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A Study to Assess Prevalence of Tobacco Use Among Adolescents and Assess the Effectiveness of Structured Teaching Program Regarding Ill Effects of Tobacco Use and Its Prevention Among Adolescents in Selected Community of New Delhi

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Abstract

Introduction: *Tobacco use among adolescents has become a global challenge and it is reaching pandemic levels. The objectives of the study were: (a) to assess the prevalence of tobacco use among adolescents in a selected community of New Delhi; (b) To provide an organised education programme on the negative effects of tobacco smoking and how to prevent it for teenagers in a chosen New Delhi community; (c) to determine whether the organised education approach was successful in increasing adolescent knowledge of the negative effects of tobacco use and how to prevent it, and (d) to determine whether the pre-test knowledge score correlates with the chosen demographic variables for teenagers.* ***Materials and Methods:*** *The research approach selected for this was quantitative research approach. The present study employs a two-phase research design.* ***Phase I:*** *A descriptive, non-experimental study, and* ***Phase II:*** *A preliminary, one-group, pre-test, post-test study. The sample was adolescents between 13 and 19 years of age. In Phase I, 200 adolescents were selected by purposive sampling technique and 118 adolescents were identified cases selected by total enumeration sampling technique in phase II. The instruments utilized in the study included a structured prevalence questionnaire, a structured knowledge questionnaire, and a structured teaching program. The pilot study was conducted to ascertain feasibility of the study.* ***Result and Conclusion:*** *The results of Phase I revealed that majority of adolescent are at risk of prevalence regarding tobacco use among adolescents. An organised teaching strategy was shown to be beneficial in terms of knowledge gain as the mean pre-test knowledge score significantly correlated with a chosen demographic factor.*

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Keywords: Adolescents, tobacco, structured teaching programme, Delhi

INTRODUCTION

World Health Organization (WHO) refers to tobacco as a harmful or hazardous substance and this includes smoke and smokeless tobacco [1]. According to the National Drug Dependence Treatment Centre (NDDTC), in the year 2013, it was

reported that majority (83.2%) of adolescents were tobacco users [2]. The dangers of tobacco smoking are greatest for people who begin young and use it frequently. In order to prevent this vulnerable group from succumbing to this addiction, quick action must be taken given the early age of initiation. Peer pressure, parental smoking practises, pocket money given to kids, and nicotine's cheap availability are the most frequently mentioned reasons why kids start using tobacco [3].

A study was conducted by Ibrahim that revealed that 78.23% of adolescents were aware of effects of smoking but 39.83 and 14.78% thought it would lead to lung disease and heart disease respectively. 7.8% of smokers were aware that smoking leads to cancer [4]. Use of tobacco negatively impacts one's health. Presently, India accounts for nearly one-fifth of all tobacco-related deaths worldwide. There are more than 8 lakh tobacco-related fatalities and 12 million tobacco-related illnesses. Tobacco-related mortality in India is projected to rise from 1.4% in 1990 to 13.3% in 2020. In India, there are about 5,500 smokers every day [5].

METHODOLOGY

This study was approved by ethical committee of the Holy Family Hospital and Sahasi NGO in Taimoor Nagar. The current study was carried out in New Delhi's Taimoor Nagar. The study was conducted in two phases: Phase I: To assess prevalence of tobacco use among adolescents. Phase II: to evaluate the success of an organised education programme in helping teenagers learn about the dangers of tobacco use and how to avoid them. It was done using a quantitative research approach. In the research 200 adolescents were selected in Phase-I and 118 adolescents in Phase-II with the help of purposive sampling technique. Phase II employed the total enumeration sample technique. Adolescents who are able to understand Hindi or English and willing to participate in the study were included and those who were not available during the time of data collection were excluded. Before beginning the study, informed consent was obtained.

