Summary & Conclusion

SUMMARY AND CONCLUSION

The present work was done by examination 600 children; their ages ranged from I - 3 years old. Out of those children, 500 were of smoked fathers while the rest (I00 children) were of non smokered fathers. The latter children were exploited as a control group.

The work was done also to detect and determine nicotine as well as nicotine metabolite(cotinine)inu urine of random sample of children of smoking parents . The proper aim of the investigation was to study the efficacy of fathers smoking on the incidence of respiratory illness in their children as a result of passive smoking. The study was done during the period from October, I987 to April, I988 at Benha, Kaliobia Governorate.

The following results showed statistical significance in relation to passive smoking:

I. The incidence of respiratory tract troubles was 65.8 % in children of smokers fathers and 35 % in children of non smokers ones.

2. Incidence of upper respiratory tract troubles was 49.8 % in children of smokers fathers and was 30 % in children of non smokers fathers.

3. Incidence of lower respiratory tract troubles was 8.8 % of smokers fathers and 4 % in children of non smokers ones.

4. Incidence of wheezing chest was 7.2 % in children of smokers fathers and 1 % in those of non smokers fathers.

5. Respiratory tract troubles in standard housing represented by 7.8 % among children of smokers fathers and 2 % in those children of non smokers fathers.

6. Respiratory tract troubles in substandard housing were 58 % in children of smokers fathers and 33 % in children of non smokers ones.

7. Wheezing chest in standard housing was represented by 1.52 % in children of smokers fathers and reached 0.0 % among those of non smokers ones.

8. Wheezing chest in substandard housing was 9.43 % in children of smokers fathers while was 2.85 % in

those children of non smokers ones.

9. As regard growth and development only height which has statistically significant difference between 2 groups.
10. Increased incidence of respiratory tract troubles in the first 2 years of life; first year was 50.45 % and second year was 31.01 %. The third year was 18.54 %.

Statistically, the following results showed non significance in relation to passive smoking:

1. Upper respiratory tract troubles in standard and sub-standard housing.
2. Lower respiratory tract troubles in standard and sub-standard housing.
3. Differences between the effects of cigarettes, goza and the mixed type.
4. Weight and head circumference of children.
5. Development of children.

In order to confirm the results of study, urine samples of random sample of children of smokers fathers were analysed. The results revealed that 60 % of these children had nicotine in their urine and 20 % of

them had cotinine (nicotine metabolite) in their urine samples.

RECOMMENDATIONS

1. Advising the parents for cessation of smoking.
2. Intervention the parents to avoid smoking near their children in order not to imitate them.
3. Urge smokers parents not to smoke in closed spaces in the houses. and not smoke in bed rooms.
4. Urge pregnant women not to smoke during pregnancy to prevent hazards of tobacco on their feti.
5. Design of cigarettes should be changed to decrease the risk of passive smoking on the health.
6. Advertising in all media for all tobacco products and their hazourds on smokers and non smokers.
7 Sterngthen the health warnings that appear on cigarette packages; such measages should specifically warn of hazards of involuntary smoking.
8. Increase the tax on all tobacco products and increase in their prices.
9. Prevention by the law of tobacco smoking in crowded places as conferences, schools, cinema and among travellers.
10. By virtue, physcians should never smoke; when not

possible near their patients, clinics and in hospitals.