

Active Smoking in Adolescents of Karachi, Pakistan

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Tobacco represents the single most preventable cause of disease and death in the world today. There were approximately three million deaths annually at the end of the 20th century and it has been estimated that the number of deaths will rise to more than 10 million by 2030.¹ Globally, approximately 47% of males and 12% of females are smokers. In developing countries, 48% of males and 7% of females smoke. Whereas in developed countries, 42% of males and 24% of females smoke.² Kuznar et al. believed that anti-tobacco prevention should be started very early before the age of 10 and continued up to the age of 21. Special attention should be taken at the age of 18 years as this time was found to be especially dangerous for the development of addiction.³ This report highlights the prevalence of smoking and factors associated with smoking among adolescents of Karachi, Pakistan. A cross-sectional study was conducted on randomly selected 875 teenage male students from different schools, colleges and universities of the city. All participants were given informed consent forms (ICF) and 100% of them returned signed ICF. Their responses were anonymized for confidentiality reasons. Data was directly collected from respondents by trained interviewers. All the responses were scored on nominal and ordinal scales.

Over the past three decades, despite increased public knowledge regarding the adverse health effects of smoking, the majority of adolescents still experiment with cigarettes, and 89% of persons aged 30 through 39 years who ever smoked cigarettes on a daily basis reported having smoked their first cigarette by age of 18.⁴ The prevalence rate of smoking was 52.22%. Among various factors attributed towards smoking, the highest score was attributed to the burden of studies by all age groups (29.04%). Smoking is among several risk-taking behaviors associated with depression. 24.07% students reported that during the phase of depression, tobacco consumption was increased by 2-3 cigarettes per day as compared to their routine intake. Tobacco industries conduct very effective promotional campaigns to encourage adolescents to smoke. 41.30% students were facilitated by the media advertisement by different tobacco industries. Once addicted, smokers find it difficult to quit. The majority of respondents (72.86%) were well aware of

the risk factors and consequences of smoking on health and they believed that smoking is neither good for their own health nor for the public around them. Only 25.8% of the respondents wanted to quit smoking and among them, only 12.9% had ever tried to quit smoking. Parents have an influence on whether or not their children will develop smoking habits. 29.75% of students had developed smoking habits as disciple of their fathers. Hence, 55.79% thought that smoking in public places is not a cultured practice. However, a majority of the students continued to smoke on roads, in restaurants, markets and malls. Smoking cessation is associated with clear health benefits and therefore should always be a major healthcare goal. None of the students had ever attended any seminar or educational campaign on smoking cessation.

This study reflects a high prevalence rate in the adolescents of Karachi, Pakistan. Quitting smoking is both physically and psychologically challenging, therefore, it is valuable to monitor the prevalence in the population. Tobacco control and smoking cessation programs should be offered periodically to this population group to reduce the development of 'hard core' smokers.

As Pakistan is among a few countries where tobacco production and consumption is increasing enormously, there is an urgent need for health promotion and anti-tobacco education for combating the epidemic of smoking.⁵

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