

Prevalence of Smoking among Iraqi Female Medical Providers in Baghdad

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Abstract

Background: Cigarette smoking is the largest preventable risk factor for morbidity and mortality in developed countries. Healthcare providers who smoke are less likely to advise patients to quit smoking. Being a female and smoker adding more burdens on society.

The objective of the study is to assess the prevalence of smoking among Iraqi female medical provider. A descriptive cross-sectional study with an analytic element. Data collection was done via electronic questionnaire forms distributed online to contact list for 450 -easy to reach- female health providers (doctors, dentists, pharmacists) who work in different hospitals, PHCs and health institutes in Iraq. Nearly 15.3% of the samples were smokers, 53% of sample was 20-29 years while nearly 62% of sample was married. About two third of sample had bachelor degree (66.2) while nearly half of the sample (52.9) were doctors. Regarding the place of work about (55.6) of sample were working in hospital and the years of service were equally distributed between <5 years and >5 years. Nearly half of the sample has husbands or friends who are smokers. The smoking environment was significantly affecting the smoking status while there is no association between age, marital status, education, field of work, place of work and years of service. The percentage of female smokers among medical service providers is high, and female doctors got the highest rate. With regard to age, the age group between 20-29 was the highest among female smokers. The results also showed a higher percentage among those who work in hospitals, and the largest proportion of female smokers was among those who had spouses or friends who smoked.

Keywords: smoking, Iraqi female, medical provider

Introduction

Worldwide, tobacco use represents one of the major causes of death and the main preventable cause of lifestyle-related diseases, such as lung cancer, chronic obstructive pulmonary disease, and coronary heart disease ⁽¹⁾. Smoking is a major preventable cause of morbidity and mortality ⁽²⁾. Smoking for anyone, at any age, is dangerous and can lead to preventable disease, and even death. But, for women, smoking carries certain additional risks ⁽³⁾. About 250 million women in the world are daily smokers. About 22 percent of women in developed countries and 9 percent of women in developing countries smoke tobacco. In addition, many women in south Asia chew tobacco⁽⁴⁾.The tobacco industry promotes cigarettes to women using seductive

but false images of vitality, slimness, modernity, emancipation, sophistication, and sexual allure. In reality, it causes disease and death. Tobacco companies have now produced a range of brands aimed at women. Most notable are the “women only” brands: these “feminized” cigarettes are long, extra-slim, low-tar, light-colored or menthol ⁽⁴⁾. Health care professionals play a prominent role in promoting tobacco control and smoking cessation programs. However, their smoking habits may prevent them from providing unbiased advice on smoking cessation and may even prevent them from being efficiently involved in cessation programs designed for patients ⁽⁵⁾. Physicians who smoke are less likely to advise patients to quit smoking. Also, it is less expected from them to assess patient’s will to refrain from smoking ⁽⁶⁾. This research throws a light on

smoking among female medical providers in Iraq, and aims to estimate its prevalence.

It is vital to assess health professionals' smoking habits for two reasons. First, they have a direct effect on their health and wellbeing. Secondly, it has been shown that physicians who smoke tobacco are less likely to advise their patients regarding the health hazards of tobacco smoking ⁽⁷⁾.

Methods

A descriptive cross-sectional study with an analytic element. Data collection was done via electronic questionnaire forms distributed online to contact list for 450 -easy to reach- female health providers (doctors, dentists, pharmacists) who work in different hospitals, PHCs and health institutes in Iraq. The questionnaire included sociodemographic & occupational information's of participants: age, marital status, no. of children, education, field of work, place of work, and years of service. Collected data were fed, statistically analyzed, presented using SPSS V.20.

Results

The distribution of the sample by sociodemographic variables is presented in table 1: About 53% of sample

was 20-29 years old while nearly 62% of sample was married with nearly (69.1%) of the sample had number of children between (0-2) . About two thirds of sample had bachelor degree (66.2%), while nearly half of the sample (52.9%) was doctors. Regarding the place of work (55.6) of sample were working in hospital and years of service were equally distributed between <5 years and >5 years. According to table 2: (15.3%) of the sample was smokers. Nearly half the sample has smoking husbands or friends. The smoking environment was significantly affecting the smoking status, while according to table 3 there is no statistical association between smoking with age, marital status, number of children, education, field of work, place of work or years of service.

Nearly half (53.6%) smokers reported enjoyment as the main reason for smoking, while non-smoking reasons for the majority (64.6%) were fear from health risks (table 4).

Vast majority of smokers (72.4%) were smoking any time, 55.07% of smokers were smoking at home only. Nearly half of the smokers have tried to quit. Regarding symptoms suffered, 31.9% have teeth discoloration, 18.8% have changes in mouth odor, and 16% have shortness of breath. Both dry mouth and night cough were encountered in 14.5%, while only 13% have voice changes.

