

## ORIGINAL ARTICLE

### AWARENESS REGARDING TOBACCO SMOKING AMONG DENTAL HOUSE OFFICERS AND STAFF OF PRIVATE MEDICAL UNIVERSITY

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#### ABSTRACT

*Objective:* The main objective of this study was to determine awareness regarding tobacco smoking as well as prevalence among dental house officers, teaching and non-teaching staff.

*Method:* This cross sectional study was designed in Baqai Dental College, Baqai Medical University. This study was completed by three different designated people of dental department (dental house officers, teaching and non-teaching staff.). The duration of study in which the survey of study conducted was of 6 months. The survey study was designed on close ended questionnaire consisted of personal and professional profile i.e. age, gender and designation, and few questions of survey based on knowledge and awareness regarding tobacco usage and smoking hazard.

*Result:* The majority of the participants (92.9%) were aware that smoking causes serious diseases where as (89.7%) agreed that smoking should be prohibited in public places. There were (76.2%) participants who believed that providing nicotine cessation counselling is an important element of their job as a dental practitioner, and 59.5% believed that they are well prepared to assist patients in quitting smoking. The 81.7% of participants felt confident in their ability to explain the harmful effects of cigarette use.

*Conclusion:* Governments can reduce the number of people who smoke by imposing higher taxes on tobacco products, launching ongoing social media campaigns, mandating that doctors regularly advise smokers to give up and offer support while they do so, and granting access to medication and behavioral support for quitting.

**Key words:** Tobacco, Smoking, Dental

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#### INTRODUCTION

Smoking is the leading preventable cause of disease and mortality in the globe. The negative health effects of smoking have been clearly documented. The quantifiable association between smoking and several ailments, including coronary artery disease, lung cancer, bladder cancer, oral cancer, pulmonary emphysema, and chronic bronchiolitis, has been verified by data from recent studies [1,2]. The World Health Organization (WHO) estimates that tobacco smoking causes five million deaths

each year. By 2030, this figure is anticipated to exceed eight million, with the majority of tobacco-related illness and mortality occurring disproportionately in low and middle-income countries [3]. Tobacco use can harm nearly every physiological system, including the respiratory (obstructive pulmonary illness and TB), cardiovascular, and reproductive systems [4]. Smoking is extremely dangerous to pregnant women and their babies, whether it is active or passive smoking, and can result in stillbirth, low birth weight, congenital defects, and respiratory tract infections in infants [5].

Tobacco use can also have a negative impact on oral health. Tobacco users' oral cavities are more prone to wound healing delays, infection, and necrosis [6]. Furthermore, cigarette smoking is linked to an increased risk of tooth loss in a dose-dependent manner [7]. Tobacco users' dental treatment outcomes have been reported to be less successful. In the field of periodontology, cigarette users had lower treatment outcomes than non-tobacco users for both non-surgical and surgical periodontal treatments. Furthermore, tobacco smoking has been linked to a higher failure rate of dental implants [8]. Continued use of tobacco following surgery has also been linked to an increased risk of relapse and the formation of a second primary tumor in patients with oral malignancies [9,10].

Many studies have shown that even brief or simple counseling from health experts can significantly improve the stop rates of tobacco users [11–15]. Tobacco cessation counseling (TCC) is said to be 'uniquely and favorably positioned' by dentists [16].

## METHODOLOGY

The main objective of this study was to determine awareness regarding tobacco smoking as well as prevalence among dental house officers, teaching and non-teaching staff. The goal of this study is to determine whether or not the targeted demographic is aware of the dangers of smoking and tobacco use.

The target population for this questionnaire-based survey study in 2019 was 130 people, comprising male and female house officers, instructional staff, and clinical auxiliary staff. Self-structured questionnaires were created, and consent was obtained before they were delivered to the targeted populations. The questionnaire was compiled from many study materials.

The duration of study in which the survey of study conducted was of 6 months from 1<sup>st</sup>July to Dec2019. The survey study was designed on close ended questionnaire consisted of personal and professional profile i.e. age, gender and designation, and few questions of survey based on knowledge and awareness regarding tobacco usage and smoking hazard. This study was completed by three different designated people of dental department (house officers, faculty and clinical auxiliary staff).

