

## SMOKING TRENDS AMONG STUDENTS OF NISHTAR MEDICAL UNIVERSITY, MULTAN

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### ABSTRACT

**OBJECTIVE:** To determine the frequency of smoking among medical students. 2. To create awareness among medical students about hazards of smoking. 3. To understand the relationship of smoking with other diseases.

**Design:** It was an observational cross sectional study.

**Setting:** Nishtar Medical University, Multan.

**Material and Method:** A total of 300 male students, 60 from each class with their informed consent were included in the study. A questionnaire was designed. Data was collected and analyzed using EXCEL and SPSS software.

**Results:** Out of the total 300 students, 78 (26%) were smokers and 222 (74%) were non-smokers. Among the smokers, 28 (36%) were form 1<sup>st</sup> year MBBS, 8 (10%) from 2<sup>nd</sup> year MBBS, 14 (18%) from 3<sup>rd</sup> year MBBS, 4(05%) from 4<sup>th</sup> year MBBS and 24 (31%) were from final year MBBS. More than 50% students smoked 6-10 cigarettes/day & 65% were occasional smokers, belonged to middle clas families (44%). 75% students smoke cigarettes and 50% smoke while studying.

**Conclusion:** Cigarette smoking is a significant problem among male medical students. The number of smoking figures in our study was not alarmingly high, but we need to take steps to stop its use, so as to prevent the students from being exposed to its hazardous effect. This will also make their role in the advocacy of smoking cessation activities more trust worthy.

**Key words:** Smoking, Medical students.

### INTRODUCTION

Smoking is a serious health problem across the globe. In developing countries, such as Pakistan, it is increasing at an alarming rate due to massive promotional activities of various cigarette manufacturing companies and self-exempting believing of smokers. In Pakistan 36% of men smoke on a regular basis while the average age of onset of smoking is 18 years.

Young students are a common and frequent victim of smoking in our country. The health effects of cigarette smoking have been well documented, yet people continue to smoke and initiate smoking. Tobacco use, particularly cigarette smoking, is the leading preventable cause of death in the United States and is responsible for approximately 440,000 deaths each year of these deaths, most are caused by lung cancer and cardiovascular disease, smoking is a risk factor for emphysema, diabetes, upper

respiratory infections and bronchitis, and effects nearly Evert organ of the body.

There are an estimated 1.1 thousand million smokers worldwide, approximately one third of the global population aged 15 years and over (47% of men and 12% of women). Although smoking rates have decreased in developed countries in past years, there has been a corresponding rate have decreased in developed countries in developing countries.

Tobacco use is very common in Pakistan and is still consumed in a variety of ways, like cigarette smoking, chewing tobacco, cigars etc.

In addition to these, tobacco is smoked in unique local ways, which include “Beedi” (Tobacco rolled in dry leaves) and “Hookah” (Hubble-Bubbe), and “Sheesha” which is an upcoming trend, especially in the higher social classes.

There is a newly recognized phenomenon of social smoking among young adult cigarette smokers. Many college health professionals report having students say “I only smoke when I go out” or “I only smoke socially”, and that they perceive themselves as different from other smokers. In addition, data suggest that more than one-third of all students who smokes in the past 30 days did not consider themselves smokers.

Social environment has been shown to be an important factor in the initiation of smoking, as well as becoming an established smoker. In Pakistan during 1998, the prevalence of smoking was around 36% in males and 9% in females. There is lack of recent data.

WHO estimated 3 million deaths annually at the end of the 20<sup>th</sup> century due to smoking, which will rise to more than 10 million deaths by 2030.

The number of cases of lung cancers, chronic obstructive pulmonary diseases and myocardial infraction are increasing since the sale of cigarettes is rising. Moreover, lung cancer is the leading malignancy among the Pakistani males. Health Professionals are in an excellent position that allows them to have a prominent role on tobacco control.

However, marked deficits have been found in the amount and type of training medical. Professionals receive in smoking cessation counselling with little attention paid to determination of effective training methods.

For countries with a high smoking prevalence like Pakistan, it is important for the propective doctors to become the early adopters of a non-smoking culture.

#### **PURPOSE OF STUDY**

The study was intended to determine the frequency of smoking behavior among medical students of Nishtar Medical College, Multan and awareness regarding the risk factors associated with smoking. Cigarette smoking is a public health problem. Its incidence is increasing across the globe especially, amongst the youth. Since cigarette smoking is associated with serious health problems such as Hypertension, Ischemic heart disease and lung Cancer, there is an urgent need to create awareness among the masses about the health hazards and long term consequences of cigarette smoking.

#### **MATERIAL AND METHOD**

It was an Observational Cross-Sectional study carried out at Nishtar Medical College, Multan during the period April 2015-June 2015. A total of 300 male students, 60 from each class with their informed consent were included in the study by convenient sampling technique. A Questionnaire was designed. Data was collected and analyzed using EXCEL and SPSS software.

