

UNIVERSITI PUTRA MALAYSIA

KNOWLEDGE, ATTITUDE AND PRACTICE ON SMOKING AMONG STUDENTS AND STAFF IN UNIVERSITI PUTRA MALAYSIA

SHARKER MD. NUMAN

FPSK(M) 2005 1

KNOWLEDGE, ATTITUDE AND PRACTICE ON SMOKING AMONG STUDENTS AND STAFF IN UNIVERSITI PUTRA MALAYSIA

SHARKER MD. NUMAN

MASTER OF SCIENCE UNIVERSITI PUTRA MALAYSIA



KNOWLEDGE, ATTITUDE AND PRACTICE ON SMOKING AMONG STUDENTS AND STAFF IN UNIVERSITI PUTRA MALAYSIA

By

SHARKER MD. NUMAN

Thesis Submitted to the School of Graduate Studies, Universiti Putra Malaysia, in Fulfilment of the Requirements for the Degree of Master of Science

May 2005



Dedicated

То

Dedicated especially to my parents Late Nazir Uddin Ahmed and Samsun Nahar Begum, parents in law Abdul Latif and Rokeya Begum, wife Kamrunnaher, beloved son Nafi Ahmed, brothers and sisters and all those individuals behind the scenes who make me possible to complete my study successfully.



Abstract of thesis presented to the Senate of Universiti Putra Malaysia in fulfillment of the requirements for the degree of Master of Science

KNOWLEDGE, ATTITUDE AND PRACTICE ON SMOKING AMONG STUDENTS AND STAFF IN UNIVERSITI PUTRA MALAYSIA

By

SHARKER MD. NUMAN

May 2005

Chairman: Associate Professor Lekhraj Rampal, MBBS, MPH, PhD

Faculty: Medicine and Health Sciences

The aim of this study was to determine the prevalence of smoking and factors associated with smoking and to determine the knowledge, attitudes, practices on antismoking measures related to smoking among students and staff of Universiti Putra Malaysia (UPM), Serdang, Selangor, Malaysia.

A cross-sectional study design was used. A multistage stratified proportionate to size sampling technique was used to select the sample. The list of students and staff of UPM served as sampling frame. The total population for this study was 28053. Sample size was 2364 and was computed using EPI_INFO. Data was collected from 5th July to 27th August 2004 using a structured pre-tested questionnaire. The response rate was 85%. Out of the 2008 respondents, 60% were female, 62.8% Malay and 67.2% were Muslims.

The overall prevalence of ever and current smokers amongst students and staff was 13.7% and 9.9%, respectively. The prevalence of ever and current smokers among male was 30% and 21.8%; and for the female was 2.8% and 2%. The prevalence of ever and current smokers among students was 12.1% and 8.9%; and staff was 26%

and 17.7%, respectively. The mean initiation age of smoking was $16.7 \pm \text{SD} 3.7$ years and it was lowest among Malays (16.3 years) and diploma level students (15 years). Prevalence of current smokers was high among Indians (12.7%) and Malays (11.6%) ethnic groups; and, Hindus (13%) and Muslim (11.9%) religious groups. Technicians had the highest (31.8%) current smoking prevalence at the UPM. Just for fun (54.2%) was the main reason for starting smoking and residence (45.1%) was the favourite place for smoking. Amongst current smokers, 63.9% had low level of addiction to nicotine. The prevalence of smoking was associated with age, economic status, race, religious, family and peer groups smoking habits. Most students and staff had good knowledge on the health risk of smoking. Never smokers had better knowledge on hazards of smoking and more positive attitudes.

In conclusion, UPM smoking prevalence is low as compared to the national prevalence. However, it still constitutes a problem among university students and staff in UPM, in spite of their knowledge of its hazards, attitude and practices. There is a need to implement an anti-smoking program for university students and staff.



