

Awareness, Knowledge, and Attitude among Sample of Iraqi Male Cigarette Smokers

Ahmed Khalaf Soofi Al-Delaimy¹

Abstract

Background: Prolonged smoking is the main risk factor for the development of a number of chronic lung diseases and cancer in Iraq and worldwide.

Objectives: are to assess and examine the knowledge, practices and awareness of smokers among a sample of Iraqi men and teenagers.

Methods: a sample of 420 smokers whom age 15-80 years were subjected to a questionnaire depends on an interview, designed to ask them in streets and houses, from the period 1st June 2009 to 9th of January 2010.

Results: The study revealed that friends were the main cause in teenager's smoking (39.21%), 64.28% of smokers take their 1st Cigarette early morning before breakfast; and about 89% of them encourage doing regulations and legislation to prevent smoking in public places, and more people who think that Islam does not desire that habit.

Conclusion: The study suggests different interventions that could interfere in changing people's knowledge and attitude towards smoking habit.

Key words, Smokers, Cigarette, Assess, Aware, knowledge,

¹Assistant lecturer; College of Medicine., Al-Anbar University .

Introduction:

Prolonged smoking is a leading behavioral cause of premature mortality and disability, resulting in approximately four million deaths annually worldwide ⁽¹⁾. Although smoking kills more people than Acquired immune deficiency syndrome, alcohol, drug abuse, car crashes, murders, suicides and fires combined each year ⁽²⁾, approximately one-third of the global adult population, or 1.1 billion people smoke. This astonishing figure includes many young and school-aged users. According to Centers for Diseases Control and Prevention in the United States ~80% of adult smokers started smoking before the age of 18 years and nearly 3000 young people in the same age-bracket become regular smokers every day ⁽²⁾. If nothing is done to stop current trends, more than 5 million children living today will die prematurely because of their decision to smoke cigarettes when they are adolescents.

Smoking is the main risk factor for the development of a number of chronic lung diseases, such as chronic obstructive pulmonary disease and lung cancer, and scientific evidence is conclusive of its role in the predisposition and outcome of several others. ⁽³⁾

While as stated above, active smoking is the main cause of lung cancer, smoking cessation significantly reduces the risk of lung cancer by 2-3 times at 10 years ⁽⁴⁾.

Aim of the study:

Is to assess knowledge, practices, awareness of smokers among sample of Iraqi men and teenagers.

Subjects and Methods:

Alkhthria sector in Baghdad and Ramadi city both were the regions for this study. Both regions serve a catchments area of about 500 000 population, generally represent different ranges of social classes.

To achieve the aim of this study, a cross sectional study design was adopted (by simple random sampling). The sample was comprised of men of different age group ranging from 15-80 years. Thus a sample of 420 men and young adults were obtained during the period of 1st June 2009 to 9th of January 2010.

An out-street and home interview was the method used in this study. All study group were interviewed in the street starting from neighbor crossing to the other street until reaching the sample of 210 in Baghdad, The same was done in Ramadi city (120 km far from the capital Baghdad) the interview questionnaire form was diffused to different areas in Ramadi, a sample of 210 was done so the total of the sample was 420.

A structured questionnaire was used and the data was collected personally by the investigator in a cooperative manner with the people. The questionnaire included questions on socio-demographic variables of the smokers under study such as age of the men, marital status, and level of education. It also included questions about age of starting smoking, the reason of starting smoking, any somatic or psychological symptoms due to withdrawal smoking habit, time of smoking, any agreement for governmental regulations to prevent smoking at public places, in addition to their opinion of Islamic view towards smoking.

Analysis of data was carried out using simple descriptive statistics. This included calculation of percentages, risk factors, reasons, Tables and charts all done through Microsoft Excel programmer edition 2007.

Results:

During the study period, a total of 420 men smokers of different age group were interviewed; 70(16.66%) age group (15-19) years old, 150(35.71%) age group (20-29) years old, 80 (19.04%) age group (30-39) years old, 60(14.28%) age group (40-49) years old, 40(9.52%) age group (50-59) years old, 10(2.38%) age group (60-69) years old, 10(2.38%) age group (70-80) years old.

