Smoking Status and effects among the Students of Private University

Dr.Khurshida Pervin

Assistant Professor, Department of Business Administration

Abstract- In our Bangladesh Smoking problem is one of the most serious problems as like as the World. Smoking is nothing but inhaling deadly poison. It kills the smoker not at a time-but little by little. Cigarette smoking is an intractable public health problem that posses threat to the health of the entire population. Smoking is considered as the single largest risk factor for a variety of malignancies, including lung cancer. So every year many people are dying before their expected life time for smoking. It is sad reality. Yet, why do people smoke and kill themselves. The prevalence of smoking is gradually increasing among the students in Bangladesh. Considering this view conducted this study at a selected Private University of Bangladesh. The objectives of the study was to assesses the status, roles and of the smokers to investigate economic activities of the smoking population to find out the result status of the smoking respondents and to identify the bad effects for smoking and others problem.

Index Terms- Smoking, Private University,Harmful,Student, Bangladesh

I. INTRODUCTION

Smoking is one of the major preventable causes of premature death and disease in the world. A disproportionate share of the global tobacco burden falls on developing countries, where an estimated 84% of the world's 1.3 billion current smokers live. As many other third world countries, Bangladesh is experiencing an increasing trend of smoking, while the prevalence of smoking in the developed countries is declining. Up till now, very little is known about the patterned prevalence of smoking in general and specifically among the young adults, who are the target of the ever expanding tobacco market. In developed countries, most smokers start at a younger age; almost 80% initiate their smoking at teens. In developing countries, it happens by late adolescence, but it is observed that the age of initiation is becoming lower. For example, in Indonesia, 9% started smoking at the age of 10-14 years, and 55% at the age of 15-19 years. In 2001, 10% of smokers had started when aged 10-14 years, and 59% when they were 15-19 years old. It is also observed that prevalence of smoking among male aged 15-19 years increased from 4% in1995 to 24% in 2001.

Previous researcher(WHO) beliefs, attitudes and smoking behavior were similar to those of the subjects in other studies with similar populations; the finding was also supported by the finding by Ohida et al (2001). Many studies have examined predictors of smoking among adolescents.

Environmental variables are often found to be the strongest predictors. Reid et al.(1995) reported that young people in Western countries had easy access to cigarettes, the perception that tobacco use is the norm, peers' and siblings' positive attitudes, and were associated with adolescent smoking. In our study, we have also found that most of the students mentioned that they have started smoking due to peer pressure followed by various reasons.

About half of Bangladeshi men and one fifth of women use tobacco in either smoking or smokeless form. The decline of tobacco smoking observed in developed countries, however, is not evident in many developing countries including Bangladesh. Despite the high level of poverty in Bangladesh, smoking rates are relatively high and smoking prevalence is the highest among the poorest. Prevalence of smoking declines proportionally as income increases.

There are several studies indicating smoking behavior among teenagers throughout the world. The principal predictors of smoking among the adolescents are parental household influence, peer pro-smoking influence and environmental predisposition. The peer group includes sibling and friends. It is also found that age, socio-cultural status, level of education and racial differences all affect smoking initiation by teenagers. The association between greater educational attainment and decreased smoking is Observed in more developed countries. In several countries where multiethnic society exists, it is observed that acculturation is strongly associated with smoking initiation. In some studies, the age of initiation of smoking is found less than 15 years and male sex is more likely to smoke at an earlier age.

This study investigates smoking behavior among university students (1st to 10th semester students) at Dhaka based with an aim to analyze the impact of socio-economic, demographic, cultural and environmental factors for initiation and continuation of smoking behavior among adolescents.

II. MATERIALS AND METHODS

Data collection:

A total of 100 students were interviewed using a questionnaire individually. It is not possible to carry out information from all students of the institute, because of time constancy and cost.

This cross-sectional study was designed to determine the status and effects of smoking among university students. The study was carried out at a private university of Dhaka. The university and students were selected purposively. The study was conducted for a period of four months starting from June 2015 to September 2015.

Data was collected from 100 students using pre prepared questionnaire. For smooth conduction of the study, a questionnaire was developed consisting of several parts. The first part of the interview schedule was consisting of socio-demographic status related questions and the second part consisted of smoking habits and its patterns. The third part of the questionnaire was attitude towards smoking. However, in the present study, first and second part of the questionnaire was analyzed. The questionnaire was finalized following pretest. The students were informed about the purpose of the study and their voluntary participation was sought.