Abstrak tesis yang dikemukakan kepada Senat Universiti Putra Malaysia sebagai memenuhi keperluan untuk ijazah Master Sains

PENGETAHUN, SIKAP DAN AMALAN YANG BERKAITAN DENGAN MEROKOK DI KALANGAN PELAJAR DAN KAKITANGAN UNIVESITI PUTRA MALAYSIA

Oleh

SHARKER MD. NUMAN

Mei 2005

Pengerusi: Professor Madaya Lekhraj Rampal, MBBS, MPH, PhD

Fakulti: Perubatan dan Sains Kesihatan

Tujuan kajian ini dijalankan adalah untuk mengenalpasti prevalens merokok dan faktor yang berkaitan seperti merokok pengetahuan, sikap, dan amalan terhadap kempen anti merokok di kalangan pelajar dan kakitangan Universiti Putra Malaysia (UPM), Serdang, Selangor, Malaysia.

Kajian keratan rentas telah dijalankan di kalangan pelajar dan kakitangan UPM dan pemilihan sampel adalah berdasarkan teknik "multistage stratified". Satu senarai nama pelajar dan kakitangan UPM diperolehi untuk kajian ini dan populasi kajian adalah 28053.. Saiz sampel adalah 2364. Data dikimpu dengan menggunakan borang soal selidik yang telah diuji. Pergumpulan data telah berlangsung dari 5 Jula hingga 27 Ogos 2004 dengan mergunakan Soal Selidik yang telah diprauji. Lapan pluh lima peratus pelajar dan kakitangan teleh mengambil balangan dan 60% wanita, 62.8% Melayue dan 67.2% beragama Islam.



Secara keseluruhan prevalens bagi responden yang pernah merokok dan masih lagi merokok ialah 13.7% dan 9.9%. Prevalens bagi responden yang pernah merokok dan masih lagi merokok di kalangan responden lelaki ialah 30% dan 21.8% manakala bagi responden wanita pula 2.8% dan 2%. Kajian ini juga mendapati prevalens bagi responden yang pernah merokok dan masih lagi merokok di kalangan pelajar adalah 12.1% dan 8.9%, manakak bagi responden daripada kakitangan UPM masing-masing adalah 26% dan 17.7%. Min bagi umur mula merokok ialah 16.7 tahun ± SD 3.7 dan umur mula merokok yang paling rendah adalah di kalangan orang Melayu (16.3 tahun) dan pelajar diploma (15 tahun). Keseluruhannya prevalens responden yang masih merokok adalah paling tinggi di kalangan kaum India (12.7%) dan Melayu (11.6%), penganut agama Hindu (13%) dan muslim (11.9%). Prevalens tertinggi juga didapati di kalangan responden yang bekerja sebagi juruteknik (31.8%) di UPM. Alasan 'hanya untuk seronok" adalah jawapan yang paling banyak diberikan oleh responden sewaktu mula merokok (43%), 33.8% daripada junlah responden memilih kediaman sebagai tempat kegemaran untuk merokok. Di kalangan perokok yang masih lagi merokok, 63.9% mempunyai tahap ketagihan yang rendah terhadap nicotina. Prevalens merokok didapati berkaitan dengan faktor umur, status ekonomi, bangsa, agama tabiat merokok keluarga dan rokas sebaya. Kebanyakkan pelajar dan kakitangan UPM mempunyai pengetahuan tentang risiko kesihatan akibat merokok. Responden yang tidak merokok mempunyai sikap lebih positif dan pergetahuan yang lebih baik mengenai risiko kesihatan akibat merokok.

Kesimpulannya, prevalens merokok adalah rendah jika dibandingkan dengan prevalens pada peringkat kebangsaen/nasional. Walau bagaimanapun masih terdapat masalah besar di kalangan pelajar dan kakitangan UPM berkaitan dengan



vi

pengetahuan tentang kemudaratan, sikap dan amalan merokok. Oleh itu, perlaksanaan program anti merokok perlu diadakan khususuya untuk pelajar dan kakitangan universiti.



ACKNOWLEDGEMENTS

My greatest and ultimate debt and gratitude to Allah (S. W. T) the Most Beneficent and the Most Merciful. May Allah pardon and forgive my weakness and endow me with knowledge and help.

