

Prevalence of smoking cigarette and water pipes among medical students in Taif University, Taif-KSA

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Abstract

Background: Smoking cigarette and water pipes (also known as shisha, hubbly bubbly, narghiles, hookahs, and goza) is quite common among youth not only nationally but also internationally.

Objective: To understand the prevalence of smoking cigarette and water pipes among medical students in Taif University, Taif city, the Kingdom of Saudi Arabia.

Materials and Methods: Medical students at Faculty of Medicine, Taif University, Taif, were asked to complete a questionnaire in order to explore the prevalence of smoking cigarette and water pipes.

Result: The prevalence of smoking cigarette and water pipes among medical students in Taif University in the Kingdom of Saudi Arabia was 27% smoking cigarette (5% smoking sometimes) while 42% smoking water pipes (30% smoking sometimes).

Conclusion: Smoking water pipes was much higher when compared with smoking cigarette owing to a sense among users that water pipe tobacco smoking is less risky to one's health and less dependence-producing than cigarettes. In addition to that, the majority of the students started smoking since they enrolled at the university, and they thought mistakenly that this kind of behavior could help them to reduce their stress, particularly when they start course of medicine and surgery.


KEY WORDS: Smoking, cigarette, water pipes, medical students, Saudi Arabia

Introduction

A water funnel, otherwise called a shisha, narghile, hookah, which comprises a head into which tobacco is set, a body that is half-loaded with water, and a hose through which the client breathes in. Frequently, the tobacco is enhanced (e.g. apple, mint, and coffee) and sweetened. At the point when the client breathes in, smoke goes through the water and hose and into the lungs. Smoke inward breath can be generous: a solitary water pipe use scene can last 30–60 min and can include more than 100 inward breaths, each of roughly 500 mL

in volume.^[1] In this way, while smoking a solitary cigarette may deliver an aggregate of around 500–600 mL of smoke, a solitary water pipe use scene may create around 50,000 mL of smoke.^[2] Water pipe smoke contains a number of the same toxicants as tobacco smoke, including cancer-causing polycyclic sweet-smelling hydrocarbons, carbon monoxide (CO), and nicotine. As anyone might expect, CO is found in water pipe clients' breath, and nicotine is found in their blood. Water pipe tobacco smoking has been connected with significant mischief, including tumor, cardiovascular malady, diminished aspiratory capacity, and nicotine reliance.^[3]

The pervasiveness of this conduct is by all accounts developing, particularly among restorative understudies and on school grounds all in all. In the USA, around 200–300 new water pipe bistros had opened in somewhere around 1999 and 2004, for the most part in school towns.^[3] Media reports from more than 30 US states and narrative reports in investigative diaries strengthen observations that water pipe use among understudies is developing. Studies propose high utilize rates: an overview of 411 college first-year understudies in

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the USA demonstrated that 15.3% had utilized a water pipe to smoke tobacco in the previous 30 days, while another study of 744 early on brain science understudies uncovered 20% recent day water pipe tobacco smoking.^[3]

Shockingly, comfort test studies are powerless against a large group of reaction predispositions that may influence comes about. Moreover, there are little data concerning what sociodemographic and conviction-related variables may be connected with water pipe use because there might be a sense among clients that water pipe tobacco smoking is less hazardous to one's well-being and less reliance delivering than cigarettes.^[4]

The root of the smoking propensity before coming to university is found in numerous populaces. In England, for illustration, 80% of therapeutic understudies began smoking while they were at school. In Brazil, about 70% of smokers started before the age of 17. At New York and at Bristol 41.9% and 38% of smokers, respectively, were general clients of cigarettes by age 17. Epidemiological studies have shown that a number of elements are connected with cigarette smoking, parental smoking being one of them. Some researchers discovered parental smoking to be second to financial status in determining smoking conduct in secondary school students.^[5]

Materials and Methods

We conducted a cross-sectional survey of a random sample of students at the Faculty of Medicine, Taif University, Kingdom of Saudi Arabia (KSA). The study included a large number of urban students with approximately 92% [Table 1]. The data for this study were collected via the participating institutions, which can include additional items of their own design. In addition to the standard items, we added eight items addressing water pipe tobacco smoking behaviors and beliefs. With permission from the faculty, Vice Dean for scientific research, key demographic data for 181 randomly selected students were obtained. This number was selected based both on our power calculations and on guidance from the vice dean.