III.   STUDY AND FINDINGS

The easiest procedure of analyzing the data is to use for this study. The data had collected, checked and cross-checked (triangulation) before entry into a computer and analyzed with the help of SPSS software program(version 15).Analysis is an important part of any research study. At first it have to coded the entire questionnaire according to the qualitative and quantitative data in to the computer. Then it has to made different types of tables, diagrams and Pie chart to make a decision. Cross tabulation was done to find any association between two variables and was tested by Chi-square and likelihood ratio test.

IV.   RESULTS

From the study it found (Figure-1) that 11% students are 21 years, 34% are 22 years,32% students are 23 years, 16% students are 24 years and 7% students are 25 years. Majority of the respondents were smokers (31%) and 69% were non smokers. Out of 100 students (Figure-2) about 55% respondents are live in Mess , 32% are live with their relative or sub let home and 13% are live in their own home. From the study the percentage distribution for their results it found that 14% respondents are get bad results,60% respondents are get medium results and 26% respondents are get good results. It also found some records about their father's occupation.
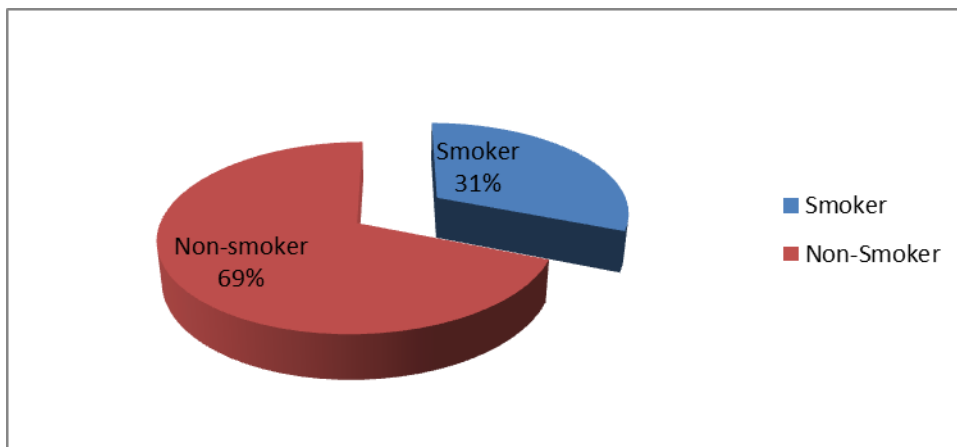

Figure1: Pie chart for smoker and non-smoker status
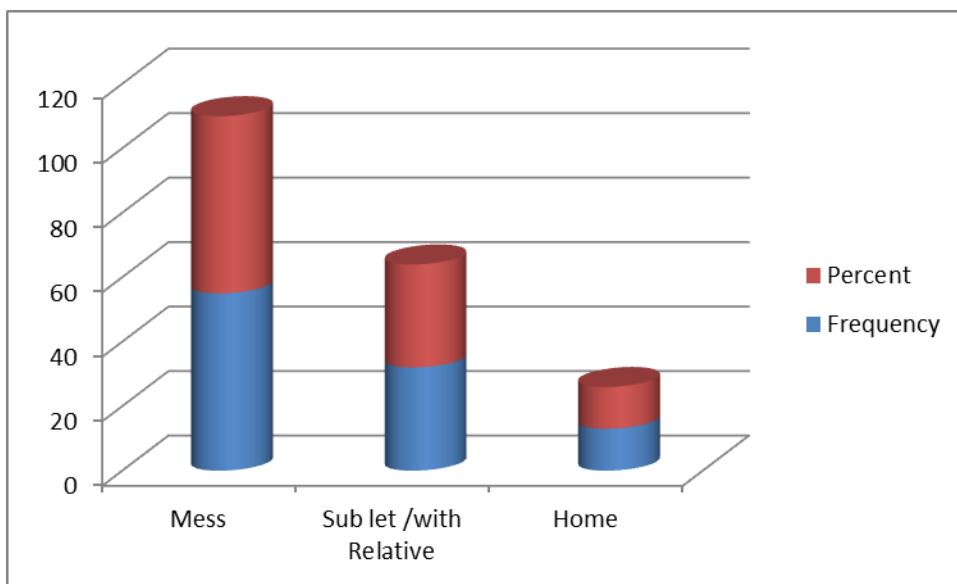

