

Evaluation of awareness, attitude and smoking rates among youngsters in central India

Ekta Sawriya*, Fatima Khan, Jaideep Sur, Deeplaxmi Dewangan, Sourav Bose, Ayesha Roul

Department of Oral Medicine & Radiology, Rungta College of Dental Sciences, Bhilai, Chhattisgarh, India

Abstract

Introduction: It is a well-known fact that cigarette smoking is hazardous to health & is the leading cause of preventable diseases & responsible for more than 5 million deaths every year. Smoking increase the risk of cardiovascular diseases, respiratory diseases, and 10 different forms of cancer. Recent data suggest that the current prevalence rate of youngsters smoking in India is 28.6%. A survey- based questionnaire was developed in Google Form to monitor tobacco use, elicit attitudes about tobacco, and obtain information on exposure to tobacco smoke among youth.

Methodology: A questionnaire survey consisting of 20 open-ended questions was conducted among the age group 18-25 years over a period of 3 months from July – September 2019 in the outpatient department of Oral Medicine & Radiology, Rungta College of Dental Sciences and Research Bhilai (CG).

Result: A total of 300 subjects participated out of which 80.3% male, 19.7% female, and the overall smoking rate were found to be 64%. A majority of the participants stated that they adapted to smoking because of peer pressure (87.7%) with believing that smoking is a sign of maturity.

Conclusion: A high percentage of youngsters admitting to smoking cigarettes as demonstrated from our survey highlights a poor indicator of National Health Status. The need to formulate stringent policies to guide youngsters to understand the deleterious effects of tobacco, through advertisements, banners, setting up of de addiction and counseling centers.

Keywords: Health risk, tobacco, smoking, youngsters, perception.

Accepted on April 15, 2020

Introduction

A cigarette is a major problem in developing countries. It is a well-known fact that cigarette smoking is hazardous to health & is the leading cause of diseases & responsible for more than 10 million deaths every year. Smoking continues to rise in low and middle-income people as well as high-income people [1]. According to WHO, the prevalence of smoking among young people in India is 12% [2]. Men are more commonly affected as compared to their female counterparts. It is predicted that tobacco deaths in India may exceed 1.5 million annually by 2020 [1]. Attitude, behavior, knowledge about smoking is a very important factor to motivate a smoker to quit habits. Apart from causing pain, functional and aesthetic problems, cancer also leads to a loss of working man-hours and hence, in the long run, it can have a significant impact on the Indian economy. If they quit habits at an early stage the reduced risk of stroke, cardiovascular disease, and smoking- related cancers and increases the health benefits [3]. As the impact of smoking is hazardous with the serious side effect. So the present study was conducted to evaluate the awareness, attitude and smoking rates among youngsters visiting dental hospital Bhilai (CG). This study was conducted to assess the awareness, knowledge and smoking rate among youngsters.

Methodology

A questionnaire survey consisting of 20 open-ended questions was conducted over 3 months from July-September 2019 in the outpatient Department of Oral Medicine & Radiology, Rungta College of Dental Sciences and Research Bhilai (CG). The questionnaire was formed for an online survey using Google form. Each patient from age 18-25 year visiting the department was provided with the questionnaire using an iPad. A total of 300 patients participated in this survey with their consent. The questionnaire was distributed randomly without knowing about the patient smoking habits. The questionnaire was divided into 5 sections; regarding smoking rates, knowledge & awareness, the impact of smoking, evaluate reasons for smoking, & discontinue habit each patient was allowed to fill the form only once.

Data analysis

The result was analyzed using the statistical package for social sciences (SPSS) responses were coded as “yes”=1, No=2, Not sure=3 “passive smoking is injurious “the score were “agree=1, Disagree=2, Don’t know=3 Quitting intentions was assessed by the question “Have you tried to quit smoking in past “yes “given a score of 1”, “No” given a score of 2. The data were described using frequency distribution. A Chi-square test was used to measure the association between awareness

Table 1. Response of the study group towards smoking.

