



Smoking by students in the student center in Pristina and the damage caused by smoking

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Abstract:

Tobacco is a plant of the genus *Nicotiana* of different types, modified or unmodified genetically, with all its parts. Adolescence is a critical age of change and experiencing, so the influence of social factors in it is very important⁽¹⁾. What is worrying that smoking harms not only the person who consumes, but also a person who is near him. The aim of this research is data collection on the number of students and their family members who smoke and negative impacts caused by smoking on health as well as in their budget.

The research is based on the use of data from the survey consisting of 396 surveyed students. 198 females and 198 males, the total number of members of their families is 1997 people.

Smoking is fastening to persons who consume without thinking at all the consequences that come from smoking jointly with death. This negative phenomenon (smoking) is responsible for the so-called "epidemic" of lung cancer and other diseases associated.

Key words: Smoking, damage caused by smoking, students, families.

Introduction

Tobacco is a plant, a part of the genus *Nicotiana* and of the *Solanaceae* (nightshade) family, geographic origin is South America, while in our countries has reached from Turkey.⁽¹⁾

While burning tobacco releases 4000 materials from nicotine and carbon dioxide up to tars, substances with benzopyrene compound, radioactive cobalt that are among the main causes of lung cancer, especially in men.^(1,2)

One cigarette lifts 5.5 minutes life, but this causes damage to the human body, but is a paucity of those tobacco smokers that this really can not accept, and to suspend the consumption of you, it is because of the psychological addiction to smoking as and due to the form of smoke reflex smokers. One cigarette consists of: paper, filter and

some additional material, Cigars smoke contains 4000 chemicals of which 2000 are poisons^(1,2,3). Smoking causes chronic disease, impaired cardiovascular, cerebrovascular, pulmonary emphysema, as well as various cancers and narrowing of blood vessels, etc⁽⁴⁾. According to Law No. 9636 dated. 06. 11. 2006. "For the protection of health from tobacco products", quitting in work environments, health institutions. In Kosovo was adopted anti-smoking law in local institutions and in March 2013⁽⁵⁾.

Large differences in smoking prevalence exist between countries and in different environments (i.e., urban vs. rural, socioeconomic classes). In the United States almost 43% of children aged from 2 months to 11 years of life live in a home with at least one person who is a smoker (Samet & Yoon, 2001). The prevalence of passive infant smoking was reported to be around 40% also in Europe (Rodgman & Perfetti, 2011)⁽²⁾.

In the United States a number of investigations have attempted to quantify the effects on cardiovascular health in the population of smoking ban policy, for example in New York, a state-wide ban on smoking was found to reduce ETS exposure, incidence of AMIs and strokes, and a decrease in tobacco consumption⁽⁶⁾. Studies examining parental smoking bans in the home have found that in households containing non-smokers only that 85% had a total ban on indoor smoking in place. However 50% of households with children and one or more smokers present did not have a full indoor smoking ban in place⁽⁷⁾. Hence, smoking ban policies in the workplace in isolation will not protect the entire population and should be used in combination with other tobacco control initiatives such as taxation, early intervention schemes, education and advertising. Promotion of indoor smoking bans in the home to protect children is a key policy area which needs research and implementation^(8,9).

The aim of this study

The aim of this study is to collect data on the number of students in dormitories who smoke and members of their families also consume tobacco. Tobacco appearance as negative factor in the human body for the appearance of many diseases.

Material and methods

This is a descriptive study conducted in the Student Center in Prishtina (student dormitories). Research is based on a survey consisting of 12 questions which interviewed 396 students at their center 198 females and 198 males, during the period October 2021 to February 2022.

The data gathered through questionnaires completed by students. Material is taken from the literature, brochures obtained from the National Institute of Public Health, Pharmaceutical Society of Kosovo and the Internet.

Results

In the Student Center statistics show a large percentage of smoking.

Table.1. Presentation of the number of dormitories, the respondents, the number and percentage of those who consume tobacco .

Number of dormitories	The number of respondents	No. of people who smoke	The percentage of smokers
Dormitory No. 1	66	20	13%
Dormitory No. 2	66	12	8%
Dormitory No. 3	66	27	38%
Dormitory No. 4	66	30	46%
Dormitory No. 5	66	10	6.6%
Dormitory No. 6	66	10	6.6%
In Total	396	109	100%

According table shows that have 396 respondents where 109 of them are active smokers. Of these 398 respondents 198 were women and 198 men.

Table. 2. Number and percentage of women and men who consume tobacco

Gender	The number of respondents	No. of people who smoke	The percentage of non smokers
Females	198	44	22%
Males	198	65	33.34%

According to this table clearly seen than anything the 4,5 femera consume tobacco and each of 3 male consumes tobacco.

Table 3. Number and percentage of students who don't smoke

Number of dormitories	The number of respondents	No. of people who smoke	The percentage of non smokers
Dormitory No. 1	66	46	87%
Dormitory No. 2	66	40	85%

Dormitory No. 3	66	30	46%
Dormitory No. 4	66	37	47%
Dormitory No. 5	66	50	91%
Dormitory No.6	66	55	92.4%

This table shows that more smoking was consumed in dormitory no. 4 than in other dormitories, while dormitory 3, dormitory 5 and 6 consumed less tobacco. From all respondents, it turns out that 95% of female students have knowledge about the damage caused by smoking and 5% have less knowledge about the damage caused by this negative factor.

From this research it appears that all the students who consult tobacco spend for a day at least 1.80 €. and maximum 4 €.

Tab.4. The students who consume tobacco

Students	No: 396
Students who smoke	109
Students	No: 396
They smoke from time to time	31
Students	No: 396
I don't smoke	258

Also from this research we come to the conclusion that 27.2% of students smoke regularly, 8% occasionally (sometimes in society), and 64.8% do not smoke at all, although they live in an environment where smoking is used.

