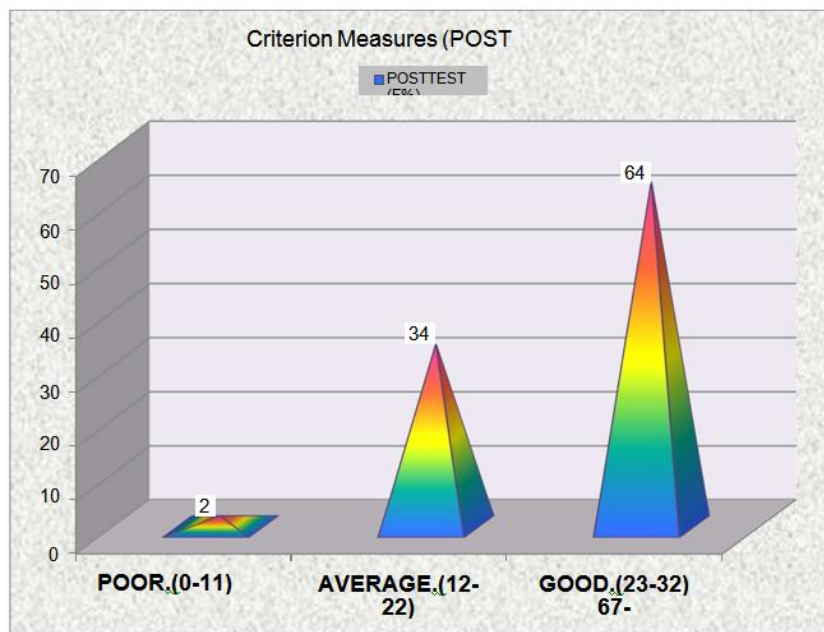
Figure No 7: Diagram showing Level of Scores

Table No 5: Descriptive Statistics table

				N=	50		
Descriptive Statistics	Mean	S.D.	Median Score	Maximum	Minimum	Range	Mean %
POSTTEST KNOWLEDGE	21.56	4.357	22	30	8	22	67.40
	Maximum=	32	Minimum=	0			

Table depicts that, the mean post -test knowledge scores percentage is (67.40%) of the adolescent boys and standard deviation is 4.357.
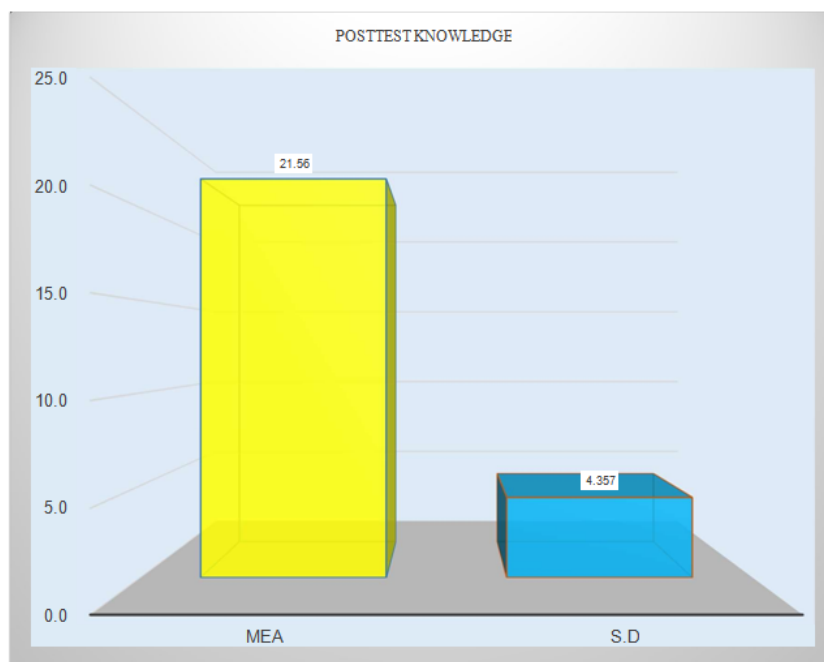

