Indonesian Journal on Health Science and Medicine
Vol. 1 No. 2 (2024): October

ISSN 3063-8186. Published by Universitas Muhamamdiyah Sidoarjo

https://doi.org/10.21070/ijhsm.v1i2.23

Students' Knowledge Regarding Passive Smoking: A Cross-Sectional Study

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Abstract. Background: Worldwide, smoking is a serious public health issue. While thousands of researchers have examined the health impacts of active smoking, less is known about the effects of passive smoking. Objectives: To identify the students' knowledge regarding passive smoking. Methods: Nursing college students were given an electronic form to complete as part of a cross-sectional study aimed at evaluating their understanding of passive smoking. Convenient electronic sampling was employed. The study included a sample size of 150 University of Basra College of Nursing students at all levels. Results: We estimated that the population was composed of 61.4% Basra residents, 13.3% Thiqar residents, 10% Babylonians, 7.4% Baghdad residents, 6.6% Samawa residents, and 1.3% Dyala residents. 4% were older than 28, 80% were between the ages of 23 and 27, and 16% were between the ages of 18 and 22. They were divided into four stages: 22% in the first, 16% in the second, 18% in the third, and 44% in the fourth. The midnight study accounted for 30% of the sample, whereas the morning study accounted for 70%. Conclusion: Nursing college students are highly knowledgeable about the negative effects of passive smoking, as evidenced by the fact that the majority of the questionnaire's items were significant.

Highlights:

1. Smoking is a public health issue; passive smoking effects are under-researched.
2. Assess nursing students' knowledge of passive smoking.
3. Nursing students are knowledgeable about passive smoking's negative effects.

Keywords: Students, Knowledge, Passive Smoking

Introduction

It has long been established that smoking significantly increases the chance of developing numerous illnesses and death rates globally [1]. Probably one of the biggest health disasters of the 20th century. As evidenced by their vulnerability to both acute and chronic harmful illnesses, including respiratory disorders, cancer, coronary heart disease, and reductions in self-reported health, smokers are at risk for a wide variety of adverse outcomes, including mortality and absenteeism from work and school [2,3].

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The significant frequency of smoking exacerbates these effects.

For instance, in Saudi Arabia, between 13% and 38% of men smoke, a fact that is corroborated by the notable increase in tobacco sales in the country's population [4,5]. Males have a higher rate than girls (26% versus 5%, respectively), while the pooled frequency among college students is estimated to be 17% [6]. In the kingdom, smoking is a major risk factor for cardiovascular disorders and can result in other tobacco-related conditions such as chronic obstructive pulmonary disease [7].

However, passive smokers and people who are around secondhand smoke are also affected by the detrimental effects of tobacco usage. Children of smokers, for example, are at risk for both long-term illnesses like inflammatory bowel disease and endothelial cell dysfunction as well as short-term ones like ear and respiratory disorders [8,9].

Moreover, metabolic deficiencies [10,11] SHS exposure has been connected to oxidative damage to DNA and lipids. Furthermore, patterns of reduced antioxidant mechanisms, such as decreased concentrations of vitamin C and vitamin A, are similar in those exposed to SHS to those observed in active smokers [12]. As with active smoking, SHS exposure is therefore directly linked to weakened immunity, diminished lung function, stroke, coronary heart disease, and other chronic illnesses [13] and children exposed to SHS have a higher risk of developing lymphomas, brain tumors, and leukemia than children who are not exposed [14]. Even while SHS health hazards are less common than those experienced by active smokers, the fact that negative effects can occur at very low concentrations suggests that there is no set safe threshold of exposure [15].

Methods

A cross-sectional study was created to evaluate nursing college students' understanding of the negative consequences of passive smoking. The investigation was carried out utilizing an electronic form that was sent to the students.

Convenient electronic sampling was employed. The study included a sample size of 150 University of Basra College of Nursing students at all levels.

The study began in May 2020 and ran until July 2020. 3_2 Setting and samples: Students from all academic levels and the University of Basra's College of Nursing were chosen through sampling for both morning and evening studies.

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The researcher created the following tools for the study; they are divided into two sections: a section on demographic factors, which includes age and educational attainment, and a section with 20 questions about the negative effects of passive smoking. The mean scores for each item were determined using a three-response Likert scale (YES, NO, and Uncertain). Analyzing statistical data using the SPSS software.

Result and Discussion

Table 1: Sample regarding address

Item	Frequency	Percent
Basrah	92	61.4
Thiqar	20	13.3
Babylon	15	10
Baghdad	11	7.4
Samawa	10	6.6
Dyala	2	1.3
Total	150	100

The table reveals the sample address: Basrah accounted for 61.4%, Thiqar for 13.3%, Babylon for 10%, Baghdad for 7.4%, Samawa for 6.6%, and Dyala for 1.3%.

