

Cigarette smoking habits among paramedical students in Baghdad- Iraq

Faraj Hato Juni*

الخلاصة

هدفت الدراسة لتحليل ظاهرة التدخين بين طلاب المعاهد الطبية ومواقفهم تجاه هذه الظاهرة.

حيث تم أخذ عينة عشوائية لطلاب المعاهد الطبية الذين يدرسون في المعاهد الطبية الرئيسية في بغداد، معهد الطبي التقني بغداد، المعهد الطبي الفدي- المنصور- بغداد. استمرت الدراسة من فترة أكتوبر 2008م- أبريل 2009م لهم كانوا بين 22 سنة إلى 24 سنة. جمع العينات كانت بطريقة عشوائية من المرحلة الأولى والمرحلة الثانية في هذه المعاهد الطبية. قاموا الطلاب بملاً الاستمارات الخاصة بالمسح العالمي للتدخين عند البالغين، الجزء الأول في الاسئلة تمارت بشكل خاص الديموغرافية، الجزء الثاني يشتمل على أسئلة حول ظاهرة التدخين.

وجدنا في هذه الدراسة بان 50 طالباً (8.3%) درسوا التدخين من مجموع 600 طالباً الذين شملتهم الدراسة في هذه الدراسة أصبحت النتائج في هذه الدراسة بان نسبة التدخين بين الذكور (19.6%)، بينما عند الإناث (6.0%). ان التدخين عند الذكور اعلى من نسبة من الإناث ($p < 0.001$) نسبة الطلاب المشاركين في الدراسة والذين لا يمارسون ظاهرة التدخين كانت اعلى نسبة عند الإناث منه عند الذكور ($p < 0.001$).

اكثر المصادر الرئيسية على البدء بالتدخين هي الاصدقاء والوالدين ووسائل الاعلام. اوضح كيف هذه الدراسة ان (49.6%) من الذكور و(0.0%) الإناث في المعاهد الطبية يمارسون ظاهرة التدخين بالرغم من علمهم بالمخاطر الناجمة من استعمال ظاهرة التدخين، التحذيرات والتوعية الصحية حول ظاهرة التدخين يجب ان توضع في مناهج دراسية للطلبة في المعاهد والجامعات.

Abstract

Objective: to analyze and describe the prevalence of cigarette smoking, attitude among paramedical students.

Methods & materials: Across- Sectional study was done among the paramedical students in central medical institutes (as Institute of Medical Technology -Baghdad, institute of medical technology Al- Mansur- Baghdad. This study was conducted from October 2008 to April 2009. students ages 22 to 24 years, They were randomly selected from the first and second study level Global Adult Tobacco Survey based questionnaire.

*Technical Medical Institutes, Baghdad

Was used the first part of the questionnaire contained demographic data and the second part contained various questions about smoking habit and attitude.

Results: The study revealed that 50 (8.3%) of student were smoker. The prevalence of smoking was (19.6%) among males, and (0.0%) among females, smoking was more common in males than females ($p=0.001$), while the never smoked more among females than males ($p< 0003$). The main sources for initiating smoking habit are friends, parents, and media.

Conclusion: (19.6%) of males and (0.0%) of females paramedical students in institute of medical technology, anti tobacco education and awareness should be adopted in the curriculum of school and colleges.

Keyword: Smoking, paramedical students, gender differences.

Introduction

Cigarette smoking is a major world wide public health problem, in addition to its negative social and economic impact, tobacco is a known factor predisposing smokers to many, disorders leading to death or disability. Smoking rates among students are widely shown to vary from one country to another[1].

Cigarette contain substances that you would never think about putting in your body, from example, cigarette contain tar, carbonmonoxide and chemical like DDT, arsenic and formaldehyde (gas used to preserve dead animals[2]. Smoking rates among students are widely shown to vary from one country to another according to an international review, smoking rates among male medical students range from 3% in the USA to 58% in Japan[3].

The secondary school age is a critical period in the formation of the smoking habit. Most smokers start smoking during their adolescence or early adults years. The earlier they start to smoke, the more likely are to become regular smokers [4]. Cigarette smoking causes cancer, other sclerotic, cardio vascular disease and many other disease, tobacco use in adolescence is associated with arange of health compromising behaviours including being involved in fights, carring weapons, engaging in higher- risk sexual behaviour and using alcohol and other drugs[5].

