

A Study of Sociological Determinants of Non-Compliance of Tobacco Control Law in Sargodha

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Abstract

Smoking is one of the leading causes of preventable mortality. According to the World Health Organization (WHO), there are nearly 1 billion smokers in the world. Smoking kills 6 million people every year. In Pakistan, a number of adhoc studies have been conducted on prevalence and determinants of smoking, but these have limited geographic coverage and have focused on selected segments of society. Present study focused on the sociological determinants of non-compliance of tobacco control law in Sargodha. The study based on a cross-sectional survey. Multistage sampling technique was applied for data collection. First of all two tehsils of Sargodha district were selected randomly. Then four localities (two from each tehsil) were selected randomly. 300 (75 from each locality) respondents were selected through convenient. Data were collected with the

help of a well designed interview schedule. Data were analyzed by using SPSS software. It was found that a majority (68%) of the smokers were married and 62% of them had less than matriculation level of education. A majority (62.3%) of the respondents were smoking 11-20 cigarettes daily. Mean age starting of smoking was 18.88 years with standard deviation 8.23 years. A major proportion (46.0%) of the respondents were started smoking due to their friends and about one-third (35.3%) of them were started smoking as a fashion. A majority (61%) of the respondents reported that they smoke most cigarettes during working. A majority (69.7%) of the respondents had smoking restrictions in their household. About one-third (36.7%) of the respondents had knowledge that anti-tobacco law is exist in Pakistan. It was found that smoking is totally ban in all places of public work or

use including hotels and restaurants (mean=2.24) was ranked as 1st on the basis of respondents' perception about compliance of anti-tobacco law. Most of the respondents were smoking for mental satisfaction and just as fashion. It is suggested that drug use prevention programs in schools, monitoring availability of illegal and counterfeit tobacco, monitoring the age of purchase and implementation of smoke-free legislation for compliance of anti-tobacco law.

Keywords: Social Abuse, Health Development, Sociology, Health Awareness.

Introduction

The use of any form of Tobacco is deadly. More than half of all its regular users are killed by smoking. The annual death toll attributable to tobacco is expected to rise from the current estimates of 5.4 million/year to 10 million/year by 2025 according to WHO and over 70% of these deaths would be in the developing countries. Today Tobacco is the single most preventable cause of disease and death in the world. In most countries of the world, for controlling its epidemics important measures have been taken. Such measures include

implementation of clean air laws, increased taxation of tobacco products, educating the public on tobacco hazards and pictorial health warning on cigarettes packs. It is a question mark that Pakistan is lagging behind rest of the world in its efforts to control this epidemic (WHO, 2011).

However, it was not that long ago when smoking was rather in fashion and an expression of adventure lifestyle or being grown up for juveniles. Movies, sport events or nightclubs and bars were hardly imaginable without any contact to tobacco. Along with that, every government regulation on tobacco was interpreted as superfluous and a restriction of individual freedom in life. Politicians all over Europe did not acknowledge the need to change legislation and the tobacco industry was pleased about a successful interest campaigning and financial profits. In contrast, the nonsmokers could not influence the political agenda and stood in the shadow of a liberal attitude towards smoking (Burggraf, 2012).

In Pakistan, Tobacco smoking is legal, but under certain circumstances is banned. The habit in the youth of Pakistan and in farmers is mostly found, and is thought to be responsible for various health problems and

deaths in the country. Smoking produces many health problems in smokers. According to some surveys, 40% of males and 8% of females are regular smokers. Pakistan has the highest consumption of tobacco in South Asia (Anonymous, 2013).

The number one cause of cancer deaths is lung cancer in Pakistani males followed by mouth cancer. Both these cancers are tobacco hazards related and can be prevented if this powerful addictive substance is avoided. Tobacco use is also a major risk factor for heart attacks, pneumonia, stroke, Chronic Obstructive Lung Disease (COPD) as well as many other serious diseases. Tobacco smoke is a complex mixture of gas and particles that contain over 4000 chemicals, 60 of which are known to cancer cause and not only does smoking affect the user, it also affects anyone in close proximity. Second hand smoking is equally hazardous and causes number of diseases including heart attack, lung cancer, pneumonia and exacerbation of asthma (Khan, 2012).

In Pakistan According to WHO (2011) report 32.4% males and 5.7% females are current tobacco smokers. Sheesha use is also on the increase in the Pakistani youth and according to a study reported from Karachi

in 2008, 43% of males and 11% female's university students were found to be regular sheesha user. Significant number of people also uses smokeless tobacco in the form of Paan, Gutka, Naswar etc. Rising trend of smoking in the adolescent females on Pakistan is also a cause of serious concern (WHO, 2011 and Nizami et al., 2011).

