

PLAN OF ACTION AND STRATEGIES TO COMBAT SMOKING IN CHILDREN AND YOUTH: SCHOOL AND HOSPITAL BASED STUDY

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ABSTRACT

Background: Youth smoking is a worldwide problem This study was conducted to determine the opinion of the physicians, community experts and school teachers regarding plan of action and strategies to combat smoking in children and youth of the nation.

Material & Methods: It was a cross-sectional study conducted in two teaching hospitals of Peshawar, two schools of Nowshera and Department of Public Health, Ghandhara University, Peshawar, from 12th March to 15th May 2008. Seventy respondents were randomly selected, 28.56% school teachers, 50% physicians, 14.28% community experts from ICMS and 5(7.14%) from postgraduate technology college swat. Questionnaire was designed in accordance to the objectives of the study.

Results: Analysis of questionnaires revealed: Restrict youth access to smoking (active as well as passive) (88.57%), mass media campaign (80%), tobacco control legislation and its empowerment (74.28%), national physical activity policy (48.57%), conducting workshops (30%), research promotion (25.71%). Community approaches should be more specific towards community education and awareness (68.57%), community meetings (51.42%), social environments are targeted for change (47.14%), walks (44.28%), understanding knowledge, attitude, and behaviors of youth towards smoking (41.42%) and community organizations involvement (22.85%). Individual approaches to combat tobacco smoking are to quit smoking (82.88%), appropriate medicine in time if is patient or at risk (32.85%) and leadership and advocacy (27.14%). School-Based Prevention of smoking in children and youth should target schools to develop and enforce tobacco free environment (88.57%), provision of information on consequences of smoking (72.85%), information on the social influences of smoking (65.71%) and educational programs and health promotion activities (48.57%).

Conclusion: While establishing a strategy for prevention and control of tobacco smoking in youth there is need to offer multiple approaches on national, community, school and individual levels.

Key words: Smoking, Tobacco, Youth.

INTRODUCTION

Youth smoking prevention and control efforts have had mixed results. However a number of prevention strategies that are promising, especially if conducted in a coordinated way to take advantage of potential synergies across interventions. Several types of strategies warrant additional attention and evaluation, including aggressive media campaigns, teen smoking cessation programs, social environment changes, community intervention and increasing cigarette prices. In Pakistan, World Health Organization reinforces the national approaches to combat cardiovascular diseases through Framework Convention on Tobacco Control (FCTC) bases. Tobacco control legislation need

to be enacted and enforced. Multi-sectorial actions are required including stakeholders in the policy formulation and service planning. Capacity for health research is built within countries by encouraging research studies on smoking hazards and cardiovascular diseases¹. Smoking is fourth major modifiable risk factor of cardiovascular disease in Pakistan². Unfortunately in most countries the response to CVD and its risk factors prevention and control is still based on the infectious disease paradigm. Consequently, the global and national capacity to respond to CVD epidemic is woefully inadequate. The gap between the need for prevention, control and capacity to meet then will go even wider unless urgent steps are taken.³

Smoking causes a fifth of coronary artery diseases worldwide, in Pakistan according to WHO report, percentage of people aged 18 year and above who smoke is 3.8% for female 15 – 30% for males, while for male it is 60% or above in Kenya and Yemen and 50% or above in Russia and 30% or above in Sudan ⁴. Tobacco use is also responsible for enormous economic costs. The most recent estimate of annual expenditures attributable to the consequences of tobacco use is \$1.2 billion ⁵. The overall purpose of tobacco use prevention and control efforts is to reduce disease, disability, and death related to tobacco use. The four main goals in USA for tobacco control program for youth are to prevent the initiation of tobacco use among young people (initiation goal), to promote cessation among young people and adults (cessation goal), to eliminate exposure to Environmental Tobacco Smoke (ETS) and to identify and eliminate the disparities related to tobacco use and its effects among different population groups (disparity goal) ⁶. In November 2000, the U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion, released Healthy People 2010: Healthy People in Healthy Communities¹. Healthy People 2010 present an agenda for improving health and preventing disease for all people in the United States during the first decade of the 21st century. It contains health objectives and national targets for 28 major focus areas, including tobacco use ¹. Present study was designed as to determine the opinions of the physicians, community experts and school teachers regarding plan of action and future strategies to combat smoking in children and youth of our nation.

MATERIAL AND METHODS

It was a cross-sectional study conducted in two teaching hospitals of Peshawar (KTH/LRH), two

schools of Nowshera and Department of Public Health, Ghandhara University, Peshawar, from 12th March to 15th May 2008.

Inclusion criteria were school teachers, physicians and community physicians posted in Khyber Teaching Hospital and Gandhara University, Peshawar.

A questionnaire was prepared in accordance with the objectives of the study. It contained few questions from the physicians regarding the national, community, school based and individual approaches to combat tobacco smoking in youth.

Finally the filled returned questionnaires were collected and provided information was statistically analyzed.

RESULTS

Seventy respondents were randomly selected, 20 (28.56%) school teachers, 35 (50%) physicians, 10 (14.28%) community experts from Gandhara University and 5 (7.14%) from postgraduate technology college swat. (Table-1)

The outcome of the survey was:

School-Based smoking Prevention strategies: School-Based Prevention of smoking in children and youth should target schools to develop and enforce tobacco free environment (88.57%), provision of information on consequences of smoking (72.85%), information’s on the social influences of smoking (65.71%) and educational programs and health promotion activities (48.57%). Table 2

Individual approaches to combat tobacco smoking: Individual approaches to combat tobacco smoking are to quit smoking (82.88%), appropriate medicine in time if patient or at risk (32.85%) and leadership and advocacy (27.14%). Table-3.

