Research Article

Smoking Knowledge and its Associated Factors Among Al-Mustaqbel University Students in Al Hilla City

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Abstract
Background: Smoking is the leading preventable cause of morbidity in the world.
Objective of the study:
1. Asses the sociodemographic characteristics for the students who were smoker in regard to their age.
2. Find out their knowledge about the harmful effects of smoking.
3. Determine the factors leading to smoking.

Method: A descriptive analytic study design was adopted at the university of Al-Mustaqbel. A convenience sample of 300 students chose purposively from different level of their study. A questionnaire was developed by the researchers.

Results: The majority of the students were male (94%) smokers, their age of started smoking more than 18 years, with sufficient income, about half of them their families and friends know that they were smoker, most of them know that the disorder caused by smoking, and the majority of them 76.33% think that the causes of smoking was family problem, stress and anxiety. in addition to the life burden, friends and influence by others had high mean.

Conclusion: Majority of the study sample age between 18-23 years old, male, unmarried and lived in urban area. High percentage of them thinks that smoking causes cancer of the lung, and respiratory diseases. The majority of the sample believed that the cause of smoking was family problem, stress and anxiety, and life burden.

Keywords: Smoking, Associated Factors, Students

1. Introduction

Smoking is described as one of the major causes of death and the most avoidable cause of life-related disease such as lung disease and heart disease and cancer. It is one of the important cause of death worldwide WHO [1,2]. According to the world health organization (WHO) approximately 47% of men and 12% of women in developing countries are smoker. In addition, smoking is one of the most essential health problems which may be considered the cause of morbidity and mortality WHO [1,3]. In addition smoking is a significant factor in the earlier development of mental diseases therefore a high rate smoking found in people with psychological diseases [4]. Furthermore, smoking causes different health problems but didn't received a lot of attention as the other diseases such as diabetes, coronary heart diseases [5].

Various studies from different countries have examined the risk factor of smoking some these includes; demographic factors, social and cultural norms, friend and family effects and hastening tension. Previous researches mentioned that by 2025 30% of males and 2% of females their ages between 15-24 years will be smoker [4-6]. A study conducted in Kurdistan- Al Iraq by Abdalateef et al, concluded that smoking rate was high 39.5% among physicians and 64.5% among dentists [7]. Male smoker more than females in developing countries this could be that smoking is socially not acceptable behavior in Iraq culture. In addition another study carried out by Baey et al, and chezhian et al 2015 in Iraq found that smoker knowledge regarding the harmful effects of smoking were low [8,9]. In addition, concluded that smokers knowledge were low ,many efforts needed from health organization and health team

to give information about the risks of smoking and encourage the smokers to stop smoking [10]. Therefore, there is a relationship of variation in smoking rate, performances, and knowledge which may be appropriate with differences between countries. The aims of this study to assess the sociodemographic characters of the participants, find out their knowledge regarding the smoking and to determine the risk factors of starting the smoking.

2. Methods and Materials
2.1 Study Design and Setting
The present study was conducted between Feb. 10, 2024, and August 25, 2024, at the, University of Al Mustaqbel in Al Hilla city in Iraq.

a. Administrative and Ethical Arrangement
Administrative permissions were obtained to conduct the study from the University of Almustaqbal University Faculty of nursing. Approval from the students were obtained of verbal consent of the sample prior to the administration of the questionnaire.
The sample informed of the purposes of the study and they had the right to refuse to participate.

b. Setting of The Sample and Data Collection
This study was conducted in university of Al Mustaqbel and data collected by interviewing every student individually at the university, the time taking for completing each sheet was around 15-20 minutes.

c. Population and Sampling
This is quantitative study used a descriptive design to assess students' knowledge toward smoking knowledge and its associated factors.

A convenience sample of 300 students chose purposively from different level of their study.
The questionnaire was constructed after reviewing various studies and literatures which are related to this subject, in addition it was modified according to the expert's comments and suggestions. It was divided in to three main parts.

Part one
Sociodemographic data which was included such as, age, sex, marital statuses.
Part two
Knowledge of cigarette smokers about the effects of smoking such as, cancer of the lung, respiratory, and heart diseases.
Part three
Factors leading to smoking such as, desire. Life pressure, family problems, tension, worry, and anxiety
Validity and reliability of the questionnaire
In order to test the validity of the questionnaire they were presented to 10 experts in this field to make it more valid. The opinions of academic experts were sought, the questionnaire assessed for applicability, and clearness the researchers are assured that the questionnaires were appropriate for the research. Cronbach's alpha coefficients was used to measure the reliability of questionnaires the value was 0.80.

2.2 Statistical Analysis
Data were coded and analyzed through the use of the Statistical Package for the Social Sciences for Windows (SPSS version 25.0). Descriptive statistics (frequency, percentages, means and standard deviation) were used for all measures data.