The majority of male smokers under study were in the age group 20-29 years who accounted for 35.71%. The smokers under study were 240 (57.14%) married while 180 (42.85%) unmarried men, and 15(3.57%) of them were illiterate, 25(5.95%) primary level, 40(9.52%) secondary level, 45(10.71%) high school level, 65(15.47%) institution level, 230(54.76%) college level; the different education levels shown on the age group distribution, marital status and educational level is shown in (Table 1).

Table 1: The distribution of the men according to the age, marital status and educational level

Age (years)	No.	%	Marital status	No.	%	Education level	No.	%
15-19	70	16.66	Married	240	57.14	Illiteracy	15	3.57
20-29	150	35.71	Single	180	42.85	Primary	25	5.95
30-39	80	19.04				Secondary	40	9.52
40-49	60	14.28				Higher	45	10.71
50-59	40	9.52				Institution	65	15.47
60-69	10	2.38				College	230	54.76
70-80	10	2.38						
TOTAL	420	100%	TOTAL	420	100%	TOTAL	420	

Regarding the causes for starting smoking among smokers under study, respectively, the highest percentage was the friends; 100(23.80%), then the country political situation 58(13.80%), study stress 50(11.90%), enjoying 44(10.47%), prison &

military services 41(9.76%), traveling abroad 40(9.52%), to be a rough man 40(9.52%), TV and radio and commercials in streets 24(5.71%), Lastly father as a leader 23(5.47%). All findings are shown in (Table 2).

Table-2- The different causes and reasons which let smokers start smoking

SMOKING REASONS	No.	%
Friends	100	23.80
Country political situation	58	13.80
Study stress	50	11.90
Enjoying	44	10.47
Prison & military services	41	9.76
Traveling abroad	40	9.52
To be a man(tuff and rough)	40	9.52
TV and radio media and commercial in streets	24	5.71
Father as a leader	23	5.47
Others; boring, design of packet	0	0
TOTAL	420	100

Regarding the first time they start smoking, the highest percentage of smokers under study was during teenage 255(60.71%), then adult 157(37.38%), 8(1.90%) among pre-teenage period. Table 3 shows the details, in addition it was found that 100(39.21%) of total 255(60.71% teenage group) start smoking

due to friends, while the adults start smoking due to the country political situation which was the higher percentage 58(36.94%) of total 157(37.38% adult), and TV & radio propaganda was the lowest percentage among both age group; 2.35% in teenage group and 11.46% in adult group.

Table-3- The period of starting smoking and related reasons

when first start to smoke	No.	%	Reasons	No.	%
Pre-teenage	8	1.90	Enjoying	8	100
teenage	255	60.71	-Friends -study -To be a man -Enjoying - Father as leader - TV	100 50 40 36 23 6	39.21 19.60 15.68 14.11 9.01 2.35
Adult	157	37.38	- Country Political Situation - Prison & Military Services - Traveling Abroad - TV	58 41 40 18	36.94 26.11 25.47 11.46
TOTAL	420	100		420	100

Smokers under study who smoked more than 100 cigarettes during their life were 400(95.23%), while only 20(4.76%) of

smokers smoke less than 100 cigarettes during their life.

Table-4- Different aspects concerning daily smoking: resistance to smoking, withdrawal symptoms if present or not.

<i>Smoking 1cigarette daily last year</i>	No.	%
Did smoke	251	59.76
Didn't smoke	169	40.23
<i>Resistance to smoking</i>	No.	%
Can't resist	320	76.19
Resist	100	23.80
<i>Withdrawal psychological symptoms</i>	No.	%
Occur	262	62.38
Didn't occur	158	37.61
<i>Withdrawal somatic symptoms</i>	No.	%
Occur	215	51.19
Didn't occur	205	48.80

In addition there were 251(59.76%) smokers smoked one cigarette daily in the last year, while 169(40.23%) didn't smoke one cigarette daily in the last year. 320 (76.19%) they can't resist smoking, while 100(23.80%) can resist smoking.

