



KNOWLEDGE ON HAZARDS OF SMOKING AND ATTITUDE TOWARDS IT AMONG THE HEALTH CARE AND NON HEALTH CARE STUDENTS IN SELECTED COLLEGES OF GANGTOK, EAST SIKKIM

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ABSTRACT

Background: Smoking is the leading cause of preventable diseases and premature death. Smoking can increase the risk of cardiovascular disease, respiratory disease and 10 different form of cancer. Starting smoking at a tender age causes more problems. Health care professionals who smoke are less likely to recognize their role as health educators and they are less likely to effectively counsel smokers on quitting. Therefore it is necessary to reduce the number of smokers and harm done to the society. **Objectives:** to assess the knowledge on hazards of smoking among health care and non health care students, to identify the attitude towards smoking among health care and non health care students and to compare the knowledge and attitude on smoking among health care and non health care students. **Methods:** Non experimental descriptive comparative survey design and a purposive sampling technique for data collection was used. After obtaining informed consent from each of the participants, Personal profile were collected using a Structured Questionnaire, a 4 point Likert Scale was used to assess the attitude on smoking and Semi Structured Questionnaire was used for assessing the Knowledge on hazards of smoking among 100 health care and 100 non health care students in selected colleges of Gangtok, East Sikkim. **Result:** The findings of the study reveals that among health care students, 24% had good knowledge, 76% had average knowledge and 100 % had favorable attitude towards smoking. Whereas among non-health care students, 8% had good knowledge, 87% had average knowledge, 93% had favorable attitude and 7% had unfavorable attitude towards smoking. There was a significant difference in the knowledge on hazards of smoking and their attitude towards it between health care and non-health students. **Conclusion:** Knowledge on hazards of smoking and attitude towards it among the health care students were found to be adequate whereas it was found inadequate among the non-healthcare students. Therefore disseminating knowledge and awareness on hazards of smoking with the help of pamphlet among the non-health care students was found to be fruitful.

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INTRODUCTION

Smoking is the leading cause of preventable diseases and premature death. Smoking can increase the risk of cardiovascular disease, respiratory disease and 10 different

form of cancer.^[1] Starting smoking at a tender age causes more problems.^[2] According to WHO fact sheet 2016, the tobacco epidemic is one of the biggest public health threats the world has ever faced, killing around 6 million people a year. 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 smoker. Nearly 80% of the more than 1 billion smokers worldwide live in low- and middle-income countries, where the burden of tobacco-related illness and death is heaviest.^[3] The 2009-2010 India Global Adult Tobacco Survey conducted among population of 69,296 which showed that tobacco smokers are 14% out of which 24.3% are males and 2.9% are females. Among daily tobacco users 60.2% consumed tobacco within half an hour of waking up. About 5 in 10 adults (52.35%) were exposed to second hand smoke at home and 29% at public places.^[4] A study was conducted in Greece, a total of 1205 (269 medical and 936 non medical) students participated. Of these, 47% reported being current smokers (35% among medical student) and 30% of the smokers had already started smoking at the age of 16 years. A better knowledge of harmful effects showed a strong association with non smokers. Although non medical students exhibited a greater possibility to be a smoker, awareness of harmful effects among medical students was not as significant as a factor against smoking as compared with non medical students.^[5]

Today smoking culture includes a sub population of smokers called social smokers. These are people who use tobacco in more social activities and find it essential for socializing rather than using tobacco on a regular basis. Social smokers don't believe that they are addicted to smoking or worried about the social acceptability of their smoking habits.^[6] A study was conducted on the awareness, attitude and practice of smoking among 900 medical sciences and non medical sciences students at Taif University, Taif, Saudi Arabia. The findings showed that the prevalence of smoking among students in the non medical science college is slightly higher (21%) as compared with those in the medical colleges (19.20%). It also showed that the rate of smoking was higher among males (29.4%) than females (11.4%).^[7] Health care professionals who smoke are less likely to recognize their role as health educators and they are less likely to effectively counsel smokers on quitting.^[8] Therefore it is necessary to reduce the number of smokers and harm done to the society. Thus as a investigator we had assessed on the knowledge and attitude aspects of health care and non health care students regarding smoking so as to bring health awareness among them.