#### **RESULTS**

Out of 300 medical students 78 (26%) were smokers and 222 (74%) were non-smokers (Table 1). Among smokers, 28(36%) from 1<sup>st</sup> year and 24 (31%) from final year class (Table 2).

38% smokers started smoking before joining medical school and 62% started smoking after joining medical school (Table 3). The data showed, 65% of smokers were occasional smokers (Table 4). 53.2% Medical students smoked 6-10 cigarettes per day (Table 5). 75% of the smoker students smoke cigarettes while 20% smoke shisha (Table 6). Among smokers, 44% gave positive history of smoking in friends, 34% gave smoking history of their fathers, 17% gave smoking history of their brothers and 05% about their grandfathers (Table 7). 50% of student’s smoke during studying (Table 8)

**Table 1 – Frequency Distribution of Smokers and Non-Smokers**

<b>VARIABLES</b>	<b>FREQUENCY</b>	<b>PERCENTAGE(%)</b>
Smokers	78	26
Non-Smokers	222	74

26% Medical Students at Nishtar Hospital Smoke

**Table 2 – Frequency Distribution of Smokers on the Basis of Year of Study**

<b>Class</b>	<b>Smokers</b>	
	<b>No.</b>	<b>Percentage %</b>
1 <sup>st</sup> year	28	36
2 <sup>nd</sup> year	08	10
3 <sup>rd</sup> year	14	18
4 <sup>th</sup> year	04	05
Final year	24	31
	Total: 78	

Out of the total 78 smokers, 28 (36%) were form 1<sup>st</sup> year and 24 (31%) were from final year class.

**Table 3 – Smoking Before and After Joining Medical college**

Time	Frequency	Percentage%
Before joining Medical School	30	38
After joining Medical School	48	62

\*62% of the Medical Students started smoking after joining Medical School.

**Table 4 – Frequency Distribution of the Basis of Regular/Occasional Smokers**

Daily/Non-daily	Frequency	Percentage %
Regular	27.3	35
Occasional	50.7	65

\*The data show,65% of Smokers were occasional smokers

**Table 5 – Frequency Distribution on the basis of Number of Cigarettes Smoked Per Day.**

No. of Cigarettes	Frequency	Percentage %
1 – 5	7	8.1
6 – 10	42	53.2
11 – 15	9	12.2
16 – 20	12	16.3
>20	8	10.2

\*More than 50% regular smoker students smoke 6 – 10 cigarettes per day.

**Table 6 – Frequency Distribution of Smokers on the Basis of Ways of smoking**

Ways	Smokers		Non-Smokers	
	No.	%age	No.	%age
Cigarette	58.5	75	100	45
Sheesha	15.6	20	122	55
Cigar	3.9	05		
Beedi	0	0		

75% of the smokers' students smoke cigarettes while 20% smoke sheesha.

**Table 7 - Frequency Distribution on the basis of Need of Smokers**

Need	Frequency	%age
During Studying	39	50
After meals to relax	19.5	25

Watching TV	15.6	20
Driving	3.9	05

50% of Students smoke during studying

**Table 8 – Frequency Distribution of smoking among Friends and Family**

H/O Smoking	Numbers	Smokers (%)
Friends	34	44
Father	27	34
Brothers	14	17
Grandfathers	3	5

\*A smoker decision to smoke is directly influenced by peers smoking behavior.

## Discussion

Health Professional can play an important role in the fight against tobacco. They can educate the population more precisely and their support, in terms of not smoking themselves can have a far reaching influence on tobacco control efforts. This study was conducted to assess the frequency of smoking among medical students of Nishter Medical College, Multan and their attitudes towards it, so as to highlight the importance of their future designation as being the health care providers and role models of society. According to a study published in American Journal of Preventive Medicine, in the year of 2007, 40.7% Doctors were smokers our study showed 26% students of Nishter Medical College smoke.

A survey done among French general practitioners indicates that 84.3% doctors smoke less than 15 cigarettes per day. According to a study in on Greek Doctors, 41% doctors started smoking after joining the medical College. But this study showed 62% students started smoking after entry in Medical College.

A study was conducted in 2005 on medical students of Agha Khan University, Karachi where it was found that out of 271 respondents, 14.4% were current smokers (22.0% male and 3.8% females) and 3.3% were ex-smokers as compared to a current study where smoking rate was 13.45% in total. A majority of students recognized the dangers associated with active as well as passive smoking. The present study showed 26% medical students were smokers and majority of them were aware of the risk factors associated with active as well as passive smoking.

