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A Sociological Study of Smoking Habits and their Harmful Effects on Health in University Level Students

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Abstract

Aim of the study to find out the views of students of art faculty of HNB Garhwal University about their habit of smoking and its harmful consequences.The study is based on descriptive research methodology. The area of research study is related to HNB Garhwal University located in Srinagar, Pauri Garhwal of Uttarakhand state. 115 students were randomly selected by the research scholar from the arts Faculty of HNB Garhwal University. who were determined to conduct the study. To collect the facts of the study, questionnaires have been used in the primary source and textbooks, newspapers, articles, and reports etc. have been used in the secondary source. The study findings showed that 23.48 percent of the respondents in the study were in the age group of 22-24 years and 33.04 percent were above 27 years of age. 37.40 percent of the respondents lived in rural and 62.60 percent in urban areas. 87.83 percent of the respondents believe that smoking has harmful effects on a person's health. 85.22 percent of the respondents believe that the diseases related to lungs are caused by smoking 67.83 percent do not believe that women smoke more than men.

Keywords: *Smoking, Health, Tobacco, Habits, Harmful*

Introduction

Tobacco is used in large quantities all over the world. Which is a major cause of premature deaths. The harmful effects of cigarette and tobacco consumption on a person's health are extensively studied and the harmful effects of this have been universally accepted. Bidi is a tobacco product used in large quantities by a population with low socio-economic status. Because bidi is a cheap tobacco product commonly used in South Asia *(Dong, 2017: 168)*.

The frequent overuse of tobacco leads to serious health hazards. Every 6 seconds a person dies from tobacco. Tobacco is the cause of death of about one in ten adults worldwide. It causes health problems and loss of productivity of more than 6 million people. It is estimated that over 80 percent of deaths due to tobacco use occur in low and middle income countries. India accounts for one-fifth of tobacco deaths. Where about 12 million people become ill due to tobacco consumption and 8,00,000 people die tragically. Tobacco consumption in developing countries is increasing at a rate of 3.4 percent every year. Whereas in developed countries it is stagnant or decreasing *(Patel, 2016: 574)*.

Tobacco is used in large quantities by adolescents in India. According to the 2006 Global Youth Tobacco Survey, the national prevalence rate of tobacco use among school-aged 13 to 15 years of age was 14.1 percent *(Bhojani, 2011-01)*. According to National Family Health Survey 3 of 2005-06, tobacco use in men, rural population, Abundant among the illiterates, the poor

and the weaker sections of society. An estimate of the Global Health Tobacco Survey conducted in 2009–10 showed that 34.6 percent of adults, including 47.9 percent of men and 20.3 percent of women, were tobacco users at the time. According to this survey, 14.6 percent of the 24,000 students used tobacco *(Mishra, 2012: 139)*.

Tobacco Use in India

India is second in the world in tobacco use. Tobacco is used in India in both smoke and smokeless forms. Orally, tobacco is used in cigarette, bidi, khaini, gutkha, pan masala and smokeless tobacco etc. Cigarettes are available in various types like flavor, length based and filtered / unfiltered etc. Based on the report of Global Health Tobacco Survey 2, the data revealed that 28.6 percent people use tobacco in any form. Most of India's population uses beedi for tobacco consumption *(Mohan, 2018-01)*.

Tobacco use in India forces around 150 million people to live in poverty. Consumers of tobacco prematurely compromise their family income, education and health and push them into a vicious cycle of poverty *(Dixit, 2015: 17)*. Tobacco Be it non-smoking or including smoking, both forms prove to be fatal to health. Numerous scientific studies have proved that tobacco causes illness, disability and death. According to the International Agency for Research and Cancer (P.B.) monograph, there is sufficient evidence in humans that tobacco smoke cause lung and oral cancer, stomach, pancreatic, liver, kidney, ureter, urinary bladder, uterine cervix and bone marrow diseases etc. *(Shah, 2018: 1174)*.

Harmful Disease Caused By Tobacco Consumption

According to a 2004 Center for Disease Control and Prevention (3) report, approximately 2600 people die of heart disease daily in the United States. An analysis by European health experts (7) revealed that tobacco is responsible for the deaths of all 24 percent of men and 7 percent of women in fully developed countries. Smoking kills 3 million people worldwide annually *(Saha, 2007: 77–78)*. Most smoking-related deaths occur from lung cancer, respiratory disease and heart disease. In addition, smoking causes many problems such as blindness, deafness, back pain, stroke, and osteoporosis. *(West, 2017: 1020)*.

