

Awareness of Patients about Risks of Cigarette Smoking in Erbil City

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Abstract

Background and objective: Cigarette smoking is a major global contributor to death of chronic disease¹. The aim of the study was to assess the patient's awareness about risks of cigarette smoking.

Methods:

A quantitative descriptive study of non-probability purposive sample were conducted on 100 patients whom admitted to medical wards in Hawler and Rizgary teaching hospitals in Erbil city from August 2014 up to October 2014. Data were collected by direct interview techniques. The instrument contained two parts: Part one of the questionnaires include demographic characteristics data and part two includes patient's awareness about risks of cigarette smoking.

Results: Most of the patients were within age group ≥ 65 years old, 100% of the sample was married, males, most of the sample was above read and write level of education. More than half of study sample were having sufficient income and worker. There were significant associations between patient's awareness on risks of cigarette smoking and their ages and economical status with P.value (0.036 and < 0.001 respectively).

Conclusion: Most of the patients were aware about risks of cigarette smoking. Over all mean of patient's awareness on risks of cigarette smoking on their body was 66.91%. the study recommended the need for more pamphlets and posters should be designed and distributed to all wards in hospital regarding risks of cigarette smoking.

Key: Awareness, Patients, Risks, Cigarette Smoking

Introduction: Cigarette smoking raises carbon monoxide levels in the blood and causes constriction of peripheral blood vessels. It disrupts the structure of alveoli, causing them to become overstretch and inelastic¹. It is implicated in the development and recurrence of gastric ulcers². Nicotine increases the amount of bad fats (LDL, triglycerides, cholesterol) circulating in the blood vessels and decreases the amount of good fat (HDL) available. These silent effects begin immediately and greatly increase the risk for heart disease and stroke. In fact, smoking 1-5 cigarettes per day presents a significant risk for a heart attack.³

Nicotine produce tolerance, resulting in increased use over time and withdrawal symptoms when use is discontinued and it reaches the brain in 7 to 10 seconds after smoke is inhaled and has been found in part of a smoker's body, also carbon monoxide which is present in cigarette smoking, binds to hemoglobin in red blood cells, preventing these cells from carrying all of the O₂ they normally can lead to symptoms of carbon monoxide poisoning^{4&5}.

World Health Organization estimates that tobacco caused 5.4 million deaths in 2004 and 100 million deaths over the course of the 20th century⁶.

Tobacco smoke contains more than 4000 chemical substances, and more than 45 known or suspected chemical carcinogens, also contains nicotine, which is a highly addictive psychoactive drug⁷. Cigarette smoking is the number one risk factor for lung cancer, but smoking can affect the entry body such as lung, trachea, bronchus, oral cavity, stomach, bladder, kidney and etc⁸.

Inhaling tobacco smoke affects the individual's heart and blood vessels. The smoker's heart rate rise, nicotine cause blood pressure to raise, constricting the blood vessels, increase work of the heart and reduce the ability of blood lipid raises levels of fibrinogen and increase platelet production, increase the risk of clotting. As a result of these affects smokers are at higher risk of developing atherosclerotic disease⁹.

Smoking habit was increased and observed among women during the past decades, as well as to various other lifestyle habits and work related conditions like physical inactivity, unhealthy diet, social in security and job stress, nearly 23% of adult American currently smokers¹⁰.

Addiction is marked by the repeated, compulsive seeking or use of a substance despite its harmful effects and unwanted consequences. Addiction is defined as mental or emotional dependence on a substance. Researchers are looking for other substances that may also contribute to tobacco dependence¹¹. People who smoke cigarettes has lack knowledge about the risks of tobacco smoking and are at considerable risk for dependence and tobacco related disease, such as cancer, heart disease, and stroke later in life¹². Also cigarette smoking affects the whole digestive system of the body leading to heart burn and peptic ulcer. It weakens the lower esophageal sphincter and allows entry of the stomach's natural acidic juice to esophagus which in turn causes heart burn¹³. Awareness of patient about the effects death probably, tobacco use leads most commonly to disease affecting the heart, liver and lungs with smoking being a major risk factor for heart attacks, stroke, chronic obstructive pulmonary disease, cancers and hypertension¹⁴. The aim of the study was to assess the patient's awareness on risks of cigarette smoking.

