



## Awareness on harmful effects of smoking in middle school children

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### ABSTRACT

Consumption of cigarettes and similar tobacco items and tobacco smoking are the world's largest common preventable of death. Multiple studies have observed that the overall life expectancy of a person dying from tobacco-related illnesses is 15 years quicker than those dying from natural deaths. Hence this study was done to assess the awareness on harmful effects of smoking in middle school children. This was a questionnaire-based cross-sectional type of study comprising 100 middle schools aged between 10-15 years in Chennai. A self-administered questionnaire containing 10 questions eliciting information on the awareness of the harmful effects of smoking among middle school students were circulated. The collected responses were tabulated and analysed. 95% of students are not smokers and 5% smoke to get pleasure. 94% of students are not aware that smoking causes cancer and it is injurious to health. 68% feel the parental influence and 32% feel peer influence to be the reasons for smoking. 86% were not aware of smoking cessation therapy. The results of this study illustrate the need to increase understanding of the health consequences of smoking in middle school students. In order to promote quitting, especially in rural areas, where rates of education and health literacy are lower and where health services are less available, educational programs are an essential way to increase awareness.



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### INTRODUCTION

Consumption of cigarettes and similar tobacco items and tobacco smoking are the world's largest common preventable of death (Beaglehole, 2003). Multiple studies have observed that the overall life expectancy of a person dying from tobacco-related

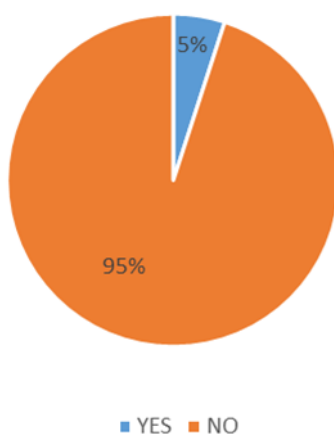
illnesses is 15 years quicker than those dying from natural deaths (Jha and Chaloupka, 2000; Peto et al., 1992). Tobacco-related passings establish a pandemic, slaughtering 100 000 individuals all-inclusive in the twentieth century. Without solid government activity, this number is probably going to develop to 1000 passings over the 21st century, 80% of which will happen in creating countries (Jha et al., 2006; Peto et al., 1995; Boyle et al., 2004).

Since the 1950s, various epidemiological investigations worldwide have recommended that active and passive forms of smoking are chance components for numerous sicknesses, which are significant hazard factors for six out of the main eight reasons for death universally including ischemic cardiovascular ailment, cerebrovascular illness, lower respiratory diseases, COPD, tuberculosis, tracheal, bronchial, and lung alveolar cancers (Nsimba and Sussman, 2006).

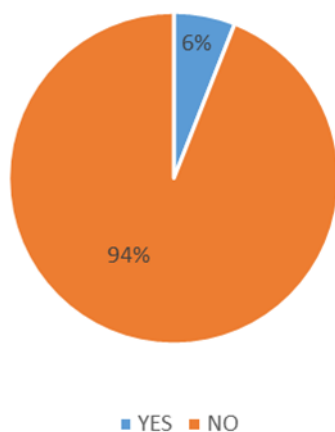
The most powerless population influenced by the unsafe impacts of smoking are adolescent youngsters. Hence this study was done to assess the awareness on harmful effects of smoking in middle school children.

### MATERIALS AND METHODS

This was a questionnaire-based cross-sectional type of study done among participants comprising of 100 middle schools aged between 10-15 years in Chennai. A self-administered questionnaire containing 10 questions eliciting information on the awareness of the harmful effects of smoking among middle school students were circulated. The collected responses were tabulated and analysed.



