

***AWARENESS, KNOWLEDGE, AND ATTITUDES OF
UNIVERSITY (UNIMAS) STUDENTS TOWARDS SMOKING***

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ABSTRACT

This study used a non-experimental quantitative research design to explore the knowledge, awareness and attitude of university students towards smoking. It examines the relationship between the age of smoking initiation and its reasons, the relationship between the age group of subjects with smoking cessation and the factors influencing. Participants were 45 UNIMAS students, currently in year one, year two and of their studies year three from different faculties. They were recruited regardless to their gender as long as they meet the samples selection criteria for this study. Self-administered questionnaires were used to collect data. Collected data were analyzed using Statistical Package for Social Science (SPSS) 10.0 software. This software was used to tabulate the frequency and percentage of the findings. Figures and tables were used to present the findings. No correlation test was done for this study. The findings showed 91.1 percent ($n=41/45$) were male students and 8.9 percent ($n=4/45$) were female students. Most of the subjects started smoking at the age between thirteen to twenty years old. The main factors influenced them to smoke was peer group pressure. Respondents knew the effects of smoking on health but because of it were not easy to quit they failed to quit. The subjects also realized that smoking might cause effects to people surrounding them but took no initiative to prevent public from the exposure of cigarette smoking. In a conclusion, knowledge, and awareness of the effects of smoking on health, are not enough to prevent people from initiating and continuing to smoke.

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I also wish to acknowledge the Research and Postgraduate Committee, Faculty of Medicine and Health Sciences for the Ethical Clearance, which has allowed to me to proceed with this project.

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Last but not least, my very special thanks to my beloved parents, En. Dairi Mahzin and Puan Fatimah Rasit for their support in everything I do and their prayers for my success in my study and life. Without them, I would not able to be where I am now and their never-ending support and love is my inspiration and my strength for my study. Thank you father and mother.

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CHAPTER ONE

INTRODUCTION

Background and significance

Cigarette smoking has become a popular practice among adolescents and young adults especially college and university students. Cigarette smoking is a preventable problem. However, it is the most difficult problem to solve and to stop from spreading to all groups of population. Until now, there is no effective way to overcome the problem; to prevent from initiating cigarette smoking, to increase the awareness of the effects of smoking to health and to quit cigarette smoking.

In Malaysia itself, cigarette smoking is one of the major problems among the young adults and adolescents especially among the students. It becomes a trend and an accepted life style among them. Many campaigns have being held to increase the awareness, the knowledge of the effects and consequences of smoking, and positive attitude in promoting healthy life style and reducing and cessation of smoking among the public. Until now, there are no effective approaches to overcome this matter. So it is essential to conduct a study to understand the factors contributing to this problem and to find out an effective approach to overcome.

Literature review

In a research study conducted by Smith and Umenai (2000), they reported that smoking rate among Japanese adolescent has increased, even though the overall smoking rate has fallen. United States Department of Health and Human Services (1994) also stated that, although there was a decreased smoking prevalence over the past 30 years, it remained accepted and popular among young adults and adolescents.

Every year there is an increase number of the smokers especially among students. The report of United States Department of Health and Human Services (1994) about cigarette smoking practice among high school students showed that the cigarette use increased by 32 percent between 1991 and 1997. Neergaard (1998) in her report stated that the increase number of cigarette smoking among college students at about 28 percent in four years.

Smith and Umenai (2000) studied on the knowledge, attitude and practice of cigarette smoking among university students in Tokyo. The students were divided into two categories. The categories are 'ever-smoker' and 'non-smoker'. Three hundred and fifty six students from different schools of the university were recruited in the study. Questionnaires were administered to the subjects. From the findings, majority of the subjects knew that smoking caused the development of some disease such as cancer and heart disease. It also showed that almost subjects (both ever-smokers and non-smokers) were aware of the harmful effects of cigarette smoking to public. On smoking cessation, more than half (61.1 percent) of the subjects have planned to quit smoking. However, 58.3 percent of the subject had tried to quit smoking but they were not successful.

