

Smoking Pattern among Adult Population of a Village in Raozan Upazila, Chattogram

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ABSTRACT

Background: Smoking seems to be a symbol of adulthood during stress and loneliness to many people. It is well established that most adults start tobacco use in late childhood or adolescence and continue lifelong. This study aimed to determine the smoking pattern among adult populations in a selected community of Bangladesh.

Materials and methods: A descriptive cross-sectional study was conducted during May 2022 among adult populations in Raozan Upazila of Chattogram. 120 adults were included in the study by convenience sampling and information were collected by face to face interview. Various statistical analysis were performed.

Results: Out of 120 respondents 115(96%) were male, 20(10%) were illiterate, 50(42%) were labor and 60(50%) belonged to lower middle class. Among the total respondents, 93(77%) were married. From the study, it was observed that majority 42(30%) belonged to age between 51-60 years. Out of 120 smokers, almost 90(75%) smoked cigarettes and only 12(10%) used to chew tobacco leaves. Among the smokers, 70(58.3%) used to smoke outside the house while only 6(5%) used any hidden place to smoke. Regarding health related problems, 51(42.5%) had breathing problems and 37(30.8%) had cough. 110(91.67%) used to smoke regularly whereas 10(8.33%) used to smoke occasionally.

Conclusion: In Bangladesh, little is known by the people regarding the harmful effects of smoking and associated risk factors. Special regulations and actions should be implemented to curb current adolescent smoking patterns.

Key words: Community; Smoking; Tobacco.

Introduction

Tobacco use is one of the major preventable causes of premature death and disease in the world. A disproportionate share of the global tobacco burden falls on developing countries, where an estimated 84% of the world's 1.3 billion current smokers live. Like many other third world countries, Bangladesh is experiencing an increasing trend of smoking, while the prevalence of smoking in the developed countries is declining. Till now, very little is known about the pattern and prevalence of smoking in general and specifically among the young adults, who are the target of the ever expanding tobacco market. In developed countries, most smokers start at a younger age, almost 80% initiate their

smoking at teens. In developing countries, it happens by late adolescence, but it is observed that the age of initiation is becoming lower. For example, in Indonesia, 9% started smoking at the age of 10-14 years and 55% at the age of 15-19 years. In 2001, 10% of smokers had started when aged 10-14 years and 59% when they were 15-19 years old. It is also observed that prevalence of smoking among male aged 15-19 years increased from 4% in 1995 to 24% in 2001.¹ Large number of Bangladeshi men and women use tobacco in either smoking or smokeless form. There is a decline of tobacco smoking seen in developed countries, however, is not evident in many developing countries like Bangladesh. Despite the high level of poverty in Bangladesh, smoking rates are relatively high and smoking prevalence is the highest among the poorest. Prevalence of smoking declines proportionally as income increases.² Several studies show smoking behavior among teenagers throughout the world. The principal background of smoking among the adolescents are parental household influence, peer pro-smoking influence and environmental factor. The peer group includes sibling and friends. It is also found that age, socio cultural status, level of education and racial differences also affect smoking initiation by teenagers. The association between greater educational attainment and decreased smoking is observed in more developed countries. In several countries where multiethnic society

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exists, different cultures strongly associated with smoking initiation. In some studies, the age of initiation of smoking is found less than 15 years and male sex is more likely to smoke at an earlier age.^{3,4} This study investigates smoking behavior among adult population in Raozan Upazila of Chattogram, Bangladesh, with an aim to analyze the impact of socio-economic, demographic, cultural and environmental factors on smoking habit of the people.

Materials and methods

This was a descriptive cross sectional study performed during the period of 2022 on 120 selected individuals by convenience type of non probability sampling technique. Those who were available at the time of research, male and female were included in the study. Unwilling patients and severe sick category sufferer were discarded from the research.

Results

Table I Sociodemographic profile of the respondents (n=120)

Variables □	Frequency □	Percentage (%)
Gender		
Male □	115 □	95.83
Female □	5 □	4.17
Education		
Illiterate □	20 □	16.67
Primary □	45 □	37.50
Secondary □	15 □	12.50
SSC □	22 □	18.33
HSC □	12 □	10.00
Graduate & above □	6 □	5.00
Occupation		
House wife □	5 □	4.16
Service holder □	14 □	11.67
Labor □	50 □	41.67
Driver □	10 □	8.33
Businessman □	32 □	26.67
Technician □	9 □	7.50
Socio economic status		
Lower class □	5 □	4.17
Lower middle class □	60 □	50.00
Upper middle class □	50 □	41.66
Upper class □	5 □	4.17
Marital status		
Married □	93 □	77.50
Single □	27 □	22.50

The study reveals that majority 115(95.83%) were male, 20(16.6%) were illiterate, 12(10%) passed HSC, 50(41.6%) were daily labor, 60(50%) belonged to lower middle class and 93(77.5%) were married.

