# Knowledge and Practice of First Year Medical Students about Smoking

Kye Mon Min Swe<sup>1</sup>\*, Amit Bhardwaj<sup>2</sup>

<sup>1</sup> Associate Professor, Department of Community Medicine, Melaka Manipal Medical College, khmoneminswe@gmail.com

<sup>2</sup> Assistant Professor, Department of Orthopaedic, Melaka Manipal Medical College, dramitortho@gmail.com

**Corresponding Author:** Kye Mon Min Sw, Associate Professor, Department of Community Medicine, Melaka Manipal Medical College, khmoneminswe@gmail.com

# ABSTRACT

**Introduction:** Myanmar is one of South East Asian countries and tobacco consumption and exposure to environmental smoking in Myanmar youth is high from the report of Global Youth Tobacco Survey. Tobacco control experts and Global Health Professional Survey on youth reports have emphasized the importance of training medical students about tobacco smoking. This study examined cigarette smoking among a sample of newly intake medical students of famous medical university in Myanmar. The knowledge and practice and factors associated with cigarette smoking in students were discussed and issues which need to be implemented to control the smoking among them in the future are presented.

**Objective:** To find out the knowledge upon tobacco smoking among first year medical students, to determine the smoking practice of first year medical student and To determine the gender difference of smoking among the students

**Method:** A questionnaire-based, cross-sectional survey was done among first year medical students of the University of Medicine-1, Yangon, during August 2007. Data were collected using a pretested structured self-administered questionnaire. Questionnaire included sections about socio-demographic information, smoking behaviour and knowledge. Current smoker was defined as a person who practiced tobacco smoking at the time of data collection. Ex-smoker was defined as a person who quit smoking more than a year ago.

**Result:** There were total 400 first year medical students were participated in the survey. Median age of the students was 17 years, 53.3% were males and 45.8% females. Overall prevalence of current smokers and ex-smokers was 5.8% and 3.5% respectively. Median age at initiation of smoking was 14.5 years. The difference in rates smokers between male (8.9%) and female (2.1%) students was statistically significant. Most of the students aware of the health hazard of smoking but nearly half the students had poor knowledge about prevention and control of smoking.

**Conclusion:** Smoking among medical students was less frequent than youth in Myanmar. Medical educators may utilize this positive mindset of future doctors to train them about prevention and control of tobacco smoking.

Keywords: Smoking, medical students, control of smoking, tobacco education

#### Introduction

Tobacco use is considered to be a chief preventable premature cause of death all over the world.1 Cigarette smoking and other tobacco use impose a huge and growing public health burden 2. Currently, nearly six million people die each year from tobacco-related diseases. The death toll from the worldwide epidemic of tobacco use could rise to eight million annually by 2030, the greater chunk of which will be from developing countries.1

Tobacco use kills about 5.4 million people annually and causes another 600000 deaths every year due to exposure to second-hand smoke3. Tobacco use is culturally, socially and religiously accepted in Myanmar where it is taken as a social "norm".8 According to WHO statistical data, there are about 44.7% male smoking 7.8% female smoking in Myanmar4. Smoking prevalence among students (13-15 years) in Myanmar was 22.5% male and 8.2% female5. According to GHPSS Myanmar 2007 report, the prevalence of smoking among medical students was 31.3% ever smoked cigarettes (Males = 49.3%, Females = 9.3%) and peer pressure is significantly related.9

Nowadays the prevalence of tobacco use is found to be high among teenager and young adult than other population, and the prevalence of quitting is lower among younger age group, because they want to quit and try to do so but, only few succeed6. The vast majority of smokers begin using tobacco products well before the age of 18 years.10,11The surveillance of tobacco use among youth in several countries has revealed that the problem is of equal concern in developed and developing countries.7 The prevalence of smoking in medical students was still certain amount present and Health professionals serve as role models for their patients, have a role in giving advice about smoking cessation to patients, health professionals should get specific training on cessation techniques.

Nowadays, smoking control measures are targeted among youth with comprehensive measures. With the interest upon youth and future doctors, the medical students, the study was done to find out their knowledge upon health hazard of smoking, the products of tobacco and the control activities and their attitude towards preventive measure of smoking and their practice. Base on the research results, can provide information about our young student's attitude, knowledge and behaviour related to tobacco use and its health impact, to guide programming and advocacy work addressing youth tobacco use.