This study will yield information about prevalence of smoking a cigarette. Data were collected via a self-administered questionnaire that was distributed among students after explaining the purpose of study. Verbal consent was taken from students before distributing questionnaires, and confidentiality was ensured. Students who had spent more than 3 years in faculty of medicine were included in this study. The questionnaire was handed out to students who were present at the time of distribution. The students were instructed to return the completed questionnaire. A total of 181 students were present during the survey.

Result

The mean age of the sample was 22 years. The gender of sample was male, 89% living with their parents. About 92% of the sample lives in urban. Demographic characteristics of the study group are presented in Table 1.

Table 1: Demographic characteristics of study

Variable	n	%
Total participants	181	100
Mean age (years)		
22	181	100
Gender		
Male	181	100
Marital status		
Unmarried	181	100
Locality		
Urban	–	92
Rural	–	6
Tent	–	2
Social status of parents		
Divorced	–	11
Live together	–	89

The prevalence of smoking cigarette among medical students in Taif University, KSA, was (27%) smoking cigarette (5% smoking sometimes). Approximately, half (51%) of those who smoke cigarette smoked more than 10 cigarettes a day, while (33%) of the samples smoked between 5 and 10 cigarettes a day. Only (16%) smoked more than one cigarette a day [Figure 2].

This study found also 89% of the samples' parents were smoking cigarette [Figure 3]. About 94% of those students who were found smoking cigarette started smoking after 18 years, which means during studying at the faculty of medicine [Figure 4].

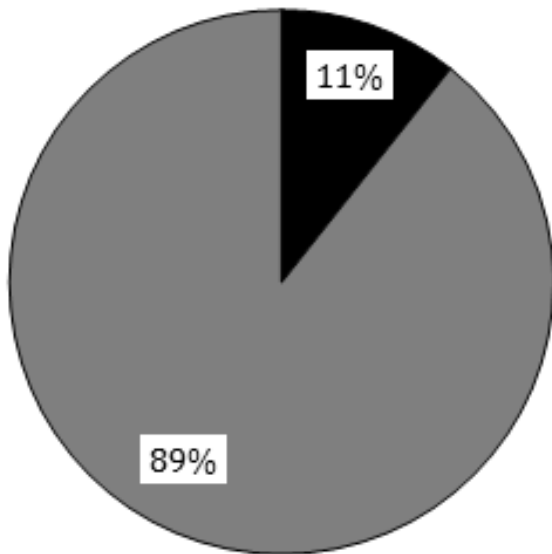
The prevalence of smoking water pipes among medical students in Taif University, KSA, was 42% (30% smoking sometimes) [Figure 5]. About 56% of those who were smoking water pipes were smoking at the weekend, while 33% of the sample was smoking every day. Only 11% were smoking water pipes once a week [Figure 6].

About 64% started smoking water pipes after they enrolled at the Faculty of Medicine [Figure 7].

Discussion

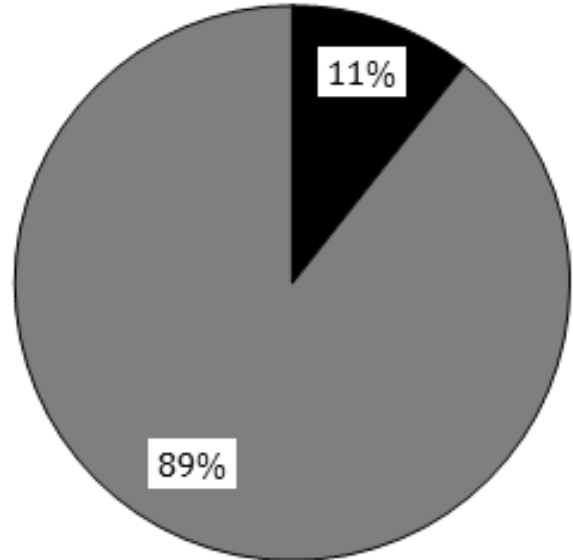
The commonness of smoking cigarette among Taif medical students was 27%, while the pervasiveness of smoking water funnels was 42%, which is similar to the finding that observed the same among a few medical students everywhere throughout the world. For example, in Spanish college understudies, the predominance of understudies smokers is 50.4%.^[6] Among American medical understudies, an abatement in tobacco consumption has been seen by just 5%–7% of therapeutic understudies as current smokers, while at New York College and Brazilian Restorative School, around 14% of students were observed to be periodic smokers.^[7]

