



PERCEPTION OF TOBACCO USE AND ITS HEALTH EFFECTS AMONG COMPUTER PROFESSIONALS WORKING IN A PRIVATE INSTITUTE

ORIGINAL ARTICLE, Vol-4 No.1

Asian Journal of Medical Science, Volume-4(2013)

<http://nepjol.info/index.php/AJMS>

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ABSTRACT

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“There is need of lasting behavioral changing programs rather than awareness focused programmers to control excessive tobacco use”

Objectives: To understand the knowledge and perception of tobacco use, its health effects and the role of social responsibility on tobacco control among computer professionals.

Material and methods: This is a descriptive study carried out on employees of a private information and technology institute in Kathmandu valley. Self administrated structured questionnaire was used for data collection after taking verbal consent. Statistical analysis was done using descriptive statistics.

Results: Almost 93% of the participants had education level equivalent to bachelors degree or above. Majority had experienced tobacco use in their lifetime (95%). Among current users, 55% had tried to quit at least for once and when asked if they were happy to be tobacco users, interestingly 65.2% said they never thought about it. All the participants were aware of ill effects of tobacco on health. Eighty one percent associated it with cancer in any form while 57% thought tobacco use causes lung diseases. Majority of participants (62%) believed that tobacco products should not be easily accessible with banning of selling in grocer shops, banning advertisements and sponsorships of events by tobacco companies. With regard to their role as a social responsibilities towards tobacco free nation, major opinion expressed were not to use any form of tobacco, sharing their knowledge with others and stopping others from smoking at public places.

Conclusion: There is need of lasting behavioral changing programs rather than awareness focused programs to control tobacco use among educated group who are aware of its ill effects.

Key words: perception, tobacco use, behavioral change, private institute

INTRODUCTION

Prevalence of tobacco use has been slowly declining in the developed countries over the past 20 years, while its rates have been steadily increasing in developing countries. It is projected that total tobacco-attributable deaths will rise from 5.4 million in 2005 to 6.4 million in 2015 and 8.3 million in 2030 with 80% of these additional deaths occurring in developing nations¹. Tobacco-attributable deaths are projected to double from 3.4 million to 6.8 million in low and middle income countries between 2002 and 2030². Being low income country and tobacco use as part of their social life, Nepal is as much in threat of tobacco attributable health risks as any other developing country. The Ministry of Health and Population in its National Health Policy 1991 specifies, one of the main reasons for the low health standards of the people is the lack of public awareness of health matters. There are various awareness campaigns conducted throughout the country. Though various studies shows that increase in the literacy rate or higher education declines prevalence of tobacco use, the Kathmandu urban sample showed high male smoking prevalence 64.6% while among the females it was estimated at 14.2%. This clearly supports that despite awareness, various factors like smoking habits among family members and friends, occupation, lack of consciousness of social responsibility attribute to tobacco use among adults²⁻⁵. So there is need of campaigns focusing on putting knowledge into practice rather than awareness centered campaigns.

OBJECTIVE

- To understand the perception of tobacco use and its health effects among computer professionals working in a private institute.
- To identify their role as a social responsibility of tobacco control.

MATERIALS AND METHODS

A descriptive study was conducted in a private institute of information and technology in June 2011. A structured questionnaire was administered to all the employees of the institute who agreed to participate and was present at the time of study. Informed verbal consent was taken from organization authority as well as from the participants.

Eighty six percent of the employees participated in the study. Participants were given time of a week to fill-up questionnaire. This study measured demographic and tobacco use related variables including age, sex, tobacco use habits, number of sticks per day, age at first dose, knowledge about ill effects on health, etc. Fagerstrom tolerance scale was used to measure nicotine dependency.

Operational definitions used for the study are as follows⁵:

"Tobacco Use: Use of cigarettes, bidi, surti, khaini, pan masala, gutkha in smoking or chewing form"

Tobacco user: past users and current users

Current User: those using tobacco at least once a day

Tobacco Non User: never used tobacco till the study period

Past User: tobacco user in the past but currently not using

Occasional user: those who use tobacco at least once a week.

