

Smoking Practices Among Medical Students Of Jamnagar

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Abstracts: Background: College students may start smoking when they are away from family or with peer pressure or as a curiosity. This is the commonest time to habit formation. Objectives: To study practices of smoking and behavior changes in medical student and to find out factors associated with smoking. Material and Methods: A Cross study was conducted among the 200 medical students of Shri M.P.Shah Medical College, Jamnagar from different batches who were ready to participate and to give response. Study period was 15/01/2007 to 30/01/2007 by pretested oral questionnaire method. Statistical analysis was done by excel software. Results: 18.5% students were smoker, 67.55% smokers' fathers were smoking, and 56.75% of student had history of smoking for more than 6 months. Peers played a major role in initiation of smoking in 70.27% of smokers. 54.05% of students started smoking to relieve exam stress. 56.75% students wanted to quit smoking. Increased smoking frequency was observed in 78.37% students during exam periods. Conclusions: Smoking was significant problem among the male medical students and usually started by peer pressure or family history or exam stress. [Patel H et al NJIRM 2012; 3(3) : 107-110]

Key words: Cigarette smoking, Medical students, Peer Pressure

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Introduction: Use of tobacco is the second major cause of death in the world ¹. Each year tobacco products kill some 5 million people worldwide and this number is increasing. WHO estimates that unless current smoking patterns are reversed ,tobacco will be responsible for 10 million deaths per year by decade 2020-2030,with 70% of them occurring in developing countries. Scientific evidence has been accumulating since the early 1950's and more than 25 diseases are known or strongly suspected to be causally related to smoking.²⁻⁴

Most smokers begin to smoke by age of 20 years and the prevalence of smoking among people aged 20-24 years is the best used surveillance measure for initiation⁵. Teaching about the effect of the use of tobacco and related disease is essential for the undergraduate medical students, especially to counter the deadly effects of the same. Physicians occupy a key position in this regards, as they are uniquely placed to led smoking cessation programmes in the community⁶ but if the future physician are themselves entangled in the web of abuse and dependence of tobacco ,then the plight of the smoking cessation programmes can well be imagined.

As medical students who are usually in their adolescence, progress through medical school their

behavior regarding the smoking is equal or even exceeds the rate in the non medical group despite their knowledge of smoking related disease.⁷

As future physician who will witness the continued burden of smoking related disease among their patients, medical students represent a primary target for tobacco prevention programme⁷. Therefore the present study was carried out to find practice of smoking and behavior changes in medical student and to find out factors associated with smoking in male medical students.

Material and Methods: A cross sectional study was done among the male because there is more chances of smoking seen in male undergraduate students and they were easily approach by male intern doctors and ready to give information to same peer group person of Shri M.P.Shah Medical College, Jamnagar in Gujarat. There is no any ethical issues were involved because of it is the exposure of interns doctors to carried out some research activity in the institute and the students were briefed about the purpose of study. Intern doctors posted in department of community medicine were taught about the method of data collection and they had collected the information in pre designed structured questionnaire among students. Participation in the study was voluntary and verbal informed consent was taken and total 200 students

had taken part in study. Confidentiality was maintained so they can give correct response. The information was collected regarding family history of smoking, occupation of father, duration of smoking, initiation of smoking, reason for smoking, no. of cigarettes per day, desire to quite, relation with exam or reason for non smoking. Smoker was defined as having smoked cigarette at least once in life and non smoker defined as never smoked.

Study Period: The study period was from 15/01/2007 to 30/01/2007.

Statistical analysis: The data collected was tabulated and analyzed using Microsoft excel. Chi –square test was used for the statistical significance.

Observation and Results: Out of 200, 37(18.5%) medical students were smoker either current or ever used. Out of 37, 25 (67.55%) smokers had parental history. Parental history was found highly significant ($p < 0.0000005$). More than half students (56.75%) had history of smoking for more than 6 months. Majority of students (70.27%) started smoking under the influence of peers.