For determining prevalence, a self-administered structured questionnaire was used. It was divided into two sections (Section A and Section B). Section A consisted of 12 questions based on socio-demographic variables of adolescents. Section B consisted of six questions regarding prevalence of tobacco use among adolescents. (Appendix-1). Total score was 69, the maximum score was 69 and minimum score was 0. For every ‘yes’ for tobacco use 1 was marked and for every ‘no’ for tobacco use 0 was marked. In frequency questions for ‘never tried tobacco’, 0 was marked, for ‘once tried tobacco’, 1 was marked, for ‘occasionally tried tobacco’ 2 was marked, for ‘weekly taking tobacco’ 3 marks were given and for ‘daily taking tobacco’ 4 marks were given.

Knowledge Questionnaire

Consists of 23 multiple choice questions related to ill effects of tobacco use and its prevention. The range of scoring was 0–23. The interpretation of knowledge questionnaire was based on the scoring which stated that for those who scored between 0 and 7 were considered to have poor knowledge, those who scored between 8 and 15 were considered to have average knowledge and those who scored between 16 and 23 were considered to have good knowledge.

Structured Teaching Programme

A structured teaching program content was prepared on the basis of review of research articles, WHO guidelines, and from a discussion with experts and consultation with the guides. Blue print is given Table 1.

All the tools were validated before the start of the study. Content validity of prevalence assessment questionnaire was done by 13 experts from the field of psychiatry and community and from the medical-surgical, nursing and psychology, A pilot study was carried out to check the items' clarity, viability, and practicability.

Table 1. Content of the lesson plan.

Section	Content
1.	Introduction tobacco
2.	Definition
3.	Epidemiology of tobacco use
4.	Tobacco products and method
5.	Risk factors of tobacco use
6.	Second hand smoking and its effects
7.	Awareness about governments plans and scheme
8.	WHO measures in tobacco use
9.	Health effects from tobacco use
10.	Benefits of quitting smoking
11.	Pharmacological and non-pharmacological measures to prevent from tobacco use effects

PROCEDURE FOR DATA COLLECTION

Phase I

Final approval was obtained from the appropriate authority, namely the Holy Family Hospital's ethics committee and the Sahasi NGO in Taimoor Nagar.

200 adolescents were chosen for the study using a purposive sample technique in Phase I in order to investigate the prevalence of tobacco use among adolescents. All participants gave their informed consent after being told of the study's goals and purposes. Confidentiality of adolescents was assured. Prevalence questionnaire was given to all the participates to assess the prevalence of tobacco use, data was collected from 50 samples at a time, total 4 days were taken and average time that was taken was 10–15 min.

Phase II

The structured knowledge questionnaire and structured teaching program was developed regarding ill effects of tobacco use and its prevention for adolescents who were taking tobacco i.e., 118 and they were selected by a total enumeration sampling technique. The administered structured knowledge questionnaire took 10–15 min to fill. The structured questionnaire and the structured teaching program were organized and administered on the same day, a total of four sessions were taken for intervention. On the 7th day, post-test was performed. Data of pre- test and post-test were analysed using SPSS version 20.

RESULTS

Demographic profiles of the subjects are mentioned in the Table 2.

Table 3 shows that out of 200 adolescents, more than half of the adolescents 59% (118) had tried or experienced a tobacco product and 41% (42) had not tried or experienced a tobacco product. Approximately half of the adolescents 51% (102) used tobacco within the last 30 days and 49% (98) had not used tobacco within last 30 days. One third of the adolescents 41% (82) had never used tobacco within last 30 days and 6.5% (13) had used tobacco once within last 30 days. One third 41% (82) of adolescents had never used tobacco, 5% (10) of adolescents had tried tobacco once, 25.5% (51) had consumed tobacco daily, 2.5% (5) had used tobacco hourly. More than half, i.e., 58% (116) of adolescents had not consumed cigarettes and 18% (36) had tried cigarettes once. More than half, i.e., 60% (120) of adolescents had not consumed beedi and 22% (36) had tried beedi once. More than half, i.e., 60% (120) of adolescents had not consumed hookah, 15% (30) had tried hookah once and 2.2% (5) had consumed hookah daily. A majority, i.e., 92% (184) of adolescents had not consumed chillam and 7% (3.5) had tried chillam once. A majority, i.e., 93.5% (187) of adolescents had not consumed chirut

Table 2. Socio-demographic profile of the samples.