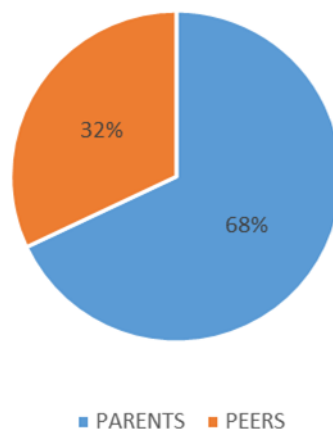
**Figure 1: Smoking habits in middle school students**



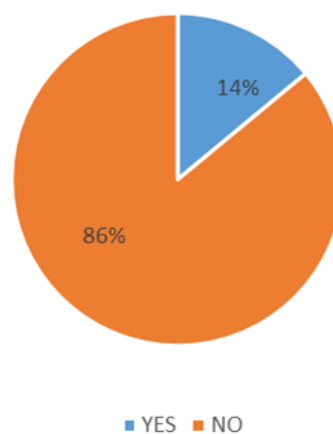
**Figure 2: Awareness of smoking causing cancer**

### RESULTS AND DISCUSSION

95% of students are not smokers and 5% are smokers (Figure 1). 94% of students are not aware that smoking causes cancer and it is injurious to health (Figure 2). 68% feel the parental influence and 32% feel peer influence to be the reasons for smoking



**Figure 3: Reasons for smoking**



**Figure 4: Awareness about smoking cessation therapy**

(Figure 3). 86% were not aware of smoking cessation therapy (Figure 4).

The results of this study indicate that overall awareness among adolescent smokers in India of the different health risks associated with smoking was very small relative to other regions. Evidence in developing countries has also shown that most smokers are mindful of the serious health consequences of smoking, including lung cancer and stroke (Rodgman and Perfetti, 2016).

Nevertheless, this comparable amount of awareness has still not been observed in low-and middle-paid nations, where rates of education and pay are considerably lower. In the 2010 ITC Bangladesh Survey, the rates of knowledge on various well-being effects were lower than those found in Western nations, but at the same time higher than those reported in the TCP India Pilot Report. For example, 85 per cent of Bangladeshi smokers thought smoking caused lung malignancies and 79 per cent thought smoking caused coronary disease (Abony et al., 2018). Comparative outcomes were found in

the 2009 ITC Bhutan Survey, where 86% of tobacco clients accepted that smoking causes lung malignancy. The aftereffects of the current examination are increasingly reliable with low information levels found among Chinese smokers in a recent report utilizing ITC China Survey information (Dendup, 2017). In this examination, 68% of current smokers accepted that smoking causes lung disease, and just 16% thought smoking causes CHD, contrasted with 60% and 21% individually in India. These outcomes bolster worldwide examination showing that in spite of the proof for the damages brought about by tobacco, most of the tobacco clients overall are not completely mindful of the dangers, other than lung malignancy (Weinstein et al., 2004).

Similarly, although the majority of smokers in this study had an anti-smoking appraisal, many smokers, in general, were also not concerned about the adversarial impact of smoking on their own well-being. They continue to understand that they are safe and agree that smoking has still not negatively affected their well-being and this.

Besides, just 10% of current smokers in this example in India detailed that they had plans to stop smoking in the following a half year, and 37% had any goal to stop. This finding is in accordance with quit aims in Bangladesh and in China (Islam and Hasan, 2017), yet it is still a lot of lower than paces of quit goals in different nations. For example, ITC Surveys in four Western nations have discovered paces of quit goals of about 36% of smokers generally speaking, with 65–81% having any expectation of stopping eventually (Jha and Chaloupka, 2000).

The association between knowledge of the dangers of smoking and the desire to quit was a significant finding in this research. Many who were aware of the potential health consequences of smoking have historically been more likely to have decided to stop smoking. Evidence has also shown that cessation of intent is a strong predictor of an actual cessation attempt (Hyland, 2006; Jha et al., 2006; Li et al., 2011; Oswal et al., 2010). Efforts to increase awareness of smoking risk in Indian middle school students can, therefore be an effective strategy to inspire smokers to quit and increase positive smoking cessation.

## CONCLUSION

The results of this study illustrate the need to increase understanding of the health consequences of smoking in middle school students. In order to promote quitting, especially in rural areas, where rates of education and health literacy are lower and where health services are less available, educational

programs are an essential way to increase awareness.

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## Conflict of Interest

The authors declare that they have no conflict of interest for this study.

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