

Attitude of patients toward the ill effects of smoking

A. Ashik Ahamed¹, M. Dinesh Prabu², Dhanraj Ganapathy^{1*}

ABSTRACT

Introduction: Smoking is the major concern in the world. Smokers constitute one-sixth of the world's population. Many researches have been undertaken in order to determine the nature of smoking, and very little is known regarding the effects of smoking in smokers and non-smokers. **Aim:** The aim of the present study is to explore the attitudes of patients toward the practice of smoking. **Materials and Methods:** The self-administered questionnaire consisted of eight yes or no questions which were then analyzed separately based on the nature of it. The questionnaires were distributed to the patients, and they were given some time to answer. As the sample population is limited, we selected only the completely answered questionnaires. About 105 completed questionnaires were selected. **Results:** In the sample size of 105, 81 (77.1%) knew consequences and 24 did not know the consequences of smoking. About 75 (71.4%) knew that smoking is carcinogenic and 30 did not know. Around 65 (61.9%) knew about passive smoking and 40 did not know. About 71 (67.6%) knew that the nicotine gums and nicotine patches are alternatives to smoking, and 34 did not know. **Conclusion:** The relatively high rates of smokers being male suggested that the men are carefree to get awareness and are not involving much as they should in the anti-smoking campaigns and programs.

KEY WORDS: Attitude, Patients, Smoking

INTRODUCTION

Smoking is the major concern in the world. Smokers constitute one-sixth of the world's population. About 4.9 million people die each year due to smoking according to a 2003 report.^[1,2] Smoking is also a direct cause for nearly 25 major illnesses. A majority of the smokers are in developing countries constituting about 70% which will be 80% by 2030 according to the World Health Organization. Many researches have been undertaken to determine the nature of smoking, and very little is known regarding the effects of smoking in smokers and non-smokers. Smoking not only causes the health problems but also causes some issues in the family, stress, tension, inability to concentrate, and absent mindedness, so much more affecting the smokers and his surroundings.

Smoking most commonly starts at the adolescent age at which age the person would be more excited or even

encouraged by peer group to smoke. Another reason is the marketing strategies by the cigarette companies targeting the students and the younger population.^[3,4] This may also due to the lack of knowledge and the failure to notice by the parents. In US, everyday nearly 4000 teens smoke their first cigarette, whereas 1000 start smoking on a daily basis. In some parts of Europe and in the US, it is completely legal for the minors to smoke cigarettes, but what they cannot do is purchase them.

About 50% of smokers die from the smoking-related problem. The life expectancy of a chain smoker would be 10 years lesser than the non-smoker. Exposure to secondhand smoking causes nearly 50,000 deaths in the US alone.^[5]

Smoking involves the breathing in of the substance in its burnt form in order to be tasted and absorbed into the blood. The most commonly used substance is tobacco which contains the ill-causing product nicotine which is a stimulant by nature. Normally, smokers used to practice smoking by the way of cigarettes. In cigarettes, the ill products are contained

Access this article online

Website: jprsolutions.info

ISSN: 0975-7619

¹Department of Prosthodontics, Saveetha Dental College, Saveetha Institute of Medical and Technical Sciences, Saveetha University, Chennai, Tamil Nadu, India, ²Department of Oral and Maxillofacial Surgery, Saveetha Dental College, Saveetha Institute of Medical and Technical Sciences, Saveetha University, Chennai, Tamil Nadu, India

*Corresponding author: Dhanraj Ganapathy, Department of Prosthodontics, Saveetha Dental College, Saveetha Institute of Medical and Technical Sciences, Saveetha University, 162, Poonamallee High Road, Chennai - 600 077, Tamil Nadu, India. Tel.: +91-9841504523. E-mail: dhanrajmaganapathy@yahoo.co.in

