

# Smoking in Young Armed Forces Officers of Pakistan Who Attended Various Courses at Quetta: A Descriptive Study

MUHAMMAD ASHRAF, MUHAMMAD SAJID\*, S. FAHIM SHAH\*\*, AKHTAR MUNEEER\*\*\*, MUHAMMAD FAROOQ\*\*\*

## ABSTRACT

**Aim:** To find out the prevalence of smoking in young armed forces officers of Pakistan who attended various courses at Quetta.

**Methods:** One thousand young officers of Pakistan Army of age group 20-30 years who attended various courses at SI & T, Quetta were included in the study. Structured questionnaires were distributed among these officers in their central classes and they were requested to fill up the questionnaires without disclosing their identity. The questionnaires were collected by instructor at the end of central classes. Finally the data was compiled and categorized according to the age, rank and services. All this information was then analyzed with the help of SPSS 8.0. Out of 1000 questionnaires, 04 were not included in the analysis because they were not properly filled the questionnaire. So 996 were included in the analysis.

**Results:** Out of 996 officers, 512(51.4%) were found to be smokers and 484(48.5%) were non – smokers. Among smokers, 458 (89.5%) were regular smokers and (10.5%) were occasional smokers (those who smoke <5 Cigarettes/week). It is revealed that 216(47.4%) were smokers in age group 20-25 years and 296 smokers (54.8%) were in age group 26-30 years. Data suggested high prevalence of smoking in the rank of a captain as compared to lieutenant. The prevalence of smoking is also higher in the young officers with more service. In our data, out of 512 smokers, 458(89.5%) were regular smokers. Out of 458 regular smokers, 83 (18.1%), 256(55.9%) and 119 (25.9%) were found to be mild, moderate and heavy smokers respectively. Date was also analyzed for main factors responsible for initiation and persistence of smoking. It revealed that company of friends was the leading factor for initiation of smoking i.e. 47.1% (n-214) followed by stressful environment of army i.e. 24.6% (n-126), media campaign i.e. 18.2% (n-93) and parent's smoking i.e. 10.2% (n=52). Out 996 officers, 873 (87.6%) officers had opinion that army atmosphere encourage smoking. 100% smokers had the opinion that smoking is harmful to health. All the smokers responded that their smoking is also harmful to other non-smokers and children.

**Key words:** Smoking, young armed forces officers, cigarette.

---

## INTRODUCTION

Use of tobacco currently accounts for 3 million deaths each year worldwide. The global health care costs resulting from tobacco use exceed 200 billion a year—more than twice the current health budgets of all developing countries combined. It is predicted that by the 2020 there will be about 10 million tobacco related deaths annually world wide<sup>1</sup> and most of the increase in deaths will occur in the developing Asian countries of China and India<sup>2,3</sup>. Pakistan health education survey 1992-93 estimated that there were 22 million smokers in the country<sup>4</sup>. According to study conducted locally by Alam (1998), the prevalence of smoking in Pakistan was 21.6%<sup>5</sup>.

Active cigarette smoking is one of the most

*Correspondence to: Dr. Muhammad Ashraf, Assistant Professor Pharmacology, KMU/KIMS, Kohat.*

important modifiable risk factor for coronary heart disease<sup>6,8</sup>. In the United States, active cigarette smoking results in approximately 100,000 deaths due to coronary heart disease each year<sup>9</sup>. It is directly responsible for 87% of lung cancer and most cases of emphysema and chronic bronchitis. Smoking is also a major factor for stroke, related to malignancies in other parts of the body and linked to a variety of other conditions and disorders, including slow healing of wound, infertility and peptic ulcer disease. When a smoker has a history of depression, careful screening for symptoms of depression is warranted<sup>10</sup>.

## METHODOLOGY

One thousand young officers of Pakistan Army of age group 20-30 years who attended various courses at SI & T, Quetta were included in the study. Structured

---

\* Assistant Professor Pharmacology, KMU/KIMS, Kohat

\*\* Assistant Professor Medicine, KMU/KIMS, Kohat

\*\*\* Assistant Professor Pathology, KMU/KIMS, Kohat

\*\*\*\*Emergency Pathology Lab. SIMS/SHL, Lahore

questionnaires were distributed among these officers in their central classes and they were requested to fill up the questionnaires without disclosing their identity. The questionnaires were collected by instructor at the end of central classes. Finally the data was compiled and categorized according to the age, rank and services. All this information was then analyzed with the help of SPSS 8.0. Out of 1000 questionnaires, 4 were not included in the analysis because they were not properly filled. So 996 were included in the analysis. All regular smokers were further divided into three groups according to number of cigarettes smoked per day.

- Mild smokers. <10 cigarettes per day.
- Moderate smokers. 10--20 cigarettes/day.
- Heavy smokers. >20 cigarettes/day.

