Health Awareness of Teenage School Students about Risk of Smoking on Health in Slums

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Abstract

Background: Health awareness about tobacco use could become one of the most effective strategies available to reduce tobacco use**. Aim of study**: the study aimed to assess health awareness of teenage school students about risk of smoking on health in slums. **Design**: A descriptive research design was used to achieve the aim of the current study. **Setting:** The study was conducted at the preparatory (namely: Nahdet Masr which serve 952 students) and the secondary (namely: El-Zaher which serve 468 students) schools for male at Sharabya districts affiliated to North Cairo governorate. **Subjects**: Convenient sample (315 students) was used for this study; include multi stage random sample technique was used. **Tools of data collection: A self- administered questionnaire format** that includes five parts:- Part (1): Socio demographic characteristics of teenage students, Part (2): History of smoking among teenage students, Part (3): Awareness of teenage students about smoking, Part (4): assessment of teenage reported practices, and Part (5): The Four Dimensions of Smoking Attitudes Scale. **Results:** There was a highly statistically significant relation between students' awareness level and their parents demographic characteristics and Less than two thirds of the studied sample had negative attitude toward smoking cessation compared to more than one third had a positive attitude. **Conclusion and recommendations**: More than half of the studied students had poor awareness regarding smoking, more than two thirds had incompetent level regarding smoking cessation. Enhance behaviors and information of teenage school students about risk of smoking, Promote teachers with suitable training about how deal ideal with teenage school students that risk of smoking, develop and enforce a school policy on tobacco use.

Keywords: Health awareness, Teenage school students, Smoking, Risk health, Slums.

Introduction

A teenager is the period of transition between childhood and adulthood. Children who are entering adolescence are going through many changes (physical, intellectual, personality and social developmental). Adolescence begins at puberty, which now occurs earlier, on average, than in the past. Adolescence begins at puberty, which now occurs earlier, on average, than in the past. The end of adolescence is tied to social and emotional factors and can be somewhat ambiguous (**Sharma, & Panigrahi, 2020).**

World Health Organization (WHO) identifies adolescence as the period in human growth and development that occurs after childhood and before adulthood, in the age group of 10 to 19 years. The adolescent period is a time of considerable risk to bad behaviors such as; cigarette smoking: Tobacco use is a leading cause of preventable death worldwide and an estimated 250 million children and adolescents in developing countries die prematurely because of tobacco consumption (**Moonajilin, et al., 2021)**.

Smoking as well as combined smoking and smokeless tobacco was more common among boys.. Tobacco use by family is a major reason behind using tobacco indicating an urgent need to carry out behavior change communication (BCC) activities among adolescents and their family members. The urban-slum population has emerged as a new section which is known to fare very poorly on issues related to health (**Rautela, et al., 2019**).

Cigarette smoking during adolescence causes significant health problems among young people, including an increase in the number and severity of respiratory illnesses, decreased physical fitness and potential effects on lung growth and function. Most importantly, this is when an addiction to smoking takes hold, often lasting into and sometimes throughout adulthood (**Kelkar, et al., 2019**). Nicotine is only one of more than 4,000 chemicals in tobacco, but it is the major component that acts on the brain. The lungs readily absorb nicotine from the smoke of cigarettes, cigars, or pipes. The tissues of the mouth can also absorb nicotine when a person smokes cigars or pipes, or chews tobacco (**Swain, & Singh, 2020**).

Nicotine reaches the brain within seconds and has a direct effect on the body for up to 30 minutes. When a person uses tobacco regularly, the levels of nicotine accumulate in the body during the day and persist overnight, exposing the person to the effects of nicotine for 24 hours. In the body, nicotine acts as both a central nervous system stimulant and sedative (**Banerjee, et al., 2021**). The person immediately feels the stimulant effect and pleasurable sensation. It increases alertness, relaxes muscles, improves memory and attention, and decreases irritability. The stimulant effect causes a sudden increase in blood pressure, breathing rate, and heart rate. The central nervous system stimulation is followed by depression and fatigue, causing the person to want another cigarette (**Kumar, et al., 2020**).

