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Research Article

**KNOWLEDGE ABOUT CIGARETTE SMOKING AMONG
MEDICAL STUDENTS OF MOHTARMA BENAZIR BHUTTO
SHAHEED MEDICAL COLLEGE, MIRPUR, AJ&K(PAKISTAN)**¹Dr. Sidiqua Javaid, ²Dr Uzma Atta Bhutta, ³Dr. Fakhar Uz Zaman Khan¹DHQ Teaching Hospital Mirpur, AJ & K²Women Medical Officer, DHQ Hospital, Dera Ghazi Khan³District Specialist, Battagram**Abstract:**

Purpose: Knowledge about cigarette smoking among medical students of Mohtarma Benazir Bhutto Shaheed Medical College, Mirpur, AJ&K, Pakistan.

Methodology: Study design and place: This is cross sectional study conducted at Mohtarma Benazir Bhutto Shaheed Medical College, Mirpur, AK.

Sampling: A pre-tested structured questionnaires were distributed among 100 students of 1st & 2nd year. The sampling was random. Out of 100 students 89 students was correct respondent.

Results: Our current study begin with ingredients of smoking according to survey only 56.17% students know about ingredient of smoking while on the other hand 83.145% agree that it is health hazard problem. Query regarding laws of smoking revealed that only 37.7% know about laws of smoking.

Conclusion: On the basis of our results it is concluded that most of genders are somkers and among these the proportion of male is higher than female and main reason for smoking is just for fun.on such circumstances it is mandatory to prevail hazar

Limitations: Out of 400 students of mohtarma Benazir Bhutto Shaheed medical college only 100 were selected just because of time and budget.

Recommendation: Based on the prevalence of smoking it is mandatory that awareness about hazards of smoking should be prevailed by conducting seminars and by adding its educating them in our educational curricula.

Keywords: Knowledge, Cigarette Smoking, Medical students, Mohtarma Benazir Bhutto Shaheed Medical College, Mirpur, AJ&K, Pakistan.

*** Corresponding author:****Dr. Sidiqua Javaid,**

DHQ Teaching Hospital Mirpur,

AJ & K

QR code



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INTRODUCTION:

Tobacco smoking is the practice of burning tobacco and inhaling the smoke (consisting of particle and gaseous phases. (A more broad definition may include simply taking tobacco smoke into the mouth, and then releasing it, as is done by some with tobacco pipes and cigars.). Frenchman Jean Nicot (from whose name the word nicotine is derived) introduced tobacco to France in 1560, and tobacco then spread to England. The first report of a smoking Englishman is of a sailor in Bristol in 1556, seen "emitting smoke from his nostrils". [1].The history of smoking dates back to as early as 5000 BC in the Americas in shamanistic rituals. With the arrivals of the Europeans in the 16th century, the consumption, cultivation, and trading of tobacco quickly spread. In 1612, six years after the settlement of Jamestown, John Rolfe was credited as the first settler to successfully raise tobacco as a cash crop. The demand quickly grew as tobacco, referred to as "brown gold", and revived the Virginia joint stock company from its failed gold expeditions. In order to meet demands from the Old World, tobacco was grown in succession, quickly depleting the soil. This became a motivator to settle west into the unknown continent, and likewise an expansion of tobacco production. Indentured servitude became the primary labor force up until Bacon's Rebellion, from which the focus turned to slavery. This trend abated following the American Revolution as slavery became regarded as unprofitable. However, the practice was revived in 1794 with the invention of the cotton gin. With the modernization of farm equipment and manufacturing bore the cigarette following reconstruction in the United States. This method of consumption quickly expanded the scope of consumption, which grew until the scientific controversies of the 1960s, and condemnation in the 1980s.[2]

Smoking is the most common method of consuming tobacco, and tobacco is the most common substance smoked. The agricultural product is often mixed with additives and then combusted. The resulting smoke is then inhaled and the active substances absorbed through the alveoli in the lungs. Combustion was traditionally enhanced by addition of potassium or other nitrates. Many substances in cigarette smoke trigger chemical reactions in nerve endings, which heighten heart rate, alertness, and reaction time, among other things. Dopamine and endorphins are released, which are often associated with pleasure. As of 2008 to 2010, tobacco is used by about 3 billion people (about 49% of men and 11% of women) with about 80% of this usage in the form of smoking. The

gender gap tends to be less pronounced in lower age groups.

