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January 2005

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## Recommended Citation

Qidwai, W., Zahid, N. (2005). Characteristics of smokers and their knowledge about smoking at a teaching hospital in Karachi. *Pakistan Journal of Medical Sciences*, 21(1), 109-111.

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## CHARACTERISTICS OF SMOKERS AND THEIR KNOWLEDGE ABOUT SMOKING AT A TEACHING HOSPITAL IN KARACHI

Qidwai W<sup>1</sup> & Zahid N<sup>2</sup>

### ABSTRACT

**Objective:** To study the characteristics of smokers and their knowledge about smoking, among Family Practice patients, at a teaching hospital in Karachi, Pakistan.

**Design:** A questionnaire based survey

**Settings:** Family Practice Center, Aga Khan University Hospital, Karachi, Pakistan

**Main outcome measures:** Age at starting smoking, duration and number of cigarettes smoked, started smoking under influence of friends, colleagues, family members or self motivation, number of friends and colleagues who smoked, whether smoking is unhealthy, and actual chance of harm to an individual due to smoking is very rare or not.

**Results:** One hundred patients who visited Family Practice Center were interviewed. Sixty one percent were young married men, well educated and either student, in private service, self employed or unemployed. Eighty four (84%) smokers started smoking between 16-25 years of age, and smoked 6-20 cigarettes daily for two to twenty five years. Sixty nine (69%) of them started smoking under the influence of friends and had 3-5 friends and colleagues who smoked. 91% of smokers believed that smoking is unhealthy and were aware that it causes lung cancer and heart disease. Majority of them (69%) believed that the actual harm of smoking to an individual is not very rare.

**Conclusion:** We have documented the characteristics of smokers and their knowledge about smoking among Family Practice patients. Majority of the respondents started smoking at a young age under the influence of friends though they were aware of its harmful effects. Though the sample size is small but it does give an indication about the responsible factors to plan interventional preventive strategies

**KEY WORDS:** Smoking, Knowledge, Health, Prevention

Pak J Med Sci January-March 2005 Vol. 21 No. 1 109-111

### INTRODUCTION

Smoking related diseases are the leading cause of mortality in the developed world<sup>1</sup> and an important cause for premature death<sup>2,3</sup>. Smoking has increased dramatically during the twentieth century in the developed countries and is still increasing in under-developed countries<sup>4</sup>. Smoking is common in Pakistan and there is no clear policy on tobacco control<sup>5</sup>.

There have been calls for mass health education

and enforcement of the ban on smoking in public places, in order to reduce the number of smokers. Studies have emphasized the importance to educate physicians and the general public about the cardiac and carcinogenic effects of smoking<sup>6</sup>.

Over the past few decades, not much change has been seen in the frequency of smoking in Pakistan<sup>7</sup>. There is a need to implement prevention strategies, to discourage people to start smoking. It is also important to study factors under which people start smoking, the level of knowledge of smokers with regard to smoking and its adverse effects on health. Public health education programs through mass media can help devise strategies to prevent people from smoking. This study was conducted to know the knowledge about smoking, among Family Practice patients.

### PATIENTS AND METHOD

A questionnaire was developed keeping in view the study objectives. It included the demographic profile of the respondents. It was administered to Family Practice patients, at Aga Khan University Hospital, which is a tertiary level teaching hospital in Karachi.

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- \* Received for publication: May 8, 2004  
Revision received: November 3, 2004  
Revision accepted: November 21, 2004

About hundred and fifty patients are seen daily at the facility, by twelve Family Physicians.

It was a cross sectional survey and the questionnaire was administered by the investigators of the study. Only current smokers were included in the survey. Written consent was taken from those participating in the study, after providing them assurance on confidentiality. SPSS computer software was used for the data management.

### RESULTS

We interviewed hundred Family Practice patients who smoked. The majority were young married men (61%), well educated, and either student, in private service, self employed or unemployed (Table-I).

Eighty four (84%) started smoking between 16-25 years of age, and smoked 6-20 cigarettes daily for the previous 2-25 years. Sixty nine (69%) started smoking under the influence of friends and had 3-5 friends and colleagues who smoked (Table-II).