The respiratory health of bartenders before and after legislative prohibition of smoking in all bars and taverns in California was studied by Eisner, Smith, and Blanc (1998). Their study involved 53 eligible bartenders. The subjects were interviewed and the researchers performed spirometry on the subjects. A follow-up interview was done one month after the first interview on each subject. Seventy three percent of the 53 bartenders have a history of smoking and 45 percent of the interviewed bartenders were currently smoking. The finding of the study on the awareness of the bartenders about smoking effects showed that 21 percent of the bartenders believed that cigarette

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smoking has no health effects on publics even though they were exposed to it. While the remaining (40 percent) bartenders believed that exposure to cigarette smoking had a slight to moderate-to-severe effects on their health.

A research done on young women and smoking by Department of Health and Human Services (INWAT,2000) reported that most of the adolescents who had experienced in smoking cigarette, smoked at least 100 cigarette per week, planned to quit smoking. None of them were able to quit smoking totally. The researchers found that adolescents who had started smoking did not know the effects of addictive effects of nicotine content in cigarette. Besides that, there was evidence to show that young people who started smoking did not know and understand the nature of addiction and they believed that they would be able to avoid the harmful effects of tobacco use.

Wechsler, Rigotti, and Gledhill-Hoyt (1998) investigated the changes in cigarette smoking among college students between 1993 and 1997 and among different types of students and colleges. It was a self-administered survey. A total of 15,103 students were selected randomly in 1993 and the response rate was about 70 percent, and 14,251 students were selected in 1997 and 66 percent of them responded. The finding of that study about the age of the subjects who started smoking showed that most of the subjects started smoking at the age of 19 years old, when they were in college. Beside that, the findings of the survey also showed that half of current smokers tried to quit smoking in 1993, but only 18 percent of the subjects who are tried to quit had made five or more attempts to do so.

Breslau and Peterson (1996) conducted a study on smoking cessation in young adults and the age at initiation of cigarette smoking and other suspected influences. Their study involved 1007 young adults that were selected randomly from a large health maintenance organization in southeast Michigan. The age of the respondents ranged from 21 to 30 years old. Questionnaires were distributed to the subjects and it was a self-administered survey. From their findings it was noted that increase in age (age reach 40 years old) of heavy smokers influenced them to quit smoking, as compared to the young smokers. It was because of the increase of awareness among the heavy smokers about the effects of smoking on their health. The result of the study showed that the possibility of quit smoking was significantly higher in smokers who started

smoking after the of age thirteen. According to the study report, the factors that decreased the chances of cessation were nicotine dependence (addiction to nicotine that contain in cigarette) and low education level of the smokers.

On conclusion, the number of adolescents and the young adults especially students practicing cigarette smoking is increasing every year, thus there should be an action taken to solve the problem. "Public policy to discourage early smoking, if it succeeds in delaying the initiation of smoking, might contribute to the reduction of smoking-related mortality and morbidity by increasing the potential for quitting" (American Journal Public Health cited in Breslau and Peterson, 1996, 214-216). The awareness and knowledge about the effects and the health consequences of cigarette smoking to the smokers itself and the public should be informed strictly.

Problem Statement

As we know, smoking is considered as a major problem nowadays. Statistics of young adults who smokes is increasing every year. Result of the recent study on smoking prevalence in Malaysia, conducted by Ministry of Health in 1996, showed the increasing percentage of smoking prevalence among young adults (people at the age of over 18 years old). The percentage increased to 24.8 percent in 1996 as compared to 21.5 percent in the previous year (National Health and Morbidity Survey, 1996).

