



A Short Report on Cigarette Smoking in Fazal Kally

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Abstract:

The aim of the present study was to determine the ratio of cigarette smoking in the Fazal Kally Union Council Koaz Bahram Dehri, Khyber Pakhtunkhwa, Pakistan, Pakistan. This research was carried out in September 2013. The observational study was designed. The local population of Fazal Kally was interviewed by the use of design and standard questionnaire. In this research different factors like, age, marital status, educational status, types of family, occupation and socioeconomic condition were determined. A total of 27 participants were included in this study. From the present study it has been found that 55.56% of the population of Fazal Kally are smoke cigarette. From this study it has been concluded that 59.26% population of the said area is uneducated.

Key words: Cigarette smoking, observational study, Questionnaire.

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Introduction

Cigarette smoking is dangerous for the health of the world population; it not only affects the cigarette smoker but also harms the health of non-smokers exposed to people who smoke. The tobacco smoke contains nicotine, Carbon monoxide and Tar. There are some other poisons in tobacco smoke that are inhaled by both smokers and nonsmokers, including ammonia (floor cleaner), nitrogen oxides, hydrogen cyanide, phenol (paints), naphthalene (mothballs), arsenic (white ant poison), carbon monoxide (car exhaust), DDT (insecticide) and butane (lighter fuel), naphthalene (mothballs), cadmium (car batteries), urethane acetone (paint stripper).

The short term and long term smoking effect complications include constriction of blood vessels, which leads to slowing down the blood flow of the body, temporary increase in the blood pressure and heart beat, bad breath, stained teeth and fingers, smelly hair and hands and facial wrinkles, especially around the mouth and eyes. Smoking is also causing stroke, lung cancer, respiratory tract irritation, bronchitis, pneumonia and asthma in the nonsmokers and also the smokers (US Department of Health and Human Services, 1988; Winstanley *et al.* 1995). According to World Health Organization (WHO) 2011, 32.4% of the male population and 5.7% of female population are current tobacco smokers in Pakistan. According to WHO, estimates show that tobacco related deaths are expected to rise from 5.4 million in 2005 to 6.4 million in 2015 and 8.3 million in 2030 and over 70% deaths would be in the developing countries (WHO, 2011).

Materials and Methods

The aim of the present study is to find out the ratio of cigarette smoking among the local population and also the awareness among the people of the Fazal Kally. The present study was conducted in the Fazal Kally Union Council, Council Koaz Bahram Dehri, Khyber Pakhtunkhwa, Pakistan in September 2013. The participants were interviewed from 9: 00 AM to 2:00 PM. An observational study was designed. For the collection of data a designed and standard questionnaire was

used including age, marital status, education, cigarette smoking, type of family, occupation and socioeconomic status. A random sampling method was used. A descriptive analysis was done for the demographic features.

Results

A total of 27 participants were interviewed in the day time from the Fazal Kally. Of the total participants, 15 (55.56%) are cigarette smokers. 10 (66.67%) cigarette smokers are in the age group 15-44 years, followed by 5 (33.33%) in the age group >45 years, while no cigarette smokers have been recorded in age group 0-14 years. 16 (59.26%) participants are uneducated, while the 11 (41.74%) are educated. 14 (51.85%) participants are married and 13 (48.15%) are unmarried.

Most of the participants live in joint family, with a ratio 22 (81.48%) while 5 (18.52%) live as a single family. In terms of the occupation of the local people, 12 (44.44%) are private followed by 8 (29.63%) farmers, 5 (18.52%) students and the 2 (7.41%) are teachers. In terms of the monthly income, the local population was divided into three groups, 1: 10000 PKR, 2: 10000-20000 PKR and 3: >20000 PKR. The results of the present study show that the 13 (48.15%) participants have their monthly income between 10000-20000 PKR, followed by the 11 (40.74%) who have >20000 PKR, and 3 (11.11%) who have their monthly income 10000 PKR.

In Pakistan, lung cancer is the number one cause of cancer deaths in the male population, followed by mouth cancer. Both these cancers are related with tobacco smoking and can be prevented if this powerful addictive substance is avoided. Pakistan is a tobacco growing country. In 2011, the Pakistani burned the Rs200 billion on smoking and it is a huge loss to the country economy (Mushtaq *et al.* 2011). The Government of Pakistan, Health Department and local authority of the said area need to stop cigarette smoking trained in the Pakistani population. The Government and also other organizations need to arrange seminars and programs on education, health and cigarette smoking in the Fazal Kally.

Conclusions

From the present study it was concluded that the local population of Fazal Kally have high illiteracy level which can contribute to cigarette smoking. The ratio of cigarette smoking is too high, especially in the younger population.

Competing interest

The authors have contributed equally and declare that they have no competing interests.

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