The estimated death rate of 4.9 million people in 1999 is expected to rise to 10 million by the 2020s and 2030s, 7 million of which will occur in developing countries, smoking is more prevalent globally among males than females, in developing countries it is estimated that about 48% of males and 7% of males are smokers [6]. Current smokers have an increased risk of osteoporosis than non- smokers and have an increased risk of hip bone fracture, smoking also carries an increased risk of facial wrinkling[7]. The most recent National Youth Tobacco Survey conducted by the United States centre for disease control and prevention found that 28% of high school and 12% of middle school students reported tobacco[8].

Methods

Across- Sectional study, was carried out in the medical institutes in Baghdad- Iraq from October 2008 to April 2009. All paramedical students at different educational levels from the first to second level during the 2008 to 2009, were invited to participate in the study by filling questionnaire. A total of 600 students constituted the sample size, the population of first and second year student is 3000, A systematic random sample technique was used. The students were approached in the lecture room every 5th student after providing his can sent to participate was included in the sample. Global Tobacco Survey (GTS)[9]. It was written in Arabic, and included demographic information as well as detailed questions regarding the history of smoking, type of smoking, smoking duration, and severity (daily cigarette consumption), any smoking cessation intervention, and general knowledge of the consequences of smoking, and the names were not required. Ethical approval was obtained from local ethics committee prior to commencement of the study. The qualitative data are presented in the form of numbers and percentage. The Z- test was used to test the significance. $P < 0.05$ was considered significant. Statistical analysis was done by the statistical package for social sciences (spss).

Results

!!!Data were collected from 600 students. , 255 (42.5%) were males and 345 (57.5%) were females, more than half of the smokers were less than or equal to 22 years, 63.4% of the smokers were in their final year (second study level) as in table 1. fifty students were current smokers, 100% of them were males and 0.0% females, making the prevalence of smoking 19.6% in males, and 0.0% in females, the smoking habit was more common in males than females $p < 0.001$, there were never smokers among females $p < 0.001$ as in table 2. the influence of friends and parents was perceived to be the main reason for the initiation of smoking habit, followed by the effect of media as in table 3.

Table 1 Demographic characteristics of the participants

Variables	N (%)
gender	
Male	255 (42.5%)
Female	345 (57.5%)
Age groups (years)	
< 22	270 (45.0)
22	200 (33.3)
23	70 (11.7)
24	30 (5.0)
> 24	30 (5.0)
Study level	
1	220 (36.6)
2	380 (63.4)

Table 2 Prevalence of smoking habits among the study population (N = 600)

Population	N(%) Total =600	Male (%) Total=255	Female (%) Total=345	p-value Z - test
Current smokers	50 (8.3)	50 (19.6)	0 (0.0)	<0.001
Ex-smokers	76 (12.6)	70 (27.5)	6 (1.8)	0.009
Never smokers	474 (79.1)	135 (52.9)	339 (98.2)	<0.001

Table 3 Factors that encourage smokers to initiate smoking habit (n = 50)

Factors	N (%)
Parents	18 (22.5)
Friends	35 (43.8)
Media	10 (12.5)
Curiosity	8 (10.0)
Smoking of as idol	2 (2.5)
Impressing others	1 (1.2)
Stress	6 (7.5)

The single most important in courage factor, son no multi factors eliminate is present.

Discussion

Tobacco smoking is a growing public health problem in developing world, cigarette smoke contain over 4.700 chemical compounds of which about 60 are carcinogenic_[10]. This study concluded that the prevalence of smoking among paramedical students is (8.3%) Institutes of Medical Technology - Baghdad- Iraq, with males (19.6%) more likely to smoke than females (0.0%). This results is lower than studies in king Saudi Arabia, 2011, by Siraj, (24% of males and 9.1% of females)_[11]. And in northeast Nigeria, 2010. by Fatais. Which showed that there were 36% of males and 25% of females who smoke _[12]. The difference between males and females smoking habit could be attributed to the social stigma associated with smoking, less importance in these countries. Tobacco smoking was found to be higher among males paramedical students compared to females paramedical students, according to the present study the mean age at which smoking was initiated was less than 22 years old, which is a similar to study in Saudi Arabia, 1999, done by Mandil, where the age at which medical students smoking ranges between 16 and 22 years_[13]. the present study that revealed most smokers started the habit dur to the influence of friends (43.8%), this is lower than the study done by El Olemy, 2011, in Egypt, 58.97%_[14]. This indicates that the paramedical students started habit smoking due to the influence of friends, not present smoking programs in schools, environmental factors pressure from medical institutes and family members.

