

Attitude towards tobacco consumption among residents of Dhankuta Municipality of Nepal

Sah RB

Associate Professor, School of Public Health and Community Medicine, BPKIHS, Dharan, Nepal

Jha N

Professor & Chief, School of Public Health and Community Medicine, BPKIHS, Dharan, Nepal

ABSTRACT

The use of tobacco is a major cause of preventable mortality. The estimated number of smokers is 1.1 billion. Of these, 700 million men and 100 million women are in developing countries. The objective of this study was to find out attitude towards tobacco consumption among residents of Dhankuta Municipality. The cross-sectional study was conducted among the residents of Dhankuta Municipality where 205 households were taken as subjects. Pretested semi-structured questionnaire was administered to the study subjects and face to face interview was conducted. The collected data was entered in MS Excel 2000. The quantitative data was analyzed using Statistical Package for the Social Sciences (SPSS) software package. The study subjects consist of 50.2% of male and 49.8% of female. Regarding respondent's education, study population showed high level of SLC and above (40.5%) followed by below SLC (36.1) and very less was illiterate (14.1%). Majority of the respondents think that there should be ban of the advertising of tobacco products (87.3%) and smoking in public places (79%). Almost 67% of respondents think that patient's chances of quitting smoking will be increased if health professionals will give advice to patients. Almost 72.6% of the study population feel cut down tobacco use and 80.3% feel guilty about this habit. Almost 65.8% have tried to discontinue tobacco consumption. We conclude that the residents of Dhankuta reflect good attitude towards cessation of tobacco but poor practice to prevent of tobacco consumption.

Keywords: Attitude, Tobacco consumption, Residents, Dhankuta Municipality

Introduction

Tobacco use is one of the important preventable causes of death and a leading public health problem all over the world. Tobacco kills one person every 6 seconds and causes one in ten deaths among adults worldwide which amounts to more than 5 million people a year. Second hand tobacco smoke is estimated to cause about 600,000 premature deaths worldwide.¹

Tobacco use is growing fastest in the low-income countries due to steady population growth coupled with tobacco industry targeting and ensuring that millions of people become fatally addicted each year. More than 80% of the world's tobacco related deaths are estimated to be in low and middle-income countries by 2030.²

In Nepal, proportional mortality from chronic non-communicable diseases (NCDs) is 42%.³ Such high mortality may be due to high smoking rates in the population aged 18 years and above.⁴ The prevalence rate of tobacco use from small scale surveys ranges from 20% of 72% among different population groups.^{5,6} In Nepal, data shows 39.5% of males and 23.8% of females smoke with about 7000 million cigarette sticks consumed in Nepal in 2000.^{7,8} The main form of tobacco consumption in Nepal is cigarettes; though other type of smoking tobacco i.e., 'bidis' (hand-rolled cigarettes that contain

unprocessed tobacco) are also common.⁹ Therefore this study was designed to find out attitude towards tobacco consumption among residents of Dhankuta Municipality.

Methods

The cross-sectional study was conducted from 1st July 2014 to 30th April 2015 among the residents of Dhankuta municipality of Nepal. Dhankuta is located in the eastern geographical region of Nepal. This research was based on random selection of the study area Dhankuta municipality. A National survey revealed that the prevalence of tobacco use was 33% (Khan S et al in India in 2013)¹⁰, more than that 45% (Karki YB et al Nepal in 2002)¹¹ and highest 52.07% (Zahiruddin QS et al in India in 2011)¹². So taking lower value 33% of prevalence of tobacco use, sample size was calculated at 95% CI & 80% powers then it became 205 persons aged above 17 years. There are 9 wards in Dhankuta Municipality. Among 9 wards, 5 wards was randomly selected. The list of households of five selected wards was prepared and equal number of households (41) from each ward was selected on the basis of simple random sampling.

Ethical clearance was taken by Institutional Ethical Review Board of B P Koirala Institute of Health Sciences, Dharan, Nepal. Participants were first explained the purpose of study, its implications and assurance about the confidentiality of the information provided was given to the participants. Name of the

individuals or participating group was not disclose after the study.

Pretested semi-structured questionnaire was administered to the study subjects in the presence of investigator and face to face interview was conducted. Written permission was taken from concerned authority (head of house) and the participants of the study. Those individuals who were available after three visits and willing to give written consents were included in the study.

The collected data was coded and entered in Microsoft Excel 2000. The quantitative data was analyzed using Statistical Package for the Social Sciences (SPSS) software package, and percentage, proportion and test of significance was applied wherever applicable.

Results

Socio-demographic characteristics

A study subject consists of 205 persons aged above 17 years. The study subjects consist of 50.2% of male and 49.8% of female. Study population showed high level of Janajati ethnic group (40.5%) followed by Brahmin/Chhetri (36.1%), Kirati (14.1%), Dalit (6.3%) and Terai caste (2.9%). Regarding respondent's occupation, study population showed high level of service (30.2%) and very less was farmer (14.1%) (Table1).

Table 1: Study population by socio-demographic characteristics (N=205)

Characteristics	Frequency	Percent
Age		
17-40 years	140	68.3
41-59 years	53	25.9
≥ 60 years	12	5.9
Gender		
Male	103	50.2
Female	102	49.8
Religion		
Hindu	181	88.3
Others (Buddhist, Christian, Muslim)	24	11.7
Ethnicity		
Brahmin/ Chhetri	74	36.1
Kirati	29	14.1
Janajati	83	40.5
Dalit	13	6.3
Terai caste	6	2.9
Education of respondents		
Illiterate	48	23.4
Below SLC	74	36.1
SLC and above	83	40.5
Occupation of respondents		
Service	62	30.2
Business	51	24.9
Farmer	29	14.1
Housewife	32	15.6
Others (students, abroad, labor, tailor, carpenter)	31	15.1
Economic status		
Below poverty line(< 1.25 US\$)	127	62.0
Above poverty line (≥ 1.25 US \$)	78	38.0
Total	205	100.00

Attitude towards tobacco consumption among study population

Majority of the study population think that there should be ban of the advertising of tobacco products and smoking in public places. Most of the respondents think that if health professionals will give advice about smoking cessation to patients then patient's chances of quitting smoking will be increased (Table 2).

