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**ADOLESCENT TOBACCO SMOKING AS A SOCIAL, MEDICAL
AND PSYCHOLOGICAL PROBLEM**

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ABSTRACT:

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Smoking is one of the main causes of the occurrence and progression of most chronic diseases and related complications, leading to loss of working capacity, early disability, and death. At the same time, smoking remains one of the most common bad habits that have affected a significant part of the population. The alarming rates of morbidity among modern children and adolescents determine the need for active identification of adverse factors affecting the formation of abnormalities in the health status of the younger generation.

INTRODUCTION. The World Health Organization examines youth health through key indicators, including tobacco smoking, which is one of the main causes of high morbidity and mortality among the adult population. In Russia, 40-45 million people smoke all the time. Among the adult population of the country, 63.2% of men and 9.7% of women smoke. The prevalence of smoking among women, children, adolescents and youth is increasing. The widespread use of tobacco smoking makes this phenomenon a serious medical and social problem [1]. Over the past 10 years, there has been a significant increase in the number of maladapted people among young people, a decrease in the suitability of young men for military service, vocational education, work, and a decrease in reproductive health. The reason for the negative trends is the deterioration of the health status of children and adolescents, which is largely due to the high prevalence of behavioral risk factors. At the initiative of WHO and with the coordination of the Research Institute of Hygiene and Health Protection of Children and Adolescents of the National Research Center of the Russian Academy of Medical Sciences, the Global Youth Tobacco Survey (GYTS) was conducted in 2004 to study tobacco smoking among a representative sample of adolescents aged 13-15 years in 5 regions of Russia. According to the WHO program, 14 112 students of grades 8-10 were examined. It has been established that more than half of the schoolchildren have already tried smoking, and every second of them subsequently became a smoker. The prevalence of regular smoking among boys aged 13-15 is 25.4%, among girls - 20.9%. The highest rates were recorded among teenagers in Khabarovsk (32.4%) and Pskov (28.5%), while lower rates were recorded in Chuvashia (15.1%). On average, one in

three teenagers started smoking before the age of 10. This figure reaches 42.4% among boys and 18.6% among girls. This trend can be traced in all regions.

When comparing the effects of nicotine on an adult and a growing organism, there is a clear determinant of involvement in the pathological process of the autonomic nervous system in children and adolescents with the further formation of persistent changes in them. As a result, the development of an imbalance in the regulatory activity of the heart, coronary and peripheral vessels in adolescence, as well as a violation of the interaction of humoral factors in many effector organs. Nicotine exposure during puberty is the most malignant mechanism in the formation of humoral inconsistencies in the autonomic nervous system, central nervous system, and cardiovascular system. For adolescent girls who smoke, decompensation of the endocrine system and the central nervous system is mainly characteristic of the formation of pathological changes. In this regard, there is a pronounced deficiency of body weight on the part of the endocrine system, which is comparable to a pathological condition for the emerging female body.

Adolescents who smoke have a slowdown in the latent reaction time to light, which is reflected in a decrease in the functional lability of the visual analyzer. Cognitive decline is also evident. The speed of switching attention slows down. Smokers have a lower volume of short-term visual memory. The accuracy and speed of logical operations are reduced, as well as the speed of braking processes. Teenagers who smoke also experience a change in their psycho-emotional state, which is especially pronounced in girls who smoke. First of all, it is worth paying attention to the pronounced extraversion. Another psychological feature is a higher level of neuroticism. Smoking in young people leads to dysfunction of the cardio-respiratory system, the risk of developing chronic obstructive pulmonary diseases and a regular increase in the prevalence of COPD. An integral indicator has been developed - the respiratory gas index, which characterizes the severity of dysfunctions that occur during smoking and associated COPD. It has been established that dysfunctions of the cardio-respiratory system lead to a more frequent development of chronic bronchitis in young people, expand the spectrum and enhance the severity of the main clinical manifestations of these diseases.

The most common reasons for starting regular smoking were: smoking friends, curiosity, more mature appearance, improved mood. The presence of this habit in one or both parents is of no small importance in introducing adolescents to smoking. Parents who smoke are 2 times more likely than non-smokers to start smoking. When analyzing the survey results, it was found that one of the parents has the habit of smoking in the majority of teenagers who smoke regularly. The results of the survey of adolescents show that adolescents are well aware of the health risks of smoking. According to our data, up to 89-92% of the teenagers surveyed answered that smoking is harmful to health and is the cause of many diseases. Although This knowledge turned out to be passive for some teenagers and did not prevent

them from becoming addicted to bad habits, including smoking. 29% of the respondents stated that they had repeatedly tried to get rid of this addiction, but it did not work out, and they continue to smoke. In this regard, it can be concluded that a significant part of smoking adolescents already have an established need for help in quitting smoking. Unsuccessful attempts to quit smoking on their own may be related to tobacco addiction. All this indicates the difficulty of solving the problem of reducing tobacco smoking among adolescents and the need for new approaches to provide affordable assistance to adolescents in quitting smoking.

