RESEARCH ARTICLE

KFU STUDENT’S KNOWLEDGE AND ATTITUDE ABOUT CIGARETTE SMOKING CESSATION.

Ali Adel Al-Amer, Husseien Al-Jaziri, Ahmed Al-Hajji, Ahmed Ghawas, Abdullah Al-Maihan, Khaled Al-Muraydhi, Ali Al-Alawi, Ayman Al-Mohammed, Ali Al-Suliman, Mahdi Al-Sowilen and Abdulmohsen Al-Jaziri.

Abstract

Purpose of the Study: determine the knowledge of King Faisal University students about cigarette smoking cessation options of male students, by King Faisal University, Saudi Arabia. A random sample of 300 students from 5 different colleges at the university answered a self-administered questionnaire based on a modified and translated research questionnaire by Lisa Hope titled “Smoking Cessation Knowledge and Clinical Cessation Techniques Among Medicine Residents”. 62% of smokers knew about counseling option, while 83% of non-smokers knew about it. 58% and 65.8% from smokers and non-smokers, respectively, knew about nicotine replacement therapy. 18% of smokers and non-smokers knew about Prozac and Bupropion. The study showed lack of anti-smoking campaign exposure, 44.6 of participants have not seen any anti-smoking campaign in the past year.

Copy Right, IJAR, 2017, All rights reserved.

Introduction:

Smoking is a major worldwide public health problem and one of the main preventable cause of morbidity and mortality. Smoking related disease will kill one in 10 adults globally by 2030, if current trends continue, smoking will kill one in 6 people worldwide. “Smoking currently kills five million people a year worldwide and, according to estimates, will probably kill eight million people a year between now and 2030 and one billion over the course of the 21st century. Although many of the adverse health effect of tobacco occur later in life, smoking has health implication for young people.” According to studies conducted in Saudi Arabia the prevalence of smoking ranges from 2.5-52% (median 17%), and among young adults ranges from 2.4-37% (median 13.5%). “21.6% (n=1382) is the prevalence of cigarette smoking among male students of King Faisal University (KFU).

Many cigarette smokers find it difficult to quit smoking despite being aware of its hazards. Frequent failed attempts are reported globally. However, there are many success stories around the world. With the help of anti-smoking centers there is higher possibility of succeeding in quitting. This study aims to determine the knowledge of KFU Students and attitude about cigarette smoking cessation options and compare the knowledge among smokers and non-smokers.

Corresponding Author: Ali Adel Al-Amer.
Method:-
The number of KFU students in 2013 is 31,849. Because of huge number of KFU students and limited time we had decided to take only 20% out of total student number from five collages. We estimated that our sample size is 300 students. Our research method is cross sectional and it compares the knowledge between smokers and non-smokers about their knowledge and attitudes about cigarette smoking cessation. We have chosen this method because it is not expensive, fast and easy to do, and the limited time we had.

We have read some researches to know the appropriate questions to use them in our questionnaire. After that we have discussed to took most of our question from "Smoking Cessation Knowledge and Clinical Cessation Techniques Among Medicine Residents" research done by Lisa Hope. By modifying the questionnaire from the research by Lisa Hope to a more simplified form and added some questions we had made by ourselves. We had also to translate the questionnaire to Arabic to make sure our sample fully understand the questionnaire. The questionnaire contain both English and Arabic translation of it.

Procedure:-
Our procedure was as the following: first we had to take permission from the university administration to do our research on five collages. Then we took permission from students by writing on the first page of our questionnaire “The return of questionnaire will be considered as permission from the students to use the information in the research”. Also, we promised them to keep confidentiality of this information by writing “the confidentiality of information will be strictly maintained”. Then we did a pilot testing in ten students. After that, We fixed any problem in the questionnaire if there were any. finally we started distributing the questionnaire to the students from the five selected colleges “Medicine, Pharmacology, Engineering, Computer Science and Veterinary Medicine”.

Material:-
In material we are supposed to go to the students of the five selected colleges and introduce ourselves and our research. Then hand them questionnaire and ask him to fill and return it back. The questionnaire contains three sections. First section about Demographic information, the second section is about Tobacco use history and current behavior and the third and final section is about knowledge and attitudes.