Questions	Male	Female	n value	X ² value	P value
What age you started smoking?					
Less than 18 years	75	2	300	3.77	<0.001
19-22 years	94	6			
23-25 years	16	2			
How did you started smoking?					
Due to parent & Relative	4	0	300	3.71	<0.001
Due to friend /peer pressure	163	8			
Due to television/movie	3	1			
Sign of maturity	14	0			
How many times you smoke?					
1-2 times	104	8	300	3.79	<0.001
3-5 times	49	0			
>6	31	2			
What is the best time for smoking?					
Morning	43	0	300	3.83	<0.001
Noon	17	0			
Evening	91	5			
Before bed time	33	4			

and attitude. The value of $p < 0.05$ confidence interval 95% was considered significant (Table 1).

Results

The current study was carried out to assess the awareness, knowledge, and attitude about smoking among youngsters between 18-25 years. The final sample size in the study was 300. Out of which 214 (80.3%) were males and 59 (19.7%) were females among them 196 (65%) were smokers and 104 (35%) were nonsmokers. 101(51.5%) smokers started smoking at the age of 19-22 years followed by 77 (39.3%) smokers less than 18 years and 18 (9.2%) smokers between 23-25 years. The highest frequency of smoking was seen in 33 (16.8%) smokers with more than 6 cigars /day followed by 49 (25%) smokers with 3-5 cigars /day and 114 (58.2%) smokers with 1-2 cigars/day (Table 2).

Response towards attitude, behavior, and perception about smoking

The prime question being asked was “How did you start smoking?”, the responses to which were 171 (87.7%) adapt smoking due to a friend /peer pressure, 15 (7.7%) with believing that smoking is a sign of maturity, 5 (2.6%) adapt smoking due to television and 4 (2.1%) due to smoking influenced by parents /relative. The next question asked based on the attitude of respondents was “How you react when you see someone smoking?”, majority of the participants 145 (48.3%) paid no attention to the smokers, 94 (31.3%) participants opposed them, 42 (14%) scolded them and 19 (6.3%) participants supported smoking. An alarming number 97 (49.7%) of smokers preferred the best time for smoking in the evening, 45 (23.1%) confessed morning to be the favorable time, 36 (18.5%) smoked before bedtime and 17 (8.7%) choose noon to be the best time (Table 3).

Knowledge and consequences about smoking health hazards

The percentage of the smoker who had awareness about health risk effect of smoking, the knowledge score was high for lung cancer (94.7%), and low knowledge score for stroke (65.7%) as shown in figure 1. Majority of the respondents 241 (80.3%) were aware of the fact that nicotine in cigarettes causes addiction, approximately one-third of the respondents 47

(15.7%) were unaware of the addiction towards nicotine and 12 (4%) of the respondents were unknown to its adverse systemic effects (Figure 1).

Discussion

According to the World Health Organization, India is home to 12% of the world’s smokers. This study was done to analyze the awareness, attitude and smoking rate among youngsters visiting dental hospital Bhilai (CG). A similar study conducted by Garg et. al. in 2013 explored the attitude, behavior, knowledge and smoking rates among youngsters from Southern India [1]. It revealed that 41.03% of its participants admitted to smoking. Another study conducted by Dawood et al in 2016 showed 52.6% were smokers among the Iraqi population [2]. Moodie et. al., in 2017 analyzed that 49% smoker found to be among the UK population. The results of the study survey demonstrated 64% of the participating youngsters admitting to smoking cigarettes [4].

A similar study in Iraq (2016) indicated that the majority of Iraqi smokers have a moderate level of awareness toward the health risk effects of smoking. Results indicated that there was low awareness of other health effects of smoking. For example, smoking is a risk factor for stroke, stained teeth, causes impotence in male smokers, and lung cancer for non-smokers from secondhand smoking [2].