S.N.	Demographic variable	Categories	Frequency	Percentage
1	Age (years)	13–14	73	36.5%
		15–16	76	38%
		17–19	51	25.5%
2	Gender	Male	140	70%
		Female	60	30%
3.	Religion	Hindu	146	73%
		Muslim	21	10.5%
		Christian	11	5.5%
		Other	22	11%
4.	Marital status of parents	Living together	158	79%
		Divorced	15	7.5%
		Separated	15	7.5%
		widowed	12	6%
5.	Type of education	Regular	71	35.5%
		Correspondence	28	14%
		School drop	54	27%
		Never attended school	47	23.5%
6.	Residence	Urban	200	100%
		Rural	0	0%
		Semi urban	0	0%
		Slums	0	0%
7.	Type of family	Joint family	74	37%
		Nuclear family	124	62%
		Extended family	2	1%
8.	Family income per month (Rs.)	<10000	138	69%
		10000–20000	56	28%
		20001–30000	4	2%
		>30000	2	1%
9.	Per month pocket money (Rs.)	100–200	85	42.5%
		200–300	13	6.5%
		>300	33	16.5%
		Usually don’t get pocket money	69	34.5%
10.	Hobbies	Sports	82	41%
		Art and craft	16	8%
		Reading and writing	31	15.5%
		Others	71	35.5%
11.	Previous knowledge regarding ill effects of tobacco	Yes	52	26%
		No	148	74%
12.	If yes, then through which media	Television	15	7.5%
		Radio	11	5.5%
		Newspaper/magazines	14	7%
		Internet	12	6%

Table 3. Frequency and percentage distribution of selected variables adolescents in relation to prevalence variables, N=200.

S.N.	Prevalence variable	Categories	Frequency	Percentage
1	Tried or experimented with tobacco product	Yes	118	59%
2	Tobacco used within last 30 days	Yes	102	51%
		No	98	49%
		Never tried	82	41%
		Tried once	13	6.5%
		Occasionally	20	10%
		Weekly	31	15.5%
		Daily	49	24.5%
		No. of times per day	5	2.5%
3.	Frequency of tobacco use	Never	82	41%
		Tried once	10	5%
		Occasionally	16	8%
		Weekly	36	18%
		Daily	51	25.5%
		Hourly	5	2.5%
4.	Cigarette	Never	116	58%
		Tried once	36	18
		Occasionally	8	4%
		Weekly	13	6.5%
		Daily	27	13.5%
		No. of times per day		
		1 times	16	59.25%
		2 times	10	37.03%
		3 times	1	3.703%
		4 times	0	0%
5.	Beedi	Never	120	60%
		Tried once	44	22%
		Occasionally	16	8%
		Weekly	5	2.5%
		Daily	15	7.5%
		No. of times per day		
		1 times	12	80%
		2 times	2	13.33%
		3 times	1	6.66%
		4 times	0	0%
6.	Hookah	Never	143	71.5%
		Tried once	30	15%
		Occasionally	19	9.5%
		Weekly	3	1.5%
		Daily	5	2.5%
		No. of times per day		
		1 times	4	80%
		2 times	1	20%