# Objectives

To find out the knowledge upon tobacco smoking among first year medical students

To determine the smoking practice of first year medical student

To determine the gender difference of smoking among the students

### **Material and Method**

A questionnaire-based, cross-sectional survey was done among first year medical students of the University of Medicine-1, Yangon, during August 2007. Data were collected by using a pretested structured self-administered questionnaire. Questionnaire included sections about socio-demographic information of students, their smoking behaviour and their knowledge. Current smoker was defined as a person who practiced tobacco smoking at the time of data collection. Ex-smoker was defined as a person who quit smoking more than a year ago.

Sample size was determined based on the smoking prevalence in Myanmar in the year of 2006 that is  $(32.9\%)^{12}$  and the required sample size was 340. To validate and evaluate the questionnaires, a pilot study was done to (20) 3rd year MB; BS students of University of Medicine (1), Yangon. The reliability of the question was calculated by using Chronbach alpha.

Data were collected by using simple random sampling. Regarding data collection, questionnaires were distributed and collected during practical session. To get the required sample size data were collected at two main different practical sessions out of four sessions for all students. Total data collected from two sessions was 416. All present students from each three section was taken. Students absent on the day of data collection were not taken. Total 416 questionnaires were distributed and total 16 questionnaires had to be discarded because of incompleteness.

Before data collection, the researcher explained about the nature of the research and informed consent was obtained. All students who were attending the class at the data collection days were included. Absentees on the day of study were excluded.

Regarding data management, all the collected data were screened for accuracy. Incompleteness and inconsistency were corrected by examining answers to all questions at the same time. Most of the answers were pre-coded. Answers to opened questions were compiled, sorted out and post-coded. Question file was constructed in Epi Data soft ware. Data entry was done in EpiData version 3. Check file for prevention of entry errors was constructed. The entry data were transferred to "SPSS" format by stat transfer and analyzed by Statistical Package for Social Science (SPSS) software. First, descriptive analysis and frequency tables were run and missing data, outliers and inconsistencies were checked. Errors and data entry were checked by reviewing the questionnaires forms. Chi square value was calculated for the significant difference between groups. Knowledge of smoking was assessed by twenty questionnaires, allowing response with 'True' or 'False' or 'Don't know'. Questions were summarized in order of 3 section such as "General knowledge of students upon smoking ", "Knowledge of health hazard of smoking", "Knowledge of control activities of smoking".

Students' knowledge were summed up by transforming it into knowledge score and grouped into three level such as poor knowledge level, fair knowledge level and good knowledge level

according to individual values. Poor knowledge level was decided as score less than 33.3% of the individual total scores. Fair knowledge level was marked as scores between 33.3% and less than 66.6% of the individual total scores. Good knowledge level was decided as score more than or equal to 66.6% of the individual total scores.

#### Results

Among total 737 first year medical students in the year of 2007, 400 students were participated in this study response rate of 96%, male 213 and female 187 students between the ages of 16-18 yrs old. The prevalence of smoking among the students was 5.8% current smoker, 3.8% exsmoker and 90.6%non- smokers. Among the current smoker 8.9% were male and 2.1% were female students. Age of start smoking was peak between 14-16 yrs. Regarding peers, 95.7% of current smokers have exposed to environmental peers of smoking and friend's smoking is most common type found in environment of the students and only (42.1%) in non smoker and (78.6%) in ex smokers. (99.2%) of non smokers exposed to HE media concern with smoking and it was more in compare with current smokers (95.5%). Association between smoking habit of students by smokers in environments, significance association was found difference between Mother's smoking, Sibling's smoking, Best friend's smoking and smoking habit of students (p<0.0005).

Regarding reason of not smoking among non smokers, majority of them (37.1%) did not smoke because smoking give trouble to their health, (24.9%) because cannot tolerate bad smell, (22.6%)think smoking is bad habit, and others not smoke for other reason like wasting the money, give harmful effect to environment, parents and family and friends don't like it, for religious reason, etc. It was interesting to found out the reason of start smoking among current smoker that two fifth of current smoker started smoking to try out experiment, (20.4%) to be stylish. Among current smokers, two third them had a desire to give up smoking, with different reasons like (30.8%) due to economic reason, (23.0%) due to urge them to give up and (15.4%) thought it is a bad habit.