A study in China reported that only half of the smokers were aware of the harm of secondhand smoking. This finding is similar to the other studies in the Western countries, where smokers reported their personal risk from smoking, most probably to minimize cognitive dissonance from smoking and protect themselves from worry.

Attitude of smokers and non-smokers

The study revealed an alarming number of youngsters involved in smoking tobacco from an early age, most of them considering it a fashionable act. Efforts should be made to dissipate the casual outlook of youngsters regarding smoking and to make them perceive the deleterious effects it has on health outcomes [1].

Behavioral perception of the smokers

The findings of this study demonstrated that the teenage population was more prone to adopting smoking and a substantial percentage of the participants agreed that peer pressure was

Table 2. Sociodemographic characteristics of the sample.

Sociodemographic information	n (%)
Gender	
Male	241 (80.3)
Female	59 (19.7)
Do you smoke	
Yes	192 (64)
No	108 (36)
Age	
Less than 18	77 (39.3)
19-22	101 (51.5)
23-25	18 (9.2)
Cigarette smoked per day	
1-2	114 (58.2)
3-5	49 (25)
>6	33 (16.8)

Table 3. Response of the study group to attitude, behavior.

Questions assessing attitude of respondents	n (%)
How did you start smoking?	
• Due to parents/relative smoke	4 (2.1%)
• Due to friend/ peer pressure	171 (87.7%)
• Due to television	5 (2.6%)
• You believe smoking is a sign of maturity	15 (7.7%)
Response when you see someone smoking?	
• Support them	19 (6.3%)
• Oppose them	94 (31.3%)
• Scold them	42 (14%)
• None	145 (48.3%)
Questions evaluating behavior of respondents	
Age of initiation of smoking	
• Less than 18 years	77 (39.3%)
• 19-22 years	101 (51.5%)
• 23-25 years	18 (9.2%)
How soon after you wake do you smoke your first cigarette?	
• 5-15 min	39 (20.1%)
• 16-30 min	16 (8.2%)
• 31-60 min	12 (6.2%)
• After 60 min	127 (65.5%)
What is the best time when you feel to smoke?	
• Morning	45 (23.1%)
• Noon	17 (8.7%)
• Evening	97 (49.7%)
• Before bed time	36 (18.5%)

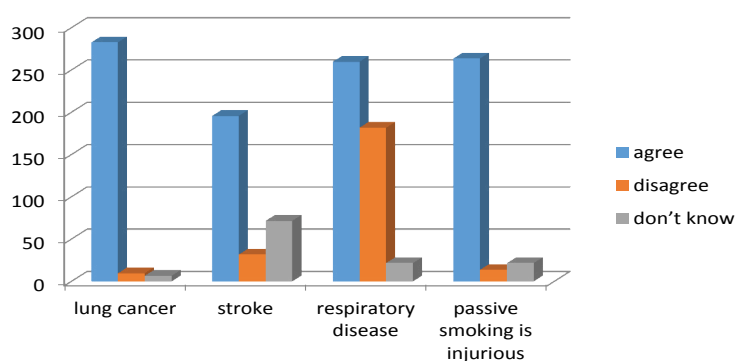


Figure 1. Knowledge of health risk effect.

the most important factor that led to the initiation of smoking. Hence, focus on counseling and educating these young smokers might disseminate these ideas in their peer circle [4,5,6].

Knowledge on the effects of smoking

The majority of the participants were aware of the ill effects of smoking. The study by Garg et al. also revealed that most participants were aware of the addictive nature of nicotine. However, most preferred to continue smoking, so a thorough education will help them to overcome smoking with exclusive counseling and eradicate misbeliefs among youngsters [7,8,9].

The study done in Iraq shows smokers who had a high score of knowledge were more likely to have plans to quit smoking. The same results were found in China that there was a relation between the knowledge of health risk effects of smoking [10,11,12].

Suggested methods to avoid/quit smoking

A considerable number of respondents agreed that celebrities play an important role in smoking practices among youngsters and most respondents disagreed to the fact that hookah helps to quit smoking [1,4,10].