A study conducted in 15 medical schools from nine Asian countries in 1992 reported that the

prevalence of daily smoking in males was 4% in the first year and 11% in the final year; of occasional smoking 18% and 24% respectively, both with considerable varieties between countries. This study showed 35% students were regular while 65% were occasional smokers. Another study conducted in King Edward Medical University in 2009, showed greater smoking rates in senior study year (5<sup>th</sup> Year: n=17, 16.19%) as compared to junior study years 1<sup>st</sup> year (n=10, 6.8%) probably because of the more quantum of stress experiences by senior medical students.]

According to present study, smokers in 1<sup>st</sup> year were 28(36%) and in 5<sup>th</sup> year were 24(31%), the trend of smoking though decreased but when all five classes were combined the number of smokers was still relatively large. Another study reported that students who presently smoke have more friends and parents who also smoke than did non-smoker. According to present study there was also more smoking among those medical students who had positive family and friends smoking history.

There was more trend of smoking in middle class students as they were 44% while upper class smoker students were 35% and lower class 21%. Most of smokers, smoked to reduce stress or boredom. Present study also showed 50% of students smoked while studying. 70% of the smokers say, they smoked when go out to hospitality venues or when partying or socializing. This study also showed 65% students were social or occasional smokers.

### **CONCLUSION**

Our results showed a substantial trend of cigarette smoking in medical students in Pakistan. Prevalence was more in middle class, and 65% students were social smokers. Majority had a smoker in their family and friends.

### **RECOMMENDATIONS**

- Pattern of life style needs to be changed for those persons having habits of smoking. The persons doing so are more at risk of developing CA lung and are more prone to comorbidities of smoking.
- All medical students especially of 1<sup>st</sup> year should be actively involved in the antismoking activities via curricular activities.

- Awareness of smoking outcome can be achieved by arranging visits to oncology and chest wards.
- Visual aids (like pictures of debilitated patients of lung cancer) should be printed on cigarette packs to aware illiterate population of Pakistan.
- Seminars should be organized to create awareness against hazards of smoking.
- Sale of cigarettes should be prohibited in hospitals, medical colleges and hostels.
- Mass media campaigns should be promoted.
- Antismoking banners and posters should be pasted in premises of medical colleges and hospitals.
- Legislation should be strictly followed.
- The prices of cigarette pack should be increased by increasing amount of sales taxes and amount received from taxes should be used in antismoking campaigns and smoking rehabilitation centers.

### **REFERNECES**

1. Centers for disease Control and Prevention. Annual smoking-attributable morality, years of potential life lost, and economic cost – United States, 1995-1999. MMWR.2002;51 (14):300-303. [PubMed]
2. US department of Health and Human Services. The Health Consequences of Smoking: A Report of the Surgeon General. Atlanta, GA: US Dept of Health and Human Services, Public Health Service, Centers for Diseases Control and Prevention, National Center for Chronic Disease Prevention and health Promotion, Office on Smoking and Health;2004.
3. Collishaw NE, Lopez AD. The Tobacco epidemic: a global public health emergency. Tobacco Alert. Geneva: World Health Organization, 1996.
4. Yu JJ, Shopland DR. Cigarette smoking, behavior and consumption characteristics for the Asia-Pacific region. World Smoking health 1989; 14:7-9.
5. Kazi HG. The Health hazards of tobacco use. J Pak Med Assoc 1990; 40:6-10.
6. Harris KJ, Wilsom T, Ahluwalia JS. A Qualitative Analysis of College Student's Smoking: Perceptions and Interest in

Change. Poster presented at: Annual Meeting of the Society for Research on Nicotine and Tobacco; February 23,2002; Savannah, GA.

7. Koontz JS,Harris KJ, Okuyemi K, et al. Patterns in the treatment of college smokers by health care providers. J Amer Coll Health. In press.
8. Pierce JP, Choi WS, Gilpin EA, Farkas AJ,Merrit RK. Validation of susceptibility as a predictor of which adolescents take up smoking in the United States. Health Psychol. 1996 Sep;15(5):355-361. [PubMed]
9. Ejaz SA. Prevalence & Pattern of smoking in Pakistan. J Pak Med Assoc 1998; 48:64-6.
10. Zil -a- Rubab, Ata-ur-Rehman M. Passive smoking status of students and employes of a private medical university. Pak J Med Sci 2007; 23: 425-8.
11. Jafary NA, Zaidi SH. Carcinoma of Oral cavity and Oropharynx in Karachi (Pakistan) an appraisal. Trop Doct 1976; 6; 63-7.
12. World Health Organization. Tobacco free Initiative (TFI) Website. (Online). Available from URL: <http://www.who.int/tobacco/>.
13. Roche AM, Eccleston P, Sanson-Fisher R. Teaching Smoking cessation skills to senior medical students: A block randomized control of four different approaches. Prev Med 1996; 25:251-8.