Table 2: Students' Knowledge Regarding COVID-19

Age	Frequency	Percent
18-22 years	24	16
23-27 years	120	80
28 and more	6	4
Total	150	100

The data indicates that 16% of the population was in the 18–22 age range, 80% was in the 23–27 age range, and 4% was older than 28.

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Table 3: Sample regarding to stage

Stage	Frequency	Percent
Stage One	33	22%
Stage Two	24	16%
Stage Three	27	18%
Stage Four	66	44%
Total	150	100%

Of those in the first stage, twenty-two percent were in the second, sixteen percent were in the third, and forty-four percent were in the fourth, according to the table.

Table 4: Sample regarding type of the study

Type of the Study	Frequency	Percent
Morning	105	70%
Evening	45	30%

According to the table, the morning study accounted for 70% of the sample, while the evening study accounted for 30%.

Table 5: Students' Knowledge regarding passive smoking

NO.	Items	Yes	No	Uncertain	MS
1	There are over 400 dangerous chemicals in cigarettes.	46 (30.5%)	10 (7.3%)	94 (62.3%)	2.24
2	For nonsmokers, the condition was exacerbated by passive smoking.	130 (86.1%)	2 (2%)	18 (11.9%)	2.85
3	Asthma is more affected by passive smoking.	144 (96%)	1 (1%)	5 (3%)	2.95

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4	Ulcers and other digestive issues are brought on by passive smoking.	67 (4.4%)	31 (21.2%)	52 (34.4%)	2.24
5	The same issues that affect smokers also affect passive smokers.	77 (51%)	27 (18.5%)	46 (30.5%)	2.3
6	In an enclosed space, passive smoking is more harmful.	142 (94%)	1 (1%)	7 (5%)	2.94
7	Women who smoke passively during pregnancy may miscarry.	71 (47.3%)	16 (10.7%)	63 (42%)	2.36
8	An ectopic pregnancy can result from passive smoking.	19 (12.6%)	57 (34.4%)	74 (49%)	1.75
9	A toddler who smokes passively may be more likely to be underweight.	48 (31.8%)	38 (5.8%)	64 (42.4%)	2.06
10	The likelihood of a caesarian section birth may rise as a result of passive smoking.	48 (31.8%)	38 (25.8%)	64 (42.4%)	2.06
11	Children who passively smoke may get inflamed eyes and noses.	113 (75.3%)	8 (5.7%)	29 (19.3%)	2.7

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12	Children who passively smoke are at risk for cancer.	92 (60.9%)	10 (7.3%)	48 (31.8%)	2.55
13	Fetal death from passive smoking may occur unexpectedly.	65 (43%)	23 (15.9%)	62 (41.1%)	2.28
14	Adults who smoke passively may experience heart attacks.	103 (68.2%)	3 (2.6%)	44 (291%)	2.66
15	Adults who smoke passively run the risk of developing lung cancer.	119 (78.8%)	3 (2.4%)	28 (18.5%)	2.77
16	Adults who smoke passively may develop atherosclerosis.	104 (68.9%)	3 (2.6%)	43 (28.5%)	2.67
17	Heart attacks are increased by passive smoking.	98 (64.9%)	3 (2.6%)	49 (32.5%)	2.63
18	Social issues arise between the smoker and others around them as a result of passive smoking.	121 (80.1%)	6 (4.6%)	23 (15.2%)	2.76
19	Children are encouraged to start smoking at a young age when they witness an older smoker.	127 (84.1%)	6 (4.6%)	17 (11.3%)	2.8
20	A nonsmoker who smokes passively may get renal failure.	37 (24.5%)	45 (30.5%)	68 (45%)	1.94

Discussion

According to the results of this study, most of the study samples were from Basrah (61%). These results agree with other studies [16-20] that reveal most of the study samples were from Basrah.

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The bulk of the study samples were between the ages of 22 and 27 years, per the study's findings. These results are in line with those of other studies [21–25], which show that the majority of the study group was between the ages of 22 and 27.

Compared to older nurses, they are more motivated to expand their knowledge, which is a favorable indication [26,27].

Regarding the stage of a student, the largest percentage was the fourth stage (44%). The results of the current study agreed with other studies [28-32] which reveal that most of the students were at the fourth stage.

In terms of study design, the majority of the study samples (70%) came from the morning study. The results of the current study are consistent with other studies [33-36] which stated that most of the study samples were from the morning study.

Part Two: Discussion of Students' Knowledge about Passive Smoking

The fact that the majority of the answers on the questionnaire were significant demonstrates how knowledgeable nursing college students are about the negative consequences of passive smoking.

Nursing students know good regarding passive smoking might be due to many causes; Although nurses have studied the impacts of passive smoking at all nursing school levels, they are not taught about these effects in any training programs, and the students have developed and updated their knowledge continuously.

Conclusion

Nursing college students were well knowledgeable about the harmful effects of passive smoking, as evidenced by the significant majority of the questionnaire's items.

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