In India, tobacco consumption accounts for half of all men and one-fourth of all women with cancer. Its harmful addiction causes cardiovascular disease. According to an estimate by the World Health Organization, the number of tobacco deaths in India could exceed 1.5 million by 2020 *(Rani, 2003: 01)*.

Literature Review

Nagarajappa, R. et al (2013) studied "Knowledge and Attitude Towards Smoking among Indian Students of Dentistry". The aim of the study was to assess age, knowledge and attitude of smoking initiation among 1,383 students of Dental College, Rajasthan. Akando was collected through a questionnaire. The results showed that 56.2 percent of the men and 43.8 percent of the women were included in the study. 27.7 percent of men started this habit of smoking at a very young age before 16 years. 79.5 percent of men and 72.3 percent of women felt that smoking is wrong and they should quit. The study concluded that the students of Dental College of Rajasthan had a higher prevalence of smoking and were able to give more information about their attitude regarding smoking.

Mishra, S. et al (2016) studied "Teands in Beedi and Cigarette Smoking in India from 1998 to 2015, by age, gender and education". The aim of the study was to know the prevalence of smoking of beedi or cigarette among Indians between 15 and 69 years of age in India between 1998 and 2015. The data were compiled by comparing 3 national representative surveys. The study's findings showed that the standardized prevalence of any smoking in men aged 15 to 69 dropped from 27 percent to 24 percent from 1998 to 2015. In 2015, approximately 11 million women aged 15 to 69 smoked. Smoking prevalence was found to be highest among illiterate men. The findings showed that despite a very slight decrease in the prevalence of smoking, men aged between

15 and 69 years showed a significant increase in the last 15 years.

Verma, M.P. and Prasad, K.S.V. (2019) studied "Awareness About Harmful Effects on Cigarette Smoking among Adolescents in Shamirpet Mandal, Hyderabad" as a problem. The area of study was Shamirpet Mandal, Hyderabad. This was a cross sectional survey. Two schools were randomly selected from the urban and rural areas of the practice area of the Medicity Institute of Medical Sciences for the study. Data was collected from students through a questionnaire. The results showed that a total of 367 students were enrolled in the study. 98.85 per cent students in urban areas and 94.84 per cent students in rural areas were aware of the harmful effects of tobacco consumption. Therefore, it has been concluded that the problem of smoking should be identified only in adolescence and efforts should be made to correct it. Only then will it be beneficial for the individual, family and society.

Kakodkar, P.V. and Bansal, S.S. (2013) have studied the topic "Hukkah Smoking: Characteristics, Behavior and Perception of Youth Smokers in Pune, India". The aim of the study was to find out the characteristics and attitudes related to smoking in youth smoking in Hukkah in Pune. The study included 280 hookah smokers. A questionnaire was used to collect data. As a result of the study, it was found that most of the participants started smoking at the age of 17 years. The parents of 75 per cent of the participants did not like their smoking habit. After smoking, symptoms such as dizziness, mild sadness and headache were evident due to the effects of nicotine in them. Hukkah smoked for about 1 hour 19 minutes per day 24.6 percent. 68.2% of the participants smoked hookah at the Hukkah café. 66.7% of the participants never wanted to leave Hukkah. Therefore, there is a great need to spread education to create awareness among the youth about the harmful effects of Hukkah smoking.

Anjum, M.S. et al (2016) studied "Reason for smoking among teenagers of age 14-17 years in Vikarabad Town: A cross-sectional study". The aim of the study was to find out several reasons for smoking in teenagers aged 14–17 years. This was a descriptive cross sectional survey. Which included 384 teenagers from Vikarabad town of Rangareddy tehsil of Telangana. The data was collected through a questionnaire. Of the adolescents included in the study, 76.4 percent believed that smoking habit leads to psychological enjoyment. 77.5 percent said that smoking starts due to pressure from friends. According to 65.7 percent smoking begins as a motivation for attitude and personality. In conclusion, it was also found that many psychological, personal and social factors are responsible for smoking habit.

Aim of the Study

To find out the views of students of art faculty of HNB Garhwal University about their habit of smoking and its harmful consequences.

Research Design

The study is based on descriptive research methodology.

