Knowledge, Attitude and Practices of Medical Students towards Smoking

SYED MUHAMMAD ABUBAKAR JILANI, SAIRA IQBAL, UMER AMJED

ABSTRACT

Aims: To assess the provoking factors leading to smoking, methods used for smoking, awareness regarding hazards of smoking and to quit the smoking among medical students of KMSMC and IM&DC.

Method: This Analytical cross sectional study was conducted at two medical colleges from August 2016 to February 2017. Questionnaire was designed and distributed among 200 medical students for data collection. A convenient sampling method was used for selection of sample.

Results: Out of 200, 28% were females, and 72% were males, when data was analysed, all females were non-smokers, while in male 21% students were smokers, 77% were non-smokers and 2% students were ex-smoker. The percentage of those students who started smoking after joining college was more (56%) than those who started smoking before joining the college (44%). Our study has shown that a lot of students are chain smokers, with majority smoking more than 15 cigarettes per day. Only 58% of the students knew about harms of passive smoking. Only 37% of the smokers tried to quit smoking and the rest of 63% didn’t even bother quitting.

Conclusion: It is important that future doctors are educated adequately in medical school so that they become knowledgeable in tobacco control and prevention measures and develop skills in smoking cessation.

Keywords: Smoking, knowledge, attitude

INTRODUCTION

In recent years there has been increasing concern that tobacco epidemic is gaining momentum in third world countries. While smoking rates have decreased in developed countries over the last 13 years, there has been a corresponding 50% increase in smoking rates in developing countries.1 Health professionals in these countries are beginning to realize that anti tobacco activities must have a place in their priorities.

Results from the studies conducted by the IUATLD revealed that medical students generally have poor knowledge of smoking as a major cause of diseases such as coronary artery disease, lung cancer, pulmonary emphysema and peripheral vascular disease, bladder cancer, and neonatal mortality.2-3 The deficiencies in knowledge among medical students reflect a general failure of medical schools globally to teach about tobacco in the curriculum. These findings raise the issue that, if medical students are to become effective agents for reducing smoking when they graduate, then increased efforts need to be directed to increasing basic knowledge of tobacco related diseases in the medical curriculum.

It has been reported that smoking-cessation guidance and intervention by physicians have a significant effect on patients’ smoking behavior, and medical professionals can reduce smoking prevalence in society by offering smoking cessation advice to patients.4 In 1999, the WHO took the position that physicians, as role models of healthy living, should not smoke and not overlook smoking in their patients.5 More importantly, physicians are expected to play an important role in the campaign against smoking, which means not only giving advice to their patients but setting an example for them. Consequently, as medical students become future physicians, it is also important to determine the smoking status of medical students because it has been shown that among physicians, smoking status usually affects to what degree anti-smoking advice is provided.6 According to the study of the Global Health Professions Student Survey (GHPSS) in 2011, tobacco control efforts need to discourage tobacco use among health professionals, especially medical students 8 and increase the extent of teaching on tobacco in medical schools over the next 10 years worldwide. 9 In addition, due to the need for future physicians to be well educated about tobacco control and smoking cessation, education at medical school might be the optimal time to introduce smoking cessation teachings.10 Thus medical schools have a crucial part to play in educating medical students about tobacco.11

The objective of the study was to assess the attitude of medical students of KMSMC and IM&DC towards smoking and to create the awareness amongst the students regarding the health hazards of smoking and necessary preventive measures.

MATERIALS AND METHODS

Site of Study: Khawaja Muhammad Safdar Medical College and IM&DC

Duration of Study: Aug-2016 to Feb-2017

Inclusion Criteria: Students of KMSMC and IM&DC

RESULTS

The mean age of the students was 21.5 years. Out of 200, 28% were females, and 72% were males. When data was analysed all females were non-smokers, while in male 21% students were smokers, 77% were non-smokers and 2% students were found ex-smokers with the statistically significant p value of .001.

Students whose parents used to smoke are 40%, siblings 20%, relatives 30%. The percentage of those students who started smoking after joining college was
more (56%) than those students who started smoking before joining the college (44%).

Out of 41 smokers, 43.9% students smoke 5 cigarettes a day, 9.75% smoke 10 cigarettes and 46.34% smoke 15 daily. 72% smokers were hesitant to smoke in public. Only 37% of the smokers tried to quit smoking and the rest of 63% didn’t even bother quitting. 18 students smoke cigar, 10 students take tobacco pan and 67 smoke sheesa. 160 students out of the 200 knew smoking was harmful, while rest of them had no idea regarding cigarettes being harmful to human body.

