JULY - Vol. - 9, No. - 2, 2024 int. med. col. J.

Original Article

Smoking Habit Among Rural Population of Bangladesh

Zafreen F[1], Wahab MA[2], Chaudhury HS[3]

Abstract

Introduction: *Smoking is harmful for health. Smoking is the biggest preventable cause of death with major public health burden of morbidity, mortality and community cost. Rural populations of Bangladesh are less educated and have lack of knowledge about the harmful effect of smoking. Most of the cases they smoke by seeing others and for the recreational purposes.*

Objectives: *This study was aimed to find out the prevalence of smoking habit pattern and knowledge about the harmful effects of smoking among the population of rural Bangladesh.*

Methods: *This cross sectional descriptive study was conducted in Boro-Pilac village of Guimara upazila of Khagrachari Hill District of Bangladesh from January to June 2017. A total 495 bangali respondents of both sexes and age between 15 to 55 years was selected purposively.*

Results: *Among the respondents 279 (56%) was male and 216 (44%) was female and 68% of the respondents were age group of 26 to 45 years. 75% respondents' monthly family income was less than twenty thousand taka. Among the total respondents' percentage of smoker was 32.9% but among the male respondents' smoking status was 55.9% where as only 3.2% female was smoker. 56% of primary level or below educated subjects was smoker. This study also found that significantly higher number of female respondents' has knowledge about the harmful effect of smoking.*

Conclusion: *This study found more than half of male respondents' and very few of the female respondents' were smoker. Age, sex, economic status and education level were significantly associated with smoking habit of rural population of Bangladesh.*

Key-words: *Smoking, Habit, Rural, Bangladesh.*

Int. Med. Col. J. 2024; 9(2): 76-79

Introduction

"Smoking or Health choice is yours" was the slogan of World Health Organization (WHO) in 1980s[1]. This is not merely a slogan but its deep root lies in scientific research, which revealed that smoking is actually harmful for health[1]. Smoking and passive smoking collectively the biggest preventable cause of death in Bangladesh with major public health burden of morbidity, disability, mortality and community cost[2]. A study in 2001 concludes that about 25% of all death among men aged 25 to 69 years are attributable to smoking[3]. Scientists prove that smoking causes lung cancer and also associated with various diseases of cardiovascular, respiratory, uro-genital and other systems[4]. WHO experts reported smoking as a "slow motion suicide", because the relationship between smoking and various health hazards are well established[1]. Not only smoking but also taking of any forms of tobacco like gul, jorda, sada-pata, shisha, hukka etc. are injurious for health[5]. In modern public health practice effective control of smoking immensely important as like promotion of health and prevention of diseases[3]. Pattern of smoking habit differs with age, sex, race, religion, socio-economic, demographic and

1. Dr. Farzana Zafreen, Associate Professor of Community Medicine, Medical College for Women and Hospital, Uttara, Dhaka.
2. Lt. Col. Md. Abdul Wahab, Associate Professor of Biochemistry, AFMC, Dhaka.
3. Prof. Dr. Habib Sadat Chaudhury, Professor of Biochemistry and Vice-Principal, International Medical College, Gazipur, Dhaka.

Address of Correspondence: Dr Farzana Zafreen, Associate Professor of Community Medicine, Medical College for Women and Hospital, Uttara, Dhaka.

other factors[6,7]. Pattern of smoking are different in developed and developing countries; more male (50–60%) but fewer female (2-10%) in developing countries compared with developed countries, where about (30-40%) of both sexes are smoker[8]. Bangladesh is one of the top ten countries in the world with high smoking prevalence of 44.7% among men[9]. Smoking causes harms not only to the active smoker but also to the innocent passive smokers[10]. Recently our government banned smoking in public and open places but lack of mass population awareness program and lack of public awareness this efforts are not giving any effective results[7]. Smoking habit is so much deep rooted in our culture that some people feel proud and try to show off their social status by smoking costly branded cigarette in public places[8]. Due to lack of education and knowledge most of our village populations are not aware about the bad effects of smoking and most of them smoke by seeing others as a recreational purpose. This study was aimed to find out the prevalence smoking habit pattern and knowledge about the harmful effects of smoking among the village population of rural Bangladesh.

Material and methods

This cross sectional descriptive study was conducted in Boro-Pilac village of Guimara upazila of Khagrachari Hill District of Bangladesh from January to June 2017. A total 495 Bangali people of both sexes and age between 15 to 55 years was selected purposively. Necessary information was collected by face to face interview with pre-defined structured questionnaire. All the collected data were organized and analyzed by using SPSS for Windows software version 20.0. Chi-square ($\div^2$) test was done to find out the statistical significance of association between smoking status and different socio-demographic characteristics. For level of significance 95% Confidence Interval (p value < 0.05) was considered.