## RESULTS

Total no. of participants included in this study was 126 out of which 46.0% were males and 54.0% were females with 100% response rate. Most of the participants are House officers (46.8%) followed by teaching staff(36.5%) and nonteaching staff (16.7%) (table1).

**Table 1: Frequency of Socio-demographic Status**

Parameters		n(%)
<b>Gender</b>	Male	58 (46.0%)
	Female	68 (54.0%)
<b>Designation</b>	Faculty	46 (36.5%)
	House Officer	59 (46.8%)
	Non-teaching Staff	21 (16.7%)

The prevalence of smoking among participants was 48.4% (31.7% active and 16.7% passive smokers). The majority (12.7%) smoke 1-5 cigarettes daily. Among the current smokers, 14.3% had tried to quit

smoking to improve health(7.1%) cost of smoking(2.4%) poor health status(4.8%) social pressure(1.6%), and (7.1%) for other reasons (table2).

**Table 2: Prevalence and Pattern of Cigarette Smoking**

Parameters		n(%)
<b>Are you habitual of smoking?</b>	Yes	33 (26.2%)
	No	85 (67.5%)
	Sometimes	8 (6.3%)
<b>What type of smoker are you?</b>	Active	40 (31.7%)
	Passive	21 (16.7%)
	None	65 (51.6%)
<b>At what age did you smoke first?</b>	12-15	14 (11.1%)
	16-19	23 (18.3%)
	Others	85 (67.5%)
	None	4 (3.2%)
<b>How many cigarettes do you smoke daily?</b>	1-5	16 (12.7%)
	6-10	7 (5.6%)
	>10	10 (7.9%)
	Others	8 (6.3%)
	None	85 (67.5%)
<b>Where do you smoke?</b>	Home	2 (1.6%)
	University	5 (4.0%)
	Cafeteria	12 (9.5%)
	Others	16 (12.7%)
	All of the above	6 (4.8%)
	None	85 (67.5%)
<b>Have you ever tried to quit smoking?</b>	Yes	18(14.3%)
	No	19(15.1%)
	Sometimes	4 (3.2%)
	None	85 (67.5%)
<b>If yes! What motivates you to not smoke?</b>	Poor health status	6 (4.8%)
	Improve health	9 (7.1%)
	Cost of smoking	3 (2.4%)
	Social pressure	2 (1.6%)
	Others	9 (7.1%)
	None	97 (77.0%)

The participants' knowledge and attitudes toward tobacco use, as well as the prohibition of indoor or

outside smoking sites, are displayed in the graph below (table 3). The majority of the participants (92.9%) were

aware that smoking causes serious diseases. The majority of the participants (89.7%) agreed that smoking should be prohibited in public places.

**Table 3: Knowledge and Attitude towards Tobacco Smoking**

Parameters		n(%)
<b>Do you think smoking tobacco can cause any of this following?</b>	Heart attack	1 (8%)
	Lung cancer	3 (2.4%)
	Oral cancer	3 (2.4%)
	All of the above	117 (92.9%)
	None of the above	2 (1.6%)
<b>Do you think smoking is a type of addiction?</b>	Yes	104 (82.5%)
	No	4 (3.2%)
	Don't know	18 (14.3%)
<b>Do you think all cigarettes advertising should be banned?</b>	Yes	102 (81.0%)
	No	7 (5.6%)
	Don't know	17 (13.5%)
<b>Do you think tobacco smoking affects the environment?</b>	Yes	112 (88.9%)
	No	3 (2.4%)
	Don't know	4(4.0%)
	Maybe	5(4.8%)
<b>Do you agree that smoking should be banned in public sectors?</b>	Yes	113(9.7%)
	No	6(4.8%)
	Maybe	7(5.6%)

The majority of participants (76.2%) believe that providing tobacco cessation counseling is part of their job as a dental practitioner, and 59.5 percent believe that they are well prepared to assist patients in quitting

smoking. The 81.7 percent of participants feel confident in their ability to describe the harmful consequences of cigarette use(table4).

