

Prevalence and Attitude towards Smoking among Students in King Faisal University

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Abstract: ***Background:** Smoking and the use of tobacco became a widespread practice by the late 1500s. Despite controversy as to the effects of smoking and bans on smoking by certain religious groups, the use of tobacco continued to increase. The global smoking epidemic is expected to remain as one of the greatest causes of premature death, disease, and suffering for decades to come. Smoking is considered a health hazard because tobacco smoke contains nicotine, a poisonous alkaloid, and other harmful substances such as carbon monoxide. The prevalence of current smoking in Saudi Arabia ranges from 2.4-52.3%. **Aim:** To study the prevalence and attitude toward smoking among students in King Faisal University, Ahsa. **Methodology:** A cross-sectional survey was carried out with 200 male students. The participants were enrolled by simple random selection at the King Faisal University. A self-administered questionnaire was distributed and completed by each participant. Included questions about their smoking status, duration of smoking, and daily cigarette consumption. **Result:** Out of 200 male students who complete the questionnaire, 134 (67%) are smokers. Out of 72% of all married participants are smokers, while 63.6% of single participants are smokers. 65 students (32.5%) very strongly agreed that smoking affected level of activity, also 56 students (28%) agreed for somewhat, 29 students (14.5%) are not sure, while 50 students (25%) denied any effect. 168 students are aware about the negative health impact of smoking and 68.5% of them (115) are smokers. All Smokers (100%) didn't try to mentor for smoking treatment in specialized center. **Conclusion:** Smoking has a high prevalence among students in King Faisal University, Ahsa. Married students are vulnerable for smoking more than single students. For unknown reason, smokers are aware well about the negative impact of smoking and continue.*

Keywords: Prevalence Attitude, Smoking

1. Introduction

Smoking, inhalation and exhalation of the fumes of burning tobacco in cigars and cigarettes and pipes.. Originally used in religious rituals and in some instances for medicinal purposes, smoking and the use of tobacco became a widespread practice by the late 1500s. Tobacco was introduced into Europe by the explorers of the New World; however, many rulers prohibited its use and penalized offenders. By the end of the 19th cent. mass production of cigarettes had begun, and the smoking of cigarettes became prevalent as the use of cigars and pipes declined. Despite controversy as to the effects of smoking and bans on smoking by certain religious groups, the use of tobacco continued to increase.

The World Health Organisation (WHO) has described tobacco smoking as an epidemic. The global smoking epidemic is expected to remain as one of the greatest causes of premature death, disease, and suffering for decades to come. The WHO has estimated that the number of deaths each year from smoking-attributable disease will increase to 10 million within the next 30 years or so, of which 70% will occur in developing countries. Although Saudi Arabia does not grow tobacco or manufacture cigarettes, smoking has existed in this country for more than 50 years. Tobacco imports in the form of manufactured cigarettes have increased dramatically over the years, and an average of 600 million Saudi Riyals (about \$150 million) are spent annually on tobacco.

The prevalence of current smoking in Saudi Arabia ranges from 2.4-52.3% (median = 17.5%). Among school students, the prevalence of current smoking ranges from 12-29.8% (median = 16.5%), among university students from 2.4-37% (median = 13.5%), and among adults from 11.6-52.3% (median = 22.6%). In elderly people, the prevalence of

current smoking is 25%. The prevalence of smoking in males ranges from 13-38% (median = 26.5%), while in females it ranges from 1-16% (median = 9%). To conclude, smoking is prevalent in the Saudi population at different age groups. The prevalence of current smoking is much higher in males than in females at different ages.

Smoking is considered a health hazard because tobacco smoke contains nicotine, a poisonous alkaloid, and other harmful substances such as carbon monoxide. In 1964 definitive proof that cigarette smoking is a serious health hazard was contained in a report by the Surgeon General's Advisory Committee on Health. There are many immediate and long-term benefits of quitting. There is comprehensive and conclusive scientific evidence confirming that the risk of disease in former smokers is less than that in smokers of the same age and gender. Quitting smoking slows disease progression and can even reverse some of the acute body changes induced by smoking.

