

Tobacco Consumption in Adolescents From the Medical Sciences in Cuba

Jesús Cuéllar Álvarez^{1*}, Yolaine Cazales García²

¹Department of Ceasing Tobacco, Policlinic José Ramón León Acosta, Santa Clara, Cuba; ²Department of Psychology, Policlinic José Ramón León Acosta, Santa Clara, Cuba

ABSTRACT

Background: The analysis in adolescent's smokers as prevention from the medical sciences is one of the lines of the work team in the consultation of ceasing tobacco.

Objective: To analyze the tobacco consumption in adolescents from the medical sciences in Cuba. The investigation embraced one period from October 2018 to September 2019.

Materials and methods: It was carried out in a study descriptive, retrospective, for sampling intentional non probabilistic and with an universe composed by 18 old adolescents of the Policlinic José Ramón León Acosta. It gathers the data carried out through the empiric method as the clinical histories, interviews structured, and the questionnaire and for the analysis of the data the statistical calculation was used.

Results: The group's overall health was superior because they had the information to change their lifestyles, which allowed them to grow with the minimal restrictions possible.

Conclusion: The difficulties are focused in the systematic development of psychosocial and to prevent risk factors in adolescents with addiction.

Keywords: Adolescence; Addiction; Model function; Tobacco

INTRODUCTION

Adolescence is a time of transitional physical and psychological transformation that typically occurs between puberty and adulthood. Although adolescence is normally considered to occur during the teenage years, it's physical, psychological, or cultural aspects may start earlier and last longer.

The adolescent-like stage of human development has drawn the attention of social scientists and international organizations that have worked to identify its boundaries and the traits that characterize this phase [1].

Adolescent space is critical in the personality formation process, allowing them to self-teach with a clearer vision of the harmful effects that tobacco causes and to prevent its consequences with the help of health professionals but with a model function.

They understand each other's attitudes that have a positive or negative impact on the health behaviors of the population for model and function [2].

Tobacco is defined as a dysfunction caused by nicotine, a substance capable of producing dependence. It is regarded as a true drug that has spread throughout the entire world. It has a global prevalence of 47% in the male adult population, compared to only 12% in the female population, and in recent years, a more rapid onset of the habit has been observed, particularly at the start of adolescence [3].

Experts define smoking addiction as a group of individual decisions that affect the health and envelope over which you may have some control and that also have an effect on the health and behavior of those who cohabit [4].

Correspondence to: Jesús Cuéllar Álvarez, Department of Ceasing Tobacco, Policlinic José Ramón León Acosta, Santa Clara, Cuba, E-mail: jescuellaralvarez66@gmail.com

Received: 10-Jan-2023; Manuscript No. PTCR-23-21374; **Editor assigned:** 12-Jan-2023; Pre QC. No. PTCR-23-21374 (PQ); **Reviewed:** 26-Jan-2023; QC. No. PTCR-23-21374; **Revised:** 02-Feb-2023; Manuscript No. PTCR-23-21374 (R); **Published:** 9-Feb-2023, DOI: 10.35841/2161-0665.23.13.485.

Citation: Álvarez JC, García YC (2023) Tobacco Consumption in Adolescents From the Medical Sciences in Cuba. *Pediatr Ther.* 13:485.

Copyright: © 2023 Álvarez JC, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Almost 80% of the world's more than 1,000 million smokers live in low-income countries, where the mobility load and mortality associated with tobacco are higher [5].

In terms of tobacco prevalence, Cuba currently ranks fifth in Latin America and the Caribbean, with Chile and the Republic of the Dominican Republic having the highest rates on our continent [6].

The phenomenon that exists around this real problem has conditioned the position of the following scientific problem in the present investigation: How do medical scientists in Cuba analyses tobacco consumption in adolescents?

General objective: To analyze the tobacco consumption of adolescents in Cuba from the medical sciences perspective.

MATERIALS AND METHODS

A descriptive-retrospective study was conducted in adolescents patients attending a community health area affiliated with the "José Ramón León Acosta" policlinic of Santa Clara municipality from October 2021 to September 2022, with the goal of analyzing tobacco consumption in adolescents from the medical sciences in Cuba. The sample was chosen using a simple random sampling probabilistic technique, and participants were given prior informed consent to participate in the study.

It was a study object, a universe of 18 adolescents, and in those, the level of knowledge on tobacco in adolescents was identified from a before and after perspective with tobacco risks, compared to those for whom previously informed consent was requested.

Theoretical method

- **Synthetic-analytical:** It made possible the interpretation of each of the studied texts to confirm the criteria assumed in the epigraphs and paragraphs, as well as to particularize the data obtained in the surveys to integrate them and establish the corresponding generalizations.
- **Inductive-deductive:** It facilitated going from the particular to the general in each of the analyses carried out in the theoretical study and in the processing of the obtained information.
- **Generalization:** It allowed the establishment of the regularities that were revealed in the study carried out.