High percentage 262(62.38%) among smokers under study have had psychological symptoms such as anger, nervous, loss of concentration, depression when tried to limit or quit smoking, while 158(37.61%) didn't have any of these symptoms.

Regarding somatic withdrawal symptoms such as headache, bowel irritability, constipation, tiredness; 215(51.19%) have had the above

mentioned symptoms while trying to limit or stop smoking, and 205(48.80%) didn't have any of these symptoms while trying to quit smoking.

When asking about the start of smoking after waking up in early morning and before breakfast, the results were; 270(64.28%) who smoked their first cigarette directly after waking up from bed, while 150(35.71%) pick up their first cigarette after taking their breakfast. In addition, married people show higher percentage of taking their 1st cigarette in morning before breakfast than single people, while higher percentage of single than married taking their 1st cigarette after breakfast. All are shown in Table 4.

Table -5- The start of smoking when waking up in morning related to marital status

starting 1 st cigarette	Marital Status				Total
	Married	%	Single	%	
Before breakfast	180	66.66	90	33.33	270(64.28%)
After breakfast	60	40	90	60	150(35.71%)
Total	240		180		420

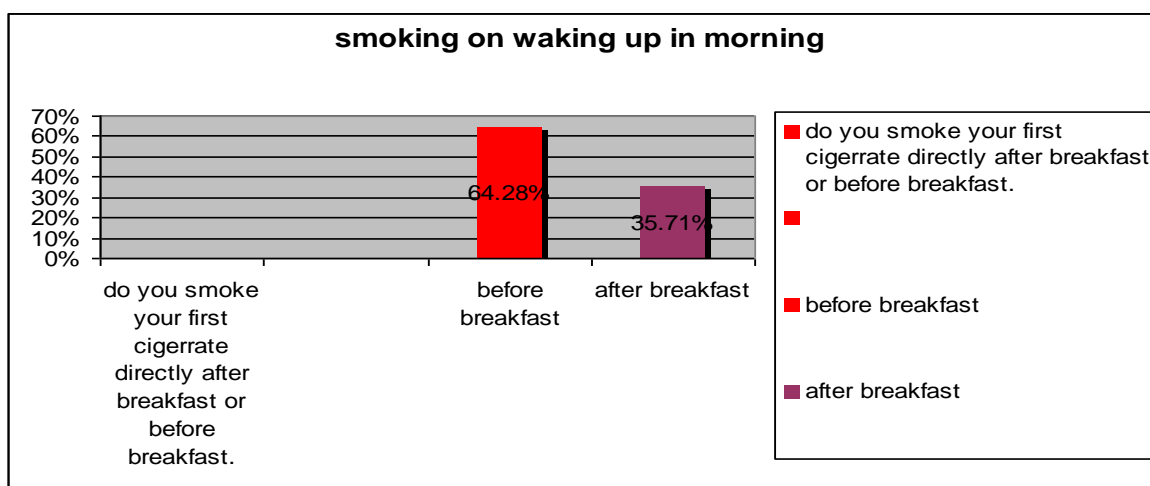


Figure No.1: The start of smoking when waking up in morning.

And 280(66.66%) people under study practise their smoking habit more in morning than the rest of the day;140(33.33%) do not have time period for that habit so they smoke during the whole day time whether morning or noon or afternoon.

For encouraging a friend or a relative to have a cigarette high percentage of people under study didn't encourage anyone to begin smoking (79.28%), while 87(20.71%) only did encourage people to start smoking.

Table-6- Different aspects concerning smoking habit; encourage, advice, opinion, believe, and agreement.