Figure2: Bar diagram for residence of respondents

About 10% respondents fathers occupation (Figure-3) is Business, 28% service, 48% is Agriculture and 14% respondents fathers occupations others. Students are take money for expenditure on mobile. It found that about 16% respondents expenditure are 0-300, 39% are 300-500, 38% expenditure are 500-700, 2% expenditure are 700-1000 , 3% respondents are 100-1200 and the last 2% respondents expenditure are 1200-1500.Now it mentioned that (Figure-4)after study about 16% respondents are take money less than or equal to 5000, 54% are take money 5000-6000 and 30% respondents are take money 7000 or its above.
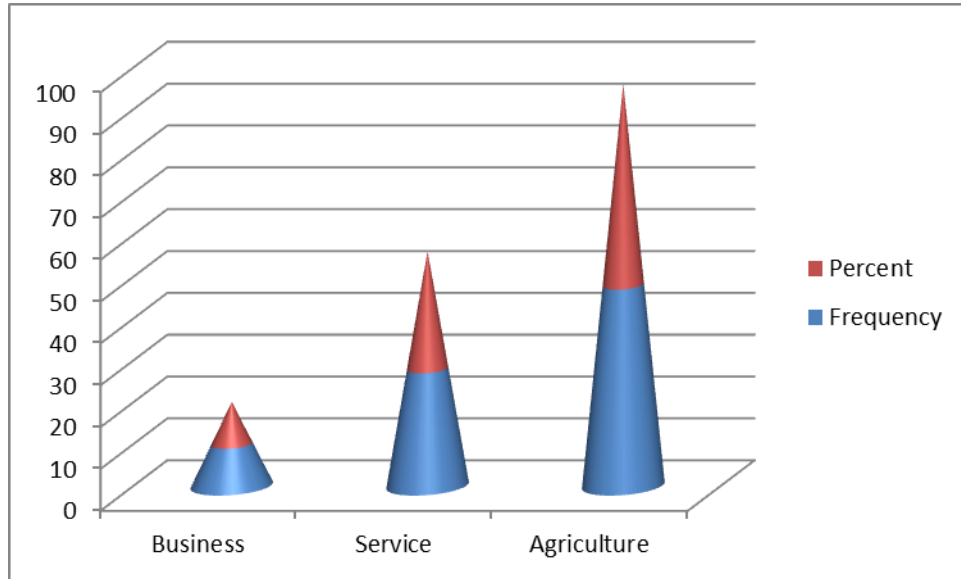

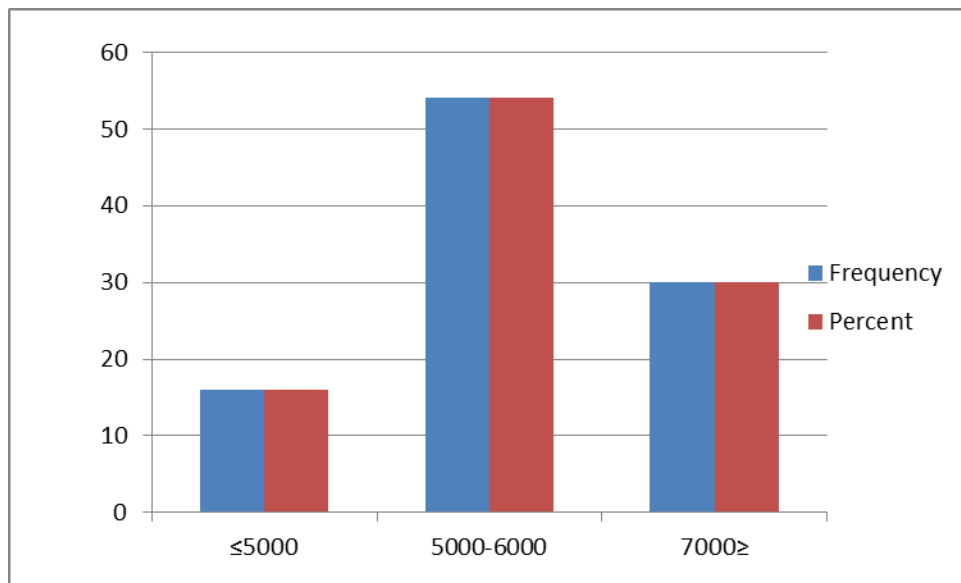**Figure 3: Chat for fathers' occupation of respondents**