Shockingly, 94% of those understudies who were discovered smoking cigarette began smoking following 18 years of



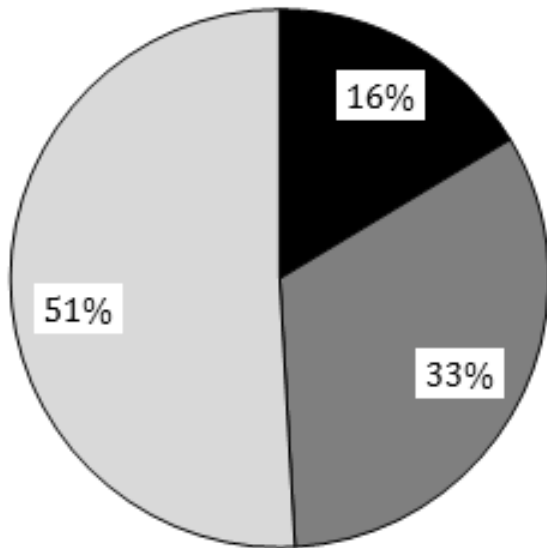
■ Non smoker ■ Smoker

Figure 1: Prevalence of smoking cigarette among medical students.



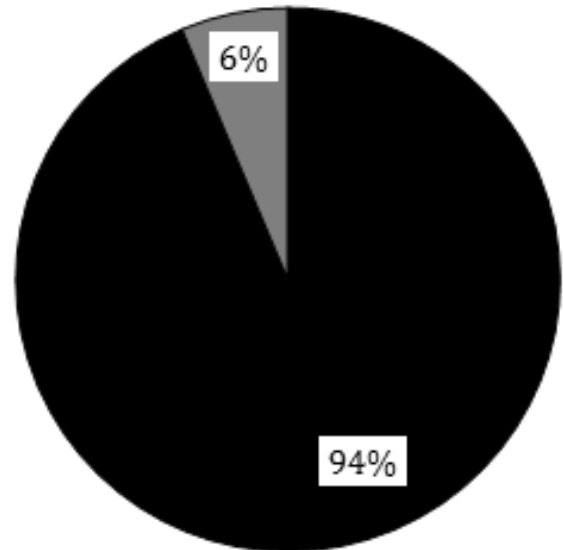
■ Non smoker ■ Smoker

Figure 3: Samples' parents smoking cigarette.



■ 1 per day ■ 5-10 per day
□ > 10 per day

Figure 2: Number of smoking cigarette a day.



■ After 18 years ■ Before 18 years

Figure 4: Time starting cigarette.

age and that implies amid learning at the workforce of medication, while 64% of them began smoking water channels after they selected at the staff of solution. This finding is against a few studies that had been done in the west, for example, Britain, where they found 80% of restorative understudies began smoking while they were at school,^[8] In Brazil, about 70% of

smokers started smoking before the age of 17; in Caraiova, 41.9% of smokers started their propensity before the age of 19; and in New York and at Bristol, 41.9% and 38% of smokers, respectively, were consistent clients of cigarettes by age 17.^[9,10] The clarification for that is the weight and the anxiety that medical understudies face it day by day drive them to smoke.

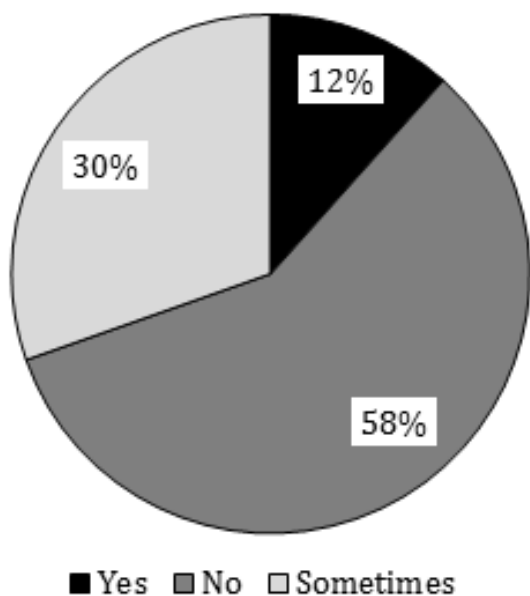


Figure 5: Prevalence of smoking water pipes among medical students.

