

PREVALENCE OF SMOKING AMONG MALE MEDICAL STUDENT¹*Dr. Rakesh Garlapati, ²Dr. Vennela D., ³Dr. Thanuj K. V., ⁴Dr. Snehitha V., ⁵Dr. Suhas S. Aithal^{1,2,3,5}Post Graduate, Department of General Medicine Sri Devaraj Urs Medical College, Tamaka, Kolar, Karnataka.⁴Internee, Department of General Medicine Sri Devaraj Urs Medical College, Tamaka, Kolar, Karnataka.***Correspondence for Author: Dr. Rakesh Garlapati**

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ABSTRACT

Introduction: To investigate the prevalence of smoking among male medical students and to assess the association between smoking and sociodemographical factors, reasons for smoking and attempts to stop smoking. **Material and methods:** This is a cross sectional study. The study subjects were 299 male medical students. The tool used in the study was self-administered questionnaire based on a modified WHO questionnaire to survey the smoking habits of health professionals. **Results:** The results in the present study revealed that 22%(67 out of 299) of the students were smokers. Among them 62.7%(42 out of 67) started smoking between 15-20 years of age. 40.3%(27 out of 67) considered peer pressure as influential in starting to smoke. The other common factors responsible were stress (26 out of 67) and coolness factor (19 out of 67). 64.2%(43 out of 67) of the smokers wished to quit smoking. Ill effects seemed to be the most common reason to quit smoking. 89%(266 out of 299) were aware of the public ban on smoking. **Conclusion:** All possible efforts and strategies should be considered to control smoking. Medical and other health colleges should provide educational programs and teach specific courses on tobacco control in order to prepare and equip future health professionals with the knowledge and skills they need to intervene with smoking effectively.

KEYWORDS: Medical Students, Prevalence, Smoking.**INTRODUCTION**

Tobacco is a leading cause of preventable mortality and morbidity in both high-income and low-income countries^[1]. Each year, tobacco products kill some 5 million people worldwide and this number is increasing. WHO estimates that smoking will kill over 10 million people by 2020-2030, if the current patterns are not reversed of which 70% will occur in developing countries^[1]. Almost 1 billion men and about 250 million women in the world are daily smokers; in particular, 35% and 50% of men and 22% and 9% of women in developed and developing countries, respectively, smoke^[2]. While cigarette consumption has been declining in high-income countries, it is rising in low-income and middle-income countries^[3]. By 2030, approximately 70% of deaths attributable to smoking worldwide are expected to occur in developing countries^[1].

The prevalence of smoking among medical students has been found to vary widely from country to country. In a systematic review of the literature, Smith and Leggat^[8] concluded that the prevalence of smoking among male medical students ranged between 3% in the USA and 58% in Japan. Smith and Leggat^[8] also observed marked differences in smoking rates between males and females, with male students generally having higher rates.

Doctors who smoke also send an ambiguous message to patients whom they have encouraged to quit smoking^{6,7}. One of the strategies to reduce smoking-related morbidity and mortality is to encourage the involvement of health professionals in tobacco-use prevention and cessation counseling^[8].

As future physicians, medical students are considered a primary target of tobacco prevention programs. They can therefore, play a positive role in preventing smoking among people in their community^[11]. They may deliver health education, support antismoking policies and influence national and global tobacco control efforts^[11-12].

Teaching about the effects of tobacco use and related diseases is essential for the undergraduate medical students, especially to counter the deadly effects of the same. As future physicians who will witness the continued burden of smoking related diseases among their patients; medical students represent a primary target for tobacco-prevention programmes. Thus a need was felt to carry out a study to find out the prevalence of smoking among the male medical students.

AIM

To investigate the prevalence of smoking among male medical students and to assess the association between smoking and sociodemographical factors, reasons for smoking and attempts to stop smoking.

MATERIALS AND METHODS

This is a cross sectional study. The study subjects were 299 male medical students. The tool used in the study was self-administered questionnaire based on a modified WHO questionnaire to survey the smoking habits of health professionals. Students were assured that the participation was voluntary, no identification was required and students were assured that results would be used for stated research purpose only.