This finding was not a good sign for the development of public health. The increasing in the number of smokers, especially among young adults would cause an increase risks for them to suffer from smoking related diseases, such as cardiovascular diseases, respiratory diseases, and cancer; for instance lung cancer as they grow older. It is due to the amount taken and the length of time they smoke. According to the report of Central for Disease Control (1989), people who are start smoking at an early age of adolescence or adulthood would experience higher mortality from smoking related disease (cited in Zhu, 1996).

In addition, according to Minister of Health, 25 percent of all deaths in Malaysia were due to smoking related-diseases and constituted to three out of five top killers In Malaysia (Fah, 1996). Most worrying was the statistics that showed that about 50

teenagers below the age of 18 years old stated smoking every day and most of them were regular smokers (Fah, 1996).

So it is important to initiate early prevention of smoking initiation among adolescents or young adults. This is to prevent them from suffering from smoking related diseases and to reduce the statistics of mortality cause by smoking related disease. Successful in quit smoking also help to reduce numbers of mortality rate in future time.

In order to motivate adolescents and young adults to stop smoking, it is important to know why they smoke. Literatures abound with information related to factors contributing to initiation of smoking, but these are from research conducted oversea. Since smoking among young adults had increasing become a problem in Malaysia, research studies are important to provide regionally appropriate data in order to provide information to plan for strategies to stop smoking. Thus this research was plan to argument existing information in adolescent smoking in Malaysia.

Research Question

The research questions for this study are as following;

- 1.What are the factors influencing the initiation of cigarette smoking among university student?
2. Does the knowledge on effects of smoking to health increase the awareness of smoker towards the side effects of smoking?
3. Does the knowledge about the effects of smoking to health influences the attitudes towards smoking habit?

CHAPTER TWO

METHODOLOGY

Study Design

The research design for this study was a non-experimental quantitative research design. Non-experimental quantitative study was appropriate for this study because the design was to collect data about the awareness, knowledge and attitudes of UNIMAS students towards smoking. It described the prevalence of smoking among the students. In addition, this study aimed to describe the factors related to initiation of smoking and factors influenced smokers to continue smoking. This study also described factors that motivated smokers to quit smoking and the reasons for succeed in quitting smoking and factors affected smokers not successful in quitting smoking.

Convenience sampling was used to select the subjects. It was because convenience sampling was a flexible sampling to be used and convenience for the researcher to get their subjects. The accessibility and feasible of target group had influences the researcher to choose this sampling approach.

Samples

A convenience sample of 50 UNIMAS students was selected from year one, year two and year three students program from different faculties. The criteria for selecting students included smokers who were smoking regularly or occasionally, or smoker who was already quit smoking, regardless to their genders.

The study was conducted in UNIMAS campus, and the purpose of this study was to find out factors causing the continuity of smoking cigarette among university students, to describe the prevalence of smoking among the students, to describe the factors related the initiation of smoking and factors influenced smokers to continue smoking, to find

out their knowledge of the effects of smoking to health, to find out their attitudes and perceptions of smoking. The accessibility to get samples in UNIMAS campus is one of the reasons why this study conducted at UNIMAS.

Instrument

Questionnaire was the instrument used to collect data for this study. The questionnaire included 21 questions on demographic data, knowledge, awareness and attitudes towards smoking. The questions were both open-ended and close-ended types. The questionnaire was distributed to the selected subject and it was a self-administered questionnaire. The questionnaire for this study was based on the questionnaire that had been used in previous study by Hochberg and Siber (1999), the S.T.A.T – Stop Teenage Addiction to Tobacco questionnaire (Refer Appendix A). It has been modified for the purpose of the study (Questionnaire: Please refer Appendix B).

Data Analysis

Statistical Package for the Social Sciences (SPSS) 10.0 for Windows was used for data analysis. The software was used to calculate the frequencies of demographic characteristics of the study sample.

Research Procedure

Prior to the distribution of questionnaires, an application for ethical approval was obtained through the supervisor from the Research and Postgraduate Committee, Faculty of Medicine and Health Sciences. Meeting and discussion with Supervisor about questionnaires for this study was one of the actions taken before the distribution of questionnaires.