**Figure No 8:** diagram showing Individual Scores

Table No 6: Table Showing Level of Scores

CRITERIA MEASURE OF KNOWLEDGE SCORE

Score Level (N= 50)	PRETEST (F%)	POSTTEST (F%)
POOR.(0-11) ≤33%	5(10%)	2(2%)
AVERAGE.(12-22) 34-66%	34(68%)	17(34%)
GOOD.(23-32) 67-100%	11(22%)	32(64%)

Maximum Score=32 Minimum Score=0

Table depicts that, the pre-test and post-test level of knowledge score. Majority (68%) of adolescent had average knowledge, (10%) had poor knowledge In the post test majority (64%) had good knowledge and (34%) of them scored average level of knowledge & having (2 %) poor level of knowledge.

The above findings summarize that, the structured teaching programme had significant beneficial effect in the level of knowledge among adolescent boys.
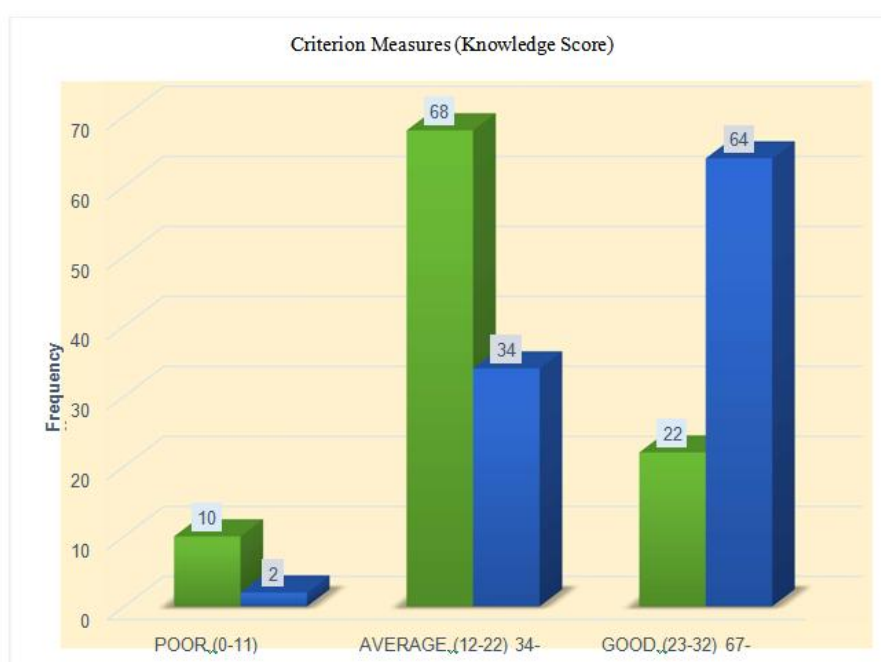
Figure No 9: Diagram showing Level of Score

Table No 7: Comparison of PRE and POST Scores

							N=50
Paired T Test	Mean±S.D.	Mean%	Range	Mean Diff.	Paired T Test	P value	Table Value at 0.05
PRETEST KNOWLEDGE	16.8±4.352	52.50	9-26	4.760	9.807 *Sig	<0.001	2.01
POSTTEST KNOWLEDGE	21.56±4.357	67.40	8-30				

