PSYCHO-SOCIAL STUDY OF CIGARETTE SMOKING

A. K. TANDON¹, P. K. CHATURVEDI², A. L. DUBEY³, R. K. NARANG⁴, S. K. SINGH⁵, S. CHANDRA⁶

SUMMARY

The present study has been carried out to assess the smoking habit among medical students and its relationship to demographic, social and psychological characteristics. Prevalence of smoking was found to be 30.79% in 854 students who responded to the questionnaire adequately. Smoking habit was more common among student who were matried hailed from rural areas and the intensity of smoking increased with advancement in the career in medical profession. A strong association was observed between the habit and family history of smoking. The psychological factors associated with smoking were worry about examination unhappiness without justified cause and failure in friendship.

The smoking habit is quite common in developing countries and studies have shown that it is a serious health hazard (W. H. O. Chronicle, 1977; Radha, 1978). The initiation of habit and the occasional discontinuation is to a large extent psychologically and socially determined (Bynner, 1969; Russel, 1971; Vishwanathan, 1979).

A psychological understanding and its study is essential for the effective control of smoking. The present study was carried out on the students of G. S. V. M. Medical College, Kanpur to study the smoking trends and related psychological factors.

MATERIAL AND METHOD

A pre-designed proforma consisting of a set of questions was distributed to every student of G. S. V. M. Medical College, Kanpur and collected after few days. The subjects were informed that the collected data will be treated as confidential and utilized for research purposes only.

1293 students (undergraduates, interns an post graduates) were given questionnaire while 854 (733 males and 121 females) students responded adequately. Every student was persuaded personally for filling the questionnaire. Properly filled questionnaires were analysed regarding prevalence of smoking habit and psycho-social factors associated with it.

RESULTS

There were 263 smokers (6 females) and 591 non smokers (115 females). Socio-economic factors did not differentiate the two groups except that the married group had more smokers (44.3%) than unmarried group (29.1%) and there were more smokers with rural background 82 cases (35%) as compared to students from urban area 181 (29%).

39 students (16.15%) of 1st professional, 63 students (26.57%) of 2nd professional, 69 students (43.1%) of final professional were smokers also 12 interns (46.1%) and 80 postgraduates (42.8%) were also in the category of smokers. Among smokers 116 (77.3%) had a family history of smoking whereas in 147

Reader in Psychiatry,
 Reader in T. B. and Chest Diseases,
 M.L.N. Medical College, Allahabad.

^{3.} Ex-Demonstrator.

Professor and Head
 Reader
 T. B. & Chest Diseases, Kanpur.

^{6.} Lecturer, Department of Social and Proventive Medicine, G.S.V.M. Medical College, Kanpur-

TABLE 1.	Intensity	of	smoking	br	parious	groups	of	smokers
----------	-----------	----	---------	----	---------	--------	----	---------

Student		Mild smokers		Moderate smokers		Heavy smokers	
		No.	70	No.	0/9	No.	0/
U	I	29	74.35	4	10.27	6	15.38
U	11	3 5	55.55	20	31.75	8	12.70
U	Ш	42	60.87	10	14.49	17	21.63
Inter	ns	10	83.33	2	16.67		
PG:		51	63.75	17	21.25	12	15.00
TOT	AL	167	63.50	53	20.15	43	16.33

U

Stands for undergraduates

Mild smokers

Moderate smoken

Using below 5 sticks per day

Moderate smokers
Heavy smokers

Using between 6-10 sticks per day Using above 10 sticks per day

 $X^2 = 12.79$, d.f. = 6,p < 0.05

(20.9%) there was no family history of smoking.

Smokers were divided into three groups according to number of cigarettes smoked per day. The percentage of mild smokers was 63.5 whereas heavy smokers was 16.3% and remaining were moderate smokers.

The highest mean duration of smoking was found among the P. G. students followed by the interns. The lowest duration was among the students of first year M. B. B. S. 34.30% asscribed it to failure in relationship with one's friend and only 8.50% associated-it with the failure in examination.