		3 times	0	0%
		4 times	0	0%
7.	Chilam	Never	184	92%
		Tried once	7	3.5%
		Occasionally	5	2.5%
		Weekly	2	1%
		Daily	2	1%
		No. of times per day		
		1 times	2	100%
		2 times	0	0%
		3 times	0	0%
		4 times	0	0%
8.	Chirut	Never	187	93.5%
		Tried once	4	2%
		Occasionally	5	2.5%
		Weekly	1	0.5%
		Daily	3	1.5%
		No. of times per day		
		1 times	1	33.33%
		2 times	2	66.66%
		3 times	0	0%
		4 times	0	0%
9.	Cigar	Never	193	96.5%
		Tried once	2	1%
		Occasionally	4	2%
		Weekly	1	
10.	Paan	Never	139	69.5%
		Tried once	29	14.5%
		Occasionally	24	12%
		Weekly	4	2%
11.	Khaini	Daily	4	2%
		No. of times per day		
		1 times	3	75%
		2 times	1	25%
		3 times	0	0%
		4 times	0	0%
		Never	182	91%
		Tried once	4	2%
		Occasionally	13	6.5%
		Weekly	1	0.5%
12.	Gutka	Never	158	79%
		Tried once	8	4%
		Occasionally	18	9%
		Weekly	13	6.5%
		Daily	3	1.5%
		No. of times per day		
		1 times	2	66.66%

		2 times	1	33.33%
		3 times	0	0%
		4 times	0	0%
13.	Supari	Never	95	47.5%
		Tried once	6	3%
		Occasionally	41	20.5%
		Weekly	24	12%
		Daily	34	17%
		No. of times per day		
		1 times	7	20.5%
		2 times	21	61.7%
		3 times	6	17.64%
		4 times	0	0%
14.	Pan masala	Never	165	82.5%
		Tried once	16	8%
		Occasionally	4	2%
		Weekly	8	4%
		Daily	7	3.5%
		No. of times per day		
		1 times	6	85.7%
		2 times	1	14.2%
		3 times	0	0%
		4 times	0	0%
15.	Sukha tobacco	Never	181	90.5%
		Tried once	8	4%
		Occasionally	9	4.5%
		Weekly	2	1%
16.	Family members consumes tobacco	Yes	116	58%
17.	Tried to quit tobacco	Yes	65	32.5%

and 2.5% (5) had consumed chirut occasionally. A majority of 96.5% (193) of adolescents had not consumed cigar and 2% (4) had consumed it occasionally. More than half 69.5% (139) of adolescents had not consumed paan and 14.5% (29) had tried cigarettes once. More than half, 91% (182) of adolescents had not consumed khaini and 6.5% (13) had consumed khaini occasionally. More than half, i.e., 79% (158) of adolescents had not consumed gutka and 9% (18) had consumed gutka weekly. Approximately half, 47.5% (95) of adolescents had not consumed supari and 20.5% (41) had consumed supari occasionally. More than half, i.e., 82.5% (165) of adolescents had not consumed pan masala and 8% (16) had consumed pan masala tried once. A majority of 90.5% (181) of adolescents had not consumed sukha tobacco and 4.5% (9) had consumed sukha tobacco occasionally. More than half, 58% (116) of the adolescents had family members who consumed tobacco. More than half, 67.5% (182) of adolescents had tried to quit tobacco.

Table 4 shows the frequency and percentage distribution of prevalence of tobacco use among adolescents; majority of the adolescents i.e., 59% (118) comes under risk.

Finding of the Study (Phase-II)

This section describes the demographic characteristics of 118 adolescents (Table 5).

Table 4. Frequency and percentage distribution of prevalence of tobacco use among adolescents.

Score	Prevalence of tobacco use among adolescents	Frequency	Percentage
0–14	No risk	82	41%
15–29	Low risk	72	36%
30–44	Moderate risk	39	19.5%
45–59	High risk	7	3.5%

Table 5. Frequency and percentage distribution of demographic characteristics, N=118.

