

## Commentary

### Prevalence of Smoking in Malaysian Adolescents: Are Strategies Enough to Counter its Ill Effects?

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## Abstract

Smoking is a known established threat playing a definite role in destroying youth, the future foundation for any generation. Whether steps taken are being effective or not have to be tested vigilantly as most of the previous results are based on self-reported questionnaires and the reliability of the questionnaires can be dubious. For most of the Asian parents, tobacco consumption can be a taboo especially if the teenagers are involved. Different studies have shown that prevalence of smoking among youngsters are as high as 37% to as low as 11.5% in Malaysia. How can these figures be verified as they are self-reported and how can be generations protected from ill effects of tobacco consumption. The onus not only lies on the government but also on parents/guardians, healthcare setup at various levels of care and on general population. Despite of stringent steps taken there are loopholes in the system providing these children and adolescents easy access to tobacco.

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Tobacco consumption plays a parasitic role on its consumers and especially for the young consumers when they are still in their stages of development and maturity<sup>[1]</sup>. Is the prevalence increasing despite efforts to prevent this mammoth to spread? This is a challenging problem as results stated in studies are self-reported.

Cigarette smoking during childhood and adolescence produces significant health problems among young people, including an increased frequency and severity of respiratory illnesses, diminishing physical fitness and prospective effects on the rate of lung growth and maximum lung function<sup>[2]</sup>. Tobacco consumption is also associated with plethora of other diseases otitis media, risk of developing depression and anxiety, chances of addiction and dependence in young's and risk of developing different cancers, cardiovascular disorders and even blindness in future<sup>[3-7]</sup>.

According to American Lung Association statistics almost daily 3,900 children (<18 years of age) smoke their first cigarette and out of them approximately one fourth will become new, regular smokers and 50% of them will eventually face morbidity and mortality as a consequence<sup>[9-11]</sup>. Similarly in England 4% of children (aged 11-15) smoke regularly and approximately 23% of children of similar age group have tried their first cigarette<sup>[12,13]</sup>. People who start smoking earlier in their life have more chances of being exposed to danger. Where Malaysia Stands in this, National tobacco control program anticipated that tobacco consumption will not be major health problem by 2020<sup>[14]</sup>.

There are several studies in Malaysia focusing on the prevalence of smoking in childhood and adolescents indifferent states also taking into account the factors that lead to smoking in them. according to the 3<sup>rd</sup> national health and morbidity survey 2006 Malacca was reported to have the highest prevalence of smoking among the adolescence, which was 19.6. and also there was a significant difference on the prevalence of smoking among theurban (12.3%) and rural (18.4%) adolescents in Malaysia. The mean initiation age of smoking in Malaysia was 13.5 years-old according to this survey<sup>[15]</sup>. A study by Naing et al, in 2004 showed that prevalence in males adolescents was 35.92%, another study in 2007 by Khairani O et al revealed prevalence of 37% in teenagers. Lim KH et al published in 2011 their results of smoking prevalence 35.5% in school goers and a recent study by Tee et al in 2014 concluded presence of 11.5% of smokers among school going children or

teenagers<sup>[16-19]</sup>. However the results of these studies are based on self-reported data, which may underestimate true prevalence among schooling pupil. Also keeping in mind that Asian parents have more authoritative influence and control over their children and expect more obligations from their side as compared to western countries. There are chances the responders might have denied or underreported despite being smokers<sup>[20]</sup>. Another study 2011 by Abidin EZ et al researched on cigarette level to evaluate second hand smoking in school children and found higher concentrations to cigarette compared to children in neighbouring countries and also results showing that parent responders underreported about their own smoking habit<sup>[21]</sup>.

The question is what factors that influence these naïve minds to smoke and indulge into it, as it can be prodrome to other kinds of illicit drug usage and alcohol consumption ultimately seeding to diseases of respiratory tract, cardiovascular system and enhancing risk of cancers<sup>[22]</sup>. There are multiple factors that can lead to childhood smoking. The problems mostly encountered are the peer pressure, family member is a smoker, parents marital status, school location and type, symbol of maturity, academic performance, type of school, through movies and media. One study found that teens that watch smoking in movies were 2.6 times more likely to start smoking themselves as compared to teens who watched the least amount of smoking in movies<sup>[23,24]</sup>.

