

Causes and Awareness Regarding Smoking in Patients attending General Medicine OPD at Tertiary Care Hospital

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ABSTRACT

Objective: To assess the causes and awareness of smoking in general population.

Study Design: Observational / descriptive study

Place and Duration of Study: This study was conducted at General Medicine OPD of PUMHS Hospital Nawabshah from 2015 up to January 2016.

Materials and Methods: Two hundred patients were integrated in the study following receiving verbal well-versed consent. A self-administered questionnaire was filled and information was collected regarding reasons of smoking, and awareness regarding smoking that weather it is harmful, what is passive smoking etc.

Results: When cases were interviewed regarding awareness of smoking than 121(60.5%) answered correctly that smoking is harmful for health while 79(39.5%) answered incorrectly. Passive smoking is risky for health, was answered correctly only by 76(38%) while 124(62%) persons did not knew that passive smoking very risky for health. Only 29(14.5%) cases answered correctly about smoking quitting centers in our country. 89(44.5%) peoples smoke to relieve occupational stress, 79(39.5%) participants smokes to relieve domestic stress, 67(33.5%) smoke for the digestive purpose, 111(55.5%) smokes when sitting with friends, 113(56.5%) smokes due to peer pressure and 78(39%) smokes due to habit from childhood and also their parents were smoker.

Conclusion: This study showed that peoples had low level of consciousness regarding injurious consequences of smoking. Common reasons were seen peer pressure, reduce stress and digestive purpose.

Key Words: Smoking, causes, awareness

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INTRODUCTION

Smoking is very commonest avoidable factor of mortality & morbidity all around the world and very dangerous habit which is also risky for nonsmokers.¹ There is a growing evidence which relates smoking to pathology in cardiovascular system, respiratory system and urinary bladder.² In year 2000 roughly 4,830,000 early age mortalities were attributable to smoking in addition to nearly 50% of these mortalities were accounted from under developed countries.³ Smoking is on the decline in the developed countries in contrast to the developing countries where there is corresponding increase in smoking rates.³ Over the last two decades, manufacturing of cigarette has escalated worldwide, averagely 2.2% per annum, outpacing the populace

escalation rate of 1.7%.⁴ During 1995, from the overall populace of 78000,000 in Pakistan, 36% men & 9% women at the age of 15 yrs or elder were observed to be smokers.² In Pakistan smoking is the most important factor of mortality and disability which poses a big economic burden not just on the behave of therapy & medical care however as loss of effective & productive work force in early age. On the survey of different universities in 2008 at Karachi 23% candidates were seen with regular smoking.⁵

Nothing active smoking addicts are at escalated risk of death but passive smoking is as well placing a considerable quantity of nonsmoking individuals at escalated risk of eath.⁶ Tobacco is a well-known risk factor of a range of disorders including lung malignancy, CVD as well as lung disorder. Passive smoking is correlated with URTIs as well as asthma. The tobacco consumption is widespread worldwide, particularly in under developed nations such as Pakistan. The cigarettes utilization in Pakistani nation was approximated at 90 billion cigarettes during 2005. Numerous factors have been accounted for the incidence and acknowledgment of smoking in Pakistani nation, including colleague demands, community needs, to alleviate anxiety, frustration, anger and stress, together with nicotine addiction in cigarettes.^{7,8} Although, no difference between occupational and

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domestic stress has been kept while examining stress as the cause, evaluating the two sources independently can possibly construct significant data. Adopting cigarettes from companions has as well been accounted among half of teenage smokers,⁹ hence easy accessibility can possibly be a causative factor in smoking. There is a very high incidence of early morbidity and mortality in young smokers due to smoking related diseases.¹⁰ Aim behind this research work was to evaluate the causes along with awareness of smoking in general population.

MATERIALS AND METHODS

This descriptive, observational study had conducted at PUMHS hospital Nawabshah from 2015 up to 2016. Two hundred cases were integrated in the study following a verbal well-versed consent. All the cases were selected from general medicine OPD. Some patient's attendant were also selected those were smoker and were agree to participate in the study. A self maid ministered questionnaire was filled and information was collected regarding reasons of smoking. And awareness regarding smoking that weather it is harmful, what is passive smoking etc. All information was recorded in the Performa and analyzed in SPSS version 16.