I would like to take this opportunity to express my highest gratitude and thanks, to my supervisor, Associate Professor Dr. Lekhraj Rampal for his time, support, advices, encouragement and consistent guidance throughout the completion of my study. And most of all, for giving me chance to improve myself to be a better person in real life.

I am also indebted to members of my supervisory committee and I would like to express my special appreciation to Associate Professor Dr. Mohd. Yunus Abdullah for his interest and invaluable suggestions that had enabled me to carry on the study successfully.

A word of thanks and very sincere gratitude and appreciation to my co-supervisor Dr. Sherina Mohd Sidik, who have insisted on helping me to check my thesis draft, for her time, effort and encouragement and valuable suggestions.

To those who have helped me in the survey (lecturer, tutors and office assistant), thank you, for I could not have done it without you all. I would also like to thanks the students and staff who had participated in the main and sub-sample survey.



I would like to express my highest gratitude and thanks to the Faculty of Medicine and Health Sciences, Universiti Putra Malaysia for allowing me to study. This study was funded by Ministry of Science and Technology and Environment (MOSTE) Malaysia IRPA Project Grant No. 06-02-04-0482-PR-0041/05-03 Program Head: Assoc Prof. Dr Lekhraj Rampal.

I gratefully acknowledge the assistance of Bangladesh Open University, Bangladesh for allowing me to pursue the study programme smoothly by providing leave from my service.

I also wish to express my appreciation to all of my friends in Malaysia and Bangladesh. Especial thanks also go to Dr. A. K. M. Ahasanul Haque Belal and Dr. Mahmood Hossain for their supports and encouragement.

I am grateful to my family for all the support, encouragement and love they gave me and for raising me the way I am today. Finally, I am most grateful to my wife Kamrunnaher and my beloved son Nafi Ahmed for all the patience and understanding, sacrifices, love and prayers. I would like to express my humbly apology to those persons, who helped me but may not find their names in my narration here.

Sharker Md. Numan



I certify that an Examination Committee met on 19th May 2005 to conduct the final examination of Shaker Md. Numan on his Master of Science thesis entitled "Knowledge, Attitude and Practice on Smoking among Students and Staff in Universiti Putra Malaysia" in accordance with Universiti Pertanian Malaysia (Higher Degree) Act 1980 and Universiti Pertanian Malaysia (Higher Degree) Regulations 1981. The Committee recommends that the candidate be awarded the relevant degree. Members of the Examination Committee are as follows:

Datin Farida Fatema @ Farida Jamal, PhD

Professor Faculty of Medicine and Health Sciences Universiti Putra Malaysia (Chairman)

Mohd Nasir Mohd Taib, PhD

Lecturer Faculty of Medicine and Health Sciences Universiti Putra Malaysia (Internal Examiner)

Hejar Abd. Rahman, PhD

Lecturer Faculty of Medicine and Health Sciences Universiti Putra Malaysia (Internal Examiner)

Md. Idris Mohd Nor, PhD

Professor Faculty of Medicine Universiti Kebangsaan Malaysia (External Examiner)

GULAM RUSUL KAHMAT ALI, PhD Professor/Deputy Dean School of Graduate Studies Universiti Putra Malaysia

Date: 2 1 JUL 2005



This thesis submitted to the Senate of Universiti Putra Malaysia and has been accepted as fulfilment of the requirement for the degree of Master of Science. The members of the Supervisory Committee are as follows:

Lekhraj Rampal, MBBS, MPH (Hons), PhD, FAMM.

Associate Professor Faculty of Medicine and Health Sciences Universiti Putra Malaysia (Chairman)

Mohd. Yunus Abdullah, MD, MPH.

Associate Professor Faculty of Medicine and Health Sciences Universiti Putra Malaysia (Member)

Sherina Mohd. Sidik, MBBS, MMED.