The researcher's colleagues and friends distributed the questionnaires to the samples. Prior to the distributions of questionnaires, researcher gave instructions to the distributors. Questionnaires distributed to UNIMAS students, from all faculties including year one till year three students. The questionnaires were only distributed to the students who were smokers or smokers who had already quit smoking, regardless to

their genders. It was a self-administered questionnaire, thus correct instructions regarding the timing to return the questionnaires was stressed.

The samples were informed that the purpose of the questionnaire for an academic assignment purpose and all data conducted would be kept confidential. Samples were not required to write down their name or other personal details such as identity number or matrix number. Consents from the subjects was confirmed if the subjects replied or returned back the questionnaire given to them, thus they did not have to sign any consent letter.

CHAPTER THREE

RESULTS

Fifty questionnaires were been distributed to 50 UNIMAS students who met the criteria for this study. Forty-five questionnaires were responded and returned by the respondents, while the remaining five questionnaires were considered as the respondents had refused to participate in this study.

Among the 45 respondents who answered the questionnaires, 91.1 percent ($n=41/45$) were male students and 8.9 percent ($n=4/45$) were female students. Mostly the respondents were from the Faculty of Social Science (FSS) 26.7 percent ($n=12/45$), 20.0 percent ($n=9/45$) respondents are from Faculty of Science and Resources Technology (FSRT), 17.8 percent ($n=8/45$) respondents are from Faculty of Cognitive Science and Human Resource Development (FCSHRD), 11.1 percent ($n= 5/45$) respondents are from Faculty of Medicine and Health Science (FMHS), 11.1 percent ($n= 5/45$) respondents are from Faculty of Engineering (FE), 8.9 percent ($n=4/45$) are respondents from Faculty of Information Technology (FIT), and 4.4 percent ($n=2/45$) are respondents from Faculty of Creative and Applied Art (FCAA). Table 1 shows the respondents from the different faculties.

Table 1 Respondents according faculties (n=45)

Faculty	Frequency	Percent (%)
FSS	12	26.7
FSRT	9	20.0
FCSHRD	8	17.8
FMHS	5	11.1
FE	5	11.1
FIT	4	8.9
FCAA	2	4.4

Concerning demographic data, the average age of the subjects in this study was approximately between the ages of 18 to 23 years old. The average age for the subjects started smoking was between at the age of 13 to 20 years old. The details can be found in the Table 2 and Table 3.

Table 2. Age of the subjects participate in the study (n=45)

Age	Frequency	Percent (%)
18-23 years old	29	64.4
24-29 years old	7	15.6
30-35 years old	7	15.6
36-41 years old	2	4.4
Total	45	100.0

Table 3. Age of started smoking (n=45)

Age	Frequency	Percent
7-12 years old	6	13.3
13-20 years old	27	60.0
20 years and above	12	26.7
Total	45	100.0

With regards to the reason for smoking for the first time, 35.6 percent of the respondents gave “influenced by friends” and 35.6 percent “for fun” as their main reasons; 15.6 percent stated “to release stress”, and the remaining 13.3 percent gave “for self image” as the reason their first time smoking.

Table 4 depicts the reason for smoking at the first time, reasons for continuing smoking, and reason for other people for not smoking. For the reason of continuing smoking, most of the respondents stated “not easy to quit smoking” as their reason for continuing smoking, 24.4 percent gave “influenced by peer group”; 11.1 percent of the respondents stated, “do not experienced any side effects of smoking”; and 8.9 percent of the respondents gave “smoking look fashionable” as their reason for continuing smoking.

The respondents were also required to give their opinion on the reason why other people did not smoke. Over 40 percent of the respondents stated “concerning about health as the reason for other people not to smoke, 22.2 percent of the respondents gave “not

influenced to smoke”; 13.3 percent of the respondents gave “suffer for disease or side effects of smoking; while as 4.4 percent stated, “prohibited by friends or family”, and 4.4 percent gave “self-image” as the reason why other people did not smoke.