** Significance Level 0.05   Maximum=32 Minimum=0

The above table depicts comparison of mean pre-test and post-test knowledge level on cigarette smoking. The post-test mean score (21.56) was high when compared to the pre-test mean (16.8). The obtained t value (9.807) was greater than table value at 0.05 level of significance, which shows that there is significant difference between pre-test and post-test level of knowledge regarding cigarette smoking among adolescent boys. Hence, the formulated research hypothesis H_1 was accepted.
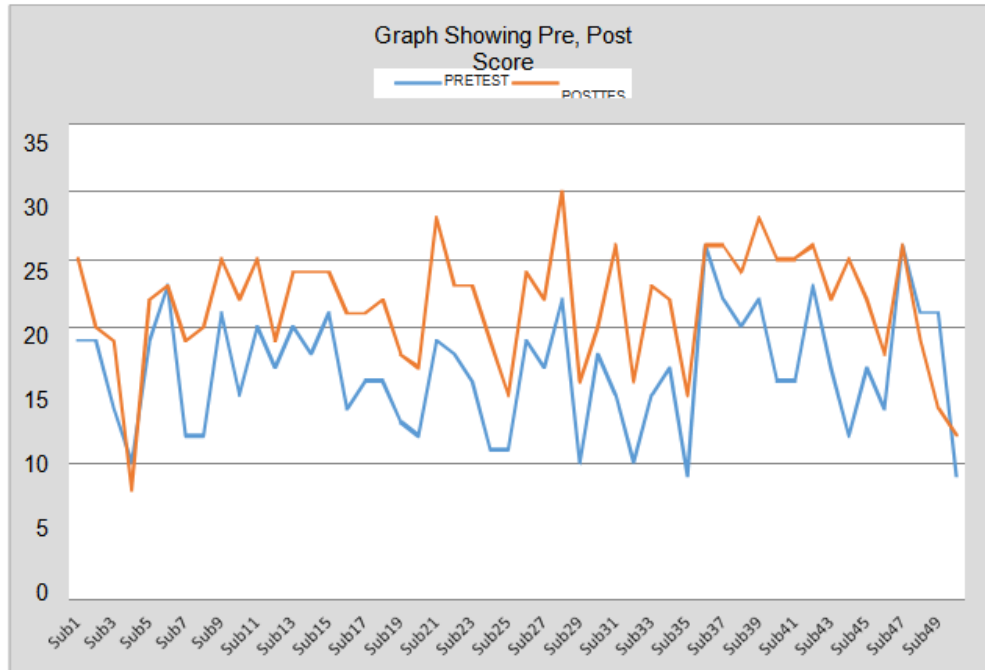
Figure No 10: Line diagram showing Individual Scores
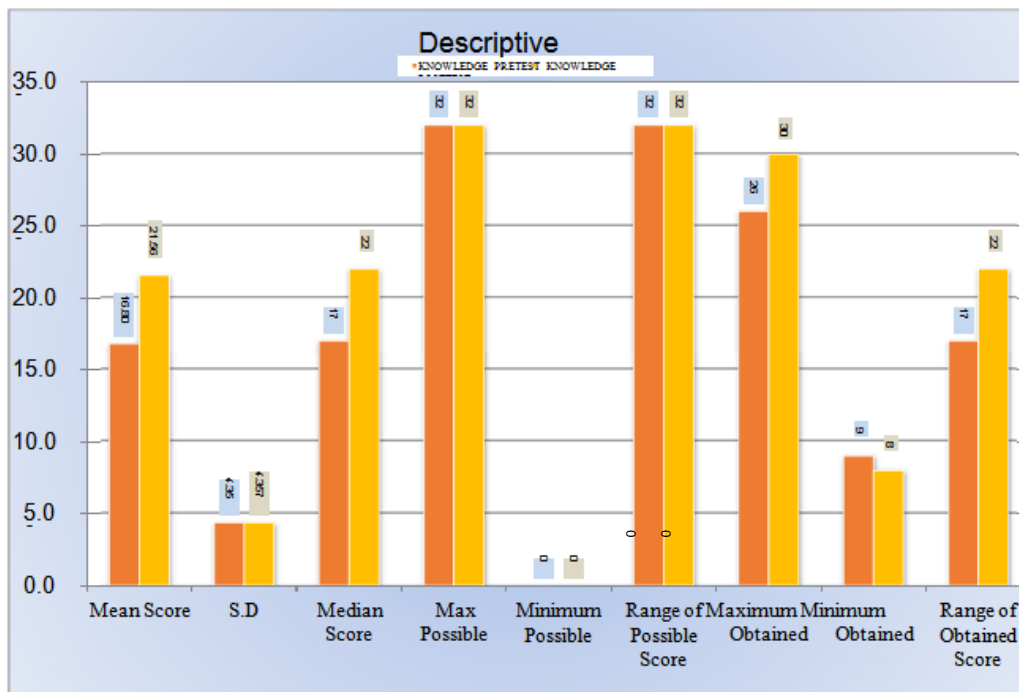
Figure No 11: Diagram showing descriptive statistics
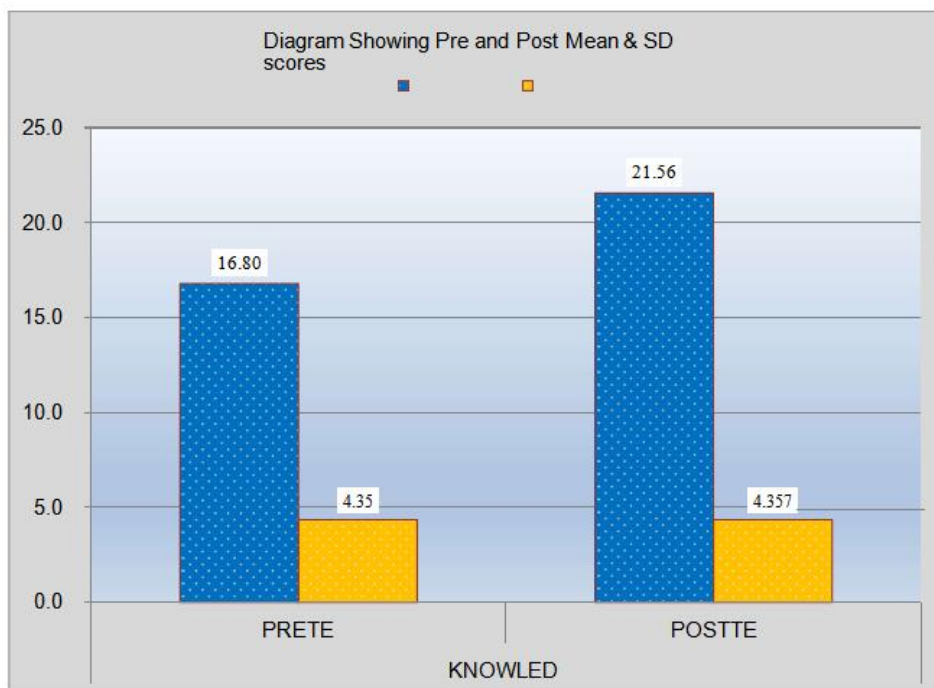
Figure No 12: Diagram Showing Mean and SD Score

