



EXPOSURE TO SECOND-HAND SMOKE OF PRE-SCHOOLCHILDREN IN HOME, LEVELS OF AWARENESS OF PARENTS

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ABSTRACT

In this study 42.0% of parents reported that their children hadexposed to SHS at home, 92% of believed SHS would damage to children and 90.0% of applied home smoking rule. There was a statistically significant relation between smoking behavior of parents, believes to harms of SHS and practices smoking rule with children's exposure to SHS at home ($p<0.001$, $p<0.05$). Children's exposure of SHS can be prevent by implementation awareness of SHS harms today life. Ministry of Health and Education should work in coordination, policies should be integrated to tobacco prevention program for achievements of goals of smoke free homes.

Keywords: Children, preschool, SHS, parents, knowledge, smoke-free homes;

1. Introduction

Second-hand tobacco smoke (SHS) is the smoke emitted from the burning end of a cigarette (side-stream smoke) or from other tobacco products, usually in combination with the mainstream smoke exhaled by the smoker, and has similar components to inhaled or mainstream smoke. SHS is estimated to cause about 600 000 premature deaths per year worldwide. Of all deaths attributable to second-hand tobacco smoke, 31% occur among children(WHO 2009).Second hand smoking significantly contributes to morbidity including bronchitis, middle ear disease, impaired endothelial function and acute respiratory illness and asthma illness. Children as a group have shown the strongest evidence of harm attributable to SHS(Singh and Lal 2011, White et al 2012, Sims et al 2012, Lin et al 2010, Moritsugu 2007, Tanski and Wilson2012).Second-hand tobacco smoke is present in virtually all public places where smoking is permitted, and there is no safe level of exposure. With the widespread establishment of smoke-free workplaces and public venues, the home is becoming the predominant source of exposure to second-hand smoke (SHS) among children in the household. SHS can spread from one room to another within a building, even if doors to the smoking area are closed. An estimated 700 million children worldwide—about 40% of all children – are exposed to second-hand tobacco smoke at home(WHO 2009, Abdullah et al 2012).Tobacco use is quite common in Turkey. According to global adult tobacco survey adult smoking prevalence is 44 %. Since July 2009, Turkey has been totally smoke-free in public areas. But home remains a place of intense and consistent exposure for children(Global Adult Tobacco Survey



Turkey Report 2010). The protection of children requires a much broader solution than simply creating pressure on parents to protect their children. Smoking within a home creates a significant risk to children(Temple and Johnson 2011). For this reason “smoke-free homes” policy should adopt as an integral of tobacco prevention program and disseminate in countywide to prevent home smoking and increase parents awareness about SHS. This study was conducted to determine exposure of preschool children to SHS at home and levels of awareness of parents about SHS.

2. Material-method

This descriptive study was conducted at two private kindergarten in August 2012 Corum. The population of study formed 120 preschool children’s parents who were going on these two kindergartens in Corum provinces. Before the research written permission was taken from management of kindergartens and Social Services and Child Prevention Organization which was dependent to. Ministry of Family and Social Policies. Also written and verbal permissions were taken from parents. The questionnaire forms were performed to parents who could be reached. Achievement rate was 83.3%. It was questioned socio-demographic futures, smoking behaviours, knowledge about adverse effects of cigarette, believes to SHS harms of parents, exposures of children to SHS and home smoking ruleswithquestionnaire form which was prepared by researchers after literature screening. These forms were put through to parents to complete at home by managements of kindergartens. Then questionnaire forms were taken over by the managers of kindergartens. Data were evaluated by using SPSS 17.0 program. It was used mean, percents, ki-kare and Fisher’s exacttest in assessment of data.

3. Results

The mean age of parents was 35.38 ± 5.99 and 66.0% of age ranged from 29-39 years. 61.0% of the respondent parents were children's mother and then the 39.0% of father.59.0% of the parents' educationlevels were university, 75.0% of had ± 1500 andabove monthly income.Parents' socio-demographic characteristics were shown in Table 1.

Table 1. Parents' socio-demographic characteristics

Socio-demographic characteristics (N=100) N	%	
Age group (Age means: 35.38 ± 5.99)		
18-28	11	11.0
29-39	66	66.0
40 and above	23	23.0
Relationship with child		
Mother	61	61.0



Father	39	39.0
Education levels		
Primary/Secondary school	12	12.0
High school	29	29.0
University	59	59.0
Monthly income (₺)		
500-999	15	15.0
1000-1499	10	10.0
1500 and above	75	75.0
Total	100	100.0

Table 2. Smoking behaviours of parents

Smoking Behaviours	N	%
Smoking status of respondent parents(n=100)		
Non-smokers / Quit smoking	65	65.0
Current smokers	35	35.0
Smoking status of spouses (n=100)		
Non-smokers/ Ouit smoking	58	58.0
Currentsmokers	42	42.0
Smoking cessation thoughts of Current smokers(n=35)		
Thinks, but not recently	20	57.1
Considering each time as well as	15	42.9
Current smokers' succeeding thoughts about to quit smoking(n=35)		
Can do it without help	16	45.7
I need help	19	54.3