Table 4. Smoking perceptions and attitude (n=45)

	Frequency	Percent (%)
Reason for smoking at the first time	16	35.6
Influenced by friends	16	35.6
For fun	7	15.6
To release stress	6	13.3
Self image		
<i>Total</i>	<i>45</i>	<i>100.0</i>
Reason for continuing smoking		
Smoking look fashionable	4	8.9
Not easy to quit smoking	25	55.6
Influenced by peer group	11	24.4
Do not experienced side effect of smoking	5	11.1
<i>Total</i>	<i>45</i>	<i>100.0</i>
Reason for other people not smoking		
Concerning about health	21	46.7
Not influenced to smoke	10	22.2
Prohibited by friends/family	2	4.4
Self image	2	4.4
Do not like smoking	6	13.3
Suffer for disease or side effects of smoking	4	8.9
<i>Total</i>	<i>45</i>	<i>100.0</i>

Table 5 shows the knowledge of the smokers about the health effects of smoking to their own health and other people, and the disease that caused by the effects of smoking. Table 6 depicts the side effects of smoking experienced by the respondents.

Table 5. Knowledge on health effects of smoking (n=45)

	Frequency	Percent (%)
Health effects of smoking to smoker	42	93.3
Yes	3	6.7
No		
Health effects of smoking to non-smoker	39	86.7
Yes	1	2.2
No	5	11.1
Not sure		
Diseases related to smoking		
- Smoking causes lung cancer	29	64.6
- Smoking causes heart disease	6	13.3
- Do not know	2	4.4
- Not sure	8	17.8

Table 6. Experienced of side effects of smoking (n=45)

	Frequency	Percent (%)
Experienced side effects of smoking		
Yes	22	48.9
No	7	15.6
Not sure	15	33.3
Missing data	1	2.2
Total	45	100.0
The side effects experienced		
Coughing	18	40.0
Loss of appetite	2	4.4
Loss of weight	4	8.9
Bad breath	4	8.9
Others (headache, poor sleep, mucous ulcer in mouth)	1	2.2
Missing data	16	35.6
Total	45	100.0

With regards to the smoking cessation, 57.8 percent of the respondents ever tried to quit smoking and only 20 percent of those respondents succeed to quit smoking, and the result show in Table 7. Respondents were also asked about their attitude towards tobacco control measures. It was about obey of smokers to the sign of “No Smoking”. Twenty two percent of respondents agreed that they obey the sign, while 62.2 percent state that they did not follow the sign, and the result show in Table 8.

Table 7. Smoking cessation

		Frequency	Percent (%)
To quit smoking	Yes	26	57.8
	No	19	42.2
Total		45	100.0
Succeed to quit smoking	Yes	9	20.0
	No	36	80.0
Total		33	100.0

Table 8. Attitudes towards tobacco control measures

		Frequency	Percent (%)
Obey the sign of “No Smoking”	Yes	10	22.2
	No	28	62.2
	Total	38	84.4
Missing		7	15.6
Total		45	100.0

For the subjective question about their opinion towards the increased price of cigarette, the main answers were the it was because to prevent of smoking cessation among school students, to minimize the number of cigarette intake by the smokers, to decrease the number of smokers, and it could be used as the reason for quit smoking.

The subjects were also requested to give their opinion on how to prevent initiation of smoking among the students included the schools students, college students and university students. The popular answers given are to enforced rules of no smoking for students who are smoking in public, such as penalized students who are smoking in “No smoking” area, organized campaign such as “Smokeless Months”, exhibition and talk about the side effects of smoking to health, organized seminar such as the seminar on the awareness and knowledge about good health and healthy life style for the smokers, and also the need of cooperation from all parties such as the staff and students should not smoking in public.