Majority of students (54.05%) initiated smoking due to exam stress. 21 out of 37 (56.75%) wanted to quit. Increased smoking frequency was observed in 78.37% students during exam periods. 73.00% students were not smoking due to knowledge of ill effect of smoking.

Table: 1 Father's occupation and smoking habit of student ($\chi^2 = 5.77$, $DF=2$, $P > 0.05$)

| Father's occupation | Smoker(n=37) | Nonsmoker(n=163) | Total(n=200) |
|---------------------|--------------|------------------|--------------|
| Business | 14(37.84) | 52(31.90) | 66(33) |
| Govt. Job | 13(35.14) | 34(20.86) | 47(23.5) |
| Private Institute | 4(10.81) | 74(45.40) | 78(39) |
| Others | 6(16.21) | 03(1.84) | 09(4.5) |
| Total | 37(100) | 163(100) | 200(100) |

Table: 2 Father's Smoking and smoking habit of student

| Father's Smoking. | Smoker (n=37) | Nonsmoker (n=163) | Total (n=200) |
|-------------------|---------------|-------------------|---------------|
| Yes | 25 | 40 | 65 |

| No | 12 | 123 | 135 |
|-------|----|-----|-----|
| Total | 37 | 163 | 200 |

$$(\chi^2 = 25.45, DF=1, P < 0.0000005)$$

Table: 3 Reasons for Non- smoking (N=163)

| Reasons | No. | Percentage |
|-----------------------------|-----|------------|
| Knowledge of ill effect | 119 | 73.00% |
| Other way to relieve stress | 12 | 07.36% |
| Family Pressure | 21 | 12.88% |
| Fear to be ill famed | 11 | 06.74% |
| Total | 163 | 100% |

Table: 4 Factors related to smoking (N=37)

| Duration of Smoking | No. | Percentage |
|---|-----|------------|
| < 1 Month | 02 | 05.40% |
| 1 – 6 Month | 14 | 37.83% |
| > 6 Month | 21 | 56.75% |
| Initiation of Smoking | | |
| Friends | 26 | 70.27% |
| Family Members | 03 | 08.10% |
| Vender | 02 | 05.40% |
| Other | 06 | 16.21% |
| Reason for Smoking | | |
| Curiosity | 08 | 21.62% |
| To be Sociable have Fun | 04 | 10.81% |
| Relief stress | 20 | 54.05% |
| To be Hero | 03 | 08.10% |
| Broken love Relationship | 04 | 10.81% |
| Frequency of cigarette smoking among students | | |
| > 5 | 02 | 05.40% |
| 2 – 5 | 10 | 27.00% |
| 1 | 18 | 48.64% |
| < 1 | 07 | 18.915 |
| Desire to quit Smoking. | | |
| Yes | 21 | 56.75% |
| No | 16 | 43.24% |
| Relation to Exam. | | |
| Increase | 29 | 78.37% |
| Decrease | 00 | 00.00% |
| No Change | 08 | 21.62% |

Discussion: Various efforts have been made in the direction of assessing the effects of various factors on the smoking behavior among the medical students in different part of world. Therefore we have tried to find out of burden of smoking among

the male medical students who may serve as the role model for the patients with respect to smoking cessation activities.

The proportion of smoking in our study sample was found 18.5% which is lower than 27.5% found in study from Uttar Pradesh⁸. Comparable result was also found in study of Bhavnagar where 13.70% students were smoker⁹.

The findings of our study is also comparable to the result of similar study done in neighbouring country Pakistan¹⁰ which revealed a 22% prevalence of smoking among the male medical students.

No significant role of occupation of father was found in smoker and non smoker group.

($X^2 = 5.77$, $DF=2$ $P>0.05$). It needs more detail study with large sample.

Significant role of father's smoking was observed in present study ($X^2 = 25.45$, $DF=1$, $P<0.0000005$) as well as other studies.