MATERIAL AND METHODS

A non-experimental descriptive comparative survey design was undertaken among 100 health care and 100 non-healthcare students studying at Sikkim Manipal Institute of Medical Sciences and Sikkim Government College of Gangtok, East Sikkim, India respectively. A purposive sampling technique was used for data collection. Inclusion criteria were undergraduate students who were willing to participate in the study and undergoing B.Sc Nursing and MBBS courses and undergraduate students who were willing to participate in the study and undergoing general courses such as Zoology and Botany from selected colleges in Gangtok, East Sikkim. Exclusion criteria were students undergoing courses other than B.Sc Nursing, MBBS, Zoology and Botany from selected colleges on Gangtok, East Sikkim. Permission for the study was obtained from the Principal Sikkim Manipal College of Nursing and the Institutional Ethics Committee. After obtaining informed consent from each of the participants data were collected from 13th to 18th March, 2017. Personal profile were collected using a Structured Questionnaire (Proforma), a 4 point Likert Scale was used to assess the attitude towards

hazards of smoking and Semi Structured Questionnaire was used for assessing the knowledge on hazards of smoking. The research variable were Knowledge on hazards of smoking and Attitude towards it. Descriptive and inferential statistics were used for analysis.

RESULTS

Findings related to demographic data: Among 200 participants, (100 each from health care and non-health care students), 107 (58%) students belong to the age group of 15-20 years, 114 (57%) were Hindu, 65 (32.5%) were residing with parents, Regarding parental education, among health care students majority (43%) of fathers were graduate and 54(54%) of mothers were undergraduate, whereas among non-health care students majority 73 (73%) of fathers and 83(83%) mothers were undergraduate. Among health care students majority 61(61%) of fathers were Government employed and 56(56%) of mothers were housewives. Among non-health care students majority 51(51%) of fathers were Government employed and 64(64%) mothers were housewives. Among health care students majority 35(35%) had monthly income of Rs 40000/- whereas among non-healthcare students majority 37(37%) had only Rs <10000/- income per month. Regarding smoking habits, 6(6%) health care and 11(11%) non-health care students used to smoke.

Findings related to knowledge among health care and non-health care students: The figure 1 shows that among health care students, 24% had good knowledge and 76% had average knowledge whereas among non -health care students, 8% had good knowledge, 87% had average knowledge and 5% had poor knowledge.

Findings related to attitude among health care and non-health care students: The figure 2 indicates that among 100 health care students, 100 % had favorable attitude and 0% had unfavorable attitude whereas among non-health care students, 93% had favorable attitude and 7% had unfavorable attitude.

Findings related to comparison between knowledge and attitude among health care and non health care: The figure 3 shows a significant difference in the knowledge on hazards of smoking and their attitude towards it between health care and non-health students. Health care has high knowledge and favorable attitude as compare to non-health care students. The data presented in Table.1 shows no significant association of knowledge with selected demographic variables. The data presented in Table 2 shows no significant association among health care students whereas it shows significant result among non-health care students which include Father occupation, Previous source of information and do you smoke.

DISCUSSION

In this present study majority had Good knowledge (24%) and favorable attitude (100%) on health care and Good Knowledge (8%) and favorable Attitude (93%) on non-health care students which was supported by descriptive study on "Knowledge and Attitude Regarding Cigarette Smoking Among UG students" where there was no association between knowledge and attitude regarding cigarette smoking.^[8] In this present study the smoking behavior among health care students (6%) and non-health care students (11%) which was supported by cross sectional comparative study on "Comparison of Smoking