Table No. 8

Mean%	Pretest Knowledge	Posttest Knowledge	Difference	Pretest Knowledge Score %	Posttest Knowledge Score %	Difference %
				Diagram Showing Individual Score Gain(Effectiveness)		
Average	16.80	21.56	4.76	52.50	67.38	14.88

The above table depicts showing the effectiveness of structured teaching on knowledge regarding ill effects of cigarette smoking. The pre-test and post-test knowledge difference mean score is (14.88) .

Figure No 13: Diagram Showing Mean Percentage Scores

SECTION III
Association of score with their selected demographic variables
Table No 9: Table Showing Association of Scores and Demographic Variables
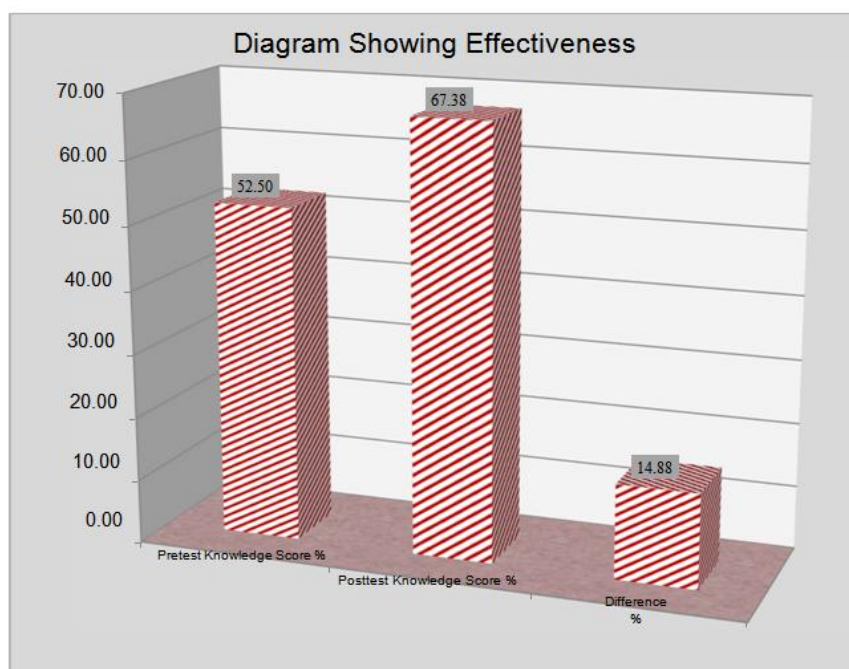This section deals with the findings related to the association between score and selected demographic variables. The chi-square test was used to determine the association between the score levels and selected demographic variables

