

Prevalence of Cigarette and Sheesha Smoking among Students of a Khawaja Muhammad safdar medical College in Sialkot

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Abstract

Objective:

To determine the frequency of cigarette and sheesha smoking among students of a Khawaja Muhammad safdar medical college.

Methodology:

This study was conducted at Khawaja safdar medical college, from April to September, 2015. A close ended questionnaire was administered to find out the frequency of cigarette and sheesha smoking among medical students and their knowledge about hazards of smoking.

Results:

In this cross sectional survey, 255 MBBS students were selected. The mean age of students was 21.83 ± 1.657 years. The frequency of cigarette smoking was 33%, sheesha smoking 36%, and smoking of both was 24.3%. There were 16(6%) students who were ex-smokers of cigarette, 4% of sheesha and 1.6% of both. Greater part of students 32(12.5%) smoke 6 -10 cigarettes per day. Parents of 42 (34.7%) students know about their smoking. Majority of the students 45 (17.6%) started smoking just for fun or 25 (9.8%) to release stress. The main cause of quitting smoking in 15 (39.5%) students was medical advice or due to advice by elders in 11 (28.9%) students. 226 (88.6%) students had awareness about the ill effects of smoking. According to the bulk of students 105 (41.2%) the most effective way to control smoking epidemic is health education. Some students 46 (18%) had an opinion of high tax on

cigarettes and 27 (10.6%) compulsory pictorial warnings on cigarette packs

Conclusion:

Sheesha and cigarette smoking is very popular among medical students. Most of the students know about hazards of sheesha smoking.

Introduction:

Tobacco use is one of the ten leading health indicators for the Healthy People 2010 agenda, and remains to be a major focus in the proposed Healthy People 2020 objectives. The World Health Organization warns that if current smoking patterns continue, it will cause some 10 million deaths yearly by the year 2020. [1]

Smoking in any form is a known health hazard being responsible for cardiovascular diseases, lung cancer, chronic bronchitis, and respiratory diseases. [2] However, the hazards due to the consumption of tobacco with methods other than cigarette did not get much

attention. Shisha also known as Hubble-bubble, hookah, goza or arghile, is one of the other ways of tobacco consumption. [3,4]

Shisha smoking (using a water pipe, narghile or hookah) is a social and entertainment behavior of increasing popularity, especially among adolescents. [5] Shisha smoke contains high concentrations of carbon monoxide, nicotine, tar and heavy metals. [6] Thus, shisha smokers are at a greater risk of serious respiratory diseases and cancers. Shisha smoking is highly prevalent in developing countries and in the Eastern Mediterranean region. [7]

There have been some studies beginning to elucidate the health consequences of smoking hookah. It is estimated that during the average 45-60 minute hookah smoking session, an individual is exposed to as much as 100 cigarettes worth of smoke. [4]

In our society there is a recent trend toward increased Shisha smoking and most of adolescents nowadays spend part of their

leisure time smoking shisha in cafes and restaurants. Several studies have shown that shisha smoking is practiced more frequently (either daily or once per week). [8] The favorite places for smoking shisha are with friends in café and open places.

The younger the age of starting smoking, the greater will be the odds of becoming a regular smoker later in life. Usually with a simple smoking experience (1 or 2 puffs), the adolescent will become a regular smoker. More than one third of those who experienced smoking before the age of 18 will become daily and about two third of them will become regular smokers. [9]

Epidemiological studies have revealed several reasons for the initiation and prevalence of cigarette smoking in children including the influence of peer pressure, family models and other environmental factors in the home and at school. [9,10]

Literature shows that in Pakistan, the information regarding shisha smoking is

scarce and that is a hindrance in effective intervention. Very few studies have been conducted to determine general smoking pattern and similarly for prevalence of smoking habits among medical students. In this study we aim to determine the prevalence of shisha and cigarette smoking and to assess the perceptions and practices of cigarette and shisha smoking in medical students of a government medical college with assessment of their knowledge about the hazards of shisha smoking.

METHODOLOGY:

This was a cross-sectional study conducted in Khawaja safdar medical college. The target population consisted of MBBS students from 1st year to final year. A total of 255 students were selected for this survey. The sample size was calculated by using WHO sample size calculator taking confidence level of 95%, anticipated population proportion of 33% and absolute precision required of 6% and the minimum sample size was turned out to a minimum of 236 participants. From each class students were selected by using systematic random sampling technique. All the selected students in each class were briefed about the study and consent for inclusion in the study was taken. To investigate about their smoking habits a self-administered questionnaire was used. The questionnaire was comprehensive to assess the behavior of students regarding smoking including sheesha and cigarette and

their knowledge of hazards of smoking. The questionnaire contained questions on personal characteristics, smoking behavior, knowledge and practice of hazards of smoking sheesha and cigarette, frequency, duration, and amount of smoking. A “current smoker” was someone who, at the time of the survey, smoked any tobacco product either daily or occasionally; an “ex-smoker” was someone who was formerly a daily smoker but currently did not smoke at all; a “non-smoker” was someone who, at the time of the survey, did not smoke at all.

