Characteristics of Heavy Smokers in Croatia

Samardžić, Senka; Pristaš, Ivan; Vuletić Mavrinac, Gorka

Source / Izvornik: Collegium antropologicum, 2009, 33 Supplement 1, 61 - 66

Journal article, Published version Rad u časopisu, Objavljena verzija rada (izdavačev PDF)

Permanent link / Trajna poveznica: https://urn.nsk.hr/urn:nbn:hr:142:514575

Rights / Prava: In copyright/Zaštićeno autorskim pravom.

Download date / Datum preuzimanja: 2024-11-26



Repository / Repozitorij:

FFOS-repository - Repository of the Faculty of Humanities and Social Sciences Osijek



Characteristics of Heavy Smokers in Croatia

Senka Samardžić¹, Ivan Pristaš² and Gorka Vuletić Mavrinac³

- ¹ Department of Social Medicine, Institute of Public Health of the Osijek-Baranja County, Osijek, Croatia
- ² Department of Social Medicine, Croatian National Institute of Public Health, Zagreb, Croatia
- 3 »Andrija Štampar« School of Public Health, School of Medicine, University of Zagreb, Zagreb, Croatia

ABSTRACT

The aim of this paper was to investigate the socio-demographic characteristics of heavy smokers in comparison to group the characteristics of light smokers and non-smokers. Data used for this study was collected within the Croatian Adult Health Survey (CAHS). The results show a significant gender differences in the prevalence of heavy smoking, with higher prevalence among men in all age groups. Highest prevalence of heavy smoking was found in people 35 to 64 years of age, irrespective to gender. According to analyzed socio-demographic characteristics men with low education and income who changed place of living have higher prevalence of heavy smoking. Pattern was different in women smokers. Majority of women smokers were light smokers. In women with better than average household economic status there were more smokers than non-smokers, with notable high proportion of heavy smokers in age 18 to 34 years and light smokers in age group 35 to 64. While planning future interventions at the population level, we must consider all of these characteristics and links between them, and engage all segments of society.

Key words: heavy smokers, risk factor, Croatian Adult Health Survey, Croatia

Introduction

Smoking is the leading cause of premature death in Europe which we can efficiently prevent¹. In high-income countries, smoking, alcohol use, overweight and obesity are the most important causes of cancer². In Croatia there are more than one million smokers in the country of only about four million residents³. Diseases associated with smoking kill 10 000 people annually, while smoking induced diseases causes every fifth death³. The frequency of men smokers has declined while the frequency of female smokers has grown in the period between 1970 and 1997^{4,5}. As progress has been made in tobacco control, some recent studies have also reported about the decrease of cigarettes smoked per day over time⁶⁻⁸. In Great Britain a trend of decrease in the prevalence of heavy smokers in the last two decades has been noticed 9. Regarding the differentiation be tween smokers in heaviness of smoking, in literature heavy smokers are usually defined as smokers who smoke more than 20 cigarettes per day6. In Croatia heavy smokers are not well described as a segment of the smoking population. In this paper we will show the socio-demographic characteristics of heavy smokers and compare them to the characteristics of light smokers.

Materials and Methods

In this study the data from Croatia Adult Health Survey (CAHS) were used 10 , which covered a wide range of health-related indices and variables 11,12 . A multistage stratified sample design was used to draw a representative sample of general adult population. The survey targeted persons aged ≥ 18 years living in private households in the Republic of Croatia. The 2001 Croatian Census was used to select a representative sample of households to be included in this survey 13 . In total, 10,766 households were selected to participate in the 2003 CAHS. Response was obtained from 9,070 individuals, which gave the overall response rate of 84.3%. Trained public health nurses in face-to-face interviews administered the questionnaire 11 . Survey results were representative of the regional, sex, and age structure of the Croatian adult

population i.e., three age groups of 18-39, 40-64, ≥ 65 years of both men and women were represented.