Smoking affects a person's appearance by causing bad breath, yellow teeth and fingernails, and wrinkles. It also affects a person's fitness and stamina level. Tobacco also leads to serious health problems, including: Long-term (chronic) cough, shortness of breath, and wheezing. Increased risk for heart disease, lung and other cancers, stroke, and emphysema, increased risk among women for having babies with a low birth weight, which may result in the death of the baby. Women who smoke are also at risk for menstrual problems, early menopause, and osteoporosis, Increased risk among men for erection problems, and Increased risk for upper respiratory infections like the common cold, the flu, and sinusitis (**Hadara, 2019**).

The challenge to provide effective tobacco-use prevention programs to all young persons is an ethical imperative. Schools are ideal settings in which to provide such programs to all children and adolescents. School-based tobacco prevention education programs that focus on skills training approaches have proven effective in reducing the onset of smoking, according to numerous independent studies. A summary of findings from these studies demonstrates positive outcomes across programs that vary in format, scope, and delivery method (**Sarkar, et al., 2019**).

School students take an active stance against teen smoking. Participate in local and school-sponsored smoking prevention campaigns. Support efforts to make public places smoke-free and increase taxes on tobacco products. Talk to your teen early and often about the dangers of smoking and vaping (**Rose, et al., 2019**). Prevention can also take place at the school or community level. Merely educating potential smokers about the health risks has not proven effective. Successful evidence-based interventions aim to reduce or delay initiation of smoking, alcohol use, and illicit drug use, and otherwise improve outcomes for children and teens by reducing or mitigating modifiable risk factors and bolstering protective factors (**Trindade, et al., 2020**).

Community health nurses play an important role in raising the issue of smoking cessation with teenagers and they can offer a balanced perspective on the challenges they might face. They can then sign-post teenagers to the most appropriate smoking cessation options. Nurses have wide access to patients in many settings, from the community to the hospital, and are in frequent contact with smokers. They may feel they lack the counseling skills to persuade smokers to stop but there are many simple ways in which they can encourage them to seek help (**Singh, 2019).**

Nurses have a key role to play in influencing the health of patients. Whether working in a hospital or the community, nurses are ideally placed to encourage smokers to give up. Even the most basic intervention by a health professional can have a profound effect on encouraging a smoker to stop or to seek help in stopping (**Banga, et al., 2019**). In primary care, smoking cessation guidelines for health professionals recommend that nurses should be prepared to offer encouragement and support for known smokers to stop. Where possible nurses should be given sufficient practical and theoretical training to enable them to provide opportunistic advice, encourage cessation and offer advice on using NRT or bupropion (**Onodugo, et al., 2019**).

In secondary care settings it is highly recommended that nurses should be part of systems that record the smoking status of outpatients and inpatients to ensure that these records are kept up to date. This will allow for suitable advice to be offered to patients. Many hospitals host local smoking cessation services and these should be made available to inpatients, or advisers should offer cessation counselling to inpatients (**Vukusic, et al., 2019**).

Many smokers stop as a result of a health problem and this places nurses in the ideal position to encourage and support them to stop. Many nurses smoke themselves and may feel uncomfortable or hypocritical talking about smoking with a patient. However, it is vital to see smoking cessation information as professional advice and to treat the subject non-judgmentally. Nurses will be familiar with patients' past experiences and are well placed to be able to advice on smoking cessation services and treatments available (**Jayakumar, & Nair, 2019**).

