SHORT ARTICLE

Knowledge and attitude on ill effects of smoking among adults residing in Lekhnath, Kaski, Nepal

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Abstract

Background: Worldwide opinion says, *"Smoking is injurious to health". * It is positively injurious in many ways not only to the health of smoker but also to the health of the people around him or her known as the passive smokers. The three main components of inhaled cigarette smoke are nicotine, carbon monoxide and tar, which can cause disease. If this nicotine is absorbed in the blood stream and left within 10 seconds it increases the heart rate and blood pressure by stimulating the release of hormones such as adrenaline and constricting blood vessels [1]. **Aim:** To assess knowledge and attitude on ill effects of smoking among adults residing in Lekhnath municipality, ward no.12, Khudi, Kaski". **Material & Method:** A survey approach with the descriptive design was selected to achieve the objectives of the study. Convenient sampling technique was used to select the samples. The sample size was 100 adults of 20 years & above. Data was collected from 10/03/2013-10/04/2013 by interview technique regarding ill effects of smoking by using questionnaire and finally the data was analyzed using Excel 2007 & SPSS for Windows Version 16.0. **Results:** The major findings of the present study were as follows: Most of the participants (58%) were having good level of knowledge, 31% were having average level of knowledge and remaining 11% were having poor level of knowledge towards ill effects of smoking. Majority of participants had favorable attitude (81%) towards ill effects of smoking. The correlation between knowledge and attitude was found to be positive at the significance level of P>0.01.Significant association of knowledge was found with gender, marital status and education level regarding ill effects of smoking. Significant association of attitude was found with family type and source of information regarding ill effects of smoking. **Conclusion:** Hence, still few people residing in the community are having poor knowledge and attitude on ill effects of smoking, so more efforts are needed to make people aware about it in order to prevent our society completely from the clutch of this evil addiction.

Key Words

Knowledge; Attitude; Smoking; Ill-effects; Adults

Introduction

"Tobacco is slow but sure killer". Smoking is a practice in which a substance, most commonly tobacco is burned and the smoke is tasted or inhaled. Smoking is the most common method of consuming tobacco and tobacco is the most common substance smoked [2]. The agricultural product is often mixed with other additives and then combusted. The resulting vapors are then inhaled and the active substances are absorbed through the alveoli in the lungs. The active substances trigger chemical reactions in nerve endings which heighten heart rate, memory, alertness, and reaction time.

Dopamine and later endorphins are released, which are often associated with reward and pleasure. Most common method of smoking today is through cigarettes, primarily industrially manufactured but also hand-rolled from loose tobacco and rolling paper. Other smoking implements include pipes, cigars, bidis, hookahs and vaporizers. Smoking is dangerous owing to its various ill effects. Smoke contains more than 4000 poisons substances which causes various diseases, even death [3]. Nevertheless, smoking is practiced by approximately 1.22 billion people and smoking has become one of their common habits which is affecting the people adversely day by day.

Aims & Objectives

To assess the ill effects of smoking among adults.

Material and Methods

A survey approach with the descriptive design was selected to achieve the objectives of the study. Convenient sampling technique was used to select the samples. The sample size was 100 adults of age 20 years and above. Data was collected from 10/03/2013-10/04/2013 by interview technique regarding ill effects of smoking by using questionnaire and finally the data was analyzed using Excel 2007 & SPSS for Windows Version 16.0.

Results

Table 1 shows that most of the participants were of the age group 20-30 (41%) and most of the respondents were females (56%). Most of them were Hindu (82%), majority of the respondents were married (66%). Majority of them live in nuclear family (49%) and the level of education of most of the respondents was SLC and below (35%). Most of them follow farming as their occupation (61 %). Most of them have their monthly family income within the range of Nepali Rupee (NRs.) 5001-10001 i.e. 26%. Majority of participants had no personal history of smoking (78%) and no family history of smoking too (81%). All of them had heard about ill effects of smoking.

Mean knowledge score was 17.73$\pm$ 5.594 (68.19%) while Mean Attitude score was 77.73$\pm$ 8.142 (77.73%).

