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Research Article

AWARENESS AMONG NEW SMOKERS REGARDING LUNG CANCER

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Abstract:

OBJECTIVE: To evaluate the awareness and attitude of regarding lung cancer among smokers, those had recently started smoking.

MATERIAL AND METHODS: This cross-sectional study was carried out in medicine department (OPD) of LUMHS over the period of 6 month from January 2018 up to July 2018. All cases had history of smoking less than 6 months were enrolled in the study following informed verbal consent. All the information was recorded on the self-made proforma, and data analysis was done by SPSS version 20.

RESULTS: Total 150 smokers were enrolled and out of all participants, 90(60%) were males while 60(40%) were female. Majority of participants i.e. 80(53.33%) were illiterate. 40(26.66%) were from middle socioeconomic class and 90(60%) were from low socioeconomic class. Majority of participants i.e. 60(40%) smokes <5 cigarette per day while 40(26.66%) smokes 5-10 cigarette per day. Only 30(20%) participants knew that smoking causes lung cancer, 80(53.33%) had partial knowledge while 40(26.66%) had no idea. 30(20%) of the smokers had the intention to quit while rest of 40(26.6%) participants said they will try to quit it and other believed that it's very difficult to quit.

CONCLUSION: It was concluded that most of the smokers unaware regarding smoking risks and they acquired by friends, relatives and parents and believed that now it's very difficult to quit.

KEY WORDS: Lung cancer, awareness, smokers

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INTRODUCTION:

Cancer is unfolding as a key health issue worldwide accounting for over 10,000,000 fresh cases and resulting in above 6,000,000 deaths around the world. Globally lung cancer is the commonest malignancy among men with reference to both mortality and prevalence, and in women it has the 3rd highest prevalence and is 2nd following breast cancer associated mortality. There were 1820,000 fresh cases and 1560,000 deaths because of lung cancer in 2012, representing 19.4% of all cancer-related deaths [1]. The population part that most possibly develops lung cancer is individuals aged >50 with history of smoking. Contrary to the rate of mortality among men, which stated diminishing earlier than 20 years, mortality rates due to lung cancer among women have been growing over the last decades, and have started to stabilize just recently [2]. In the United States of America, the lifetime risk of getting lung cancer is 8% among males and 6% among females [3]. Every 3,000,000-4,000,000 cigarettes smoked, account for one death due to lung cancer [4]. The effect of "Big Tobacco" contributes significantly in the smoking culture [5]. The contribution of passive smoking is progressively being known as a risk factor for lung cancer [6]. Emission from power plants, factories, and automobiles also cause potential risks. Black women and men have a greater prevalence of lung cancer in the United States [7]. Its rates are lower among underdeveloped countries at present [8]. With raised smoking among underdeveloped countries, the rates are estimated to rise in upcoming few years, particularly in India and China. In Pakistan lung cancer is the commonest malignancy among males and one of the top 10 malignancies among females [9]. Pakistan has been considered as a region of low risk for lung cancer among females and moderate risk among males.⁹ Pakistan is inclining towards smoking where tobacco is being utilized as high tar cigarettes, biri, shisha, cigar, hukka and pan [10]. Public awareness of lung cancer symptoms and hence ability to identify symptoms can possibly be greater about late stage symptoms like haemoptysis and less so regarding symptoms that might emerge earlier due to the timing of the symptoms and connection with diagnosis [11]. Inadequate data had been reported about smoking risk factors and intention to quit in smokers [12]. Lung cancer is a high risk to health globally, however, yet several people have no awareness regarding this fact.¹³ Therefore it is needed to discover exactly what a

community mainly at risk can provide in references to knowledge on risk factors and preventive measures of lung cancer.

MATERIAL & METHODS:

Total 150 smokers were enrolled in study. This cross-sectional study was carried out in medicine department of LUMHS over the period of 6 month from Jan 2018 up to July 2018. All the subjects, who had visited medicine OPD as attendant or care taker of other patients had smoking history less than 6 months and agreed to take part in this study, were enrolled following informed verbal consent. All the subjects were interviewed about their age, educational status, smoking duration, and frequency of smoking per day, how the smoking habit started and what is there attitude to quit it in future. Also, subjects were interviewed regarding purpose of smoking and awareness regarding it as a risk factor for lung cancer. All the data was collected on the pre-devised proforma. Data analysis was done by SPSS version 20. Frequency and percentages were calculated to show the results.

RESULTS:

Table 1 is showing demographic data of participants. 130(86.6%) were males while 20(13.4%) were female. Majority of participants i.e. 80(53.33%) were illiterate while 40(26.66%) were from middle class and 90(60%) were from low socioeconomic class. Majority of participants i.e. 60(40%) smokes <5 cigarette per day while 40(26.66%) smokes 5-10 cigarette per day.