Data was entered in Microsoft excel and analyzed by using SPSS version 16. Results were analyzed by descriptive statistics and expressed mostly in form of frequency and percentage.

RESULTS

Socio-demographic data

Majority of respondents (95%) used tobacco in any form as regular users or occasional users in their lifetime. Nearly 60% of the participants said that

one or more of their family members were tobacco users.

Table 1: The socio-demographic characteristics of the respondents according to the key variable.

Characteristics	Number	Percentage
Sex		
Male	75	67.0
Female	37	33.0
Ethnicity		
Newar	63	56.3
Brahmin	22	19.6
Chhettri	19	17.0
Others	8	7.1
Education		
Masters	32	28.6
Bachelor	72	64.3
Intermediate and below	8	7.1
Age group		
20-24years	19	17.0
25-29years	50	44.6
30-34years	26	23.2
35-39years	8	7.1
40 years or more	9	8.1

Among tobacco users, past or current, 81% were smokers. Mean time between smoking was 2.79 hours (SD±1.32). Rest of them (19%) used chewing tobacco products such as khaini, pan masala with tobacco content or gutkha. The study also revealed that among tobacco users, a smoker spends an average of Rs 1000 (\$14) per month for tobacco.

Knowledge and Perception on tobacco use

Almost 60% of the respondents had knowledge that nicotine content of tobacco causes addiction. But none of the participants were nicotine dependent.

When asked if current tobacco users were happy to be one, interestingly 65.2% said that they never thought about it and surprisingly almost 11% said that they were happy to be one.

Fifty five per cent of the current tobacco users have tried to quit at least for once. Almost 43% had restarted tobacco use under the influence of

friends, 50% said due to increased temptation.

Past users gave reasons such as the protection of their own health (58%), increased expense of tobacco products (16%) and concern for their children for quitting tobacco use (26%).

When asked about benefits of tobacco use among current tobacco users, almost 52% said it helped to relieve stress, 19% believes that it is energy booster, and nearly 7% thought it has no benefits but a habit. Surprisingly, 22% of tobacco users did not comment on this question.

Knowledge about the health effects smoking

With regard to the respondents' knowledge about health effects of tobacco use, all the participants were aware of the fact that long term tobacco use causes ill health effects. When asked about specific health effects, 81% of respondents associated it with any form of cancer while 57% associated it with lung diseases. Only 31.2% were aware that heart disease is associated with smoking. While 15.2% and 8.9% associated tuberculosis and diabetes mellitus respectively with tobacco use, only 40% respondents were aware of the fact that it causes mouth diseases.

Knowledge and Attitudes towards control measures

Respondents were asked about their opinion on control measures. Five major opinions were as mentioned in the table 2:

Table 2: Recommendations for tobacco control measures

Recommendations	No. (%)
Banning selling of cigarettes in single sticks	73(65.2)
Banning of advertisements in different media apart from TV/radio	32(28.6)
Banning sponsorship of events by tobacco companies	32(28.6)
Banning selling of tobacco products in grocer shops	69(61.6)
Conducting community based programmes for prevention	37(33.0)

Majority of respondents (62%) believed that tobacco products should not be easily accessible. The opinions of the respondents with regard to successful control measures, almost 29% respondents feel there should be total banning of tobacco advertising in the different media apart from television and radio and there should be banning of sponsorships by tobacco companies. Raising excise tax and regulating packaging were amongst other recommendations. The majority of respondents (89.3%) supported the local health department or local authority regulation on banning tobacco use in public places.

