

Knowledge on Harmful Effects of Smoking Among the Villagers of Dhala, Trishal, Mymensingh

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Smoking is the primary causal factor for creating harm nearly every organ in human body. Knowledge on harmful effects of smoking among villagers of a village will give an idea regarding health awareness and health related disease of concerned village. The objectives are to assess knowledge about harmful effects of smoking. Among 60 villagers 24 were found as smokers, prevalence was 40% which is more in young male group. Social motivation and prevention campaign through mass media may reverse their habit of smoking.

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Key words: Knowledge, smoking, Trishal, village

Introduction

Tobacco use is the second cause of death globally (after hypertension) and is currently responsible for killing one in 10 adults worldwide.¹ Tobacco use kills more than five million people every year – more than HIV/AIDS, tuberculosis and malaria combined. If current trends continue, tobacco use could kill more than eight million people per year by 2030, and up to one billion people in total in the 21st century. Tobacco use is a risk factor for six of the eight leading causes of deaths in the world.²

Smoking is a great problem in a developing country like Bangladesh. The overall prevalence of cigarette smoking in Bangladesh is 20.5%, whereby it is significantly higher in males (42.2%) than in females (2.3%).³ In another study done in Dhaka city, the overall cigarette smoking prevalence was 21.6%, where the prevalence of smoking among men (35.7%) was about seven times higher than among women

(4.9%).⁴ The smoking epidemic is spreading from its original focus, among men in high-income countries to women in high-income countries and men in low-income and medium-income countries.⁵

Tobacco consumption is a cause of major diseases, such as ischemic heart disease, peptic ulcer disease, lung cancer, stroke, oral cancer, cancer of the larynx, chronic obstructive pulmonary disease and pulmonary tuberculosis.⁶ Smoking is a risk factor for mortality from these several medical causes. Cigarette smoking and exposure to tobacco smoke are associated with premature death, economic losses to society, and a substantial burden on the health-care system.

Smoking is the primary causal factor for at least 30% of all cancer deaths, for nearly 80% of deaths from chronic obstructive pulmonary disease, and for early cardiovascular disease and deaths.⁷ So this little effort of village

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study was planned to assess the prevailing problem of smoking in a selected village. In our study, we have worked to find out the prevalence of smoking in a selected village as well as their socio-economic background, educational status and their knowledge about the harmful effects of smoking.

Rationale

Smoking is a great problem in a developing country like Bangladesh. Cigarette smoking and exposure to tobacco are associated with substantial burden on health care system. So knowledge on harmful effects of smoking among the villagers will create awareness and lessen the burden afterwards.

Objective

- General Objective - To assess the knowledge of the villagers about the harmful effects of smoking.
- Specific Objectives-
 - To find out the age groups and educational status of the smokers.
 - To assess the duration, frequency and method of smoking.
 - To find out the prevalence of smoking among the villagers.

Methods

Study Design: This was a cross sectional study

Place of the Study: The study was conducted at Dhala, Trishal, Mymensingh

Study Period: The study was conducted from the 15 to 19 September, 2016

Study Population: Villagers of Dhala were taken as the study population as per inclusion and exclusion criteria.

Inclusion criteria: The villagers at the age of 15 years and above were included in the study.

Exclusion Criteria:

- Villagers who were past smokers
- Villagers who were occasional smokers
- Villagers who did not give consent

Sampling Technique: Purposive sampling was done.

Sample Size: 60 (sixty)

Data Collection Procedure: After taking verbal consent, face to face interview was done based on questionnaire.

Data Entry and Analysis: The collected data were checked for any discrepancy. The descriptive statistics was then generated.

Ethical Consideration: Informed verbal consent was taken. Privacy was maintained during the interview and confidentiality was ensured.

Results

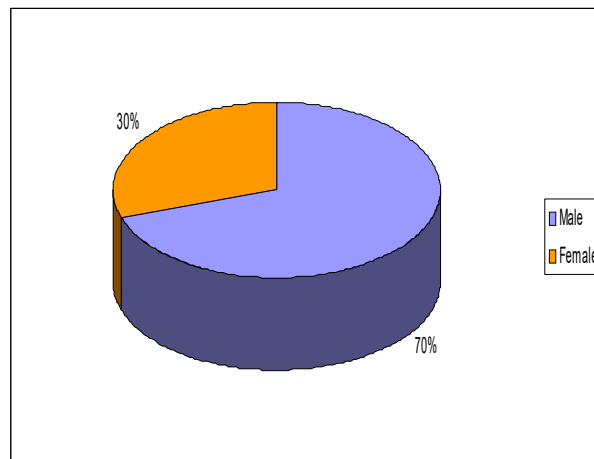


Figure 1. Sex distribution of study population

Table I: Proportion of smoking among male and female

Sample size(60)	Smoker	%
Male(42)	22	88%
Female(18)	2	12%

Table II: Age group distribution of smokers

Age group	Male(22)	%	Female(2)	%
15-25	4	18.18	0	0
25-35	10	45.45	0	0
35-45	4	18.18	0	0
45-55	3	13.63	1	50

Table II shows that proportion of smoking is more in younger age group in male smokers but that in female, older age group is involved. 45.45% male smokers belong to 25-35 age group and most female are above 45.

Table III: Frequency of smoking per day

Sticks per day	Male(22)	Percentage (%)	Female(2)	Percentage (%)
1-5	2	9.09	0	0
6-10	10	45.45	2	100
11-15	4	18.18	0	0
16-20	4	18.18	0	0
Above 20	2	9.09	0	0

Table III shows 45.45% male smokers and all female smokers (100%) used to take 6-10 sticks per day. 9.09% male smokers used to take more than 20 sticks per day.

