

Smoking Habit and the Variant Number Cigarettes Smoked by Communities in Paniai Regency, Papua

Robby Kayame¹, Anwar Mallongi²

¹ Institute Study Sosial dan Pastoral Enarotali Paniai, Papua.

² Department of Environmental Health, Faculty of Public Health Hasanuddin University

Abstract : *The number of smoker in one area was affected by many factors such as environmental or geographic area, culture and communities habituation. This obviously may generate varies rend of smokers number in the area from generation to generation. The objective of this research was to analysis factors that initiate people to smoke and the number of cigarette they smoke every day base of the health centre coverage areas.*

Materials and methods

This research was conducted by applied a cross-sectional study to collect data from the adults communities. All regions in the mountain of Paniai were for sample selection to achieve the optimal representativeness of the sample. This study instruments also were physical examinations and tests, and paper-based questionnaires. In addition, the questionnaires completed by the communities. All collected information were then calculated by researchers.

Results: *the highest percentage of cigarette smoked by communities were in the coverage area of Health Centre was in Bibida, then followed by Bey and Epouto Areas with 148 people, 139 people, and 115 people with 1-3 Packs, respectively. In addition, the lowest percentage of cigarette smoked by communities were in the coverage area of Health Centre was in Bogobaida, then followed by Nawipauwo and Okeitadi Areas with 33 people, 43 people, and 56 people with 1-3 Packs, respectively.*

Conclusion: *The number of smokers in the Paniai region tended to rise from year to tears and the bigger population the higher number of population smoke.*

Keywords: *Smoking habits, number of cigarette and health centre coverage*

I. Introduction

Smoking is not the cause of a disease, but it can trigger a type of disease so it can be said smoking does not cause death directly, but it can encourage the emergence of a type of disease that can lead to death. Various types of diseases can be triggered because of smoking ranging from headache to foot disease. Diseases that can be caused by smoking are like cardiovascular pain, coronary heart

disease and cancer such as lung cancer, oral cancer, esophageal cancer and others (Sitepoe, 2000).

Factors that affect the high risk of lung cancer are the age of smokers, the age of smokers that start smoking and the number of cigarettes smoked in one day. The risk of lung cancer increased 3.62-fold with an increase in the age of smokers by 10 years. The risk of developing lung cancer increased 2.82-fold with an increase in the number of cigarettes smoked in a day. The risk of lung cancer decreased 0.332-fold with an increase in age as much as 10 years smokers started smoking (Situmeang, 2001).

Approximately 85% of patients with chronic and obstructive lung disease such as bronchitis and emphysema are smokers. Symptoms caused in lung disease and obstructive form of chronic cough, phlegm and respiratory disorders. If the lung function test is conducted then the smoker, the lung function is much worse than nonsmokers (Sitepoe, 2000). Cigarettes are a major chronic obstructive lung risk factor. Cigarette smoke may interfere with respiratory activity and result in hypertrophy of the mucous glands. The mechanism of lung damage from smoking through two stages of inflammation is accompanied by damage to the extracellular matrix and inhibits the process of repairing the extracellular matrix. The mechanism of lung damage from cigarettes is through free radicals released by cigarette smoke (Muhammad Amin, 1996).

In Taiwan, approximately 45% of junior high and 47% of senior high school students are exposed to SHS at home, with half of them exposed to SHS at home on a daily basis (Chen et al., 2010). Smokers who use pipes, cigars, and some European cigarettes, smoke a basic cigarette with a pH of 8.5, and the nicotine contained in the cigarette smoke is not in the form of ions that can be directly absorbed well through the mouth.

II. MATERIALS AND METHODS

The data used for the following analyses were derived from the Paniai Population Interview and

From health centre. This study applied a cross-sectional study. The aim of this interview and examination survey was to collect comprehensive data on the health status of all adolescents Paniai Communities. At the location, we collected volunteer population 1988 adolescents. In addition this study instruments also were physical examinations and tests, and paper-based questionnaires. Questioning took place using a questionnaire filled in by only adults. Every participant gave informed written consent before enrolment in the survey. The study protocol, including details of the sampling procedure, the execution and procedure of the study, data management, quality assurance.

III. RESULTS AND DISCUSSION

This research explored parents' gender, education level, and occupation types as sociodemographic predictors of parents' evaluation of the consequences of parental smoking. This study also shows that parents' gender, education level, and annual family income are sociodemographic predictors of their perceptions toward parental smoking in the presence of children. Fathers with a higher education level expressed more perceptions opposed to parental smoking, and more agreement with the adverse consequences of exposing children to parental

On this results, we only elaborate the number of cigarette smoked by respondents base on their living address that will correlate to the health centre where they visit once get sick. The data was presented in the table 1.

