Tobacco consumption is a world wide practice and continues to be the leading preventable cause of death in the world. As research findings continue to show the negative effects of tobacco consumption on health and the number of affected people increases, the list of conditions caused by tobacco consumption has grown. Tobacco is expected to develop into the single largest killer and to cause the greatest burden of disease in the 21st century, with deaths increasing from 4.9 million to 10 million per year by the late 2020s.

This study sought to assess the effectiveness of Structured Teaching Programme (STP) regarding tobacco consumption among the subjects attending Rural Health Centre (RHC) at south Pitchavaram in the year 2006-2007 by making comparison between pre-test and post-test among the subjects. A teaching module for health education on Tobacco consumption and the structured tool for data collection were prepared. Sixty subjects who fulfilled the criteria were selected as samples and pre-test was conducted. After that the STP was given with appropriate audio-visual aids. After one month of STP, post-test was conducted and data were analysed.

There was significant increase in the level of knowledge, attitude, but there was a significant reduction in the practice of the subjects between pre-test and post-test. A positive relationship existed between knowledge and attitude level of the subjects and the demographic variables.

**Methodology**
The quasi experimental study was carried out at Rural health centre at South Pitchavaram in Tamil Nadu. Sixty subjects who were attending the rural health centre were selected by systematic random sampling technique. The structured tool for data collection and a teaching module for health education were prepared by the investigator after reviewing the related literature and guidance form several experts.

The tool designed for this study had four sections.

**Section - A**
It consisted of the demographic data which included subjects’ identification data, age, sex, educational status, sources of information regarding tobacco, economic status, religion, occupation, residence, marital status and address.

**Section - B**
It consisted of 10 questions on knowledge regarding tobacco consumption.

**Scoring Interpretation**

<table>
<thead>
<tr>
<th>Score</th>
<th>Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 50%</td>
<td>Inadequate</td>
</tr>
<tr>
<td>51-75%</td>
<td>Moderately adequate</td>
</tr>
<tr>
<td>Above 75%</td>
<td>Adequate</td>
</tr>
</tbody>
</table>

**Section - C**
It consists of 5 positive and 5 negative statements related to tobacco consumption. A 5-point Likert scale was used.

**Scoring**
The maximum total score was 50.

**Interpretation**

<table>
<thead>
<tr>
<th>Score</th>
<th>Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 50%</td>
<td>Unfavourable attitude.</td>
</tr>
<tr>
<td>51-75%</td>
<td>Favourable attitude.</td>
</tr>
<tr>
<td>Above 75%</td>
<td>Most favourable attitude.</td>
</tr>
</tbody>
</table>

**Section - D**
It consisted of 18 questions related to various practices regarding tobacco consumption, readiness to quit ladder for smoker and for tobacco chewer.

Sixty subjects who fulfilled the criteria were selected as samples and pre-test was conducted. After that the STP was given with appropriate audio-visual aids. After one month of STP, post-test was conducted and data were analysed by descriptive and inferential statistics.

**Major Findings**
- There was a significant increase in the level of knowledge and attitude. But there was a significant reduction in the practice of the subjects between pre-test and post-test.
- There was a positive relationship between knowledge and attitude level of the sub-
jects and the demographic variables.

- Out of 19 smokers about 6 (31.6%) had the highest level of readiness to quit their behaviour.
- Out of 28 tobacco chewers 15 (53.6%) had highest level of readiness to quit their behaviour of chewing tobacco.

The study finding indicates that there is a need for STP to improve the knowledge, attitude and to decrease the practice level of the subjects.

**Conclusion**

The tobacco epidemic is moving towards the poorer and least educated world wide. The death toll from tobacco consumption patterns continue.

Action must be taken now to prevent this. Government and legislators have a role to play in this regard. Society at large needs to be involved in the struggle against tobacco. Within the society, the health professionals have a special role to play.

Nurse can play a pivotal role in organising and executing creative awareness programmes for all vulnerable sections of society. World No Tobacco Day, which is observed on 31st May every year, provides an opportunity for all those who use tobacco to stop doing so by showing few eye catching slogans such as,

"Quit tobacco now else tobacco will eat you one day"

**References**

- Stanhope Lancaster, 2002. Foundations of Community Health Nursing. 1st edn, St. Louis; Mosby, pp: 368-74
- Subramanian et al. 2004. Patterns and distribution of tobacco consumption in India, BMJ: 801-06
- Susan Trossman, 2004. No smoking please, American Nurses Association: 75-77

"Choose Life: Not Tobacco"

Tobacco drieth the brain, dimmeth the sight, vitiateth the smell, hurteth the stomach, destroyeth the concoction, disturbeth the humour & spirits, corrupteth the breath, induceth a trembling of the limbs, exsiccateth the wind-pipe, lungs and liver, annoyeth the milt, scorceth the heart and causeth the blood to be adjusted.