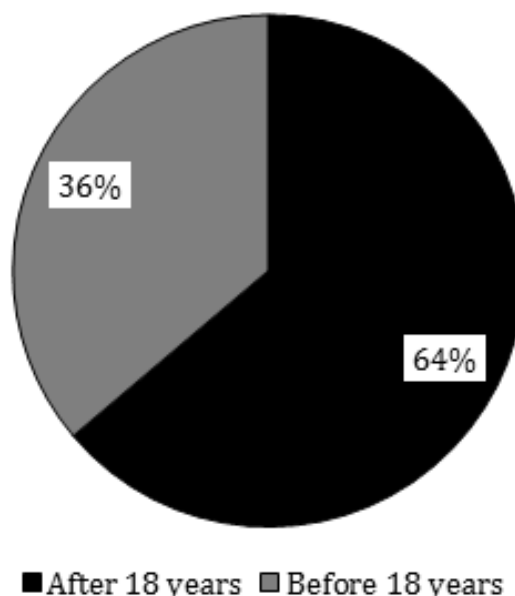


Figure 7: Number of smoking water pipes a day.

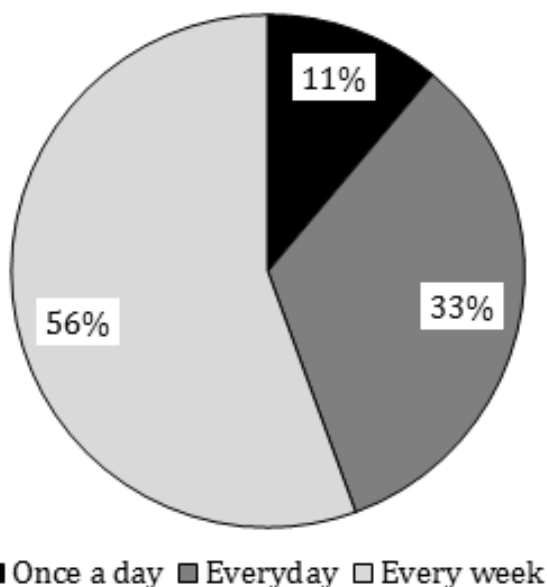


Figure 6: Number of smoking water pipes a day.

In addition, 89% of the subjects' guardians were smoking cigarette. The relationship in the middle of folks' and students' smoking propensities has been inspected by a few creators. With a solitary special case, the outcomes of these studies are in concurrence concerning the striking contrast between families in which both parents smoke and those in which neither parent smokes, yet vary over the evident impact of one or other parent showed unmistakable relationship between parents'

and understudies' smoking, parental impact being the greatest when both folks smoke. The more grounded parental impact on understudies, who started to smoke before the age of 19 than on the individuals who got to be ongoing smokers later, was normal. In this way, the period of students observed, and in addition the time of start of population studied, must be considered as adding to some discrepancies found in various studies concerning the relationship between folks' smoking habits. The relationship with parental smoking in our group of understudies was not present for light smokers. The absence of a noteworthy relationship between parental and understudy smoking in Brazilian Medical Schools was in all probability the after effect of low daily consumption of cigarettes.^[10] Medical instruction with adequate information about the unsafe impact of cigarette smoking does not appear to have affected the smoking conduct of restorative understudies in Belgrade. The rate of current smokers did not diminish, but rather, especially among female subjects, expanded over the span of medical training.^[11] Besides, understudies' smoking propensity was similar to smoking conduct of their parents.^[5]

Conclusion

Smoking water pipes was much higher comparing with smoking cigarette owing to a sense among users that water pipe tobacco smoking is less risky to one's health and less dependence-producing than cigarettes. In addition to that, the majority of the students started smoking since they enrolled at the university, and they thought mistakenly that this kind of behavior could help them to reduce their stress, particularly when they start course of medicine and surgery.

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