At end of this research we will prove if the smoker **tried to mentor for smoking treatment in specialized centers.**

2. Method

Research design and sampling

Design: A cross-sectional, household, community-based survey. Using a predesigned and tested questionnaire, The interview covered personal, social, and educational characteristics of the respondents, and also included questions about their smoking status, duration of smoking, and daily cigarette consumption.

A larger sample was selected for the study to ensure that the population under study was fully represented and that the sample was distributed among the regions proportionate to the size of the populations.

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Participants:

A sample of 200 individuals aged 15 years and above from both sexes, randomly selected from the regions.

Procedure:

- 1) We have read some research to know the appropriate questions to use them in our research questioner. After that we have discussed some question to put them in our questioner .finally we reviewed them with our mentor for finalizing the questioner.
- 2) We are supposed to go to the smoker to start conversation with him and Clarification any ambiguous words.
- 3) Finally we will start to fill our questioner from the smoker.

Gantt chart:

n	Activities	Week1	Week2	Week3	Week4	Week5
1	Proposal writing	*****				
2	Data collector		*****			
3	Data analysis			*****		
4	Writing file				*****	
5	presentation					*****

Statistical analysis:

We will use SPSS version (22) and enter the smoker information. Then we will check data corrector .aftar that we will calculate the mean, median, mode. Finally we will use some graphs and tables.

3. Result

Out of 200 male students who complete the questionnaire, 134 (67%) are smokers. Out of 72% of all married participants are smokers, while 63.6% of single participants are smokers. 65 students (32.5%) very strongly agreed that smoking affected level of activity, also 56 students (28%) agreed for somewhat, 29 students (14.5%) are not sure, while 50 students (25%) denied any effect. 168 students are aware about the negative health impact of smoking and 68.5% of them (115) are smokers. All Smokers (100%) didn't try to mentor for smoking treatment in specialized center.

4. Discussion

The World Health Organisation (WHO) has recently provided countries with guidelines for comprehensive national tobacco control programmes. These guidelines include health promotion activities, media advocacy, and encouragement of smoking cessation.

In the Kingdom, there is no clear policy for tobacco control at the national level. Current control efforts are sporadic, fragmented, and not well coordinated. Although tobacco advertising and promotion are prohibited in the local media, and smoking is not allowed in government buildings or on domestic flights, there is no close monitoring for non-compliance. One highly visible and well-enforced policy has been an increase in tobacco import duties to 50%.

The Saudi Smoking Control Charitable Society, during the past 14 years, has established 33 anti-smoking clinics across the country. The use of these clinics is still limited, and their smoking cessation rate is reported to be 13%; however, that quit rate should be interpreted with caution, because data are not available on the duration of follow up or the relapse rate.

Smoking is both physiologically and psychologically addictive, making it extremely difficult to quit even if the desire to do so is strong. Approximately 70% of those who smoke indicate that they would like to quit. However, among the more than 40% of smokers who do make a quit attempt each year, only about 5% experience long-term (3–12 months) success.

However, although many products and programs to assist smokers in quitting are available, relatively few of those interested in quitting consider or utilize these options. Only about one-third of quit attempts involve the use of any of the treatment options available. Thus, part of the lack of success may be due to underutilization of the options available to aid in cessation.

Finally, we found that group behavioral therapy was the most effective intervention strategy for smoking cessation, followed by bupropion, intensive physician advice, nicotine replacement therapy, individual counselling, telephone counselling, nursing interventions, and tailored self-help interventions.

5. Conclusion

Our study showed that most of smoker not tried to mentor for smoking tretment in specialized centers; also the majority of participants not heard about tobacco central control.

The recommendations:

- 1) Ensure all smokers in contact with health services are encouraged and supported to quit.
- 2) Work in partnership with indigenous groups to boost efforts to reduce smoking and exposure to passive smoking.
- 3) Regulate manufacturing and further regulate packaging and supply of tobacco products.
- 4) Increase awareness about nicotine replacement therapy (nrt).
- 5) Increase social norms campaigns.

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