
A study on habits of tobacco use among medical and non-medical students of Kolkata

Sir,

We thank the reader/s for showing interest in our article. Tobacco use is an emerging pandemic, which is marching relentlessly.^[1,2] A doctor can best take the lead of any anti-tobacco advocacy as because s/he knows the problem in depth. A tobacco user can't be a good anti-tobacco campaigner. Keeping it in view, a cross-sectional descriptive study was undertaken at Kolkata to describe the tobacco use pattern of the medical students compared to their non-medical counterpart.

An effort was taken to make a comparison between two groups of college students who shared almost similar academic environment up to class twelve standards;

however, were now in different types of academic environment in their colleges (medical and general). The authors wanted to describe the effect of two different academic environments (exposure) on the tobacco use (variable of interest/outcome variable) of the students. This is a descriptive study. The sampling was done on the basis of the exposure status. The target population (college students of Kolkata) had two subgroups, i.e. medical and non-medical. Descriptive study compares and contrasts between the subgroups to describe the variations in the variable of interest. It is similar to the assessment and comparison of the nutritional status of the <5 children in Integrated child development services (ICDS) and Non-ICDS blocks, describing the episodes of acute respiratory tract infection among the rural and urban children. Yes, having better knowledge about the ill effects of tobacco,

Table 1: Distribution of participants by years of study and current tobacco use (n=864)

Year of study	Medical				Non-medical				Z, P value**
	Students	Using tobacco	Prevalence (%)	Z, P value	Students	Using tobacco	Prevalence (%)	Z, P value	
1 st year	92	20	21.7	*	124	46	37.1	*	2.5, 0.0124
2 nd year	112	23	20.5	0.21, 0.836	106	41	38.7	0.25, 0.8026	2.9, 0.0038
3 rd year	132	23	17.4	0.79, 0.4296	53	30	56.6	2.4, 0.0164	5.2, <0.002
4 th year	143	25	17.4	0.74, 0.4594	32	16	50.0	1.3, 0.1936	3.5, <0.002
5 th year	36	3	8.3	2.12, 0.034	34	18	52.9	1.7, 0.0892	4.6, <0.002
Total	515	94	18.3	—	349	151	43.3	—	7.9, <0.002

*Z test across the rows, **Z test across the columns. (Derived from T. Chatterjee, D. Haldar, S. Mallik, G.N. Sarkar, S. K. Das, S.K. Lahiri. A study on habits of tobacco use among the medical and nonmedical students of Kolkata. Lung India 2011;28(1):5-10)

the medical students showed some sort of improvement in their tobacco use (decreasing prevalence [Table 1], higher quitting rate) which highlighted the fact that mere telling that tobacco is not good (like a health propaganda) is not enough to curb this unhealthy habit among the general population, and what is needed is much more. It was also a cross-sectional study, more in favor of descriptive epidemiological study, rather than an analytical one because of its known limitation in proving the cause-effect association i.e. Cart-vs-horse effect or reverse causality bias. We don't know whether the medical students were less susceptible to tobacco use before their entry into the medical stream, though they shared same academic environment. However, as their tobacco use is considered at an ordinal exposure rate [Table 1], i.e. the biologic gradient (dose-response relationship in the form of years of exposure), the present study has overcome that limitation to some extent, and has given some clue to a hypothesis that the detailed exposure to tobacco knowledge in a consistent fashion can make a difference. This hypothesis can now be refuted/accepted through analytical studies.

Nowhere, in the conclusion were the students criticized for their continuation of tobacco use. Rather, the lacunae of our anti-tobacco campaign and nature of the problem were discussed, including the social influences on the tobacco use which are so deeply rooted that even a medical environment failed to curb the deadly habit completely. It was a quantitative study. Yes, obviously it would have been better if we could adopt the qualitative approach to explore the cause(s) of failure of the anti-tobacco campaigns *in vogue*. This was a small scale study incapable of conducting a qualitative research for exploration of causes of failure of anti-tobacco measures, which are very

complex and multifactorial in nature. Moreover, finding the causes of failure of anti-tobacco measures was not the objective of this study.

The medical course curriculum runs for 9 semesters equal to four and a half years. A student who crossed the fourth year mark and entered into the final (fifth) year was called, in our study, as a 5th year student.

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