

ORIGINAL ARTICLE

**PREVALENCE OF SMOKING AMONG STUDENTS OF AYUB MEDICAL COLLEGE, ABBOTTABAD**

**Junaid Zeb, Kishwar Ali\*, Rafiq Zeb\*\*, Irfan Ali, Muhammad Zeeshan, Mudassir Shah, Tasbeeh ur Rehman**

Students, Ayub Medical College, \*Department of Surgery, Ayub Teaching Hospital, Abbottabad, \*\* Student, Khyber Medical College, Peshawar-Pakistan.

**Background:** Smoking is almost a fatal habit because of its association with cancers which have high mortality. Concerning a medical student smoking is socially not acceptable for him. Our study was carried out to know the prevalence of smoking among students of Ayub Medical College, Abbottabad. **Methods** This cross-sectional study was conducted in Ayub Medical College in the 2<sup>nd</sup> week of June 2014. Students of Ayub Medical College were included in the study. Relevant data was collected through questionnaire and analysed using SPSS-16. **Results:** The study showed that out of total 441 students, 117 were smokers and most of them were aged between 22–26 years. Out of 117 smokers, 107 (91.4%) were male students while 10 (8.6%) were females. These students have been smoking for last 1–2 years. The main reasons for smoking were tension of studies (7.5%) and enjoyment (7.1%). **Conclusion:** The prevalence of smoking was more among male and students residing in hostels were more affected by this habit. Mental stress and peer pressure shows a positive influence on heavy smoking. Majority of the smoker students belong to urban areas and they were willing to quit smoking.

**Keywords:** Smoking, Cigarette, Prevalence, Fatal habit

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**INTRODUCTION**

Smoking refers to the practice in which a substance, mostly tobacco, is burned and the smoke is tasted or inhaled. The most common method of smoking today is through cigarettes, primarily industrially manufactured but also hand-rolled from loose tobacco and rolling paper.<sup>1</sup> A smoker is defined as someone who continued to smoke any amount of tobacco either regularly or occasionally, a non-smoker is one who had never smoked and an ex-smoker is one who had smoked either occasionally or regularly in the past but had now quit completely.<sup>2</sup>

Data from recent studies have confirmed the quantitative relationship between smoking and many diseases such as coronary artery disease, lung cancer, bladder cancer, pulmonary emphysema, peripheral vascular disease and neonatal mortality.<sup>3</sup> In 2000, an estimated 4.83 million premature deaths were attributable to smoking, of which almost 50% were in developing countries.<sup>4</sup> Most high-income countries are showing a continuous and steady decline in the prevalence of smoking.<sup>5</sup> In contrast, tobacco use in developing countries such as Pakistan continues to rise each year. Globally during the past 2 decades cigarette production has increased at an average of 2.2% each year, outpacing the population growth rate of 1.7%.<sup>5</sup> Out of a total population of 78 million in Pakistan in 1995, 36% males and 9% females aged 15 years or older were found to be smokers.<sup>6</sup>

Nowadays, one-third of adults (1.3 billion people) are known to be smokers. While 25% of

females smoke, the level rises up to 50% among males.<sup>7</sup> Approximately 6 trillion cigarettes per year are smoked worldwide, and the age at which people take up smoking is decreasing all over the world. Approximately 5 million people die from smoking related disorders each year, and one-tenth of all adult deaths are related to tobacco use.<sup>8</sup> In developed countries, one-third of all cancer deaths (47% of male and 14% of female cancer deaths) are associated with cigarette smoking.<sup>1</sup> It is estimated that deaths attributable to tobacco use will rise to 10 million by 2025, and one-third of all adult deaths are expected to be related to cigarette smoking. 30% of all cancer deaths, 75% of all COPD deaths and 25% of all atherosclerotic heart diseases are attributed to smoking.<sup>9</sup>

Rottman first claimed that lung cancer might stem from tobacco use in 1898.<sup>10</sup> Decades later this hypothesis was proved by Roffo, who produced skin cancer in mice, using cigarette tar, in 1931.<sup>11</sup> The epidemiological relation between cigarette smoke and lung cancer was first reported by Muller in 1939.<sup>12,13</sup> Consequently, the main cause of lung cancer in males was reported to be cigarette smoking in the Surgeon General's Report in 1964.<sup>10</sup> More than 90% of patients with lung disease die of cancer, 17.8% are attributed to pulmonary carcinoma and 5-year survival rates are less than 10%.<sup>14</sup>

There are a lot of reports that identify cardiovascular system as one of the major target organs for ill effects of smoking.<sup>15</sup> Adverse effects on

the heart and vessels are mediated by many chemical compounds that are usually concentrated and condensed into tobacco mixtures.<sup>16</sup>

Data on the smoking habits of medical students is of particular interest. As doctors, they will be responsible for providing health care to the population and can influence the future health policies of their country. The present study aimed to establish the prevalence of smoking and knowledge and attitude towards smoking among the students of Ayub Medical College Abbottabad.

### MATERIAL AND METHODS

This study was descriptive cross-sectional study. This study was conducted in Ayub medical college in the 2<sup>nd</sup> week of June 2014. Students from 1<sup>st</sup> year MBBS/BDS to Final Year MBBS/BDS of Ayub Medical College, Abbottabad were included in the study. Four hundred and forty-one students were subjected to the study. Forty-nine students were selected from each year randomly. Relevant data from subjects was collected through questionnaire including bio data and smoking history. Compilation and analysis of the data was done on SPSS 16. Results obtained through SPSS analysis were compared with similar studies in the literature and conclusion was drawn.

