An epidemiological study of smoking in urban school boys of Ajmer

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Abstract

In a survey of 1000 school boys aged 8-16 years, 52 (5.2%) were smokers. Thirty of them were regular smokers, of whom 27 took to smoking between 10-14 years of age. Only six children thought that they smoked for pleasure. None of the children, whose mothers had university or higher vocational education smoked, (P<0.01). Parental smoking also seemed to influence smoking behaviour of their children. Type of the family-nuclear or joint-did not affect the smoking prevalence, but children occupying special position in the family smoked more frequently, (P<0.001). Most of the smokers belonged to middle or poor socio-economic group and none to upper socio-economic group (P<0.001).

Key words : Smoking in school boys.

Smoking is a widely prevalent practice amongst school children of developed countries, and has raised a great deal of concern regarding its ill effects on health. Earlier the age at which a child starts smoking, greater is his/her chance of having a less healthy life and premature death. Since little information is available on the extent of the problem in Indian children, we surveyed 1000 children of Ajmer to find out prevalence figures for smoking in children aged 8-16 years.

Though most of the children take up smoking at a tender age and out of curiosity, what makes people smoke remains largely a mystery. An attempt therefore has been made to investigate some of the social and epidemiological attributes of these young smokers.

Materials and Methods

One thousand boys from five schools of Ajmer, aged 8-16 years were selected for a comprehensive health survey. One is a public school serving ‘well to do’ families, and one is a school serving a slum area. Three schools, two Government-owned and one run by a charitable trust, are serving the general population. About 200 children were selected from each school. Headmasters and class-teachers of these schools were taken into confidence and were explained the purpose and procedure of study. Three days prior to the contemplated day of interview and examination, each boy was given a proforma printed in Hindi, to be filled by the parent/guardian. The parents were requested to fill up the information regarding date of birth of the child, his order of birth & position in the family, family size, family income, living conditions, literary status, and smoking habits in the family members. This questionnaire was collected on subsequent days.

On the third day all the boys were interviewed in detail about their personal
hobbies, ambitions and smoking habits if any. Answers were sought to whether they ever smoked: if smokers, whether they smoked bidis or cigarettes, how often, and why? Confidential nature of investigation was stressed to obtain reliable answers. They were reassured that the information obtained would not be revealed to parents or to school authorities. All those children who accepted that they smoke were classified as smokers. Those who smoked at least once or more times per day were called regular smokers, and those who smoked at least once a week but not as frequently as once a day were termed occasional smokers.

Data on smoking prevalence were analysed in relation to type of family (single or joint), socio-economic status, special position of the child in family (youngest or eldest or only child), parental educational status, and parental smoking. Statistical significance of relation of smoking with these factors was determined by chi-square test.

Results

Out of 1009 children interviewed, 52 (5.2%) were found to be smokers. Of these 30 were regular, and 22 were occasional smokers. A significant increase in incidence of smoking is noticed with increasing age (Table 1). Ninety per cent (45/52) of the smokers took to smoking between 10 and 14 years of age.

Among 52 smokers, 19 smoked bidis and 26 smoked cigarettes, seven children smoked whatever they could get. Frequency of bidi and cigarette smoking was similar in all the age groups. (Table 2).

Table 1. Incidence of Smoking at Different Ages

<table>
<thead>
<tr>
<th>Age group (yr)</th>
<th>Smokers</th>
<th>Occasional</th>
<th>Regular</th>
</tr>
</thead>
<tbody>
<tr>
<td>8-10</td>
<td>312</td>
<td>4</td>
<td>1.3</td>
</tr>
<tr>
<td>11-12</td>
<td>214</td>
<td>6</td>
<td>2.8</td>
</tr>
<tr>
<td>13-14</td>
<td>240</td>
<td>18</td>
<td>7.3</td>
</tr>
<tr>
<td>15-16</td>
<td>234</td>
<td>24</td>
<td>10.3</td>
</tr>
<tr>
<td>8-16</td>
<td>1000</td>
<td>52</td>
<td>5.2</td>
</tr>
</tbody>
</table>

The question 'why do you smoke', did not obtain encouraging response. Though the replies received merit analysis by a child psychologist, receiving strength, enhancement of sociability, mimicking elders, formed some of the replies. To the question 'do you get pleasure out of smoking' only six of 52 smokers replied in the affirmative.

Effect of parental smoking could not be properly evaluated for want of complete information. Of the 20 parents of these young smokers, in four instances both parents were smokers, and in another 16, father alone was a smoker.

The type of family whether nuclear or joint did not constitute an important factor affecting the smoking behaviour (Table III). The boys who occupied a special position (either the youngest or