

Prevalence and Determinants of Smoking among Young Age Male Patients Coming at OPD in Selected Hospital

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Abstract

Smoking is now recognized as a major public health problem in the developing world. Bangladesh is one of the largest populated developing country. Here public health crisis is in danger among youngsters. The study was conducted among the young age male patients in selected hospital based on broad objective of exploring the prevalence and determinants of smoking behavior of young age male patients. A cross sectional descriptive study was conducted on prevalence of young age patients in selected hospital. The quantitative investigation was undertaken to fulfill the objectives of the study by collecting information using questionnaire. Findings of the study showed that 35.33% of respondents have smoking habit. We also found that about 86.79% smoking habit respondents start smoking when they were 14-17 years old. The study tried to find out current adolescent smoking trend in rural area of developing country. In our study we know that most of the smoker started smoking at their adolescent period & it is a high prevalence. There is a significant association between smoking and other risky behavior like Cannabis, Yaaba, Alcohol etc. So urgently our Govt. need to implement public health interventions, with special attention to the determinants of smoking in this age group.

Keywords: Young age, Smoking, Prevalence and Determinants.

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Introduction

Operational Definition

Prevalence: The ratio (for a given time period) of the number of occurrences of a disease or event to the number

of units at risk in the population.

Determinant: Determinant is also used, being a variable associated with either increased or decreased risk.

Smoking: As a person who regularly smoked at least one cigarette or bidi per week.

The decline of tobacco smoking observed in developed countries, however, is not evident in many developing countries including Bangladesh. Despite the high level of poverty in Bangladesh, smoking rates are relatively high and smoking prevalence is the highest among the poorest. There are around 1.3 billion smokers worldwide (WHO, 2004)¹ and Asia, Australia, are the largest tobacco consumers (2715 billion cigarettes per year) [WHO,2004]¹. Prevalence of smoking declines proportionally as income increases. Up 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. Smoking is the major single known cause of non-communicable diseases, such as cancer and cardiovascular diseases. Most people try their first cigarette and become daily smokers as adolescents (Giovino, 2002)². People who start smoking before 15 years of age have double the risk of developing lung cancer than those who start after the age of 20 years (Kuper et al 2002)³. Smoking is a risk factor for mortality from 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 (COPD), and for early cardiovascular disease and deaths. Smoking harms nearly every organ of human body, causing many diseases and reducing the health in general. (CDC.2004)⁴. Cigarette smoking is associated with a tenfold increase in the risk of dying from chronic obstructive lung disease. About 90% of all deaths from chronic obstructive lung diseases are attributable to cigarette smoking. Cigarette smoking has many adverse reproductive and early childhood effects, including an increased risk for infertility, preterm delivery, stillbirth, low birth weight and sudden infant death syndrome

(SIDS).(CDC-2008)⁴. People with smoking habit are more likely to develop chronic Bronchitis (OR = 6.92, 95% CI 4.22 to 11.36) (Menezes, et al, 1994)⁵.

Secondhand smoke, also known as environmental tobacco smoke (ETS), is a mixture of the smoke given off by the burning end of a cigarette, pipe or cigar and the smoke exhaled from the lungs of smokers. Secondhand smoke increases the risk of coronary heart disease by 30%. This effect is larger than one would expect on the basis of the risks associated with active smoking and the relative doses of tobacco smoke delivered to smokers and nonsmokers. The effects of even brief (minutes to hours) passive smoking are often nearly as large (averaging 80% to 90%) as chronic active smoking (Barnoya and Glantz: 2002)⁶. 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 (Sen U. and Basu A., 2000)⁷. The principal predictors of smoking among the adolescents are parental household influence, peer pro-smoking influence and environmental predisposition. The peer group includes sibling and friends. It is also found that age, socio-cultural status, level of education and racial differences all affect smoking initiation by teenagers.

Materials and Methods

A cross sectional descriptive study was conducted on prevalence of young age patients in selected hospital. The quantitative investigation was undertaken to fulfill the objectives of the study by collecting information using questionnaire. The study was conducted at Outdoor Patients Department (OPD) in 250 Bed General Hospital, Patuakhali. The overall duration of the study was 6 months from 1st January 2017 to 30 June 2017. The target population for the study was young age (10 to 20 years) male patients coming at OPD in the selected hospital. The sample size was selected 150 young age male patients. For this study various methods were used to collect data from the respondents that were included: Semi-structured face to face interviews was used with adolescent boys to gather data on background information, the aspect of knowledge, risk factors of smoking. The Pre-testing was done prior conducting the actual main study and necessary adjustment s/correction of the research tools was made. Pervasive sampling method was used to select sample population from the selected hospital. After collection, data were checked thoroughly for consistency and completeness. Data were checked after collection of data to data exclude any error or inconsistency. All analysis was done by appropriate statistical methods by using SPSS software for windows version 11.5. All ethical issues, which were related to the research involved with human subjects, were followed according to the guideline of ethical review committee.

Results

Smoking status of adolescent boys

Figure 1 show that 35.33% adolescent boys have smoking habit and 64.67% of respondents were having no addiction on smoking.

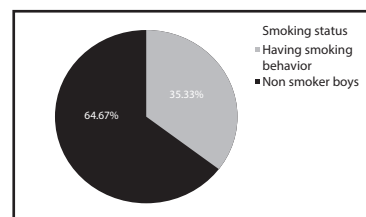


Figure-1: Distribution of the smoking status of Respondents.

This table I shows that most of the respondents of this study were 14-17 years age group and their percentages were 44.7%. Lowest respondents group were 18-19 years age group and their percentages were 14.6%. Other group of this study was 10-14 years ages and their percentages were 40.7% and. Average age of the respondents was 14.31 years and their standard deviation was ± 1.88 .

