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Tobacco Use and Reproductive Health

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Introduction

People have been using tobacco since time immemorial. Tobacco is used for pleasure, relaxation, social pass time, or depression. In olden times tobacco was also used hypothetically to treat bruises, toothache, earache, snakebite etc., while smoking is on the decline in developed world, it is on the increase in developing world. Smoking unfortunately was considered as sign of social stratus or modernism. Tobacco is not only inhaled in smoking but is chewed as well used as nasal snuff. In India, small pouches of tobacco sold under the name 'Gutka' finds its place in the pockets of many students and also in elderly men and women. Tobacco use has become world public health issue because of the risk of mouth and lung cancer and many other diseases. Governments, healthcare providers, social workers are aware of the harmful effects of tobacco. Most governments have passed legislation banning smoking in public places and advertising on television or radio. AS a result, since 1980 large reductions in the estimated prevalence of daily smoking were observed at the global level for both men and women. However, among high school students the percentage of those who smoke increased from 27 % in 1991 to 35% in 1995 and 35% of high school girls reported that that they smoked cigarette [1]. As tobacco remains a threat to the health of people, intensified efforts to control its use are needed. About 80% of the world smokers now live in low and middle income countries of Asia, and Africa. There was awareness about the harm of tobacco for lung and moth cancers and other medical diseases. The risk of tobacco use for reproductive health is recognized recently (Figure 1) [2].

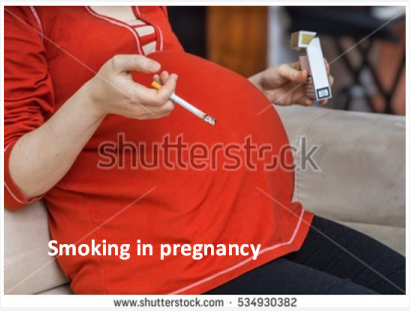

Figure 1: Smoking in pregnancy.

Magnitude of the Problem

Table 1: Smoking habits in some countries.

Country	Male	Female	Country	Male	Female
Bangladesh	38%	4%	Malaysia	38%	1%
Chile	32%	26%	Philippines	40%	8%
Japan	19.3%	9.7%	South Korea	42,3%	6.8%
India	23%	3%	Singapore	23%	4%
Israel	26%	14%	Sri Lanka	24%	1%
Indonesia	57%	4%			

Smoking pattern in some countries is shown in Table 1. It is likely that the smoking rates are higher than what is reported by government data. World Health Organization has surmised that 200 million people smoke [3] It is projected that 20% of women will be smoking by 2025 [4] Oliver Wendell homes wrote about tobacco use in very humorous way. He wrote,

"*Tobacco is a filthy weed that from the devil does proceed. It drains your purse; it burns your clothes and makes a chimney of your nose.*"

Smokers tend to be impulsive, arousal seeking, danger loving, risk takers who are belligerent towards authority. They drink more Tea, Coffee and Alcohol and are prawn to accidents, divorce and changing jobs.

Impact of Tobacco Use on Reproductive Health

There is decreased fertility. Women who smoke also have poor response to in vitro fertilization (IVF). Smokers have increased risk of ectopic pregnancy and miscarriage [5]. Smoking causes ovarian dysfunction. Smoking alters characters of sperms. Men who smoke heavily generate sperms with DNA damage. This DNA damage may result in their children having high incidence of cancer. Tobacco can also cause DNA damage in germ line. It may result in low birth weight babies, preterm birth, abortion and increased perinatal mortality. British Perinatal Mortality survey shows that smoking in later weeks of pregnancy is definitely prejudicial to normal growth and survival of the fetus.

Their report showed that perinatal mortality in women who smoke was 41.1/1000 births as compared to 32/1000 births in non smokers [6].

Smokers may experience more menstrual cramps and discomfort than non smokers. Smokers also tend to have a shorter menstrual cycle as compared to non smokers. Women, who smoke, reach menopause approximately two years earlier and have more menopausal problems like insomnia, hot flashes as compared to non smoking women [7].

Quitting smoking will reduce the risk of early menopause. Women who smoke have low bone density and are at a higher risk of bone fracture. Women who smoke, have increased risk of developing cervical and vulval cancer. There is increased risk of stroke and heart disease if the smoker is 35 years plus and is on OC pill [8].

Interventions to Control Smoking

There are several interventions to encourage people to stop smoking. It is a team work between health care providers, social workers, women groups, media, and NGOs etc.

Figure 2: Use of wood as domestic fuel.

There is increasing awareness in the community about the risks of tobacco use. Women and children are subjected to passive smoking when they come in contact with people who smoke. In developing countries, families living in shanty houses, women and children inhale the smoke of tobacco and wood fire in a closed room (Figure 2) British Medical Journal wrote in its Editorial.

"There is a danger of this deadly habit being exported to the younger countries of Africa and Asia. Western World has a responsibility to see that this is not done. We have already produced millions of slaves to cigarette in our own land. To export this slavery to the developing world would be wrong." [9].

Obstetricians and Gynecologists should take the responsibility of counseling women since ob.gyn is the first physician women see for their ailments and develops long standing trusted relationship. All antenatal records must have column inquiring about tobacco use. They must also inquire if there is a possibility of passive smoking. American college of Ob. Gyn (AOCOG) has issued guide lines called "5 As" It consist of ASK, Advise, Assess, Assist , and Arrange.

Let us hope that team work of all concerned helps in eradicating this dangerous habit of tobacco use.

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