S.N.	Demographic variable	Categories	Frequency	Percentage
1	Age (years)	13–14	42	35.59%
		15–16	42	35.59%
		17–19	34	28.8%
2	Gender	Male	83	70.3%
		Female	35	29.6%
3.	Religion	Hindu	82	69.49%
		Muslim	14	11.8%
		Christian	6	5.08%
		Other	16	13.55%
4.	Marital status of parents	Living together	89	75.4%
		Divorced	11	9.32%
		Separated	9	7.62%
		Widowed	9	7.62%
5.	Type of education	Regular	37	31.35%
		Correspondence	19	16.10%
		School drop	33	27.9%
		Never attended school	29	27.96%
6.	Residence	Urban	118	100%
7.	Type of family	Joint family	31	26.27%
		Nuclear family	86	72.8%
		Extended family	1	0.8%
8.	Family income per month (Rs.)	<10000	91	77.11%
		10000–20000	24	20.33%
		20001–30000	2	1.69%
		>30000	1	0.84%
9.	Per month pocket money (Rs.)	100–200	48	40.67%
		200–300	11	9.32%
		>300	23	19.49%
		Usually don’t get pocket money	36	30.5%
10.	Hobbies	Sports	44	37.28%
		Art and craft	8	6.77%
		Reading and writing	21	17.79%
		Others	45	38.1%
11.	Previous knowledge regarding ill effects of tobacco	Yes	24	20.3%
		No	94	79.6%
12.	If yes, then through which media	Television	14	11.8%
		Radio	8	6.77%
		Newspaper/magazines	10	8.47%
		Internet	4	3.38%

Findings Related to the Knowledge Assessment Among Adolescents Regarding Ill Effects of Tobacco Use and Its Prevention

The data in Table 6 describes the frequency and percentage distribution of knowledge regarding ill effects of tobacco use and its prevention**.** The data revealed that most of them had poor knowledge i.e., 58 (49.15%); 56 (47.4%) had average knowledge and 4 (3.38%) had good knowledge regarding ill effects of tobacco use and its prevention.

Findings Related to the Effectiveness of the Structured Teaching Programme Regarding Ill Effects of Tobacco Use and Its Prevention Among Adolescents

Figure 1 shows that out of 118 adolescents, 49.15% (58) had poor knowledge, 47.4% (56) had average knowledge, 3.38% (4) had good knowledge regarding ill effects of tobacco use and its prevention before the structured teaching programme. More than half i.e., 83.05% (97) had good knowledge, 16.94% (20) had average knowledge and 0.8% had poor knowledge regarding ill effects of tobacco use and its prevention after the structured teaching programme.

The mean post-test knowledge score differs significantly from the mean pre-test knowledge score, as seen in Table 7. The pre-test knowledge score had a mean and standard deviation of 7.194 and 4.067, respectively. The mean and standard deviation of post-test knowledge score was 17.923 and 2.928 respectively. This shows that the knowledge score after the test regularly outperformed the pre-test score. The "Z" test was used to examine the pre-test and post-test knowledge scores. This shows that the structured educational programme was successful in raising the adolescents' level of awareness regarding the negative effects of tobacco use and its prevention.

Table 6. Frequency and percentage distribution of pre-test knowledge of adolescents regarding ill effects of tobacco use and its prevention, N=118.

Score of knowledge	Knowledge interpretation	Frequency	Percentage
16–23	Good	4	3.38%
8–15	Average	56	47.4%
0–7	Poor	58	49.15%

