



CODEN [USA]: IAJ PBB

ISSN: 2349-7750

**INDO AMERICAN JOURNAL OF
PHARMACEUTICAL SCIENCES**<http://doi.org/10.5281/zenodo.1443179>Available online at: <http://www.iajps.com>

Research Article

PREVALENCE OF SMOKING AMONG MEDICAL STUDENTS¹ Dr .Gul Muhammad, ² Dr. Fatima Mehmood, ³ Dr. Amrita Rizwan¹Senior Registrar Shahida Islam Medical and Dental College, Lodhran²Ex. Demonstrator Lahore Medical and Dental College, Lahore³Demonstrator Khawaja Safdar Medical College Lahore**Abstract:**

Objective: The study is based to determine the prevalence of smoking and its types among the medical students.

Study Design: This is the institution based cross-sectional study conducted at the medical faculty of University of Lahore and the time period of this study was one year; from July 2017 to June 2018.

Methodology: 220 subjects were enrolled in this study. The preformed questionnaire was used to collect the data and take history from the subjects. Ethical permission was taken from the institution. And informed consent from the subjects enrolled was obtained before their enrollment in the study. The identity was kept hidden as a protocol of the study.

Results: The university students' smoking addiction was reported to be 46.2%. The mean age was 21 ± 2.44 years. The prevalence of the male subjects was quite higher as compared to the females. The use of sheesha smoking is getting popular among the students these days. The majority of the students who were indulged in this evil habit are unmarried. And highest initiation rate was found to be in first and second year students.

Conclusion: In medical students, smoking is increasing very rapidly. With female's gender not excluded. Proper policy making must be done to avoid this stigma in the cream of nation by establishing proper counselling units and support delivery service to these student students.

Corresponding author:**Dr .Gul Muhammad,**

Senior Registrar,

Shahida Islam Medical and Dental College,

Lodhran

QR code



Please cite this article in press Gul Muhammad et al., *Prevalence of Smoking among Medical Students.*, Indo Am. J. P. Sci, 2018; 05(09).

INTRODUCTION:

The rate of mortality due to smoke addiction is way higher than the combined mortality rates of injuries, accidents, suicide, alcohol consumption and murders. The deaths caused by carcinoma lungs (having close association with tobacco addiction) is almost 90% for men and 80% for women. The other variants of tobacco (snuff and chewable tobacco) are among the leading factors posing risk to other forms of cancers [1]. The tobacco consumption among women is also getting more and more popular due to behavioral changes and changes due to globalization. The addiction to drugs is really difficult to give up and is specially more intense in females as compared to males and is more difficult in terms of giving up in them.

World Health Organization (WHO) put light on “Gender and tobacco with an emphasis on marketing to women” in 2011. This was to focus the accelerating use of tobacco products among the female population in the last few years [2]. Tobacco smoking is a serious health concern in all over the world especially in developing countries like Pakistan.

In Pakistan, the Tobacco consumption is quite a common issue. The percentage of males indulged in this social evil is much more than the percentages of females. According to estimates, 36% of females and 64% of males use tobacco in various forms like cigarette, niswar and pan. It is recorded that the prevalence of males in rural population is 36.8% and that of females is 9.3%. A study conducted in Karachi reported that the prevalence of smokers is 26% in age 15years and above. Another study done in dehli showed the prevalence to be 45% and 7% in males and females respectively. [24]. The Pakistan National health survey reported the prevalence of