Awareness of passive smoking was not as much as we had expected. Only 58% of the students knew about harms of passive smoking while 42% had absolutely no idea that passive smoking could also be harmful.

**DISCUSSION**

This study of ours has been helpful in identifying us the patterns and attitude of students in medical colleges. We took medical students as the focus of our survey as the attitudes and practices towards tobacco use of these young health professionals can influence future policies and practice. If doctors and medical students are smoking then the credibility of anti-smoking messages to the public is lost. Medical students are a group that should be more aware than young people of the same age about the health hazards associated with smoking. The response rate was about 90%. When we compared our results with other similar researches carried out at other medical colleges it showed that while in our study out of the 200 students, all the female students were non-smoker, the incidence of smoking was 4% in females versus 22% in males in a study carried out at Aga Khan University.

Among males students 2% are ex-smoker, 215 are still smoking and 77% are non-smokers and have never touched a cigarette in their life. The majority of current smokers wanted to quit smoking in the future, with health reasons being the major concern. This was also the most common reason for giving up smoking among the ex-smoker.

Of the total sample, a lot of them had a family history of smoking. Students whose parents used to smoke are 40%, siblings 20%, relatives 30%. Family history and peer pressure have been reported as important provoking factors leading to smoking.

44% students were smokers even before joining this college, while 56% started smoking after it. This shows that there are some factors at college which forced the students to start smoking, even with the restriction applied by the college towards smoking. A higher proportion of the current smokers lived in the college hostel. Living away from the influence of their parents could have had a role in tobacco.

Out of 41 smokers, 43.95% students smoke 5 cigarettes a day, 9.75% smoke 10 cigarettes and 46.34% smoke 15 daily. This shows that a lot of students are chain smokers, with majority smoking more than 15 cigarettes per day.

Awareness of passive smoking was not as much as we had expected. Only 58% of the students knew about harms of passive smoking while 42% had absolutely no idea that passive smoking could also be harmful. While in the research carried out at Aga Khan University showed that there has been an increased awareness of the hazards of passive smoking among the medical students. All the students knew there was association between tobacco smoking and lung cancers except 5% being unaware.

One good thing we found in smokers was that 72% of them were hesitant to smoke in public. Which showed that they are guilty and know that its bad act but still they smoke. While 28% were not so shy to smoke in public.

Quitting smoking is not easy as it seems. Only 37% of the smokers tried to quit...
Quitting smoking is not easy as it seems. Only 37% of the smokers tried to quit Smoking and the rest of 63%
didn’t even bother quitting. Except one student who quitted, 
all resumed smoking after some time. In contrast other 
researches showed a higher percentage of students who 
tried to quit which was more than 50% of smokers.  
Every student had its own motivation to resume 
smoking. 35% called it anxiety, 42.5% said they had 
 craving for cigarettes, 20% were lethargic after quitting 
while the rest 2.5% had some other reasons.

CONCLUSION
Smoking behavior and attitudes of future physicians is 
 alarming and addressing this menace needs priority action. 
Our study's findings are helpful for health care 
 professionals develop targeted tobacco control policies for 
the population of medical students and ensure the policies 
are more rationale, useful, and effective.

REFERENCES
1. Rackelboom T, Le Strat S, Silvera S, Schmitz T, Bassot A, 
Goffinet F, et al. Improving continuous wound infusion 
effectiveness for postoperative analgesia after cesarean 
delivery: a randomized controlled trial. Obstet Gynecol. 2010 
2. Wagan F, Memon GN. Changing trends of indications and 
rate of cesarean section: an audit. Med Channel Apr - Jun 
3. Amin S, Tahir S. Impact of bupivacaine infiltration of 
postoperative wound on parenteral narcotic analgesic 
81.
4. Akhtar MI, Saleem M, Zaheer J. Wound infiltration with 
Bupivacaine versus Ketorolac for postoperative pain relief in 
5. Alavi A, Salehpour A, Narimani M. The Efficacy of 
Postoperative Wound Infusion with Bupivacaine for Pain 
Control after Cesarean Delivery: Randomized Double Blind 
Clinical Trial. J Fam Reprod Health. 2007;1(2) : 59-64(Used 
for sample size calculation)
Postoperative analgesic effects of continuous wound 
infusion with diclofenac after elective cesarean delivery. 
Anesthesiology. 2007 Jun;106(6):1220-5.
7. Bamigboye AA, Hofmeyr GJ. Caesarean section wound 
infusion with local anaesthetic for postoperative pain relief – 
8. Kotur PF. Is pre-emptive analgesia beneficial for post- 
operative pain management? Indian J Anaesth 2006; 50:228