

Teză de doctorat

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TRACKING SMOKING IN INSTITUTIONALISED CHILDREN AND STAFF OF THE CHILD PROTECTION SYSTEM

Abstract

Worldwide, smoking is considered to be the most important preventable death-causing risk factor. According to data released by the World Health Organisation, smoking causes almost six million deaths per year, and this number is anticipated to rise. Childhood and adolescence are a high risk period when it comes to experimenting with smoking.

Our study aims to assess the smoking-related habits of children and teenagers institutionalised in family or residential-type homes, as well as those of the staff employed in the child protection system. After studying the specialised literature approaching identical topics, we realised that our research is a unique study in Romania, where no such research assessing the smoking phenomenon currently exists. At the same time, few research studies aimed at this vulnerable group exist abroad.

The general part of the doctoral thesis consists of presenting the current stage of knowledge; data on the history of smoking are presented, as well as general considerations on smoking, the status of smoker, diagnosis criteria for nicotine abstinence and addiction, followed by data on the epidemiology of smoking, methods of use and a description of the composition of tobacco smoke. The thesis approaches exposure to environmental smoke, third hand smoke, as well as the toxic effects of smoking on the respiratory, cardiovascular, digestive, endocrine, dermatological systems, neoplasia of various localisations, as well as methods and ways to prevent smoking.

The second part of the doctoral thesis consists of the personal contribution, where two studies are presented. The sample consists of a total of 1805 subjects, children as well as staff of 153 homes providing residential services or complex services, in the child protection system.

Placing a child in a residential-type protection service is a form of special protection, granted to children who temporarily or permanently lack parental care and who are at risk. These services ensure fostering for a period longer than 24 hours and can be: family type homes, foster homes, service complexes and public or private maternal centres.

The first study, entitled *Assessing smoking habits in children institutionalised in family or residential type foster homes in the child protection system of five Transylvanian counties*, aims to assess smoking habits and the children's knowledge of the detrimental effects of smoking, to establish the prevalence of smokers, describe behaviours and attitudes towards smoking, as well as establish the extent of active and passive smoking in the children institutionalised in family or residential type homes in the child protection system of Harghita, Mureş, Covasna, Sibiu and Alba counties.

The final sample consisted of 1112 children, who volunteered to fill in an anonymous questionnaire in the five counties. The children were aged between 8 and 19, with the average age being 15 (SD=3.17). 536 (49.2%) declared they had tried smoking, even just one or two puffs, up to the present moment. Analysing the age they had smoked a whole cigarette for the first time, a third of the children first experimented with smoking at the age of 11-14, but the number of children who tried smoking at younger ages (8-10) is also very high (25%). In the 15-18 age group (18.2%), a decrease in attempts can be noted, while this number drops abruptly at age 18 (1.8%), which means that they are already smokers at this age. In the young age

group (8-10), the number of boys who try smoking is significantly higher. A very large proportion of children (82.47%) smoked their first cigarette with their friends. Over half of the children began smoking after they were placed in a foster home. Smoking is forbidden by the rules and regulations of the homes, but still, 63.6% of the children have seen somebody smoking in the house.

Analysing the children's knowledge of the dangers of smoking and the ways to avoid them, 163 of the subjects (15.1%) claimed they had never received information related to smoking. Knowing the detrimental effect of smoking on lifespan has a strong protecting effect (OR = 0.082, 95% CI 0.014-0.490, $p=0.006$) against the decision to ever attempt smoking. Numerous children smoke a few cigarettes in order to experiment, then stop. However, unfortunately, numerous others continue and become daily smokers. The children's attitude and behaviour towards smoking was significantly influenced by the caregiver (OR=3.8950, 95%CI 2.8626-5.2998, $P < 0.0001$), or foster parent (OR=1.9518, 95%CI 1.3576-2.8061, $P = 0.0003$). A smoking father can have a negative influence especially on children aged between 13 and 18 (OR: 1.12, IC95%: 1.137-2.143, $P=0.006$). An even stronger influence on younger children, aged between 8 and 12, comes from friends who smoke (OR: 4.51, IC95%: 3.42-5.94, $P=0.0001$).

Anti-tobacco education must begin in primary school, in order to prevent lighting the first cigarette as efficiently as possible. A structured analysis of smoking-related events and its damaging effects, as well as more comprehensive studies in the field are needed. Applying prevention measures, even if applied regionally, contributes to assessing smoking habits and reaching specific decisions in the field.

The second study, entitled *Assessing smoking habits in the staff of family or residential-type homes in the child protection system of five Transylvanian counties*, consists of assessing the employees with regard to their habits, behaviours and attitudes to smoking, establishing the prevalence of smokers in family or residential type homes in the child protection system of Harghita, Mureş, Covasna, Sibiu and Alba counties.

The final sample consisted of 674 employees, the majority, 524 (77.7%) being female, while 150 (22.3%) were male. 436 (67.6%) of employees claimed they did not smoke at the time, 140 (21.7%) smoked every day, and 54 (8.4%) smoked occasionally. 334 (49.6%) of the employees in the five counties claimed they had never participated, 81 (12%) do not remember or do not know, and 246 (36.5%) claimed they had participated in a training and awareness programme related to smoking and its ill effects. Of the total sample, 358 (53.1%) claimed to be interested to be officially trained or take part in a course taught by a specialist. With regard to giving up smoking, an individual has the opportunity to do so only due to his or her own will (OR 6.711, 95% CI 2.95-15.26, $P=0.0001$). Giving up smoking is not influenced by the number of cigarettes or the attitude of friends or workmates.

A structured analysis of smoking-related events and its detrimental consequences, as well as more extensive studies in the field are needed.

Applying preventative measures, even regionally, contributes to assessing smoking habits and reaching specific decisions in the field.