Familial factors and the age of start smoking

From the finding, it showed that most of the subjects have history of family members who were smoking. About 75.6 percent (n=34/45) of the subjects have family member who smoked. The age when smoking commenced varied, where 58.9 percent (n=20/34) of them start smoking at the age in between of thirteen to twenty years old, 14.7 percent (n=5/34) of them at the age in between seven to twelve years old and 26.4 percent (n=9/34) started at the age twenty years and above. About twenty percent of the subjects had no family member who smoked, while 2.2 percent (n=1/45) were not sure whether their family member smoked or not. This finding is shown in Figure 1.

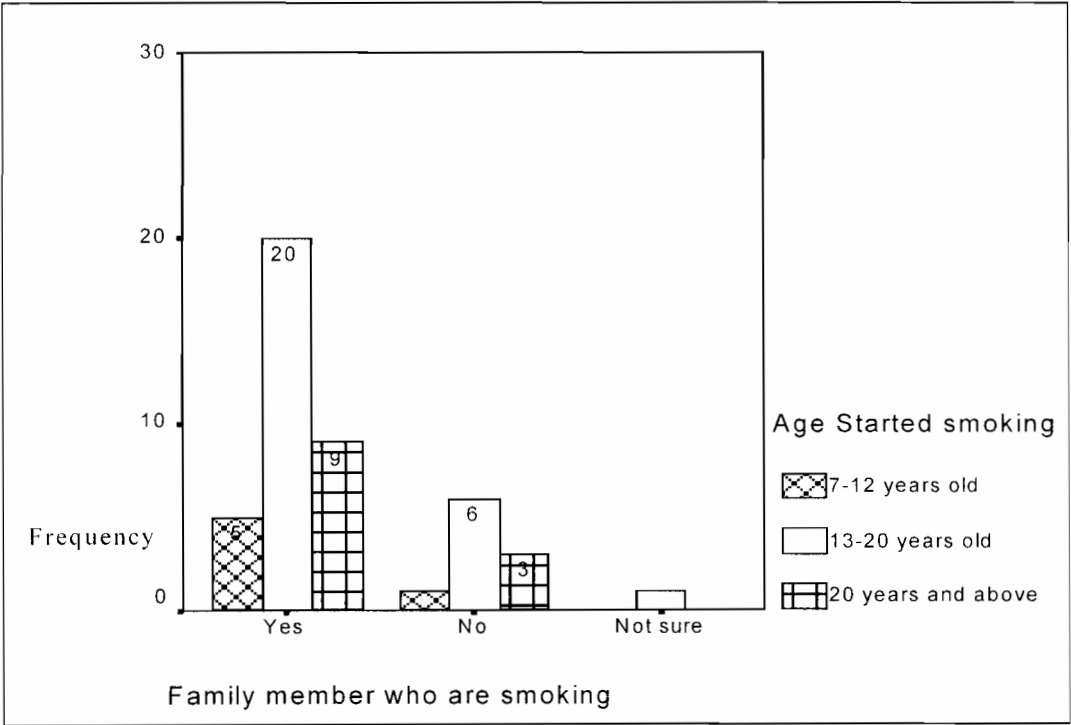


Figure 1. Familial factors and the age of start smoking

Age at start smoking and smoking cessation

This study showed that, 73.1 percent ($n=19/26$) subjects who started smoking at the age between thirteen to twenty years old were more likely to have plan to quit smoking, compare to subjects who start smoking at the age between seven to twelve years old and twenty years and above. In term of success to quit smoking, surprisingly only 26.3 percent ($n=5/19$) subjects of the group who had planned to quit smoking were successful to quit smoking. While the rest of the subjects in the group; 73.7 percent ($n=14/19$) failed to quit smoking. Out of 57.7 percent ($n=26/45$) of the subjects who planned to quit smoking. Only 27.3 percent ($n=9/33$) were succeeded to quit smoking. Figure 2 shows the relationship between age commenced smoking and plan to quit smoking. While, Figure 3 shows the relationship between age started smoking and the number of subjects succeed to quit smoking.