According to causes behind smoking 40(26.6%) individuals smoke during friend gathering, 30(20.0%) due to stress, 30(20.0%) had habits from childhood, 20(13.4%) due to looking glamorous and 20(13.4%) smoke due digestive purpose. Most of the cases 80(53.33%) acquired by friends and others acquired by parents and relatives, results showed in Table.2 According to intentions to quit, only 30(20%) of the smokers had the intention to quit while rest of participants refused because they think that they are smoking not enough cigarette which causes lung cancer. (Table 3) Out of all study cases only 30(20%) participants knew that smoking is the cause of lung cancer, 80(53.33%) had partial knowledge while 40(26.66%) had no idea. (Table 3)

TABLE 1. DEMOGRAPHIC INFORMATION OF STUDY INDIVIDUALS N= 150

Variables	Frequency (%)
Gender	
Males	130(86.6%)
females	20(13.4%)
Age	
<30 years	30(20.0%)
30-40 years	40(26.66%)
>40 years	80(53.33%)
Education	
Illiterate	80(53.33%)
Middle	40(26.66%)
Graduate	30(20.0%)
SEC	
Low SEC	90(60.0%)
Middle SEC	30(20.0%)
Upper SEC	30(20.0%)
Cigarette smoking per day	
<5	60(40.0%)
5-10	40(26.66%)
>10	50(33.33%)

TABLE: 2. Causes behind smoking n=150

Variables	Frequency(%)
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Causes behind smoking	
Stress	30(20.0%)
For digestive purpose	20(13.4%)
Friends gathering	40(26.6%)
For looking glamorous	20(13.4%)
Habit from childhood	30(20.0%)
Borrowed from parents and others	20(13.4%)
Smoking habits acquired by	
Parents	30(20.0%)
Relatives	20(13.33%)
Friends	80(53.33%)
Profession	20(13.33%)

**TABLE 3 Knowledge and attitude about smoking as a risk factor of lung cancer
(N=150)**

Variables	Frequency (%)
Awareness	
Complete knowledge	30(20.0%)
Partial knowledge	80(53.33%)
No any knowledge	40(26.66%)
Total	150(100.0%)
Attitude	
Quit smoking	30(20.0%)
Try to quit it	40(26.6%)
It's difficult to quit	80(53.4%)
Total	150(100.0%)

DISCUSSION:

Smoking is closely associated with squamous-cell carcinoma. Inhalation transports tobacco-specific carcinogens more distally toward the bronchoalveolar junction where adenocarcinoma frequently arises. In addition, blended re-formed tobacco releases a high rate of N-nitrosamines from tobacco stems. There is a high rate of acrolein in cigarette smoke, which is lethal to the ciliated lining of the lungs, and other agents like formaldehyde, phenols, acetaldehyde, and nitrogen oxides, which can possibly play a role indirectly to pulmonary carcinogenicity among humans [14]. Results of our study had showed low level of awareness of smokers about lung cancers, i.e. only 20% participants were aware. In comparison to this, Results of study conducted by Dawood OT et al [15] exhibited that smokers expressed low consciousness regarding certain risk effects of smoking for example lung cancer. Similarly, previous conducted study, by Siahpush M et al [16] showed that few smokers were aware toward smoking health

effects such as lung cancer. Another study by Reader SB et al [17] also reported that smokers' knowledge regarding risks of smoking for example lung cancer is less than non-smokers. Smoking in any form is a known health risk leading to respiratory diseases, chronic bronchitis, lung cancer and cardiovascular diseases.

In this study most of the cases were acquired by friends, parents and relatives. Parents are eminent to provoke their children's conduct; teenage girls of smoker mothers are likely to acquire chronic smoking than those of nonsmoking parents [18]. A study from Karachi also found a substantial correlation between parental smoking and smoking among youngsters, uncles and colleague smoking, and spending free time in outdoor activities [19].

In this study mostly individuals smoking due to stress, digestive purpose Friends gathering and looking glamorous. In addition, several other studies

[20-22] documented factors that influence adolescents such as looking glamorous, smoking as a stress relief measure and for experience have also been recognized.

In our study regarding intentions to quit, just 20% of the smokers had the intention to quit. The same finding was reported in China where 24% of smokers in 6 states intended to quit in near future [23], and 10% of current smokers in India intended to quit in the next month [24]. The level of quit intention in this study was lower in contrast to other countries such as Australia and Canada, where around 3 out of 4 smokers had plans to leave smoking [25]. This might be due to the low awareness of health effects of tobacco use. Health of the population is the vital contexts in which media can play the role to inform individuals, link patients and professionals, prevent diseases, and broadcast new information and fresh skills to population. Actually, giving appropriate knowledge to the high-risk patients is a vital part of cancer programs for early diagnosis, prevention and effective treatment process. In the present study majority of patients were given first and most information by their physicians and patients who had higher level of education and more skilled in English language used health journals, Internet and cancer-guide booklets besides visiting their physicians. In the meantime, none of the cases with inability to search the websites obtained information from other scientific sources except their physicians. This is in accordance with the knowledge gap hypothesis.²⁶ Chen et al,²⁷ revealed that most patients received basic data regarding lung cancer from their physicians.

CONCLUSION:

According to the conclusion most of the smokers unaware regarding smoking risks and they acquired by friends, relatives and parents. Unaware smokers were mostly un-educated and most of them consuming it due to digestive purpose. Educated smokers consuming it in friends gathering and to remove the stress. Finally it can say that that youngers not taking serious it and their myths as its not dangerous, so consumption rapidly increasing in youngers among our population.

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