



FACTORS AFFECTING SMOKING AND RELATED HAZARDS AMONG CHILDREN AGED 6-18 YEARS IN ASSIUT

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ABSTRACT :

The aims of this study were to identify factors associated smoking among children aged from 6-18 years and to asses hazards of smoking among children. The study was conducted in Assiut city and 3 villages chosen randomly which were El-masara, El-hammam, and Kom El-mansura. Children and their parents whose agreed to participate in the study were included in the subjects, their number was 120 smokers children and their parents. Data was collected through interviewed children and their parents individually using a developed questionnaire sheet. Anthropometrical measurements were conducted for each child and recorded included weight, height, head circumference, chest and mid arm circumferences. Results of this study indicated that majority of children 92.2% were using cigarette, parental factor was the first one associated smoking among children followed by economical factor, peer pressure, sociological factor and psychological factor. Statistical significant differences were found between duration of smoking , number of smoking per day and the prevalence of respiratory and or physical complaints. The studied children had lower average rates of anthropometrical measurements than the average rates of their same age from the text book, while duration of smoking and number of smoking per day had no effect on children anthropometrical measurements. Nurses play an important role in helping smokers especially children aged from 6-18 years old through intervention of health promotion programs for prevention and cessation of smoking. This study also suggested future researches to determine the magnitude of children smoking problems and its impact on their health and anthropometrical measurements in Assiut.

INTRODUCTION:

Smoking is a deadly habit that destroys the human being. It has recently spread all over the world especially in developing countries like Egypt, where it was found that 20% of employees monthly salary is burnt. Some six million Egyptian smokers consume a total of 42

billion cigarettes annually, a figure estimated to rise to 85 billion in the next century. and 439000 of cigarette smokers here are children under 10 years old (Yasser 2002).

Although it is commonly reported that children smoke their first cigarette while attending primary school, smoking is most

likely to begin during adolescence. (Elders, 1994; Escobedo, 1993; Center for Disease Control, 1992). A survey was conducted revealed that adolescent smoking is a serious public health concern in Egypt with the potential to indicated that between 5% and 20% of the country's youth (10-19 years olds) smoke. (Healthy Mother/Healthy Child Results Package Smoking Prevention Campaign Egypt 2001).

Many researchers coded that there are several factors behind the increase of smoking among children such as peer pressure, family influence, economical, psychological and sociological determinants (Reynold, 1999; Taylor, 1997; Goodman and Capitman, 2000; Toupin, 2000)

Cigarette smoking during childhood and adolescence produces significant health problems among young people, including increasing number and severity of respiratory illnesses, decreased lung growth and function, decreased physical fitness, risk for cardiovascular diseases, the resting heart rate of young people smokers are two to three beats per minute faster than nonsmokers, increase psychological complains, as well as people who begin smoking at an early age are more likely to develop severe levels of nicotine addiction than those who start at a later age(Center Disease Control, 1996)

Mufti of Egypt declares smoking as forbidden "Haram" The Mufti (priest with special concern for expounding Muslims' Law) of Egypt, Dr. Fried Wasil, (1999) announced that he has received an award from the World Health Organization (WHO) for religious decree (fatwa) that declared smoking as forbidden "Haram" in Islam because of its damaging effects to human health. WHO commended the Mufti for his good action in the fight against smoking? Dr. Wasil stated that WHO believes the Fatwa benefits not only Muslims' countries, but also non-Muslims'

countries Worldwide. Dr.Wasil suggested to addicted smoker struggling to quit smoking that they should take medical, social and spiritual steps that would help them.

The nurse is in an excellent position to assist individuals, families, and community to achieve optimal levels of wellness through appropriately designed and delivered health education especially for children aged from 6-18 years old concerning factors associated smoking and related hazards, with emphasizing on prevention and cessation of smoking.

Aim of the Study:

The aim of the present study was to

- 1-Identify factors associated smoking among children.
- 2-Assess specific hazards of smoking among children.

SUBJECTS AND METHODS:

Settings:

This study was conducted at Assiut city and 3 villages in Assiut chosen randomly which were; El-masra, El-hammam, and Kom El-Mansoura .