Table 3: The opinion of the respondents with regard to their social responsibilities towards tobacco free nation

Opinions	Percentage
Not using any form of tobacco	28.6
Sharing knowledge with others	32.1
Stopping others from smoking at public places	23.2
Helping police to take legal action against those who use tobacco in public places	6.1

DISCUSSION

This is a study, conducted among participants working in Information and Technology sector. Most of the respondent's education level was equivalent to bachelors' degree or above. All the participants of this study were aware of the ill effects of tobacco use and 60% of them knew about its addicting effects. The result is contrary to most studies which show that higher the education level, lower the use of tobacco and awareness of its ill effects. Similar results were shown in a study conducted in different countries comparing the educational differences in smoking⁶⁻⁹. This study supports the fact that apart from information and awareness programmes, efforts are needed to be directed at supporting and improving people's skills to stop or prevent tobacco use. The present study revealed that among current

users, surprisingly almost 11% were happy to be tobacco users and interestingly 65.2% never thought about it. This showed that though people are knowledgeable, they are reluctant to analyze their thoughts and their social responsibility before answering the questionnaire.

In this study, more than half of the current tobacco users (55%) had tried to quit at least for once. But then almost 43% restarted tobacco use under the influence of friends and increased temptation (50%) among the major reasons stated. Literature also lists the feelings of pleasure, stress relief and habit among the main reasons that prevent people from giving up tobacco^{10,11}. On contrary, according to previous population based study shows that the support provided by the quit smoking clinic might end the habitual quitter phenomenon¹². Apart from that, literatures linked nicotine addiction as the main responsible factor for cessation difficulties¹³⁻¹⁴. In this study none of the tobacco users were nicotine dependent.

Past users gave reasons such as the protection of their own health (58%), increased expense of tobacco products (16%) and concern for their children for quitting tobacco use (26%). This reinforces the idea that the motivation to quit involves multiple factors, differently for individual, involving not only their will power, but also surrounding environment. Literatures also give a similar reason which reinforces the finding¹⁰⁻¹⁶.

All the participants were aware about the ill health effects following prolonged use of tobacco and more than two thirds associated it with any form of cancer. This finding strengthens the idea that there is need of programs focused on behavioral changes.

Most expressed opinion on their social responsibilities as citizen, towards tobacco free nation were not using any form of tobacco, sharing knowledge with others, stopping others from smoking at public places.

On contrary, most literature is focused on

corporate or company centric social responsibilities¹⁷⁻¹⁹.

In this study we can conclude that tobacco use is high among educated people despite their knowledge on its ill health effects. This strengthens the idea that motivation to quit involves multiple factors, differently for individual, involving not only their will power, but also surroundings environment. Therefore there is need of lasting behavioral programs rather than awareness focused programs to control excessive tobacco use.

Since this study is based on only one institute and self reported information on tobacco use, there is need of further analysis on other sectors too to generalize the findings and compare.

Acknowledgements

I would like to thank all the participants for their help in conducting this study.