Many smokers begin during adolescence or early adulthood. During the early stages, a combination of perceived pleasure acting as positive reinforcement and desire to respond to social peer pressure may offset the unpleasant symptoms of initial use, which typically include nausea and coughing. After an individual has smoked for some years, the avoidance of withdrawal symptoms and negative reinforcement become the key motivations to continue.

Psychological impact in Smoking:

Most smokers begin during adolescence or early adulthood. Smoking has elements of risk-taking and rebellion, which often appeal to young people. The presence of peers that smoke and media featuring high-status models smoking may also encourage smoking. Because teenagers are influenced more by their peers than by adults, attempts by parents, schools, and health professionals at preventing people from trying cigarettes are often unsuccessful.

Behavioural research generally indicates that teenagers begin their smoking habits due to peer pressure, and cultural influence portrayed by friends. However, one study found that direct pressure to smoke cigarettes played a less significant part in adolescent smoking, with adolescents also reporting low levels of both normative and direct pressure to smoke cigarettes. The study's results indicated that peer pressure was significantly associated with smoking behaviour across all age and gender cohorts, but that intrapersonal factors were significantly more important to the smoking behaviour of 12- to 13-year-old girls than same-age boys. Within the 14- to 15-year-old age group, one peer pressure variable emerged as a significantly more important predictor of girls' than boys' smoking. It is debated whether peer pressure or self-selection is a greater cause of adolescent smoking.

Psychologists such as Hans Eysenck have developed a personality profile for the typical smoker. Extraversion is the trait that is most associated with smoking, and smokers tend to be sociable, impulsive, risk taking, and excitement seeking individuals. Although personality and social factors may make people likely to smoke, the actual habit is a function of operant conditioning. During the early stages, smoking provides pleasurable sensations (because of its action on the dopamine system) and thus serves as a source of positive reinforcement.

The World Health Organization estimates that tobacco caused 5.4 million deaths in 2004 and 100

million deaths over the course of the 20th century. Similarly, the United States Centers for Disease Control and Prevention describes tobacco use as "the single most important preventable risk to human health in developed countries and an important cause of premature death worldwide." [5]

Rates of smoking have generally levelled-off or declined in the developed world. Smoking rates in the United States have dropped by half from 1965 to 2006 falling from 42% to 20.8% in adults.[6] In the developing world, tobacco consumption is rising by 3.4% per year. Second-hand smoke presents a very real health risk, to which six hundred thousand deaths were attributed in 2004. It also has been known to produce skin conditions such as freckles and dryness. Smoking related health hazards were first brought to public attention in 1964. But these are still underestimated even in the educated class. In one of the study it was found that 47% of people had the knowledge on hazards of smoking. Smokers who consume more than two packs per day have lung cancer mortality rate 15-25 times higher than non smokers. [8]

Peer pressure is considered to be an important influence on smoking behavior of young people. Studies have reported social peer influence in 64.5% of smokers. The symptoms reported included cough and 19%, headache 5%, which is consistent with the findings of National health survey of Pakistan.[9]

Smoking in Pakistan:

Tobacco smoking is an important health issue in the world including Pakistan and other developing countries. Tobacco consumption is very common in Pakistan. The prevalence of smoking is much higher in men in various parts of the country as compared to women. It was found by many researchers that 64% of males and 36% females consume tobacco in various forms like Pan and Cigarette. Studies done in other parts of the country have reported prevalence 36.8% among men and 9.3% among women in rural population. A study conducted in low socioeconomic strata of Karachi reported a prevalence of 26% among people aged 15 years and above. One more study conducted in Delhi, India reported smoking in