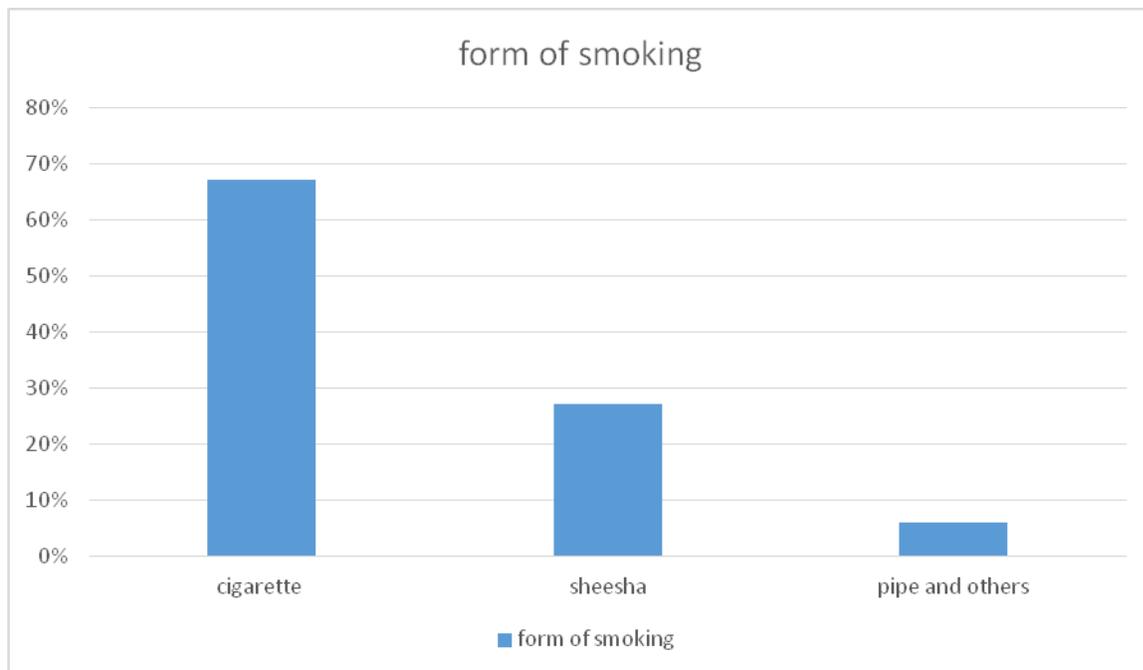
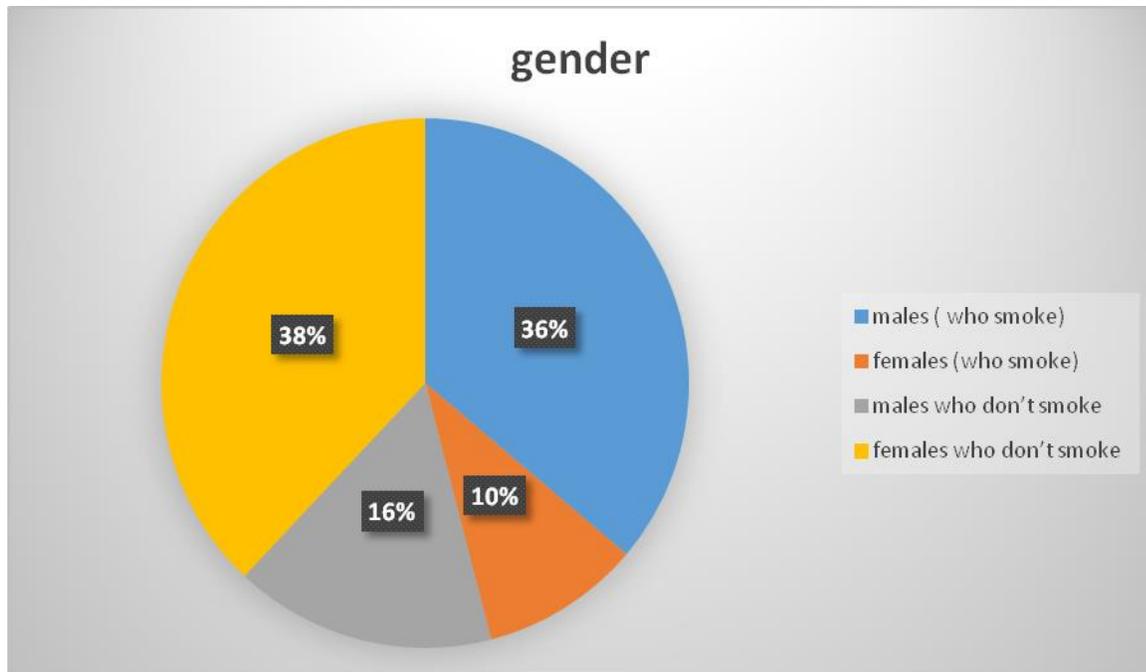
men to be 29% who smoked cigarettes. Almost, 90% of the cases of lung cancer in men and around 79% in women have risk factor of smoking in the history. The use of Tobacco is initiated in the early age and it increases as the age increases. The teenagers and young children are the main demand zone for the smoking industry worldwide and in the Pakistan as well. According to a study, 90% of people who smoke started before the age of 20 years. A study done in the northern areas report that majority of people start using tobacco products during 15-25 years. [21]