Significance of the study

Tobacco consumption is an emerging threat to health of adolescents in urban slums. At the end of the twentieth century, deaths from smoking related illnesses had risen to 4 million a year worldwide and projections indicate that this could rise to 10 million a year by 2030. This constitutes burden on community economics in the form of cost treatment of diseases related to smoking such as cancers, Chronic Obstructive Pulmonary Disease *(Jha , MacLennan , Chaloupka , Yurekli , Ramasundarahettige , Palipudi , Zatonksi , Asma and Gupta, 2015).*

About 19.6% of Egyptian population are smokers and most of them are youth. Number of deaths related to smoking in Egypt is 61295 persons every year. Tobacco smoking damage 18324000 Egyptian pound every year (**Tobacco Atlas organization 2018**)

Fortunately, smoking is a preventable issue through increasing health awareness of teenagers about risk of smoking on health, family, community as whole *(Banks, Rawaf and Hassounah (2017)).*We can also help in preventing smoking through health education, counseling, programmed learning sessions..etc

Aim of the study

This study aimed to assess health awareness of teenage school students about risk of smoking on health in slums through:

- Assessing factors leading to smoking among teenage students in slums
- Assessing teenagers' awareness regarding health hazards of smoking

- Assessing teenagers' reported practices toward smoking and smoking prevention.
- Assessing health hazards of smoking on teenage students' health.
- Assessing teenage students' attitude toward smoking.

Research questions:

- What is the level of health awareness of teenager school students about risk of smoking on health?
- What are the relations between factors leading to smoking and students' attitude towards smoking?
- What are the relations between teenage students' awareness about health hazards of smoking and students' attitude towards smoking?
- What are the relations between teenage students' awareness about health hazards of smoking and their practice toward smoking?
- What are the relations between teenage students' reported practice of smoking and health hazards affecting them?

Subjects and Methods
Research design:

A descriptive research design was used to achieve the aim of the current study.

Setting:

The current study was conducted at the preparatory (namely: Nahdet Masr which serve 952 students) and the secondary (namely: El-Zaher which serve 468 students) schools for male at Sharabya districts affiliated to North Cairo governorate. The study was conducted on a sample of one preparatory and one secondary school from four male preparatory schools and one male secondary school in a slum area in Cairo.

Subjects:

Convenient sample (315 students) was used for this study; include multi stage random sample technique was used. All students of one class was chosen from each grade in each school for males.

Data collection tools:
A self- administered questionnaire format that includes five parts:-

Part (1): Socio demographic characteristics of teenage students such as age, grade, birth order, pocket money, parents' education, parents job, family income … etc.

Part (2): History of smoking among teenage students, active or passive smoking, factors leading to it and types of smoking and...etc.

Part (3): Awareness of teenage students about smoking as types, its risks on physical, psychological and social health and their awareness about complication of smoking and methods of prevention …etc.

❖ **Scoring system:**
One-mark point for correct answer and zero-mark point for incorrect answer or don't know. Acceptance level is 60 % or more for satisfactory and less than 60% will be unsatisfactory.

Part (4): assessment of teenage reported practices toward prevention of smoking and smoking cessation.

❖ **Scoring system:**
One-mark point for done and zero-mark point for not done, Acceptance level is 70 % or more for satisfactory and less than 70% will be unsatisfactory.

Part (5): The Four Dimensions of Smoking Attitudes Scale
It was used to assess teenage students' attitude toward smoking from (Ted, Armen and Janet (2010)) and modified by the investigator, which include these dimensions: Interpersonal relationships with smokers. Laws and societal restrictions of smoking in public places, Health concerns, Marketing and sale of cigarettes.

❖ **Scoring system:**

One-mark point for positive attitude and zero mark point for negative attitude. Acceptance level is 70 % or more for satisfactory and less than 70% will be unsatisfactory.

Tools validity:

Validity of the tools was done namely face validity and content validity. It was tested by jury group consisted of five experts (Professors) in community health nursing from different faculties of nursing. Jury group members judge tools for comprehensiveness, accuracy and clarity in language. Based on their recommendation correction, addition and / or omission of some items was done.

Tools Reliability:

Reliability of the tools was tested using Cronbach's alpha coefficient to determine the extent to which the questionnaire items were related to each other. It was 0.783 for Students' awareness questionnaire sheet toward smoking, 0.856 for Students' practice toward smoking, and 0.823 for Students' attitude toward smoking.