Results:

In this cross sectional survey a total of 255 students of MBBS from 1st to final year were selected. In this study sample there were 138 (54.12%) male and 117 (45.88%) female students. The mean age of students was 21.83 years with a standard deviation of 1.657 years with a minimum of 18 years and maximum age of 27 years. The results of our study show that the prevalence of cigarette smoking among students was 33% and sheesha smoking was 36%. Some students responded that they smoke both cigarette and sheesha, the frequency of smoking both was 24.3%. In our study sample 16 (6%) students were ex-smokers of cigarette, 4% of sheesha and 1.6% of both

According to the results majority of the students were smoking cigarette from 3 to 5 years and majority of the students were smoking sheesha from 2 to 5 years. The mean age at which the students started smoking was 17.71 ± 2.538 years with a range of 10 to 22 years. Most of the students 32 (12.5%) were smoking 6 -10 cigarette followed by 31 (12.5%) students who were smoking 1-5 cigarettes per day. The frequency of sheesha smoking showed that the majority of the

student had a trend of occasionally smoking sheesha that is 35 (13.7%) were smoking sheesha weekly and monthly. According to the students who were smoking cigarettes or sheesha 42 (34.7 %) tolled that their parents or guardians know about their smoking and 79 (65.3%) students were smoking without information to their parents. According to the results majority of the students 45 (17.6%) started smoking just for fun followed by students 25 (9.8%) who started smoking for relaxation or to release stress. Some students 15 (5.9%) started smoking due to the reason that their friends were smokers. The assessment of knowledge about ill effects of smoking shows that 226 (88.6%) students had awareness about the ill effects of smoking on health and 22 (8.6%) did not had any idea about the ill effects of smoking.

When students were inquired about the reason for which they are not quitting the smoking majority 35 (13.7%) of them said that they think it a way to release tension and stress. A large no. of students 31 (12.2%) thought that it is impossible to quit smoking for them.

Some of the students 24 (9.4%) said that it has become part of their personality that's why now they can't stop it.

Discussion:

In this cross sectional survey a total of 255 students of MBBS from 1st to final year were selected. In this study sample there 138 (54.12%) males and 117 (45.88%) females. The mean age of students was 21.83 years with a standard deviation of 1.657 years with a minimum of 18 years and maximum age of 27 years. Previous literature show that any kind of smoking has many health hazards like it significantly increases risk of lung cancer, respiratory illness, low birth weight and periodontal disease. Preliminary research shows hookah use may be associated with nicotine dependence and could be a gateway drug to cigarette smoking. Sheesha smoking is a growing concern in urban areas of Western

countries across the globe. In the UK, there has been a 21% rise in the number of sheesha cafe in recent years, but little research has been conducted on the public health implications of this smoking practice. This report summaries the current known health effects associated with sheesha smoking, whilst presenting data from other countries where such health effects have stimulated the development of sheesha specific legislation. The main objective of the study was to find out the prevalence of cigarette and sheesha smoking among the medical students of a private medical college. The results of our study show that the prevalence of cigarette smoking among students was 33% and sheesha smoking was 36%. Some students responded that they smoke both cigarette and sheesha, the frequency of smoking both was 24.3%. In our study sample 16 (6%) students were ex-smokers of cigarette, 4% of sheesha and 1.6% of both.

These results have resemblance with previous studies conducted at different parts of the world. A study conducted in Wake Forest University School of Medicine United States, it was 40% of the sample and 30% percent of the study participants of the study conducted in Community Medicine Department, International Medical School, Management and Science University, Malaysia.¹⁰ The ratio further plunged in the study reported by Dow University of Health Sciences, Karachi in which 22.7% of students, indicated that they smoke seesha . London-based studies identify growing sheesha prevalence, especially among young people, university students and those of ethnic backgrounds typically associated with sheesha smoking. Finally, local authority responses identified that sheesha premises are particularly attractive for young people who smoke that sheesha is safer than cigarettes, and are hubs for antisocial behavior in certain areas of the city.

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Most sheesha tobacco appears illicit by virtue of being non-duty paid and lacking appropriate health warnings, and many premises remain non-compliant with the Smoke-free law. Public health intervention has been minimal thus far, and this report identifies a need for collaborative work and further understanding of the sheesha industry before significant strides can be made to control its proliferation. Several peer-reviewed recommendations are detailed which aim to initiate future discussion, justify future action and instigate change in current practice to reduce the public health implications of sheesha smoking in London. There is compelling evidence regarding the hazards of waterpipe smoking accumulated, in the literature.

Conclusion:

Most of the students know about hazards of sheesha smoking and they usually prefer sheesha bars for sheesha smoking. An interesting fact is that mostly students start sheesha smoking because their friends do. Steps should be taken to involve students in healthy recreational activities. Tobacco control program should be conducted in colleges and awareness among people should be created through electronic and print media. Our study reveals the alarming situation of high practice of sheesha smoking among medical students and thus that active measures should be taken to control this current condition especially among students by increasing awareness in them with the hazardous side effects of sheesha smoking.

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