Results

Age range of the study subjects were 16 to 55 years. Among the respondents 279 (56%) was male and 216 (44%) was female and 68% of the respondents were age group of 26 to 45 years (Table-1). Most of the respondents' education status was below SSC and 56% of primary level or below educated subjects was smoker (Table-3). 75% respondents' monthly family income was less than twenty thousand taka (Table-4). Smoking status and sex distribution is shown on table-2. Among the total respondents' percentage of smoker was 32.9% but the smoking percentage was very significantly (p<0001) higher in male population (55.9%) than female (3.2%) (Table-II & Figure-1). Regarding knowledge about the harmful effect of smoking among the respondents found significantly higher numbers of female know the effect than male (Table-V) .

Table-I

Age and Sex distribution of respondents

Age group in years	Sex		Total
	Male No (%)	Female No (%)	No (%)
16 - 25	49(10)	36(07)	85(17)
26 - 35	90(18)	73(15)	163(33)
36 – 45	95(19)	77(16)	172(35)
46 – 55	45(09)	30(06)	75(15)
Total	279(56)	216(44)	495(100)

Table-II

Distribution of respondents according to Sex and Smoking Status

Sex	Smoking Status		
	Smoker No (%)	Non-smoker No (%)	Total No (%)
Male	156(55.9)	123(44.1)	279(56)
Female	07(3.2)	209(96.8)	216(44)
Total	163(32.9)	332(67.1)	495(100)

Chi-square test was done; $\times^2 = 152.94$; df = 1; p < 0.0001

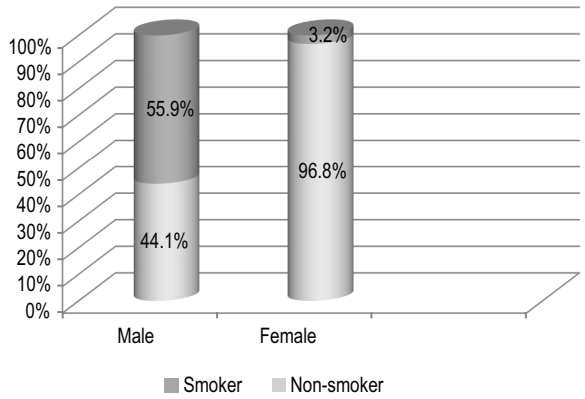

Fig-1: *Sex and Smoking Status of the respondents*

Table-III

Distribution of respondents according to Education Level and Smoking Status

Education Level	Smoking Status		Total
	Smoker No (%)	Non-smoker No (%)	No (%)
≤Class V	47(56)	37(44)	84(17)
Class VI - X	61(32)	132(68)	193(39)
SSC Pass	47(30)	112(70)	159(32)
HSC and above	8(14)	51(86)	59(12)
Total	163(33)	332(67)	495(100)

Chi-square test was done; χ^2 = 31.15; df = 3; p < 0.001

Table-IV

Distribution of respondents according to Monthly Family Income and Smoking Status

Monthly Family Income in taka	Smoking Status		Total
	Smoker No (%)	Non-smoker No (%)	No (%)
< 10,000/-	69(39)	109(61)	178(36)
10,000/-20,000/-	68(35)	126(65)	194(39)
>20,000/-	26(21)	97(79)	123(25)
Total	163(33)	332(67)	495(100)

Chi-square test was done; χ^2 = 10.88; df = 2; p<0.01

Table-V

Distribution of respondents according to Sex and Knowledge about Harmful Effect of Smoking

Sex	Knowledge about Harmful Effect of Smoking		
	Know No (%)	Don't Know No (%)	Total No (%)
Male	219(78.5)	60(21.5)	279(100)
Female	187(86.6)	29(13.4)	216(100)
Total	406(82.0)	89(18.0)	495(100)

Chi-square test was done; $\times^2$ = 5.389; df = 1; p < 0.05

Discussion

Bangladesh is a developing country and it has wide variety of educated and illiterate population, with rich and poor as well in the areas of socio-demographic sectors. Several studies reflected that the prevalence of smoking in Bangladesh among over all male (43%) and female (29%), which has been much higher in case of male in current study (55.9% vs. 43%) and much less in case of female smokers (3.2% vs. 29%)[5-7]. Similarly, the prevalence of smokers of total population is 32.9% of this study was higher than the country's prevalence of smokers that was reported in Barakat et al[9]. This study indicated that the poorer have had the habit of more smoking than the economically solvent person in rural areas which has been reflected in several studies in Bangladesh and abroad as well as the less education having habituated with more smoking[3-4,10-13]. This study found that, smoking practice was more common in low and middle-income, and illiterate group which was reveled in other studies[5-7]. This study found smoking has been decreasing with age and good economic status. The prevalence of smoking was inversely related to age, economic status and educational levels that have been observed in various studies in the world[11-14]. The study revealed that, the prevalence of current smoking amongst male was very significantly higher in comparison with the female in Bangladesh.

Conclusion

In this study 55.9% male population and 3.2% of female population were smoker. Age, sex, economic status and education level were

significantly associated with smoking habit of rural population of Bangladesh. This information suggests creating more awareness regarding harmful effect of smoking can prevent smoking habit of rural population. Further studies with large sample size will bring more accurate picture about smoking habit of rural population of Bangladesh.

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