Pilot study:

After reviewing of the tools by the experts, the researcher conducted a pilot study before administering the final questionnaire. The purpose of the pilot study was to ascertain clarity, relevance, applicability of the study tools and to determine obstacles that may be encountered during data collection. It also helped to estimate the time needed to fill the questionnaire tools. The pilot study was carried on **32** students which presented **(10%)** of sample size and excluded from the main study sample to fill out the questionnaire. Based on the result of the pilot study, rephrasing of some questions was done to ensure clarity of the questions and to be easily understood by student and the final version was proposed for distributing to the students.

Field work:

Data was collected upon three months started from 1st of April 2020 to end of June 2020. Before beginning to collect data from the study subjects the researcher met with the director of the schools to determine the suitable time to collect the data and confirm the days and times to assess students' awareness, students' practice, and students' attitude toward smoking. introduced herself to them, explained the aim of the study, and informed them that their information was treated confidential and will be used only for the purpose of the research; additionally, each participant was notified about the right to accept or refuse to participate in the study.

The study was carried out through an assessment students' awareness questionnaire sheet toward smoking, the questionnaire sheet took from 10:15 minutes. Assessment students' performance toward smoking, the observation checklist took from 30:45 minutes. Assessment students' attitude toward smoking, the attitude took from 30:45 minutes. The time required for each student to fill the questionnaire was estimated to be 15-20 minutes. The researcher checked completed of each filled sheet after the students completed it to ensure the absence of any missing data.

Administrative Design:

To carry out the study an official approval letter was submitted to the Dean of the faculty of Nursing to collect data from the pre-mentioned study settings, also for the director of mentioned schools. The letter explains the aim of the study and methods of data collection. Individual consent was obtained from each study subject and their parents. Data collection procedures, analysis, and reporting of the findings were undertaken in a manner designed to protect confidentiality of subjects.

Ethical Considerations:

Ethical approval was obtained from the scientific research ethical committee of the faculty of nursing, Ain Shams University. The researcher met director of mention settings to clarify the aim of the study and take their

approval. The researcher also met the students to explain the purpose of the study and obtain their approval to participate in the study. They

Research. The subjects' right to withdraw

Statistical analysis:

Data entry and statistical analysis were done using (SPSS) statistical software package. Quality control was at the stage of coding and data entry. Data were presented using descriptive statistics in the form of frequencies and percentage for qualitative variables; mean and standard deviation for quantitative variable. Qualitative categorical variables were compared Chi-square (X2) test; the hypothesis that the row and column variables are independent, without indicating strength or direction of the relationship, Analysis of variance (ANOVA) test. Statistical significance was considered at (P-value <0.05).

Results:

Table (1a): reveals that 54.9% of the studied students were aged from 13 -<15 years old with mean ± SD (15.12 ± 1.72), 58.1% of them were at preparatory stage. Also, 45.4% of them were the second ranking among their brothers. Concerning work, 49.8% of them were working with studying. 54.6% of them had sufficient weekly pocket money.

Table (1b): clarifies that 54.3% of the studied students' parents had moderate educational level. 36.8% of them had manual or craftsmanship works. 43.5% of them had moderate educational level and 78.1% of them were housewives. regarding parents' marital status, 86.7% of them were married. 71.7% of them had sufficient monthly income. 58.7% of them their houses were not crowded.

Table (2): demonstrates that, 82.2%, 90.8%, 67% and 69.5% had incorrect answers

were reassured about the anonymity and confidentiality of the collected data, which was used only for the purpose of scientific

From the study at any time was assured.

regarding legal age to buy smoking products, the effect of smoking on a person's physical health, the effect of smoking on a person's mental health and the ways to quit smoking respectively.