Sample:

The present study included 120 smokers children and their parents (120 fathers or mothers) who agreed to participate, 106 of them from the previous 3 villages and 14 children smokers from Assiut city, who were working at work shops in El-Sadat street and El-Bander street. This work shops and crafts included car repair, car painting and car keeping.

Tools:

After reviewing the relevant literature, two proper tools were designed by the investigators to collect the relevant information about the smokers' children and their parents. The first tool was a questionnaire sheet included personal data of children such as (name, age, level of education, and occupation), types of smoking, number of cigarette smoking daily, duration of smoking, sources of money to buy the cigarette, factors associated smoking among them and their health complains. Family profile such as parents education, occupation, smoking status, parents' opinion about smoking, and factors affecting their children smoking. The second tool was an anthropometrical measurements sheet for children included weight, height, and head circumferences, chest and mid arm circumferences.

Methods:

1-Pilot study: A pilot study was carried out on 12 children and their parents for testing the variables and validity of the questionnaire, and estimating the time needed to fill the sheet as a result of the pilot study, the necessary modifications in the sheet was done and the final form was developed. Sample of the pilot study was excluded.

2-Data collection: Permission was obtained from the child, the parents, and the workshops masters, where they informed about the time of the visit and the purpose of the study to obtain their approval and cooperation to interview the children and their parents at home and or at the work place.

Data were collected during the period from beginning of November, 2002 to the end of January, 2003. The interview were conducted at home visit and at the work places 3 days per week, the number of interviewed children and

parents was ranged from 3 to 4 per day and the average time taken for filling the sheet was 30-40 minutes. Each child was interviewed individually; also children parents were interviewed at home and reassured that the information obtained will be confidential and used only for the purpose of the study.

Anthropometrical measurements were done for each child individually at home, or at the work place. Weight was measured using a scale, height, head circumference, chest and mid arm circumferences were measured using a non-stretchable tape, steps of all measurements followed a manual of pediatric nursing procedures, Mansy et al, (1997).

Analysis of Data:

The obtained data were analyzed and tabulated, descriptive statistics as mean, standard deviation, frequencies and percentages were calculated using computer. T test and chi square were also used and P value less than 0.05 were considered as statistically significant.

RESULTS:

Table (1) presented the distribution of children according to their personal data. It was found that majority of children (88.3%) living in the rural areas (65.0%) of them constituted in the age group from 14-18 years, only (4.2%) of them aged from 6-10 years old.

As regard the educational status of children, it was found that (29.2%) of them were illiterate, (23.3%) were during or finished the basic education, while (25.0%) were studying in secondary school and only (4.2%) were studying in the university. This table also showed that more than half of the studied children (53.3%) had skilled work, while (38.4%) of them were students.

Table (1): Distribution of children according to their personal data (N=120).

Items	No	%
Community type:		
1-Rural area	106	88.3
2-Urban area	14	11.7
Age:		
6-	5	4.2
11-	37	30.8
14-18 years	78	65.0
Mean ± SD= 15.79 ± 2.28		
Child education:		
1-Illiterate	35	29.2
2-Read and write	22	18.3
3-Basic education	28	23.3
4-Secondary school	30	25.0
5-University	5	4.2
Child working condition:		
1-Working	64	53.3
2-Students	46	38.4
3-Don't work	10	8.3

Table (2) demonstrated mean and standard deviation of anthropometrical measurements among the studied children. It was found that mean and standard deviation of children weight and height, were (37±5.85 and 151.55±13.90 respectively), while mean and standard deviation of children head, chest and mid arm circumferences were (53.98 ± 2.26, 67.84 ± 5.26 and 25.52 ± 5.51 respectively).

Table (2): Mean and standard deviation of anthropometrical measurements among the studied children (N=120).

Items	Mean ± standard deviation
Weight	37± 5.85
Height	151.55± 13.90
Head circumference	53.98± 2.48
Chest circumference	67.84± 5.26
Mid - arm circumference	25.52 ± 5.51

Table (3) showed the distribution of children according to types of smoking and number of smoked cigarette per day. It was found that (92.5%) of children using cigarettes and only (7.5%) of them using shesha. The table also showed that (47.8%) of the studied children burning from 5-10cigarette per day, and one

third of them (30.6%) burning 16-20 cigarettes per day.