Table 1. Number of Cigarette smoked by respondents base on health centre coverage work area

No	Health Centre	1 - 3 Packs	4 - 8 Packs	Percentage 1 - 3 Packs	Percentage 4 - 8 Packs
1	Bavabiru	123	2	201	12301
2	Bibida	148	4	401	14801
3	Bogobaida	33	4	401	3301
4	Dey	139	3	301	13901
5	Deyatei	64	3	301	6401
6	Enarotali	60	2	201	6001
7	Epouto	115	1	101	11501
8	Kebo I	71		1	0
9	Kebo II	89		1	0
10	Komopa	100	44	4401	10001
11	Muyetadi	100		1	0
12	Nawipauwo	43	1	101	4301
13	Obaipugaida	86	12	1201	8601
14	Obano	74	2	201	7401
15	Okeitadi	56	1	101	5601
16	Panibagata	84		1	0
17	Pasir Putih	85		1	0
18	Pugo	68	2	201	6801
19	Siriwo	95		1	0
20	Uwebutu	89		1	0
21	Wegeuto	93		1	0
22	Yabomaida	105		1	0
23	Youtadi	78	11	1101	7801
24	Total	1998	92	9201	199801

Table 1 shows that the highest percentage of cigarette smoked by communities were in the coverage area of Health Centre was in Bibida, then followed by Bey and Epouto Areas with 148 people , 139 people, and 115 people with 1-3 Packs, respectively. .

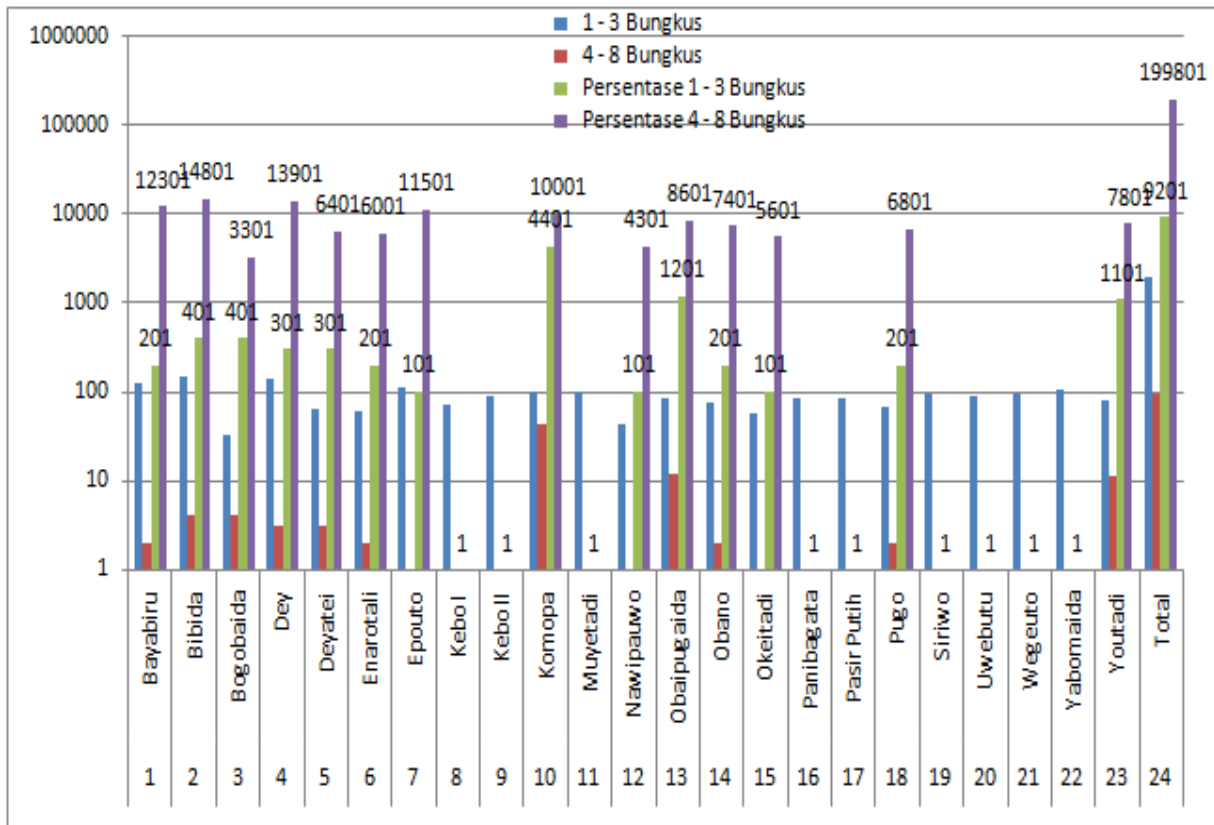


Figure Number of Cigarette smoked by respondents base on health centre coverage work area

Figure 1 describes that the lowest percentage of cigarette smoked by communities were in the coverage area of Health Centre was in Bogobaida, then followed by Nawipauwo and Okeitadi Areas with 33 people, 43 people, and 56 people with 1-3 Packs, respectively.