Table-1: Categorizing faculty members.

Name of the specific category	No of the respondents (n=70)	Percentage
Primary School teachers	10	14.28
High school teachers	10	14.28
General Physicians	15	21.42
Clinicians (Medical Specialists)	10	14.28
Cardiologists	10	14.28
Community experts(MPH) students, ICMS, Hayatabad	10	14.28
Engineering students/staff	5	7.14

Table-2: School-Based Prevention of smoking in youth.

School-Based Prevention	Number of respondents (n=70)	Percentage
Schools should develop and enforce tobacco free environment	62	88.57
Information on the short and long term physiologic consequences of smoking	51	72.85
Instruction to children and youth to provide information on the social influences regarding tobacco	46	65.71
Educational programs and health promotion activities	34	48.57

Table-3: Individual approaches to combat tobacco smoking in youth.

Individual approaches to combat smoking	Number of respondents (n=70)	Percentage
Smoking should be stopped, if one is smoker	58	82.88
Medication should be used for consequences of smoking like myocardial infarction lung diseases etc.	23	32.85
Leadership and advocacy to combat smoking in youth.	19	27.14

Community approaches to combat smoking in youth: Community approaches should be more specific towards community education and awareness (68.57%), community meetings (51.42%), social environments are targeted for change (47.14%), walks (44.28%), understanding knowledge, attitude, and behavior of youth towards smoking (41.42%) and community organizations involvement (22.85%). Table-4

National approaches to combat smoking:

Approaches should be aimed at: Restrict youth access to smoking (active as well as passive) (88.57%), mass media campaign (80%), tobacco control legislation and its empowerment (74.28%), national physical activity policy (48.57%), conducting workshops (30%), research promotion (25.71%). Table-5

Table-4: Community approaches to combat smoking.

Community approaches to combat smoking	Number of respondents (n=70)	Percentage
Community education and awareness	48	68.57
Banners and anti smoking advertisement	40	57.14
Community meetings and gatherings	36	51.42
Social policy or social environments are targeted for change.	33	47.14
Community based walks	31	44.28
Knowledge, attitudes, and behaviors of young people towards smoking should be changed	29	41.42
Community workshops	25	35.71
Community organizations are involved,	16	22.85

Table-5: National approaches to combat smoking.

National approaches to combat smoking	Number of respondents (n=70)	Percentage
Restrict youth access to smoking (active as well as passive)	62	88.57
Mass media campaign	56	80.00
Tobacco control legislation	52	74.28
National physical activity policy for promotion of physical activities of the citizens.	34	48.57
CVD institutes like national institute of cardiovascular diseases (NICVD) establishments in main cities of the country.	30	42.85
Conducting conferences and workshops to educate people.	21	30.00
Research activities promotion in medical institutes.	18	25.71
Walks should be arranged with government support to increase awareness	13	18.57

DISCUSSION

In Pakistan overall, the number of adolescents who smoke tobacco is decreasing. Still, about one-third of high school students use tobacco products. Adolescents living in urban areas suffer from many of the stresses shown to increase tobacco use.⁸ As per findings from present survey school-based prevention of smoking in children and youth should target schools to develop and enforce tobacco free environment, provision of information on consequences of smoking, information's on the social influences of smoking and educational programs and health promotion activities. School-based programs are critical to any comprehensive plan to prevent initiation. One strategy that has been shown to be effective in reducing or delaying smoking is programs that identify the social influences that promote tobacco use among youth and that teach skills to resist such influences^{9,10}. Individual attempts to stop tobacco smoking also carries its role and should be therefore addressed. In a study on risk factors for cardiovascular disease in school children at Karachi showed that 29% of the children were physically inactive, 6% were smokers, 31% were taking unhealthy diet daily and 21% were overweight¹¹. According to physicians and experts opinions from present survey the community approaches should be more specific towards community education and awareness, community meetings, understanding knowledge, attitude, and behaviors of youth towards smoking and community organizations involvement etc. Centers for

Disease Control and Prevention (CDC) has reported that community-based strategies include educational programs, promotion of public health policies to restrict tobacco use and sale, and counter-marketing campaigns to support local tobacco control initiatives. Communities are frequently the best source of leadership and innovation, and community programs have been shown to provide measurable progress toward tobacco control objectives in other states. Community programs are often the best way to reach culturally and ethnically diverse groups. Effective community programs should reach people in their homes, work sites, schools, places of worship, civic organizations and other public places¹².

National approaches for prevention and control of tobacco matters all above. WHO also reinforces the national approaches to combat cardiovascular diseases that framework convention on tobacco control (FCTC) is rectified in the country.¹ It should be aimed at: restrict youth access to smoking (active as well as passive), tobacco control legislation and its empowerment and research promotion etc major areas. We would need epidemiological research studies and trials to make long term effective policies to prevent and control tobacco smoking. What is so far observed is not satisfactory. In our country only twelve (12) research publications on cardiovascular diseases and its risk factors were reported in 1999-2001 while it is 12502 in USA, 2667 in UK, and 294 in India.¹³

CONCLUSION

While establishing a strategy for prevention and control of tobacco smoking in youth there is need to offer multiple approaches on national, community school and individual levels. Prevention programs should be started based on cross-sectional surveys and case studies. Prevention efforts are required early in life, using strategies for behavioral modification and health promotion.

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