Senior Lecturer Faculty of Medicine and Health Sciences Universiti Putra Malaysia (Member)

AINI IDERIS, PhD Professor / Dean School of Graduate Studies Universiti Putra Malaysia

Date: 1 1 AUG 2005



DECLARATION

I hereby declare that the thesis is based on my original work except for quotations and citations which have been duly acknowledged. I also declare that it has not been previously or concurrently submitted for any other degree at UPM or other institutions.

Am

SHARKER MD. NUMAN Date: 30 MAY 2005



TABLE OF CONTENTS

Page

DEDICATION	ii
ABSTRACT	iii
ABSTRAK	v
ACKNOWLEDGEMENTS	viii
APPROVAL	X
DECLARATION	xii
LIST OF TABLES	xviii
LIST OF FIGURES	xxi
LIST OF ABBREVIATIONS	xxii

CHAPTER

1

INTRO	DUCT	ION		1.1
1.1	Backg	round		1.1
1.2	Object	tives		1.4
1.3	Hypot	hesis		1.5
LITER	ATUR	E REVIE	W	2.1
2.1	Histor	y of Smok	ing	2.1
2.2	Smoki	ng Status I	Definitions	2.3
2.3	Trends	s of Smoki	ng	2.7
	2.3.1	World T	rends	2.7
	2.3.2	Current	Malaysian Trends	2.10
	2.3.3	Smoking	g Initiation Age	2.11
2.4	Factor	s Associate	ed with Smoking	2.12
	2.4.1	Smoking	g by Age and Sex	2.12
	2.4.2	Smoking	and Family Influence	2.13
	2.4.3	Smoking	and Peer Influence	2.14
	2.4.4	Smoking	and Socio-Economic Status	2.14
	2.4.5	Smoking	and Educational Levels	2.15
	2.4.6	Smoking Alcohol	g Habits with Major Meal, Tea and	2.16
2.5	Smoki	ng Behavi	ors among University Students	2.16
	2.5.1	-	Behavior among Malaysian	2.17
	2.5.2	Smoking Students	Habits among Foreign University	2.18
2.6	Conter	nt of Cigar	ettes and Cigarette Smoke	2.19
2.7	Dange	r of Secon	d-Hand Smoke	2.20
2.8	Health	Conseque	nces of Smoking	2.22
	2.8.1	Smoking	and Lung Cancer	2.24
	2.8.2	Smoking	and Respiratory System Diseases	2.25
		2.8.2.1	Smoking and Chronic Obstructive Pulmonary Disease (COPD)	2.25
		2.8.2.2	Smoking and Asthma	2.26
		2.8.2.3	Smoking and Emphysema	2.26

	2.8.3	Smoking	and Vascular Diseases	2.26
		2.8.3.1	Smoking and Hypertension	2.27
		2.8.3.2	Smoking and Ischemic Heart Disease	2.27
		2.8.3.3	Smoking and Cerebro-Vascular Disease	2.29
		2.8.3.4	Smoking and Atherosclerosis	2.29
		2.8.3.5	Smoking and other Arterial	2.30
		2.0.010	Diseases	2.0 0
	2.8.4	Smoking	g and Diabetes	2.30
	2.8.5		and Blindness	2.31
2.9		ng and Pre		2.32
-	2.9.1		and Low Birth Weight	2.32
	2.9.2		and Spontaneous Abortion	2.33
	2.9.3		and Premature Rupture of the	2.34
		Membra	-	
	2.9.4		g and Respiratory Problem in	2.35
2.10	Smoki	ng and Im		2.35
2.11		ng and De	•	2.36
2.12			on /Intentions to Quit	2.36
2.13			Cigarettes with Price or Tax Excise	2.37
2.14	Anti-Smoking Campaign and Legislation to Smoking			2.38
2.15		-	State of the Art	2.38
		AND ME	THODS	3.1
3.1	-	Location		3.1
3.2	-	Design		3.1
3.3	•	Population		3.1
	3.3.1			3.1
	3.3.2	•	Size	3.2
3.4		Collection		3.4
3.5			clusion Criteria	3.5
	3.5.1	Inclusion		3.5
		Exclusio		3.6
3.6		l Issue and	Consent	3.6
3.7	Instrur	nents		3.6
	3.7.1	Demogra	aphic and General Information	3.7
	3.7.2	Smoking	History	3.7
		3.7.2.1	Smoking Behaviour	3.7
		3.7.2.2	0	3.8
		2 7 2 2	Harmful Effects of Smoking	20
		3.7.2.3	Opinion on Anti-smoking Measures in Public Places	3.8
3.8	Pre Te	sting of the	e Validity and Reliability of the	3.8
2.0		onnaire		5.0
	3.8.1	Reliabili	ty	3.9
	3.8.2			3.9
	3.8.3	•	ng Results	3.9
3.9		sis of Data	-	3.11



