

Vazquez-Frias et al,⁵ used laparoscopy in diagnosing and successfully excising the infarcted appendix.

In conclusion, acute epiploic appendagitis is a rare condition that can cause a diagnostic dilemma in cases of acute abdominal pain. Conservative treatment with analgesia and antibiotics is usually safe, but in cases when we reach the diagnosis during operative exploration the treatment is ligation and excision of the necrotic tissue with seromuscular inversion.¹

Received 22nd May 2005. Accepted for publication in final form 11th September 2005.

From the Department of Surgery, Newham General Hospital, Glen Road, Plaistow, London, United Kingdom. (Formerly: Department of Surgery, Newham University Hospital). Address correspondence and reprint requests to Dr. Hisham S. Hurreiz, SpR, Department of Surgery, Room 20, Pine House, Antrim Area Hospital, 45 Bush Road, Antrim BT41 2RL, United Kingdom. Tel. +44 (790) 3630883. Fax. +44 (289) 4424519. E-mail: hishamhurreiz@yahoo.co.uk

References

1. Carmichael DH, Organ CH Jr. Epiploic disorders. Conditions of the epiploic appendages. *Arch Surg* 1985; 120: 1167-1172.
2. Pines B, Rabinovitch J, Biller SB. Primary torsion and infarction of the appendices epiploicae. *Arch Surg* 1941; 42: 775-787.
3. Hollerweger A, Macheiner P, Hubner E, Rettenbacher T, Gritzmann N. Epiploic appendagitis: sonographic findings in 28 cases. *Ultraschall Med* 2000; 4: 39-44.
4. Barbier C, Denny P, Pradoura JM, Bui P, Rieger A, Bazin C, et al. Radiologic aspects of infarction of the appendix epiploica. *J Radiol* 1998; 79: 1479-1485.
5. Vazquez-Frias JA, Castaneda P, Valencia S, Cueto J. Laparoscopic diagnosis and treatment of acute epiploic appendagitis with torsion and necrosis causing an acute abdomen. *JLS* 2000; 4: 247-250.

Public knowledge and attitudes towards passive smoking

Nazar M. Al-Haddad, MD,
Randah R. Hamadeh, MSc, DPhil (Oxon),
Samia A. Bahram, MD.

The adverse effect of passive smoking on health and the classification of environmental tobacco smoke (ETS) as a carcinogen has been repeatedly documented in the medical literature. Results of many population surveys indicate that the public is knowledgeable of the definition of passive smoking, and are aware of its health hazards with a substantial increase in this knowledge.¹ The gain in public knowledge and the mounting evidence on the harmful effects resulting from the exposure to tobacco smoke has resulted in legislative actions for

protecting the public health in many countries.² Although, widespread public information on the harmful effects of passive smoking is essential for the success of tobacco control programs, it is not sufficient if not accompanied with strong negative attitudes towards involuntary smoking. Moreover, establishing nonsmoking as the norm and empowering nonsmokers particularly the young, to be more assertive in demanding their rights to a smoke free environment are vital elements in any smoking control program. Bahrain, similar to several other countries, acted to protect the public and reduce its exposure to ETS.³ Bahrain's tobacco control efforts include restrictions on smoking in the work, and public places through legislation.⁴ The aim of this study was to determine the knowledge and attitudes of the Bahraini public towards passive smoking as such information would suggest tobacco control policies and implementation strategies.

The sample population included 506 Bahraini adults (18-60 years) who had attended the 4 selected health centers during summer 2001. The selected health centers were all those that opened during mornings, evenings and weekends. The excluded health centers were those health centers that opened mornings only or opened mornings and evenings but closed on weekends. We included all attendants of these health centers who satisfied the selection criteria in the study. We used an anonymous self-administered questionnaire, and based the questionnaire on that developed by Kurtz et al,⁵ modified, translated to Arabic and pilot tested. In addition to socio-demographic data, smoking status and exposure to passive smoking, the questionnaire included questions on knowledge of the adverse effects of ETS, attitude questions that assessed feelings and reactions towards ETS, and a section on preventive efforts, which included questions on measures taken when exposed to involuntary smoking. We used a 5-point Likert scale from strongly agree, agree, undecided, disagree, and strongly disagree. The data were entered and analyzed using SPSS version 11.0 for windows. The scale for the knowledge and attitude statements was grouped whereby; "strongly agree" and "agree" indicated "agreement" and "strongly disagree" and "disagree" indicated "disagreement". Education and occupation were both grouped into high, medium and low. "High" education included secondary and above, "middle", intermediate, and "low" read and write and primary. We classified high and low professionals as "high", skilled and semi skilled as "middle", and unskilled and unemployed as "low" occupations. Ever smoking was defined as smoking 100 cigarettes or the equivalent amount of tobacco in lifetime and current smoking as smoking any type of tobacco, daily or occasionally, at the time of the survey. Other type of tobacco included the

Table 1 - Percentage of agreeing to knowledge statements on passive smoking.