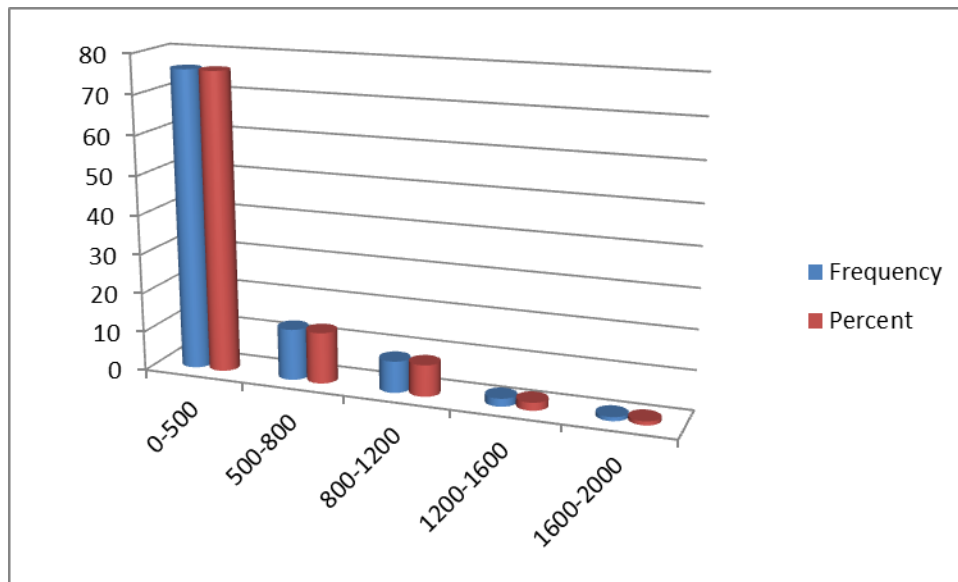**Figure 4: Bar diagram for take money respondents from the house**

Figure 5: Bar diagram cost for smoking of respondents

At their leisure time activities are 14% respondents are reading book, 23% respondents are watching TV, 16% are gossiping or talk over mobile phone and 47% respondents are spending their time in chatting on face book. The study also has shown in figure-5, that the expenditure on smoking of the respondents 76% are 0-500, 13% respondents smoking cost are 500-800, 8% respondents are smoking cost 800-1200, 2% smoking cost are 1200-1600 and 1% smoking cost are 1600-2000.

It also found that about 12% respondent has no problem for smoking but 19% respondents has some problems for smoking. About 29% respondents gave their opinion that they affected of harmful dieses for smoking but 2% said that they are not affected by smoking.

Half of the students reportedly mentioned that they started smoking due to peer pressure followed by avoiding tension, feeling of maturity it is a symbol to do smoke. The smoking status among the young population is the great threat for a healthy country. So this should be addressed properly to create awareness among them and as a proper measures should be taken to prevent smoking among the valuable youth population like students.

V.   Discussion

Association between smoking and selected socio-demographic variables and influencing factors: It: is testified that the association between smoker and take money is exists or not, their living place, for those above case chi square test and likelihood ratio test applied .Then it observed null hypotheses is rejected at the 10% level of significance .So it may be conclude that smoking status was significantly associated with age, educational attainment (graduation level), residence, fathers occupation of the household head. Parental and sibling smoking (p<0.05) indicating the proportion of smoking was found to be high among the students aged 17 years and above with male predominance, rural residence, large family size , agriculture in occupation. But no statistically significant association was found between religion and parental literacy (p>0.0). But in logistic analysis, only age, taking money from home, mobile expenditure respectively asymptotically significant with probability 0.000, 0.038, and 0.032 which are less than 0.05 since odd ratio of taking money is increased by 1 unit the smoker 80.6% less likely than non smoker. Where the mobile expenditure is increased by 1 unit then smoker 1.898 times greater than non smoker. Since odd ratio of age is 0.586,then age is increased by 1 unit the smoker 41.40% less likely than non -smoker.

It was higher limits among students aged 22 years and above than below 18 years. It was also higher rate of smoking among students of graduation level.

