Original Research Article

Perception of smoking habits and related diseases among society

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ABSTRACT

Background: Smoking is practiced by a third of world’s population. Tobacco is leading cause of deaths world over. Six million people (1/8 second) die from tobacco each year. Objective of this study was to study demographic profile and awareness regarding tobacco smoking among people of Rohilkhand, Bareilly.

Methods: Randomly selected individuals of Rohilkhand region. Questionnaire method involved.

Results: Among 1040 sample size, 70% were males with mean age of 37.68 years. 73.94% population belonged to upper lower socio-economic class. 52% (62.9% male and 26.6% females) were current smokers of which 60.6% were exclusive beedi smokers. 50% were unaware of oral and lung cancer due to smoking. 34% were unaware about effects of passive smoking. 48.48% smokers report cough with expectoration as commonest symptom. 60% finds peer group influential for the behavior. 76.9% smokers are willing to quit smoking. 63.4% are open for counseling. 26% were unaware of ban/law related to smoking in public places. 68% believe there is increasing trend in prevalence of its use, among minors, educational institutes and hospitals.

Conclusions: Despite high awareness of ill effects of smoking, there is an increasing trend in prevalence of smoking with an increased involvement of minors attributed to peer pressure. People are unaware of passive smoking and its harmful effect on body. Moreover, advertisements, visuals and captions have failed in making an impact. There occurs a need of awareness programmes, intervention sessions, medical therapy and strict anti-smoking laws by the government, social welfare and healthcare volunteers to help people quit and control the menace in society.

Keywords: Addiction, Anti-smoking advertisements, Anti-smoking laws, Health hazards, Public health problem, Smoking awareness

INTRODUCTION

Tobacco consumption is a major community health issue worldwide. Smoking affects about one-third of world’s population aged 15 years and above. It has been projected that more than 1 billion people smoke worldwide.1 It is a leading cause of preventable deaths world over. Around six million people (10% of all deaths) die from tobacco use each year, both from direct tobacco use and second-hand smoke.2 India ranked second after China among a list of 10 countries with the largest number of smokers accounting for about two-thirds of world’s smokers.3 As per the Global Adult Tobacco Survey India (GATS), around 35% of grown-ups (47.9% males and 20.3% females) in India use tobacco in some way. Use of smokeless tobacco is more common in India (21%).4 Tobacco addiction most commonly begins in late childhood or adolescence, although smoking can begin in young adulthood.5,10

Smoking frequently occurs in recurrent settings i.e. after eating, when irritated, when bored, when sad, in specific social settings, etc. As such, smoking becomes associated with these settings, which serve as operant cues to induce smoking behaviour. The development of addiction to
tobacco, therefore, involves not only the development of addiction to nicotine but also the acquisition of conditioned behaviours, which nicotine facilitates. Because these cue-mediated behaviours can be very persistent, they are major causes of relapse.

Smoking-induced disease is becoming more common in the developing world where smoking prevalence has been increasing, particularly in specific subpopulations such as young and middle-aged males.11

Smoking hurts nearly every organ of the body and concerns a person’s general health. Smokers are more likely than nonsmokers to develop lung cancer, heart disease, stroke, mental illness, blindness and other chronic illnesses.12 Smoking upsurgs the risk of acquiring lung cancer by 25 times while for coronary heart disease and stroke by 2 to 4 times.12,13 It also reduces overall health, increased absenteeism from work, and increased health care utilization and cost.12

Passive smoking is the mixture of smoke from the burning end of a cigarette and the smoke breathed out by smokers. It comprises more than 7,000 chemicals. There is no risk-free level of contact to secondhand smoke. It grounds plentiful health problems in infants and children, including regular and severe asthma attacks, respiratory infections, ear infections, and sudden infant death syndrome (SIDS). There is a high risk of coronary heart disease, stroke, lung cancer, spontaneous miscarriages, osteoporosis, etc. among adult passive smokers.14

Therefore, this study was aimed to assess the prevalence of smoking, awareness of smoking and passive smoking-related health risks, actions towards prevention of smoking, views on quitting, and knowledge of existing national anti-smoking legislation and advertisements among the community.

Objective

The objective of this study is to study the demographic profile and perception of society regarding tobacco smoking-related diseases, to assess the awareness of risk factors and consequences of tobacco smoking, to assess awareness of existing national anti-smoking laws and to study the adequacy of advertisements cautioning against the use of tobacco products.