Statistical analysis

For the sample descriptive purposes the variable on smoking was divided into three categories: heavy smokers (smoke 20 or more cigarettes every day), light smokers (smoke less than 20 cigarettes daily) and non smokers (don't smoke at all). Predictor variables included in the analysis were: age group (18–34, 35–64, and ≥65 years), gender (females and males), education level (low level – unfinished primary school or primary school; middle level – high school; and high level – college or university), self assessed monthly household income (less than 400 USD, between 400 and 1,200 USD and more than 1,200 USD), marital status (married or living in partnership, single, separated or divorced, widowed), employment status (employed or unemployed), change of living place between 1991 and 1995 (yes or no), self perceived

economic status in comparison with Croatian average (worse than average, average or better than average). The relationship between variables, we represented in contingency tables. All confidence intervals (CI) were calculated with 95% probability levels. Software SAS for Windows (version 8.2, SAS Institute Inc, Cary, NC) was used for the analysis 14.

Results

The CAHS data suggested that in Croatia a total of 17.7% of population, or approximately 600,000 people were heavy smokers. In men of all age groups there was significantly larger number of heavy smokers than light smokers (Table 1). Amongst men aged 18–34 there was a significant difference in the heavy smoking prevalence in the following variables: married or living in partnership, who are employed and the average estimate of household economic status (Table 2). In the group of men aged

 ${\bf TABLE~1} \\ {\bf DISTRIBUTION~OF~HEAVY~SMOKING~AMONG~POPULATION~BY~AGE~GROUP~AND~GENDER} \\$

	Men			Women			Total		
age	N		01	N		01	N		C/
	heavy smokers	all	- %	heavy smokers	all	- %	heavy smokers	all	%
18–34	132,613	474,299	27.96	55,904	481,993	11.60	188,517	956,292	19.71
35-64	261,681	895,454	29.22	118,064	928,639	12.71	379,945	1,824,093	20.83
65+	36,144	270,670	13.35	12,359	428,529	2.88	48,503	699,199	6.94
total	430,438	1,640,423	26.24	186,327	1,839,161	10.13	616,965	3,479,584	17.73

 ${\bf TABLE~2} \\ {\bf DISTRIBUTION~OF~SMOKING~PATTERNS~AMONG~MEN~18–34~YEARS~BY~SOCIO-DEMOGRAPHIC~CHARACTERISTICS} \\$

Men 18–34 years	Heavy Smokers	Light Smokers	Non-Smokers		
Men 16–54 years –	% (95% CI)	% (95% CI)	% (95% CI)		
	low	53.6 (36.2–70.1)	30.2 (16.9–48.0)	16.2 (7.4–31.9)	
Education	middle	$39.8\ (31.1 – 49.1)$	$29.4\ (22.138.0)$	$30.9\ (23.239.7)$	
	high	28.4 (14.1–49.0)	$27.3\ (13.247.9)$	$44.4\ (26.164.3)$	
	< 385 USD	59.9 (39.6–77.3)	27.9 (13.7–48.6)	12.2 (4.3–30.2)	
Monthly household income	385 – 1.154 USD	$38.6\ (30.9 – 46.9)$	$29.5\ (22.837.1)$	$32.0\ (25.039.8)$	
meome	>1.154 USD	0	0	0	
Married or living	yes	42.6 (30.7–55.4)	21.8 (13.9–32.7)	35.6 (24.5–48.4)	
in partnership	no	$39.9 \; (30.9 – 49.6)$	$33.1\ (25.0 – 42.3)$	27.0 (19.6–35.9)	
The state of the s	yes	40.1 (31.2–49.8)	24.8 (17.7–33.5)	35.1 (26.5–44.9)	
Employment	no	$41.8 \; (30.1 – 54.6)$	$35.8\ (25.3 – 47.9)$	$22.4\ (14.4 - 33.1)$	
Change of living place	yes	53.7 (36.4–70.1)	27.2 (14.8–44.6)	19.1 (10.0–33.5)	
between 1991 and 1995	no	$37.4\ (29.7 – 45.7)$	$29.9\ (23.037.8)$	$32.8\ (25.441.1)$	
	worse than average	37.9 (28.8–47.8)	32.2 (24.1–41.4)	30.0 (22.1–39.3)	
Estimate of household economic status	average	$46.8\ (35.059.1)$	$24.3\ (15.7 – 35.6)$	28.9 (19.1–41.1)	
economic status	better than average	0	0	100	