Area of the Study and Population

The scope of research study is related to HNB Garhwal University located in Srinagar, Pauri Garhwal of Uttarakhand state. It is a central university. Garhwal University was established on 23 November 1973 and HNB Garhwal University got the status of Central University on 15 January 2009. In the session 2019-20 second year, a total of 670 students were studying at graduation level and 299 students were studying at post graduate level. which were determined by the overall study.

Sampling Method

Based on the convenient method of divine vision, 115 students were randomly selected by the research scholar from the Arts Faculty of HNB Garhwal University. who were determined to conduct the study.

Data Collection

To collect the facts of the study, questionnaires have been used in the primary source and textbooks, newspapers, articles, and reports etc. have been used in the secondary source.

Analysis and Interpretation of Data

The study findings showed that 5.22 percent of the respondents in the study were in the age group of 16-18 years. 17.39 percent were 19-21, 23.48 percent 22-24, 20.87 percent 25-27 and 33.04 percent were above 27 years of age. 37.40 percent of the respondents lived in rural and 62.60 percent in urban areas. 41.74 percent respondents were found to be general, 21.74 percent SC, 6.08 percent ST and 30.44 percent OBC. Most of the respondents were of Hindu religion 82.60 percent, Muslim 6.96 percent, Sikh 4.35 percent, Christian 3.48 and 2.61 percent from other religions. 60 percent of the respondents were of graduation and 40 percent of post graduate level.

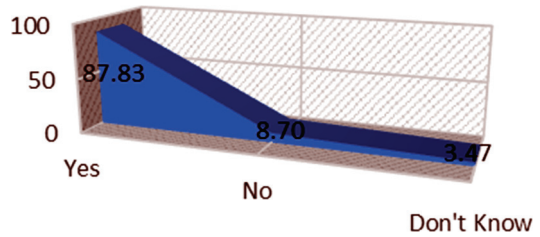

Fig. 1: Does smoking have any detrimental effect on a person's health

Figure 1 shows that 87.83 percent of the respondents believe that smoking has harmful effects on a person's health. Whereas 8.70 percent do not believe so and 3.47 percent do not know whether smoking has any harmful effect on a person's health.

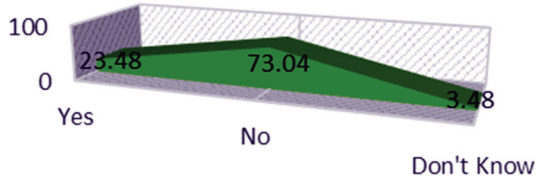

Fig. 2: Have you ever smoked at the behast of a friend or acquaintance

Figure 2 shows that 23.48 percent of the respondents believe that they have smoked at the behest of a friend or acquaintance whereas 73.04 percent of the respondents did not do so. 3.48 percent of the respondents do not know whether they have smoked at the behest of any of their friends or acquaintances.

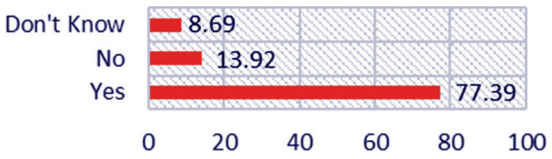

Fig. 3: Beedi, cigarette, tobacco, gutkha, pan masala, khaini etc. fall under the category of smoking

Figure 3 seen that 77.39 percent of the respondents believed that bidi, cigarette, tobacco, gutkha, pan masala, khaini etc. come under the category of smoking while 13.93 percent do not believe so. 8.69 percent of the respondents do not know whether bidi, cigarette, tobacco, gutkha, pan masala, khaini etc. come under the category of smoking or not.

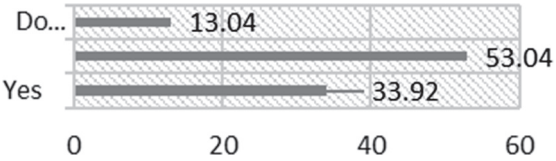

Fig. 4: Have any of your friends, relatives or classmates died due to his smoking habit

Figure 4 shows that 33.92 percent of the total respondents admitted that yes any of their friend, relative or classmate died due to their smoking habit and 53.04 percent of the respondents did not have any such thing with any relative or friend. 13.04 percent of the respondents were not aware of this subject.