Gantt Chart (Timeline):-

|                      | 19-21th Nov | 21-24th Nov | 24-28th Nov | 28th Nov-15th Dec | 15th Dec – 1st Jan |
|----------------------|-------------|-------------|-------------|-------------------|-------------------|
| Introduction Writing |             |             |             |                   |                   |
| Questioner editing   |             |             |             |                   |                   |
| Data Collection      |             |             |             |                   |                   |
| Preparation of draft report |     |             |             |                   |                   |
| Abstract + final draft|             |             |             |                   |                   |

Statistical Analysis:-
At the beginning we used SPSS 17 and we entered the student Data. Then we checked the data correctors. Finally we will use some graphs and tables.
**Results:**

**Table 1:** Demographic Distribution.

| College in which student is studying | Count | Column N % | Count | Column N % | Count | Column N % | Count | Column N % | Count | Column N % | Mean |
|-------------------------------------|-------|------------|-------|------------|-------|------------|-------|------------|-------|------------|------|
| Computer Science                    | 18    | 0.0%       | 2     | 3.2%       | 0     | 0.0%       | 0     | 0.0%       | 8     | 14.0%      |      |
| Medicine                            | 19    | 1.4%       | 9     | 14.3%      | 9     | 12.3%      | 0     | 0.0%       | 11    | 19.3%      |      |
| Engineering                         | 20    | 23.0%      | 10    | 15.9%      | 11    | 15.1%      | 1     | 3.0%       | 8     | 14.0%      |      |
| Clinical Pharmacy                   | 21    | 33%        | 21    | 33.3%      | 24    | 32.9%      | 17    | 51.5%      | 11    | 19.3%      |      |
| Veteranian Medicine                 | 22    | 10.3%      | 13    | 20.6%      | 18    | 24.7%      | 11    | 33.3%      | 10    | 17.5%      |      |
| Total                               | 25    | 9.5%       | 5     | 7.9%       | 8     | 11.0%      | 4     | 12.1%      | 6     | 10.5%      | 21.3 |
| The age in years                    | 24    | 5.4%       | 1     | 1.6%       | 2     | 2.7%       | 0     | 0.0%       | 2     | 3.5%       |      |
|                                        | 25    | 2.7%       | 2     | 3.2%       | 1     | 1.4%       | 0     | 0.0%       | 0     | 0.0%       |      |
|                                        | 27    | 0.0%       | 0     | 0.0%       | 0     | 0.0%       | 0     | 0.0%       | 1     | 1.8%       |      |
| Total &%                            | 74    | 24.7%      | 63    | 21%        | 73    | 24.3%      | 33    | 11%        | 57    | 19%        |      |

There were 74 (Computer Science), 63 (Medicine), 73 (Engineering), 33 (Clinical Pharmacy) and 57 (Veterinarian Medicine) college students which makes up the 300 student sample size. The mean for age was 21.3 years and approximately 3rd year in their current program.

**Table 2:** Comparison in between collage in number of smoker, nonsmoker and x-smoker.

| Count | College in which student is studying | Total |
|-------|-------------------------------------|-------|
|       | Computer Science | Medicine | Engineering | Clinical Pharmacy | Veteranian Sciences |
| smoking | smoker | 15 | 5 | 13 | 4 | 13 | 50 |
|         | nonsmoker | 58 | 57 | 58 | 26 | 44 | 243 |
|         | xsmoker | 1 | 1 | 2 | 3 | 0 | 7 |
| Total | 74 | 63 | 73 | 33 | 57 | 300 |

The sample contains 50 smokers, 243 non-smokers and 7 ex-smokers.
Chart 1: Comparison in between collage in number of smoker, nonsmoker and ex-smoker.

Bar Chart

Table 3: Knowledge and attitude:

| Smoking Condition                                      | Smoker | Non-smoker | Ex-smoker | P    |
|--------------------------------------------------------|--------|------------|-----------|------|
| Smoking chances \(x^2\) if physician advises to quit? | True   | 29 (58.0%) | 187 (77.0%) | 5 (71.4%) | .021 |
|                                                        | False  | 21 (42.0%) | 56 (23.0%) | 2 (28.6%) |      |
| Nicotine addictive-ness                                | True   | 27 (54.0%) | 210 (86.4%) | 6 (85.7%) | .000 |
|                                                        | False  | 23 (46.0%) | 33 (13.6%)  | 1 (14.3%) |      |
| Anti-smoking Centre in Al-Hassa?                       | Yes    | 37 (74.0%) | 152 (62.6%) | 6 (85.7%) | .154 |
|                                                        | No     | 13 (26.0%) | 91 (37.4%)  | 1 (14.3%) |      |
| (Counseling)                                           | Yes    | 31 (62.0%) | 203 (83.5%) | 6 (85.7%) | .002 |
|                                                        | No     | 19 (38.0%) | 40 (16.5%)  | 1 (14.3%) |      |
| (Nicotine replacement therapy)                         | Yes    | 29 (58.0%) | 160 (65.8%) | 3 (42.9%) | .287 |
|                                                        | No     | 21 (42.0%) | 83 (34.2%)  | 4 (57.1%) |      |
| (Prozac pill)                                          | Yes    | 9 (18.0%)  | 44 (18.1%)  | 1 (14.3%) | .967 |
|                                                        | No     | 41 (82.0%) | 197 (81.1%) | 5 (71.4%) | .799 |
Table 4: Anti-smoking campaign exposure in the last 1 year.