Did you encourage anyone to smoke	No.	%
Yes	87	20.71
No	333	79.28
Did you advice anyone to quit smoking	No.	%
Yes	278	66.19
No	142	33.80
Do you think parents affect their children through inhaling passive smoking	No	%
Yes	368	87.61
No	52	12.38
Do you believe that parents smoking beside their children and other non-smokers can cause lung cancer to them	No.	%
Yes	328	78.09
No	92	21.90
Do non-smokers tell you to stop smoking in front of you	No.	%
Yes	392	93.33
No	28	6.66
Do you agree to do regulations to prevent smoking in public places	No.	%
Yes	372	88.57
No	48	11.42

There were 278(66.19%) smokers under study who advise other smokers to quit smoking habit, while 142(33.80%) of smokers under study didn't advise any smokers to quit smoking.

When asking about their knowledge towards passive smoking among children when their parents smoke cigarettes, there were 368(87.61%) of smokers under study who think that smoking affect their children when they breath smoke, while only 52(12.38%) didn't think that.

When the smokers under study were asked about their opinion towards children and other non-smokers having lung cancer passively due to their parent's smoking, the percentage was; 78.09% they think it causes that disease, while 92(21.90%) didn't think there is any relation with that.

More percentage (58.80%) among smokers thought that they notice the bother of their smoking habit in front of others, while 173(41.19%) didn't have this feeling.

Also it was found that 392(93.33%) of smokers under study were asked by others and in front of them to put their cigarette off during smoking practice, while only 28(6.66%) of smokers under study were not asked to do so.

When asking smokers under study about their agreement of doing regulations in public places to prevent smoking; 372(88.57%) agreed upon that, while only 48(11.42%) disagreed to do that.

Lastly, when the smokers under this study were asked about their Islamic opinion towards smoking habit, the results were; 305(72.61%) think that Islam religion does not desire smoking, 70(16.66%) think Islam forbids smoking, 40(9.52%) think Islam permits that habit, and only 5(1.19%) don't know the answer, the highest percentage (46.6%) was among illiteracy educational level which they forbid smoking habit, while undesirable choice was among the highest percentage(68%),(77.5%),(70%), (49.23%), (83.04%) within the primary, secondary, higher, institutions and college education levels, respectively.

Table-7- The distribution of Islamic opinion towards smoking according to their education level

Education level	Undesirable No.	%	Forbidden No.	%	Allowed No.	%	Don't know No.	%	Total
Illiteracy	6	40	7	46.6	2	13.33	0	0	15
Primary	17	68	6	24	2	8	0	0	25
Secondary	31	77.5	6	15	3	7.5	0	0	40
High	28	70	10	22.22	7	15.55	0	0	45
Institution	32	49.23	20	30.76	12	18.46	1	1.53	65
College	191	83.04	21	9.13	14	6.08	4	1.73	230
Total	305		70		40		5		420

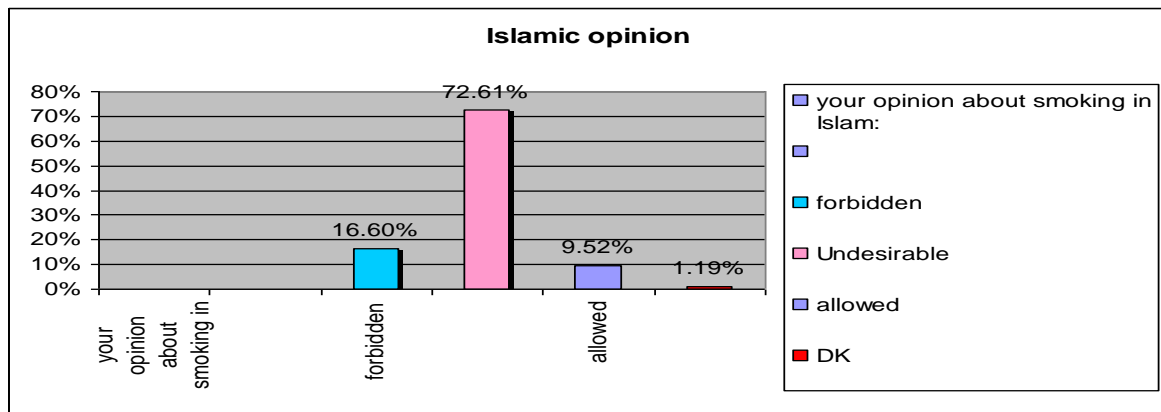


Figure No.2: Different Islamic opinion among smokers towards smoking habit.