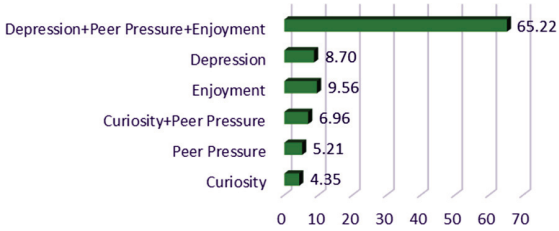

Fig. 5: According to you what causes a person to smoke

Figure 5 shows that all the respondents cited different reasons for smoking. In which 4.35 percent respondents cited curiosity, 5.21 percent friend pressure, 6.96 percent both curiosity and friend pressure, 9.56 percent pleasure, 8.70 percent attributed stress to smoking and 65.22 percent respondents reported stress, friend pressure and stress. Ananda has considered all three as the main cause of smoking.

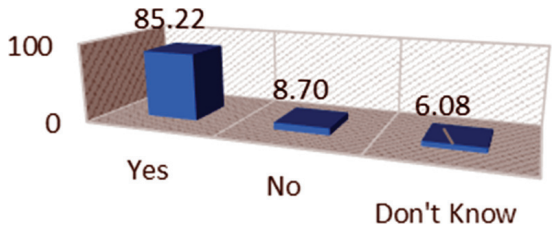

Fig. 6: Lung related diseases are caused by smoking

It is known from **Figure 6** that 85.22 percent of the respondents believe that the diseases related to lungs are caused by smoking and 8.70 percent of the respondents do not believe that the diseases related to lungs are caused by smoking. 6.08 percent of the respondents did not know whether lung diseases are caused by smoking or not.

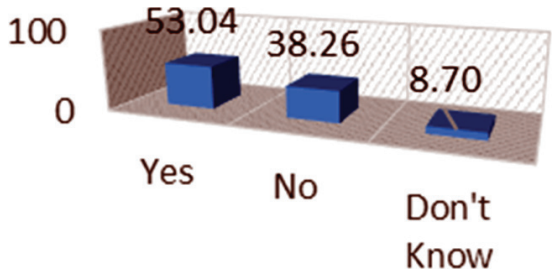

Fig. 7: Mouth cancer is caused by a person smoking only

Figure 7 shows that 53.04 percent of the respondents believe that oral cancer is caused only by smoking in a person whereas 38.26 percent of the respondents do not believe so. 8.70 percent of the respondents do not know whether oral cancer is caused to a person only because of smoking or not.

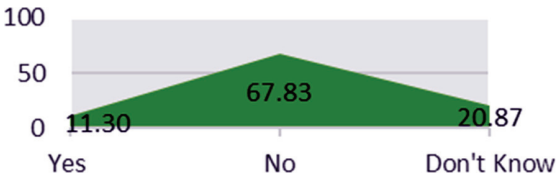

Fig. 8: Do woman smoke more then man

Figure 8 shows that 11.30 percent of the respondents believe that women smoke more than men, while 67.83 percent do not believe that women smoke more than men. 20.87 percent of the respondents do not know whether women smoke more than men or not.

Conclusion

Based on the data obtained from the study, it can be said that most of the students believe that smoking has a harmful effect on the health of the person, due to which the health of the person keeps on deteriorating day by day. Most of all the respondents smoked out of curiosity and gradually they got addicted to smoking. Most of the respondents accepted that Beedi, Cigarette, Tobacco, Gutka, Pan Masala, Khaini etc. come under the category of smoking which shows that all of them are aware about smoking and its fatal consequences. Most of the respondents admitted that a friend, relative or classmate had to die as a result of their smoking habit. From which it is known that smoking has to face serious consequences for the health of the person. Most respondents cited stress, friend pressure and pleasure as the main reasons for smoking. Most of all the respondents believe that lung diseases and oral cancer are caused by smoking. The study also showed that men smoke more than women. Today smoking and tobacco consumption is becoming common in the society. Even in the cultures of some societies, the practice of smoking has grown to such an extent that offering a person a cigarette is seen as a sign of socializing and friendship. Some suggestions can be adopted to save the people of the society from the problem of smoking and to make them aware about the negative effects on health. Such as through posters related to the dangers of smoking, TV and radio programs, Internet messages and social anti-smoking programs etc., the public can be educated about the dangers of smoking. As a teenager, children should be educated about the harmful consequences of smoking. Because adolescence is the stage when any kind of habits, whether they are good or bad, are formed and deteriorated. Therefore life skills should be taught at home and in schools so that adolescents can learn healthy behaviors and good skills. Parents and teachers of adolescents play an important role in identifying such problems and finding solutions.

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