3.10	Signifi	cance of the Study	3.11
3.11	Definit	ion of Terms	3.12
RESU	LTS		4.1
4.1	Respon	nse Rate	4.1
4.2	Demog	raphic Distribution of Respondents	4.2
	4.2.1	Sex	4.3
	4.2.2	Age	4.3
	4.2.3	Ethnicity	4.5
	4.2.4	Students and staff Education Levels	4.6
4.3	Smokir	ng Prevalence	4.7
	4.3.1	Smoking Prevalence among Students and Staff by Sex	4.7
	4.3.2	Ever Smoking Prevalence by Age	4.8
	4.3.3	Prevalence of Current Smokers by Age Group	4.10
	4.3.4	Smoking Prevalence by Ethnic Groups	4.1
	4.3.5	Smoking Prevalence by Religion	4.14
	4.3.6	Smoking Prevalence by Occupation	4.15
	4.3.7	Ever Smoking Prevalence by Faculties and	4.16
		Institute	
4.4	Pattern	of Smoking	4.1′
	4.4.1	Age of Initiation of Smoking	4.1′
	4.4.2	Number of Cigarette Consumption by Current Smokers	4.19
	4.4.3	Duration (Years) of Smoking by Current and Former Smokers	4.20
	4.4.4	Money Spent to Buy Cigarette by Current	4.22
		Smokers	
	4.4.5	Levels of Addiction Determined from Fagerstrom Tolerance Test	4.22
4.5		ated Factors of Smoking	4.25
	4.5.1	Smoking and Age	4.25
	4.5.2	Smoking and Economic Status	4.20
	4.5.3	Smoking and Educational Levels	4.2
	4.5.4	Reasons for Smoking	4.30
	4.5.5	Favourite Place for Smoking	4.30
	4.5.6	Family Smoking History	4.3
	4.5.7	Family Members Who Smoked	4.33
	4.5.8	Peer Members Smoking History	4.33
	4.5.9	Smoking Associated with Parents Educational Levels	4.35
	4.5.10	Smoking together with Tea, Drinking Coffee and Alcohol	4.36
	4.5.11	Smoking Behaviour with Major Meal	4.38
4.6		ng Prevention	4.39
	4.6.1	Smoking Quitting Attempt	4.39
	4.6.2	Reasons for Quit Smoking	4.4(
	4.6.3	Reasons for Failing to Quit Smoking	4.4
	4.6.4	Future Intension to Quit Smoking by Current Smokers	4.42