3. Results
Table (1) showed that most of the sample were male 94% their age between (18-23) 40% and the married were 37%. Students who lived in urban were 63.33% with sufficient income 57.33%.

Most of them started smoking between level of (3-4) in the university and only 16% of them smoked (1-10) cigarettes per day.

Sociodemographic information	NO.	%
Sex		
Male	282	94
Female	18	6
Total	300	100
Age (years)		
18-23	120	40
24-27	83	27.66
28-35	87	29
More than 35	10	3.33
Mean of age	26.05	
Marital status		
Married	111	37
Unmarried	169	56.33

Divorced	20	6.66
Total	300	100%
Residency		
Urban	190	63.33
Rural	110	36.66
Total	300	99.99
Income level		
Sufficient	172	57.33
Insufficient	70	23.33
sufficient to some extend	58	19.33
Total	300	99.99
Level of study in the university		
1-2	132	44
3-4	168	56
Total	300	100
Cigarette smoked per day		
1-10	48	16
11-20	74	24.66
21-30	93	31
More than 30	85	28.33
Total	300	99.99
Duration of smoking		
Less than 6 months	57	19
More than 6 months	243	81
Total	300	100
Age at starting smoke		
Less than 12 year	26	8.66
13-18 year	125	41.66
More than 18 year	149	49.66
Total	300	99.98
People who knows that you Are smoking		
Family	4	1.33
Friends	80	26.66
Family and Friends	213	71
No one	3	1
Total	300	100%

Table 1: Sociodemographic data

The majority of them started smoking for period more than 6 months and age of starting smoking were more than 18 years old were 49.66%, however most of their families and friends 71% knows that they were smoker.

Items	Yes		Not sure		No		Tot. Fr-equency	S.D	M.S	Tot. Fr-equency	S.D	M.S	Assessment
	No.	%	No.	%	No.	%							
Cancer of the lung	231	77	36	12	33	11	300				0.743	2.66	good
Respiratory disease	249	83	25	8.33	26	8.66	300				0.682	2.74	good
cancer of throat	144	48	88	29.33	68	22.66	300				0.714	1.69	fair
Weight gain	69	23	76	25.33	155	155	300				0.856	1.44	poor
Disease of the heart	219	73	37	12.33	44	14.66	300				0.652	2.30	fair
Loss of appetite	151	50.33	57	19	92	30.66	300				0.873	2.03	fair
Tuberculosis	78	26	122	40.66	100	33.33	300				0.632	2.53	good
Stroke	110	36.66	101	33.66	89	29.66	300				0.864	1.64	poor
Teeth discoloration	228	76	31	10.33	41	13.66	300				0.792	2.59	good
Low immunity	134	44.66	98	32.66	68	22.66	300				0.871	1.89	neutral
Addiction	226	75.33	38	12.66	36	12	300				0.698	2.58	good
Effects on other people health	205	68.33	57	19	38	12.66	300				0.932	2.36	good

Table 2: Frequency of Knowledge of smokers about the effects of smoking including means and standard deviation

From this table (2), it seemed that most of the sample they know all the disorders in this table caused by smoking except for the items weight gain (1.44) 51% and stroke 36.66 with low mean (1.44) ,1.64 respectively and they thought that smoking didn't had large effect on those conditions. The highest percentage 83% of the sample believed that smoking caused respiratory diseases with the mean (2.74) and 77% of them believed that smoking caused cancer of the lungs with high mean 2.66

	Rating			S.D	M.S	Assess
Factors	Yes	Not Sure	No	0.767	2.29	fair
	166	55	79			

Table 3: Overall Knowledge of smokers about the effect of smoking

S. D= stander deviation, M. S= mean of score, low=1-1.66. moderate=1.67-2.33, high=2.34-3.
Table 3 indicated that the overall knowledge of the students about the disorders caused by smoking were fair with the mean of score 2.29.

Factors	Yes	Not sure	No	No	S.D	M.S	Assessment	S.D	M.S	Assessment
	No.	%	No.	%	No.	%	No No			
Desire	127	42.33	91	30.33	82	27.33	300	0.688	2.15	moderate
Life burden	227	75.66	37	12.33	36	12	300	300	2.87	high
Self-determination	173	57.66	45	15	82	27.33	300	0.674	2.30	moderate
Study stress	194	64.66	46	15.33	60	20	300	0.556	2.44	high
Family problems	229	76.33	22	7.33	49	16.33	300	0.765	2.60	high
Stress, anxiety and worry	212	70.66	44	14.66	44	14.66	300	0.773	2.70	high
Friends	196	65.33	51	17	53	17.66	300	0.771	2.83	high
influence by others	211	70.33	39	13	50	16.66	300	0.832	2.53	high
Smoking is generally Pretty	127	42.33	91	30.33	82	27.33	300	0.688	2.15	moderate