Association Of Pretest Test Knowledge Scores Of With Selected Socio-Demographic Variables.									
Variables	**Opts**	**GOOD**	**AVERAGE**	**POOR**	**Chi Test**	**P Value**	**df**	**Table Value**	**Result**
Age in year	13 - 14	1	8	1	2.014	0.733	4	9.488	Not Significant
	15 – 16	8	22	4					
	17 – 18	2	4	0					
	19 – 20	0	0	0					
Religion	Hindu	1	16	2	6.859	0.144	4	9.488	Not Significant
	Muslim	10	16	3					
	Christian	0	2	0					
	Sikh	0	0	0					
Area of Residence	Rural	9	13	4	8.070	0.018	2	5.991	Significant
	Urban	2	21	1					
Family History of Smoking	Yes	2	3	0	1.426	0.490	2	5.991	Not Significant
	No	9	31	5					

The above table depicts the association of adolescent boys knowledge on cigarette smoking and its prevention with their age, the calculated value of chi-square (2.014) was less than the table value at 0.05 level of significance. So there is a no significant association exist between the ages of cigarette smoking with their knowledge

The above table depicts the association of adolescent boys knowledge on cigarette smoking with their religion, the calculated value of Chi-square (6.859) was less than the table value at 0.05 level of significance. So there was no significant association exist between the religion of family with their knowledge

The above table depicts the association of adolescent boys knowledge on cigarette smoking with their area of residence, the calculated value of chi-square (8.070) was more than the table value at 0.05 level of significance. So there was significant association exist between the area of residence with their knowledge.
The above table depicts the association of adolescent boys knowledge on cigarette smoking with family history of smoking, the calculated value of chi-square (1.426) was less than the table value at 0.05 level of significance. So there was no significant association exist between the family histories of smoking with their knowledge.

III. Discussion

Adolescent is a time of rapid physical, emotional, cognitional and social change. Additionally, this is period that is critical to the development of behaviour and attitude related to diet, exercise, sexual practice, habits of using tobacco and alcohol. Annual smoking costs are more than$289 billion. We lose at least $ 157 billion yearly in productivity costs when smokers get sick and die early. Today's smokers are more likely to develop lung cancer than smokers 50 years ago. Cigarette smoking is the Number 1 cause of lung cancer. Nearly 9 out of 10 lung cancers are caused by smoking.

The present study was designed to assess the effectiveness of structured teaching programme on knowledge regarding ill effects of cigarette smoking and its among adolescent boys in a selected college at Moradabad.

To find out the effectiveness of Structured Teaching Programme, the investigator adopted descriptive research design with pre-test post-test and 50 adolescent boys were selected through simple random sampling technique.

The finding of the study is discussed under the following:
The first objective was to assess the pre-test level of knowledge regarding ill effects of cigarette smoking among adolescent boys.