**Table 4: Awareness and Preparedness towards Practicing Tobacco Cessation Counseling**

Parameters		n(%)
<b>Are you confident in explaining the negative impact of smoking tobacco usage?</b>	Yes	103 (81.7%)
	No	9 (7.1%)
	Maybe	14 (11.1%)
<b>Do you know the smoking tobacco cessation protocol?</b>	Yes	74 (58.7%)
	No	52 (41.3%)
<b>Do you think giving tobacco cessation counseling is a part of your role as a worker in a dental sector?</b>	Yes	96 (76.2%)
	No	12 (9.5%)
	Maybe	18 (14.3)
<b>Are you well prepared to help patients in tobacco cessation?</b>	Yes	75 (59.5%)
	No	22 (17.5%)
	Maybe	29 (23.0%)

## DISCUSSION

The prevalence of current cigarette smokers among the study's target population (26.2%) was greater than that found in several prior Indian researches (20.3%), (20.2%) [17,18] and lower than the previous study (12.4 %) in Yemen [19]. The WHO encourages participants to warn patients about the dangers of smoking, assist patients in quitting, and serve as role models for tobacco-free living. Nonsmoking doctors were shown to be more likely to provide systematic smoking cessation counselling to their patients and to possess strong beliefs about the harmful effects of tobacco [20].

According to this study, 11.1% of participants start smoking at the age of 12-15, 18.3 % at the age of 16-19, and the majority of participants (67.6%) choose the option others, whereas previous studies show that the majority of smokers (47.1 %), (68.0 %) start smoking at the age of 16-19 and 16-20, respectively [21]. Previous studies have shown that smoking rates rise with age, and that adolescents who begin smoking at a young age are more likely to continue smoking as adults. Medical education was found to have no preventative effects or influence on the antismoking attitudes and behaviors of dental practitioners or other dental employees [22].

The negative consequences of tobacco smoking were known to dental house officers, faculty, and auxiliary staff in this investigation. In this study, the majority (92.9 %) of participants had a high level of knowledge of the detrimental effects of smoking, such as oral cancer, respiratory sickness, heart disease, addiction, lower health status, and increased mortality, regardless of their smoking behavior. According to prior surveys, roughly 76 % and 90.0 % of participants were aware of the harmful effects of smoking on the human body [23]. This implies that if cigarette smoking prevention and control programs are developed in colleges, the majority of participants will respond positively. Oral cancer is the world's sixth most prevalent cause of cancer-related fatalities, and it's largely linked to tobacco use, whether it's smoked or chewed. Oral cancer is most common among men [24].

Tobacco advertising and promotion, according to researchers, promotes consumption and exacerbates the harmful public health effects of tobacco use in a number of ways. Children and young adults are enticed to try tobacco and become habitual users through targeted advertising. It has the potential to decrease current smokers' willingness to quit, increase daily usage, and entice former smokers back to smokes [25]. In contrast, complete national ad bans reduce overall tobacco consumption, Comprehensive nationwide restrictions on advertising and promotion, on the other hand, lower tobacco consumption [26]. According to this study, 89.7% of participants believe that smoking should be prohibited in public places, whereas 81.1 percent of respondents agreed in a previous study [27].

According to prior studies, (96%)(85%) of participants believe that providing tobacco cessation counselling is a part of their job as a dental worker [28]. Almost 85% of participants felt confident in their ability to describe the harmful effects of tobacco use on dental health. Only around a quarter of the participants (26%) stated that they were well-prepared to deliver TCC [29].

## CONCLUSION

The main theory appears to be that cigarettes provide the brain with convenient and rapid delivery of attractive types of nicotine. Nicotine acts on the brain to create cravings to smoke in circumstances where smoking would normally occur when brain nicotine levels drop. Usually, the cost of smoking and the health hazards it poses are too great to balance this. Governments can reduce the number of people who smoke by imposing higher taxes on tobacco products, launching ongoing social media campaigns, mandating that doctors regularly advise smokers to give up and offer support while they do so, and granting access to medication and behavioral support for quitting.

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**Author's Contribution:**

MB: Conceived idea, manuscript writing, and

responsible for data integrity

RAA: Data collection, editing and approved the manuscript

SM: Data analysis and approved the manuscript

NN: Critical analysis, proof reading, editing and approved the manuscript

SS: Manuscript writing, editing and approved the manuscript

AAS: Edited and approved the manuscript

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