Table (3): describes that, 66.7% of the studied students tried to quit smoking and 53.3% of them learned new ways to quit smoking but no one went to smoking cessation clinic. While, 73.3% of them advised one of the smokers to quit. 6.5% abstain because of pictures on the pocket and 60% of them affected by pictures abstained because of lung pictures. meanwhile, 66.7% of them didn't do anything when saw the pictures of smoking products. 62.8% of them protected themselves from complication by being creative and set a good example. 86.7% of them did not encourage the spread of smoking ads and 97.8% of them encouraged spread of ads to quit smoking.

Table (4): denotes that, 40%, 53.3%, 40%, 46.7% and 40% of the studied students had risks regarding central nervous system, respiratory, cardiovascular, digestive and skin respectively. Whereas 26.7%, 40% and 46.7% of them had psychological, social and economic risks.

Figure (1): clarifies that less than two thirds of the studied sample had negative attitude toward smoking cessation compared to more than one third had a positive attitude.

Table (5): shows that there was positive correlation between awareness and attitude. Also, there was positive correlation between practice and attitude of the studied students.

Table (1a): Distribution of the studied teenage school students according to their socio demographic characteristics (n=315).

Items	N	%
Age		
13-<15 years	173	54.9
15-<18 years	142	45.1
Mean ± SD		15.12 ± 1.72
Educational grade		
Preparatory	183	58.1
Secondary	132	41.9
Birth order		
First	123	39.0
Second	143	45.4
Third	49	15.6
Working		
Work with studying	157	49.8
Work after studying	96	30.5
Not working	62	19.7
Weekly pocket money		
Sufficient	172	54.6
Insufficient	143	45.4

Table (1b): Distribution of the studied teenage school students according to their socio demographic characteristics (n=315).

Items	N	%
Father's educational level		
Not read or write	7	2.2
Read and write	82	26.0
Moderate education	171	54.3
University education	55	17.5
Father's profession		
Not working	55	17.4
Manual or craftsmanship	116	36.8
Government sector	102	32.4
Private sector	42	13.3
Mother's educational level		
Not read or write	48	15.2
Read and write	48	15.2
Moderate education	137	43.5
University education	82	26.0
Mother's Profession		
Housewife	253	80.2
Manual or craftsmanship	0	0
Government sector	62	19.7
Private sector	0	0
Parents' marital status		
Marriage	273	86.7
Spouse break up	7	2.2
A widower	35	11.1
Family monthly income		
Sufficient	226	71.7
Insufficient	89	28.3
Crowding index		
Crowded	130	41.3
Not crowded	185	58.7

Table (2): Distribution of the studied teenage school students according to their awareness about smoking (n=315).

Items	Incorrect answer		Correct& Incomplete answer		Correct answer	
	N	%	N	%	N	%
Components of a cigarette	0	0	286	90.8	29	9.2
The highest price for a pack of cigarettes	46	14.6	0	0	269	85.4
The lowest price for a pack of cigarettes	286	90.8	0	0	29	9.2
Types of smoking	3	1.0	283	89.8	29	9.2
Methods of smoking	3	1.0	229	72.7	83	26.3
The legal age to buy smoking products	259	82.2	0	0	56	17.8
Laws regulating smoking in Egypt	103	32.7	137	43.5	75	23.8
Disadvantages of smoking	37	11.7	208	66.0	70	22.2
Symptoms that appear on smokers	3	1.0	242	76.8	70	22.2
The effect of smoking on a person's physical health	286	90.8	0	0	29	9.2
The effect of smoking on a person's mental health	211	67.0	102	32.4	2	0.6
The effect of smoking on the social status of smokers	20	6.3	151	47.9	144	45.7
The effect of smoking on household income	9	2.9	230	73.0	76	24.1
The benefits of quitting smoking	7	2.2	184	58.4	124	39.4
The role of the family in protecting children from smoking problems	38	12.1	248	78.7	29	9.2
The school's role in protecting students from smoking problems	7	2.2	272	86.3	36	11.4
The role of society in protecting adolescents and youth from smoking problems	6	1.9	258	81.9	51	16.2
The ways to prevent smoking	13	4.1	237	75.2	65	20.6
The ways to quit smoking	219	69.5	14	4.4	82	26.0

Table (3): Distribution of the studied teenage school students according to their practices towards prevention and cessation of smoking (n=315).