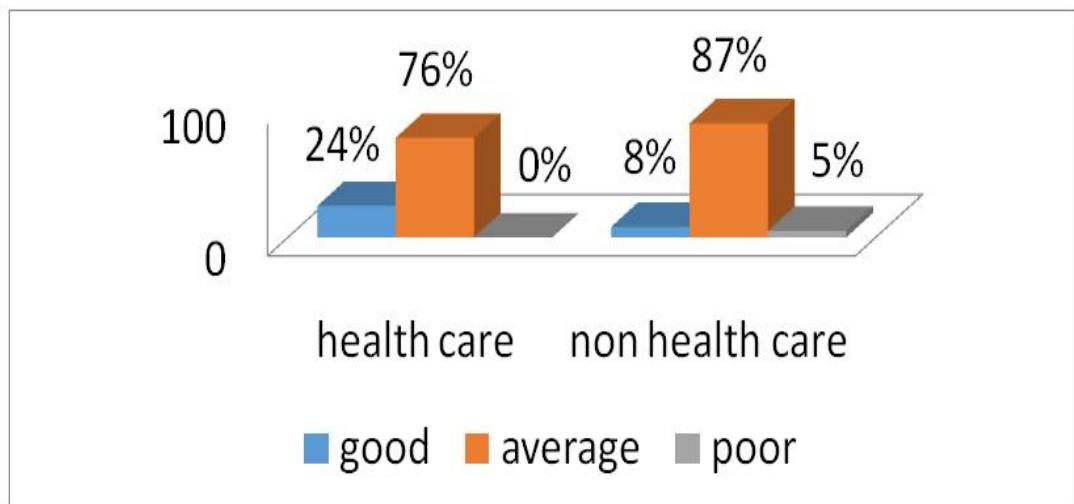


Fig. 1. Bar graph showing Knowledge score of health care students and non-health care students

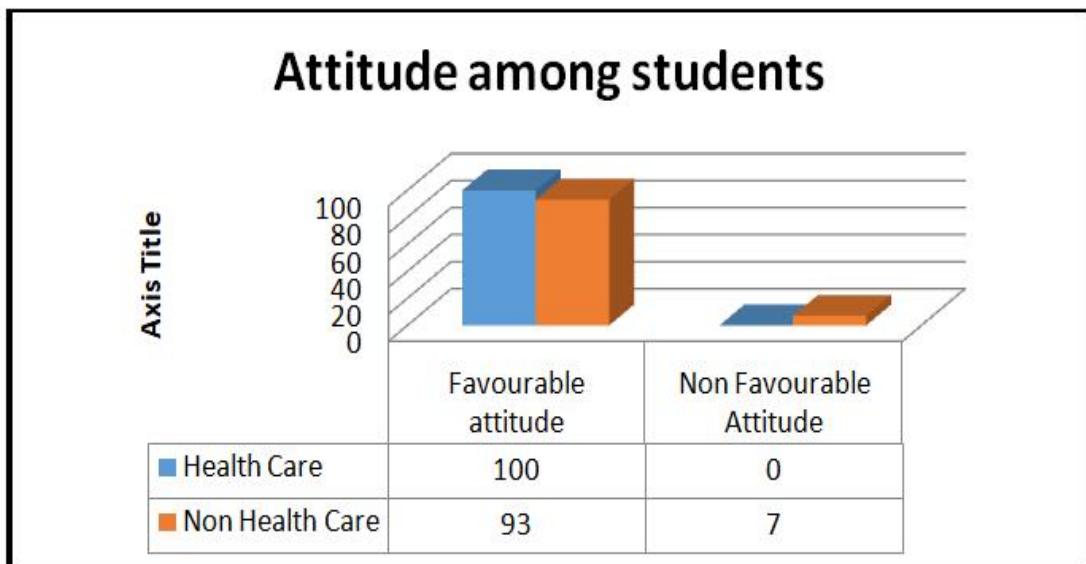


Fig. 2. Bar graph showing comparison between attitude among health care and non-health care

