Research Article

Prevalence and Characteristics of Cigarette Smoking Among Adults in Urban Community in Gulbarga

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Abstract: The negative impact of tobacco smoking on health is highly significant. During the previous five decades, mortality from tobacco use was approximately 70 million and it is estimated that in the next five decades another 450 million might die due to smoking related diseases. Medical advice to quit produces 1 year abstinence rates of up to 5‑10%, which would have a significant public health impact if it were provided. There are few studies conducted regarding prevalence and characteristics of tobacco smoking in this region. Hence the present study. This was a cross sectional study conducted in a tertiary care hospital in South India from March 2013 to April 2015. Samples were collected from patients attending General medicine and Pulmonology clinic. All patients (25-50 years) current smoking, defined as persons who have smoked cigarettes on one or more days during the 30-day period before the survey were included in the study. The prevalence of smoking in the present study was 28.2%. The most common reason for smoking was relief of stress followed by leisure. With regard to awareness regarding hazards of smoking, lung cancer and other lung disease were most common hazards known by respondents. In the present study 62% of the respondents were willing to quit smoking, most common reasons being health issues and for religious reasons. The high prevalence rate of smoking points towards the fact that mere knowledge about the health hazards is not sufficient to stop smoking. So there is a need to develop effective health education and multi-factorial tobacco quitting strategies like counseling on smoking cessation, act of legislation, community-based education programs and tobacco tax policy with focus on help and support for those who wish to quit smoking. Medical and other health colleges should provide educational programs and teach specific courses on cessation of smoking.

Keywords: Tobacco smoking, Prevalence, Hazards, Awareness

INTRODUCTION

The negative impact of tobacco smoking on health is highly significant. During the previous five decades, mortality from tobacco use was approximately 70 million and it is estimated that in the next five decades another 450 million might die due to smoking related diseases [1-3]. A recent study on smoking in India estimated that smoking is responsible for about 1 in 20 deaths of women and 1 in 5 deaths of men in persons aged between 30 to 69 years, totaling to 1 million deaths per year [4]. If smoking is started at an early age, smokers will have a higher risk for developing various diseases with an earlier onset, including heart disease, chronic obstructive pulmonary disease, lung cancer particularly in developing countries[5].

Recent years have documented that the prevalence of smoking has declined in many developed countries. But in contrast, there has been a increase in the number of young adults smoking and in per capita cigarette consumption [6]. It is estimated that about 70% of smokers see physicians, each year with substantial opportunity to influence smoking behavior [7]. Medical advice to quit produces 1 year abstinence rates of up to 5‑10%, which would have a significant public health impact if it were provided [8].

There are few studies conducted regarding prevalence and characteristics of tobacco smoking in this region. Hence the present study was done to know the prevalence and characteristics of tobacco smoking among persons aged 25-50 years in urban Gulbarga. Smoking trend inform policy makers to monitor the effectiveness of existing policy and help design future tobacco control policies. It is hoped that the results would help with the planning of corrective measures, as necessary.

MATERIAL AND METHODS

This was a cross sectional study conducted in a tertiary care hospital in South India from March 2013 to April 2015. Samples were collected from patients attending General medicine, Pulmonology and

Psychiatric clinic. All patients (25-50 years) current smoking, defined as persons who have smoked cigarettes on one or more days during the 30-day period before the survey were included in the study [9]. Patients having significant medical disorders were excluded from the study. Oral consent was taken from the patients. Pack years were calculated from the average number of cigarettes and/or bidis smoked per day; 1 pack year taken as smoking 20 cigarettes or 80 bidis for 1 year [10].

The questionnaire was prepared so as to assess the knowledge, attitudes, hazards and behaviors towards smoking. The questionnaire was pre-tested in ten junior faculty and was suitably modified before administering to the patients. The data was recorded and analyzed using Microsoft Excel (2007 version). The results are explained in frequency a percentage.

RESULTS

Among 1098 patients analyzed, 109 patients refused to participate in the study (response rate of 90%), 279 cases were included in the final analysis (prevalence of 28.2%). The Socio‑demographic characteristics of the respondents is shown in table 1.