| Crosstab            | How many anti-smoking campaign have you seen in the last 1 year? | Total |
|---------------------|---------------------------------------------------------------|-------|
|                     | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 9 | 10 | 14 | 20 |       |
| smoking             |   |   |   |   |   |   |   |   |    |     |    |   |
| Smoker              | 23 | 8 | 7 | 6 | 1 | 3 | 0 | 0 | 1  | 0  | 1  | 50  |
| Non-smoker          | 109 | 62 | 37 | 10 | 8 | 11 | 2 | 2 | 1  | 1  | 0  | 243 |
| Ex-smoker           | 2  | 2 | 0 | 2 | 0 | 1 | 0 | 0 | 0  | 0  | 0  | 7   |
| Total               | 134 | 72 | 44 | 18 | 9 | 15 | 2 | 2 | 2  | 1  | 1  | 300 |

134 have not seen any anti-smoking campaign , 72 have seen only once , 44 have seen 2 and 50 have seen more than 2 campaigns.

Discussion:
Our study showed that most of participants knew about counseling option in cigarette smoking cessation. However there were significant difference (P<0.05) between (smokers 62%) and (non-smokers 83%) . But participants were less knowledgeable about pharmacological smoking cessation options. Only 18 % from smokers and non-smokers knew about Bupropion and Prozac. Participants were mostly knowledgeable about nicotine replacement therapy more than any pharmacological cigarette smoking cessation option (58% smokers) and (65.8% non-smokers). There is no difference (P>0.05) in the knowledge of pharmacological cigarette smoking cessations options between smokers and non-smokers. Only 58% of smokers think their chances of quitting would be doubled if they were advised to quit smoking. Only 54% of smokers think that nicotine is as addictive as other drugs , while 86% of non-smokers think it’s addictive .There is significant difference between smokers and non-smokers (P<0.05). However there are no hard evidence that nicotine is as addictive as drugs like cocaine , some researches say it’s and some say its not . It’s controversial between Scientists and can’t be used as argument for poor knowledge. 134 out of 300 of participants, which makes up 1/3 of them, have not seen ANY anti-smoking campaign in the past year! And 2/3 of participants have not seen more than 1 campaign.

Limitation:
Our sample size is 300 students from only 5 selected colleges. The time was very limited, because of exams and other assignments. We didn't have enough time to gather and analyze more sample size and take sample from all over the university colleges. Also our questionnaire was taken from other research that was “Smoking Cessation Knowledge and Clinical Cessation Techniques Among Medicine Residents” research done by Lisa Hope and we tried our best to modify and translate the questionnaire to suite research purpose.

Conclusion:
There were some significance in difference between the knowledge in counseling between smokers and non-smokers . However pharmacological cigarette smoker cessations options showed no significant difference between smokers and non-smokers. There were lack of anti-smoking campaign and 2/3 of participants have not seen more than 1 anti-smoking campaign advertisement.

Recommendations:
1. Perform a larger scale study for conformation
2. Educate smokers through seminars about smoking cessation options that it can reduce the withdrawal symptoms.
3. Increase the numbers of anti-smoking campaigns.
4. Use modern communication to raise awareness about smoking cessations options.
5. Anti-smoking campaign advertisements must be in a place were any person can see whatever his social , economic and education state.
6. Inform doctors to recommend and educate patients about cigarette smoking options.
References:

1. World Health Organization. Smoking statistics, fact sheet 2002. WHO, Regional office for western pacific 2005. available from URL: http://www.wpro.who.int/mediacentre/factsheets/fs_20020528/en/

2. Peto R, Lopez AD. Future worldwide health effects of current smoking patterns. In: Koop CE, Pearson CE, Schwarz MR, editors. Critical issues in global health. San Francisco: Wiley (Jossey-Bass); 2001. pp. 154–61

3. Medhat M. Bassiony, Smoking in Saudi Arabia. Saudi Med J 2009; Vol 30 pp 876-881

4. Al-Mohamed HI, Amin TT, Pattern and prevalence of smoking among students at King Faisal University, Al Hassa, Saudi Arabia. EMHJ 2010; vol. 16 pp 56-64

5. Lisa Hope. 2nd Year Research Elective Resident’s Journal 2003-04; Vol 3 pp.146-152