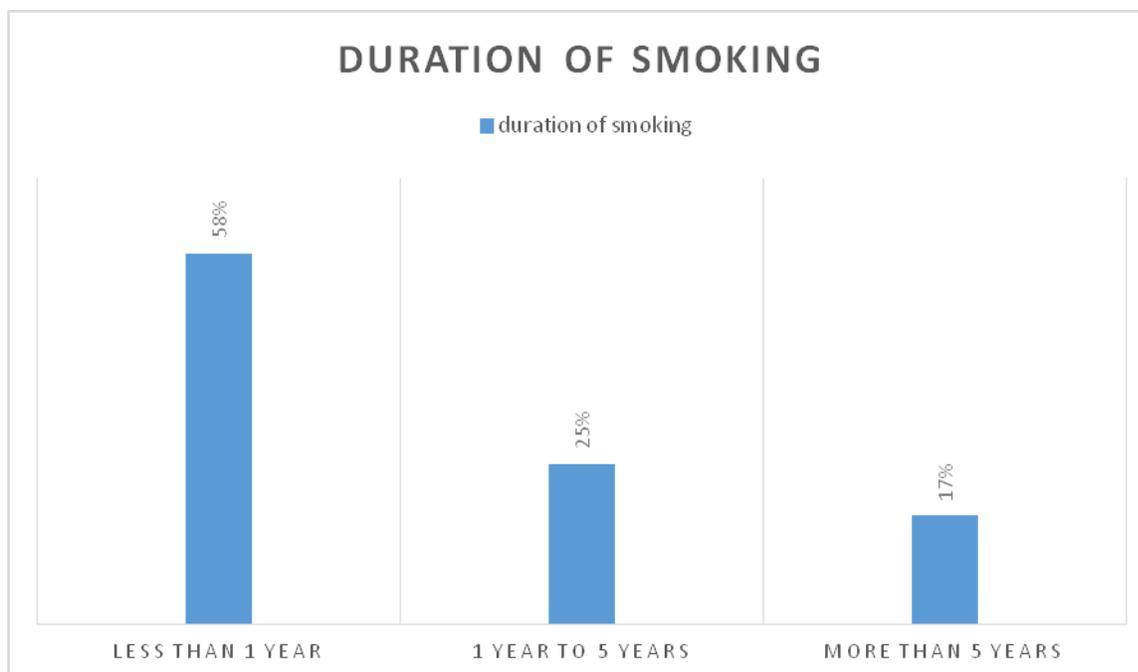
MATERIAL AND METHODS:

This is a cross sectional study performed at the medical faculty of university of Lahore, from July 2017-June 2018. In this study, 120 students were enrolled of 1st year and 2nd year. Simple random sampling was done for the 220 students. The data of age, gender grades, academic performance and stress level was taken and analyzed by SPSS version 21.

RESULTS:

Our study began with constituents of smoking, according to the survey only 58.31% of the students have knowledge about the ingredients of smoking while 85.54% of them agree that it is a serious health hazard. The sample size was of 220 and the mean age was 21 ± 2.44 years. The age group enrolled was 16-24 years. Most of the subjects were unmarried, some were married and a few were divorced. 46.2 % of the students were addicted to the smoking. The percentage of male students was quite high as compared to females i.e 36% in comparison to 9.8%. 2.7% of the students claim that they had quit smoking. The includes all types of smoking including sheesha, water pipe and e cigarette. A study done at iqra university showed the 28% of female students are indulged in smoking.