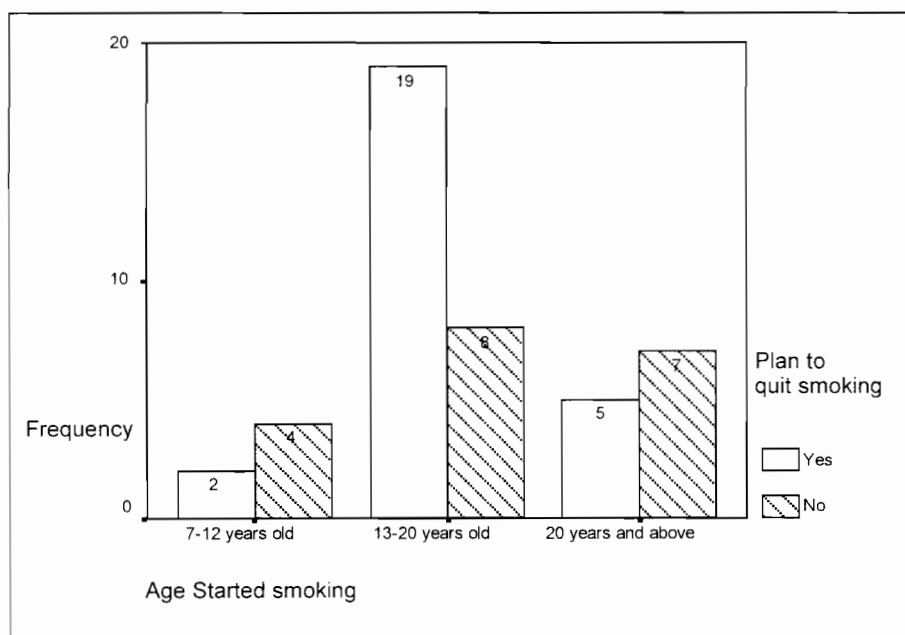


Figure 2. Age started smoking and plan to quit smoking

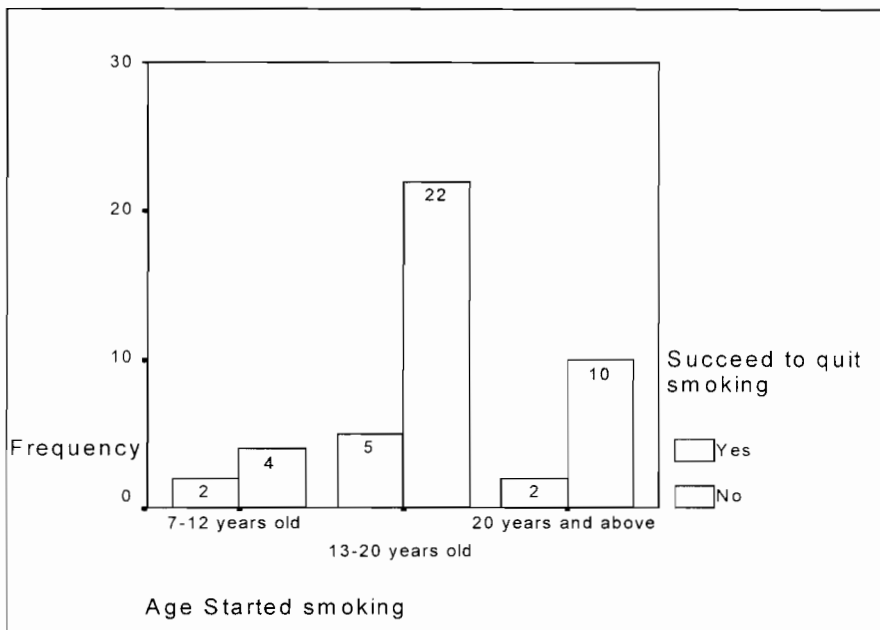


Figure 3. Age started smoking and succeed to quit smoking.