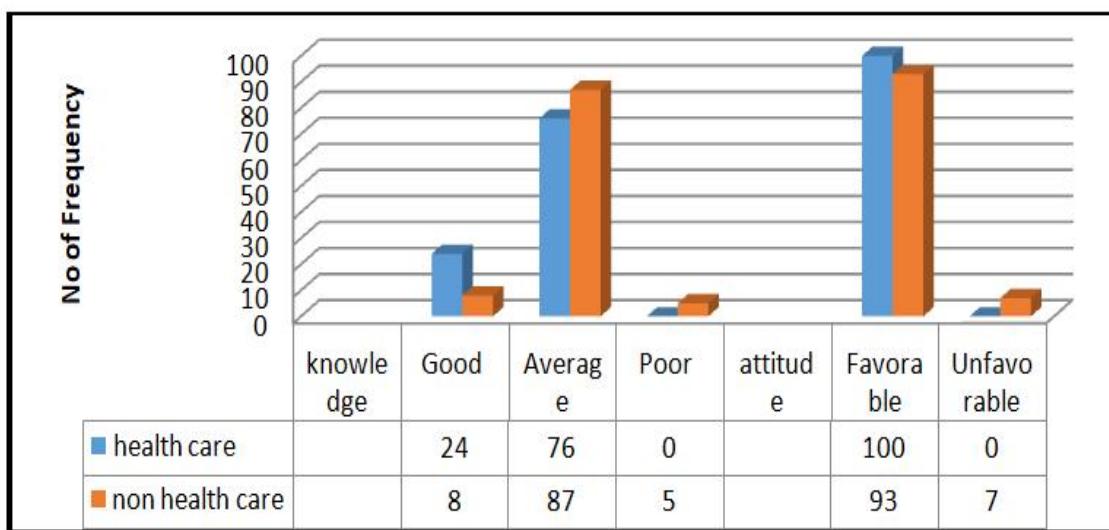


Fig 3: Percentage showing comparison between knowledge and attitude among health care and non-health care students

Table 1. Association between knowledge with selected demographic variables among health care and non-health care students

Sl No.	Demographic variables	df	Table value	Health care students		Non-health care students	
				Chi square	Remarks	Chi square	Remarks
1	Age	2	5.99	0.076	NS		NS
2	Religion	4	9.49		NS		NS
3	History of Medical Illness	2	5.99	0.192	NS		NS
4	Parents Education -Fathers -Mothers	3	7.82	0.259	NS		NS
		3	7.82	2.763	NS		NS
5	Parents Occupation -Fathers -Mothers	3	7.82	1.09	NS		NS
		3	7.82	0.118	NS		NS
6	Family Income	5	11.07	5.22	NS		NS
7	Number of siblings	2	5.99	2.78	NS	0.1396	NS
8	Presently residing with	5	11.07	1.9117	NS		
9	Previous source of information	2	5.99	1.60	NS	2.257	NS
10	Do you smoke	2	5.99	0.0019	NS	0.4111	NS

Table 2. Association between attitude with selected demographic variables of health care and non-health care students

Sl No.	Demographic variables	df	Table value	Health care students		Non-health care students	
				Chi square	Remarks	Chi square	Remarks
1	Age	1	3.84		NS	2.28	NS
2	Religion	3	7.82		NS		NS
3	History of Medical Illness	1	3.84		NS		NS
4	Parents Education -Fathers -Mothers	2	5.99		NS		NS
		2	5.99		NS		NS
5	Parents Occupation -Fathers -Mothers	2	5.99		NS	21.904	S
		2	5.99		NS	4.2885	NS
6	Family Income	4	9.49		NS		
7	Number of siblings	1	3.84		NS	0.0096	NS
8	Presently residing with	4	9.49		NS		NS
9	Previous source of information	1	3.84		NS	7.992	S
10	Do you smoke	1	3.845		NS	11.69	S

Behavior Among Medical And other college Students in Rawalpindi" which showed that there was significant difference in smoking behavior among the group [Medical Students: 32.7% and Non-Medical Students: 41%].^[9]

CONCLUSION

The present study concludes that the knowledge and attitude of the sample taken were found to be adequate (good and average knowledge, favorable attitude) for health care students and inadequate (good, poor and average knowledge, Favorable and unfavorable attitude) for non-health care students regarding the hazards of smoking. Therefore the researchers distributed pamphlet regarding hazards of smoking and preventive aspects to non-health care students.

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ETHICAL APPROVAL

This study was conducted after obtaining ethical clearance from the Institutional Ethics Committee and the written consent from each of the participants.

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