#### **Knowledge of smoking**

Regarding knowledge questions related to health hazard of smoking, about (80-90%) of students responded correctly upon the health hazard of smoking, such as Ca lung, stillbirth and abortion, premature birth, Ca oral cavity, ischemic heart disease and Burger's disease . (81.1%) of the students answered that smoking and tuberculosis was related.

Regarding knowledge upon control activities of smoking, (75.6%) of students responded correctly that tobacco advertising was prohibited in Myanmar, (67.3%) of students responded that their campus was tobacco free campus and 21.5% on prohibition to sale of cigarettes in minor or package less than 20. (58.3%) of students gave correct response the question about prohibition to buy cigarette less than 18 years of age. Their knowledge upon legally smoking banned area in the country, (36.4%) of students aware that health & health care service area were banned area. (27.1%) aware education related area (School and University campus), (18.4%) aware public places such as port, railway station & restaurants were banned area.

Regarding association between knowledge level of smoking and gender, significant association was found between knowledge level on health hazard of smoking and gender (Pvalue 0.001).Female students had higher good knowledge level on health hazard of smoking than male students. But regarding general knowledge of smoking and knowledge on control of smoking male students were found to be higher good knowledge level than female students but it was not statistically significant.

#### Discussion

In this study, total 400 students were participated, male 213(53.25%) students and female 187(45.75%) students between the ages of 16-18 yrs old. In a study of Carolyn et al, gender was approximately equal; but the students were elder than this study i.e. 27 years of age (SD=2.3). In this study, Smoking prevalence **was** (5.8%) for current smoker and (3.5%) for ex-smoker. The smoking prevalence in this study was nearly the same like in a study of GYTS Myanmar 2007 male- 8.5% and female 1.3%<sup>4</sup> and GYPTS Egyptian youth smoking prevalence  $4\%^{13}$ , but in a studies of Carolyn et al, Hassim et al and Al Haqui et al, the prevalence's were much higher that is 11%,19%, 29% each<sup>16,17,18</sup>.

In this study, smoking prevalence among male students is 8.9% and among female students is 2.1%. It was less than youth smoking prevalence of Myanmar that is male smoking prevalence is 22.5% and female smoking prevalence is  $8.2\%^7$ . In the other studies among smoking of medical students, the prevalence were quite high compare with this study 60% male and 40% female in the study by Carolyn et al, 20%male 9% female in a study by Hassim et al, 32.4%male and 22.1% female in a sdudy by Kusma B et al.<sup>17,15,18</sup> Tobacco smoking was practiced by male more than female P(<0.0001) Al-Haqwi AI, Dhirendra et al.<sup>14,15,16,17,18,19</sup>

Regarding reason for not smoking, majority of non-smokers (37.1%) did not smoke because smoking could give trouble to their health. (24.9%) because cannot tolerate bad smell, (22.6%) because of smoking is bad habit. Regarding reason for start smoking among current smoker two fifth of current smoker started smoking to try out experiment, (20.4%) to be stylish, (13.6%) started smoking without any reason. The study done among Iranian medical students revealed that the most common causes of current cigarette smoking were to avoid withdrawal symptoms, pleasurable purposes and release of tension.<sup>21</sup>

Majority of the current & ex smokers started smoking at 14-16 years of age & mean age of start smoking is 15.11. This study also reveals that nearly 50% of the current smokers started smoking before they enrolled to the institute. Among the ex-smokers 40% started to smoke in their early teenage year.<sup>14</sup>

In this study, 70% of current smokers had a desire to give up smoking and most of them (30.8%) due to economic reason, (23.0%) because of the advice of others, (15.4%) thought it is a bad habit and want to quit smoking. It was found out also in the other studies that the current smoker had desire to quit from being addicted that is 70%, 60% and 52% respectively.<sup>14,17,16</sup>