The major finding of this study was the majority (68%) of adolescent had average knowledge, (22 %) have the good knowledge and (10%) had poor knowledge A questionnaire on perceptions and practice of

tobacco use among adolescents of Mangalore city (2018). Study was designed, and data on tobacco usage were collected from 407 students aged 15–17 years, studying in various preuniversity colleges of Mangalore city, who had enrolled in Tobacco Free Kids Campaign. Data obtained was analysed using SPSS version 16.0, and descriptive statistics was applied. Out of the 407 children, 102 (25%) have tried cigarette smoking, while 7.9% have tried smokeless tobacco. Almost 14.3% of them attempted to buy tobacco products and the shopkeepers sold it to them. A major proportion of the adolescents, 81.1% of them, believe that smoking can definitely cause harm to health, while 66.1% of them were aware about the harmful effects of passive smoking. About 73.7% were in favour of the idea of banning smoking in all enclosed public places. The adolescent students of Mangalore city are relatively well aware of the ill effects of tobacco, but a small proportion of them still use tobacco in some form which cannot be ignored.

The second objective was to evaluate the effectiveness of structured teaching program on knowledge regarding ill effects of cigarette smoking among adolescent boys.

In case of post –test level of knowledge, mean score (26.73) was high when compared to the pre-test mean (16.8). The obtained t value (9.807) was greater than table value at

level of significance, which shows that there is significant difference between pre- test and post-test level of knowledge regarding cigarette smoking among adolescent boys. Hence, the formulated research hypothesis H1 was accepted.

Shah VR, et al., (2013) conducted a cross sectional study about the impact of ant tobacco warning labels on behaviour of tobacco users in one of the cities of Gujarat, India. Sample size was 776 tobacco users were enrolled in the study. The results revealed that, out of total 776 tobacco users, 561(72.3%) had ever noticed warning signals over the tobacco products. Among those who have noticed warning labels, 64.4% became aware about health effects and 66% have thought to quit tobacco. Tobacco users of young age group (15-45) were more aware regarding warning labels. Females were less aware. As level of education increases number of tobacco users who tried to quit or reduced the daily quantity of tobacco intake were also increases.

The third objective was to find out the association between pre and post-test knowledge.

Majority of samples, 68% were 15 to 16 years of age. Based on the religion, the 58% were belongs to Muslim. Among 52% of them are residing in rural area. Regarding family history among 90% of them having no history of smoking. In pre-test level of knowledge, out of 50 adolescents 22% having good level of knowledge 68% is having average level of knowledge. 10% having poor knowledge. In case of post –test level of knowledge, 64% having good knowledge, 34% having average level of knowledge & 2% having poor level of knowledge.

R. Ganesh. J, John, S. Saravanan, (2013), conducted a study to assess the socio- demographic profile of oral cancer patients at a cancer hospital in Chennai Tamil Nadu, India. Results shows a total of 266 oral cancer patients aged 21-60 years and above comprised the study population. Most of the study subjects belonged to the lower socio economic classes. About 48.5% of rural subjects had agriculture as a source of occupation and 28.6% of urban subjects were unskilled labourers. In both rural and urban subjects, majority, 94.9% and 71.9% had family income below Rs 5000. The percentage of illiterates was high in both rural and urban class (i.e.) 55.8% and 21.9%.

Byakodi. R, (2012), conducted a study to determine the prevalence of Oral Cancer in patients who attended the outpatient department, at Bharati Vidyapeeth Deemed University Dental College, Sangli, India during a period of 24 months in 2009-2010. About 35,122 subjects belonging to a semi-urban district of Sangli in Western Maharashtra (India) were screened. Tobacco and alcohol consumption was the common habit among the study population. Out of these about 112 cases showed Oral Cancer. The prevalence of Oral Cancer was 1.12%. Statistical analysis was done using the SPSS software 11. The findings in the study reveal a high prevalence of Oral Cancer and a rampant misuse of variety of addictive substances in the community. Close follow up and systematic evaluation is required in this population. Education about ill effects of tobacco and alcohol consumption is necessary at a broader scale.

IV. Summary

The present study was designed to assess the effectiveness of structured teaching programme on knowledge regarding ill effects of cigarette smoking among adolescent boys in a selected college at Moradabad (U.P.) To find out the effectiveness of Structured Teaching Programme, we adopted pre-experimental one group pre-test post- test design and 50 adolescent boys were selected through purposive sampling technique. Respondent characteristics are as follows ¾ The first objective was to assess the pre- test level of knowledge regarding ill effects of cigarette smoking among adolescent boys.