45% males and 7% females [10]. The National health survey of Pakistan reported 29% of men smoked cigarettes. Approximately 90% of the lung cancer cases in men and 79% in women are attributable to cigarette smoking. Tobacco use increases with age and initiation of smoking usually occurs at an early age. Young people are the main source of tobacco consumption for the tobacco industry. It was found that 90% of smokers started smoking before 20 years of age in Pakistan, which is consistent with the findings of other studies. A study from Northern area of Pakistan also reported that majority of people started smoking before 25 years of age. 15 The youth surveillance reported that approximately 80% tobacco users initiate use before the age of 18 years. The National health survey findings reported similar findings that 25-44 years of age people smoke most commonly. People of low socioeconomic status and illiterates were more likely to smoke than high economic status and educated people [11].

Lung cancer in Pakistan is caused directly by tobacco in 90% of cases. It claims lives of 100,000 people every year. 28% of the youth in Islamabad is addicted to tobacco smoking. It has become fashion for students to smoke Hookah in Hookah lounges.[12]

METHODOLOGY:

Study design and place: This is cross sectional study conducted at Mohtarma Benazir Bhutto Shaheed Medical College, Mirpur, AK.

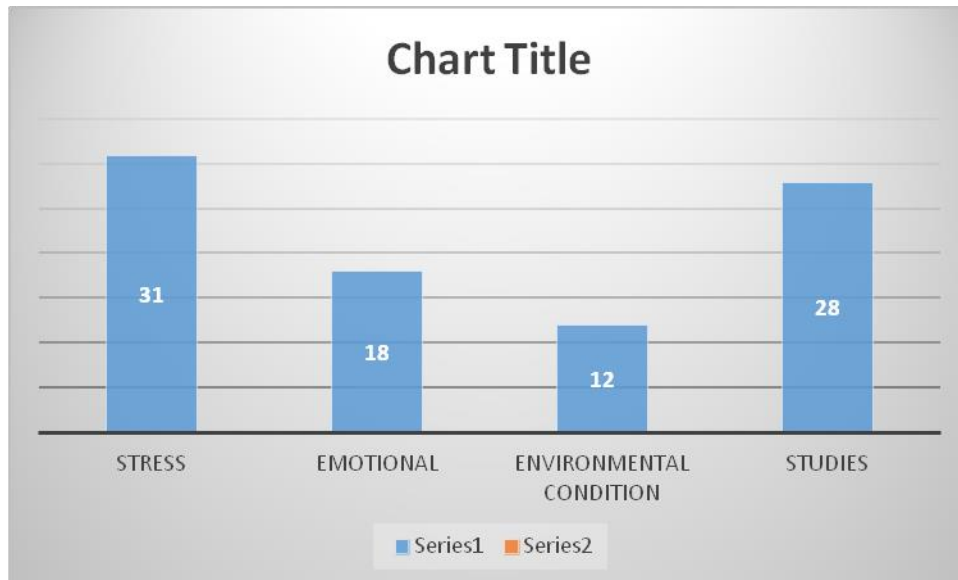
Sampling: A pre-tested structured questionnaires were distributed among 100 students of 1st & 2nd year. The sampling was random. Out of 100 student 89 students was correct respondent.