#### Knowledge on tobacco smoking

Regarding General knowledge of students upon smoking, (82.8%) have general knowledge on hazardous compound and content and (93.5%) knew about addictive properties of tobacco. Almost all the students responded correctly upon the health hazard of smoking and also in the

study by Al-Haqwi et al 94% of study sample indicated that smoking cause serious illness but in other two studies, the student's knowledge of health risk of smoking was fair but 65% and 73% less than this study.<sup>16,14</sup>

In those studies, individual hazards of smoking were not specified. A survey of 16,483 students aged 18 to 30 years from 21 European countries revealed that 97.4% were aware of the association between smoking and lung cancer. 93.0% of students knew that Environmental Tobacco Smoke (ETS) could cause lung cancer and give mal effect to the children. However, 89.7% of the dental students in India knew that ETS could increase risk to of lung cancer in non-smoker.<sup>20</sup>

Regarding control measure of smoking, although there was no direct linkage between the exposure to media and the behaviour of smoking, their knowledge on legislative measure of smoking was also low. Nearly (75.6%) of students had knowledge about the tobacco law such as tobacco advertising is prohibited in Myanmar. Only one third of the students had awareness of smoking was prohibited in health & health care service area and, one third of the students knew that smoking was prohibited in education related campus. But, only one-forth of the students answered that public placed and transportation vehicles were banned for smoking. This value is lesser in compare with a pilot GHPS among dental students in India done by Dr Mihar N.Shah. Over 90% of third year dental students favour banning smoking in hospitals and buses and trains, over 80% favour banning smoking in restaurants, schools, playgrounds, and gyms; and 75% favour banning smoking in discos and bars. Almost 90% favour banning smoking in all enclosed public places, and almost all students think tobacco sales to adolescents should be banned and think a complete ban on advertising of tobacco products is needed<sup>20</sup>. This study has some limitation that the results will be more applicable if it can be done on all the newly intake medical students of the medical universities or compare between newly intake and final year medical students.

#### Conclusion

In this study, the percentage of students who exposed to health education media such as health education talk about health hazard of smoking is very low. Majority of the students have satisfactorily good knowledge upon knowledge on health hazards of various diseases related to smoking and passive smoking, although they did not have exposure upon the medical subjects. This study found out that majority of the students were aware of the health risks of smoking and female student had better awareness than male students and they did not even want to be a passive smoker. This is the result of H.E result.

But regarding knowledge on legally banned area for tobacco smoking, their awareness upon the banned area was found low. It can be concluded that health education information about banned area is still need to encourage among population. It was also found out that knowledge on exposure to media, students of no exposure to media were found poor knowledge on smoking and it is statistically significant. Environmental peers were also influence on smoking.

#### Recommendation

Health education talk about smoking should be encouraged in school and university campus Existing ban of smoking should be monitored and supervised in the campus to gain effective tobacco control. Perception would be change by health education methods using individual interview, group discussion and form anti-smoking campaign at University.

**Conflict of Interest:** None declared. (Or mention here if any)

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Age	Smoking habit	Chi square				
	Non smoker	Current smoker	Ex smoker			
(Competed year)						
16 yr	57 (15.7%)	2 (8.7%)	0(0%)	4.8		
17yr	297 (81.8%)	20 (86.9%)	13 (92.9 %)	df =6		
>18yr	9 (2.4%)	1 (4.4%)	1(7.1%)	p= 0.56		
Total	363(100 %)	23 (100%)	14 (100 %)			
Gender						
Male	180(49.6%)	19 (82.6%)	14 (100.0%)	22.2		
Female	183 (50.4%)	4 (17.4%)	0 (0%)	df=2		
Total	363 (100.0%)	23 (100.0%)	14 (100.0%)	p = <0.001		
Monthly expense of st	udent					
<10000	59 (16.0%)	2 (8.7%)	0 (0%)	1s.1		
10000-30000	182 (49.4%)	7 (30.4%)	4 (28.6%)	df = 4		
>30000	122(33.6%)	14 (60.4%)	10 (71.4%)	p=0.004		
Total	363 (100.0%)	23 (100.0%)	14 (100.0%)			
Participation in sport activity						
Regular player	54 (14.9%)	2 (8.7%)	3 (21.4%)	9.16		
Play for fun	198 (54.5%)	17 (73.9%)	11(78.6%)	df = 4		
sometime				p=0.05		
Not play	111(30.6%)	4 (17.4%)	0 (0%)			
Total	363 (100 %)	23 (100 %)	14 (100 %)			