Table II Pattern of smoking habit of the respondents (n=120)

Smoking habit □	Frequency □	Percentage
Regular □	110 □	91.67
Occasional □	10 □	8.33
Total □	120 □	100.00

The study reveals that almost all 110(91.67%) smokers used to smoke regularly.

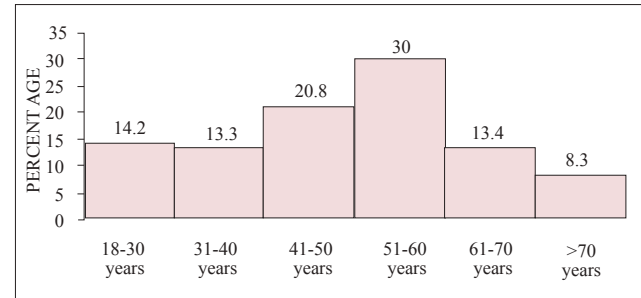


Figure 1 Age of the respondents (n=120)

It is revealed from the above figure that majority 36(30%) of the respondents were of age group 51-60 year and only 10(8.33%) belonged to age group > 70 years.

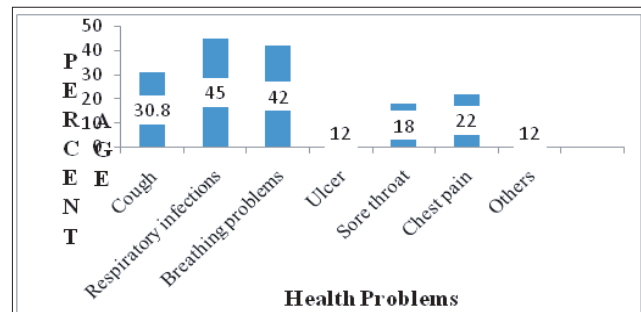


Figure 2 Health problems of the population due to smoking (n=120)

The study depicts regarding disease conditions of the respondents, 51(42.5%) had breathing difficulty and 37(30.8%) had cough.

Table III Knowledge about smoking effects (n=120)

Attributes □	Frequency □	Percentage (%)
Idea about harmful effects of smoking		
Yes □	90 □	75.0
No □	30 □	25.0
Informed on government restriction		
Yes □	60 □	50.0
No □	60 □	50.0
Passive smoking impression		
Yes □	30 □	25.0
No □	90 □	75.0
Knowledge about life span due to smoking		
Yes □	110 □	91.67
No □	10 □	8.33
Attempt to quit smoking		
Yes □	100 □	83.33
No □	20 □	16.67

The above table discloses that 90(75%) had knowledge about harmful effects of smoking, 60(50%) had idea about government restriction and 30(25%) had knowledge about passive smoking.

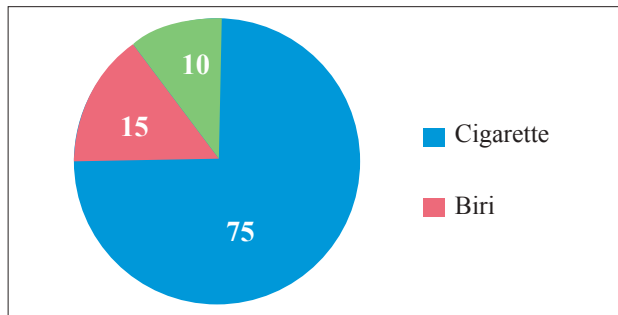


Figure 3 Pattern of smoking (n=120)

Majority 90(75%) used to smoke cigarettes and 12(10%) used to take tobacco leaves.