Received on: 12-04-2019; Revised on: 15-06-2019; Accepted on: 17-08-2019

as a mixture of aerosol particles and gasses and alkaloid nicotine. The vaporization process (begins after the cigarettes are lighted) creates heated aerosol and gas to form, which then enters the lungs during inhalation, and they penetrate deeply into the lungs and enter the bloodstream. Another product that is very hazardous to health which is used in cigarette is tar. They get deposited in the lungs and enter the blood and carried around and cause a serious damage. Cigarette smoke contains about 4000 chemicals, of which 50 are known carcinogens.^[5]

Health-care professionals are in an important position in order to make a change in the history of smoking. The health professionals are the ones who directly approach a smoker and can contribute to a much greater extent to influence him to quit smoking. They ought to be the role models as they are the strongest factor in cessation. However, there are some barriers which stop this method of approach to go to fuller extent which includes the self-use of tobacco by the health professionals and lack of training in counseling the smoking patients.^[6-12]

Cessation of smoking is extremely difficult as nicotine is extremely addictive, but smokers and non-smokers and the government and generally everyone in the general population must contribute to this cause of cessation of smoking to lead a healthy life.

The aim of the present study is to explore the attitudes of patients toward the practice of smoking.

MATERIALS AND METHODS

This study was organized as a cross-sectional study containing eight questions. The question in the questionnaire focused majorly on the following:

The following variables were included in the study:

1. Smoking status
2. Attitudes of patients toward smoking
3. Smokers role in quitting
4. Non-smokers role in making the smokers to quit
5. Knowledge about smoking
6. Motives toward smoking.

The self-administered questionnaire consisted of eight yes or no questions which were then analyzed separately based on the nature of it. The pilot test of the data collection instrument with ten questions was taken out a day before the regular study with ten patients whose data were not included in the study. This was done in order to organize the questions and select them and make a fine questionnaire. As a result, two questions were omitted as it suggested the same implication as the before questions and finally created the questionnaire to be inducted in the study with the real general sample population. In order to decrease

the number of dropouts due to incompleteness of questionnaires, we instructed the patients to complete them all. However, they were not forced to do so.

The questionnaires were distributed to the patients, and they were given some time to answer. As the sample population is limited, we selected only the completely answered questionnaires. About 105 completed questionnaires were selected. This study was mainly directed toward the awareness and the knowledge of the patients regarding smoking to give satisfaction to the cause of prevention of smoking and to improve the specifications and strategies in the normal behavior of the population toward the cessation of smoking.

RESULTS

Of the 105 questionnaires, for the first question which is about the smoking status, 42 answered yes. In our survey, 40% of the samples were smokers. The prevalence rate is 40%. Out of 42 smokers, 39 were male and 3 were female. Hence, the prevalence rate was high in males compared to females. The prevalence rate in males in our study was 48.75% [Table 1].

In the sample size of 105, 81 (77.1%) knew consequences and 24 did not know the consequences of smoking. About 75 (71.4%) knew that smoking is carcinogenic and 30 did not know. Around 65 (61.9%) knew about passive smoking and 40 did not know. About 71 (67.6%) knew that the nicotine gums and nicotine patches are alternatives to smoking, and 34 did not know [Table 2].

DISCUSSION

According to this study, the prevalence rate was somewhat higher as the study was limited, and from this study, we found that the prevalence rate was higher in men comparing women, which was in accordance with various studies conducted across the world. This

Table 1: Prevalence of smoking in males and females

Smoking status	Yes	No	Total	Prevalence percentage
Male	39	41	80	48.75
Female	3	22	25	12
Total	42	63	105	40

Table 2: Effects of smoking

Smoking status	Yes	No	Total	Prevalence percentage
Consequences of smoking	81	24	105	77.1
Carcinogenic potential of smoking	75	30	105	71.4
Passive smoking	65	40	105	61.9
Nicotine gums	71	34	105	67.6

attributed to the fact that men had greater possible access to the cigarettes than women. It was just because of the fact that in India, smoking was found to be the men's habit rather than for both.^[13] In the study conducted in by Furrugh *et al* it was established that the prevalence was 38% of men and 37% of women in Serbia, which is slightly less than in our sample.^[6]

The rate also was determined by the climatic conditions and the socioeconomic factors which contributed to some of the higher rates in some parts of India. This results also was in accordance with the studies conducted in India proving the existence of smoking habit varies according to their needs and their lifestyle.^[14]

According to this study, the primary motive for the smoking behavior was the socioeconomic status and then the persuasion. The stress factor was also came close which was the primary cause in most of the studies. As per the results from the studies conducted in the University of California and the University of Rochester in the US,^[15,16] the trigger to smoke lied mainly in the craving.