Table IV: Methods of Smoking

Method of Smoking	Male	%	Female	%
	22		2	
Cigarette	16	72.72	0	0
Biri	6	27.27	2	100

Table IV shows 72.72% male smokers consume cigarette. Whereas female smokers used to take biri.

Table V: Duration of smoking

Duration (years)	Male(22)	%	Female(2)	%
1-4	14	63.63	1	50
4-7	5	22.72	1	50
7-10	1	4.5	0	0
Above 10	2	9.09	0	0

Table V shows 63.63% male smokers and 50% female smokers smoked for last 1-4 years. Only 9.09% male is smoker for above 10 years.

Table VI: Educational status of smokers

Educational Status	Male(22)	Percentage(%)	Female(2)	%
Uneducated	8	36.36	2	100
Primary education incomplete	5	22.72	0	0
Primary education complete	7	31.81	0	0
Higher education	2	9.09	0	0

Table VI shows that 36.36% male smokers and most female(100%) smokers are uneducated. 31.81% male smokers completed primary level. 9.09% got higher education.

Table VII: Attitude about smoking.

Attitude about smoking	Sample population (60)	Male (42)	Male smoker (22)	Female (18)	Female smoker (2)
Smoking is bad	54 (90%)	40 (95.2%)	22 (100%)	14 (77.7%)	1 (50%)
No idea	6 (10%)	2 (4.8%)	0	4 (22.3%)	1 (50%)

Table VII shows that 90% of sample population's attitude about smoking is negative. That of male and female population is respectively 95.2% and 77.7%. 100% male and 50% female smokers have negative idea about smoking.

Table VIII shows that 59.52%, 71.42%, 11.9% and 29.8% of the male smokers know about respiratory, disease Cancer, peptic ulcer disease and Heart disease respectively as adverse effects of smoking. 100% of female smokers know about respiratory disease and

55.5% of female knows about cancer as adverse effects of smoking.

Table VIII: Knowledge of the villagers about harmful effects of smoking

Types of harmful effects	Male(42)	%	Female(18)	%
Cancer	30	71.42	10	55.55
Peptic ulcer disease	5	11.90	0	0
Heart disease	10	23.80	0	0
Respiratory disease	25	59.52	8	100

Discussion

In this study, among 60 villagers 24 were found as smoker. The overall proportion of smokers was 40%. M. Rahman et al found a 37% proportion of smokers in Bangladesh.⁵ The BBS reported a higher prevalence rate (42%)³. Reiss K et al, in another study performed in Dhaka city found a 36% of the populations are smokers.⁴ Proportion rate of smoking of our study is far more than the above mentioned authors. The cause of this variation is possibly due to some local, cultural, educational & behavioral factors, which are still to be proved. Proportion rate of smoking among male and female smokers in this study were 88% and 12% respectively. Zaki M et al in their study found 83% male and 17% female are smoker.⁸ Prevalence of smoking is more in younger age group in male smokers but that in female, older age group is involved. 45.45% male smokers belong to 25-35 age group and most female are above 45. Zaki M et al reported the elderly females as the most common female smokers at the rural areas of this subcontinent⁸ which is similar to our finding. In this study, 63.63% male smokers and 50% female smokers smoked for last 1-4 years. Only 9.09% male was smoker for above 10 years. 45.45% male smokers and all female

smokers(100%) used to take 6-10 sticks per day. 9.09% male smokers used to take more than 20 sticks per day. 72.72% male smokers and 50% female smokers consume cigarette. Whereas female smokers used to take biri. Rahman M et al also found higher biri usage in female smokers.³ Higher usage of cigarette instead of biri are possibly due to wide availability of different brands of relatively cheaper cigarettes in the rural areas. In this study, 36.36% male smokers and most female (100%) smokers are uneducated. 31.81% male smokers completed primary level and 9.09% got higher education. In this study 90% of sample population's attitude about smoking is negative. That of male and female sample population is respectively 95.2% and 77.7%; whereas, 100% male and 50% female smokers have negative idea about smoking. In spite of the negative attitude, prevalence rate of smoking is high in this study because of the villagers' lack of education, low practice of healthy behavior, lack of entertainment, superstition, lack of guidance etc.

In this study, 59.52%, 71.42%, 11.9% and 29.8% of the male smokers know about respiratory, cancer, peptic ulcer disease and heart disease respectively as adverse effects of smoking. 100% of female know about Respiratory disease and 55.5% of female knows about cancer as adverse effects of smoking. This can be concluded that despite having good information of harmful effects of smoking, villagers don't practice healthy behaviors, hence indicates the need for continual smoking prevention campaign through mass media such as TV and radio to help behavioral change in a long run.

Conclusion

Smoking rate is still high in our country, more so in urban than rural areas. The smoking awareness program in Bangladesh might require putting emphasis on smokeless

tobacco as well as smoking. In this study, most of the smokers were well concerned about the bad or harmful effects on health due to tobacco smoking. Despite this, they did not stop or control their smoking habit. Some form of social motivation, smoking prevention campaign through mass media may reverse their habit of smoking. Government should put special emphasis on this issue.

Limitation of study

1. Study population was small.
2. Study was done in one village.
3. Study period was of small duration.

Recommendation

This study was done over a very small group of population and of very little duration. However keeping in mind of the result of this study, further attempt should be made to perform a similar study over a larger population with a longer duration.

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