The data collected was tabulated, coded and analyzed using Microsoft Excel and SPSS for Windows version 22. Statistical test Chi Square was used for comparing proportions and evaluating the statistical significance of the association between the independent and the dependent factors. For all the tests, p value <0.05 was considered significant. The results are presented in the form of tables, pie charts and bar graphs.

RESULT

Age of the respondents ranged between 17 and 26 years. The mean age of our study subjects was 21.1 ± 2.05 years. Majority of the students were from first year (92 out of 299) followed by fourth year students (80 out of 299).

The results in the present study revealed that 22% (67 out of 299) of the students were smokers.

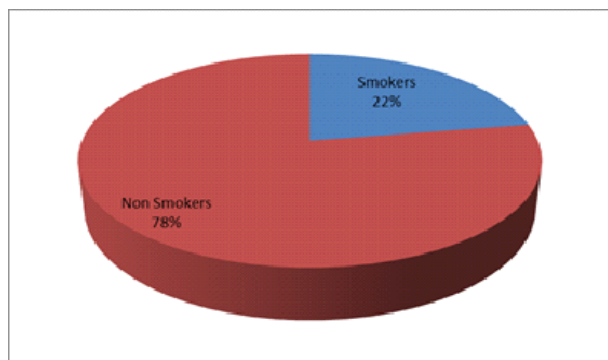


Chart 1: Prevalence of smoking among the total respondents (n=299)

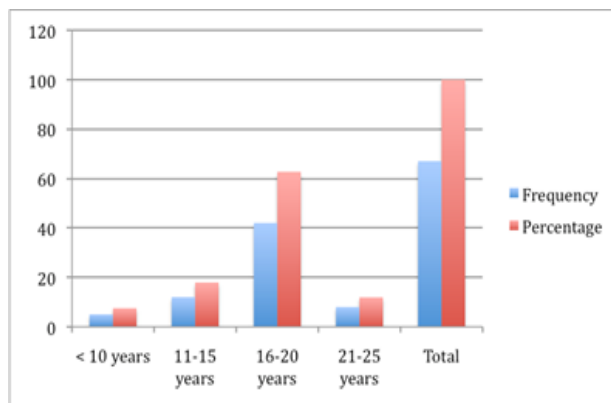


Chart 2: Age of starting smoking (n=67)

The prevalence of smoking also increased with the number of years in college with the 3rd years (42.3%-22 out of 52) and 4th years (38.8%-31 out of 80) showing greater prevalence.

Among them 62.7% (42 out of 67) started smoking between 15-20 years of age. 40.3% (27 out of 67) considered peer pressure as influential in starting to smoke. The other common factors responsible were stress (26 out of 67) and coolness factor (19 out of 67).

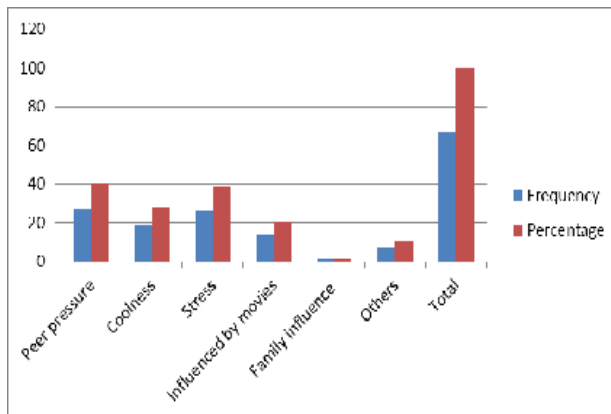


Chart 3: Reasons for starting smoking (n=67)

Most of the first year smokers (36.4%) smoked weekly whereas the frequency increased when in case of their seniors with majority of them smoking everyday (80%, 75%, 76% respectively in 2nd, 3rd and 4th years).