Knowledge statements	Agree	Undecided	Disagree
Smoke from the cigarettes of smokers is harmful to other people around them	91.4	2.6	6
Smoke from the sheesha/kadu of smokers is harmful to other people around them	87.6	5.8	6.6
Living for a long time with a person who smokes may increase my risk of lung cancer	71.1	22.1	6.8
When a pregnant woman smokes, her child will be more likely to have a lower birth weight	77.9	16.2	5.9
Regular long-term smoking by someone in the home can have a harmful effect on the mother's unborn child	84.1	11.1	4.9
Children of smoking parents have more respiratory ailments than do children of non-smoking parents	82.7	12.6	4.7
Smoke from a burning cigarette contains dangerous chemicals	79.1	15.3	5.6
Smoke from a burning sheesha/kadu contains dangerous chemicals	75.2	18.7	6.1
Smoke from cigarettes can cause eye irritation and cough	88.3	7.2	4.5
Smoke from sheeska/kadu can cause eye irritation and cough	84.1	10.1	5.8

traditional water pipe (sheesha/kadu), cigar and pipe. Statistical associations were tested by the Chi square test, and a *p*-value was set at 0.05. Of the 506 study participants, 58.5% were males and 41.5% females. They were mostly in the age groups 20-29 and 30-39 years old, never married, and with secondary level as a minimum education. Smoking was 9 times more prevalent among males (27.3%) than the females (2.9%). The corresponding percentages for ex-smokers and nonsmokers were 26.2% and 5.4%, and 46.5% and 91.7% for males and females. Overall, the public was knowledgeable of the dangers of passive smoking. Ninety-one percent of the population agreed that smoke from cigarettes of smokers is harmful to other people compared with 87.6% for sheesha/kadu smoke. There was high agreement with the statements smoking at home has harmful effects on the unborn child (84.1%), children of smoking parents have more respiratory diseases (82.7%), and smoke from cigarettes (79.1%), and sheesha/kadu (75.2%) cause eye irritation and cough. Twenty-nine percent was undecided or disagreed with the statement "living for a long time with a person who smokes may increase my risk for lung cancer", and a quarter did not agree that smoke from sheesha/kadu contains dangerous chemicals (Table 1). Females were more knowledgeable than males for all the statements that reflected knowledge except that on the risk of lung cancer when living with a smoker for a long time, where they were similar to males. The young (<30-year-old) were less likely to agree with the statements than the older (30-60 years old) study participants and differences in 8 of the statements yielded statistical significance (*p*<0.05). A positive direct association was consistently displayed between educational level and agreement with the statements related to knowledge. Knowledge was highly determined by the occupational level as agreement generally increased with the occupational

level. Smokers were the least knowledgeable of the health risks of smoking on all the statements particularly those related to the risk of lung cancer due to exposure to ETS at home, the dangerous content of cigarette and sheesha/kadu smoke, and the effect of maternal smoking on the fetus. The majority of the population was in agreement with the statements that measured attitude towards passive smoking. They expressed highest agreement (92.2%) on dislike to breathing the smoke of others cigarettes. However, 15% were undecided, and 15% disagreed on having the right to ask people not to smoke in their presence. Females, older, higher educated, professionals and nonsmokers among study participants had the highest agreement to all the attitude statements. Statistical significance was noted for the statement "smoking should not be permitted at work" by gender, age, educational level, occupational level, and smoking status. Having the right to ask people not to smoke in ones presence had the least agreement. Nonsmokers and ex-smokers showed similarities in their responses, with the latter mostly having the highest agreement.