Alertness was felt after smoking by 33.2% of smokers and increase in concentration power was felt in 28.5% of cases.

DISCUSSION

In this survey of 854 medical students 263 (30.79%) were found to be smokers. Gupta and Sethi (1977), Hayanes et al. (1966) and Sandell et al. (1983) reported prevalence of smoking as 39%, 48% and 26.5% respectively in their studies. 30.09% of male students were smokers while only 0.7% female students were in the habit of smoking

which might be due to prevalent cultural attitudes towards smoking in females in our country. Married students showed higher smoking rate than unmarried students (p < 0.01). It might indicate that early marriage in students leads to more stress hence higher smoking rate. 35% of the students coming from the rural area were found smoker as compared to 29% of the students coming from urban area. Gupta and Sethi (1977) also found more smokers from rural areas. Smoking habit did not show any relation to socioeconomic status of the parents of medical students. 77.33% smokers had a family history of smoking in their family. Gupta and Sethi (1977), Sandell et al. (1983) and WHO (1975) also showed similar findings. Family history of smoking appears to be a determinant in smoking behaviour.

Highest mean duration of smoking was found among the P. G. students (43.7%) followed by the students of internship group. The lowest duration of smoking was among the students of UI group. This finding is in confirmity with Sandell et al. (1983) who also reported that there was progressive increase in the degree of smoking with their

duration of stay in the medical college, 63.5% of smokers were mild smokers and 16.35% were the heavy smokers. The percentage of mild smokers was maximum in first year students and minimum in senior students. Thus the intensity of smoking appeared to increase with the advancement of professionsal career. Lois Phillip (1979) also reported a similar trend of intensity of smoking in his study.

About 1/3rd smokers started smoking suddenly, the reason for it were analysed and it was found that the maximum subjects (34.0%) among them were associated with the failure in intimacy with ones friend, while only a small number (8.5%) associated it with the failure in examinations.

Among psychological factors associated with smoking, the highest percentage ascribed it to being unhappy without any justified cause (30.89%) in moderate smokers and (13.17%) in the group of mild smokers.

Large number of smokers (33.21%) experienced alertness after smoking. 28.93% felt increase in concentration. About 52 (20.02%) smokers felt no change and 40 (15.91%) felt a peaceful state of mind after smoking. Thus no consistent pattern of psychological state could be obtained in smokers. It appears that psychological state experienced

by the smokers largely depended on their expectations.

REFERENCES

Bynner, J. N. (1969). The Young Smoker (Government Social Survey), London; H.M.S.O.

Gupta, A. K. and Sothi, B.B. (1977). Psycho-social aspects of cigarette smoking. Indian Journal of Psychiatry, 19, 11-16.

Hayanes, W. F. (Jr.); Kretulovic, V. J. and Loomisbell, A.L. (Jr.) (1966). Smoking habit and incidence of respiratory infections in a group of adolescent males. American Review of Respiratory Diseases, 93, 730-35.

Lois Phillip (1979). Smoking behaviour of private industries and Government Officers. Swasth Hind, 136.

Radha, T. G. (1978). Profile of chronic non specific bronchitis as seen in a field survey in Delhi. Indian Journal of Tuberculosis, 25, 27-32.

Russel, M. A. H. (1971). (igarette smoking: Natural history of a dependent disorder. British Journal Medical Psychology, 44, 1.

Sandell, J. Singh, S., Sati, T. K. and Mehrotra, S. K. (1983). A study of smoking habits of medical students of Uttar Pradesh. Indian Journal of Public Health, 27,96.

Vishwanathan, R. (1979). Smoking and Health-4-Swasth Hind, 133-35.

World Health Organisation (1975). Smoking and its effects on health. Tech. Rep. Series, Geneva: W. H. O., 168.

World Health Organisation (1977). Smoking and Disease: What should be done? W. H. O. Chronicle, 31, 355-61.