All respondents prefer the smoking consumed in the external environment, although smokers do not practice.

Of these 398 student respondents, the overall number of their family members is 1997 persons. Average members per one family is 6.23. Minimum number for one family is 2 persons. The maximum number for a family is 16 persons.

Number of students and their family members who smoke is a total of 408 persons or 22.5%.

Overall members who smoke is 1.5 persons for one family.

The number of families that do not smoke is 127 families out of 398 or 32%. the number of smokers is 271 out of 398 families or 68%.

The number of family members with respiratory diseases is 7%. From the student respondents, it turns out that 5% of their family members who smoke have heart disease and blood vessels.

In the question, do you have family members who have chronic diseases and if they are smoking, 40% of the students answered that they have family members with chronic diseases and of this number, 29% smoke.

To the question of when you started consum, most of the students 20% answered that they started to look older and more mature, 2.5% because of problems and 4.5% because of society. The age of starting smoking was between 14-18 years.

Discussion

According to the WHO report of 2008, only 100 million people died during the 20th century. Currently, about 5.4 million people die each year, and if something is not urgent, then this number will double ⁽¹⁰⁾.

In 2012, about 21% of the world's population aged 15 and over are smokers. Men smoke five times more compared to women respectively 36% and 7%. Smoking among people over the age of 15 according to WHO was higher in the Western Pacific region, with 48% of male smokers while among female smokers is higher in the European Region 19% and 39% males (WHO). Since smoking is a cause of illness and mortality but it is preventable and seeing that the worst age for its onset is adolescents, then it should be targeted with good policies planned for their anti-tobacco integration and raising awareness about the dangers of smoking^(10,11).

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According to an in searching made by non-governmental organizations about 65% of young people aged 20 to 35 years old are tobacco consumers. According to this research we have concluded that in the Student Center, 24% of smoking regularly consume 50% occasionally and 26% are sucking passive (sitting in the area where smoking is consumed)⁽⁶⁾.

While generally taking their families are consumers of tobacco 68.6%. It turns out that the statistics obtained from this research are different from those obtained by the previous research and literature. Smoking is a cause 30% for respiratory diseases, stomach, pancreas, kidney, urinary bladder and uterus of women and 90% of deaths from lung cancer. People who smoke immediately wake up in the morning as the first work they do start coughing and sputum rattle in average quantities. Tobacco can also be deadly for non-smokers. Second-hand smoke exposure has also been implicated in adverse health outcomes, causing 1.2 million deaths annually. Nearly half of all children breathe air polluted by tobacco smoke and 65 000 children die each year due to illnesses related to second-hand smoke. Smoking while pregnant can lead to several life-long health conditions for babies^(12,13).

Nicotine contained in tobacco is highly addictive and tobacco use is a major risk factor for cardiovascular and respiratory diseases, over 20 different types or subtypes of cancer, and many other debilitating health conditions. Every year, more than 8 million people die from tobacco use. Most tobacco-related deaths occur in low- and middle-income countries, which are often targets of intensive tobacco industry interference and marketing⁽¹³⁾.

The people who do not smoke lungs through the ciliary system may self cleaned throughout the day, which smokers can not do when their ciliary system is out of function and the lungs are not able to extract mucus.

An estimated 1.3 billion people worldwide use tobacco products, 80% of whom are in low- and middle-income countries. Tobacco use contributes to poverty by diverting household spending from basic needs, such as food and shelter, to tobacco. This spending behaviour is difficult to curb because tobacco is so addictive. It also causes premature death and disability of productive age adults in households thus leading to reduced household income and increased healthcare costs. In addition to the detrimental impact of tobacco on health, the total economic cost of smoking (from health expenditures and productivity losses together) are estimated to be around US\$ 1.4 trillion per year, equivalent in magnitude to 1.8% of the world's annual gross domestic product (GDP). Almost 40% of this cost occurred in developing countries, highlighting the substantial burden these countries suffer⁽¹²⁾. The National Institute of Public Health of Kosovo (IKSHPK) has registered World No Tobacco Day with the motto "We need food, not tobacco". In 11 May 2023, said that about half a million people in our country consume tobacco regularly and Kosovars spend on an annual basis nearly 400 million euros on tobacco⁽¹³⁾.

Conclusion

From the analyzed data it can be concluded that 68.6% of families is exposed to smoking.

These persons are exposed to a very high risk to gain cardiovascular disease, respiratory cancer of the stomach or lung abscess of many other diseases caused by smoking.

Other than smoking causes damage to those who consume affects the health of those who are close to where the most vulnerable are children.

We must try to prevent smoking, changing the behavior of smokers, changing the views on smoking. Inculcating the belief in smoking as a harmful and dangerous habit, not a necessary one. Penalty of those who smoke in places prohibited by law.

Changing the opinion about not smoking as a forced norm of behavior in society and must strictly enforce the law on smoking and punish people who smoke indoors.

To alert parents to talk more with children about smoking because in our research on the question of where you learned about the harm caused by smoking, everyone had the same answer that after they had started smoking, they learned about education and promotion about smoking at school.

The increased revenues generated by the increase should be allocated to Health and Education for the financing program aimed at the promotion of human capital, which is related to the increase of the Ministry's economic assistance. These programs can be, and not only, initiatives with the aim of being used for care, advocacy to get from leaving the disease, educating the public on health and the harmful effects of their use.

“The greatest success in the fight against smoking is personal behavioural change”

Conflict of Interest

We declare with full responsibility that we have no conflict of interest

Ethics:

We have received permission from the students who have willingly responded to their investigation, they have been informed about the study procedure.

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