Man 25 C4	Heavy Smokers	Light Smokers	Non-Smokers % (95% CI)		
Men 35–64 years	% (95% CI)	% (95% CI)			
	low	45.9 (38.8–53.2)	10.3 (6.8–15.2)	43.8 (36.7–51.2)	
Education	middle	43.8 (39.1–48.5)	$13.6\ (10.717.2)$	$42.6\ (38.0 – 47.4)$	
	high	$35.2\ (27.244.2)$	$10.9 \; (6.2 – 18.4)$	$53.9\ (44.9 – 62.7)$	
	< 385 USD	49.0 (41.8–56.3)	13.6 (9.6–19.0)	37.4 (30.7–44.6)	
Monthly household income	385 - 1.154 USD	41.3 (37.2–45.5)	$12.1\ (9.615.1)$	$46.6\ (42.450.8)$	
moomo	>1.154 USD	0	0	0	
Married or living	yes	42.8 (38.9–46.9)	11.5 (9.2–14.3)	45.6 (41.7–49.7)	
in partnership	no	$43.6\ (36.051.6)$	$17.9\ (12.6 – 24.9)$	$38.5\ (31.1 – 46.4)$	
Employment	yes	41.9 (36.8–47.2)	12.2 (9.1–16.1)	$45.9\ (40.851.1)$	
Employment	no	44.0 (39.1–49.0)	$12.7\ (9.8–16.3)$	43.3 (38.3–48.3)	
Change of living place	yes	$41.5 \ (32.1 – 51.6)$	$15.6 \ (9.9-23.9)$	$42.8\ (33.3-52.9)$	
between 1991 and 1995	no	$43.2\ (39.447.1)$	11.9 (9.6–14.6)	44.9 (41.1–48.8)	
	worse than average	42.7 (38.2–47.3)	12.8 (9.9–16.3)	44.5 (40.0–49.1)	
Estimate of household economic status	average	$43.0\ (37.2 – 49.1)$	$12.1\ (9.0-16.1)$	$44.9\ (39.050.9)$	
occitorino status	better than average	$57.6\ (19.3 – 88.6)$	$3.1\ (0.422.1)$	$39.2\ (10.0 – 78.9)$	

35–64 there was a significant difference in the heavy smoking prevalence in all of the analyzed variables, except in the better than average estimate of household economic status (Table 3). More than 1/3 of men 35–64 years old declares as non-smoker irrespective to socio-demographic characteristics (Table 3). This comes to more than 2/3 in men 65 years and older (Table 4). Amongst men aged 65 or older there was a significant difference in

the following variables: low education, monthly household income 385–1154\$, monthly household income >1154\$, married or living in partnership, who are unemployed, who haven't changed their living place between 1991 and 1995, average estimate of household economic status and better than average estimate of household economic status (Table 4). Young women aged 18–34 had higher prevalence of light smoking than heavy smoking

 ${\bf TABLE~4} \\ {\bf DISTRIBUTION~OF~SMOKING~PATTERNS~AMONG~MEN~65~YEARS~AND~OLDER~BY~SOCIO-DEMOGRAPHIC~CHARACTERISTICS}$