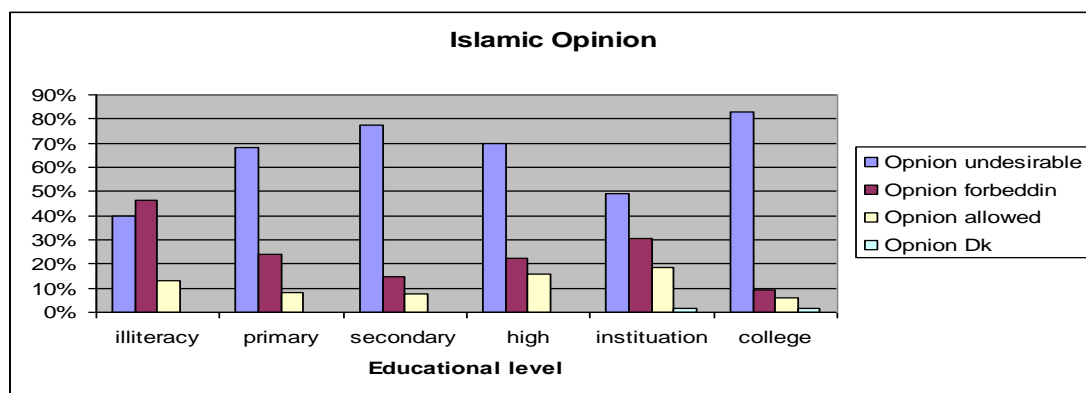


Figure No.3: Comparison of Islamic opinion towards smoking habit within the same educational level

Discussion:

In Ukrainian National survey half of men who have ever smoked had their first cigarette under 15 years of age⁽⁵⁾, while our study revealed that the teenage group consists of 60.71% had their first cigarette.

The same Ukrainian study shows that understanding of passive smoking as a possible cause of diseases and death is low (28%)⁽⁵⁾, while the present study revealed 78.09% they think that it causes lung cancer.

Also in this study we found that 87.61% of smokers under study think that smoking parents affect their children's health passively, in a study done by Gursay ST et al shows that passive smoking was not a well-recognized term but parents recognized that it causes harmful health effects. Some parents reported that their health care professionals did not inform them about the dangers of ETS⁽⁶⁾.

Dwyer T et al in a study survey conclude that the gradual implementation of the anti-smoking legislation changes social beliefs on what are acceptable concerning smoking practices. It is likely that the legislation within Queensland and the subsequent forced changes in social conditions for smokers will continue to reduce the number of people smoking and reduce exposure to environmental tobacco smoke⁽⁷⁾. 88.57% of total people in this study agree to establish regulations and legislations against smoking. One may think that they answered that way due to socially acceptable reply but we shouldn't forget that high rates of people under study were college level education so their scientific knowledge may guide them to that truly answer. This leads us to conclude the importance of doing a regulation rules against smoking so as to prevent health hazards affecting people and to lower the smokers from being heavily smokers and addiction situation. Also Hussain A. et al did a survey concerning ban implementation, it was found that 94% of the smokers and 83% of the non-smokers were aware of the proposed ban and 50% of the smokers and 69% of non-smokers wanted the ban to be implemented. It was also found that 43.8% of the smokers and 52.3% of the non-smokers were confident that the ban on smoking in public places will be effective⁽⁸⁾.

