Original Research Article

A cross sectional study to analyse the smoking patterns and knowledge about harmful consequences of smoking on the beneficiaries attending the anti-tobacco clinic

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Abstract

Background: Tobacco is the second major cause of death in the world. The present study contemplates to analyse the smoking patterns and knowledge about harmful consequences of smoking on the beneficiaries attending the anti-tobacco clinic. **Methodology: Type of Study:** Cross Sectional study. **Study Site:** Tertiary Care Medical College Hospital M.Y (Maharaja Yashwantrao) Hospital Indore. **Study Subjects:** Beneficiaries attending the M.Y OPD. **Study Technique:** Exit Interviews of beneficiaries attending the OPD. **Sample Size:** For the beneficiaries sample size is 65 as obtained by Open Epi Software. Result-63% beneficiaries were current smokers, 9% were current experimental smokers, 14% were former smokers, 12% were former experimental smokers and approximately 2% were ever smokers.74.3% were daily smokers. 48% smokers consumed cigarettes,46% were consuming beedis, 6% of beneficiaries were consuming miscellaneous form of smoking (hukka, cigar etc.) Overall Smoking behaviour was significantly associated with occupation ($p = 0.024$;). The great majority of the responders (97.6%) believed that Smoking is harmful and agreed that the hospital should be smoke free (91.8%). Most of them believed that tobacco smoke is the principal indoor pollutant (97.3%) and agreed with the smoking ban (93.9%). The great majority of smokers believed that SHS (Second Hand Smoking) is harmful (97.0%). Although to a lesser extent than the non-smokers, most smokers supported the smoking bans ($p < 0.001$). Conclusion

Key Word: smoking. Hukka.

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INTRODUCTION

Tobacco is the second major cause of death in the world. If the present consumption pattern continues, the number of deaths will increase to 10 million by the year 2020, 70% of which will occur in the developing countries. The present study contemplates to analyse the smoking patterns and knowledge about harmful consequences of smoking on the beneficiaries attending the anti-tobacco clinic.

The primary aims and Objectives of the present study were

- To study the socio demographic status of beneficiaries (study population)
- To study the pattern and type of tobacco use.
- To study the knowledge about harmful consequences of tobacco use

METHODOLOGY

Type of Study: - Cross Sectional study.
Study Site: - Tertiary Care Medical College Hospital M.Y (Maharaja Yashwantrao) Hospital Indore
Study Subjects: - Beneficiaries attending the M.Y OPD

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Study Technique: - Exit Interviews of beneficiaries attending the OPD

Sample Size: ii) For the beneficiaries sample size is **65** as obtained by Open Epi Software, used for sample size calculation will be: Confidence Level= 80%

Table 1: Sample Size for Frequency in a Population

Population size(for finite population correction factor or fpc)(*N*):	**1000000**
Hypothesized % frequency of outcome factor in the population (*p*):	50%+/-5
Confidence limits as % of 100(absolute +/- %)(*d*):	5%
Design effect (for cluster surveys-*DEFF*):	1

Table 2: Sample Size (*n*) for Various Confidence Levels

Confidence Level (%)	Sample Size
95%	384
80%	065
70%	071
97%	471
99%	664
99.9%	1082
99.99%	1512

Sample size n = [DEFF*Np(1-p)]/ [(d^2/Z$^2_{1-\alpha/2}$*(N-1)+p*(1-p)]

Data Collection: - i) **Primary** Data Collection from the Beneficiaries

ii) **Secondary** Data Collection- Relevant data pertaining to the study

Study tools: - Pre-designed Pretested Semi structured Questionnaire based on the salient features of National Tobacco Control Program and provisions of Tobacco Control Act 2003.

Ethical Issues: - Written Informed Consent will be obtained from the Study Subjects.

Inclusion Criteria- Those study subjects giving written informed consent

Exclusion Criteria- Those Study Subjects not giving written informed consent.

Sampling method – For beneficiaries Simple Random Sampling will be used

Study Design:-

- Exit Interview of the beneficiaries will be taken who will give written informed consent.
- Data interpretation will be done using MS excel.
- Data Analysis will be done using SPSS-Statistical Package of Social Sciences (ver. 22)
- The study included only those beneficiaries who were present on the days of visit. All participants were assured of confidentiality before the start of the study. All the participants were given a self-administered questionnaire by the investigator to assess the knowledge, attitude and prevalence of tobacco use in any form among them.