#### Table 1: Predictors of smoking

# Table 2: Distribution of smoking association between habit of students by smokers in environments

Smoking status of	No smoker in	Smoker in	Total	Chi square
students	environment	environment		
Non smoker	196(54.1%)	166(45.9%)	362(100.0%)	26.3
Current smoker	1(4.3%)	22(95.7%)	23(100.0%)	Df=2
Ex smoker	3(21.4%)	11(78.6%)	14(100.0%)	P=0.000
Total	200(50.1%)	199(49.9%)	399(100.0%)	

Smoker in	Non smoker	Current smoker	Ex smoker	
environment	N = 363	N = 23	N =14	
Father's smoking				6.57
Non-smoker	232(63.4%)	10 (43.5%)	6 (42.8%)	df = 4
Ex smoker	71 (14.5%)	6 (26.1%)	4(28.6%)	p=0.16
Smokers	60(15.5%)	7(30.4%)	4(28.6%)	
Mother's smoking				14.9
Non-smoker	356 (98.1%)	21(91.3%)	12 (85.7%)	df = 4
Ex smoker	5(1.3%)	2 (8.7%)	2 (14.3%)	p= 0.005
Smoker	2(0.6%)	0(0%)	0(0%)	
Sibling's smoking				18.7
No sibling	39 (10.7%)	3 (13.1%)	4 (28.6%)	df = 4
Non smoker	279(76.9%)	11(47.8%)	7 (50.0%)	p =<0.001
Smoker	45 ( 12.4% )	9 (39.1%)	3 (21.4%)	
Best friend's smoking				53.25
No	268(73.8%)	2(8.7%)	4(28.6%)	df=2
Yes	95(26.2%)	21(91.3%)	10(71.4%)	p=<0.001

Table 3: Distribution of smoking association between habit of students by smokers in environments.

Table 4: Relation between knowledge on smoking by gender

Gender	Knowledge level on smoking			Total	Chi square
	Poor	Fair	Good		
Knowledge on h	ealth hazard of si				
Male	116(54.5%)	85 (39.9%)	12 (5.6%)	213 (100.0%)	14.07
Female	67 (35.8%)	103 (55.1%)	17 (9.1%)	187 (100.0%)	d.f=2
Total	183 (45.8%)	188(47.0%)	29(7.3%)	400 (100.0%)	p=.001

	Knowledge lev	el on smoking	Total	Chi-			
Smoking habit of	Poor	Fair	Good		square		
students							
General Knowledge	e of Smoking						
Non smoker	133(36.6%)	122(33.6%)	108(29.8%)	363(100%)	10.2		
Current smoker	4(17.4%)	8(34.8%)	11(47.8%)	23(100%)	df=4		
Ex smoker	3(21.4%	9(64.3%)	2(14.3%)	14(100%)	p=.036		
Total	140(35.0%)	139(34.8%)	121(30.3%)	400(100%)			
Knowledge on healt	h hazard of smok	ting					
Non smoker	163 (44.9%)	175(48.2%)	25(6.9%)	363(100%)	7.8		
Current smoker	10(43.5%)	9(39.1%	4(17.4%)	23(100%)	df=4		
Ex smoker	10(71.4%)	4(28.6%)	0(.0%)	14(100%)	p=.09		
Total	183(45.8%)	188(47.0%)	29(7.3%)	400(100%)			
Knowledge on control of smoking							
Non smoker	229(63.1%)	93(25.6%)	41(11.3%)	363(100%)	9.8		
Current smoker	9(39.1%)	11(47.8%)	3(13.0%)	23(100%)	df=4		
Ex smoker	5(35.7%)	6(42.9%)	3(21.4%)	14(100%)	p=.043		
Total	243(60.8%)	110(27.5%)	47(11.8%)	400(100%)			

Table 5: Distri	bution of relation	between ki	nowledge o	f smoking l	by smoking	habit of students
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