The persuasion factor was another major concern as it made many to observe the smoking habit as their lifetime commitment. The people most likely persuading others were from higher socioeconomic status or higher officials or the bullying or ragging or forcing them to smoke. The study conducted in the University of Montreal^[17] suggested that the risk was higher in adolescence stage as they consider themselves invincible and also lack of knowledge as most of them thought that smoking would not cause serious illnesses. Our results also suggested that the same and persuasion rate was found to significantly higher in both males and females. In males, the rate was around 70%, and in females, it was 40% compared to the non-smokers. About 70% of males and 40% of females were persuaded and became smokers as they felt go and liked it.

It was found that adolescents who had personal smoking experiences viewed smoking to be less risky and was more likely to report on the benefits of smoking over time. These authors, therefore, suggested that these alterations in risk perception by smokers may possibly be as a result of the sensational and seemingly positive effect of smoking on such individuals which, in turn, maybe due to the psychoactive properties of some of the components of cigarettes.^[18]

Most of the students believe that smoking females do not have more friends; a similar result was also found in other studies.^[19] The rate of smokers who believed that smoking females have more friends was more than that of non-smokers. This may be because smokers tend to gather together. One study^[20] said

that smokers are perceived as friendly approachable people who had a common interest.

Some smokers thought that smoking helps them fit in with their peers; this was more pronounced among females. This may be because they feel that they are more accepted as smokers within their friends who are in most cases smokers as well. Studies proposed that this may be due to the feeling of insecurity in social situations, and that one way to get rid of this feeling is to smoke so as to get an immediate connection with the group as everyone is smoking. Gaining peers acceptance and sense of identity can easily be acquired by smoking.^[20-24]

Our study had more males than females as the ratio is 4:1, and the results showed higher frequencies toward the males. The men smokers knew that smoking is carcinogenic and about passive smoking. However, sample subjects did not know that passive smoking hurts as much as smoking as well as they knew about nicotine gums. This may be because they choose to ignore the fact just because they want to consider that it would not hurt others. The differing prevalence rate of smoking found in these studies would be due to large differences in gender balance in the samples.

Our research showed that males were more likely to have a better understanding of smoking and showed more positive approach to this issue. This confirmed that awareness of the health hazards due to smoking was correlated based on approach by gender. Low economic status and lack of knowledge in men and their ability to do such habits in public let them to the practice of smoking. Even knowing the harms did not lead them to stop smoking as they were addicted and ignored those facts.

This study had certain limitations. The use of cross-sectional study data reduced the collectors' ability to make direct causal inference, to explore whether unmeasured factors may better explained the observed, and determine the direction of casualty. Further studies are needed in other colleges, hospitals, and other settings to improve the accuracy and applicability of conclusion.

CONCLUSION

The relatively high rates of smokers being male suggested that the men are carefree to get awareness and are not involving much as they should in the anti-smoking campaigns and programs. Education about smoking must be included in curriculum, and anti-smoking messages must be reinforced everywhere and at regular intervals during the academic years. Health-promoting activities must be organized everywhere around the nation, and students should be participated in order to promote a healthy and hygienic future environment.