Methods and Patients:

A quantitative descriptive study was conducted in Medical ward at Hawler and Rizgary Teaching Hospitals, during August 2014 to October 2014. Anon-probability purposive sample of 100 patients were agree to participate in this study, the interview technique was used for data collection for about 10-15 minutes for each patient. The data were collected through using a questionnaire which prepared by researchers

through the intensive review of available that contain 2 parts, part I, Socio-demographic data, which is composed of age, gender, marital status, level of education, economical status and occupation and part II, composed of 12 items which related to patient's information about risks of cigarette smoking. Patient's awareness scaled as not aware and aware, scored (1) for not aware and (2) for aware. Patients level of awareness determined as; not aware when patient' scores was from (1-6) items and aware if scores from (7-12) items. The internal consistency of the questionnaire was assessed by calculating the questionnaire reliability and determined Pearson correlation coefficient through the use of (Test – Retest) with $r = 0.85$ which was statistically adequate.

Data were statistically analyzed and organized in tables by SPSS version 17, chi-square test was used to make association between different variables. P value of less than 0.05 was considered as significant.

Results:

Table 1. Shows that the highest percentage 48% of patients was had (≥ 65) years old, all patients were males and they were married. High percentage of them 46% were able to read and write and 18% of them were intermediate graduated, more than half of the study sample 55% were having sufficient income, and were done their daily work.

Table (1) show the demographic data of the 100 smoker patients

Sociodemographic characteristics of patients		F	%
Age group years	25-44	14	14
	45-64	38	38
	≥ 65	48	48
Total		100	100.0
Gender	males	100	100.0
Marital status	married	100	100.0
Educational level	illiterate	36	36
	read and write	46	46
	Intermediate school gradate	18	18
Total		100	100.0
Economic status	sufficient	55	55
	not sufficient	45	45
Total		100	100.0
Occupation	workers	55	55
	retirements	45	45
Total		100	100.0

Table 2. Shows the mean of patients awareness on risks of cigarette smoking was 66.91%. Most of patients were aware about the most risks of cigarette smoking in most items, while patients awareness on hypertension, cardiovascular disease, cigarette smoking raise blood cholesterol, cigarette smoking leading to clubbing finger were with low awareness as risks of cigarette smoking with percentages (26%, 18%, 34%, 15% respectively).

Table 2. Frequency and percentage of patient's awareness about risks of cigarette smoking

	Items on risks of cigarette smoking	Not Aware		Awareness	
		F	%	F	%
1.	Do you think that cigarette smoking effects on the environment	12	12	88	88
2.	Do you think that cigarette smoking leading to lose of appetite	3	3	97	97
3.	Dou you think that cigarette smoking leading to chest infection	4	4	96	96
4.	Does cigarette smoking have effects on stomach ulcer	19	19	81	81
5.	Does cigarette smoking have effects on chest pain	9	9	91	91
6.	Do you think that cigarette smoking lead to asthma	32	32	68	68
7.	Does cigarette smoking is risk for hypertension	74	74	26	26
8.	Do you think that cigarette smoking have risk for cardiovascular disease	82	82	18	18
9.	Does cigarette smoking raise blood cholesterol	66	66	34	34
10.	Do you think that cigarette smoking leading to clubbing finger	85	85	15	15
11.	Do you believe that cigarette smoking have bad odor in the mouth	11	11	89	89
12.	Does cigarette smoking leading to dyspnea	0	0	100	100
Mean of patient's awareness 66.91					

Table 3. Shows that majority (83%) of patients were aware about risks of cigarette smoking (answered more than half of questions), while minority (17%) of them not aware (answered less than half of questions)

Table 3. Overall patient's awareness on risks of cigarette smoking

Overall awareness	F	%
Not aware (1- 6)	17	17
Aware (7-12)	83	83
Total	100	100

Table 4. Association between patient's awareness on risks of cigarette smoking and their sociodemographic characteristics

About patient's awareness on risks of cigarette smoking and their ages this table shows that there were significant association between patient's awareness on risks of cigarette smoking and their age with P.value 0.036 : younger patients more awareness than older.

Regarding patient's awareness on risks of cigarette smoking and their level of education there were positive association between patient's awareness on risks of cigarette smoking and their level of education at P.value 0.076.

Concerning patient's awareness on risks of cigarette smoking and their economic status there were high significant association between patient's awareness on risks of cigarette smoking and their economic status with P.value < 0.001. All high patients awareness on risks of cigarette smoking were had sufficient income

In relation to patient's awareness on risks of cigarette smoking and their occupation the results show that workers were more awareness than retirements at P.value 0.073. There were positive relationship between patient's awareness on risks of cigarette smoking and their occupation.