Maximum number of respondents were unmarried, males and in age group of 25-30 years. The Reasons for smoking is shown in table 2.

Most common reason for smoking was relief of stress followed by leisure. The awareness regarding hazards of tobacco smoking is shown in table 3.

87% of the respondents were aware of lung cancer, 68% with other lung diseases associated with smoking. The reasons to quit smoking are shown in table 4. Most common reason to quit smoking was health issues and religious reason.

Table-1: Socio‑demographic characteristics of the respondents

Variable	Frequency	Percentage
Male	276	98.9%
Female	3	1.1%
Age		
25-30	109	39%
31-40	132	47.3%
41-50	25	8.9%
Marital status		
Married	96	34.4%
Unmarried	183	65.5%
No. of cigarettes per day		
<10	162	58%
>10	114	42%
Years of smoking		
<5 years	77	27.5%
5-10 years	109	39%
>10 years	90	32.2%

Table-2: Reasons for smoking (n=279)

Reason	Frequency	Percentage
Leisure	64	22.9%
Relief of stress	85	30.4%
Peer pressure	56	20%
Media/movies	41	14.6%
Imitation of others	33	11.8%

Table-3: Awareness regarding hazards of smoking (n=279)

Disease	Frequency	Percentage
Lung cancer	244	87.4%
Tuberculosis	78	27.5%
Lung disease/COPD	190	68.1%
Cough/breathlessness	162	58%
CAD	96	34.4%
Hypertension	77	27.5%
Others *	15	5.3%

* includes peptic ulcer, sexual dysfunction, oral cancer. COPD: Chronic obstructive Pulmonary disease, CAD: Coronary artery disease

Table-4: Reasons to quit smoking (n=154)

Disease	Frequency	Percentage
Health	91	59%
Religious	68	44.1%
Social	50	32.4%
Financial	33	21.4%

DISCUSSION

The prevalence of smoking in the present study was 28.2%. A recent study conducted in Delhi reported a prevalence of 24.6% [11]. Another study from Chennai reported a prevalence of 38% [12]. In the present study majority of the smokers were males. But gender differences in smoking have been reported from other studies [10,13]. One of the important reason for low prevalence of smoking among females was social unacceptability. Unmarried males had higher prevalence of smoking. Interestingly none of the respondents smoke >20 beedi/cigarettes per day. Other studies have reported average consumption of 12-13 beedi/cigarettes per day [11, 13].

The most common reason for smoking was relief of stress followed by leisure. Other reasons like, enhance their social status for social influence, to relieve anxiety, for stimulation, out of curiosity, peer pressure or contact with smokers or as a result of the influence of advertisements were reported from other studies [14-16]. With regard to awareness regarding hazards of smoking, lung cancer and other lung disease were most common hazards known by respondents. In the present study 62% of the respondents were willing to quit smoking, most common reasons being health issues and for religious reasons. A study [13] conducted in India had reported a quit rate of 10% with health problems being an important reason for abstinence.

The high prevalence rate of smoking points towards the fact that mere knowledge about the health hazards is not sufficient to stop smoking. So there is a need to develop effective health education and multi-factorial tobacco quitting strategies like counseling on smoking cessation, act of legislation, community-based education programs and tobacco tax policy with focus on help and support for those who wish to quit smoking.

Smoking has shown a rising trend with age and initiation of smoking can turn into a habit at any age. This implies that tobacco control policies will have to focus on almost all age groups up to the 50 years. There is need to design appropriate health education material for illiterates and poorer sections of the population and also to elaborate the scope of warning labels on tobacco packs with focus on other potential hazards of smoking like heart disease, hypertension, chronic lung disease, and infertility as well rather than just focusing on cancer.

Limitations of the study

The study was cross-sectional and respondents may have under-reported. We did not include a control group in our study and the sample size was small. Future studies should be multi-centric and have a large sample size

CONCLUSION

The prevalence of smoking in the present study was relatively high. Relief of stress and leisure were common reasons for smoking. Health and religious considerations are important motives for quitting. Medical and other health colleges should provide educational programs and teach specific courses on cessation of smoking.

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