REFERENCES

- World Health Organization. The World Health Report: Shaping the Future. Geneva: World Health Organization; 2003.
- Pickett W, Koushik A, Faeker T, Brown KS. Estimation of youth smoking behaviours in Canada. *Chronic Dis Can* 2000;21:119-27.
- Subhan MM, Al-Khlaiwi T, Ghandourah SO. Smoking among health science university students in Riyadh, Saudi Arabia. *Saudi Med J* 2009;30:1610-2.
- Ficarra MG, Gualano MR, Capizzi S, Siliquini R, Liguori G, Manzoli L, *et al.* Tobacco use prevalence, knowledge and attitudes among Italian hospital healthcare professionals. *Eur J Public Health* 2011;21:29-34.
- Torabi MR, Yang J, Li J. Comparison of tobacco use knowledge, attitude and practice among college students in China and the United States. *Health Promot Int* 2002;17:247-53.
- Furrukh M. Tobacco smoking and lung cancer: Perception-changing facts. *Sultan Qaboos Univ Med J* 2013;13:345-58.
- Harmon T, Merrill RM, Gagon H. Smoking prevalence, attitudes, and perceived smoking prevention and control responsibilities and practices among physicians in Belgrade, Serbia. *Ann Epidemiol* 2008;18:713.
- Stellman SD, Garfinkel L. Smoking habits and tar levels in a new American cancer society prospective study of 1.2 million men and women. *J Natl Cancer Inst* 1986;76:1057-63.
- McKinnell AC. Smoking motivation factors. *Br J Soc Clin Psychol* 1970;9:8-22.
- Preventing Tobacco Use among Youth and Young Adults: A Report of the Surgeon General. Atlanta: U.S. Department of Health and Human Services; 2012.
- Hall MG, Ribisl KM, Brewer NT. Smokers' and nonsmokers' beliefs about harmful tobacco constituents: Implications for FDA communication efforts. *Nicotine Tob Res* 2014;16:343-50.
- Doll R, Hill AB. The mortality of doctors in relation to their smoking habits; a preliminary report. *Br Med J* 1954;1:1451-5.
- Gajalakshmi V, Asma S, Warren CW. Tobacco survey among youth in South India. *Asian Pac J Cancer Prev* 2004;5:273-8.
- Moore MA. Conclusions from smoking-related research published in the APJCP in 2000 with a brief review of the recent literature. *Asian Pac J Cancer Prev* 2001;2:147-53.
- Rugkåsa J, Knox B, Sittlington J, Kennedy O, Treacy MP, Abaunza PS, *et al.* Anxious adults vs. cool children: Children's views on smoking and addiction. *Soc Sci Med* 2001;53:593-602.
- Vakefliu Y, Argjiri D, Peposhi I, Agron S, Melani AS. Tobacco smoking habits, beliefs, and attitudes among medical students in Tirana, Albania. *Prev Med* 2002;34:370-3.
- O'Loughlin JL, Dugas EN, O'Loughlin EK, Karp I, Sylvestre MP. Incidence and determinants of cigarette smoking initiation in young adults. *J Adolesc Health* 2014;54:26-32.
- Morrell HE, Song AV, Halpern-Felsher BL. Predicting adolescent perceptions of the risks and benefits of cigarette smoking: A longitudinal investigation. *Health Psychol* 2010;29:610-7.
- Abdullah AS, Husten CG. Promotion of smoking cessation in developing countries: A framework for urgent public health interventions. *Thorax* 2004;59:623-30.
- Seguire M, Chalmers KI. Late adolescent female smoking. *J Adv Nurs* 2000;31:1422-9.
- Ruff LK, Volmer T, Nowak D, Meyer A. The economic impact of smoking in Germany. *Eur Respir J* 2000;16:385-90.
- Stein JA, Newcomb MD, Bentler PM. Initiation and maintenance of tobacco smoking: Changing personality correlates in adolescence and young adulthood. *J Appl Soc Psychol* 1996;26:160-87.
- Cheng HG, McBride O, Phillips MR. Relationship between knowledge about the harms of smoking and smoking status in the 2010 global adult tobacco china survey. *Tob Control* 2015;24:54-61.
- Askarian M, Kouchak F, Youssef M, Romito LM. Comparing tobacco use knowledge, attitudes and practices between engineering students at a public and Islamic azad university in Shiraz, Iran 2011. *Int J Prev Med* 2013;4:1154-61.

Source of support: Nil; Conflict of interest: None Declared