Table (3): Distribution of children according to types of smoking, number of smoked cigarette per day and duration of smoking (N=120).

Items	No	%
Types of smoking:		
1-Cigarette smoking	111	92.5
2-Joza smoking	9	7.5
Number of smoked cigarette per day:		
-From 5 to10	53	47.8
-From 11 to15	22	19.8
-From 16 to20	34	30.6
-More than 20	2	1.8
-Don't use cigarette	9	7.5
Duration of cigarette smoking:		
-Less than 3 years	50	41.7
-3<5 years	42	35
-5 years and more	19	15.8
-Don't use cigarette	9	7.5

Table (4) illustrated the distribution of the studied parents according to their education and occupation, it was found that illiteracy counted (42.5%) among fathers of the smokers' children and one quarter of them (25.0%) were read and write, while (19.2%) of them had university education.

Regarding mothers education, it was clear that illiteracy counted a higher percentage (69.2%) among mothers of the smokers' children and there is a highly significant difference between the number of smoking children and their mothers' education (P: 0.000).

In addition, the table illustrated that the majority of the smokers children fathers (85.0%) had skilled work and farmers and (15.0%) of them were employees also there is a highly significant difference between the number of smokers children and their father s occupation (P:0.000).

As regards mothers occupation, it was found that the majority of smokers children mothers (85.8%) were house wives and the rest

of them (14.2%) were employees, also the table showed highly statistical significant difference between the number of smoking children and their mothers occupation (P:0.000).

Table (4): Distribution of the studied parents according to their education and occupation (N=120).

Items	No	%
Fathers' education:		
1-Illiterate	51	42.5
2-Read and write	30	25.0
3-Basic education	10	8.3
4-Secondary school	6	5.0
5-University	23	19.2
Mothers' education:		
1-Illiterate	83	69.2
2-Read and write	12	10.0
3-Basic education	6	5.0
4-Secondary school	8	6.7
5-University	11	9.2
Fathers' occupation:		
1-Employee	18	15.0
2-Technician and farmer	102	85.0
Mothers' occupation:		
1-Employee	17	14.2
2-House wife	103	85.8

Table (5) Presents the distribution of factors associated smoking as perceived by children and their parents. It was found that the majority of the studied children (81.7%) reported that their fathers' smoker, peers pressure was reported by (72.5%) of them, more than half of them (50.8%) reported sociological factors as work managers, and 50.8% of them reported that their salary from their work help in smoking, while psychological factors were reported by 20.8% of the studied children.

Also the table presents that (60.8%) of the parents reported that child's peers were the main factors associated and (10.0%) of them reported that smoking is a sign of humanity.

Table (6) Illustrated the parents' opinion concerning the effect of smoking on child health and growth. It was found that the majority of parents (87.5%) reported that smoking affects their children health, while more than two third

(66.7%) of them reported that smoking has no effect on children growth.

This table also presents a highly statistical significant difference between the effects of smoking on child health (P:0.000).

Table (5): Distribution of factors associated smoking as perceived by children and their parents. N=120 children and 120 parents

Items	No	%
Factors perceived by the children:		
1-Parental factors		
- Father smoker	98	81.7
- Parents encouragement	15	12.5
- Family causes-	8	6.7
2-Economical factors		
-Work salary	61	50.8
-Students daily pocket money	44	36.7
3- Peers pressure	87	72.5
4-Sociological factors	61	50.8
5-Psychological factors	25	20.8
Factors perceived by parents:		
1-Friends	73	60.8
2-Humanity	12	10.0
3-Family causes	35	29.2

More than one factor responded by a child and his parents

Table (6): Parents opinion concerning the effect of smoking on the child health and growth (N=120).

Items	No	%
Effect of smoking on the child health:		
1- Smoking is harmful for the child health	105	87.5
2-Smoking has no effect on the child health	15	12.5
Effect of smoking on the child growth:		
1-Smoking affects the child growth	40	33.3
2-Smoking has no effect the child growth	80	66.7

Table (7) Showed relations between the duration of smoking and the children problems. Statistically significant differences were found between children exposed to less than 3 years and those who exposed to 3 years and more duration of smoking related to presents of respiratory and physical problems. P < 0.0000.