The overwhelming effect of peer pressure on the initiation of smoking is a matter of serious concern because it is very difficult to prevent the effect of this factor in this age group which likes the company of their friends as well as influence maximally by them. As in our study, habit of smoking was introduced by friends in 26 (70.27%) students, 15.5 % peer pressure was reason for tobacco consumption seen in Bhavnagar study⁹ and also comparable with the result in study of Lucknow⁷ (87.5%) among male medical students.

75.68% students were smoking 1 to 5 cigarette per day.

Desire to quit smoking was seen in 56.75% students. So, they can be encouraged to be free from its use by proper counseling regarding quitting the smoking and encourage reliving from exam stress by meditation or other stress reliving methods and taking help of teachers and seniors in preparation of exam. Similar result was also seen in Bhavnagar study⁹ (59.6%).

78.37% students said that there was increase in frequency of smoking during the examination period. So, proper counseling can be done prior to examination.

73% students were non smoker who had the knowledge of hazardous effects of smoking.

Recommendations: Cigarette smoking is harmful to all age group. Education of students regarding its health effect should given. Exam is many a time considered as a factor for initiation of smoking. So, there is need to proper guidance and counseling. How to relive the stress and cope up with all condition should be taught.

Careful selection of friends, avoidance of smoking, how to say "no" and negotiation skill should be taught to all students. Family members should avoid smoking in front of young children. Students having desire to quit smoking should be encouraged to do so. Healthy environment should be provided to all students. Proper implementation of law should be made.

Conclusion: Present study shows that exam stress is the major factor for starting the smoking (54.05%) and increase during exam period (78.37%) and peer pressure in initiation of smoking (70.27%). Peer group play important role in habit formation and cessation of smoking activities.

Family members had also role in developing habit of children as they see the father or any other member in family is smoking or not.

Limitation: The prevalence of current smoker observed in our study might be underestimated considering the fact that only 200 students responded. There could be possibility that smokers could not have been participated in the study despite the assurance of maintaining confidentiality of the information provided.

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References:

1. Why is tobacco a public health priority .Available at: [http:// www.who.int/tobacco/en](http://www.who.int/tobacco/en) (accessed on 18 August 2011)
2. Mackay J, Eriksen M. The tobacco atlas 2002. Geneva: World Health Organization; 2002
3. Kumar S. WHO intensifies war against tobacco in developing countries. Lancet 2000; 355:210

4. Jha P, Chaloupka FJ. Development in practice curbing the epidemic: Governments and economics of tobacco control, Washington: The World Bank; 1999 pp. 13-28.
5. Browson R.C., Ramintop P.L.; David J.R. Chronic Disease Epidemiology and Control, Washington APHA, 1993; 206.
6. Roche AM, Eccleston P, Sanson-Fisher R. Teaching smoking cessation skill to senior medical students: a block randomized controlled trial of four different approaches. *Prev.Med.*1996; 25:251-8
7. Ranjeeta Kumari, Bhola Nath. Study on the use of tobacco among male medical students in Lucknow, India. *Indian Journal of Community Medicine*, Vol.33 (2) April 2008; 100-102.
8. Prevalence of tobacco use in Karnataka and Uttar Pradesh in India 2001 available at (www.searo.who.int/en/section1174/section1462/pdf/surv/sentinelindia2001)
9. V.N.Shah, P.B.Verma,, C.B.Tripathi; Knowledge, Attitude and Practice Regarding Tobacco Consumption among the College Students of Bhavnagar City (Gujarat) *Indian Journal of Community Medicine*, 2005; 30 (1):39-40
10. Nawaz H, Imam S Z, Zubair A B, Pabaney A H, Sepahy J, Islam M, Khan J A. Smoking habits and belief of future physician of Pakistan, Section of pulmonary and critical care Medicine. Aga Khan University Hospital, Karachi, Pakistan. *Int.J.Tuberculosis and Lung disease* 2007;11:915-9