RESULTS

Overall 200 cases were included in the study. Regarding socioeconomic condition, 91(45.5%) participants belonged to poor class while 67(33.5%) belonged to middle class and 42(21%) belonged to upper class. 44(22%) cases were illiterate, while 43(21.5%) had received primary education, and 44(22%) were graduate. Table:1

When cases were interviewed regarding awareness of smoking, 121(60.5%) answered correctly that smoking is very for health while 79(39.5%) answered incorrectly. Passive smoking is also harmful for health, was answered correctly only by 76(38%) while 124(62%) persons did not knew that passive smoking has harmful effect on health. Only 29(14.5%) participants answered correctly about smoking quitting centers in our country. Table:2

In this study 89(44.5%) peoples smoke to relieve occupational stress, 79(39.5%) participants smokes to relieve domestic stress, 67(33.5%) smoke for the digestive purpose, 111(55.5%) smokes when sitting with friends, 113(56.6%) smokes due to peer pressure and 78(39%) smokes due to habit from childhood and also their parents were smoker. Table:3

Regarding source of information, 89(44.5%) participants got information from friends and relatives, 19(9.5%) got from medical professionals and 92(46%) received information from media. Table:4

Table No. 1: Demographic data of the cases (N=200)

Variables	Numbers	Percentages
Socioeconomic Condition		
Poor	91	45.5%
Middle	67	33.5%
Upper	42	21.0%
Education		
Illiterate	44	22.0%
Primary	43	21.5%
Middle	69	34.5%
graduate	44	22.0%

Table No. 2: Awareness of patients regarding smoking N=200

Variables	Yes	No
Cigarette smoking is harmful to your health?	121(60.5%)	79(39.5%)
Your heath also on risk by smoking near you?	89(44.5%)	111(55.5%)
Smoking causes harm to your health?	99(49.5%)	101(50.5%)
Passive smoking means "Affected non-smoker person."	76(38.0%)	124(62.0%)
Do you know about dangerous diseases by smoking?	38(19.0%)	162(81.0%)
Are there any smoking quitting centers in your country?	29(14.5%)	171(85.5%)
Have you heard about warning against smoking	121(60,5%)	79(39.5%)

Table No. 3: Reasons of smoking n=200

Variables	Frequency (%)
Occupational stress relief	89(44.5%)
Domestic stress relief	79(39.5%)
For digestive purpose	67(33.5%)
Friendship	111(55.5%)
For looking glamorous	99(49.5%)
Any other role model	80(40.0%)
For experience/fun	34(17.0%)
Peer pressure	113(56.6%)
Habit from childhood	78(39.0%)
Borrowed from other	113(56.5%)

Table No. 4. Source of Information =200

Variables	Frequency (%)
Friends	89(44.5%)
Relatives	79(39.5%)
Parents	67(33.5%)
Profession	19(9.5%)

DISCUSSION

In this study, 60.5% persons knew about the hazardous effect of smoking on health. Similarly in a study of Omokhodion FO et al reported that 60.7% peoples knew that smoking has dangerous effect on health.¹¹ In our study most common reason for smoking was peer pressure. In other studies, multiple factors which influence smoking have been identified, but most commonly the youngsters start smoking by the peer pressure.^{12,13} Studies have accounted parental smoking as an effect on starting the smoking. A likely account can possibly be that as a teenager activities pattern, they are further liable to account smoking by associates as an influential cause for smoking as compare to their parents.

In this study, 33.5% participant's smokes for experience, 49.5% smokes for looking glamorous and 44.5% smokes to relieve stress. As well as in many other studies^{11,14,15} reported factors which influence adolescents like smoking for experience, looking glamorous and as a stress relief measure have also been recognized.

In this series 39 % cases smokes due to their childhood habits and their parents were also smoker. Parents are well-known to stimulus their children's conduct; teenage girls having smoker mothers are inclined to acquire chronic smoking as contrasted to those nonsmoking parents.¹⁶ A study from Karachi as well established a considerable correlation between smoking among youngsters & parental smoking, colleague smoking, uncles, and spending free time outdoor.⁹

In our study 55.5% of the cases smoking when sitting with friends and also due to influence of media. Friends and the media effect as a contributory cause of smoking is reflective of reduction in cigarette advertisements, moreover, in study on school-age kids in Lahore & Islamabad¹⁷ as well as one on youngsters in Karachi,⁹ which accounted no significant correlation between watching commercials announcements for cigarettes as well as consumption of tobacco.

An important point in making a strategy to deal with this menace is to consider the fact that cigarettes are freely available in the market and are accessible to everyone without restriction of age. In this study 56.5% peoples borrowed cigarette from others. Although there are rules and regulations of the state which govern the sale of cigarettes to children, but are not being implemented in true letter and spirit. These issues have also been highlighted by Ahsan Rasool et al¹⁴ and Di Franza JR.¹⁵

In this study, majority of information regarding health risks of smoking was got through media and relatives and friends i.e 46% and 44.5% respectively. Most respondents heard of the warning through the media, and a few via cigarette packs and family members. Health workers did not play a significant role in

informing the public of the dangers of cigarette smoking. An earlier study by Desalu et al¹⁸ had also reported that media-radio and TV were most common sources of information regarding the harmful effects of smoking.

CONCLUSION

We concluded that peoples had low level of consciousness regarding injurious effects of smoking. Common reason for smoking was peer pressure, friendship sitting and also for digestive purpose. Awareness programs should be performed mostly in rural areas and also it is added in the books of primary and middle school, because mostly illiterate and primary to middle educated peoples were unaware. Also some smoking prevent strategies should be created for those who were smoke due childhood habits and for digestive purpose.

Conflict of Interest: The study has no conflict of interest to declare by any author.

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