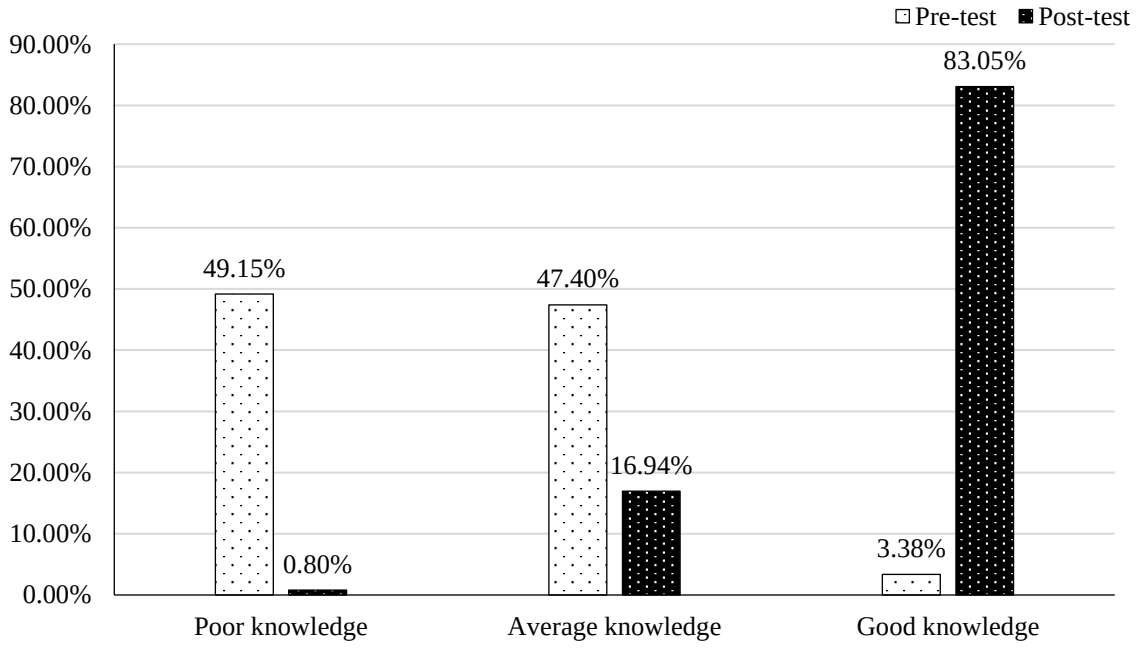

Figure 1. Bar diagram showing Effectiveness of structured teaching programme, N=118.

Table 7. Effectiveness of planned teaching programme regarding ill effects of tobacco use and its prevention.

S.N.	Test	Mean	Mean difference	Standard deviation	Z score	P value
1.	Pre-test	7.194	10.729	4.067	10.801	P≤0.05
2.	Post-test	17.923		2.928		

*Note: *significant at p≤0.05.*

DISCUSSIONS

The result of the present study shows that a majority of the subjects have risk in prevalence, more than half of the adolescents have tried or experienced tobacco products and approximately one-third have not tried or experienced a tobacco product. Approximately half of the adolescents have used tobacco within the last 30 days and approximately one third have not used tobacco within the last 30 days of this finding. These findings were in agreement with the studies conducted by Thakur [6], which concluded that majority of the participants were consuming tobacco supported by a study which was conducted by Roble and Osman [7]. That study revealed that out of 341 adolescents, more than half (95%) were current users of tobacco. Similar study was conducted by Hirani *et al.*, and results revealed that one-fourth of them had awareness about anti-tobacco messages, 35% adolescents were consuming tobacco, 47% adolescents attempted to quit tobacco in the last 1 year and 12.2% were unable to quit [8]. The result of the present study shows that a majority of the subjects have risk in prevalence i.e., 59% (118). 61.9% of adolescents had poor knowledge score, 36.1% had average knowledge score and 2% had good knowledge score regarding health effects of tobacco use. This finding was supported by Thakur *et al*. [9]. 11.8% adolescents were currently smokers. More adolescent boys (22%) and girls (1%) were cigarette smokers ($p<0.001$); with increasing age, the prevalence of smoking increased. One study revealed that 65% had poor knowledge regarding ill effects of smoking on health [10]. About 34% showed average level of knowledge and 1% good knowledge. Study findings were concurrent to the present study result finding that was done by Erico *et al*. [11]. The results revealed that 89% of the sample had poor knowledge regarding importance of awareness of health hazards and prevention. The current study demonstrated that the structured teaching approach was successful in educating adolescents about the negative effects of tobacco use and how to prevent it. These findings were similar to the study by Alexander which showed that post-test knowledge score was 92% and participants had adequate knowledge while 8% had moderately adequate knowledge [12]. The pre-test mean was 1.8 and that of post-test was 21.91. The study concluded that knowledge improved after structured teaching programme on hazards of tobacco use. Another study conducted by Bhagya showed that the mean post-test knowledge score (17.43%) was higher than the mean pre-test knowledge score (9.6%) [13]. After a systematic instruction programme, there was a considerable increase in the knowledge score of teenagers, as evidenced by the comparison of the pre- and post-test knowledge scores.