	4.6.5		Smokers Quitting Age and Duration of Quitting	4.42
	4.6.6	Current	Smokers Opinion on Current Prices	4.44
		of Cigar		
	4.6.7	-	oking and Prices of Cigarette	4.45
4.7		edge on Si	•	4.47
	4.7.1		Knowledge	4.47
	4.7.2		g Knowledge on Health Hazards	4.49
		4.7.2.1	Smoking Associated with Tuberculosis	4.49
		4.7.2.2	Smoking Associated with Blindness	4.50
		4.7.2.3	Smoking Associated with	4.51
			Impotence	
		4.7.2.4	Knowledge on New Born Babies'	4.52
			Health due to Smoking	
		4.7.2.5	Knowledge of Lung Disease on	4.53
			New Born Babies' due to Current	
			Smoking	
		4.7.2.6	Knowledge of Low Birth Weight	4.54
			on New Born Babies' due to	
			Passive Smoking	
		4.7.2.7	Respondents' Knowledge on	4.55
			Smoking during Pregnancy that	
			causes Premature Death of Baby	• •
	4.7.3	Knowled	lge of Mass Media Advertisements	4.56
		and Anti	-smoking Campaigns	
		4.7.3.1	Smoking and Mass Media Advertisements	4.56
		4.7.3.2	Knowledge on Anti-Smoking Campaign to Quit Smoke	4.57
4.8	Attitud	e towards		4.59
	4.8.1	Overall A	•	4.59
	4.8.2	Correlati	on between Knowledge Score and	4.61
		Attitude		
	4.8.3	Associat	ed Factors which Contribute the	4.61
		Most to	Smoke	
4.9	Respon	dents Opi	nion on Anti-Smoking Measures in	4.63
	Public		-	
	4.9.1	Legislati	on of Smoking	4.63
	4.9.2	-	ents Opinion on Restaurants	4.64
		Smoking	-	
	4.9.3	Respond Working	ents' Opinion on Smoking in Indoor	4.66
	4.9.4		ents' Opinion on Smoking in the	4.67
			ty Premises	
DISCU	ISION			5.1
5.1		se Rate		5.1
5.2		e of Smok	ing	5.2
			~	



	5.2.1	Prevalence of Smoking in UPM	5.2
	5.2.2	Prevalence of Smoking among Students and	5.3
		Staff with Age, Race, Religion, Occupation	
		and Faculty/Institute	
	5.2.3	Pattern of Smoking in UPM	5.8
		5.2.3.1 Smoking Age and Number of	5.8
		Cigarette Smoke with its Cost	
		5.2.3.2 Duration of Smoking and	5.10
		Addiction levels	
5.3		iated Factors for Smoking among Students and	5.11
		n UPM	5 1 1
	5.3.1	Smoking with Age, Economic Status and Level of Education	5.11
	5.3.2	Reasons, Favourite Place, Family and Peer	5.12
		Influence for Smoking	
	5.3.3	Smoking Habits with Food and Drinks	5.13
5.4		ng Control Pattern	5.13
5.5		ledge on Smoking	5.15
	5.5.1	Knowledge on Health due to Smoking	5.15
	5.5.2	6	5.16
	550	Smoking Knowledge on Smaking and Mass Madia	5 17
	5.5.3	Knowledge on Smoking and Mass Media Influence	5.17
5.6	Attitud	le on Smoking	5.17
5.7	Associ	iation of Smoking and Correlation between	5.18
	Knowl	ledge and Attitude	
5.8	Opinic	on on Anti-smoking Measures in Public Places	5.18
SUMN	AARY A	ND CONCLUSION	6.1
6.1	Summ	ary and Conclusion	6.1
6.2	Limita	tions and Strength of the Study	6.4
6.3	Recom	mendations and Further Studies	6.5
REFE	ERENCE	ES	R.1
APPE	NDICE	S	A.1
BIOD	BIODATA OF THE AUTHOR B		