DISCUSSION:

The study conducted reports an overall prevalence of 46.2% among the medical students of University of Lahore. The rate of smoking in males and females is on a rise in Pakistan and it is a serious health concern.

Among the different types of smoking, sheesha smoking is more popular among the female's students and it is socially acceptable to some extent. Other forms of smoking like cigarette and pipe are used usually by the male students. The prevalence of pan chewing is very less in our study. A lot of studies have been done on this topic worldwide. [18]. A study conducted in Mongolia and China in 2011 reported the prevalence of female smokers to be as 1.7% which was quite lower than the reported data of our study.

Recently, studies have been conducted in England, Germany and Italy among a similar group of students [15], [17] reported the knowledge of the risks and epidemiology of smoking was also very low. Surprisingly, it was observed that the average score for knowledge of health hazards and its association with smoking and the score average for the knowledge of the hazards of smoking with pregnancy were also significantly low, the reason may be due to the fact that their curriculum may be deficient of the topics. This results of our study are in line with some studies conducted, reporting the medical education is lacking in tobacco dependence [7], [11], [15], [16], [17]. According to study done by Raupach et al. [15], the smokers

usually overestimate the life expectancy, this may be due to that they have seen 90 or more years old smokers in their life. In general, the study has quite striking results, the majority of the students who smoke are on the lower limit of proficiency scale in tobacco dependence treatment and practicing guidelines as compared to the students of Europe and United states [15], [16], [17]. A study done in Jordan and Riyadh on female students showed that 10.7% and 6% of students were addicted to smoking [20]. The results of our study about sheesha smoking were comparable with another study done among the students of Karachi, which reported that 16.8% of the female students were used to smoke sheesha [8], and the ratio among the male students is much higher. According to the reports of youth surveillance the approximate prevalence of tobacco users who initiate at the age of 18 years is 80%. The survey of National health findings recorded similar findings that is the most common age group that is indulged in this habit is 25-44 years.

And it is also observed that the people with low socio-economic status are more likely to be involved in smoking than the other way round. [19]. In 90% of the Lung cancers, in our country, the most common factor recognized is smoking, claiming more than hundred thousand lives per annum.

Moreover, in a study done on students show that 28% of the youth is indulged in smoking Hookah and cigarettes due to fashion among the students and

recreation. [12]

CONCLUSION:

This social and health stigma claiming lives of the people is increasing in prevalence in our society. Proper health education to public specially teenagers and access to counselling services must be provided, so that, this serious health hazards may be put under check.

REFERENCES:

1. WHO 2010. World health report: Health systems financing-the path to universal coverage. Geneva, Switzerland. http://www.who.int/whr/2010/whr10_en.pdf (Retrieved January 12, 2013).
2. A. Al-Haqwi, H. Tamim, A. Asery Knowledge, attitude, and practice of tobacco smoking by medical students in Riyadh, Saudi Arabia.
3. U.S. Department of Health and Human Services. 2010. How tobacco smoke causes disease: the biology and behavioral basis for smoking-attributable disease: a report of the surgeon general. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. <http://www.surgeongeneral.gov/library/reports/tobaccosmoke/index.html> (Retrieved January 12, 2013).
4. N.R. Anthonisen, M.A. Skeans, R.A. Wise, J. Manfred, R.E. Kanner, J.E. Connett The effects of a smoking cessation intervention on 14.5-year mortality: a randomized clinical trial.
5. Doll, R. Peto, J. Beoreham, I. Sutherland Mortality in relation to smoking: 50 years' observations on male British doctors.
6. C.K. Toh, E.H. Wong, W.T. Lim, S.S. Leong, K. W. Fong, J. Wee, *et al.* The impact of smoking status on the behavior and survival outcome of patients with advanced non-small cell lung cancer: a retrospective analysis.
7. Fiore MC, Jaén CR, Baker TB, Bailey WC, et al. 2008. Treating tobacco use and dependence: 2008 update. Clinical practice guideline. Rockville, MD: U.S. Department of Health and Human Services 2008. Public Health Service. http://www.surgeongeneral.gov/tobacco/treating_tobacco_use08.pdf. (Retrieved January 5, 2013).
8. P. Tønnessen, L. Carrozzi, K.O. Fagerström, C. Gratiou, *et al.* Smoking cessation in patients with respiratory disease: a high priority, integral component of therapy.
9. A.C. Geller, D.R. Brooks, C.A. Powers, K.R. Brooks, N.A. Rigotti, B. Bognar, *et al.* Tobacco cessation and prevention practices reported by second and fourth year students at US medical schools
10. J.G. Spangler, C. Enarson, C. Eldridge an integrated approach to a tobacco-dependence curriculum. *Acad Med*, 76 (5) (2001), pp. 521-522. http://journals.lww.com/academicmedicine/Fulltext/2001/05000/An_Integrated_Approach_to_a_Tobacco_dependence.55.aspx#P17/jama.282.9.825
11. L.H. Ferry, L.M. Grissino, P.S. Runfola Tobacco dependence curricula in US undergraduate medical education
12. N.A. Rigotti, A.N. Thorndike Reducing the health burden of tobacco use: what's the doctor's role? *Mayo Clin Proc*, m 76 (2001), pp. 121-123. <http://www.mayoclinicproceedings.com/pdf%2F7602%2F7602el.pdf> (retrieved December 12, 2013)
13. T. Raupach, J. Merker, G. Hasenfuß, S. Andreas, *et al.* Knowledge gaps about smoking cessation in hospitalized patients and their doctors. *Eur J Cardiovasc Prev Rehabil*, 18 (2011), pp. 334-341
14. C. Powers, J. Zapka, B. Bognar, *et al.* Evaluation of current tobacco curriculum at 12 US medical schools. *J Cancer Educ*, 19 (2004), pp. 212-219
15. T. Raupach, L. Shahab, S. Baetzing, B. Hoffmann, *et al.* Medical students lack basic knowledge about smoking: findings from two European medical schools. *Nicotine Tob Res*, 11 (2009), pp. 92-98.
16. C.M. Springer, K.M. Tannert Niang, T.D. Matte, N. Miller, M.T. Bassett, T.R. Frieden Do medical students know enough about smoking to help their future patients? Assessment of New York City fourth-year medical students' knowledge of tobacco cessation and treatment for nicotine addiction. *Acad Med*, 83 (2008), pp. 982-989
17. M.C. Grassi, C. Chiamulera, M. Baraldo, F. Culasso, *et al.* Cigarette smoking knowledge and perceptions among students in four Italian medical schools. *Nicotine Tob Res*, 14 (9) (2012), pp. 1065-1072
18. To Journal of Smoking-Related Diseases, 1994, 5:189-195. Tobacco Control, 1996, 5:215-219.
19. Disease Control and Prevention [online factsheet] (<http://www.cdc.gov/tobacco/global/guys/questionnaire.htm>, accessed 13 march 2011). *Journal of Chest Diseases & Allied Sciences*, 1989, 31:99-103.

20. C.K. Toh, E.H. Wong, W.T. Lim, S.S. Leong, K. W. Fong, J. Wee, *et al*. The impact of smoking status on the behavior and survival outcome of patients with advanced non-small cell lung cancer: a retrospective analysis. *Chest*, 126 (2004), pp. 1750-1756.
21. World Health Organization. World standard population. World health statistics annual 1993. Geneva: World Health Organization, 1993.
22. Syed EA. Prevalence and pattern of smoking in Pakistan. *Journal of the Pakistan Medical Association* 1998; 48:64-6.
23. Anwar TM, Luby SP, Ghazala P. Smoking among males in a low socioeconomic area of Karachi. *Journal of the Pakistan Medical Association* 1998; 48:62-3.
24. Narayan KMV, Chadha SL, Hanson RL, et al. Prevalence and patterns of smoking in Delhi: cross sectional study. *BMJ* 1996; 312:1576-9.