Table 4. Association between patient's awareness on risks of cigarette smoking and their sociodemographic characteristics

Sociodemographic characteristics		Not aware		Aware		P- value Chi-square	Degree of Freedom (df)
		F	%	F	%		
Age group / years	25-44	1	1	13	13	0.036	2
	45-64	3	3	35	35	S	
	65-84	13	13	35	35		
Educational level	illiterate	10	10	26	26	0.076	2
	read and write	6	6	40	40	NS	
	Intermediate school gradate	1	1	17	17		

Economic status	sufficient	0	0	55	55	< 0.001	1
	not sufficient	17	17	28	28	VHS	
Occupation	worker	6	6	49	49	0.073	1
	retirement	11	11	34	34	NS	

Discussion:

Cigarette smoker requires a lifelong management plan, and have a central role in this plan to adaptation process and copying behavior with daily challenges that require attentive intention and persistence thus one of the most important outcomes of is optimizing the quality of life of the patients. Therefore, it is important to learn as much as possible about risks of cigarette smoking and to take an active role in making decisions about person health care (Barlow, 2008).¹⁵

Variables like age, sex, economical status, educational levels, and occupation may have impacts on the older patients' adaptation process and coping behavior with daily challenges of smoking as a risk factor of diseases, which requires attentive self – care and management.

In this study the majority of patients with ≥ 65 years of age had a low educational level, all patients were males and they were married. More than half of patients were having sufficient income, and were done their daily work.

The results revealed that the highest percentage of patients were aware on risks of cigarette smoking while the lowest of them were not aware, this may be due to that our patients acquired knowledge on risks of cigarette smoking from the health care workers, Television, radio, poster, internet, family members, friends and newspaper. This results agree with the results of the study¹⁶ which mentioned that majority of study sample were knowledgeable on risks of cigarette smoking. In contrast other study which done in Pakistan they finds that high proportion of sample consumes tobacco and mostly was unaware about tobacco hazards.¹⁷

Concerning association between patients awareness on risks of cigarette smoking and their sociodemographic characteristics

There were statistical significant relationships between patient's awareness on risks of cigarette smoking and their ages and economical status. Younger patients were more awareness about risks of cigarette smoking than older; this may be related to younger patients more educated and contact to mass media like television, internet, and journal also cognitive performance might also play in engaging patients in behavior changes, communicating information to patients, and negotiating the goals of care with patients particularly in persons who had risks of diseases. There were positive relationship between patient's awareness on risks of cigarette smoking and their level's of education; high level of education is associated with more awareness on risks of cigarette smoking and less at risks to diseases. This finding agrees with the study done in Pakistan which stated that better education

level of the patients showed better knowledge and practices of smoking compared with low level of education.¹⁸

The present study finding indicated that patients who had sufficient income were more awareness on risks of cigarette smoking than not sufficient income this may be related to sufficient income patients were more contact with health instruction through internet, and journal and follow-up their health status, this result come along with results of the study which mentioned that socioeconomic indicators were strongly associate with cigarette smoking among men especially when education and occupation status were considered together, and when income and housing tenure were introduced into the model already containing education and occupational status.¹⁹

Generally most of cigarette smokers had enough knowledge and awareness about the risks of cigarettes and their affects on the body health and still they smoke, This is may be related to their persuasion or their point view to the life especially among low level of education and old age this may be a reflection of aging process and lower physical activity (retirements) and their attitude are not changed easily especially recent political stress and low economical income that affected daily life especially among older patients (researcher view).

World Health organization (WHO) stated that everyone is aware of the fact that smoking can cause serious life threatening health complications, people can't quit since nicotine is highly addictive, similar to heroin and other addictive²⁰.

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هه‌لسه‌نگاندنی زانیاری نه‌خۆش دهرباره‌ی مه‌ترسی یه‌کانی جگهره کێشان له شاری هه‌ولێر

جگهره کێشان هۆکاری مردنه له جیهان به شیوه‌یه‌کی به‌رفه‌وان وه له نه‌خۆشی درێژ‌خایه‌نه‌کان ، ئامانج له‌م توێژینه‌وه هه‌لسه‌نگاندنی زانیاری نه‌خۆش دهرباره‌ی مه‌ترسی یه‌کانی جگهره کێشان.