Parents' attitudes toward children's exposure to SHS and awareness of its risks are associated with children's exposure to SHS (Green, 2003). However, some adults allow children to be exposed to household smoking, even when they are aware of its harmful effects. Smoking tobacco will cause health problems, at least there are three things namely, the onset of lung disease, the onset of cancer, and the incidence of cardiovascular disease (Rahmatullah, 2009). Smoking is also one of the risk factors that trigger the onset of hypertension (Yogiantoro, 2009).

Carlsson *et al.* [16] identified that parents' education level and smoking status are related to their

attitudes toward, and risk awareness of, parental smoking. The predictors of education level, occupational field, or annual family income may reflect a group of blue-collar workers who work harder to earn money and make a living. Previous studies Phipps have shown that the social/cultural context often results in the failure of parents to prevent SHS at home. To prevent parental smoking in the presence of children, health educators should consider interventions aimed at

increasing the awareness of nonsmokers, especially children, and their need for a smoke-free environment and reforming social customs related to smoking.

IV. Conclusion

The number of smokers in the Paniai region tended to rise from year to tears and the bigger population the higher number of population smoke.

Acknowledgement:

Author highly appreciate and say thanks to the Head Regency of Paniai who has been giving support in this study and also the head of Health Department on Paniai City.

Conflict of interest:

Author declare that there is no conflict of interest on this research and publication

Source of Funding :

This research was financed by authors

Ethical Clearance :

The Ethical clearance was taken from the Faculty of
Public Health Ethic Committee

REFERENCES

- [1]. Amin Muhammad, 1996. Penyakit Paru Obstruksi Menahun Polusi Udara, Rokok dan Alfa -1-Antitripsin. Penerbit Airlangga University Press.
- [2]. Chen, Y.H.; Chen, P.L.; Huang, W.G.; Chiou, H.Y.; Hsu, C.Y.; Chao, K.Y. Association between social climate for smoking and youth smoking behaviors in taiwan: An ecological study. *Int. J. Nurs. Stud.* **2010**, *47*, 1253–1261.
- [3]. Carlsson, N.; Johansson, A.; Hermansson, G.; Andersson-Gare, B. Parents' attitudes to smoking and passive smoking and their experience of the tobacco preventive work in child health care. *J. Child Health Care* **2011**, *15*, 272–286.
- [4]. Green, E.; Courage, C.; Rushton, L. Reducing domestic exposure to environmental tobacco smoke: A review of attitudes and behaviours. *J. R. Soc. Promot. Health* **2003**, *123*, 46–51.
- [5]. Phillips, R.; Amos, A.; Ritchie, D.; Cunningham-Burley, S.; Martin, C. Smoking in the home after the smoke-free legislation in scotland: Qualitative study. *BMJ* **2007**, *335*, 553, doi: <http://dx.doi.org/10.1136/bmj.39301.497593.55>.
- [6]. Rahmatullah, P., 2009. Pneumonitis dan Penyakit Paru Lingkungan. In: Sudoyo, A.W., et al eds. *Buku Ajar Ilmu Penyakit Dalam 5th ed. Jilid III*. Jakarta: Interna Publishing, 227996
- [7]. Yogiantoro, M., 2009. Hipertensi Esensial. In: Sudoyo, A.W., et al eds. *Buku Ajar Ilmu Penyakit Dalam 5th ed. Jilid II*. Jakarta: Interna Publishing, 1079-85
- [8]. Sitepoe, M. (2000). *Kekhususan Rokok Indonesia*. Jakarta : PT Grasindo.
- [9]. Situmeang SBT, Jusuf A, Arief N, dkk, 2002. Hubungan Merokok Kretek Dengan Kanker Paru, *Jurnal Respirologi Indonesia. Official Journal of the Indonesian Association of Pulmonologists*, vol.22, no.3, pp. 109- 117
- [10]. Taufik, Mohamad. *Berbagai Aliran Sekitar Hakekat Pengetahuan Dan Sumber-Sumber Pengetahuan*. Bogor: IPB Bogor Manajemen Dan Bisnis. 2010