Items	N	%
Trial to quit smoking		
Yes	70	66.7
No	35	33.3
Trial to learn ways to quit smoking		
Yes	56	53.3
No	49	46.7
Going to a smoking cessation clinic		
Yes	0	0
No	70	100.0
Advising smokers to quit smoking		
Yes	77	73.3
No	28	26.7
Presence of pictures - which are on smoking products - that make persons abstain when buying		
Yes	7	6.7
No	98	93.3
The pictures on smoking products that make persons abstain from buying them		
A picture of lung cancer	63	60.0
A picture of tongue sore	7	6.7
Image of aging	14	13.3
Image of tooth loss	21	20.0
Action taken when seeing the pictures on smoking products		
None	70	66.7
Don't buy products that contain some images	7	6.7
I cover it with other pictures	14	13.3
Ask to replace it with another image	14	13.3
* Protection from the dangers and complications of smoking		
Knowing information about the risk of smoking on physical and mental health	42	51.4
Avoid anything that encourages smoking	21	20
Not being with smokers	36	34.3
Be creative and set a good example	66	62.8
Encouragement the spread of smoking ads		
Yes	14	13.3
No	91	86.7
Encouragement the spread of ads to quit smoking		
Yes	98	97.8
No	7	2.2

Table (4): Distribution of the studied teenage school students according to health risks of smoking on their health (n=315).

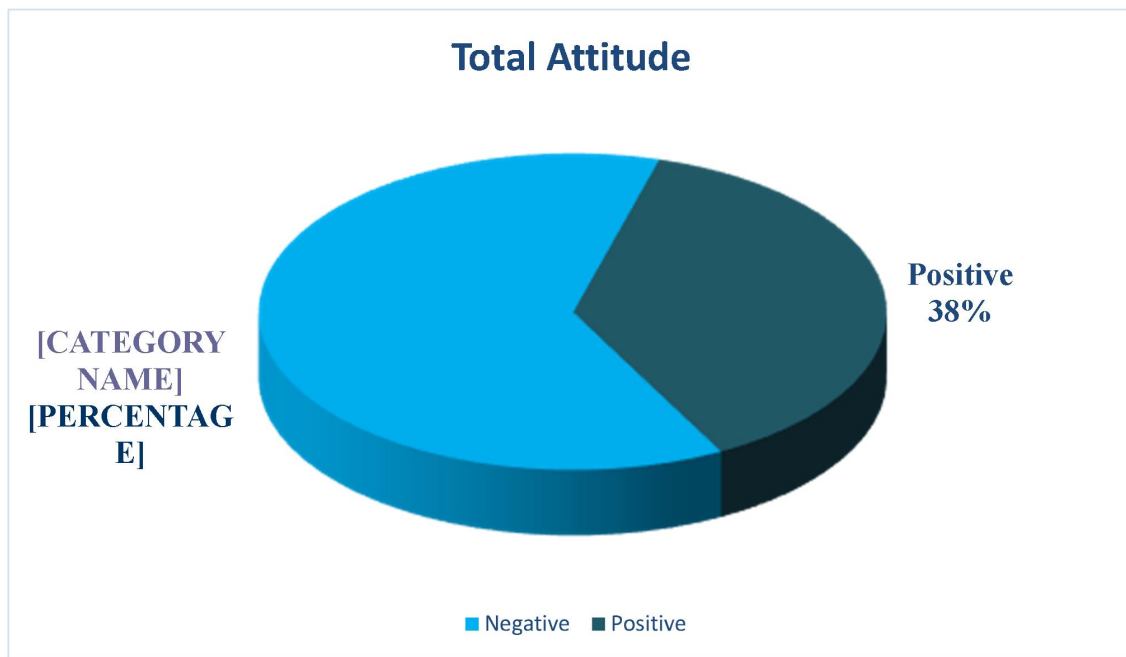| Items	N	%
Physical Risks:		
Central nervous system risks		
Increased activity of the nervous system	35	33.3
Atrophy of the eye nerve	21	20.0
Impact of smell and taste (anorexia	42	40
None of above	7	6.7
Respiratory risks		
Respiratory infections and colds	56	53.3
Chronic bronchitis	21	20.0
Lung cancer	7	6.7
None of above	21	20.0
Cardiovascular risks		
increased cholesterol and blood	35	33.3
Atherosclerosis	7	6.7
Coronary blood disease	7	6.7
Heart attacks	42	40
None of above	14	13.3
Digestive system risks		
Reducing appetite	49	46.7
Gum infections	21	20.0
None of above	35	33.3
Skin risks		
Skin discoloration	42	40.0
Increased wrinkles and premature aging	35	33.3
None of above	28	26.7
psychological risks		
It affects thinking and remembering	28	26.7
Reduces activity	28	26.7
Nervous mood	21	20.0
Anxiety and distraction	7	6.7
Disturbing delusions and obsessions	21	20.0
Social risks		
His aversion to others	28	26.7
A bad example for those who come around	35	33.3
Accompanying bad friends	42	40.0
Economic Risks		
The increase in the financial cost due to smoking	49	46.7
The increase in medical costs due to diseases resulting from smoking	14	13.3
Affect the economic condition of society	28	26.7
None of above	14	13.3

