Second-Hand Smoke in China Puts Children at Risk

By Sylviane Duval, Contributing Writer

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**KEY POINTS**

- Children in China who have long-term exposure to second-hand tobacco smoke have increased respiratory symptoms that may persist into adulthood.
- Symptoms associated with second-hand smoke exposure include coughing at night, sneezing, phlegm without a cold, sneezing with itchy-watery eyes and impaired lung-function growth.
- The relative social acceptability of smoking in China may contribute to the prevalence of children’s second-hand smoke exposure.

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The more Chinese children are exposed to secondhand tobacco smoke, the more they have symptoms like coughing at night, sneezing, phlegm without a cold, sneezing with itchy-watery eyes and impaired lung-function growth.

Lead study author Tze-wai Wong, a professor at the Chinese University of Hong Kong, said that lung function deficits in children might persist into adulthood and present a higher risk of diseases such as asthma, emphysema and lung cancer. The study examined the relationship between long-term exposure to secondhand smoke – also called environmental tobacco smoke – and respiratory health in 1,718 children in Guangzhou, China, who had never smoked.

The study appears online and in the November issue of the *American Journal of Preventive Medicine*.

The proportion of smokers in China currently stands at about 67 percent of men and 4 percent of women older than 15. With China’s growing wealth and interest in consumer goods, that number is likely to increase, making the Chinese market for tobacco highly desirable and competitive. Most studies on the health risks of environmental tobacco smoke have taken place with European or North American populations.

“This study further strengthens the conclusions reached by the United States Surgeon General, the United States Environmental Protection Agency, the California Environmental Protection Agency and other respected scientific authorities around the world — tobacco smoke is harmful to children and other living things,” said Neil Collishaw, research director of Physicians for a Smoke-Free Canada.

Margaret Meriwether, Ph.D., of the Smoking Cessation Leadership Center at UCSF, commented on a study question about the number of cigarettes smoked in children’s bedrooms. She said that the relative social acceptability of smoking in China contributes directly to these parenting norms, but that the honesty of those answers helped mitigate a potentially troubling aspect of the study: The surveys were answered by the parents.
The Guangzhou government has already enacted antismoking legislation to address the health risks associated with environmental tobacco smoke; however Wong recommends further action, such as providing smoking cessation services and mandatory tobacco education programs in schools.

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