Table-I: Distribution of the respondents by age.

Age of respondent	Numbers	Percentage
10-13 years	61	40.7%
14-17 years	67	44.7%
18-19years	22	14.6%
Total	150	
Mean age 14.31,		STD \pm 1.88

Age of first smoking by respondents

Figure 2 show that most of the adolescent start smoking when they were 14-17 years old 86.79% were started smoking at this age group and 13.21% were started smoking in early stage at 10-13 age this percent are calculated from 53 respondent out of 150.

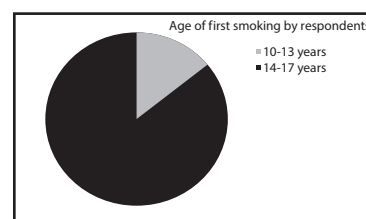


Figure-2: Distribution of respondents by age at first smoking.

Table-II shows that 3.77% respondents who have addiction in smoking starts smoking by inspiration of watching TV/cinema, 50.94 % start smoking due to peers influence, 13.21 % start smoking due to familial smoking environment, 7.55% start smoking to prove that they are mature, 1.3% start smoking due to poor performance in the class. 9.43% start smoking due to follow the senior in their residential area. 13.21% start smoking due to their early maturity to attracting girls.

Table-II: Distribution of the Respondents by causes of smoking.

Causes of smoking	Number	Percent
watching TV/Cinema	2	3.8
peers influence	27	50.9
family influence	7	13.2
To feel mature	4	7.5
poor performance in class	1	1.9
To follow senior in locality	5	9.4
to attract girl	7	13.2
Total	53	100.0

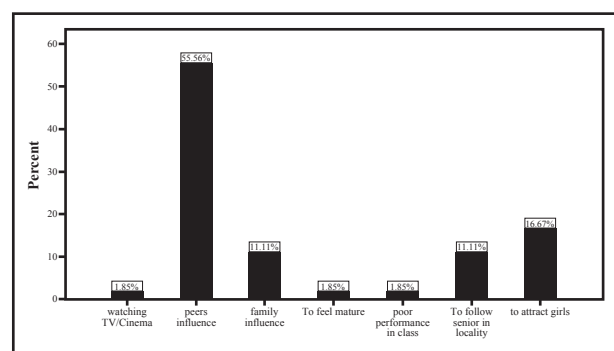


Figure-3: Distribution of respondents by the causes of smoking.

Table III shows that 77.9% were student's. 16.1% service holder and 6.0% were business man in their occupation among our total respondents.

Table-III: Distribution of the respondents by Occupation.

Occupation	Numbers	Percentage
Students	116	77.9%
Service	25	16.1%
Business	9	6.0%
Total	150	100.0%

Discussion

Smoking is one of the major health problems in public health sector all over the world specially developing country i.e. Bangladesh. It is not a new problem. It is a hundred years long problem. There were a lot of study was done about smoking and its pattern by various researcher all over the world. We know that most of the smoker starts smoking during their adolescent period. So I did this research about Prevalence and Determinants of Smoking among young age male patients coming at OPD in selected hospital. In this we found the prevalence of current smoking obtains in this study was 35.33% respondents having smoking habit & 64.67% respondents boys out of 150 boys have no smoking habit.

We found that most of the adolescent start smoking when they were 14-17 years old 86.79% were started smoking at this age group and 13.21% were started smoking in early stage at 10-13 age group which is seemlier with adolescent smoking age of Indonesia where 10% of smokers had started when aged 10-14 years(Mohammad Y, 2001)⁸ Adolescent who involve child labor was friendlier with smoke. Our study shows that education level of adolescent is one of the influencing factors for smoking. Boys who

are students in secondary level have only 15% prevalence of smoking and adolescent who are illiterate or leaving school before primary level their prevalence of smoking is 80%. Same as education level of parents also close relation in between adolescent smoking. This study found that the causes of smoking were respectively 50.94 % started smoking due to peers influence, 3.77% started smoking by inspiration of watching TV/cinema, 13.21 % started smoking due to familial smoking environment 7.55% start smoking to early maturity, 1.3% started smoking due to poor performance in the class. 9.43% start smoking due to follow the senior in their residential area. 13.21% start smoking due to their early Dating. Another study found that Children from smoking families are more likely to choose smoking friends (Engels et al. 2004)⁹ In our study we found 2% of adolescent smoker start smoking due to poor performance in the class. Simons and his associates found Smoking among adolescents association with problems at school (Simons Morton et al. 1999)¹⁰. No significant association was found between respondents' knowledge of the health risks of smoking and their actual smoking behavior. 100% of the respondents known about the effect of smoking. Smoking is very common among middle-class male teenagers and even more prevalent among youths from nearby rural areas.

Conclusion

The study about prevalence and determinant of young age male patients smoking in selected hospital, tried to find out current adolescent smoking trend in rural area of developing county.

We know that effect and consequence of smoking take a long time to get out come. So generally people ignore the consequence of smoking. As Smoking has social recognition, adolescent was attracting with smoking.

In other study we know that most of the smoker started smoking at their adolescent period. There is still a high prevalence of smoking among adolescents in our covering area. There is a significant association between smoking and other risky behavior like cannabis, ya ba, alcohol etc.

Though the study findings could not be generalized due to sample size and purposively selected study places our study suggests that such factors should be taken into account when designing effective tobacco control programs among Adolescent boys in rural area. This is an effort which has been done to reduce tobacco consumption among Adolescent boys and introduce awareness programs to amend their health risk behavior. There is a need to implement public health interventions, with special attention to the determinants of smoking in this age group.

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