Most children who become smokers follow the example of their parents and older siblings. Study by Shamsuddin et al, showed family factors especially the father's smoking habit can have great influence on the offspring current smoking habit and cigarette smoking prevention programs among secondary school adolescents should also consider the negative role models surrounding them<sup>[25]</sup>. Peer pressure at school and at the workplace is also a significant factor. However it can be noted generally that these days, groups of school children and also employees taking smoking "breaks" in and around their respective environments. Even this can be seen in restaurants, cafes and other public food outlets smokers enjoying their cigarettes despite the sign of "no smoking" or "no smoking zone". From the outlook of the situation seen people safety and health, public-health aspect there is dire need to combat the tobacco usage to build a healthy, prosperous and developed nation. In addition to the human cost of tobacco consumption, according to Malaysian State Youth Council vice-president Tan Yok Cheng(1998) stated that smokers spend about

RM3 billion annually and amount was estimated to reach RM7 billion by the year 2020 <sup>[26]</sup>.

What strategies can be taken at personal level to counter this?

- The best way can be that smoker parents should adopt quit smoking programs to become role model for their children.
- They need to strictly supervise the cigarette packets as their children cannot get access to cigarettes.
- They should be cautious that they do not expose any of the family member with second hand smoking.

At the government level utilizing the tobacco control measures mandated by the world health organization Framework Convention on Tobacco Control (WHO FCTC) known as by its acronym MPOWER that includes:

- *Monitoring tobacco use and preventing and its cessation efforts.*
- *Protecting everyone from second-hand smoke with laws that require smoke-free workplaces and public places*
- *Offering help to every tobacco user to quit*
- *Warning and effectively educating every person about the dangers of tobacco use with strong pictorial health warnings and hard-hitting, sustained media campaigns to educate the public*
- *Enacting and enforcing comprehensive bans on tobacco advertisement, promotion and sponsorships and on the use of misleading terms such as "light" and "low-tar"*
- *Raising the price of tobacco products by increasing tobacco taxes* <sup>[27]</sup>.

Even in Malaysia there is fatwa that smoking and shisha is haram by Islamic development department (JAKIM) [28]. The religious scholars should come to a consensus on this burning issue. In Indonesia there is also fatwa against tobacco consumption by Muhammadiyah group <sup>[29]</sup>. A study on perceptions of adult smokers in Thailand and Malaysia revealed that the religious scholars can have complementary role in combatting the spread of tobacco and even in quitting. At public places there should be condemnation of teenage smoking. There was also popular "TakNakMerokok" campaign according to ITC Malaysian National Report 93% of the smokers were aware of the campaign and 43% of the smokers who quitted felt these campaigns will motivate them keeping them away from smoking again <sup>[30]</sup>.

Another area that can be sought is new and innovative approaches to smoking prevention, the addictive nature of cigarette smoking and the health

advantages of stopping smoking should be given more weightage in current prevention programs among adolescents. Although there is ban on advertisement of tobacco products but the corporate social responsibility activities of such companies should be closely monitored. There is considerable evidence that tobacco advertising and promotion encourage adolescents to smoke and that increasing the price of cigarettes discourages young people from starting to smoke <sup>[32,33]</sup>.

The efforts by national authorities, awareness and information campaigns and advice on the deleterious effects of smoking, following strictly the smoke free restrictions results are there or not are questionable. However, looking at studies results in Malaysia and finding children who have smoked at the age of 6 and finding regular smokers as young as 13 can indicate more growing number of smokers despite studies showing decline. It was estimated in 2012 that national health care costs for tobacco-related morbidities such as chronic obstructive pulmonary disease (COPD), ischemic heart disease (IHD) and lung cancer, can cost to almost 2% of GDP, or nearly 20% of the country's total healthcare budget and such smoking prevalence rates can lead to 25% of all deaths in the population <sup>[34]</sup>.

However, it should be noted the studies on prevalence of smoking among children are mostly cross-sectional only capturing short duration, the overall long-term effects are more deleterious and the addiction becomes more demanding and uncontrollable, a ground for multiple life threatening diseases. Smokers gradually become more anxious, easily stressed, withdrawn, lack the energy to work towards aiming high in life, unable to concentrate for long periods and poor team players as compared to fellow smokers and this will affect the future generation.

Consumption of tobacco products is a public health problem threatening future foundation of the country. The key aspect is also to differentiate between active smoking and passive smoking among these amateurs youngsters. Although passive smoking have deleterious effects nevertheless the dangers of active smoking cannot be overlooked. Further studies have to be done to make sure the decline is continuing and the steps taken are strictly followed because it not only effects on health but also have impact socially, psychologically and with economic burden on country.

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