	B	S.E	wald	d.f	Sig	Odd ratio{Exp(B)}
Taking money from home	-1.639	0.464	12.481	1	0.000	0.194
Mobile expenditure	0.641	0.309	4.293	1	0.038	1.898
Age	-0.535	0.249	4.609	1	0.032	0.586
Constant	15.487	5.900	60891	1	0.009	5321746

Table: *Smoking status with selected characteristics-Logistic regression Analysis*

VI. CONCLUSION

Smoking problem is increasing day by day. Many kinds of frustration is the major cause of smoking. Students are leaders of future, who are addicted smoking rapidly. So we should stop smoking to left the students or future leaders. In different studies it was found adolescents' motivation for smoking. Survey results indicated that curiosity, social norms, and pressures were the main reasons for beginning smoking and that pleasure, addiction, and desire were the main reasons for continuing smoking. In our study considering the reasons for smoking, they were mentioned that they started smoking due to peer pressure followed by curiosity, to avoid anxiety and tension, feeling of maturity, symbol of manliness, unhappy family environment etc. Though the study findings could not be generalized due to sample size and purposively selected study places, but analysis identified age and educational attainment as the important predictors of smoking. Our study suggests that such factors should be taken into account when designing effective tobacco control programs like seminar, workshop etc by the Government ,University authority , NGO and other organizations among university students. This is an positive effective effort which has been done to reduce tobacco consumption among university students and introduce awareness programs to amend their health risk behavior. Cigarette smoking is prevalent among school-going ,college-going adolescents also in Bangladesh. There is a need to implement public and private health interventions, with special attention to the smoking habits or status and harmful effects among the students of private university for the youth age group who are the golden future of our country.

REFERENCES

[1] Tarafdar A et al , "Prevalence and Determinants of Smoking Among The College Students in Selected District Of Bangladesh. " Bangladesh Medical Journal, Vol 38 , No. 1, January 2009

[2] Mohammad Y, Craving for Nicotine: A study on Tobacco Prevalence in Bangladesh; Bangladesh Institute of development studies, 2001.

[3] Efroymson D. et al, Hungry for tobacco: An analysis of the economic impact of tobacco consumption on the poor in Bangladesh, Tobacco control 2001; 10, 212-217.

[4] Sen U. and Basu A, Analysis of factors influencing an adolescents intention to be a no smoker; CittaranjanNational Cancer Institute, Calcutta, India, May 2000.

[5] Smet B et al. Determinants of smoking behavior among adolescents in Semarang, Indonesia; Tobacco Control 1999; 2, 186 – 191.

[6] Emmon KM, Wechsler H, Dowdall G, Abraham M, Predictora of smoking among US college students; Am J. Public Health. !998; 88, 104-107.

[7] Rozi S, Butt ZA, Akhter S, Correlates of cigarette smoking among male college students in Karachi, Pakistan, BMC Public Health 2007, 7, 312

[8] Rozi S, Akhter S Ali S, Khan J, Prevalence and factors associated with current smoking among high adolescents in Karachi, Pakistan; Southeast Asian J Trop Med Public Health, 2005; 36, 498-504.

[9] Steele JR, Raymond RL, , Ness KK, , Alvi S, Kearney I, A comparative study of socio cultural factors and young adults smoking in two Midwestern communities; Nicotine and Tobacco research, 2007; 9, S73-S82.

[10] World Health Organization (WHO), Guidelines for the conduct of tobacco smoking surveys among health professionals, A report of a WHO meeting held in Helsinki, Finland, Geneva WHO, 1882.

[11] Ohida T, Kamal AA, Takamura S, Sone T, Minowa M, Nozaki S, Smoking behaviour and related factors among Japanese nursing students: a cohort study; Prevent, Med,2001; 32, 341-47.

[12] Reid DJ, Mcneil AD, Glynn TJ, Reducing the prevalence of smoking in youth in western countries: an international overview, Tobacco control 1995; 4,266

[13] Basa T, Straka S, Mad'ar R, Smoking habit in university students in Slovakia, Cent. Eur. J. Public Health 2000;8,245-8.

[14] Cheng TO, Teenage smoking in China, J. Adolesc, 1999; 22, 607-20.

[15] Greenlund KJ, Liu K, Kiefe CI, Yunis C, Dyer AR, Burke GL, Impact of father's education and parental smoking status on smoking behaviour in young adults, American Journal of Epidemiology; 2007; 142, 1029-1033.

[16] Bagot KS, Heishman SJ, Moolchan ET, Tobacco craving predictors' lapse to smoking adolescents smokeless in cessation treatment, Nicotine and tobacco research, 2007;9, 647-652.

[17] Luthfyya MN et al, Adolescent daily cigarette smoking in rural residency a risk factor; Rural and remote health8:875. (online), 2008, URL:http://www.rrh.org.au

[18] Kegler MC, Cleaver VL, Valencia MY, An exploration of the influence of family on cigarette smoking among American Indian Adolescents; Health Education

AUTHORS

First Author – Dr.Khurshida Pervin, Assistant Professor, Department of Business Administration, Email: drpervin2012@yagoo.com