Men ≥65 years		Heavy Smokers	Light Smokers	Non-Smokers
		% (95% CI)	% (95% CI)	% (95% CI)
	low	23.6 (18.2–30.1)	10.8 (7.3–15.8)	65.5 (58.6–71.8)
Education	middle	$18.8 \ (13.8 – 25.2)$	12.9 (8.8–18.6)	$68.2\ (61.1 - 74.6)$
	high	$13.2\ (6.9–23.6)$	$10.1\ (4.7–20.3)$	$76.7\ (65.1 85.4)$
	< 385 USD	21.1 (14.4–29.9)	13.3 (8.1–21.0)	65.6 (56.1–74.1)
Monthly household income	385 - 1.154 USD	$20.2\ (16.224.9)$	11.1 (8.3–14.9)	$68.7\ (63.5 - 73.4)$
meome	>1.154 USD	$20.4\ (16.824.4)$	11.6 (8.9–14.8)	68.1 (63.6–72.3)
Married or living in	yes	$20.1\ (16.824.7)$	10.4 (7.7–13.9)	69.5 (64.5–74.1)
partnership	no	$21.4\ (13.931.4)$	$16.6\ (10.126.0)$	$62.1\ (51.6 - 71.5)$
Employment	yes	15.9 (5.5–37.9)	$6.8\ (1.2–29.7)$	77.3 (55.2–90.4)
Employment	no	$20.6\ (17.024.8)$	$11.9\ (9.1 – 15.2)$	67.5 (62.9–71.8)
Change of living place	yes	37.4 (25.1–51.6)	16.4 (9.0–27.8)	46.3 (33.8–59.2)
between 1991 and 1995	no	17.8 (14.4–21.8)	10.8 (8.1–14.3)	$71.4\ (66.8 - 75.6)$
	worse than average	18.6 (14.3–23.8)	12.1 (8.7–16.7)	69.3 (63.4–74.6)
Estimate of household economic status	average	$22.9\ (17.329.7)$	10.8 (7.1–15.9)	$66.3\ (59.1 - 72.8)$
	better than average	26.4 (2.2–85.2)	0	73.6 (14.8–97.8)

W 10 04	Heavy Smokers	Light Smokers	Non-Smokers		
Women 18–34 years	% (95% CI)	% (95% CI)	% (95	% CI)	
	low	26.3 (17.0-38.3)	39.3 (27.5–52.5)	34.4 (23.5–47.2)	
Education	middle	$20.4\ (16.425.1)$	$46.1\ (40.651.8)$	$33.5\ (28.4 – 39.0)$	
	high	$12.6\ (6.3-23.5)$	$47.5\ (35.360.0)$	$39.9\ (28.5 – 52.6)$	
	< 385 USD	23.2 (14.4–35.3)	50.7 (37.4-64.0)	26.0 (16.3–38.8)	
Monthly household income	385–1.154 USD	19.7 (16.0-23.9)	$44.5 \ (39.5 – 49.6)$	$35.9\ (31.240.9)$	
income	>1.154 USD	0	0	0	
Married or living	yes	20.0 (15.9–24.9)	43.4 (37.7–49.4)	36.6 (31.1–42.4)	
in partnership	no	$20.4\ (14.927.3)$	$47.9\ (40.155.8)$	$31.7\ (24.9–39.4)$	
Employment	yes	21.7 (16.6–28.0)	$45.8 \; (39.0 – 52.9)$	$32.4\ (26.5 – 39.0)$	
Employment	no	18.8 (14.5–24.0)	44.9 (38.5–51.5)	36.3 (30.2–42.9)	
Change of living place	yes	18.8 (12.4–27.5)	39.4 (30.6–48.9)	41.9 (33.0–51.3)	
between 1991 and 1995	no	$20.5\ (16.625.0)$	$46.8\ (41.4 – 52.3)$	$32.7\ (27.7 – 38.0)$	
T	worse than average	$22.5\ (18.227.6)$	$45.9\ (40.251.7)$	$31.6\ (26.5 – 37.1)$	
Estimate of household economic status	average	$15.1\ (10.321.5)$	$44.9\ (36.553.6)$	$40.0\ (32.048.6)$	
	better than average	$42.5\ (4.4 - 92.2)$	0	$57.5\ (7.8-95.6)$	

