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The Relationship between Health and Passive Smoking in India

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Abstract: Research in the field of health have become a dynamic study area over the past few decades and is likely to become even more so as the importance of it is rapidly gaining momentum. Therefore, understanding the health will be viewed as increasingly important.

Passive Smoking is one issues that has affected the world in a very destructive manner. This article aims at examining the relationship between Passive Smoking and health in India.

Keywords: Health, Passive Smoking, India

I. HEALTH

India is a pluralistic, multi-lingual and multi-ethnic country which accounts one-6th of the total populace possessing under 3% of the world's territory. The number of health care systems in India has increased from the past years. The allocation to India's Health budget has seen a rise to 69,000 crores (in Rupees) but that still seems insufficient. Facilities have also improved. More primary health centers have been opened in the rural areas as well. In the urban areas the hospitals have also increased with many advanced facilities. Life expectancy in India stands at 69 years on an average since birth. Current health expenditure contributes 3.6% to India GDP(as per the data of WHO 2019). India has 20.6 health workers per 10,000 people that is below the minimum threshold of 22.8%. Deaths due to cardiovascular diseases rose from 13 lakh in 1990 to 28 lakh in 2016. The number of prevalent cases of cardiovascular diseases has increased from 2.57 crore in 1990 to 5.45 crore in 2016. More than half of the total cardiovascular disease deaths in India in 2016 were in people younger than 70 years. Over 6 million deaths are a result of direct consumption, whereas 890 000 are the result of passive smoking.

II. PASSIVE SMOKING

Tobacco smoking is a major risk factor for a number of chronic diseases, including a variety of cancers, lung disease and damage to the cardiovascular system, deficits in memory and attention. The World Health Organisation recently calculated that there were 6 million smoking-attributable deaths per year and that this number is due to rise to about eight million per year by the end of 2030. One area of growing concern is the health and neuro-cognitive consequences of exposure to secondhand smoke or "passive smoking" (where a non-smoker inhales another person's smoke, mainly in the form of side-stream smoke). Passive smoking is the unintentional inhalation of smoke in the air or contact with its chemical constituents emerging from the burning end of a cigarette, bidi or any other means, and also the smoke breathed out by smokers. There have been a rise in cases where non-smokers face diseases similar to smokers and the reason comes out to be exposure to passive smoking. Today, 30.2% adults in India are exposed to passive smoking at their workplaces.

III. LITERATURE REVIEW

In 2018 Garima Bhatt, Sonu Goel, Suman Mor, Rakesh Gupta published an article; Second-hand smoke (SHS) has enormous adverse health impacts with grave health implications for the next generation. Section 4 of Indian legislation, Cigarettes and Other Tobacco Products Act, prohibits smoking at public places, thus protecting people from SHS. The objective of present study was to assess the exposure to SHS at home and working areas in Punjab, India. At home, the odds of exposure to SHS exposure was higher (odds ratio [OR] = 2.2, 95% confidence interval [CI] = 0.6–7.3) in urban area, females, low educational status, and nongovernment employee as compared to their counterparts. At workplace, (OR = 3.9 and 95% CI = 1.11–14.3).

In 2018 Indranil Saha, Bobby Paul published an article; India has launched war against tobacco epidemic for the past few decades but with partial success; hence, challenges are still there which need to be identified and addressed for winning the battle. Targeted approach directed at motivating smoking cessation of female smokers, frequent changing of pictorial warnings depicting variety of health consequences in cigarette packets and devoid of logos and colours in conjunction with plain packaging, and display of toll-free number for quitting are expected to dissuade tobacco consumers to quit and save themselves from the devastating health, social,

environmental, and economic consequences of tobacco consumption. Online reporting system for violating legal enforcements can also be implemented easily.

In 2012, Sharmila Pimple, Awadesh Mishra, Surendra S Shastri; This is a review paper comprehensively encompassing the different aspects of tobacco control with particular reference to the Indian scenario. The information on prevalent tobacco habits in India, health hazards and environmental hazards due to tobacco use, passive smoking and its impact, economics of tobacco, legislation to control tobacco in India, the tobacco cessation services and the way ahead for effective tobacco control are discussed. Tobacco is a leading preventable cause of death, killing nearly six million people worldwide each year. Reversing this entirely preventable manmade epidemic should be our top priority. This global tobacco epidemic kills more people than tuberculosis, HIV/AIDS and malaria combined. Understanding the tobacco problem in India, focusing more efforts on what works and investigating the impact of sociocultural diversity and cost-effectiveness of various modalities of tobacco control should be our priority.

In 2011, Rana J Singh, Pranay G Lal published an article; Exposure to secondhand smoke (SHS) causes an estimated 5% of the global burden of disease, slightly higher than the burden from direct use of tobacco. This review highlights the urgent need to address this ignored public health issue by presenting the evidence and impact of SHS on those exposed using global studies including those from the South-East Asia Region. SHS exposure affects those most vulnerable, especially women and children. While several countries in the region have enacted legislation which offer protection to those exposed to SHS, most measures are partial and inadequate. Governments must ensure that legislation mandates comprehensive smoke-free environments in order to provide public health benefit which offers universal protection to everyone and everywhere.

In 2002 D Gupta ,AN Aggarwal, SK Jindal published an article; There are only a few studies done on pulmonary effects of passive smoking from India, which are summarised in this paper. Several vernacular tobacco products are used in India, bidis (beedis) being the commonest form of these. Bidis contain a higher concentration of nicotine and other tobacco alkaloids compared to the standard cigarettes (e.g., the sum of total nicotine and minor tobacco alkaloids was 37.5 mg in bidi compared to 14-16 mg in Indian or American cigarettes in one study). A large study performed on 9090 adolescent school children demonstrated environmental tobacco smoke (ETS) exposure to be associated with an increased risk of asthma. Passive smoking leads to subtle changes in airflow mechanics

This research clearly proved there is a direct relationship between passive smoking and Health crisis of students.

IV. OBSERVATION

On completing an extensive secondary research and literature review, the following conclusions can be made.

- A. There is a direct relationship between Passive Smoking and Health crisis.
- B. Passive Smoking has affected the health.
- C. There has been rise in the population of smokers.

V. RESEARCH GAP

Research has been conducted extensively on the relationship between Passive Smoking and Health crisis. This research shows how passive smoking affects health crisis.

VI. CONCEPTUAL MODEL



This Conceptual Model shows that passive smoking and pollution can cause major health crisis, if not intervened by some reforms.



VII. CONCLUSION

On doing an extensive Secondary Research and Literature Review about the relationship between Passive Smoking and Health crisis, it has been concluded that primary research on 300 passive smokers conducted as a next step in order to test the correlation between passive smoking and health crisis.

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