Figure (1): percentage distribution of total attitude.

Table (5): Correlation between the studied teenage school students' total practice, attitude and awareness scores among studied.

Item		awareness	Practice
Awareness	R		
	P value		
Practice	R	0.049	
	P value	0.385	
Attitude	R	0.176*	0.170*
	P value	0.002	0.002

Not significant at P > 0.05   *significant at P≤0.05   ** Highly significant at P≤0.001

Discussion:

Smoking is one of these issues and many teenagers don't understand how dangerous just one cigarette can be, and the health effects it can have now, and later on in life. As a parent, it is important to know how can prevent teenagers from smoking and how to help them if they have a smoking problem (**Narain, et al., 2020)**. Cigarette smoking during childhood and adolescence causes significant health problems among young people, including an increase in the number and severity of respiratory illnesses, decreased physical fitness and potential effects on lung growth and function. Most importantly, this is when an addiction to smoking takes hold, often lasting into and sometimes throughout adulthood (**Sathyamurthi, 2020).** So, the current study aimed to assess health awareness

of teenage school students about risk of smoking on health in slums

Regarding Demographic characteristics of the studied teenage school students; The current study revealed that more than half of the studied students were aged from 13 -<15 years old, were at preparatory stage, and had sufficient weekly pocket money. Also, nearly half of them were the second ranking among their brothers, and were working with studying.

This result was in agreement with **Khan, et al., (2018)** who studied the prevalence and determinants of smoking among adolescent boys in Dhaka City, and found that more than half of participants had ages more than 15 years, more than one third of them were worked with studying. Conversely, this result was in disagreement with **YADAV, et al., (2019)** who studied the tobacco use and oral health status among adolescents in an Urban Slum, and found that majority of participants had ages ranged from 10:12 years, more than half of them were the first regarding order in the family.

Also, more than half of the studied students' parents had moderate educational level. More than one third of them had manual or craftsmanship works, had moderate educational level and more than three quarters of mothers were housewives. Majority of parents were married. Nearly three quarter of them had sufficient monthly income.

This result was supported with **Kumar, et al., (2020)** who studied the correlates of awareness and consumption of tobacco in adolescent males of an Urban Slum in Western Maharashtra, and found that more than half of parents' participants had secondary education, and majority of parents were married. On the other hand, this result was in disagreement with **Gupte, et al., (2018)** who studied the tobacco use among adolescent school students from urban slums of Mumbai, in India, and found that more than one third of mothers' Participants had governmental job.