Data Analysis: After data collection it is analyzed by using MS - Excel 2013.A

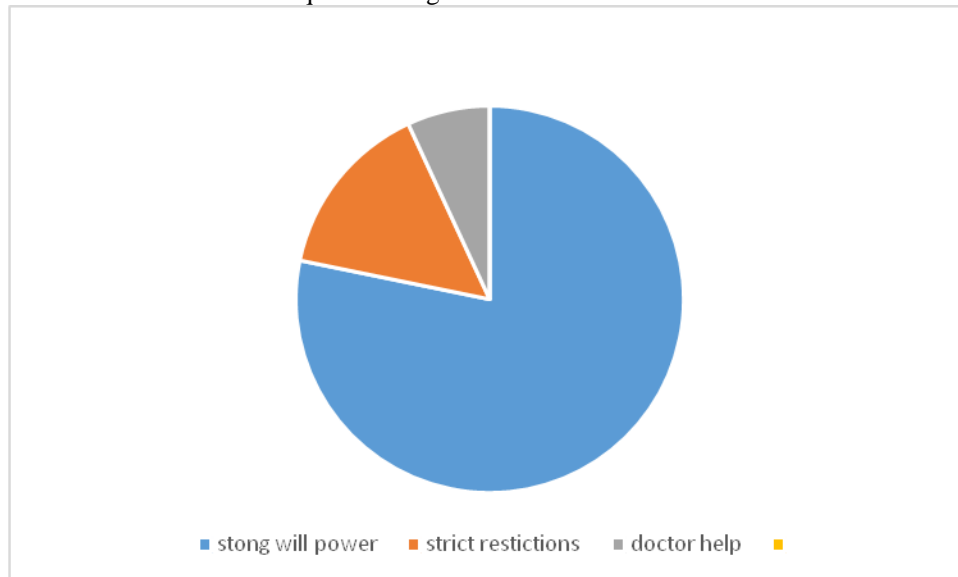
RESULTS:

Our current study begin with ingredients of smoking according to survey only 56.17% students know about ingredient of smoking while on the other hand 83.145% agree that it is health hazard problem. Query regarding laws of smoking revealed that only 37.7% know about laws of smoking.

Reasons for students start smoking out of 89.



While asking about its restriction in college 51.68 % said that there is our no restriction in college for smoking. Majority of them(84.26 %) are in the favors that it should be banned because it is really addictive (55.55%).only half of students said that quitting smoking is really helpful. When they were asked how the students quit smoking.



DISCUSSION:

The prevalence of smoking among medical students appears to vary widely from country to country. From the current review it appears that smoking rates among male medical students range between 3% in the United States and 58% in Japan[13]. The lowest overall prevalence rates of 2-3% were documented in American medical schools during the late 1990s, with similar low levels also reported in Australia (3%), China (3%) and India (4%). Smoking prevalence rates below 10% of the medical student

population were shown to occur in Australia (4-6%), China (6%),India (7%), Thailand (7%),the US (7%) and Malaysia (9%). Marked differences in smoking rates were found by gender in almost all studies, with male students generally having the higher rates. Other relatively high prevalence rates among male medical students were also reported in Greece (41%) and Spain (42%)[14]. When considering the prevalence of smoking among medical students in a particular country, it is worthwhile considering to what extent their habits

mirror those of the society in which they live. In the current review, as mentioned earlier, medical students in the United States, Australia, China and India were the least likely to smoke. This finding is consistent with population data from the WHO, where it is reported that only 18-21% of Australian adults and 21-26% of American adults consume tobacco. On the other hand, the seemingly low rate of smoking among Chinese medical students is contrary to recent population data from the WHO, details of which are published elsewhere[15]. The high proportion of tobacco users that we identified among medical students in Japan, Greece and Spain, appears to reflect current population estimates for these countries, where it is reported that 39-47% of adult males and 12-29% of adult females still smoke tobacco.[16]

While the smoking prevalence rate among female medical students was generally lower than their male counterparts at the same medical school across a range of studies, at least seven investigations reported not having any female smokers at all. This particular phenomenon was evident in China, India, Malaysia and Thailand[17].

CONCLUSION:

On the basis of our results it is concluded that most of genders are smokers and among these the proportion of male is higher than female and main reason for smoking is just for fun. on such circumstances it is mandatory to prevail hazard

Limitations:

Out of 400 students of mohtarma Benazir Bhutto Shaheed medical college only 100 were selected just because of time and budget.

Recommendation:

Based on the prevalence of smoking it is mandatory that awareness about hazards of smoking should be prevailed by conducting seminars and by adding its educating them in the our educational curricula.

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