پێگهی توێژینه‌وه: توێژینه‌وه‌یه‌کی وه‌سفی به‌ شیوازی مه‌به‌ستی ئه‌نجام دراوه له‌سه‌ر 100 نه‌خۆش که ئاماده‌بوونه له قاوشی هه‌ناو له نه‌خۆشخانه‌کانی رزگاری و هه‌ولێری فیڕکردن له‌شاری هه‌ولێر له‌ ماوه‌ی مانگی ئابی 2014 بۆ تشرینی یه‌که‌می 2014.

زانیارییه‌کان کۆکرانه‌وه له پێگای چاپێکه‌وتنی نه‌خۆش وه به‌کارهێنانی پاپرسی تایبه‌ت که له دوو به‌ش پیکهاتبوو، به‌شی یه‌که‌م دهرباره‌ی زانیاری دیمۆغرافی نه‌خۆش وه به‌شی دووهم دهرباره‌ی پرسیاره‌کانی زانیاری نه‌خۆش له‌سه‌ر خراپیه‌کانی جگهره کێشان.

له ئه‌نجامی توێژینه‌وه‌که ده‌رکه‌وت که زۆریه‌ی نه‌خۆشه‌کان ته‌مه‌نیان له 65 سال و به‌ره‌و سه‌ره‌یه و خێزاندان و له په‌گه‌زی نێرن وه له ئاستی‌کی خۆیندن که له سه‌رووی ئه‌وه‌ن ده‌توانن بخوینن و بنووسن وه زیاتر له نیوه‌ی نه‌خۆشه‌کان کارده‌که‌ن و له ئاستی ئابووری گونجاو وه هه‌ر له توێژینه‌وه‌که ده‌رکه‌وت که زانیاری نه‌خۆش په‌یوه‌ندیداره به ته‌مه‌نی نه‌خۆش وه باری ئابووریان به‌ نرخێ $P = 0.001 > 0.036$ یه‌ک له دوا‌ی یه‌ک (له ده‌رئه‌نجامی توێژینه‌وه‌که ده‌رکه‌وت که زۆریه‌ی نه‌خۆشه‌کان زانیاریان هه‌بوو دهرباره‌ی مه‌ترسی یه‌کانی جگهره کێشان به‌ نېسه‌ی 66.91٪. وه پاسپاردی توێژینه‌وه‌که ئه‌وه‌یه که زیاتر په‌راو بو‌سته‌رات هه‌بی‌ت له نه‌خۆشخانه‌کات دهرباره‌ی مه‌ترسی جگهره کێشان.

تقييم معارف المرضى عن مخاطر تدخين السكاير فى مدينة اربيل

الهدف وخلفية البحث: التدخين يساهم عالميا فى الوفاة من الامراض المزمنة بصورة هائلة الهدف من الدراسة هو تقييم معارف المرضى عن مخاطر تدخين السكاير فى مدينة اربيل:

طريقة البحث: دراسة وصفية غير احتمالية من عينة الغرضية المكونة من 100 مرضى الذين دخلوا ردهات الباطنية فى المستشفيات هولير و رزطارى التعليمى فى مدينة اربيل خلال فترة من اب 2014 الى تشرين الاول 2014 تم جمع البيانات فى خلال مقابلة فردية مع مريض باستخدام الاستبيان الخاص المكونة من الجزئين الجزء الاول يتضمن المتغيرات الديموغرافية للمريض الجزء الثانى يتكون من المعارف المرضى حول المخاطر تدخين السكاير.

النتائج: بينت النتائج بأن اغلبية المرضى يبلغ اعمارهم اكثر 65 سنة فما فوق وكانوا من الذكور والمتزوجين وقادرين على القراءة والكتابة وأن اكثر من نصف المرضى كانوا يعملون و ذوي الدخل المناسب. وظهرت الدراسة ايضا بوجود علاقة ذات دلالة احصائية عالية بين معارف المرضى والمتغيرات الديموغرافية مثل عمر المريض والحالة الاقتصادية للمريض بقيمة $P = (0.001 < 0.036 \text{ على التوالي})$.

الاستنتاج: بينت الاستنتاج بان اغلبية المرضى كان لديهم معرفة على مخاطر تدخين السكاير بمعدل 66.91%. أوصت الدراسة على ضرورة تصميم وتوزيع الكتيبات والبوسترات حول مخاطر تدخين السكاير فى كل ردهات المستشفيات