Study's result revealed that there was a significant difference between pre-test and post-test level of knowledge regarding ill effects of tobacco use among adolescents and the structured teaching programme was effective ($p<0.05$) to improve the level of knowledge regarding ill effects of tobacco use among adolescents [14]. Shukla's results revealed that the mean pre-test knowledge was (15.49) before imparting structured teaching programme and after a structured teaching programme, the mean post-test knowledge score was (24.85) [15]. This indicated that structured teaching programme was effective.

CONCLUSION

This study accentuates the importance of determining the incidence of tobacco use among adolescents and evaluating the success of structured teaching programmes in terms of knowledge gains regarding the negative effects of tobacco use and its avoidance.

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APPENDIX-I

Structured Prevalence and Knowledge Questionnaires for Adolescents

Code no…….

Instructions

- Please read each question carefully before answering it.
- Choose the answer that best describes what you believe and feel to be correct.
- Choose only one answer for each question. On the answer sheet, Put a (√) mark for one correct option with the pencil/pen.

Section-A (Demographic variables)

1. Age in years ……

2. Gender

a. Male.
b. Female.
c. Transgender.

3. Religion

a. Hindu.
b. Muslim.
c. Christian.
d. any other specify…….

4. Marital status of Parents

a. Living together.
b. Divorced.
c. Separated.
d. Widowed.

5. Type of school

a. Regular.
b. Correspondence.
c. School dropout.
d. Never attended school.

6. Residence

a. Urban.
b. Rural.
c. Semi-urban.
d. Slums.

5. Type of family:

a. Joint family.
b. Nuclear.
c. Extended family.

6. Family income per month (Rs.)

a. <10000.
b. 10000–20000.
c. 20000–30000.
d. >30000.

7. Pocket money per month (Rs.)

a. 100–200.
b. 200–300.
c. More than 300.
d. Usually don’t get any money.

8. Hobbies

a. Sports.
b. Art and craft.
c. Reading and writing.
d. Others.

9. Previous Knowledge regarding the ill effects of tobacco?

a. Yes.
b. No.

10. If yes then through which media they get knowledge regarding ill effects of tobacco

a. Television.
b. Radio.
c. Newspaper/Magazines.
d. Internet.

Section-B (To assess prevalence of tobacco use)

1. Have you ever tried or experimented with tobacco product

a. Yes.
b. No.

2. Have you used tobacco within last 30 days?

a. Yes.
b. No.

3. Frequency for use of tobacco

a. Never.
b. Occasionally.
c. Weekly.
d. Daily.
e. Hourly.

4. If you are consuming tobacco these days in which form?

S. No.	Tobacco product	Never	Tried once	Occasionally	weekly	Daily	No. of times per day
1.	Cigarettes						
2.	Bidi						
3.	Hookah						
4.	Chilam						
5.	Chirut						
6.	Cigar						
7.	Paan						
8.	Khaini						
9.	Gutka						
10.	Supari						
11.	Pan masala						
12.	Sukha tobacco						

5. Does any of your family members consumes tobacco?

a. Yes.
b. No.

6. Have you ever tried to quit tobacco?

Section-C (To assess knowledge)

1. Which constituents in tobacco is addictive?

a. Ethanol.
b. Nicotine.
c. Ammonia.
d. Tar.

2. The safest mode of tobacco to use?

a. Cigars and Cigarettes.
b. Spit tobacco.
c. Spit tobacco in little pouches.
d. No tobacco is safe to use.