A time limit of 1/2 hours was given for the participants to fill the questionnaire and the investigator clarified all doubts the respondents had during data collection.

For beneficiaries, Tobacco users were classified as:

- Ever Tobacco Users - those who had used any tobacco in any form in his/her life time even once.
- Current Tobacco Users - those who used any tobacco product any time in the last 30 days.
- Never Tobacco Users - those who had never used any form of tobacco

Definition of smoking status:

- Smoking status was based on self-reported use of cigarettes or bidis and was defined identically for all.
- Ever Smoker—ever smoked a cigarette/bidi in lifetime.
- Former Smoker—smoked at least 100 cigarettes/bidis in lifetime but has not smoked in past 30days.
- Former Experimental Smoker—smoked but not in past 30days and not 100 cigarettes/bidis in lifetime.
- Current Experimental Smoker—smoked in past 30days but not 100 cigarettes/bidis in lifetime.
- Current Smoker—smoked in past 30days and has smoked at least 100 cigarettes/bidis in lifetime.

STUDY DESIGN

An observational, questionnaire-based cross-sectional study was conducted of all beneficiaries. The data was collected from the beneficiaries regarding the smoking pattern, usage and awareness of the ill effects of smoking and awareness of NTCP. The questionnaire included a cover letter explaining the study's aims and guaranteeing anonymity.

DATA ANALYSIS

Data was entered in Microsoft Excel and analyzed using the SPSS (version 20) statistical program. Descriptive statistical analysis was performed and percentages, means and standard deviations were calculated for all relevant variables. Frequency distributions were used to describe the data. P value was based on significance of 0.05 levels.

RESULTS

Smoking behaviour

All answers regarding smoking behaviour were carefully reviewed to minimize misclassification. 63% beneficiaries were current smokers, 9% were current experimental smokers, 14% were former smokers, 12%

were former experimental smokers and approximately 2% were ever smokers. The majority of smokers reported being daily smokers (74.3%). 48% smokers consumed cigarettes, 46% were consuming beedis, 6% of beneficiaries were consuming miscellaneous form of smoking (hukka, cigar etc.) Overall Smoking behaviour was significantly associated with occupation (p=0.024).

Tobacco Consumption knowledge, attitudes and beliefs

The great majority of the responders (97.6%) believed that Smoking is harmful and agreed that the hospital should be smoke free (91.8%). Most of them believed that tobacco smoke is the principal indoor pollutant (97.3%) and agreed with the smoking ban (93.9%). The great majority of smokers believed that SHS (Second Hand Smoking) is harmful (97.0%). Although to a lesser extent than the non-smokers, most smokers supported the smoking bans ($p < 0.001$).

DISCUSSION

The definitions used to describe smoking behavior are based on standard WHO definitions for tobacco use. Smoking status was based on self-reported use of cigarettes or bidis and was defined identically for all:- Ever Smoker—ever smoked a cigarette/bidi in lifetime, Former Smoker—smoked at least 100 cigarettes/bidis in lifetime but has not smoked in past 30days, Former Experimental Smoker—smoked but not in past 30days and not 100 cigarettes/bidis in lifetime, Current Experimental Smoker—smoked in past 30days but not 100 cigarettes/bidis in lifetime, Current Smoker—smoked in past 30days and has smoked at least 100 cigarettes/bidis in lifetime. All answers regarding smoking behaviour were carefully reviewed to minimize misclassification. 63% beneficiaries were current smokers, 9% were current experimental smokers, 14% were former smokers, 12% were former experimental smokers and approximately 2% were ever smokers. The majority of smokers reported being daily smokers (74.3%). 48% smokers consumed cigarettes, 46% were consuming beedis, 6% of beneficiaries were consuming miscellaneous form of smoking (hukka, shisha etc.) Overall Smoking behaviour was significantly associated with occupation ($p = 0.024$;). The great majority of the responders (97.6%) believed that Second Hand Smoking (SHS) is harmful and agreed that the hospital should be smoke free (91.8%). Most of them believed that tobacco smoke is the principal indoor pollutant (97.3%) and agreed with the forthcoming smoking ban (93.9%). Although to a lesser extent than the non-smokers, most smokers supported the smoking bans ($p < 0.001$).

CONCLUSION

Considering the fact that smoking prevalence among young adults, and among working populations remains worryingly high, there is a dire need to increase the awareness of health hazards of tobacco consumption and at the same time Tobacco control programmes need to be more comprehensive.

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