Table (8) Presented relation between number of smoking per day and children problems.

Statistical significant difference was found between children using smoking 10 times per day and those who using smoking more than 10 times per day and the presents of respiratory problems. $P < 0.0001$

Table (9) Illustrated mean and standard deviation of anthropometrical measurement of the studied children and the average rates of their same age in the text book, it was found that low mean weight, height, and chest circumference than the average measurements rates of their same age in the text.

Table (10) Showed relation between duration of smoking and children anthropometrical

measurements. No statistical significant differences were found between the duration of smoking the children and their weight, height, head circumference, chest and mid arm circumferences.

Table (11) Demonstrated relation between number of smoking per day and children anthropometrical measurements. No statistical significant differences were found between the number of cigarettes smoking children exposed per day and their weight, height, head circumference, chest and mid arm circumferences.

Table (7): Relations between duration of smoking and children problems (N=120).

Items	Less than 3 years duration (N=57)		3 years and more duration (N=63)		X ²
	No	%	No	%	
Respiratory problems	45	78.9	26	41.3	17.58*
Physical problems	29	50.9	10	15.9	16.71*
Psychological problems	15	26.3	11	17.5	1.38

*Significant differences. $P < 0.000$

More than one problem responded by one child

Table (8): Relations between number of smoking per day and children problems (N=120).

Items	10 times or less per day N=64		11 times and more N=56		X ²
	No	%	No	%	
Respiratory problems	30	46.9	41	73.2	8.58*
Physical problems	21	32.8	18	32.1	0.006
Psychological problems	16	25	10	17.9	0.800

*Significant differences. $P < 0.001$

More than one problem responded by one child

Table (9): Mean and standard deviation of anthropometrical measurements among the studied children and the average rates of their same age in the text book (N=120).

Items	Mean \pm SD of the studied children	Average rates from the text
Weight	37 \pm 5.85 Kg	38Kg*
Height	151.55 \pm 13.90 Cm	155Cm*
Head circumference	53.98 \pm 2.48 Cm	54Cm*
Chest circumference	67.84 \pm 5.26 Cm	78Cm*
Mid - arm circumference	25.52 \pm 5.51 Cm	25Cm**

* EL-Saied et al,(2001)

**Mansy et al,(1997)

Table (10): Relations between duration of smoking and children anthropometrical measurements (N=120).

Items	Less than 3 years duration Mean \pm SD (N=56)	3 years and more duration Mean \pm SD (N=64)	t
Weight	38.95 \pm 5.01	42,50 \pm 2.89	1.12
Height	151.21 \pm 18.24	157.11 \pm 9.94	0.31
Head circumference	35.83 \pm 2.02	51.38 \pm 3.69	1.31
Chest circumference	66.33 \pm 6.50	62.89 \pm 6.64	0.40
Mid arm circumference	24.00 \pm 3.98	27.00 \pm 5.31	0.66

Table (11): Relation between number of cigarettes smoking per day and children anthropometrical measurements. (N=120).

Items	Less than 11 cigarette (N=57)	11 cigarette and more (N=63)	t
Weight	36.43 ± 6.27	41.30 ± 3.60	0.953
Height	155.86 ± 17.20	157.96 ± 14.66	0.241
Head circumference	53.27 ± 2.94	53.89 ± 2.80	0.378
Chest circumference	65.47 ± 4.88	65.45 ± 5.13	0.004
Mid arm circumference	25.00 ± 5.24	26.22 ± 3.48	0.314

DISCUSSION:

From the results cited above, the present study revealed that majority of children (92.2%) using cigarette smoking, the significantly higher smoking prevalence was independently associated with children aged over 11 years, having technical or farmers fathers with no formal education, and having house wives illiterate mothers. This results are in agreement with those obtained by Azevedo *et al.*, (1999) and Alfred, and Araya, (2001) who found a significantly higher of cigarette smoking prevalence among children over 12 years having parents whose educational level was less than four years in school. While Daniza, (1997) found that the prevalence of smoking was 52.3% among adolescents in Chile.