Empiric method

- **Open interview:** The open interview helped to determine the level of knowledge in the adolescents' patients.
- **Individual clinical histories:** It made possible to provide information on various personal aspects.
- **Questionnaire:** Aided in the identification of information on various personal aspects.
- The selection was based on the following approaches.

Inclusion approaches

- All the adolescents with risks in the area of health that possess favourable psychic conditions can respond to the questions.
- That they lived in the area of their preferred health.

Exclusion approaches

- Adolescents who leave their home during the course of the study.

Exit approaches

- Adolescents that abandon the investigation voluntarily.

It was used with the following variables, starting from the obtained data: Age and sex of the tobacco users and the levels of tobacco consumption in adolescents from before.

Authorization was requested by the adolescents belonging to the educational policlinic "José Ramón León Acosta" for the realization of the study. The significance of the investigation was explained to them. The data were used for investigative purposes by the health specialists, in accordance with the principle of confidentiality.

Collection of the information

To begin the investigation's development, a bibliographical review of the topic was performed, followed by a meticulous analysis of the most excellent aspects on both the Cuban and international levels. It was used as a technical tool, along with a documental revision that included individual clinical histories, and a questionnaire, with the goal of obtaining information about adolescents' tobacco consumption.

Statistical prosecution

The information was saved in a data file in SPSS version 21.0 and is presented in a statistical table; for the description, the arithmetic mean, standard deviation, absolute frequencies, and percent's were calculated. In the analysis, non-parametric tests such as Squared Chi were used for adjustment, kindness, and independence of factors. One experimented with 5% significance levels.

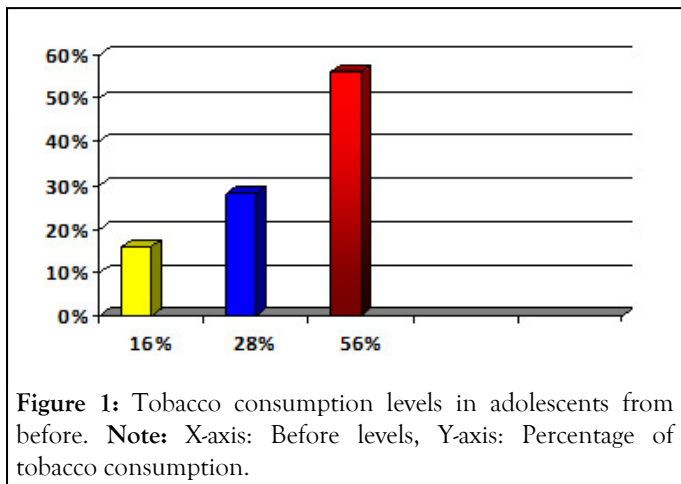
RESULTS

Table 1 shows the ages of the patients who are 12 years or older, with 14 male adolescents (77.7%) and four female adolescents (22.2%). In the analysis of all adolescent patients, the male gender predominated with 14 cases (77.7%), while the female gender represented 4 women (22.2%), with the male gender predominating for the 12-15 year age group (77.7%).

Ages	Female		Male		Total	
	No. of	%	No. of	%	No. of	%
12-15	2	11.1	11	61.1	14	77.7
16-19	2	11.1	3	16.6	4	22.2
Total	4	22.2	14	77.7	18	100

Table 1: Analysis for sex and age.

Before the intervention, the basic consumption rates for tobacco addiction were not high (56%), which translated into possible changes in lifestyles (Figure 1).



DISCUSSION

The findings of this study were related because, according to global and national trends, addiction is more prevalent in childhood. It corresponds with a study conducted by the authors [7] and other investigations beginning with the authors, such as those on tobacco in adolescents in a community in Spain [8], where it was reported that the half-life of starting this habit is located at 13 years of age. Another study in this respect has been offered by another investigator, as they outline that the early beginning of the habit of smoking brings future problems of health and is the entrance door for the consumption of alcohol or other drugs [9].

This investigation was carried out due to the early age at which this addiction appears, where it was noted that the committed ages in the study are from 12 to 15 years, with the predominant sex being masculine, coinciding with the argument that the highest prevalence of tobacco use is among adolescents of the masculine sex [10,11], highlighting the enormous risk that adolescents whose families make it take of smoking and the fateful consequences that bring the habit

According to the National Program of Control of Tobacco of the Ministry of Public Health outlined for [12], differences in the indices of masculine and feminine adolescents' consumption are not marked in Cuba; however, it does not behave equally; it forms a study currently where the masculine sex prevails over the feminine one [13].

In spite of the present behavior patterns in these adolescents and the permissiveness of the habit for some parents and tutors, the way of obtaining the cigarettes through friends or peers, followed by travelling salespersons. This is consistent with the findings of other authors, such as [14,15], though it is important to note that in the study, a group of them obtains it in schools and the practice of this habit is recurring, which may be due to a lack of professors' demands, which facilitate the cigarette to the student in many cases. This belongs with other studies like the one carried out in Argentina [16,17].