Woman 25 64 years	Heavy Smokers	Light Smokers	Non-Smokers		
Women 35–64 years	% (95% CI)	% (95% CI)	% (95% CI)		
	low	28.8 (23.5–34.6)	29.6 (24.6–35.0)	41.7 (36.0–47.6)	
Education	middle	$28.5\ (24.8 – 32.5)$	$32.2\ (28.4 – 36.2)$	$39.3\ (35.3 - 43.5)$	
	high	27.1 (20.7–34.6)	$32.4\ (25.540.0)$	$40.6\ (33.348.2)$	
	< 385 USD	34.4 (28.0–41.4)	31.3 (25.3–38.1)	34.3 (27.7–41.5)	
Monthly household income	385-1.154 USD	26.9 (23.9–30.2)	$31.5\ (28.4 – 34.8)$	$41.6\;(38.245.1)$	
meome	>1.154 USD	0	0	0	
Married or living	yes	26.8 (23.7–30.1)	31.5 (28.3–34.8)	41.7 (38.3–45.3)	
in partnership	no	36.4 (30.4–42.9)	$31.3\ (25.6 – 37.6)$	$32.2\ (26.638.5)$	
The sale was at	yes	27.1 (23.1–31.4)	32.0 (27.9–36.4)	40.9 (36.5–45.5)	
Employment	no	$29.5\ (25.7 – 33.6)$	$31.0\ (27.2–35.0)$	$39.5\ (35.443.8)$	
Change of living place	yes	33.2 (25.8–41.5)	29.3 (22.6–37.0)	37.5 (29.7–46.2)	
between 1991 and 1995	no	27.6 (24.6–30.8)	$31.8\ (28.8 – 35.0)$	$40.6\ (37.343.9)$	
	worse than average	29.8 (26.5–33.3)	32.4 (29.1–35.8)	37.8 (34.4–41.4)	
Estimate of household economic status	average	24.8 (19.7–30.6)	$28.5\ (23.234.4)$	$46.4\ (40.553.1)$	
cconomic status	better than average	$12.7\ (1.6 – 57.4)$	$64.5\ (21.4 – 92.4)$	22.8 (3.0-73.5)	

while about 30% were non-smokers (Table 5). Highest proportion of non-smokers was found in a group with household economic status that are better than average. Same was found in the youngest group of men. Among women 35 years and older there are more non-smokers than smokers, and if they are smoking than it is dominantly light smoking (Table 6 and 7).

Discussion

We found a significant difference in the prevalence of heavy smoking according to gender. The prevalence of heavy smoking was higher in men than women in all age groups. The analyzed socio-demographic variables have a larger influence on heavy smokers amongst men aged

 ${\bf TABLE~7} \\ {\bf DISTRIBUTION~OF~SMOKING~PATTERNS~AMONG~WOMEN~65~YEARS~AND~OLDER~BY~SOCIO-DEMOGRAPHIC~CHARACTERISTICS} \\$