The present study showed that majority of the studied parents (87.5%) had opinion that smoking is harmful for the child health and 66.7% had opinion that smoking has no effect on the child growth. Center for Disease Control (1992) pointed that it is widely recognized that knowledge about the side effect of smoking and beliefs about the social image of tobacco might influence an adolescent on whether to begin smoking. However, a study was conducted in Potuguese showed very few people considered smoking to be harmless to their health but those who did so were significantly more likely to be smokers Azevedo *et al.*, (1999)

There are many factors associated smoking were perceived by children, the present study

denoted, parental factor was constituted the first one followed by economical, peer pressure, social and psychological factors as shown in table (1). As for the parental factor, 81.75 of the studied children reported that their father's smokers, 12.5% of them reported that their parents encouraging them to smoke and 6.7% reported family causes as death or separation of their parents and family problems were the main factors behind smoking among them. Toupin, (2000) pointed that family life plays an important role in the smoking among children, when children witnesses their parents or family members smoking, they often assume that they too are allowed to become smokers. Statistics that have to do with parents smoking and use of cigarette at home show that 46% of children end up being smokers themselves.

As regard the economical factor, our study indicated that around half of the studied children (50.8%) were working; earning wages, 36.7% of them had daily pocket money from their parents and they able to buy cigarette, so that they exposing to smoking several times per day ranged from 5 to more than 20 times as shown in table (2 and 4). This findings are supported by other researchers who pointed that smokers usually belong to high income group (Ameerbeg *et al.*, 2002). Also Reynolds (1999) stated that cigarettes are highly advertised and extremely accessible to practically anyone.

National Institute of Drug Abuse, (1995) coded that peer pressure influences an

individual to start and maintain the smoking habit. In addition, Scott, (2002) conducted a study and found that teens with at least two friends who smoke are six time more likely to become smoker regular cigarette users compared to those whose circle of friends does not include smokers. In the present study, peer pressure was reported by 72.5% of the studied children, while the sociological factor was constituted 50.8% of the studied children, the main sociological factor reported was the influence of work masters. However, several studies in other populations have shown that the main reason for children to smoke is that smoking is considered fun, and more than 50% of adolescents between age 12 to 13 years think that there are benefits to smoking such as being accepted amongst their peer or just looking cool. (Sony and Maclellan,1998)

In addition, smoking is appeared as sociologically acceptable in advertisements from 1988 to 1996, there was a jump in children smokers, and the reason for this was that during these years there was an increase in smoking in films and television shows and increase in cigarette advertisements. (Reynold, 1999).

Results of the present study noted that only 20.8% of the studied children reported that humanity as a psychological factor associated smoking among them, while Ameerbeg *et al.*, (2002) found that young people perceive smoking as a way to relax, this decreasing stress in users, the common cause of smoking is curiosity following by lack of ideal dedication and boredom.

From the results, it was obviously viewed that the first problem of smoking among the studied children was different respiratory complaints as cough, dyspnea, and presents of sputum and chest pain. Physical problem was the second complaints by the studied children included loss of appetite; tiredness, pain,

headache and drowsiness, while the psychological problem was the third complaints among the studied children included anxiety, nervousness and loss of attention. Additional results revealed that statistical significant differences were found between number of smoking per day and the presents of respiratory, children exposing 11 and more times to smoking per day having high prevalence of respiratory complaints than whose exposing to smoking less than 11times per day. This observation is in accord with results of American Cancer Society studies which revealed that smoking causes significant health problems among children and adolescents including coughing, production of phlegm, more respiratory illnesses, deceased physical fitness and decreased lung growth and function.

Also from the present study, it was observed statistical significant differences with high prevalence of respiratory and physical complaints among children who exposed smoking less than 3 years of duration than whose exposed 3 and more years of duration. This may be due to development of nicotine addiction and smoking became a habit among children who exposed more years to smoking ,then they coping with their problems. Another explanation to these findings, children denial their complaints to confirm that increasing duration of smoking has no effect on their health, so smoking is harmless.