-



Table		Page
2.1	World Smoking Prevalence	2.8
2.2	Smoking Prevalence by Educational Levels in Malaysia, 1996	2.15
3.1	Expected Sample Size	3.2
3.2	Current Position of Students and Staff in UPM for this Study	3.3
3.3	Sample Size Estimation Procedure from the Selected Faculties and Institute	3.4
3.4	Pre Testing Reliability Test Result (N = 28)	3.10
3.5	Reliability Test Result after the Study Survey (N= 2008)	3.10
4.1	Response Rates According to Faculties and Institute	4.1
4.2	Demographic Description of the Respondents	4.2
4.3	Distribution of Respondents from Faculties by Sex	4.3
4.4	Age group of Students by Sex	4.4
4.5	Distribution of Respondents by Age group and Sex	4.5
4.6	Education Levels of Students and Staff by Sex	4.6
4.7	Prevalence of Ever Smokers, Current Smokers and Former Smokers among Students and Staff by Sex	4.7
4.8	Prevalence of Ever Smokers by Age Group	4.9
4.9	Students and staff Current Smoking Prevalence by Age Group	4.10
4.10	Smoking Prevalence by Ethnic Group	4.12
4.11	Odds Ratio of Male Ever Smokers	4.13
4.12	Prevalence of Ever, Current, Former and Never Smoker by Religion	4.14
4.13	Distribution of Respondents Smoking Prevalence by Occupations	4.15
4.14	Prevalence of Smokers between Faculties in UPM by Sex	4.16
4.15	Mean Smoking Initiation Age by Race	4.18
4.16	Mean Smoking initiation age of Students at Educational Levels	4.18
4.17	Smoking Initiation by Age Group	4.19
4.18	Daily Consumption of Cigarettes by Current Smokers	4.20
4.19	Duration (Years) of Smoking by Ever, Current and Former Smokers	4.21
4.20	Mean Duration of Smoking (Years) by Race	4.21
4.21	Levels of Addiction amongst Current Smokers using Fagerstrom Tolerance Test	4.23
4.22	Addiction Levels with Duration of Smoking	4.24
4.23	Smoking Prevalence by Age Groups	4.25
4.24	Smoking Prevalence with Total Monthly Family Income	4.26
4.25	Respondents' Prevalence of Smokers by Education Levels	4.28
4.26	Smoking Prevalence with Educational Levels of Students and Staff	4.29
4.27	Reasons for Smoking amongst Ever Smokers	4.30

LIST OF TABLE



4.28	Favorites Place for Smoking	4.31
4.29	Family Members Smoking Habits by Respondents	4.32
4.30	Family Members Who Smoked	4.33
4.31	Friends Who Smoked among Respondents	4.34
4.32	Respondents Smoking Prevalence with Parent's Educational Levels	4.35
4.33	Current Smoking Habits along with Tea or Coffee	4.36
4.34	Smoking Habits along with Drinking Alcohol	4.37
4.35	Current Smokers Smoking Behaviour with Major Meal by Sex	4.38
4.36	Ever Try to Quit Smoking by Respondents	4.39
4.37	Proportion of Quit Attempts by Current Smokers in relation to Daily Smoking Intensity	4.40
4.38	Reasons for Quit Smoking among Former Smokers by Sex	4.41
4.39	Reasons for Failed to Quit Smoking by Sex	4.41
4.40	Future Intention to Quit Smoke by Current Smokers	4.42
4.41	Duration (Years) of Quitting Smoking by Former Smokers	4.44
4.42	Distribution of Current Smokers' Opinion on Current Prices of Cigarettes	4.45
4.43	Distribution of Current Smokers' View on Quit Smoking if Prices of Cigarettes raised 20%	4.46
4.44	Item Analysis of Respondents Knowledge towards Smoking	4.47
4.45	Distribution of Students and Staff Mean Knowledge Scores	4.48
4.46	Distribution of Respondents (Arbitrary) Knowledge	4.48
4.47	Comparison of Knowledge by Sex	4.49
4.48	Comparison of Knowledge on Tuberculosis due to Smoking by Sex	4.50
4.49	Distribution of Respondents' Knowledge on Smoking that causes Blindness	4.51
4.50	Distribution of Respondents' Knowledge on Smoking that can cause Impotence	4.52
4.51	Distribution of Ever Smokers' Feelings on Sexual Dysfunction due to Smoking	4.52
4.52	Distribution of Respondents' Knowledge on New Born Babies' Health due to Smoking by Sex	4.53
4.53	Distribution of Respondents' Knowledge on Lung Diseases on New Born Babies due to Current Smoking	4.54
4.54	Distribution of Respondents' Knowledge on Low Birth Weight of New Born Babies due to Passive Smoking	4.55
4.55	Knowledge on Smoking that causes Premature Death of Baby by Sex	4.55
4.56	Respondents Knowledge about Mass Media Advertisements on Smoking	4.56