Majority of the smokers (91%) believed that smoking is unhealthy and were aware that it causes lung cancer and heart disease, while 69% believed that the actual harm of smoking to an individual is not very rare (Table-III).

### DISCUSSION

We have documented the characteristics of smokers and their knowledge about smoking, among Family Practice patients, visiting a teaching facility in Karachi. This survey and the findings can help us to understand factors responsible to start smoking. The information on the level of knowledge that smokers

Table-I: Demographic profile of the patients (n=100)

Parameter	Number (Percent)
<b>SEX:</b>	
Males	94(94)
Females	06(06)
Mean age in years (SD)*	37.4(15.54)
<b>Marital Status:</b>	
Married	61(61)
Single	39(39)
<b>Educational Status:</b>	
Grade X and below	05(05)
Grade XII	23(23)
Diploma	02(02)
Graduate	53(53)
Post-graduate	17(17)
<b>Occupation:</b>	
Private service	20(20)
Government service	17(17)
Self employed	20(20)
Unemployed	15(15)
Student	24(24)
Housewife	04(04)

\* Standard deviation

have about smoking will help us to devise interventional strategies to promote smoking cessation.

Our study population was more educated and better placed socio-economically than the rest of the population and consisted primarily of males. The study however has a weakness of small sample size, hence we cannot generalize its findings of our study to the rest of the population.

Table-II: Main Characteristics of Smokers (n=100)

Characteristics	Number (Percent)
Duration of smoking	
< 1 year	03(03)
2-5 years	25(25)
6-10 years	18(18)
11-25 years	27(27)
26-40 years	21(21)
>41 years	06(06)
Number of cigarettes smoked daily	
<5	45(45)
6-20	52(52)
21-40	03(03)
>41	00(00)
Age at starting smoking( in years)	
<15	12(12)
16-25	84(84)
26-40	04(04)
Started smoking under the influence of	
Friends	69(69)
Colleagues	01(01)
Family members	01(01)
Self motivation	29(29)
Number of friends and colleagues who smoke	
None	12
1-2	24
3-5	48
>6	16

Table-III: Knowledge of smokers about smoking (n=100)

Knowledge	Number (Percent)
Smoking is unhealthy	
Yes	91
No	09
Adverse consequences of smoking on health	
Lung Cancer	86(35.1)
Cough	30(12.3)
Throat cancer	02(0.9)
Weight loss	06(2.5)
Heart disease	49(20)
Breathing problems	36(14.6)
Tuberculosis	09(3.6)
Reduced appetite	17(7.0)
Stomach cancer	10(4.0)
	(responses=245)
Smoking is harmful but actual chances of harm in individual case is very rare	
Yes	31(31)
No	69(69)

A significantly higher prevalence of smoking among men in comparison to women has been reported earlier from Pakistan<sup>5</sup>. It would be interesting to find out the underlying factors why men smoke more than women. This information may help us better understand factors contributing to the smoking habit. There is evidence to suggest that male identity and socialization are key influences determining smoking behavior among Pakistani population<sup>8</sup>, however such assumptions need to be studied in more detail.

The sample population started smoking at the age of 16-25 years, which is similar to earlier reports<sup>9</sup>. There is a need for prevention strategies to stop adolescents and young adults from starting to smoke at this vulnerable age. There is evidence to suggest that strong media influences perceptions about smoking among young people<sup>10</sup>, outlining a need for a vigorous campaign to counter it.

Majority of the respondents (54%) smoked for more than 10 years. It shows that those who get addicted to smoking are likely to continue the habit for an extended period of time. This again highlights the need to focus on programs that prevent young people from starting to smoke.

It is interesting to note that 52% of the respondents smoked between 6-20 cigarettes daily. This shows the level of addiction to tobacco which is a barrier to smoking cessation. It is known that those who start to smoke early in life, smoke heavily and find it difficult to quit<sup>11</sup>. Such combination of events seem to exist among our study population. Friends are the most important factor and under their influence majority of respondents started to smoke.

