

A Cross sectional study of smoking among youth population

Divyangkumar N. Patel^{*1}, Doshi Keny², Jadeja Mohijitsinh², Chaudhary Hemanshi², Desai Janak²
and Chaudhary Vikas²

¹Assistant Professor, ²Final Year M.B.B.S Student, Department of Community Medicine, Smt B. K. Shah Medical Institute & Research Centre, Sumandeep Vidyapeeth, Piparia, India

*Correspondence Info:

Dr. Divyang N. Patel

G-203, Darshanam Vertica,

Behind Vaikunth-1, Opposite- Darshnam Upvan,

Bapod, Waghodia Road, Vadodara, 390019 India

E-mail: drdivpatel@gmail.com

Abstract

Background: Tobacco use in the form of smoking is increasing among youth population and they are the vulnerable group to initiate this habit also. One fifth of all worldwide deaths attributed to tobacco use in India, where more than 8,00,000 people die and 12 million people become ill. The prevalence of tobacco use in India ranged from 14% among aged 13 – 15yrs to 57% among males aged 18-49 yrs. Tobacco use is continuously increases with a rate of 3.4% annually. Present study was conducted to find the prevalence of smoking and factors associated with smoking among youth population.

Methods: Present Study is a cross-sectional study, conducted amongst 100 youth individuals to find out prevalence of smoking and factors associate with it.

Results: The main observations of the study are 43% of population were ever use tobacco as smoking. Median age for initiation of smoking habit is 19 years of age. Most of young individuals start smoking for enjoyment and it is become addiction & habit later on.

Conclusion: very high prevalence was found in youth population and currently smoking habits is increasing over period of times when compared with previous study.

Keywords: Youth, smoking, Prevalence, Enjoyment.

1. Introduction

In India, smoking is a very common mode of tobacco use especially among youth population. Smoking is an addiction. Tobacco contains nicotine that is addictive and it contains more than thousand chemicals among which 401 are poisonous substances like cyanide and 43 are carcinogenic. Smoking harms not just the smokers but also family members, co-workers and others who inhale the smoke as a passive smoker [1].

Tobacco use is one of the important preventable causes of death and a leading public health problem all over the world. Tobacco kills one person every 6 seconds and causes one in ten deaths among adults worldwide which amounts to more than 6 million people a year causing excessive health-care costs and lost productivity. More than 5 million of those deaths are the result of direct tobacco use while more than 600 000 are the result of non-smokers being exposed to second-hand smoke [1].

More than 80% of the world's tobacco related deaths are estimated to be in low and middle –income countries. where the burden of tobacco-related illness and death is

heaviest. While tobacco consumption is stable or declining in developed countries, it is increasing in the developing world with a rate of 3.4 % per annum due to steady population growth coupled with tobacco industry targeting and ensuring that millions of people become fatally addicted each year [1, 2].

One fifth of all worldwide deaths attributed to tobacco use in India, where more than 8,00,000 people die and 12 million people become ill.[3] The prevalence of tobacco use in India ranged from 14% among youth aged 13 – 15yrs to 57% among males aged 18 -49 yrs. Tobacco use in form of smoking most prevalent among adolescents in India. The Global Youth Tobacco survey (GYTS 2006) reported a prevalence of 13.7 % of ever use of tobacco among school going youth in the age of thirteen to fifteen yrs. A study done in Chandigarh revealed an overall prevalence of 25% of ever tobacco smoking among youth of 15 to 24 years of age.[4, 5]

The reasons to smoke are mostly psychological. Experimentation with smoking as a symbol of adult behaviour is common in adolescence. It is suggested that three factors are associated with young people smoking: peer pressure, following the example of sibling and parents, and employment

outside home. If a child's older sibling and both parents smoke, the child is four times as likely to smoke as one with no smoking model in family.[5]

Quitting smoking is very difficult. In population-based studies, more than 60% of people who smoke report intending to quit within the next 6 months, yet only 3–5% achieve a sustained abstinence from tobacco for more than 1 year.[6] It is estimated that people who smoke need an average of 4 attempts to quit before they are able to maintain a sustained cessation. Smokers average a 16-fold increased risk of acquiring lung cancer, a 12-fold increased risk of chronic obstructive pulmonary disease, and a 2-fold increased risk of having a myocardial infarction in comparison with a nonsmoker.[7] Stopping smoking substantially reduces mortality risks even among long-term smokers. A person who has quit smoking has 50% less chance of dying due to lung cancer and within 10 years of quitting smoking, risk of death due to lung cancer decreases compared with that of nonsmokers.[8]

Under the banner of National Tobacco control programme, government of India passed many act and regulation to control the tobacco use and smoking but the result is not impressive at this point there is need of comprehensive social programme to control this behavior health problem.[9]

In India, tobacco is grown locally in the state of Gujarat. Tobacco products such as bidi, snuff, cigarettes, hookah and a mixture of tobacco, betel leaf, areca nut and lime are used by people living in Gujarat. The present study targets the prevalence of smoking among the youth.