METHODS

A community-based cross-sectional study was done on occasion of World No Tobacco Day from 28th May 2019 to 31st May 2019. A radius of 10 km in and around Rohilkhand Medical College and Hospital, Bareilly, Uttar Pradesh was decided for the study. 1040 randomly selected individuals ageing 15 years and above, were included in the study. Prior informed consent was taken from all participants. Assessment of demographic profile, awareness, perception and knowledge of tobacco smoking and related diseases was done by answering a self-designed questionnaire. Data analysis was done using Microsoft Excel 2010.

RESULTS

Table 1: Demographic profile of study population.

| Demographic | Number |
|-------------|--------|
| Total study population | 1040 |
| Mean age of population | 37.68±8.66 |
| Male:Female (overall) | 7:3 |
| Male:Female (among smokers) | 2.36:1 |
| Smokers:Exsmokers:non-smokers | 26:7:17 |
| Socio-economic status (%) | |
| Upper lower | 74 |
| Lower middle | 11.73 |
| Lower | 10.67 |
| Upper middle | 3.66 |

Figure 1: Harmful effects of smoke on human body.

Figure 2: Symptoms experienced due to smoking among smokers.

Of the total study population, 66% of people said that they are aware of the harmful effects caused by passive
smoking. About, 92% of respondents said that tobacco products were easily available in their locality. 58% of people were unaware regarding advertisements, visuals and captions cautioning against smoking on the packets of tobacco products. 74% of people were aware of the ban on smoking in public places and 34% among these were also aware of fine imposed on smoking in public places. Rest, 26% were unaware of any legislation regarding smoking and felt a strong need for their enforcement.

A total 45% population is aware that smoking causes respiratory diseases but only 33% is aware that it could lead to lung cancer. 23% were aware of the possibility of oral cancer and only 13% said it could cause heart diseases (Figure 1).

Cough with expectoration came out to be the most common symptom experienced by 48.48% smokers followed by breathlessness, hemoptysis, chest pain and abdominal discomfort (Figure 2).

On asking people whether smoking affects their families in any way, 58% agreed that yes it affects their home budget. More than one-third of people said that it affects their interpersonal relations and work performance too (Figure 4).

On questioning the study group regarding smoking cessation, 60% believe that smoking cessation is possible and 76.9% smokers were willing to quit smoking. 36% of smokers had failed attempts to quit smoking. 63.4% of smokers felt the need for assistance in various forms to quit smoking.

Moreover, 60% of people have seen tobacco products being sold and purchased by minors around educational institutes. Also, 40% of people reported the use of tobacco products inside hospital premises. Consequently, 68% believe that there is an increasing trend in the consumption of tobacco products in society.

DISCUSSION

India has a very high prevalence rate of chronic obstructive pulmonary disease. This was found to be significantly associated with tobacco smoking. Almost 75% of respondents in this study were found to be aware of the harmful consequences of tobacco consumption. The respondents who did not consume tobacco were more aware of the harmful consequences of tobacco consumption. A similar study was conducted in Karachi showed that 47% were knowledgeable about the hazards of smoking. The study concluded that a high proportion of people consumes tobacco and most of them were unaware of tobacco consumption hazards and passive smoking.

Most of the respondents in this study think that the tobacco consumption can cause respiratory problems (45%), lung cancer (33%), oral cancer (23%) and heart diseases (13%). Majority of the subjects (83.2%) had an awareness that smoking can cause cancer. This was similar to the study conducted by Kumar et al who found it to be 65.3%, 75.8% and 82% respectively.

In our study, 66% of people were aware of ill effects of passive smoking which was found similar (68.3%) in the study by Muttappallymyalil et al. Moreover, the most prevalent reason for initiation and continuation of tobacco smoking was peer pressure (60%) similar to Naresh et al who found it to be 61.69%.

CONCLUSION

Tobacco smoking is the most common and most popular form of recreational drug use. Despite high awareness of ill effects of smoking, there is an increasing trend in the prevalence of smoking with increased involvement of minors attributed to peer pressure. Advertisements,
visuals and captions though occupying significant space on cigarette packs, they have failed miserably in communicating the message and making an impact. Moreover, this study sheds light on the low levels of knowledge about the existing national anti-smoking laws in India and the harmful effects of tobacco smoking on the human body.

There is an emergent need for government, social welfare and healthcare volunteers to organize periodic awareness programs, intervention sessions and mass media campaigns, to ensure the availability of medical therapy to prevent smoking and make strict anti-smoking laws so that people can quit smoking and control the menace in society.

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