More mass media, programmers, health education, political and even religious education towards that bad habit should be done to schools and people because in our religion Islam, it is forbidden to smoke a cigarette for many reasons like addiction and spending of money and clothes, in addition to its bad smell and bothering others as found in our study since (93.33%) told smokers to stop smoking in addition to that it is the most serious cause for causing main chronic diseases. A study in Germany shows that

the change in knowledge-based risk assessments, attitudes, and social norms should be further promoted by mass media and personal communication measures, as well as by setting-based and behavioral prevention measures. In order to encourage them to quit smoking, young smokers must be motivated and convinced by means of suitable behavioral prevention interventions⁽⁹⁾.

In conclusion, friends in our survey were the main cause encouraging others to start smoking in teenage group then studying stress was the 2nd line then to be a man comes on the 3rd importance, while in adult age group political situation of the country and the effect and its impact on human psycho-emotional stress which was the leader cause among other causes then comes the prison and military services particularly in such country in a state of wars for several years. And travelling abroad for business trading and for studying took the 3rd place at that age group. More percentage of married people under study takes their 1st cigarette before breakfast then single people and it's a bad sign of addiction. People under study in general have a well knowledge and attitude towards advising others to quit smoking also they understand the hazards of smoking on people and on their children and they almost agree of doing legislation against smoking habit in public places and that is a good attitude level so government should move foreword towards that issue as soon as possible, and a need for right and well education concerning Islamic opinion towards smoking cause our study revealed that people think smoking undesirable choice towards smoking and this is wrong because most of our Islamic Scholars have told people that smoking is forbidden in Islam due to the reasons mentioned above such as losing money and its effect on human body health.

References:

1. WHO The World Health Report 1999: Making a Difference. WHO, Geneva.
2. [Centers for Disease Control and Prevention CDC Tobacco information and prevention source: overview. Available at: <http://www.cdc.gov/tobacco/issue.htm> (last accessed 14 May 2001)
3. Sethi JM, Rochester CL. Smoking and chronic obstructive pulmonary disease. Clinics in Chest Medicine. 2000;21(1):67–86. [PubMed]
4. DHHS Publication, no. (CDC) 90-8416; The Health Benefits of Smoking Cessation. A Report of the Surgeon General. Rockville, Md, USA: US Department of Health and Human Services, Public Health Service, Centers for Disease Control, Centers for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 1990.
5. A survey of Ukrainian population by Kiev International Institute of Sociology commissioned by the International Centre for Policy Studies 2005. Tobacco in Ukraine: National Survey of knowledge, attitudes, and behavior, Report prepared as part of the(policy campaign for the Tobacco control).
6. Gursoy ST, Soyer MT, Ocek Z, Ciceklioglu M, Aksu F. Why are Turkish children at risk of exposure to environmental tobacco smoke in their homes? Asian Pac J Cancer Prev. 2008 Jul-Sep;9(3):467-72. Department of Public Health, Ege University Faculty of Medicine, Bornova, Izmir, Turkey.
7. Dwyer T, Bradshaw J, Mummery WK, Searl KR, Rossi D, Broadbent M. Aust J Rural Health. 2008 Jul;16(4):231-6. Public support for anti-smoking legislation varies with smoking status. Department of Sciences, Engineering and Health, Central Queensland University, Rockhampton, Queensland, Australia.
8. Hussain A, Mohan A, Sathiyasekaran BW. J Indian Med Assoc. Response to ban on smoking in public places--a cross-sectional study. 2009 Jul;107(7):450, 452.
9. Department of Community Medicine, Sri Ramachandra Medical College and Research Institute (Deemed University), Chennai 600116.
10. Orth B, Töppich J. Bundesgesundheitsblatt Gesundheitsforschung Gesundheitsschutz. 2010 Feb;53(2):133-43. [Changes in knowledge, attitudes, and smoking behavior among young people in Germany. Results of repeated, representative surveys by the BZgA].
11. Bundeszentrale für gesundheitliche Aufklärung, Referat 2-25 Wissenschaftliche Untersuchungen, Qualitätssicherung, Ostmerheimer Str. 220, 51109, Köln.