In Pakistan, the high prevalence of smoking amongst the medical students and doctors is one of the major barriers for the tobacco control. A survey at a major teaching hospital of Karachi done that described, 32 % of male house officers were found to be regular smokers. The creditability of the anti-tobacco message is lost if public see medical student or a doctor smoking (Nawaz et al., 2007).

In many countries, comprehensive ban on tobacco advertising has shown to decrease tobacco consumption. At present in Pakistan, the ban on tobacco advertising is only partial . Such partial ban for tobacco control advertising has not been shown to work. After the introduction of partial ban on TV, now more smoking scenes are being shown on TV drama serials and even movies. In Pakistan in the recent years, point of sale advertising has markedly increased. Tobacco industry continues to promote

tobacco through youth magazines, gifts and free distribution of cigarettes at musical concerts (Khan, 2012).

Objective

The main objective of the research is to explore the reasons of tobacco use and analyze the reasons of non-compliance of anti tobacco law.

MATERIALS AND METHODS

Study Area

The study site selected for this research is two tehsils of district Sargodha randomly. four localities (two from each tehsil) were selected randomly.

Sample Size

Sample can be defined as accurate envoy of the population, which has all the characteristics of preferred population. 300 respondents (75 from each locality) were selected randomly from the study area.

Data collection:

Construction of data collection tool

Social science deals with human nature, Feelings, emotions and minds of human

Results and Discussions

being. To study all these factors it was compulsory that data collection tool was very accurate and reliable. Interview schedule was prepared with open and close ended questions to collect the data from respondents. It was structured to get all the required information from the respondents.

Interviewing the respondents:

Interview was conducted from respondents to collect facts. The investigator himself interviewed each respondent to make sure unbiased response and then rechecked each questionnaire for accuracy and uniformity because it was very difficult to approach the same respondent at any subsequent stage.

Analyzing of data:

Collected data was analyzed using the Statistical Package for Social Sciences. Descriptive statistics, including frequencies, percentages, means and standard deviations, were used to summarize different variables. Data was interpreted with the help of a computer software i.e. statistical package for social sciences.

Table 1

Distribution of the respondents according to their weekly average smoking

On average, how many cigarettes do you smoke on weekly? (Packets)	Frequency	Percentage
1-3 packets	36	12.0
4-5 packets	77	25.7
6-7 packets	167	55.7
Above 7 packets	20	6.7
Total	300	100.0

Table 1 shows that 12.0 percent of the respondents were smoking 1-3 packets of cigarettes weekly, while about one-fourth i.e. 25.7 percent of them were smoking 4-5 packets of cigarettes weekly, more than a

half (55.7%) of the respondents were smoking 6-7 packets of cigarettes weekly and only 6.7 percent of them were smoking above 7 packets of cigarettes weekly

Table 2

Distribution of the respondents according to their average daily smoking

On average, how many cigarettes do you smoke on daily?	Frequency	Percentage
1-5 cigarettes	57	19.0
6-10 cigarettes	36	12.7
11-20 cigarettes	187	62.3
Above 20 cigarettes	20	6.7
Total	300	100.0

Table 2 reveals that 19.0 percent of the respondents were smoking 1-8 cigarettes daily, while 12.0 percent of them were smoking 6-10 cigarettes daily, a majority

(62.3%) of the respondents were smoking 11-20 cigarettes daily and only 6.7 percent of them were smoking above 20 cigarettes daily.

Table 3

Distribution of the respondents according to their age at first started smoking cigarettes

Age (in years)	Frequency	Percentage
Up to 15	94	31.3
16-20	125	41.7
21-25	57	19.0
Above 25	24	8.0
Total	300	100

Mean = 18.88 Std. Dev. = 8.23

Table 3 indicates that little less than one-third (31.3%) of the respondents had up to 15 years of age at the time of starting of smoking, while a substantial proportion (41.7%) of the respondents had 16-20 years of age at the time of starting of smoking, 19.0 percent of them had 21-25 years of age

and remaining 8.0 percent of them had above 25 years of age at the time of starting of smoking. Mean age starting of smoking was 18.88 years with standard deviation 8.23 years. It means most of the respondents were started smoking in teenage.

Table4

Distribution of the respondents according to the reasons for starting of Smoking

Reasons	Frequency	Percentage
Friends	138	46.0
Just Fashion	106	35.3
Tension	28	9.3
Childhood	6	2.0
Don't Know	22	7.3
Total	300	100

Table 4 shows that a major proportion (46.0%) of the respondents were started smoking due to their friends, while about one-third (35.3%) of them were started smoking a fashion, 9.3 percent of them were started smoking due to mental tension, 2.0

percent of them were started smoking due to childhood and 7.3 percent of the respondents had no knowledge about the reasons of starting of smoking. So above discussion shows that friends or peer group are responsible of their smoking habit.

