

# Prevalence of Tobacco use among Health Care Workers at Primary Health care Centers in Mosul City

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## ABSTRACT

**Background:** Tobacco use appears to be the major national largest preventable cause of death, having killed six million people and causing tens of billions of dollars of economic harm worldwide each year.

**Aim:** To assess prevalence patterns and the associated sociodemographic factors of tobacco consumption among health care worker at PHCs in Mosul City.

**Methodology:** "A descriptive study design" has been used to identify the prevalence tobacco use among healthcare workers at PHCs in Mosul City. The study Setting were select one health center from each quarters of Mosul city. Simple random methods used to select the health care workers. The study participants (168) and the data collected by self-administrated questionnaire based on previous study. Data obtained by interview technique and analyzed by descriptive statistics such as number, mean, frequency, standard deviation.

**Results:** the study finding indicated that the prevalence of tobacco use among health care workers in primary health care centers are 56(33.33%).

**Conclusion:** The study concluded that smoking is used by one-third of health workers in the primary health centers in the city of Mosul, and most of the smokers are among male and the nursing staff.

**Keywords:** Prevalence, Tobacco, Smoking

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## INTRODUCTION

In developed countries, tobacco and smoking habits remain the nation's unresolved problems<sup>1</sup>. Tobacco use appears to be the major national largest preventable cause of death, having killed six million people and causing tens of billions of dollars of economic harm worldwide each year. Many of these fatalities occur in low of income nations, this gap is projected to expand further. If present trends persist, the WHO estimates that more than 8.6 million citizens in world will be died each year by smoking by 2035, with 80% of these early deaths between people living below the poverty line countries<sup>2</sup>. Cigarette is the dominant due to tobacco intake by adolescents in developed nations, according to the international youth tobacco survey, "while both smoking and Smokeless Tobacco (SLT) consumption (SLT is unburnt tobacco which is placed into the mouth) are prevalent in developing countries"<sup>3</sup>. The incidence of nicotine use was kept separate in multiple regions and surveys. For instance, the incidence of cigarettes health care workers in Iraq was 20.4 percent, 22.6% in Egypt, 11% in Saudi Arabia, 54 percent Iran, 33% in Pakistan and 41% in the United States last month, 38 percent daily use in the United Kingdom<sup>4</sup>. In Iraq, smoking has an important impact over current public spend too. In this case the Public Health and the Social Security are the socioeconomics sector more affected because of smoking. Both are induced to increase their own finance needs while increase the tobacco and cigarettes consumption. This situation is given by the mortality and the morbidity attributable to smoking. By a side the Public Health will afford more demands of health services and by the other side the Social Security will afford increases in demand of

subsidies to cover common sickness and death costs<sup>5,6</sup>. So many studies from various regions," such as Eastern Europe<sup>7</sup>, the United States<sup>8</sup>, Jordan<sup>9</sup> and Syria<sup>10</sup>, have shown a growing and disturbing trend among health care staff in terms of smoking". This should be remembered that, while smoking has commonly been used in Arab Countries<sup>11</sup>. The current study aimed at assessing prevalence patterns and the associated sociodemographic factors of tobacco consumption among health care worker at primary health care centers in Mosul City.

## METHODOLOGY

A descriptive study design has been used to identify the prevalence tobacco use among healthcare workers at primary health care centers in Mosul City, And to assessment the relationship between tobacco use and some demographic variables. The setting of the study were select one health center from each quarters of Mosul city includes, Al-Qudes PHCs, Al-Sharqy PHCs, Al-Garby PHCs, and A-Rabee PHCs. Simple random methods used to select the health care workers. The study participants (168) includes (28) physician, (84) nurses, (22) pharmacist, and (34) Laboratory technician, (80) male and (88) female. And the data collected by self-administrated questionnaire based on previous study. The questionnaire consist of two parts, part one demographic variables includes: age, gender, Specialty, and Educational level. Part two about the smoking and the amount of smoking. Data obtained by interview technique and analyzed by descriptive statistics such as number, mean, frequency, standard deviation.

## RESULTS

Table 1: Distribution of the study subjects according to their demographic variables.

Variables	No.	%	Mean	SD
<b>Age</b>				
≤ 30 Y	56	33.33	1.833	0.78
30-40Y	84	50		
≥40 Y	28	16.67		
Total	168	100%		
<b>Gender</b>				
Male	80	47.62	1.523	0.71
Female	88	52.38		
Total	168	100%		
<b>Specialty</b>				
physician	28	16.67	2.369	1.09
nurses	84	50		
pharmacist	22	13.1		
Laboratory technician	34	20.23		
Total	168	100%		
<b>Educational level</b>				
Undergraduate	144	85.71	1.142	0.67
Postgraduate	24	14.29		
Total	168	100%		