The majority of the Bahraini public had good general knowledge on the hazards of involuntary smoking. However, they were slightly more aware of the harmful effects of cigarette than sheesha/kadu smoking. There is a possibility that some of cigarette smokers quit cigarette smoking, and shifted to water pipe smoking due to their lack of awareness of its hazards and their belief that is not dangerous. The specific knowledge of the study participants on the conditions associated with ETS varied. They were less aware of the ill effects of maternal smoking on the fetus, the risk of developing lung cancer if living with a smoker for a long time and of the dangerous content of tobacco smoke. It is not surprising that women were generally more knowledgeable than men of the dangers of ETS as there were more nonsmokers

among them. Similar to other studies, current smokers were the least aware of the dangers of involuntary smoking. The higher proportions of ex-smokers who had specific knowledge of the dangers of smoking than nonsmokers could possibly be due to the fact that the former became aware of the dangers of active and passive smoking, and thus quit. The possibility that they had developed some signs and symptoms related to ETS smoking cannot be excluded. Although, the study population had negative attitudes towards passive smoking, they seemed to be not very assertive in asking people not to smoke in their presence. Having 15% undecided to whether they have a right to ask people not to smoke in their presence, and 15% denying them this right indicates that the community is still unaware of its rights with respect to ETS. Community involvement in facilitating tobacco control measures and public support to establish nonsmoking as the norm and encouraging self policing is needed. There was less agreement on knowledge and attitude statements among men and smokers in general, but it improved with age, educational and occupational levels. Greater attention should be given to these groups in tobacco related educational programs for the success of tobacco control policies and interventions.

In conclusion, this study provides baseline information on the knowledge and attitudes of the Bahraini public on ETS. Generally, there is widespread knowledge regarding the risks of ETS, and appropriate attitudes towards it. Tobacco control efforts should particularly focus on males, the young smokers and people with lower educational and occupational levels and should apply specific strategies for each population. Moreover, we should encourage the Bahraini public to object to breathing ETS, and impose their right to clean air. The young should be brought up and school children taught to defend their rights for a clean environment. Moreover, additional research is needed in this area, as the better the understanding of the knowledge and attitudes of the public, the higher the chance for successful planning and implementation of tobacco control policies and programs. As the knowledge and awareness of the public increases, the more would be the public demand towards imposing smoking restriction policies.

Received 25th April 2005. Accepted for publication in final form 28th August 2005.

From Gulf Air Medical Services (Al-Haddad, Ali), Gulf Air, and the Department of Family and Community Medicine (Hamadeh), College of Medicine and Medical Sciences, Arabian Gulf University, Kingdom of Bahrain. Address correspondence and reprint requests to Dr. Nazar Al-Haddad, Medical Officer, Gulf Air Medical Services, Gulf Air, PO Box 138, Muharraq, Kingdom of Bahrain. Tel. +973 (39) 89896663. Fax. +973 (1) 7332501. E-mail: nazar.haddad@gulfairco.com

References

1. McMillen RC, Winickoff JP, Klein JD, Wetltzman M. US Adult attitudes and practices regarding smoking restrictions and child exposure to environmental tobacco smoke: changes in the social climate from 2000-2001. *Pediatrics* 2003; 121: 55-60.
2. Roemer R. Legislative action to combat the world smoking epidemic. 2nd ed. Geneva: WHO; 1993.
3. Hamadeh RR. Tobacco Control in Bahrain: lessons learned. UICC World. Conference for Cancer Organizations. Cancer 04. "Working together, reaching new horizons". UICC; Nov 17th-19th; Dublin, Ireland; 2004.
4. Hamadeh, RR. Smoking habits in Bahrain, 1981-1991. *Journal of Bahrain Medical Society* 1998; 10: 24-30.
5. Kurtz ME, Azikiwe U, Kurtz JC. Nigerian urban married women's perceptions of exposure to secondary tobacco smoke. *Health Care Women Int* 1993; 14: 239-248.

The evaluation of the internet and computer utilization by the fourth grade medical students

*Ali N. Yıldız, MD, PhD, Candas Kilic, MD,
Gulsum I. Bayhan, MD, Hale Goksever, MD,
Ozlem Karaarslan, MD.*

As the case for the world, the use of computers and internet in the schools, workplaces and at homes are increasing in Turkey as well.¹ The field of medicine is developing very rapidly and the use of computers and the internet in this field is widespread as well. The capability of the internet is to provide instant, and multiway communication accelerates the worldwide production and development of knowledge.² Research data shows that computer technology supports learning, that it improves skills of critical thinking, analysis and scientific research.³ This study aimed to investigate at what frequency medical students made use of computers and internet, and for which purposes. We also aimed at delineating what types of opportunities were available and the factors linked to the use of internet.

We carried out this epidemiological study of descriptive nature in Hacettepe University Faculty of Medicine (HUFM), Turkey. The study covers 297 of fourth grade students (total of 374) HUFM. Mean age of the students was 21.78 ± 0.96 years, 40.1% of the mothers and 65.3% of the fathers of these students were university graduates, 53.8% of the mothers were housewives, 46.1% of the fathers were employed as administrative personnel. Nearly half of the students (47.4%) had their personal computers, 29.6% declared using the computer