Table 5

Distribution of the respondents according to smoke most of cigarettes

Where do you smoke most of your cigarettes?	Frequency	Percentage
Mainly at work	183	61.0
Mainly at home	14	4.7
Mainly in pubs/ cafes/ clubs	21	7.0
Any other	82	27.3
Total	300	100

Table 5 indicates that a majority i.e. 61.0 percent of the respondents reported that they smoke most cigarettes during working, while 4.7 percent of them smoke most cigarettes at home and 7.0 percent of them

told that they were smoke most cigarettes in pubs/café/clubs, whereas 27.3 percent of the respondents told that they smoke most cigarettes at any other places.

Table 6

Distribution of the respondents according to having knowledge that anti-tobacco law is exist in Pakistan

Knowledge about anti-tobacco law is present	Frequency	Percentage
Yes	110	36.7
No	190	63.3
Total	300	100

Table 6 depicts that about one-third (36.7%) of the respondents had knowledge about anti-tobacco law is exist in Pakistan, while 63.3 percent of them were replied negatively.

Table 7

Distribution of the respondents according to having knowledge that anti-tobacco law

Knowledge about anti-tobacco law	Frequency	Percentage
To a great extent	34	11.3
To some extent	49	16.3
Not at all	217	72.3
Total	300	100.0

Table 7 shows that 11.3 percent of the respondents had knowledge ‘to a great extent’ and 16.3 percent of them had knowledge ‘to some extent’ about anti-tobacco law, whereas a majority (72.3%) of the respondents had no knowledge about anti-tobacco law.

Table 8

Mean, Std. Dev. and Rank order of the respondents' perception about compliance of Anti-tobacco law

Respondents' perception about compliance of Anti-tobacco law	Mean	Std. Dev.	Rank
Smoking is totally ban in all places of public work or use including hotels and restaurants	2.24	.82	1
The Ministry of Health has issued one warning containing both a picture and text that must be placed on all cigarette packs.	2.18	.74	2
Person to person sale techniques are being used	2.14	.53	3
Huge billboards have been installed at prominent Places	2.02	.90	4
Smoking is ban in public places	2.01	.65	5
Tobacco advertisements are banned in electronic and print media	1.52	.73	6

The data given in Table 8 shows that smoking is totally ban in all places of public work or use including hotels and restaurants (mean=2.24) was ranked as 1st on the basis of respondents' perception about compliance of anti-tobacco law. The Ministry of Health has issued one warning containing both a picture and text that must be placed on all cigarette packs (mean=2.18), person to person sale techniques are being used (mean=2.14), huge billboards have been installed at prominent places (mean=2.02) and smoking is ban in public places (mean=2.01) were ranked 2nd to 5th. whereas tobacco 61 advertisements are banned in electronic and print media (mean=1.52) fell in low category and was ranked as 6th.

Conclusions

A majority of the smokers were married and majority of them had less than matriculation level of education. A majority of the respondents were smoking 11-20 cigarettes daily. It was found that majority of the smoker started smoking in teenagers. A major proportion of the respondents were stared smoking due to their friends and just as a fashion. A majority of the respondents reported that they smoke most cigarettes during working. A large majority of them reported that if they could decide on smoking policy in Pakistan they were completely ban on smoking. A majority of the respondents had smoking restrictions in

their household. About one-third of the respondents had knowledge about anti-tobacco law is exist in Pakistan. It was found that respondents had thinking about compliance of anti-tobacco law that smoking is totally ban in all places of public work or use including hotels and restaurants, the Ministry of Health has issued one warning containing both a picture and text that must be placed on all cigarette packs, person to person sale techniques are being used and smoking is ban in public places. It was noticed that lack of governance was ranked as 1st on the basis of respondents' perception about non-compliance of anti-tobacco law. Smoking is a symbol of prestigious, smoking is a fashion, Smoking is a source of mental relief and lack of awareness about effects of smoking were ranked 2nd to 5th on the basis of non-compliance of tobacco law. Most of the respondents were smoking for mental satisfaction and just as fashion. Drug use prevention programs in schools should be ranked as 1st on the basis of suggestion for compliance of anti-tobacco law. Monitoring availability of illegal and counterfeit tobacco, Monitoring the age of purchase and drug education programs in schools were ranked 2nd to 4th, whereas implementation of

smoke-free legislation fell in low category and was ranked as 5th.

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