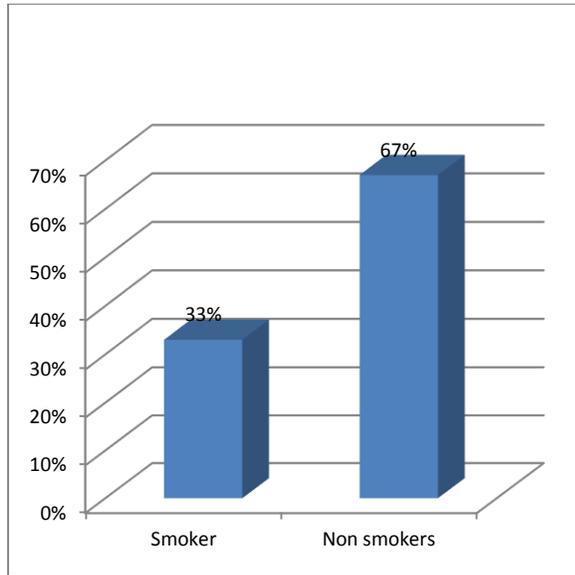
Table 2: The association between demographic variables and smoking

Specialty	Tobacco use		Non use		Total	
	No.	%	No.	%	No.	%
Physician	8	14.28	20	17.86	28	16.66
Nurses	36	64.29	48	42.86	84	50
Pharmacist	4	7.14	18	16.07	22	13.1
Laboratory technician	8	14.29	26	23.21	34	20.24
Total	56	100%	112	100%	168	100%
<b>Gender</b>						
Male	50	89.28	54	48.21	80	47.62
Female	6	10.72	58	51.79	88	52.38
Total	56	100%	112	100%	168	100%
<b>Age group</b>						
less than 30 years	20	35.71	36	32.14	56	33.33
(30-40) years	24	42.86	60	53.58	84	50
More than 40 years	12	21.43	16	14.28	28	16.67
Total	56	100%	112	100%	168	100%
<b>Educational level</b>						
Undergraduate	48	85.71	86	85.71	144	85.71
Postgraduate	8	14.29	16	14.29	24	14.29
Total	56	100%	112	100%	168	100%

Table 3: Distribution of the study subjects according to the amount of smoking

Amount of smoking	No.	%
1-4 cigarette	8	7.142%
5-9 cigarette	26	23.214%
10-14 cigarette	22	19.642%
15-19	34	30.357%
20 cigarette or more	22	19.642%
Total	112	100%

Figure 1: incidence of tobacco use in PHCs by healthcare staff



## DISCUSSION

The study finding showed that the majority of the study sample were aged between (30-40 years), 84(50%), and females were slightly larger than men, 88(52.38%), And most of the specialties involved in the study were nurses 84(50%), finally the most of them are undergraduate, 144(85.71%), (Table 1). In improving the regulation of tobacco, healthcare providers play a key role. They are best positioned as care providers to provide clients with access on the adverse consequences of smoking use and support to give up smoking<sup>12</sup>. This study indicated that the prevalence of tobacco use among health care workers in primary health care centers are 56(33.33%) (Figure 1). This finding is a higher than other study in Saudi Arabia in 2013 (26.3%). The analysis revealed that in Abba City, one out of every five HCWs is actually a cigarette. The equivalent statistics for existing nicotine consumers in other Arab nations were 12.6% between doctors in Oman and 56 percent between HCWs in Jordan<sup>13</sup>. The comparable figure for existing cigarette smokers among doctors in other nations were 19.7% in Taiwan, 21.9% in Hong Kong, 23.4% in Finland, 29.8% in Brazil, 35.9 percent in Switzerland, 38.8% in Serbia, 40.7% in Poultry, and 47.5% in Poland. The incidence rate for current smokers among clinicians in other regions were Sociocultural heterogeneity can be related to the spatial variations<sup>14</sup>. The previous research concluded that young HCWs are considerably more smokers than females (89.28%). In earlier studies in Muslim Countries, a similar pattern was observed in Table 2. The sex disparities can be clarified by cultural variables<sup>15</sup>. The WHO Structure Mentioned on Smoking Cessation acknowledges “the need for gender-specific tobacco control strategies,” as well as for “full participation of women at all levels of policy making and implementation of tobacco control measures” .Therefore, we have to support sexual identity prevention strategies for smoking control, even as soon as possible. Female still should be inspired to play a constructive role in creating health

education initiatives to prevent smoking<sup>12</sup>. The paper indicated to the most smokers were nurse practitioners, (64.29%), (Table 2). This may be due to work pressure, especially since they are considered the first line and in direct contact with the patient.

## CONCLUSION

The study concluded that smoking is used by one-third of health workers in the primary health centers in the city of Mosul, and most of the smokers are among male and the nursing staff.

## RECOMMENDATION

The researcher recommends that the healthcare sector should take action against nicotine use, like tough rules prohibiting smoking cigarettes in PHCs and needing effective systemic strategies to resolve this issue. It can also raise awareness between healthcare workers by focusing on harm reduction methods and programs and integrating teaching programs on smoking dangers into the course.

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