Discussion

Study findings have been discussed in terms of objectives stated and with the findings of the other studies. Smoking is a practice in which a substance, most commonly tobacco is burned and the smoke is tasted or inhaled. It is the most common method of consuming tobacco and tobacco is the most common substance smoked. Smoking is dangerous owing to its various ill effects. Smoke contains more than 4000 poisonous substances which cause various diseases, even death. Nevertheless, smoking is practiced by approximately 1.22 billion people and smoking has become one of their common habits which is affecting the people adversely day by day. In the present study, it was found that cigarette was the most common method of smoking for those having both personal and family history of smoking. Regarding the incidences related to getting started to smoking, majority of the responses were related to bad company, television, depression, life stress,

socialization, enjoyment and curiosity. Similar study was conducted on habits of tobacco use among medical and non-medical students of Kolkata where the result showed that curiosity was the top influencing factor for the initiation of tobacco use [4]. Likewise, another study was conducted by CTRI (Centre for Tobacco Research and Intervention) regarding "Why people smoke" .The findings suggests the reasons for smoking like addiction, relaxation, habit, enjoyment, "something to do with my hands", help with coping and social reasons [5]. In the present study it was found that 31% of the participants had average level of knowledge, 58% had good level and 11% of the participants had poor level of knowledge regarding ill effects of smoking. Similar study was conducted on Gadap Town, Karachi among the adult members of 18 years age and above in which the result showed that 47% were knowledgeable about hazards of smoking, 22% were aware about passive smoking, and 90% started consuming tobacco below 20 years of age. The study concluded that high proportion of people including men and women consume tobacco and most of them were unaware about tobacco consumption hazards and passive smoking [6].

In the present study, significant association of knowledge was found with gender, marital status and education level regarding ill effects of smoking. Similar studies was conducted on Karachi, Pakistan where significant association of smoking was found with marital status and educational level [7,8].

Authors Contribution

GD: Study design, formulating of protocol and manuscript finalization and copy editing; SS: Data collection and compilation of data; SP: Data entry, intertpetation and drafting manuscript.

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Table

TABLE 1 ASSOCIATION OF DEMOGRAPHIC VARIABLES WITH KNOWLEDGE AND ATTITUDE

Demographic	Knowledge score				Attitude Score			
Variables	Poor	Average	Good	Chi-square value	Unfavorable (<=40)	Moderately favorable (41-71)	Favorable (>=71)	Chi-square value
Age: 20-30 yrs	2	12	27	10.806, df-6, p>0.05	0	5	36	5.698, df-3, p>0.05
31-40 yrs	6	6	12		0	8	16	
41-50 yrs	1	5	13		0	2	17	
51 yrs and above	2	8	6		0	4	12	
Gender: Male	1	17	26	6.935, df-2, p<0.05	0	10	34	0.709, df-1, p>0.05
Female	10	14	32		0	9	47	
Religion: Hindu	10	24	48	5.692, df-6, p>0.05	0	14	68	2.825, df-3, p>0.05
Buddhist	1	6	4		0	4	7	
Christian	0	1	4		0	1	4	
Muslim	0	0	2		0	0	2	
Marital Status: Single	1	7	25	14.568, df-4, p<0.01	0	5	28	0.762, df-2, p>0.05
Married	9	24	33		0	14	52	
Separated	0	0	0		0	0	0	
Widow	1	0	0		0	0	1	
Family type: Nuclear	6	10	33	5.268, df-4, p>0.05				
Joint	4	18	22					
Extended	1	3	3					
Level of education: Illiterate	5	9	3	18.555, df-6, p<0.01	0	6	11	5.155, df-3, p>0.05
SLC and below	4	10	21		0	5	30	
Higher Second	2	5	21		0	3	25	
Bachelors & above	0	7	13		0	5	15	
Occupation: Farming	7	20	34	4.655, df-6, p>0.05	0	11	50	2.236, df-3, p>0.05
Business	3	7	8		0	3	15	
Service	1	3	13		0	5	12	
Daily wages	0	1	3		0	0	4	
Family income / Mth: < NRs. 5000	7	20	34	4.655, df-6, p>0.05	0	6	35	2.003, df-1, p>0.05
NRs. 5001-10000	3	7	8		0	6	20	
NRs. 10001-15000	1	3	13		0	2	13	
> NRs. 15001	0	1	3		0	5	13	
Personal history of smoking: Yes	1	8	13	1.336, df-2, p>0.05	0	6	16	1.254, df-1, p>0.05
No	10	23	45		0	13	65	
Family history of smoking: Yes	1	4	14	2.445, df-2, p>0.05	0	3	16	0.157, df-4, p<0.01
No	10	27	44		0	16	65	
Source of information: Family	4	4	5	9.268, df-8, p>0.05	0	7	6	14.669, df-4, <0.01
Mass media	3	16	32		0	4	47	
Health professionals	4	8	14		0	6	20	
Relatives/friends	0	1	4		0	1	4	
Neighbours	0	2	3		0	1	4	

Karl Pearson's co-relation - 0.418