W	Heavy Smokers	Light Smokers	Non-Smokers		
Women ≥65 years	% (95% CI)	% (95% CI)	% (95	% CI)	
	low	14.4 (9.2–21.9)	31.8 (23.6-41.3)	53.8 (44.8–62.6)	
Education	middle	$21.3\ (13.4 – 32.1)$	$21.3\ (14.0 – 31.0)$	57.4 (46.2–68.0)	
	high	20.1 (9.2–38.7)	12.0 (3.8–32.1)	$67.9\ (48.6 – 82.5)$	
	< 385 USD	14.9 (7.9–26.2)	24.7 (15.1–37.8)	60.4 (47.3–72.2)	
Monthly household income	385-1.154 USD	$17.5\ (12.4 – 24.1)$	$27.4\ (20.635.4)$	$55.2\ (47.3-62.8)$	
income	>1.154 USD	0	0	0	
Married or living in	yes	16.2 (9.6–25.9)	29.2 (18.5–42.7)	54.6 (42.5–66.3)	
partnership	no	$17.7\ (12.224.9)$	$23.8\ (18.230.5)$	$58.5\ (50.8 - 65.8)$	
E1	yes	29.8 (7.6–68.7)	32.4 (5.9–78.5)	37.8 (9.1–78.6)	
Employment	no	$16.2\ (11.921.8)$	$26.6\ (20.833.3)$	$57.2\ (50.463.7)$	
Change of living place	yes	16.4 (6.8–34.6)	29.3 (15.9–47.6)	54.3 (36.6–71.0)	
between 1991 and 1995	no	$17.2\ (12.523.2)$	$25.4\ (19.432.5)$	$57.4\ (50.264.3)$	
	worse than average	17.2 (12.2–23.7)	24.7 (18.0–32.8)	58.2 (50.2–65.7)	
Estimate of household economic status	average	$16.2\ (8.5 – 28.6)$	$32.6\ (21.6 - 45.9)$	$51.2\ (38.1 – 64.2)$	
cconomic status	better than average	0	100	0	

35-64. Marital status, low education and income (average estimate of household economic status, and income lower than 385USD) affect the prevalence of heavy smoking amongst men aged 18-34. That is similar to recent researches that have also shown that communities with a lower median household income had significantly higher proportions of daily smokers and also had higher average daily cigarettes consumption¹⁵. We found an association of smoking and lower education in heavy smoking men aged 18-34, as found in build-ups until now^{16,17}. Marital status, unemployment, low education, migrations, and income (better than average estimate of household economic status, and higher income) are related to higher prevalence of heavy smoking in men. The opposite effect of migrations can be found in already published papers¹⁸. Gender and age have a larger influence on the heavy smoking habit amongst women than the other analyzed variables. Education and income have a smaller connection with smoking amongst women contrary to results for men. In women aged 18-34 there were more light smokers than heavy smokers, while in the age group 35-64 there was no significant difference between the prevalence of heavy and light smoking except for the women who estimated their economic household status better than average where more than 2/3 reported light smoking. Women aged 65 or older, lower educated and unemployed, had a smallest prevalence of heavy smokers.

This paper shows a visible difference in the socio-demographic characteristics of heavy smokers according to gender. Positive correlates of heavy smoking are gender (male), age (35–64), low education, married or living in partnership, unemployment, income lower than 385\$, and migrations during the war (in men aged 65 or older and women aged 30–64).

Conclusion

The Croatia has a long history of preventive medicine. The activities of a no-smoking school have been operating for the past 30 years. The campaign »Say YES to no smoking« was implemented in 2002. By ratifying the Framework Convention for Tobacco Control (FCTC), Croatia will integrate European tobacco bans: restricted areas for smokers, limitation of tar and nicotine levels, and advertising forbidden throughout the country. While planning future interventions in the population, we must consider all of these characteristics and influences, and engaging all segments of society.

Acknowledgments

This study was supported by the Croatian Ministry of Science, Education and Sports grant no. 108-1080135-0264.