Table 1: Awareness regarding and effect of public ban on smoking- an year wise analysis

	1 st year	2 nd year	3 rd year	4 th year	Total
Awareness regarding ban on public smoking**					
Not aware	22(23.9%)	4(5.3%)	4(7.7%)	3(3.8%)	33(11%)
Aware	70(76.1%)	71(94.7%)	48(92.3%)	77(96.3%)	266(89%)
Total	92(100%)	75(100%)	52(100%)	80(100%)	299(100%)
Effect of public ban on smoking					
Not affected	71(83.5%)	56(75.7%)	45(86.5%)	71(89.9%)	243(83.8%)
Affected	14(16.5%)	18(24.3%)	7(13.5%)	8(10.1%)	47(16.2%)
Total	85(100%)	74(100%)	52(100%)	79(100%)	290(100%)

64.2% (43 out of 67) of the smokers wished to quit smoking. Ill effects seemed to be the most common reason to quit smoking. 89% (266 out of 299) were aware of the public ban on smoking but 83.8% (223 out of 266) felt that it had no effect on them. 83.3% (249 out of 299) supported the public ban on smoking and 19% felt that advertisements should be banned.

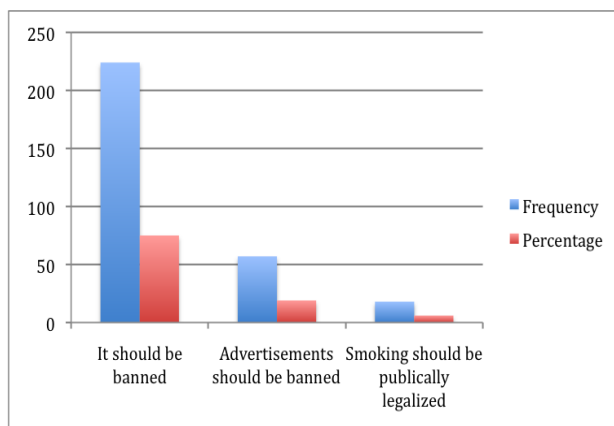


Chart 4: Views on smoking

DISCUSSION

Various efforts have been made in the direction of assessing the effect of various factors on the smoking behaviour among the medical students in different parts of the world. We have tried to find out the overall burden of smoking among the male medical students, who may serve as the role model for the patients with respect to the smoking cessation activities.

The proportion of current smokers in our study sample was found to be 22%. The overall prevalence of current smoking among male medical students in Lucknow was found to be 25.2%. The findings of our study are also comparable to the results of a similar study done in the neighbourhood country Pakistan, which revealed a 22% prevalence of smoking among the male medical students^[13]. A report from the study done in China indicated that the prevalence for male students in the first year was 27.1%, increasing to 46%, 54.5% and 49.4% for years 2,3 and 4-5 respectively^[14] indicating that smoking does not respect national boundaries.

The overwhelming effect of peer pressure on the initiation of tobacco use is a matter of concern because it is very difficult to prevent the effect of this factor in an age group which likes the company of friends as well as is influenced maximally by them, more so while living in a hostel away from their homes. The web of causation of this particular factor is very complicated and it has a direct as well as an indirect and synergistic effect with other factors. Disentangling it would require even more in-depth research.

The proportion of occasional smokers among medical students remained stable (75 to 77%), as they grew older. But in our study we found that as year increased

proportion of daily smokers also increased (36.4 to 76%). The trend is consistent with the data that medical education may have an effect on modifying cigarette consumption.

The high prevalence of smoking among medical students in this and other studies is worrying. It may point to a degree of failure of the medical school curriculum to invoke health conscious behaviors and attitudes among future physicians and health educators. Therefore, a comprehensive intervention strategy is needed.

CONCLUSION

All possible efforts and strategies should be considered to control smoking. Medical and other health colleges should provide educational programs and teach specific courses on tobacco control in order to prepare and equip future health professionals with the knowledge and skills they need to intervene with smoking effectively.

LIMITATION

Data are based on self-reporting by medical students, and therefore under-reporting or over-reporting could not be ruled out. Female medical students weren't included in the study. Study population was selected from one medical college, so findings cannot be generalized.

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