

SUMMARY AND CONCLUSIONS

285 School children were included as subjects of this work: 129 of them were females.

156 of them were males.

All of them were between 6-12 years old, they were selected from Benha and Cairo Schools and from Abou El-Reech and El-Abbasia Hospitals to study the effects of passive smoking on pulmonary function tests for demonstrated in that children who are exposed to parents who smoke carry an increased burden of respiratory illness or not.

The standardized respiratory questionnaire were handed with mini Wright Peak flow meter for measurement of peak flow rate which was standardized for height , age and sex for the subsequent analysis.

The following items were found to be statistically significant:

- 1) Age distribution as there is incident deviation of chosen older children because of inadequate data in young age.

- 2) Passive exposure of smoking increases the rates of respiratory illness so respiratory symptoms and illness were more significant in group A than in group B where in group A: cough 86.6% , expectoration 80% and eye irritation 80% were more than chest wheeze 33.3% and shortness of breath 60% and in group B: cough 25.43%, eye irritation 28.07% chest wheeze (zero) and dyspnea 5.26% respectively.
- 3) Tobacco smoke exaggerate attacks of Asthma in group A than in group B where in group A was 26.6% and in group B was = 0.877%.
- 4) Children living in household where parents smoked (father) had lower PEFr than children who lived in household where smoking did not occur.

On the other hand many results were found to be statistically insignificant these were:-

- 1) Type of smoking wheather cigarette Goza, or Pife,
- 2) Smoking status of the mother.
- 3) Heaviness of smoking habit whether mild-moderate or heavy grades between group A and group B. (Table 3)

The following recommendation need to be considered in the future comprehensive smoking control programs:

- 1) A big number of children should be studied to detect the effect of socioeconomic status of the smoking parents on the children.
- 2) Intervention should be aimed at parents for cessation and non-smoking near their child in order not to imitate them.
- 3) Changes in cigarette design aimed at reducing the health risk of passive smoking.
- 4) A national programme should be held to prohibit and discourage the habit of smoking in order to avoid all hazards of asche and passive smoking on health and life.

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