REFERENCES

1. Ministry of Health and Population. The National Anti-tobacco Communication Campaign Strategy for Nepal. 9-3-Tobacco-Control-Act. [Cited January 2011]. Available from: <http://www.mohp.gov.np/english/files/new.../9-3-Tobacco-Control-Act.pdf>
2. Ministry of Health and Population. Brief Profile on Tobacco Control in Nepal. [Cited August 2012]. Available from: http://www.who.int/fctc/.../party.../nepal_2012_annex2_tobacco_profile.pdf
3. Echer IC, Corrêa AP, Lucena AF, Ferreira SA, Knorst MM. Prevalence of Smoking among Employees of a University Hospital. *Rev Lat Am Enfermagem* 2011;19(1):179-86.
4. Jiang HE, Vupputuri S, Allen K, Prerost MR, Whelton PK. Passive smoking and the risk of coronary heart disease—a meta-analysis of epidemiologic studies. *The New England Journal of Medicine* 1999;340:920-26.
5. Poudel D. Tobacco Use Among Adolescent students in secondary schools of Pokhara Sub Metropolitan city of Nepal. [MPH thesis]. Institute Of Medicine, Maharajgunj; Tribhuvan University; April 2003[Cited May2011]. Available from: <http://www.healthnet.org.np/resource/thesis/cmedicine/deepak/tobacco.pdf>
6. Aryal UR, Deuba K, Subedi A, Shrestha R, Bhatta L. Prevalence and Determinants of Cigarette Smoking among the College Students of Kathmandu Valley. *Asian Journal of Medical Sciences* 2010;53-58.
7. Cavalaars AE, Kunst AE, Geurts JJ, Crialesi R, Grothvedt L, Helmer U, et al. Educational differences in smoking: international comparison. *BMJ* 2000;320 (7242):1102-7
8. Bhatt T. Contribution of Smoking behavior to Educational Differentials in Active Life expectancy in Nepal [Phd Thesis]. Department of Sociology: Case Western Reserve University; March 2011 [Cited November 2011]. Available from: http://rave.ohiolink.edu/etdc/view?acc_num=miami1280862_961
9. Ministry of Health and Population, WHO. Tobacco Control and Prevention Surveillance Mechanism. [Cited in June 2012]. Available from: http://www.searo.who.int/.../Publications_and_Documents_countryreport1.pdf
10. Ministry of Health and Population, Society For Local Integrated Development Nepal, World Health Organisation. WHO steps surveillance: Non Communicable Disease Risk Factors Survey, Nepal 2008[Cited May 2012]. Available from: http://www.who.int/chp/steps/Nepal_2007_STEPS_Report.pdf
11. UW Centre for Tobacco Research and Intervention. Barriers to Quitting Smoking. series 2 [Cited on march 2012]. Available from: www.ctri.wisc.edu
12. Su TT, Sallehuddin BAB, Murniati HH, Swinder J, Sadat NA, Saimy I. Factors Associated With Success or Failure of Quit Attempts: A Clinical Approach for Lung Cancer Prevention. *Asian Pacific J Cancer Prev* 2012;13:175-79
13. Hyland A, Borland R, Li Q, Young HH, McNeill A, Fong GT, et al. Individual-level predictors of cessation behaviours among participants in the International Tobacco Control (ITC) Four Country Survey. *Tob Control* 2006;15:iii83–94
14. Al-Hashel DA, Mohammed F, Jaffar K, Selaiti M, Neama SM, Mandeel M. Barriers to Quit Smoking among Adult Smokers. *Bahrain Medical Bulletin* 2012;34(4) [Cited on December 2012] Available from: http://www.bahrainmedicalbulletin.com/december_2012/Barriers_Quit_Smoking.pdf
15. Hyland A, Li Q, Bauer JE, Giovino GA, Steger C, Cummings KM. Predictors of cessation in a cohort of current and former smokers followed over 13 years. *Nicotine Tob Res* 2004;6: S363–S369.
16. Guoze F, Yuan J, Qiang L, Hua-Hie Y, Elton-Marshall T, Jilan Y et al. Individual-level factors associated with intentions to quit smoking among adult smokers in six cities of China: findings from the ITC China Survey. *Tob Control* 2010;19:i6-11
17. Sansone GC, Raute LJ, Fong GT, Pednekar MS, Quah ACK, Travers MB, et al. Knowledge of Health Effects and Intentions to Quit Among Smokers in India: Findings From the Tobacco Control Policy (TCP) India Pilot Survey. *Int J Environ Res Public Health* 2012; 9(2):564–78.
18. Otanez M, Glantz S. Social responsibility in tobacco production? Tobacco companies' use of green supply chains to obscure the real costs of tobacco farming. *Tobacco Control* 2011; Available from: <http://tobaccocontrol.bmj.com/content/early/2011/04/15/tc.2010.039537.full>
19. Imperial Tobacco Group. Corporate Responsibility Review 2009, 2010 http://www.imperialtobacco.com/index.asp?page=150_011;