As seen in Table 2, respondent parents of 35.0% and, 42.0% of spouses were current smokers. 88.6% of current smokers' (45.7% of not recently and 42.9% of each time as well as) wanted to quit smoking, 40.0% of stated that they should get help to quit smoking. When we analysed parents' levels of knowledge and awareness on the hazards of smoking and SHS 83.0% of smokers reported that cigarette was addictive, 94% of believed that it damaged to body-tissues, caused to cancers, and blocked to body, 92.0% of stated that it produced negative impact on public health and development of the country. Parents who reported that their children had been exposed to SHS at home rate was 42% and believed



SHS would harm to children rate was 92%. Smoking in some parts of the house (51.0%), and no smoking anywhere (39.0%) were the smoking rules which were applied to at home by parents. Relationship between childrens' exposure to SHS at home with parental smoking habits, parents' believe to SHS harms and home smoking rules were shown in Table 3.

Table 3. Parental smoking behaviours and childrens' exposure to SHS

Parental smoking behaviours	Childrens' exposure to SHS		χ^2	p
	Yes N (%)	No N (%)		
Smoking status of the respondent parents				
Non-smokers/Quit smoking	16 (38.1)	49 (84.5)	23.041	0.000
Current smokers	26 (61.9)	9 (15.5)		
Smoking status of spouses				
Non-smokers/Quit smoking	9 (24.1)	49 (84.5)	39.758	0.000
Current smokers	33 (78.6)	9 (15.5)		
Believes to harms of SHS				
Belief	35 (89.7)	57 (93.4)	7.390	0.009*
Don't belief	4 (10.3)	4 (6.6)		
Application home smoking rules				
Yes	33 (84.6)	57 (93.4)	10.509	0.002*
No	6 (15.4)	4 (6.6)		

*Fisher's Exact Test

Respondent parents who said they were current smokers of 61.9% and said their spouses were current smokers of 78.6% reported that their children had exposed to SHS at home. It was found a statistically significant relation between childrens' exposure to SHS at home with respondent parents and their spouses smoking behaviours ($p < 0.001$). Parents who believed to harm of SHS and applied home smoking rules of 93.4% reported that their children hadn't been exposed to SHS at home. There was a statistically significant relation between childrens' exposure to SHS with parents believe to harms of SHS and their applications of home smoking rules ($p < 0.05$).

4. Conclusion

In this study, smoking prevalence of respondent parents was 35.0% and spouses of 42.0%. Current smokers of 88.6% thought to quit smoking, 40.0% stated that they should get help to quit smoking (Table 2).



In Morocco (El Idrissi et al, 2007) and Colorado (Yousey, 2007) the prevalence of smoking among parents of pre-school children was found to be 30%. In Balikesir (Gursoy et al 2008) 69.8% of parents were thought to quit smoking. Respondent parents had lower smoking rates than their spouses. This could be due to be a mother of a significant proportion of these respondents. Also, being the low rate of smoking among mothers could be due to social status ascribed to women in traditional Turkish family structure and they were the exact responsible person from the care of children. In several studies had been shown that counseling played an important role to stop cigarette smoking (Treyster and Gitterman 2011, Schuck et al 2011). Parents who clearly expressed need help to stop smoking is will an important achievement for the community, if they could be smokeless. For this reason, parents should be directed to smoking cessation clinics, consulting services should be provided by establishing pediatric offices in health care institutions for consulting serve. Parents' level of knowledge rate on the harmful effects of smoking was 87-94%. 42% of parents stated that their children had exposure to SHS at home and 92% of them believed SHS would harm to their children. Parents who applied home smoking rules at home rate were 90% (in some parts of the house smoking 51%, in no smoking anywhere 39.0%). In China (Abdullah et al 2012), 71% of parents were found to be knowledgeable about the harmful effects of smoking. In Alaska (Dent et al 2010) 89% of parents believed harms of SHS and 26.0% of applied home smoking rules at home. In Taiwan (Lin et al 2010) it was shown 49.8% of children were exposed to SHS at home. In another study conducted in Canada (Temple and Johnson 2011) 95.2% of parents were applied smoking rules at home. The results obtained from our study showed that a high level of awareness among parents about hazards of smoking and SHS. To implement this awareness, the target of "100% smoke free homes" should be integrated into tobacco prevention program in the countywide. There was found a statistically significant relation between smoking behaviour of respondent parents and their spouses with children's exposure to SHS at home ($p < 0.001$). Also it was found a significant relation between beliefs of respondent parents to SHS harms and applications of home smoking rules with children's exposure to SHS at home ($p < 0.05$) (Table 3). As in point studies conducted in UK (Sims et al 2012), Taiwan (Lin et al 2010) and Alaska (Dent et al 2010), had been shown significant relation between parents' smoking behaviours, beliefs to SHS harms and applications of home smoking rules with children's exposure to SHS at home. The results obtained from our study were found to be compatible with the series results. As a result, though a significant proportion of parents believed harms of SHS and applied home smoking rules about one of the two parents reported that their children's had exposure to SHS. Consulting services should be given to all parents for cessation smoking and to pass over SHS awareness in everyday life by health care professionals, inter-sectoral coordination should be ensured and public interest should be enlisted to topic by media in public spots.

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