The changing demographic pattern of smoking particularly the unfavorable smoking patterns among youth population may contribute substantially to future burden of smoking related illnesses. To take effective action, it is essential to know the magnitude and patterns of problem. The present study is done among youth population of Vadodara with an aim to find out prevalence of smoking habits among youth population and find out reasons responsible to initiate smoking habits among them. This will help in find out local preventive and control strategy for smoking.

1.1 Objective

- To find prevalence of smoking among Youth population.
- To find out determinants of smoking among study population.

2. Material & Methods

2.1 Study Design

Cross sectional study

2.2 Study Population

Youth Population (According to National Youth Policy - 2014 Youth are defined as those aged 15 to 29 years

2.3 Sample size:- 100

2.4 Inclusion criteria

Youth population

2.5 Exclusion criteria

Those who are not willing to participate

2.6 Sampling Methods

Convenient sampling

2.7 Methods

The Institutional Ethics Committee, Sumandeep Vidyapeeth (SVIEC) was approved the study protocol. After obtaining the permission from ethical committee data collection was started. A cross-sectional community based study was conducted among 100 students in the age group 15-29 years during February- March 2016.

A predesigned and pretested questionnaire was prepared with questions pertaining to demographic data, predisposing factors, enabling factors and reinforcing factors and their influence on smoking among youth. Participant information sheet was given to every eligible participant. The participants were informed about purpose of the survey and were assured that their responses would be kept confidential. After obtaining the informed consent from participant data was collected by personnel interview. To ensure correct response data was collected in privacy where only interviewer and participant are present.

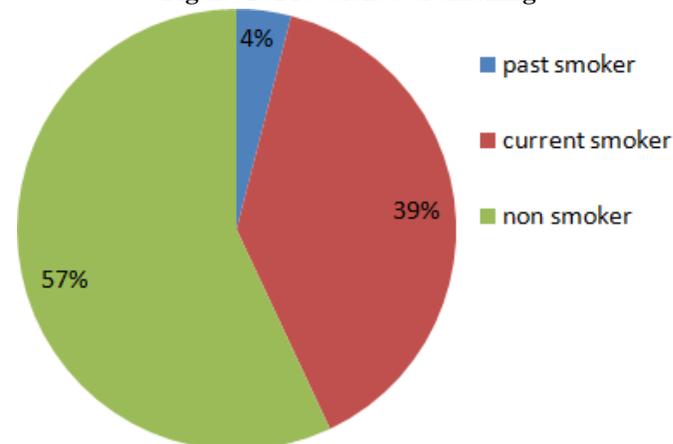
2.8 Statistical Methods

Collected data was compiled in Microsoft office Excel 2007 format. Data was processed using Epi info statistical software. Descriptive and analytical statistical methods are used to prepare a result. Data was presented in tabulated as well as graphical format.

3. Result

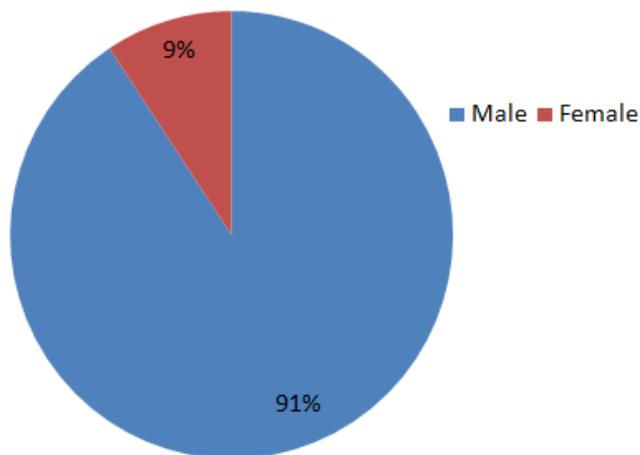
Out of 100 study participants 43 are ever smoker. Out of these 43 individuals 39 are current smokers while 4 are smoker in past. The overall prevalence of smoking (current and past) is 43% (Figure 1).

Figure 1: Prevalence of smoking



Average (Median) age of starting of smoking among smokers is 19 years.

Figure 2: Distribution of smokers according to sex

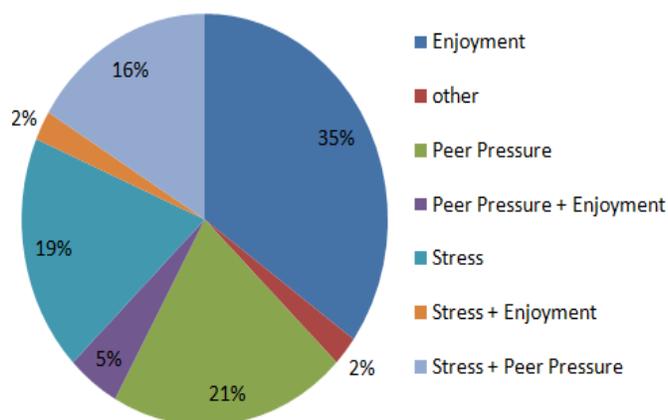


Male have more smoking habits compared to female. Out of all smokers most of are males (91%) while only 9% smokers are females.