**RESULTS**

The details of results are in tables 1 and 2

Table 1: Prevalence of smoking in young officers

	=n	%age
Smokers	512	(51.4%)
Non-Smokers	484	(48.6%)
Total	996	100%

Table 2

Characteristics	=n	%age
<b>Smoking Habits:</b>		
Regular Smoker	458	(89.5%)
Occasional Smoker	54	(10.5%)
<b>Age Groups:</b>		
20 -25 Years	216	47.4%
26 – 30 Years	296	54.8%
<b>Rank:</b>		
Lieutenants	206	47.7%
Captains	314	55.7%
<b>Intensity Of Smoking:</b>		
Mild (<10/Day)	83	18.1%
Moderate (10-20/Day)	256	55.9%
Heavy (>20/Day)	119	25.9%
<b>Factors responsible for initiation:</b>		
Company of friends	(n=214)	47.1%
Stress in army	(n=126)	24.6%
Media campaign	(n=93)	18.2%
Parents smoking	(n=52)	10.2%

**DISCUSSION**

In this study, it is found that 51% of young officers are smokers. Through the study was conducted at SI&T, Quetta but sample size is fairly adequate and can reliably represent the over all pattern of smoking in young officers of Pakistan army.

In this study, prevalence of smoking among young officers of Pakistan Army was 51% which is

slightly higher than that mentioned in the world wide smoking prevalence report by Crofton in (1998)<sup>11</sup> in which prevalence of smoking in Pakistan was 43% . According to same report the prevalence of smoking in other countries of Asia, Africa and Latin America ranged 50% to 56%. If we compare our study with locally conducted study of Alam (1998)<sup>5</sup>, the prevalence of smoking is quite low i.e. 21.6% whereas in our study the prevalence of smoking is quite high i.e. 51%.

In a study by Alam (1998)<sup>5</sup>, prevalence of smoking is low because study population was both males and females. Prevalence of smoking in female population is very low in our society which brought the overall prevalence of smoking to 21.6% in the study. Secondly, Alam (1998)<sup>5</sup> showed wider age group in his study and smoking trend decreases with the advancing age which brought the prevalence and smoking to 21.6%. In our study, younger age group was included in which the prevalence is high i.e., 21%.

Chisick et al (1998)<sup>12</sup> compared use of tobacco among active duty workers with those of non-active in US Army. He found doubling of tobacco use in those on active duties. His study concluded that active duty and military environment encouraged the initiation and increases the use of tobacco. Grassier et al (1997)<sup>13</sup> studied that the prevalence of tobacco use was highest among soldiers between 18–24 years of age and those serving in junior ranks. This also favors our findings.

**CONCLUSION**

The frequency of smoking among Pakistan army soldiers is alarmingly high and is significantly more as compared to that in general population of Pakistan. Among soldiers it is more frequent in unskilled and less educated class. The atmosphere in military units encourages initiation of smoking. Major motivating factors appear to be peer pressure, fashion and job stress. A big number of smokers smoke occasionally at social gatherings and stand risk of becoming regular smokers if not discouraged. These factors need to be seriously addressed to if smoking trend is to be curtailed. We propose primary health care programs employing smoking prevention and cessation strategies through behavioral modification, developing cigarettes quitting skills and addressing environmental factors, in addition to raising concerns among the young.

**REFERENCES**

1. Peto R, Lopez AD, Boreham J, thum M, health C, Mortality from smoking in developed countries. 1950-2000 Oxford: oxford university press, 1994.

2. Gupta PC, Ball K. India: Tobacco tragedy, *Lancet* 1990; 335: 594-5.
3. World Bank. China: long-term issues and options in the health transition, Washington DC: World Bank, 1989. (Report No. 7965-CHA)
4. Ministry of health, Government of Pakistan, Pakistan education health surveys 1991-92 Islamabad. 1993:115-22.
5. Alam SE. Prevalence and pattern of smoking in Pakistan, *J Pak Med Asso.* 1998; 48:64-78.
6. Doll R, Reto R, Wheat LK, Gray R, Sutherland I. Mortality in relation of smoking: 40 years observations on male British doctors, *BMJ* 1994; 309:901-11.
7. Department of Health and Human Services. The health consequences of smoking: Cardiovascular disease: A report of the Surgeon General: 1983 Washington DC: Government printing office, 1983. (DSSH publication No. (PHS) 84-50204.)
8. Ochene IS, Miller NH. Cigarette smoking, cardiovascular disease and stroke: a statement for health care professionals from the American Heart Association: American Heart Association task force on risk reduction. *Circulation* 1997; 96:3243-7.
9. Cigarette Smoking attributable mortality and years of potential life lost – US. 1990. *MMWR Morb Mortal Wkly Rep* 1993; 42:645-9.
10. Nancy A, Rigotti MD. Treatment of Tobacco Use and Dependence, *Engl J Med*: 2002; 346:506-11.
11. Crofton J. Worldwide prevalence of smoking in men and women, *Crofton J Thorax* 1998; 45:164-9.
12. Chisick MC, Poindexter FR. Comparing tobacco use among recruits and military personnel on active duty *Tov control* 1998 Autum;7(3):219-22.
13. Grassier JA, Childers E. prevalence of tobacco use and clinical leukoplakia in a military population. *Mil Met* 1997 June; 162(6):401-4.