1. YACH D, Tob Control, 14 (2005) 145. — 2. PETO R, LOPEZ AD, BOREHAM J, HEATH C, THUN M, Mortality from tobacco in developed countries, 1950-2000. (Oxford University Press, Oxford, 1994). Available from: http://www.ctsu.ox.ac.uk/čtobacco/. — 3. WHO, Tobacco or Health: A global status report. (WHO, Geneva, 1997). — 4. KULČAR Z, KOVAČIĆ L, BEDENIĆ B, Lijec Vjesn, 96 (1974) 467. — 5. TUREK S, RUDAN I, SMOLEJ-NARANČIĆ N, SZIROVICZA L, ČUBRILO-TUREK M, ŽER-JAVIĆ-HRABAK V, RAK-KAIĆ A, VRHOVSKI-HEBRANG D, PREBEG Z, LJUBIČIĆ M, JANIĆIJEVIĆ B, RUDAN P, Coll Antropol, 25 (2001) 77. - 6. O'CONNOR RJ, GIOVINO GA, KOZLOWSKI LT, SHIFFMAN S, HYLAND A, BERNERT JT, CARABALLO RS, CUMMINGS KM, Am J Epidemiol, 164 (2006) 750. — 7. MARCUS SE (ed) Those who continue to smoke: is achieving abstinence harder and do we need to change our interventions? Smoking and tobacco control monograph no. 15, (National Cancer Institute, Bethesda, MD, 2003). — 8. GIOVINO GA, Oncogene, 21 (2002) 7326. — 9. DAVY M, Health Stat Q, 32 (2006) 35. — 10. VULETIĆ S, POLAŠEK O, KERN J, STRNAD M, BAKLAIĆ Ž, Coll Antropol, 33

Suppl 1 (2009) 3. — 11. VULETIĆ S, KERN J, Hrvatski časopis za javno zdravstvo, 1 (2005) 1. — 12. REPUBLIC OF CROATIA MINISTRY OF HEALTH, Croatian Adult Health Survey Users' Guide (Republic of Croatia Ministry of Health, Zagreb, 2003). — 13. REPUBLIC OF CROATIA — CENTRAL BUREAU OF STATISTICS, Statistical Yearbook 2003 (Central Bureau of Statistics, Department of Statistical Information and Documentation, Republic of Croatia, Zagreb, 2003). — 14. SAS INSTITUTE INC, SAS Procedure Guide, Version 8 (SAS Institute Inc, Cary, 1999). — 15. ONTARIO TOBACCO RESEARCH UNIT, Indicators of Smoke-Free Ontario Progress. In: Special Reports: Monitoring and Evaluation Series. (Toronto, 2006). — 16. HUISMAN M, KUNST AE, MACKENBACH JP, Tob Control, 14 (2005) 106. — 17. KHANG YH, CHO HJ, Prev Med, 42 (2006) 415. — 18. PUDULE I, GRINBERGA D, KADZIAUSKIENE K, ABARAVICIUS A, VAASK S, ROBERTSON A, MCKEE, J Epidemiol Comm Health, 53 (1999) 277.

S. Samardžić

Institute of Public Health for the Osijek-Baranja County, F. Krežme 1, 31000 Osijek, Croatia e-mail: Senka.Samardzic@zzjzosijek.hr

KARAKTERISTIKE TEŠKIH PUŠAČA U HRVATSKOJ

SAŽETAK

Svrha ovog rada bila je istražiti socio-demografske karakteristike teških pušača u odnosu na lake pušače te ih usporediti s nepušačima. Podaci korišteni u radu dobiveni su iz Hrvatske zdravstvene ankete (HZA 2003). Rezultati su ukazali na značajnu razliku u proporciji teških pušača među pušačima u odnosu na spol. Zastupljenost teških pušača je veća među muškarcima u svim dobnim skupinama. Najveća proporcija teških pušača je nađena u dobnoj supini od 35 do 64 godine u oba spola. U odnosu na analizirana socio-demografska obilježja, muškarci niskog obrazovanja i prihoda te s iskustvom promjene mjesta stanovanja imaju najvišu prevalenciju teškog pušenja. U žena pušača obrazac je drugačiji. Većina žena pušača su laki pušači. Među ženama iznadprosječnog ekonomskog statusa kućanstva ima više pušača nego nepušača, među njima je izrazito visoka zastupljenost teških pušača u mlađoj dobnoj skupini od 18 do 34 godine a visoka zastupljenost lakih pušača u dobi od 35 do 64 godine. U planiranju intervencija u ovoj populaciji potrebno je uzeti u obzir sve karakteristike pojedinih grupa pušača i u borbu protiv pušenja uključiti sve segmente društva.