Table 1: Distribution of smokers according to reason’s for smoking

Reasons for Smoking	No of Smoker	Percentage
Enjoyment	15	34.88
other	1	2.33
Peer Pressure	9	20.93
Peer Pressure + Enjoyment	2	4.65
Stress	8	18.60
Stress + Enjoyment	1	2.33
Stress + Peer Pressure	7	16.28
Total	43	100.00

Figure 3: Distribution of smokers according to reason’s for smoking



For the pour pose of enjoyment and Stress was found to be most important factors to start a smoking among youth population. 35 % of smoker started a smoking only for enjoyment and later it becomes a habit. Another 35% of smokers a stress is also a factors to start a smoking either individually or combine with other factors (Table-1 & Figure-3).

4. Discussion

Unfortunately, tobacco use is on the rise in several developing countries including India. There is also a serious concern that many tobacco companies, which face strict governmental regulations on anti-smoking measures in the Western World, have increased their attention to, and investments in, the developing world that is being used as a dumping ground. This has also been made easy due to economic liberalization and globalization [10].

Study conducted by Vendhan Gajalakshmi *et al* in Tamilnadu in 2000 among 13-15 years of age showing that 10% of them ever use tobacco in any form [11]. Study conducted by Jindal *et al* on prevalence of tobacco smoking among population >15 years of age showing that 28.5% males and 2.1% females are ever smoker [12]. Males had high rate of smoking compared to females.

Study conducted by Naresh R Makwana *et al* among adolescents in Gujarat showing that 33.12% are had one or other type of tobacco chewing practices & In the study main inducing factor for being addict was friends (61.69%) followed by hobby (14.30%), influenced by parents (11.03%), sibling (7.79%) and personality Symbol (5.19%)¹³.

In our study prevalence was found to be higher among youth population compared to other studies conducted on school going adolescents. enjoyment is to be found most important factors as found in other studies.

5. Conclusion

Prevalence of smoking is very high (43%) among youth population. late adolescent phase is the phase when most of population start smoking. To start smoking enjoyment and curiosity, stress and peer pressure was found to be most important factors among study population. It is recommended that during late adolescent phase effective health education programme and counseling programme shall be implement to control smoking behavior.

References

- [1] World Health Organization. (<http://www.who.int/topics/tobacco/en/>) (Last accessed on 08/02/2016)
- [2] Murray CJL, Lopez AD. Alternative projections of mortality and disability by cause. *Lancet* 1999; 349:1498-1504.
- [3] Tobacco or health: A global status report. Geneva: World Health Organization; 1997.
- [4] National Family Health Survey (NFHS-3) 2005-06. Available from [http://www.nfhsindia.org/NFHS-3%20Data/NFHS-3%20NKF/ Report.pdf](http://www.nfhsindia.org/NFHS-3%20Data/NFHS-3%20NKF/Report.pdf)
- [5] Park K. Park’s textbook of preventive and social medicine. Mental health. 22nd Ed. M/s Banarsidas Bhanot publishers: 2013.

- [6] US department of Health and Human Services. Preventing tobacco use among youth people: A report of Surgeon general. Atlanta: US Department of Health and Human Services, 2000.
- [7] Shinton R, Beevers G. Meta analysis of relation between cigarette smoking and stroke. *BMJ* 1989; 298:789-94.
- [8] Peto R, Darby S, Deo H, Silcocks P, Whitley E, Doll R. Smoking, smoking cessation and lung cancer in UK since 1950: Combination of national statistics with two case-control studies. *BMJ* 2000; 321:323-9.
- [9] National Tobacco control Programme, official website of MOHFW, GoI (Accessed at <http://www.mohfw.nic.in/index1.php?lang=1&level=2&sublinkid=671&lid=662> on 09/02/16)
- [10] Yach D, Bettcher D. Globalization of tobacco industry influence and new global responses. *Tobacco Control* 2000; 9: 206-16.
- [11] Gajalakshmi V, Asma S, and Warren CW. Tobacco survey among youth in South India. *Asian Pacific Journal of Cancer Prevention* 2004; 5: 273-278.
- [12] Jindal SK, Aggarwal AN, Chaudhry K, Chhabra SK, D'Souza GA, Gupta D, Katiyar SK, Kumar R, Shah B, Vijayan VK; Asthma Epidemiology Study Group.. Tobacco smoking in India: prevalence, quit-rates and respiratory morbidity. *Indian J Chest Dis Allied Sci.* 2006 Jan-Mar; 48(1):37-42.
- [13] Naresh R. Makwana I, Viral R. Shah, Sudha Yadav. A Study on Prevalence of Smoking and Tobacco Chewing among Adolescents in rural areas of Jamnagar District, Gujarat State. *JMSR.* 2007 September; 1 (1): 47-9.