Similar to other studies revealed that quit intention was positively associated with the awareness of the health risk of smoking [13,14]

Conclusion

A high percentage of youngsters admitting to smoking cigarettes as demonstrated from our survey highlights a poor indicator of national health status. The need to formulate stringent policies to guide youngsters to understand the deleterious effects of tobacco, advertisements, banners, setting up of de-addiction and counseling centers, should be conducted. This study would be helpful for health policymakers and health care professionals to understand the current knowledge & perception of smoking health effects.

References

1. Garg S, Garipelly R, Nagappa AN, et al. Evaluation of attitude, behaviour, knowledge, and smoking rates among youngsters from southern India: a survey-based study from Andhra Pradesh. *Int J Students Res.* 2013;3(2):35-41.
2. Dawood TO, Rashan A, Hassali A, et al. Knowledge and perception about health risks of cigarette smoking among Iraqi smokers. *J Pharm Bioallied Sci.* 2016;8(2):146-51.
3. Rezaei S, Matin BK, Karyani AK, et al. Impact of smoking on health related quality of life: A general population survey in west Iran. *Asian Pac J Cancer Prev.* 2017;18(11):3179-84.
4. Moodie C, Gendall P, Hoek J, et al. The response of young adult smokers and non-smokers in the united kingdom to dissuasive cigarettes: An online survey. *Nicotine Tob Res.* 2017;21(2):227-33.
5. Oberg M, Jaakkola MS, Woodward A, et al. Worldwide burden of disease from exposure to second-hand smoke: a retrospective analysis of data from 192 countries. *Lancet.* 2011; 377(9760):139-46.
6. Jindal SK, Aggarwal AN, Chaudhry K, et al. Tobacco smoking in India: prevalence, quit-rates and respiratory morbidity. *Indian J Chest Dis Allied Sci.* 2006;48(1):37-42.
7. Eriksen MP, Mackay J, Schluger N, et al. *The Tobacco Atlas.* 5th ed. Atlanta, GA: American Cancer Society. 2015.
8. Moodie C, Purves R, McKell J, et al. Novel means of using Cigarette packaging and cigarettes to communicate health risk and Cessation messages: a qualitative study. *Int J Mental Health Addict.* 2015;13:333-44.
9. Sansone GC, Raute LJ, Fong GT, et al. Knowledge of health effects and intentions to quit among smokers in India: Findings from the Tobacco Control Policy (TCP) India pilot survey. *Int J Envir Res Public Health.* 2012; 9:564-78.
10. Yang J, Hammond D, Driezen P, et al. Health knowledge and perception of risks among Chinese smokers and non-smoker Findings from the Wave 1 ITC China Survey. *Tob Control.* 2010;19:18-23.
11. Sansone GC, Raute LJ, Fong GT, et al. Knowledge of health effects and intentions to quit among smokers in India: Findings from the Tobacco Control Policy (TCP) India pilot survey. *Int J Environ Res Public Health.* 2012;9(2):564-78.
12. Abughosh S, Wu IH, Hawari F, et al. Predictors of intention to quit cigarette smoking among Jordanian adult. *Epidemiol.* 2011;1:1-7.
13. Abu-Baker NN, Haddad L, Mayyas O. Smoking behavior among coronary heart disease patients in Jordan: A model from a developing country. *Int J Environ Res Public Health.* 2010;7(3):751-64.
14. Fathelrahman AI, Omar M, Awang R, et al. Impact of the new Malaysian cigarette pack warnings on smokers' awareness of health risks and interest in quitting smoking. *Int J Environ Res Public Health.* 2010;7(11):4089-99.

*Correspondence to:

Dr. Ekta sawriya
Department of Oral Medicine & Radiology
Rungta College of Dental Sciences
Bhilai
Chhattisgarh
India
Tel: 7879655500
E-mail: esawriya@gmail.com