The study tested and proved the hypotheses H1 and H2 that, there was a significant improvement in the pre-test and post-test level of knowledge of adolescents who received structured teaching programme in Parker

College Moradabad.

Study samples consisted of 50 adolescent boys. simple random sampling technique was used for selection of samples. The tool consists of demographic variables of the samples and structured knowledge questionnaire regarding general knowledge about cigarette smoking, ill effects.

Major findings of the study: -

Majority of samples, 68% were 15 to 16 years of age. Based on the religion, the 58% were belongs to Muslim. Among 52% of them are residing in rural area. Regarding family history among 90% of them having no history of smoking. In pre-test level of knowledge, out of 50 adolescents 22% having good level of knowledge 68% is having average level of knowledge. 10% having poor knowledge. In case of post –test level of knowledge, 64% having good knowledge, 34% having average level of knowledge & 2% having poor level of knowledge.

V. Conclusion: -

The overall finding of the study clearly showed that the structured teaching programme was significantly effective in improving the knowledge scores of adolescent boys regarding ill effects of cigarette smoking. The result revealed that the structured teaching programme was used to enhance the knowledge of adolescent boys will improve the knowledge regarding ill effects of cigarette smoking. The study findings provide the statistical evidence which clearly indicate that Structured Teaching Programme has significant effect on the level of knowledge in adolescent boys.

IMPLICATIONS OF THE STUDY

Nurses can use the structured Teaching Programme as a best teaching method for imparting the knowledge in adolescents. The present study has several implications in Nursing practice, nursing education, Nursing administration and Nursing Research.

Implications for Nursing Practice

The nurses can play an important role on imparting preventive health care. Health education conducted by the nursing personnel in the college helps in imparting knowledge regarding ill effects of cigarette smoking and its prevention among adolescent boys. Staff Nurses can also educate the adolescent boys who visit the outpatient department or inpatient department and also do screening programme regarding cigarette smoking. This education will help the adolescent boys to understand in-depth about preventive measures of cigarette smoking. Thereby they can adopt healthy life style practices, which help to prevent the disease.

Implications for Nursing Education

Nursing education should prepare effective future nurses. Active participation of student nurses in conducting educational programmes to provide information regarding ill effects of cigarette smoking and its preventive measures. The nursing curriculum focuses more on the preventive aspect, the nurse must therefore, be prepared to identify the areas of knowledge deficit through the assessment of learning needs of adolescents.
Health information can be impaired through various methods like lecture, incidental teaching and mass media. Several educational strategies can be used to disseminate the health information like lecture, demonstration, flip chart, flash cards and hand out etc, which would make it interesting and helps to gain adequate knowledge. Nurses have to involve themselves in the areas of health practices which helps to lead a healthy life involve themselves in the areas of health practices which helps to lead a healthy life.

Implications for Nursing Administration

Nurse administrators are responsible to identify the nature of the problem and organize programme related to health promotion to the target people. The study assists the nursing administrative authorities to initiate and carry out health education programme in health care settings. Nurse administrator can also take the initiative in imparting health information through different effective methods. They have to support and encourage the nursing students to participate in health promotion activities. Individual and group teaching can be arranged for adolescent boys.

Implications for Nursing Research

Nurses being the major focus in the health care delivery system must take the initiative in conducting research on significant health care problem among the vulnerable groups in community, especially adolescent boys. These researchers will help to prevent mortality and morbidity caused by any preventable illness such as Cancer, heart attack, impotence etc. Nurse researcher can conduct studies to determine the effectiveness of education in terms of cigarette smoking. Most researchers can be done on prevention of innovative methods of

teaching preparation of effective teaching materials, focusing on interest, quality and cost effectiveness.

Limitations of the study
- The study was conducted to only one group of 50 students in a selected Parker College at Moradabad.
- The study did not use a control group.

Recommendations
- The similar study can be replicated with larger sample with different demographic characteristics.
- The similar study can be done in different settings.
- The comparative study can be conducted to determine the knowledge of different age groups on cigarette smoking.
- The comparative study can be conducted to assess the knowledge of urban and rural adolescents regarding cigarette smoking.
- The similar study can be conducted by using different modalities.

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