Table 4: Frequency of factors leading to smoking including means and standard deviation

	Rating			S.D	M.S	Assess
Factors	Yes	Not Sure	No	0.767	2.42	High
	190	48	62			

Table 5: Overall Factors leading to smoking

S.D= stander deviation, M.S= mean of score, low=1-1.66. moderate=1.67-2.33, high=2.34-3.
Table 5 showed the overall factors which lead to smoking with high mean score 2.42

4. Discussion
This study covered a number of issues related to smoking status. Table (1) declared that the majority of the sample were male, their ages between (19-23) years old, while the minority of them female (6%) this is in agreement with Alasqah et al and Oncel et al 2011 found that the cigarette smoking is more prevalence in male than female, men are more likely to smoke cigarette than female in all countries possibly because of their emotional status or working pressure and they spend a lot of their time with their friends, in addition female facing more restriction to go out home, moreover ,the cultural and the social norms were reasons for decrease the prevalence of female smokers and make them expose to diseases related to smoking [10,11]. Al-Naggar et al, furthermore, in a study carried out in different Arab countries such as Saudi Arabia, Bahrain, Jordan, Egypt, Tunisia and Palestine found that the smoking prevalence among male students higher than the female students, in addition, smoking is socially accepted for male in Arab countries than female [13-15].

Moreover, various studies recognized the role of sociodemographic data such age, gender, socioeconomic status are related to behaviors cigarette smoking and may have important role in smoking status [15-17].

In this study most of the sample started smoking between the 3-4 years of college and about have of the sample 49.99% started smoking at age more than 18 years' old which is consisted with previous study conducted by [17-19]. Nevertheless declared that about 70% of the smokers stopped smoking because of having good knowledge and information on effects of smoking. However, in general the sample of this study had good education and socioeconomic status more than the others people, with high number of males. Moreover, reported that there is clear evidence that smoking and influence on health are associated with level of economic status and the education [20-22].

However, the majority of the sample think that smoking caused many disorders especially cancer of the lung and respiratory diseases this mean that they know the harmful effects of smoking this finding encourage health promotion and prohibition of smoking in public areas, in addition ministry of health should stress on young people to avoid smoking [21].

Studies showed that no association between smoking and weight-related consequences [8]. While, Kassani et al declared that there are relations between smoking and decrease in weight. This could be smoking may cause increase in metabolism rate and loss of appetite [2,23]. In contrast the result of the current study showed about half of the sample had loss of appetite and only 23% of them had weight gain.

Furthermore, a positive relation between smoking and various cardiovascular disease, stroke, cancer of the lung, teeth discolorations and addiction have been found in different studies [22,23]. This is consisted with this study. The finding of the current study revealed that the majority of the study sample believed that smoking may cause various effects on different body systems such as the heart, the respiratory system, and the immune system this agrees with other researches results, however, the reason for this mechanism is not clear and didn't fully understood [24,25].

in contrast [10,26,27], stated that it is interesting to mentioned that smokers reported that smoking has no damage to their health and never think about the harmful effects of smoking.

A study conducted by [16-18], indicated that the majority of the sample smoke when they were outside of their house this revealed that problems and tensions may facing them at work place may be considered factors which can deal with them to encourage smoking.

Previous studies reported that most of the sample think that the cause of smoking was family problems, stress and anxiety, life burden, this could be due to a new environment, anxiety and stress and difficulties which may happen in making relations with new friends [13,14]. A study conducted by oncel et al found that 46.2% of study sample smoking started because of their friends and stress [12]. In addition, friends have more influence than family members on starting of smoking [7]. Nevertheless, presence of smoker friends, and smoker in the family, had very vital effects on the implementation of smoking behaviors. The smoking family relation reported in various studies which emphasis on family children collaborations during adolescent's period reported that the social effect of friends, teachers, parents and the need to alleviate worry, tension and stress are the most important factors lead to smoking.

Therefore, the current study finding indicated that there is lower

concern about the effects of smoking because a high rate of smokers reported that smoking may cause various disorders and didn't think about the damage of their health. However, the findings of this study cannot be not generalized to all smokers in the country because of the sample small size.

5. Conclusion

According to the result of this study the researchers concluded the following: -

1. smoking should be avoided at any age because it may have vital influences on body.

2. High percentage of the sample were male, unmarried live in urban area with sufficient income

3. Young people should be aware about the danger of cigarettes smoking and the important risk factors in causing harmful effects on the body.

4. The majority of them believed that the cause of smoking was family problem, stress and anxiety, in addition to life pressure. Moreover, the overall knowledge of the students about the disorders caused by smoking were fair with the mean of score 2.29 [23-27].

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