4.57	Distribution of Respondents' Knowledge on "Anti-smoking Campaign Influenced to Quit Smoking"	4.58
4.58	Corresponding Percentage Distribution of Mean and Median Attitude Score for Respondents	4.59
4.59	Logistic Regression Analysis Showing Factors Associated with Smoking	4.62
4.60	Distributions of Respondents' Awareness on "It is against the Legislation to Smoke in certain places"	4.64
4.61	Distribution of Respondents' Thinking on whether "Smoking should be allowed in Restaurants"	4.65
4.62	Respondents' Thinking on "Smoking should be allowed in Indoor Working Areas"	4.66
4.63	Respondents' Thinking on "Smoking should be allowed in University"	4.68
4.64	Percentage distribution of Respondents Opinion regarding the Public Places for Smoking	4.70
4.65	Frequency Distribution of 5 Point-Likert Scale Responses about the Knowledge on Smoking and Health Risk due to Smoking	A.1
4.66	Frequency Distribution of 5 Point-Likert Scale Attitudes on Smoking by Ever and Never Smokers	A.1
5.1	Male and Female Smoking Intensity by Smoking Status	5.3



LIST OF FIGURE

Figure		Page
4.1	Distribution of Respondents by Race	4.5
4.2	Smoking Initiations Age of Ever Smokers	4.17
4.3	Addiction Levels amongst Current Smokers	4.22
4.4	Former Smokers Smoking Quitting Age	4.43
5.1	Simple Linear Regression of Smoking Initiation Age by Age and Sex	5.9



LIST OF ABBREBVIATION

	A - mine & Immune Deficiency Syndrome
AIDS	Acquired Immune Deficiency Syndrome
ARM	Age Related Macular Degeneration
CAMH	Center for Addiction and Mental Health
CDC	Centers for Disease Control and Prevention
CHD	Coronary Heart Disease
COPD	Chronic Obstructive Pulmonary Diseases
CTUMS	Canadian Tobacco Use Monitoring Survey
CVD	Cardio Vascular Diseases
ETS	Environmental Tobacco Smoke
HIV	Human Immune deficiency Virus
IgE	Immunoglobulin E
IMU	International Medical University
LBW	Low Birth Weight
NCDs	Non Communicable Diseases
NHMS	National Health and Morbidity Survey, 1996
NIDDM	Non Insuline Dépendent Diabètes Mellites
OSDUS	Ontario Student Drug Use Survey
PRAM	Pregnancy Risk Assessment Monitoring System
PROM	Premature Rupture of Membranes
SEARO	South East Asia Regional Office
SGR	Surgeons General Report
SIDS	Sudden Infant Death Syndrome
UK	United Kingdom
UM	Universiti Malaya
UN	United Nations
UNICEF	United Nations Children's Emergency Fund
UPM	Universiti Putra Malaysia
US	United States of America
WHO	The World Health Organization



CHAPTER 1

INTRODUCTION

1.1 Background

Smoking has become a complex global public health problem and a major health-risk factor linked with the development of cancer, heart disease, chronic respiratory diseases and diabetes (World Bank, 1999). It is responsible for the largest preventable cause of death in the world. Each day more than 13,000 people die prematurely because of tobacco use (CDC, 2000). This figure is expected to almost double by the year 2020. Countries at all levels of development are victims of the tobacco epidemic (WHO, 2003a).

According to the World Bank Reports in 2003 there were about 1.3 billion people smoking cigarettes or other products, and out of them, almost one billion were men and 250 million were women. About 80 percent of these people lived in low and middle-income countries (Guindon & Boisclair, 2003). Cigarette smoking has become not only a national social problem, but a global one also. Smoking is expected to kill 4 million people in the next 12 months, and by 2030, it will kill 10 million people a year, which is more than any other single cause of death. Seven million of these deaths will occur in low-income and middle-income countries (World Bank, 1999; CDC, 2000).

Numerous studies reveal that smoking prevalence has remained stable in the United States of America (USA) at 23% since 1993 (Etter, 2004; Fiore, 2003; Giovino, 1994). In fact, smoking prevalence rates is increasing in low-income, less educated,

