

**Evaluation of Smoking Habits of Dentistry Faculty of Dicle University
Senior Students**

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Abstract

Standard cigarettes are the most common form of tobacco consumption. This study, it was aimed to determine the smoking habits of senior students of the faculty of dentistry, who represent the young population and will play an important role in the fight against smoking in the future.

The research was carried out in the Dentistry Faculty of Dicle University in April and May of 2021. 48 senior students of the Dentistry Faculty participated in the study. The smoking habits of the students who participated in the study and the number of years they have been smoking were investigated. The data obtained were evaluated with the chi-square test.

The rate of smoking, which was 27.1% before the internship in dentistry, increased to 50% during the internship ($p < 0.05$). While this rate was 92.3% for boys before the internship and 7.7% for girls, it was determined as 70.9% for boys and 20.1% for girls after the internship.

It was determined that there was an increase in the rate of smoking among trainees during their dental internship, but this increase was higher in girls than in boys.

Key Words: Dentistry, Smoking, Habit

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Introduction

Smoking is still one of the most important preventable causes of death in the world today. In the twentieth century, one hundred million people in the world died due to tobacco consumption. Tobacco use causes seven million deaths each year (1). According to the estimates of the World Health Organization (WHO), it has been reported that if cigarette consumption continues, the lives of one billion people may be endangered in the twenty-second century (2). Except for smoking deadly diseases; it is also related to the occurrence of many

diseases such as chronic obstructive pulmonary disease (COPD), cerebrovascular diseases, cardiovascular diseases, lung cancer, laryngeal cancer, and oral cancer. Since the harmful effects of cigarettes on human health occur in a much longer time than in a short time, they are ignored by addicts unless the negative effects on health are noticed (3).

If the current situation is not changed, according to the estimations of the World Health Organization (WHO), 10 million people (70% in developing countries) will die annually in the early 2020s-2030s. The effects of smoking in developed countries, which were widely smoked in the 1940s-1950s, have been observed after the 1960s-1970s, and almost 20% of all deaths in the 1990s are due to tobacco use. In the thirty-five-sixty-nine age group, 35% of deaths among men and 15% of deaths among women are caused by tobacco (4).

Today, according to the latest data of the WHO, there are 1 billion and 100 million smokers in the world. About 80 percent of these smokers live in underdeveloped and developing countries. While the rate of tobacco consumption decreased or remained flat in developed countries, tobacco consumption continued to increase by approximately 3.4% in developing countries (5). Healthcare professionals (doctors, nurses, and future doctor candidates) have important responsibilities in the fight against smoking. Healthcare professionals are expected to set a model for society in avoiding the harms of smoking by not smoking. However, doctors should play an active role in anti-smoking activities by raising awareness of patients and their relatives about the health hazards of smoking.

This study aims to reveal the smoking rates of dentists, one of the health professionals who shape public health.

In terms of per capita cigarette consumption, our country ranks third after Greece and Russia among European countries, and the rate of smoking increases gradually, as in developing countries. Turkey has the highest smoking rate among men in the European Region. (6). However, evidence from some studies shows that women are more likely to be harmed by smoking (7). When the literature is examined, it is seen that the age range of 15-25 is the risky age to start smoking (8) and the average age of starting smoking is 17. In addition to this information, in various studies conducted with cigarettes in our country, the average age of starting smoking was 17, and the average number of cigarettes consumed per day was 23.57 (9). Children, young people, and women with a relatively low smoking frequency are the most important groups that need to be protected against this habit that causes serious health problems (3). Youth period; It is an age of development in which various and rapid changes play a role in physical, mental, and social fields (10). University students are the group that experiences these problems the most. Stepping into a new socio-cultural environment and friend environment, the young person perceives himself and his environment as more different and realistic. On one hand, he experiences his personality development and the problems it brings, on the other hand, he faces the difficulties of university life and of being separated from his family. University students may tend to alcohol and cigarette to cope with their problems, to relax, or to forget their problems, and addiction may develop in those who start alcohol and cigarettes in the first years of adolescence (11). WHO defines cigarette addiction as "Smoking at least one cigarette every day is an indicator of smoking addiction". In addition to the fact that cigarettes are more accessible and cheaper than other addictive substances, smoking by parents plays an important role in their children's initiation of smoking (12). Even if the young people

do not smoke by themselves, they will be affected by the smoke of the cigarettes used by their friends with whom they share the same environment. Being affected by the smoke that people emit while smoking, or being exposed to cigarette smoke even if they do not smoke, is called "passive exposure". At the same time, the situation of being affected as if you smoke individually by breathing the same air environment with smokers is also called passive smoking.