The effect of smoking parents as role models or their off spring is also a major influence, as was found in this study (22.5%), this slightly

similar to a study done by Al-Dawood, 2000, in Saudi Arabia, which were (21.1%).^[15]

Most studies are limited to one gender, possible explanation to this gender variation include, that females may face more social pressure to quit smoking, they have less chance to practice smoking out door than males, reasons related to our cultural restriction on female liberty and autonomy, and this explain the female current study more sensitive to smoking than male, regarding the association of tobacco smoking and lung cancer as well as heart disease^[16]

Conclusion

(19.6%) of males and (0.0%) of females paramedical students in institute of medical technology, it is recommended to improve tobacco control educational programs at the paramedical students with elaboration of practical smoking trainings, general strategies for promoting tobacco ontrol among young people have been proposed by the WHO's Tobacco- Free-Initiative (TFI)^[17].

- Smoking cessations for both paramedical students.
- Medical schools should provide educational programs, regarding the hazards of smoking .

References

1. Jarallah, JS. Prevalence and determinants of smoking in three regions of Saudi Arabia. *Tob control*. 1999; 8: 53-56. available at *SMJ*. 2011. vol. 32 (8). 843-848.
2. Irene M. Reducing Tobacco use in Adolescents. USA. Family doctor org. 2008; [http:// www.aafp.org/afp/200803215/1483.html](http://www.aafp.org/afp/200803215/1483.html).
3. Smith DR, Leggat PA. An international review of tobacco smoking among medical students. *J post med*. 2007; 53: 55-62.
4. Preventing Tobacco use among young people. A report of the surgeon General. Atlanta Georgia . public Health service . centers for disease control (CDC) and prevention . available at University Sains Malaysia 2004; *Tobacco Diseases* vol2 (3) 133-1400
5. Simon, B. Latent growth curve analysis of peers and parent influences on smoking progression among early adolescents. *Health psychology*. 2004; 23(6): 612-621

6. World Health Organization. growing up with out tobacco world health report. Geneva: WHO. 1999; Available from Saudi Arabia. Smoking Pattern among female Students in Dammam Saudi Arabia. 2001; vol (18) . Issue(2) P. 63-68.
7. Jha, P. Tobacco control in developing countries. New York. Oxford. Anversits press. 2002; Available from northeast Nigeria . The internal J of Epidemiology. 2010; vol. 8 (1).
8. Bloch, B. Tobacco use. Access and exposure to tobacco in media among middle and high school students. United states morbidity and mortality weekly report. 2005; 54(12). 297- 300. Available from northeast Nigeria . The internal J of Epidemiology. 2010; vol. 8 (1).
9. Global Adult tobacco survey. Questionnaire with optional questions. [up dated 2009; may 25- accessed 2009 June]. Available from URI: <http://www.cdc.gov/tobacco/global/gats/questionnaire/index.htm>. Available at northeast Nigeria . The internal J of Epidemiology . 2010. vol 8 (1).
10. Salawu, F. Awareness of the risk of cigarette smoking among patients in northeast Nigeria. sahel medical Journal. 2007; 10(1): 29- 33. Available from northeast Nigeria . The internal J of Epidemiology. 2010; vol. 8 (1).
11. Siraj O. habits among medical students in Western Saudi. Saudi MJ. 2011;Vol. 32 8.
12. Fatai, S. Cigarette smoking habits among adolescent in northeast Nigeria, the internal J of Epidemiology. 2010;Vol 8 (1).
13. Maudil, A. knowledge and attitude and smoking among nursing and laboratory technology students, dammam Saudi Arabia. JFam Community med. 1999; 51- 58. Available in Dammam. S.A. 2011; Vol. 18 Issu(2) P:63-68.
14. El- Olemy, A and Al-Ajlan, A. Determinats and attitudes toward smoking. The Egyptian journal of community, medicine. 2011; Vol. 29 (1)
15. Al- Dawood, K. Pattern of Smoking among parents of school boys. Saudi Med J. 2000; 21: 735- 739. available from S.M.J. 2011; Vol 32. 843-848.
16. Al- Turki Y. prevalence of smoking among female medical students in the college of medicine, Riyadh Saudi Ariabi. Saud. Med. J. 2008 ; 99: 311-312.
17. World Health Organization. Tobacco free initiative (TFI). (Up dated 2009 Accessed 2010 September 15). Available from URI. <http://www.who.int/tobacco/en>.