Almost half of the respondents had 3-5 colleagues who smoked. This could be a factor responsible for continuation of smoking among them. The adverse influence of friends who smoke, on the smoking behavior of a person is well reported<sup>12</sup>. It may possibly be the reason that one finds it difficult to quit smoking. An approach that targets smokers as a group, including friends and colleagues who smoke, may yield better results with regard to smoking cessation.

The great majority of the respondents knew that smoking is unhealthy and yet they continue to smoke. Hence, it is important to find out why this is so and exploit this belief to make them quit smoking. It is encouraging to note that the majority of the respondents are aware of injurious effects of smoking, including cancer and heart disease. This belief can again be exploited to motivate them to quit smoking.

The risk for developing or dying from cardiovascular disease<sup>13</sup> and cancers<sup>14,15</sup> is high among smokers. It is a common belief that smokers feel the chances of

harm to them in real life from smoking is very rare, but it is interesting to see that the view of the majority of the respondents in our study is contrary to this belief. This is yet another factor which can be exploited to motivate them to quit smoking.

## CONCLUSION

Majority of the patients attending Family Practice Center started smoking at a young age under influence of friends despite the fact that they were aware of its harmful effects. The study limitation includes its small sample size but it does give an idea to plan preventive strategies to discourage smoking.

## REFERENCES

1. Mokdad AH, Marks JS, Stroup DF, Gerberding JL. Actual causes of death in the United States, 2000. *JAMA* 2004; 291(10):1238-45.
2. McAfee T, Montanari D, Tiff S, Zbikowski SM. Preventing premature death: tobacco treatment services for employees. *Empl Benefits J* 2004;29(1):18-23.
3. Fiore MC, Croyle RT, Curry SJ, Cutler CM, Davis RM, Gordon C, et al. Preventing 3 million premature deaths & helping 5 million smokers quit: a national action plan for tobacco cessation. *Am J Public Health* 2004;94(2):205-10.
4. Sohn M, Hartley C, Froelicher ES, Benowitz NL. Tobacco use & dependence. *Semin Oncol Nurs* 2003;19(4):250-60.
5. Nasir K, Rehan N. Epidemiology of cigarette smoking in Pakistan. *Addiction* 2001;96(12):1847-54.
6. Memon SB, Memon AM. Why physicians and lay people smoke and how can it be reduced? *J Pak Med Assoc* 1999;49(1):2-4.
7. Maher R, Devji S. Prevalence of smoking among Karachi population. *J Pak Med Assoc* 2002;52(6):250-3.
8. Bush J, White M, Kai J, Rankin J, Bhopal R. Understanding influences on smoking in Bangladeshi and Pakistani adults: community based, qualitative study. *BMJ* 2003;326:962.
9. Piryani RM, Rizvi N. Smoking habits amongst house physicians working at Jinnah Postgraduate Medical Center, Karachi, Pakistan. *Trop Doct* 2004;34(1):44-5.
10. Nichter M, Nichter M, Sickle DV. Popular perceptions of tobacco products and patterns of use among male college students in India. *Soc Sci Med* 2004;59(2):415-31.
11. Gad RR, El-Setouhy M, Haroun A, Gadalla S, Abdel-Aziz F, Aboul-Fotouh A, et al. Nicotine dependence among adult male smokers in rural Egypt. *J Egypt Soc Parasitol* 2003;33(3 Suppl):1019-30.
12. Saatci E, Inan S, Bozdemir N, Akpinar E, Ergun G. Predictors of smoking behavior of first year university students: questionnaire survey. *Croat Med J* 2004;45(1):76-9.
13. Haskell WL. Cardiovascular disease prevention and lifestyle interventions: effectiveness and efficacy. *J Cardiovasc Nurs* 2003;18(4):245-55.
14. Cayuela A, Rodriguez-Dominguez S, Lopez-Campos JL, Otero Candellera R, Rodriguez Matutes C. Jointpoint regression analysis of lung cancer mortality, Andalusia 1975-2000. *Ann Oncol* 2004;15(5):793-6.
15. Chitra S, Ashok L, Anand L, Srinivasan V, Jayanthi V. Risk factors for esophageal cancer in Coimbatore, southern India: a hospital-based case-control study. *Indian J Gastroenterol* 2004;23(1):19-21.