Reason for smoking for the first time

Concerning of the reason for smoking for the first time, respondents cited influence by friends as the main reason for subjects who started smoking at the age between seven to twelve years old. Influenced by friends and for fun was the main reason for subjects who started smoking at the age between thirteen to twenty years old. While, for subjects who started smoking at the age above twenty years old, significantly their main reason was to release stress. Figure 4 shows the reason for smoking for the first time according to the age group.

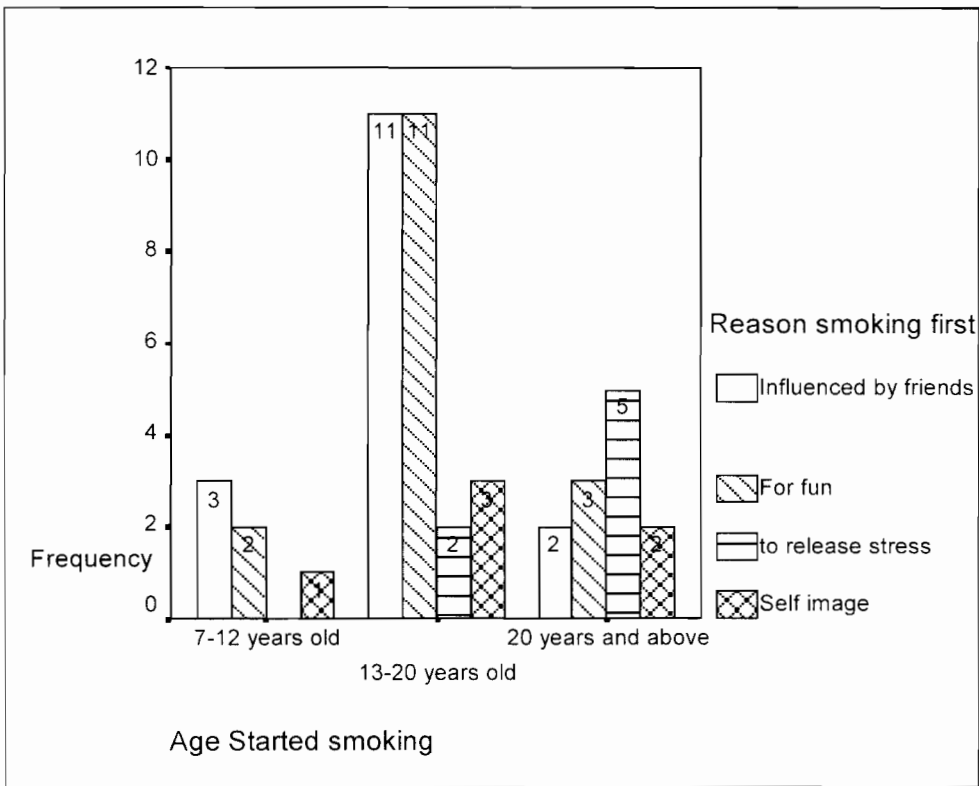


Figure 4. Reason of smoking at the first time according to the age group of started smoking.

Reason for continuing smoking

Regarding the reasons for continuing smoking, most of the subjects aged eighteen to twenty three years old gave reason as not easy to quit smoking, (55.1 %), about 57.1 percent (n=4/7) of the subjects at the age between twenty four to twenty nine years old gave “influenced by peer group” as their main reason for continuing to smoke. While 85.7 percent (n=6/7) subjects at the age between thirty to thirty five years old gave reason as “not easy to quit smoking” as their main reason. This also happened to the subjects at the age between thirty six to forty one years old, where all of them gave “not easy to quit smoking” as their main reason for continuing to smoke. Figure 5 shows the reason for continuing smoking according to the age group.