Table 1: Socio-demographics of sample

Variables	No.	%
Age class		
20-29	237	52.7
30-39	170	37.8
+40	43	9.6
Marital status		
Ever married	277	61.6
Unmarried	173	38.4
No of children		
0-2	311	69.1
3-5	99	22
+3	40	8.9

Education		
Post graduate	152	33.8
Bachelor	298	66.2
Field of work		
Doctors	238	52.9
Dentist	117	26.0
Pharmacist	95	21.1
Place of work		
PHC	89	19.8
Hospital	250	55.6
Health institute	111	24.7
Years of service		
<5	225	50.0
>5	225	50.0
Total	450	100

Table 2: Social smoking environment

Smoking status	No family history	Parents and siblings	Husband and friends	Tot
Smoker	5(7.3)	31(44.9)	33(47.8)	69 (15.3%)
Non smoker	106(27.8)	157(41.5)	118(31)	381 (84.7)
Total	111	188	151	450 (100)

χ^2 15.166 df 2 P=0.001

Table 3: Smoking status according to socio-demographic & occupational variables of sample studied

	Smoker	Non smoker	Total	X ²	df	p
Age						
20-29	41(59.4)	196(51.4)	237	1.899	2	0.387
30-39	21(30.4)	149(39.1)	170			
+40	7(10.2)	36(9.5)	43			
Marital status						
Ever married	44	233	277	0.169	1	0.681
Non married	25	148	173			
No of children						
0-2	49	262	311	0.557	2	0.757
3-5	13	86	99			
+5	7	33	40			

Cont... Table 3: Smoking status according to socio-demographic & occupational variables of sample studied

Education						
Post graduate	18	134	152			
bachelor	51	247	298	2.155	1	0.142
Field of work						
Doctors	35(50.7)	203	238			
dentists	22(31.9)	95	117	1.692	2	0.429
pharmacists	12(17.4)	83	95			
Place of work						
PHC	8	81	89			
Hospital	42	208	250	3.446	2	0.179
Health institute	19	92	111			
Years of service						
<5	36	189	225			
>5	33	192	225	0.154	1	0.695

Table 4: Reasons of smoking and non-smoking

Smoking status	Reasons	No.	(%)
Smokers			(53.6)
	Enjoy	37	(30.4)
	Stress	21	(10.1)
	With smoker group	7	(4.3)
	Habit	3	(1.5)
	Adult feeling	1	
Subtotal		69	(15.3)
Non-smokers	Health risk	246	(64.6)
	Belief	83	(21.8)
	Cultural barrier	46	(12.07)
	Husband refusal	6	(1.6)
Subtotal		381	(84.7)
Total		450	(100)

Table 5: Smoking setting & consequences

Characteristic		No.	(%)
Type	Cigarette	45	65.3
	Nargileh	24	34.7
Time	Anytime	50	72.4
	Morning	0	0
	At night	19	27.6

Cont... Table 5: Smoking setting & consequences

Place	At home	38	55.07
	Workplace	2	2.8
	Anywhere	29	42.03
Try to quit	Yes	38	55.07
	No	31	44.93
Symptoms	Dry mouth	10	14.5
	Teeth discoloration	22	31.9
	Mouth odor	13	18.8
	Voice change	9	13
	Night cough	10	14.5
	Shortness of breath	11	15.9

Discussion

Tobacco smoking is responsible for >7 million deaths per year, nearly 80% of which occur in low- and middle-income countries⁽⁸⁾. The percentage of smokers among studied sample was relatively high compared to (1.9%⁰) and (13.2%) in Hilla city/Iraq⁽⁹⁾ and India⁽¹⁰⁾ respectively.

Doctors show the highest percentage of smokers (50.7%). While the higher percentage of smoking (52.7%) was in (20-29) years old. This may be due to the fact the young female medical providers have liberal thoughts about smoking and do not consider it as stigma, besides the openness to neighboring countries, in addition to spending more time on internet. In this study the minority of the sample were postgraduate, this due to the fact that the majority of the sample were young in age. About (55.6%) of the sample are working in hospitals this also can be due to the same reason which is the smallest age of the doctors, dentists and pharmacists the higher possibility of working in hospitals as interns or permanent resident. That is also applicable on years of service.

Coming to the smoking environment, it was the only significant variable associated with smoking status. This agrees with a study in Iraq⁽¹¹⁾ Saudi Arabia⁽¹²⁾ and USA⁽¹³⁾. This may be explained by the effect of negative socialization, and the influence of friends and family on individuals. About 45% of smokers have parents or siblings who are smokers. While about 48% of smokers have husband or friends who are smokers. This agree

with a study in USA in which they found that having two ever-smoking parents, in comparison to zero or one, was associated with higher nicotine dependence scores, cigarettes per day⁽¹⁴⁾ which may be explained by the strong influence of family and friends on customs and temperament.

The present study reveals that the higher percentage of smoking reason (53.6%) was enjoyment. This agrees with a study in Saudi Arabia⁽¹²⁾. This may be explained by the fact that doctors' life is stressful.

Regarding the smoking characteristics about (65.3%) of smokers smoked cigarettes. About half of them smoked at any time while 55% smoked at home. Smoking at home is more convenient for female doctor's giving privacy, and is more suitable than morning medical work, or afternoon clinic work. Nearly 55% of smokers have tried to quit. This is higher than a study in Armenia

Coming to the side effects of smoking revealed in this study, the highest was (32%) teeth discoloration, the rest of side effects were change of mouth odor, shortness of breath, dry mouth, night cough and voice changes.

Conflict of Interest – Nil

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Ethical Clearance – Not required

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