Our study indicated that, the studied smokers children had lower average rates of anthropometrical measurements than the average rates of their same age in the text, this may be due to smoking or other factors, there are many factors that affect children growth other than smoking which including genetic, nutritional, environmental and diseases, our study not investigate other factors affecting

children anthropometrical measurements. In addition, no statistical significant differences were found between duration of smoking, number of smoking per day children exposed and their anthropometrical measurements.

From the present study, it could be concluded that many factors influencing smoking among children as parental, economical, peer pressure, sociological and psychological factors. Smoking increases respiratory, physical and psychological problems among children and it has no effect on the anthropometrical measurements of children.

The following recommendations could be suggested:

- 1-Health promotion programs through health teen especially nurses, this programs should focus not only changing factors such as beliefs, knowledge, and values, but also look at cultural environment and socioeconomic issues of the smoker children
- 2-Prevention and cessation intervention programs need to have active involvement from youth, teachers parents and community members. Parents and community members need to remember that their behavior can affect the youth in community as they are often looked upon as role models.
- 3-Future large- scale and in depth studies are needed to determine the magnitude of children smoking problem in Assiut and its impact on children health and anthropometrical measurements.

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العوامل التي تؤثر علي التدخين والأضرار الناجمة عنه بين الأطفال الذين تتراوح أعمارهم من ٦-١٨ سنة في أسيوط.

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الهدف من هذه الدراسة هو معرفة العوامل التي تساعد على التدخين بين الأطفال الذين تتراوح أعمارهم بين ٦-١٨ سنة في أسيوط وتقييم مخاطر التدخين عليهم.

أجريت هذه الدراسة في مدينة أسيوط وفي ثلاث قرى تم اختيارها عشوائيا وهم قرية المعصرة وقرية الحمام وقرية كوم المنصورة، وكان عدد الأطفال المدخنين في الأماكن السابقة الذكر ١٢٠ طفلاً وأيضاً ١٢٠ من آبائهم وأمهاتهم، والذين تمت موافقتهم على الاشتراك في هذه الدراسة، وقد تم عمل مقابلة شخصية لكل طفل على حدة، وأيضاً لآبائهم أو أمهاتهم كل على حدة من خلال الزيارات المنزلية والأطفال العاملين في أماكن عملهم مستخدمين في ذلك استمارة استبيان واحدة جزء للأطفال وأخر للآباء. قد تم عمل قياس لطول الطفل ووزنه ومحيط رأسه ومحيط الصدر والذراع، وتم تدوينها.

وقد أوضحت النتائج أن ٩٢,٢% من هؤلاء الأطفال يدخنون السجاير كما أوضحت الدراسة أن من العوامل التي لها تأثير على تدخين هؤلاء الأطفال:

- ١- عوامل خاصة بالآباء في المرتبة الأولى. ٢- عوامل اقتصادية. ٣- ضغط الرفاق.
- ٤-عوامل اجتماعية. ٥-عوامل نفسية.

كما أوضحت الدراسة أنه توجد علاقة جوهريّة بين فترة التدخين وعدد مرات التدخين في اليوم توضح مشاكل الجهاز التنفسي والمشاكل الصحية المختلفة التي يعاني منها هؤلاء الأطفال بسبب التدخين كما بينت الدراسة أيضاً أن نمو هؤلاء الأطفال المدخنين أقل من نمو الأطفال الذين في نفس عمرهم طبقاً لمقارنة القياسات السابق ذكرها مع المراجع الخاصة بنمو الأطفال. كما أوضحت الدراسة أنه لا توجد اختلافات جوهريّة بين الذين يدخنون لفترة قصيرة والذين يدخنون لفترة أطول أو الذين يدخنون عدد كبير من السجاير والذين يدخنون عدد أقل منهم في نفس العينة.

تلعب الممرضة دوراً هاماً في مساعدة الأطفال المدخنين وخاصة الذين تتراوح أعمارهم ما بين ٦-١٨ سنة من خلال برامج المحافظة على الصحة والوقاية من أضرار التدخين. كذلك أوصت الدراسة بعمل دراسات مستقبلية أوسع لتحديد حجم مشاكل التدخين وتأثيره على صحة ونمو الأطفال في أسيوط.