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Research Article

ANALYSIS OF EFFECT OF CIGARETTE SMOKING AMONG LOCAL CHILD POPULATION OF PAKISTAN

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Abstract:

Objectives of the study: The basic aim of the study is to analyze the effect of cigarette smoking and tobacco use among local child population of Pakistan. **Methodology of the study:** This cross sectional study was conducted in THQ hospital Choa Saiden Shah, Chakwal during October 2019 to November 2019. In this study we select the outdoor child patients who suffer from any kind of lung diseases and may be effected due to any kind of active and passive smoking. **Results:** In all, 100 participants were found to be currently smoking, giving an overall prevalence of current smoking to be 24.6% (95% CI 21.90 - 27.49) in the study population. History of ever smoking was reported by 31.5% participants (95% CI 28.57 - 34.59). More male participants were found to be currently smoking 40.1% in comparison to females 8.8%, and the association between tobacco smoking and gender was statistically significant ($P < 0.001$). **Conclusion:** It is concluded that most of the people started smoking in young age due to environmental and social factors. . It is also observed that smoking has also shown a rising trend with age emphasizing that initiation into the habit may occur at any age and not just among young people.

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INTRODUCTION:

Smoking is one of the leading causes of preventable death. According to World Health Organization (WHO) tobacco use is currently responsible for the death of one in ten adults' worldwide (about 5 million deaths each year). Moreover, unless circumstances changes, within 25 years the annual death toll will double; millions more will prematurely develop tobacco related illnesses that lead to chronic disability¹. Individuals who smoke cigarettes are 12 times more likely to die from lung cancer, two to four times more likely to develop coronary heart disease, twice as likely to have a stroke, and 10 times more likely to die from chronic obstructive lung disease².

In Pakistan, it is estimated that the prevalence of tobacco smoking is 36% for males and 9% for females. Among young adults especially the university students in Pakistan, the prevalence of smoking is 15% with the majority being male smokers. Approximately 1,200 children start smoking every day³. This represents a huge impact not only in terms of economic costs but it is slowly depriving the country of a healthy workforce and increasing the burden of disease in the already overburdened health sector. The reason young people start to smoke is complex and multi-faceted. It includes a host of interacting biological, genetic, psychological, economic and social variables⁴. Arguably the most modifiable determinants are social and environmental in nature, including exposure to smoking by parents, siblings, friends, and members of the general public.

Parental smoking behaviours have been found to play a key role not only in youth initiation but also in the escalation of their smoking habits. Some studies indicate that youth having at least one smoking parent are more likely to begin smoking themselves. Others have suggested that children with at least one smoking parent are significantly more likely to progress to higher levels of smoking, compared to children whose parents do not smoke. In the present era, cigarette smoking is a major but preventable cause of death⁵.

Table 01: Smoking habit analysis

	Awareness of smoking and disease (N=100)		
	Yes	No	Not sure
Smoking effect on health	96%	3%	1%
Smokers are dependent on smoking	92%	5%	3%
Do You Think Smoking Is Enjoyable	90%	7%	3%
Is There A Safe Way Or Brand To Smoke	85%	8%	7%
Is Cigarette Smoking Really Addictive?	37%	37%	27%
Do You Know About Nicotine?	21%	41%	38%
Does Smoking Cause Cancer?	81%	10%	9%
Does Smoking Affects The Heart?	47%	23%	30%

Objectives of the study

The basic aim of the study is to analyze the effect of cigarette smoking among local child population of Pakistan.

METHODOLOGY OF THE STUDY:

This cross sectional study was conducted in THQ hospital Choa Saiden Shah, Chakwal during October 2019 to November 2019. Youth male subjects aged 12 to 18 years participated in this cross-sectional study. The data was collected from 100 patients of both genders. Socio-demographic values and medical history of the selected patients were recorded clearly. Prior to participation in this study, each subject signed an informed consent form to comply with the ethical guidelines. Socio-demographic values and medical history of the selected patients were recorded clearly. Prior to participation in this study, each subject signed an informed consent form to comply with the ethical guidelines. The information on smoking habits was obtained through interviews. Subjects who currently smoked cigarettes were classified as smokers and those without a history of smoking cigarettes were classified as non-smokers.

Statistical analysis

The data of respiratory function were compared between the smoker and non-smoker groups using the independent t-test for normally distributed data or the Mann-Whitney U test for other distributions. Differences were considered statistically significant at $p < 0.05$.

RESULTS:

In all, 100 participants were found to be currently smoking, giving an overall prevalence of current smoking to be 24.6% (95% CI 21.90 - 27.49) in the study population. History of ever smoking was reported by 31.5% participants (95% CI 28.57 - 34.59). More male participants were found to be currently smoking 40.1% in comparison to females 8.8%, and the association between tobacco smoking and gender was statistically significant ($P < 0.001$).

Do You Think That Smoking Affects The Economy?	20%	60%	20%
Does Smoking Affect The Bones?	21%	65%	14%

DISCUSSION:

Some studies have found that the use of graphic health warning labels may be an effective stimulus towards smoking cessation⁷. Although graphic health warning labels have been in circulation in Singapore since 2004, by demonstrating statistically significant differences in those experiencing no disgust ($P=0.036$) and those experiencing the strongest level of fear ($P=0.034$), this study shows that graphic.

Tobacco use is a leading public health problem all over the world with 82% of the world's 1.1 billion smokers residing in low and middle income countries and where, in contrast to the declining consumption in high-income countries⁸, tobacco consumption is on the rise. Indian studies have recognized tobacco use as a major health hazard⁹. Tobacco consumption has overall been a major contributor to deaths due to circulatory diseases, pulmonary and malignant diseases in India. Smoking also increases the incidence of clinical tuberculosis, is a cause of half the male tuberculosis deaths in India, and of a quarter of all male deaths in middle age. Information on prevalence of tobacco use in India is available from surveys carried out in general community¹⁰.

CONCLUSION:

It is concluded that most of the people started smoking in young age due to environmental and social factors. It is also observed that smoking has also shown a rising trend with age emphasizing that initiation into the habit may occur at any age and not just among young people.

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