### RESULTS

Out of 441 students, 229 (51.9%) were male and 212 (48.1%) were female. Study revealed that out of total 441 students, 117 were smokers and most of them were aged between 22–26 years. It also shows that most of them belong to affluent families. These students have been smoking for last 1–2 years. Out of total 117 smokers, 107 (91.4%) were male students while only 10 (8.6%) were female students. The prevalence of smokers in male students is much higher.

According to the above results most of the students (89%) were living in hostels. The main reasons for smoking were stress of studies (86%) and enjoyment (8.8%). Other reasons were peer pressure and addiction to smoking. 67 (57%) out of 117 smokers wanted to quit smoking while 50 (43%) students did not want to quit. One hundred & fifty two (34.4%) students told that someone of their family members also smokes while family members of 144 (32.6%) students are non-smokers. Rest 145 (33%) students did not reply to the question of family history of smoking. 399 (90.4%) students thought that smoking was injurious to health while 27 (6.1%) thought it did not pose any health related risk. Fifteen (3.5) of the total students responded that they were not sure

about the hazards of smoking.

### DISCUSSION

It is a well-known fact that cigarette smoking is injurious to health as tobacco has numerous unwanted effects on human health. It is hard to contemplate why they start smoking when they know it is bad for them and people around them. This is a big and serious issue of our youth.

Our study revealed that most of the students start smoking cigarette during college years. Most of the students start smoking in hostels as they are not supervised by their parents and they can smoke without any fear. Students whose family members are smokers have precedence to start smoking.

Some people are chain smokers but our study shows that students prefer less than five cigarettes a day. The family members of most of the students do not know the habit of their smoking. Some students are also addicted to other stuff like snuff in addition to smoking.

Mental stress, loneliness and peer pressure were related to smoking. Students believe that smoking is a remedy for their mental stress and loneliness. Some students start smoking just for style and fashion.

Media play a major role because advertisement and smoking scenes in movies and dramas which attract youth to start smoking. Most of the students want to quit smoking and believe that smoking is a socially unacceptable and detrimental health consequence and they think that smoking cessation programs will be helpful.

### CONCLUSION

Smoking is the leading cause of morbidity and mortality in different age groups especially in the younger age group. Smoking proves fatal if not abandoned in time. Factors influencing smoking should be dealt with and student support programs should be initiated for students who want to quit smoking

### REFERENCES

1. Dhala A, Pinsker K, Prezant DJ. Respiratory health consequences of environmental tobacco smoke. *Med Clin North Am* 2004;88(6):1535–5.
2. Doll R, Peto R, Boreham J, Sutherland I. Mortality in relation to smoking: 50 years' observations on male British doctors. *BMJ* 2004;328(7455):1519.
3. Doll R, Peto R, Boreham J, Sutherland I. Mortality from cancer in relation to smoking: 50 years observations on British doctors. *Br J Cancer* 2005;92(3):426–9.
4. Ezzati M, Lopez AD. Estimates of global mortality attributable to smoking in 2000. *Lancet* 2003;362(9387):847–52.

5. Crofton J, Simpson D. Tobacco: a global threat. London, Macmillan, 2002.
6. Cigarette smoking and health. Am J Respir Crit Care Med 1996;153(2):861–5.
7. Christiani DC. Smoking and the molecular epidemiology of lung cancer. Clin Chest Med 2000;21(1):87–93.
8. Doll R, Hill AB. Smoking and carcinoma of the lung; preliminary report. Br Med J 1950;2(4682):739–48.
9. Wynder EL, Graham EA. Landmark article May 27, 1950: Tobacco Smoking as a possible etiologic factor in bronchiogenic carcinoma. A study of six hundred and eighty-four proved cases. By Ernest L. Wynder and Everts A. Graham. JAMA 1985;253(20):2986–94.
10. U.S. Department of Health, Education, and Welfare. Smoking and Health: Report of the Advisory Committee to the Surgeon General of the Public Health Service. Washington: U.S. Department of Health, Education, and Welfare, Public Health Service, Center for Disease Control; 1964. PHS Publication No. 1103
11. Pisani P, Parkin DM, Bray F, Ferlay J. Estimates of the worldwide mortality from 25 cancers in 1990. Int J Cancer 1999;83(1):18–29.
12. Reid DD, Hamilton PJ, McCartney P, Rose G, Jarrett RJ, Keen H. Smoking and other risk factors for coronary heart disease in British civil servants. Lancet 1976;2(7993):979–83.
13. Byrd JC. Environmental tobacco smoke: medical and legal issues. Med Clin North Am 1992;76(2):377–98.
14. Leone A. Biochemical markers of cardiovascular damage from tobacco smoke. Curr Pharm Des 2005;11(17):2199–208.
15. Samuels MA. Neurally induced cardiac damage. Definition of the problem. Neurol Clin 1993;11(2):273–92.
16. Morrison AS, Buring JE, Verhoek WG, Aoki K, Leck I, Ohno Y, et al. An international study of smoking and bladder cancer. J Urol 1984;131(4):650–4.

**Correspondence:**

**Junaid Zeb, MBBS Student, Ayub Medical College,  
Abbottabad-Pakistan  
Cell: +92-3429070725  
Email: junaidzeb100@gmail.com**