3. What is the dark sticky substance produced when tobacco burns?
a. Mucus.
b. Hydrochloric acid.
c. Tar.
d. Cilia.
4. The pleasure of tobacco use for:
a. Long lasting.
b. Last for hour.
c. Last for few minutes.
d. Last for 10 sec.
5 Smoking or tobacco use will harm:
a. Only lungs.
b. Only brain.
c. Only liver.
d. Every organ in the body.
6. What do you mean by nicotine?
a. A thick substance forms when tobacco burns.
b. A colourless poisonous gas.
c. A dark liquid that forms when its burns.
d. An odourless, poisonous gas.
7. Organs that help in exchange of gases and essential materials to cells and remove their waste products
a. Respiratory System.
b. Digestive system.
c. Excretory system.
d. Nervous system.
8. A colourless, odourless, poisonous gas produced when tobacco burns, is:
a. Carbon monoxide.
b. Carbon dioxide.
c. Nitrogen.
d. Argon.
9. Two tubes that branch from the trachea, one to each lung is known as:
a. Bronchi.
b. Lungs.
c. Diaphragm.
d. Alveoli.
10. Microscopic air sacs in the lungs where gases are exchanged is known as:
a. Alveoli.
b. Bronchi.
c. Trachea.
d. Cilia.
11. Unpleasant symptoms that occur when someone stops using a substance is called as a state of:
a. An addiction.
b. A disease condition.
c. A psychological stress.
d. A physical need.
12. Maladaptive changes in behaviour accompanied by physiological and psychological alterations occur in cessation of repeated drug use is called?
a. Addiction.
b. Dependence.

c. Withdrawal.
d. Abuse.

13. Dependence that involves emotional–motivational withdrawal symptoms, is known as:

a. Dependence.
b. Drug sensitization.
c. Physiological dependence.
d. Psychological dependence.

14. The smoke that released from the end of the burning cigarette is a cause of:

a. Second hand smoke.
b. Mainstream smoke.
c. Skinny smoke.
d. Side stream.

15. The smoke that the smoker inhales, then exhales into the environment is called:

a. Second hand smoke.
b. Mainstream smoke.
c. Passive smoke.
d. Active smoke.

16. Person who involuntarily inhales of smoke from other people cigarette is known as:

a. Passive smoker.
b. Active smoker.
c. Chain smoker.
d. Skinny smoker.

17. What are the ill effects of tobacco on the respiratory system?

a. Tar leave a sticky residue that destroys the lungs.
b. It weakens the blood vessels.
c. Bad breath, stained teeth, more chance of cavities.
d. Difficulty in breathing.

18. Severe ill effects of tobacco on the heart can be?

a. Chest pain.
b. Heart attack.
c. Fatty build up that clogs the blood vessels.
d. Lack of oxygen.

19. What are the three main substances in tobacco?

a. Carbon monoxide, cyanide, and methanol.
b. Tar, nicotine, and carbon monoxide.
c. Methanol, tar, and nicotine.
d. Carbon monoxide, Methanol, Tar.

20. What are the ill effects of nicotine in tobacco on body?

a. Speeds the heartbeat, increases craving for tobacco.
b. Leaves a sticky coating on the lungs and body.
c. Prevents the body from getting all the oxygen it needs.
d. raises blood pressure.

21. What is the ill effects of tar in tobacco?

a. Prevents the body from getting all the oxygen it needs.
b. Leaves a sticky coating on the lungs and body.
c. Speeds the heartbeat.
d. Speeds the heartbeat, raises blood pressure, craving for tobacco.

22. What is emphysema?

a. The air sacs of lungs are damaged and enlarged.
b. A disease where lungs cells were divided.

c. A disease where you can't breathe on yourself.
d. It is a condition where lungs were collapsed.

23. To quit the use of tobacco, enrol or join a support group:

a. Tobacco cessation program.
b. Nicotine withdrawal.
c. Nicotine substitute.
d. All of the above.