This study, it is aimed to investigate and discuss the cigarette addiction status among dental students and whether there is a relationship between dental clinical education and cigarette addiction status.

Materials and Methods

In this study, smoking habits and habit formation processes of final year intern students in the Dentistry Faculty of Dicle University were evaluated. The study is a prospective, cross-sectional, descriptive personal interview survey research. The study included intern students who agreed to meet face-to-face with 48 students studying in the last year of the faculty of dentistry in March-April of 2021. First of all, it was aimed to provide voluntary participation in the study by giving verbal information to the students about the study. In addition to socio-demographic questions in the questionnaire, questions about age, gender, where and how he started smoking, and the reasons for starting smoking were asked.

Smoking status; smokers and non-smokers, smokers who started smoking before and during a dental clinical internship, and gender were grouped.

A questionnaire form was applied to the students who participated in the study. The obtained data were evaluated with the chi-square test in the Statistical Package for Social Sciences (SPSS) 15.0 program.

Results

Of the 48 students who participated in the survey, 47.9% were female (n=23), 53.1% were male (n=25). All of the students were between the ages of 22-25 and were studying as trainee dentists in the last year of the Faculty of Dentistry.

While 72.9% of the students were non-smoker (n=35) before starting clinical internship training at the Faculty of Dentistry, this rate decreased to 50% (n=24) after they started training. While the rate of smokers before clinical training in dentistry was 92.3% in boys (n=12), this rate was 7.7% (n=1) in girls. After starting clinical training at the Faculty of Dentistry, smoking rates changed to 79.1% (n=19) in males and 20.9% (n=5) in females (Table 1).

Table 1. The Status of Smoking

48 students	Dentist preschool	dental school time	female student	male student	total
smoker	13 (12 M, 1 F)	24 (19 M, 5 F)	5	19	24
non smoker	35 (13 M, 22 F)	24 (6 M, 18 F)	18	6	24
Total	48		23	25	
Chi-square test comparison	Chi Square = 4.398 There is a significant difference when $p=0.036$,		Chi Square=12.021 There is a highly significant difference since $p < 0.001$		

According to the chi-square test results, although smoking rates increased significantly in both genders during dental practice ($p=0.036$), a significantly higher rate of starting smoking was found in girls than in boys ($p=0.000$).

Discussion

In this study, the smoking habits of students who take dental clinical training were examined. According to the research, approximately 52.08% of the participants smoke cigarettes. This rate was found to be higher than previous studies on the smoking habits of dental students (14-16.) According to the results of the Global Adult Tobacco Survey (GATS) 2016 report, while 31.2% of the adult population was using tobacco in 2008, it decreased to 27.1% in 2012. In 2016, it increased to 31.6%, exceeding the rate in 2008. In our study, when we compared the rates of smoking before the internship and the smoking rates after the internship, a significant difference was found ($p=0.036$). The increasing prevalence of smoking in recent years explains the high smoking rate we obtained in our study.

In our study, 20.9% of the smoking students were female and 79.1% were male students. In a study conducted by Al-Kubaisy et al., it was determined that 20.75% of the students smoked, and the rate of use by male students was higher than the rate of female students (26.1% vs 9.5% (17). In a similar study conducted by Chowdhury et al. (arch.), male students (47.7%) were found to smoke more than female students (18). Gürlek O. et al., in their study on tobacco use

by dental students in Turkey, stated that the smoking rate of boys was significantly higher than that of girls (16.). In many studies conducted with university students and health personnel, the smoking rate of men was found to be higher than that of women (19-20). In our current study, although the rates of total smoking were higher in boys than in girls both before and after the dental internship, when the rates of starting smoking in this period are compared, the rate of starting smoking in girls is significantly higher than in boys. As a result, the feeling of freedom is higher in males and smoking is higher due to less family and environmental pressure, as well as suggesting that this pressure may have decreased relatively in females during dental internships.

Declaration of Approval

After obtaining institutional approval, written consent forms were obtained from all participants by explaining the purpose and methodology of the study.

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Original Article

International Journal of Basic and Clinical Studies (IJBCS)

2021; 10(2): 88-93 Eratilla V and Uysal İ

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