Regarding Teenage students' awareness about smoking; The current study demonstrated that, majority of students had incorrect answers regarding legal age to buy smoking products, the effect of smoking on a person's physical health, the effect of smoking on a person's mental health and the ways to quit smoking. From the researcher point of view, this result may be due to teenager's students in this stage hadn't more information about problems that effect negatively on their bodies.

This result was supported with **Rahman, & Tareque, (2020)** who studied the determinants of cigarette smoking among youth male in rural Mymensingh of Bangladesh, and found that majority of participants had negative effect on their bodies from smoking. Also, this result was in agreement with **Bharti, et al., (2020)** who studied the preliminary survey of emotional behavior and health awareness among adolescent boys of Chandighara and adjoining states of India, and found that more than half of participant were smoked and had complication from smoking.

Regarding Teenage students' practices towards prevention and cessation of smoking; The current study described that, two thirds of the studied students tried to quit smoking and more than half of them learned new ways to quit smoking but no one went to smoking cessation clinic. While, majority of them advised one of the smokers to quit, did not encourage the spread of smoking ads and encouraged spread of ads to quit smoking. From the researcher point of view, this result may be due to smoking effect on their health status, and had problems and side effect from smoking.

In the same line, this result was congruence with **Jayakrishnan, et al., (2019)** who studied the effectiveness of school based awareness Programmers against tobacco among users and non-users in India, and found that more than half of participants were used more one method to avoid smoking. In contrast, this result was in disagreement with **Katende, (2019)** who studied the stress, peer pressure and

substance abuse among adolescents in Bwaise, and found that more than half of participants exposed for smoking, and not want avoid smoking to overcome on family stress.

Regarding total attitude, the current study clarified that less than two thirds of the studied sample had negative attitude toward smoking cessation compared to more than one third had a positive attitude. From the researcher point of view, this result may be due to smoked student couldn't remove smoking, and they hadn't ability to quit smoking.

This result was congruence with **Sidhu, et al., (2018)** who studied the international approaches to tobacco prevention and cessation programming and policy among adolescents in India, and found that majority of participants had bad attitude about tobacco prevention and cessation. Conversely, this result was in disagreement with **Jaishree, et al., (2019)** who studied the identifying new goals and strategies for anti-smoking campaigns targeting adolescents, and found that more than half of participants had good attitude about smoking cessation.

Regarding correlation between the studied teenage school students' total practice, attitude and awareness scores among studied; the current study showed that there was positive correlation between awareness and attitude.

This result was accordance with **Swain, & Singh, (2020)** who studied the assessment of awareness and practice towards tobacco and alcohol consumption among male adolescents in urban slums of Delhi, and found that and found that there was a relation between awareness of male adolescents, and their practice. Also, this result was in agreement with **Rahman, & Tareque, (2020)** who studied the determinants of cigarette smoking among youth male in rural Mymensingh of Bangladesh, and found that there was a statistically significant relation between awareness of youth male, and their attitude.

Conclusion

The current study concluded that more than half of the studied students had poor awareness regarding smoking. Meanwhile, more than one third had average awareness. there were more than two thirds had incompetent level regarding smoking cessation. Less than two thirds of the studied sample had negative attitude toward smoking cessation compared to more than one third had a positive attitude.

Recommendation:

In the light of results of this study, the following recommendations were suggested:

- Periodic assessment for teenage school students about risk of smoking on health in slums
- Providing health awareness of teenage school students about risk of smoking on health in slums
- Enhance behaviors and information of teenage school students about risk of smoking
- Promote teachers with suitable training about how deal ideal with teenage school students that risk of smoking
- Develop and enforce a school policy on tobacco use.
- Provide instruction about the short- and long-term negative physiologic and social consequences of tobacco use, social influences on tobacco use, peer norms regarding tobacco use, and refusal skills.

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