On the other hand, other studies reflect the place of the smoking adolescents' more frequent consumption (50.9%) is in friends' houses and parties and 40.4% in their houses [18].

According to authors such as, the influence of parental example on the adoption of attitudes is well known, and it becomes particularly important to surround the adolescents with positive examples that reverberate in tobacco prevention in order to reinforce attitudes that go against the adoption of the habit of smoking, and where the family plays a fundamental role, acting as another risk factor for tobacco consumption in these precocious adolescents [19,20].

In relation to the accessibility of cigarette consumption, it was noted that, despite the prohibition on the sale of cigarettes to those under the age of 18 in Cuba, 61% of the interviewed active smokers obtained cigarettes through state stores or from travelling salespersons, despite the fact that the easiest way to obtain them was by means.

CONCLUSION

The male gender triumphed in the study, where the stadium average of beginning to present tobacco addiction is in adolescents. The magnitude of the population's ageing doesn't have precedents; it is a process without limits in the history of humanity, and the number of grownups increases exponentially in complex and uncertain socioeconomic joints. The development of professional competitions that pay attention to adolescents in order to ensure the quality and excellence of their health will allow them to develop an appropriate lifestyle and avoid becoming a crisis factor for the sanitary structure. The obtained results are significantly positive in terms of the cost of their implementation in the current socioeconomic environment, contributing to the focus on psychologic and social aspects of health and improving this group's lifestyle.

REFERENCES

1. Gilbert Martínez C. Adolescencia y salud. Una mirada contemporánea. Ciudad México: Dirección Técnica de Servicios de Salud. Departamento de Medicina Preventiva. 2014:15.
2. Hurtado, M. Espacio sin humo Editorial José Martí, La Habana. 2016:2.
3. Álvarez Valdés N, Gálvez Cabrera E, Díaz Garrido D. Hábito de fumar en la adolescencia al nivel comunitario. *Rev Cubana Med Gen Integr.* 2007;23(3).
4. Martínez E, Saldarriaga L. Hábito de fumar y estilo de vida en una población urbana. *Rev Fac Nac Salud Pública.* 2011;29(2):163-169.
5. Informe OMS sobre la epidemia mundial de tabaquismo, 2013. 2013.
6. Tabaquismo mata a más de 13 mil cubanos anualmente - Periódico La Demajagua, Diario digital de la provincia de Granma, Cuba Agencia Cubana de Noticias (ACN). 2016.
7. Ariza C, Nebot M, Villalbí JR, Díez E, Tomás Z, Valmayor S. Tendencias en el consumo de tabaco, alcohol y cannabis de los escolares de Barcelona. *Gac Sanit.* 2012;17(3):190.
8. Córdoba R, Villalbí JR, Salvador-Llivina T, López-García Aranda V. El proceso en España de la adopción de una legislación eficaz para la prevención del tabaquismo. *Rev Esp Salud Pública.* 2006;80:631-645.
9. Larmusch SY. Adolescencia y drogadicción. Un enfoque de la prevención escolar en Argentina. 2014.
10. El tabaco y los niños. American academy of child and adolescent psychiatry. 2014.

11. Paterno CA. Coronary Risk Factors in Adolescence: The FRICELA Study. *Rev Esp Cardiol.* 2003;56(5):452-8.
12. Righetti J, Carlos P. Factores de riesgo en la niñez y adolescencia fundamentos de las Recomendaciones FAC'99 en prevención Cardiovascular. 2014.
13. Satcher D. Las mujeres y el fumar. Dirección General de Salud de los Estados Unidos. 2014.
14. Achiong Estupiñán F, Morales Rigau JM, Dueñas Herrera A, Acebo Figueroa F, Bermúdez González CL, Garrote Rodríguez I. Prevalencia y riesgo atribuible al tabaquismo. *Rev Cubana Hig Epidemiol.* 2006;44(1):15.
15. Montero Ramirez G. Hábito de fumar en adolescentes. *Educare* 21. 2005;8(3):15-8.
16. Pinto DD, Ribeiro SA. Variables related to smoking initiation among students in public and private high schools in the city of Belém, Brazil. *J Bras Pneumol.* 2007;33:558-564.
17. Bolzán A, Peleteiro R. Tabaquismo durante la adolescencia temprana: Estudio en escolares argentinos. *J Pediatr.* 2003;79:461-466.
18. Verra F, Zabert G, Ferrante D, Morello P, Virgolini M. Consumo de tabaco en estudiantes de educación secundaria de Argentina. *Rev Panam Salud Publica.* 2009;25:227-233.
19. Díaz RM. La familia como factores de riesgo, protección y resiliencia en la prevención del abuso de drogas en adolescents. Capítulo 5. 2014.
20. González Henríquez L, Berger Vila K. Consumo de tabaco en adolescentes: Factores de riesgo y factores protectores. *Cienc Enfermer.* 2002;8(2):27-35.