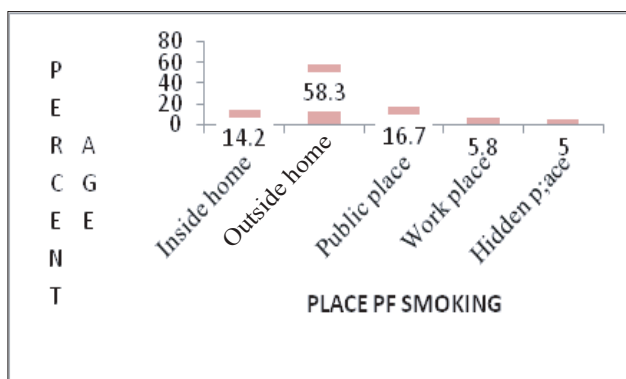


Figure 4 Place of smoking (n=120)

It is observed from the above figure, 70(58.3%) preferred to smoke outside the house and only 6(5%) had chosen hidden place to smoke.

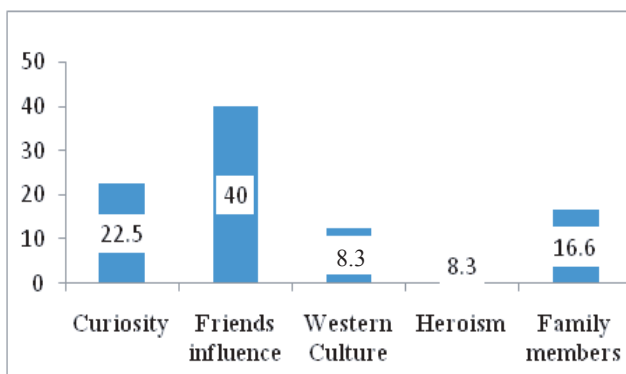


Figure 5 Role playing factor to start smoking (n=120)

Friends influence compelled smoking start for 48(40%) respondents. Among the rest, 20(16.6%) were addicted from family members and 15(12.5%) followed the western culture.

Discussion

In this study, 115(95.83%) respondents were male and only 5(4.17%) were females, whereas in another study done by Tarafdar in 2009, male were 57% and female were 43%.⁵ Regarding education, it was observed that 20(16.6%) were illiterate, 45(37.5%) had passed primary school and 22(18.3%) had passed SSC. This findings corresponds to another similar study in Mumbai, India.⁶ About occupation, it was observed that among 120 respondents, 50(41.6%) were daily labor, 14(11.6%) service holder, only 5(4.16%) were housewife. This findings correlates with a similar study done on smoking in Delhi by Kamble et al.⁷ In this study it is seen that 60(50%) belonged to lower middle class and 5(5%) belonged from upper class. This finding is similar to findings of study done in Mumbai.⁶ Regarding smoking pattern, from this study it was revealed that 110(91.6%) smoked on regular basis, 36(30%) had cough, 55(45%) had respiratory problems, 27(22%) had chest pain, 90(75%) smoked cigarettes, 12(10%) smoked tobacco leaves. This finding is similar to study done in 2019 by Hasan in Sylhet.⁸ From this research it was identified 27(22%) of the respondents smoked out of curiosity, 48(40%) smoked under friends influence, 15(12.5%) and 10(8.33%) smoked out of western culture and heroism. Whereas in another study by Hossain et al. in Rajshahi, 62% said they had started smoking under friends influence, 64% smoked after seeing father smoking, 36% smoked out of curiosity.⁹ Regarding knowledge about harmful effects of smoking 90(75%) said they knew about harmful effects, 60(50%) had idea about government restriction on smoking, 30(25%) knew about passive smoking. Whereas in another similar research it was seen that majority of the respondents revealed negative perceptions of cigarette smoking. They agreed that tobacco was a poor practice that would cause negative health impacts. They also agreed that tobacco is a problem in Bangladesh, selling tobacco products, smoking should be prohibited at the workplace and information about the adverse effects of smoking should be disseminated among the people.¹⁰

Limitations

Smoking is socially unacceptable in the Bangladeshi community especially for women, there may be chance of under reporting. As the study was conducted in a rural village of Bangladesh, it may not be fully representative to the whole country.

Conclusion

The increasing problem of tobacco use among the population has become a major public health threat for Bangladesh. People from low socio-economic condition are more likely to use tobacco and are vulnerable to developing NCDs. Therefore, there is a critical need for developing effective intervention approaches to address the NCD risk factors, thereby preventing the development of NCDs and their consequences. As nicotine is causing addiction through euphoric attitude, health education and psychological support of family members is very important to quit the smoking habit.

Disclosure

All the authors declared no competing interest.

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