1. According to the conducted research, 30% of schoolchildren are regular smokers.
2. The number of school students who smoke, both among boys and girls, increases from the age of 14 to the age of 17.
3. Most teenagers start smoking at the age of 14-16 (53%).
4. 73% of schoolchildren who smoke regularly both or one of the parents smoke.
5. The main reasons for starting smoking in Adolescence is characterized by imitation of friends and parents, curiosity and a desire to look more mature.
6. More than 30% of the surveyed schoolchildren have- they have moderate tobacco dependence.

In the current conditions, when the number of adolescent smokers continues to grow and the age of young smokers is decreasing, integrative approaches are needed that combine both preventive and special programs to prevent smoking and provide affordable assistance to adolescents in quitting smoking using age-appropriate methods.

The vast majority of urban teenagers who smoke (74.3% of boys and 72.9% of girls) they smoked for reasons indicative of the emerging dependence on tobacco ("like", "habit", "can't quit"). Most of these boys were in Kaluga (88.0%), and the least in Krasnodar (38.3%). Among girls who smoke, this motif was most common in Krasnoyarsk (84.1%), least of all in Volgograd (50.0%). All other smoking motives ("to calm down", "to feel like an adult", "with friends for company") accounted for approximately 25%. These reasons were mainly used by teenagers who occasionally smoked. One in eight teenagers smoked "For company" (12.7% of boys and 13.1% of girls). The emotional motives of smoking ("to calm down" or "feel more mature") were relevant for 9.0 and 4.0% of boys, 12.2 and 1.9% of girls, respectively. It should be noted that in a number of cities (Krasnodar, Samara, Cheboksary, Izhevsk) the motive of "feeling more mature" was absent among girls.

The range of sources of information about the dangers of smoking in adolescents is very wide and ambiguous: from "personal observations" and "personal experience" to lectures and classes at school. In general, in the surveyed cities, 19.8% of boys and 25.6% of girls learned about the dangers of smoking during lectures and classes at school. The Internet is quite popular among teenagers. 19.6% of boys and 19.8% of girls got information about smoking there. Approximately one in four teenagers (23.9% of boys and 23.8% of girls)

listened to the opinions of relatives and friends. 10.9% of boys and 11.1% of girls used radio and television messages. Only 6.1% of boys and 5.3% of girls read specialized literature. The quality of information, its reliability, and scientific validity depend on the reliability and scientific validity of the information sources themselves. From this point of view, sources of information about the dangers of smoking can be divided into reliable, scientifically based or scientifically verified (lectures and classes at school, radio and television, special literature, newspapers and magazines) and ambiguous, subjective, often random (own observations, personal experience, the Internet, relatives, friends, acquaintances). Summarizing the data on sources of information about the dangers of smoking from this perspective, we have to state that a little more than 40% of adolescents (42.6% of boys and 44.7% of girls) received information from reliable, scientifically based sources. The remaining almost 60% of teenagers (57.4% of boys and 55.3% of girls) come from ambiguous, often subjective and random sources.

The analysis showed that there are no statistically significant differences in the level of awareness of adolescents about the dangers of smoking between the 1st and 2nd groups of cities. According to the information sources, a number of statistically significant differences have been identified. Adolescents of the 2nd group from cities with tobacco smoking prevalence rates "below" the average were more likely to receive knowledge from reliable, scientifically based sources: girls - in school, and boys — from specialized literature and less often — from the Internet (see Table 1). In our opinion, the phenomenon of "identical" indicators of adolescent awareness in the considered groups of cities is due to the following circumstances. Firstly, by the age of 15-17, the level of awareness among adolescents about the dangers of smoking reaches almost its maximum — 90%. Only about 6% of teenagers do not have a clear understanding of the harm of smoking, and another 4% of teenagers deny the harm of smoking. Secondly, by the age of 15-17, the majority of teenagers who smoke, despite the fact that they also consider smoking harmful (73.5%), continue to smoke because they "get into the habit", "get involved and can't quit", i.e. There is an already established persistent habit of smoking tobacco (especially in teenagers who smoke daily), which turns into dependence on nicotine. As practice shows, it is almost impossible to overcome a persistent habit (dependence on nicotine) only by informing about the dangers of smoking. From the above, an important conclusion follows: it is necessary to begin and actively carry out informational anti—smoking preventive work before the formation of a smoking habit - during the period of risk of children and adolescents becoming addicted to tobacco (from 10 to 14 years old inclusive), ahead of the "peak" of exposure. By spreading knowledge about the dangers of smoking in this age range, forming a negative attitude towards smoking, it is possible to reduce the number of "trying" and, consequently, the number of teenagers who continue to smoke. This will potentially reduce the prevalence of tobacco smoking among adolescents.

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