Table 2: Attitude towards tobacco consumption among study population (N=205)

Characteristics	Frequency	Percent
Should be ban of the advertising of tobacco products		
Yes	179	87.3
No	26	12.7
Banning of smoking in public places		
Yes	162	79.0
No	43	21.0
Health professionals have role in giving advice about smoking cessation to patients		
Yes	138	67.3
No	67	32.7
Are patient's chances of quitting smoking increased if a health professional advises him or her to quit		
Yes	128	62.4
No	77	37.6
Total	205	100.0

Attitude towards tobacco use among tobacco consumer

Among 205 study population, almost 117 (57.1%) of respondents were found to be consuming tobacco in Dhankuta Municipality. Majority of tobacco consumer feel cut down tobacco use and guilty about this habit. Most of the tobacco consumer need to consume tobacco first in the morning and feel energized (very active) after tobacco consumption. Majority of the tobacco consumer have tried to discontinue tobacco consumption (Table 3).

Table 3: Attitude towards tobacco use among tobacco consumer (N=117)

Characteristics	Frequency	Percent
Feel cut down tobacco use (n=117)		
Yes	85	72.6
No	32	27.4
Annoy when people criticize your habit (n=117)		
Yes	95	81.2
No	22	18.8
Feel guilty about your habit (n=117)		
Yes	94	80.3
No	23	19.7
Need to consume tobacco first in the morning (n=117)		
Yes	65	55.6
No	52	44.4
Feel after tobacco consumption (n=117)		
Tension free	41	35.0

Energized (very active)	68	58.1
Satisfied	8	6.8
Have you tried to discontinue (n=117)		
Yes	77	65.8
No	40	34.2
Interested in quitting (n=117)		
Yes	74	63.2
No	43	36.8
Total	117	100.0

Discussion

Tobacco use is still a serious public health problem in the world. It kills nearly 6 million people and is responsible for hundreds of billions of dollars of economic damage worldwide each year. If current trends continue, by 2030 tobacco will kill more than 8 million people worldwide each year, and over the course of the 21st century, tobacco use could kill approximately a billion people unless urgent action is taken.¹³

Majority of respondents (87.3%) think that tobacco use can be control by banning of the advertising of tobacco products. A study conducted by Pantisidis GM et al showed that there should be a complete ban of the advertising of tobacco products (74.2%)¹⁴ which is lower than our study. The fact that majority of respondents mostly agree with banning of tobacco sales to minors and banning of advertisement of tobacco products.¹⁴ The prevalence of smoking among minors is alarmingly high in Greece, while access to the tobacco market and exposure to tobacco advertising is almost universal.¹⁵ Although laws have been adopted prohibiting tobacco sales to minors, it appears that this has not been sufficient to prevent smoking, but it may help to reduce it.¹⁶ The WHO also promotes the banning of advertisement of tobacco products¹³ while it emphasizes the

importance of promotion of anti-smoking advertisements and the implementation of health education projects with the participation of health professionals.¹⁷

Majority of respondents (79%) think that there should be banning of smoking in public places. A study conducted by Pantisidis GM et al showed there should be useful if banning of smoking will be done in all enclosed public places (88.6%)¹⁴ which is higher than our study. Majority of respondents mostly agree with banning of smoking in all enclosed public places is encouraging.¹⁴

This study showed that the health professionals have important role in giving advice about smoking cessation to patients (67.3%). A study conducted by Pantisidis GM et al also showed health professionals have a role in giving advice or information about smoking cessation to patients (98.7%)¹⁴ which is higher than our study. Health workers are regarded as the most reliable source of advice and information on health issues and they act as role models for the rest of society.¹⁸ Several studies have demonstrated the crucial role of health workers in the promotion of smoking cessation through counseling.^{19, 20}

Majority of respondents (62.4%) think that the chance of quitting smoking is increased if a health professional advises them to quit. A study conducted by Pantisidis GM et al also showed that the chance of quitting smoking increased was 80.8%¹⁴ if a health professional advises them to quit, which is higher than our study.

This study showed that the majority of smokers (63.2%) was interested in quitting smoking. A study conducted by Bhimarasetty DM et al which showed that about 3/4ths of smokers (74.4%) were willing to quit smoking which is greater than our study.²¹ More than half of the smokers willing to quit and were showing interest to join smoking cessation programs. Among these subjects nearly two-thirds (64%) of smokers want such programs to be conducted in public places. Tobacco cessation interventions are clinically effective and cost-effective, relative to other commonly used disease prevention intervention and medical treatments.²² School and college-based interventions such as counseling to promote cessation among current users and tobacco education to prevent initiation are necessary.²³ Limitation of this study was the data were based on the self-report of respondents, who might underreport or over-report their behaviour or attitudes.

Conclusion

Residents of Dhankuta reflect good attitude towards cessation of tobacco but poor practice to prevent of tobacco consumption. Tobacco consumption was prevalent among the residents of Dhankuta Municipality. Therefore the problem of tobacco consumption can control by bann the production, awareness program and nicotine therapy. This means

that treatment centres should be organised to treat dependence and to improve strategies to increase public awareness. Effective smoking cessation programmes may need to involve family members who may also be smokers.

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