

of esophageal cancer, it necessitates demographical studies between different ethnic groups. For instance in the United States, different dietary habits between the whites and the blacks have marked various effects in esophageal cancer manifestations.⁴ In the present study, the association between the type of cooking oil and the cancer was also shown. This is quite clear that inappropriate dietary habits would stimulate the outcome of the disease, for example in France, taking hot drinks and high amount of butter look upon as an esophageal carcinogenic factor.⁵ As a fact, our study does not rule out this as a possible risk factor either; but in general taking stale food and highly spiced meals which contain stimulants, can cause dystrophy of esophageal tissue due to their natures. This is quite evident in order to face this dilemma; so the past nutritional history of the patients should be noted and the influential factors in dietary habits of them must be corrected. In reality both groups (cases and controls) did not use to take adequate amount of fresh vegetable and fruits and as we know consumption of these 2 items as raw and fresh contain extraordinary nutritional value. It is noteworthy that fruits and vegetable have inhibitory role on cancer; because of valuable nutrients and vitamins specially antioxidants. As mentioned earlier, due to incidence of esophageal cancer in Turkmen Sahra and more importantly its frequency in family relatives, it is quite obvious that inheritance plays a key role and must be considered seriously. The latter phenomenon was identical to our findings such as significant relationship between esophageal cancer and rate of its occurrence in relatives. Peculiar attitudes of indigenous population, for example: smoking Hubble-Bubble and tobacco (or pipe tobacco) which are commonly practiced without detoxification, as part of behavioral patterns, might one of the risk factor of the disease even with satisfactory nourishment states.

As a conclusion in addition to mentioned risk factors, some other factors as mode of nourishment, employment states, special hygienic habits and inheritance were important factors in esophageal cancer etiology among the studied subjects. The authors believe that the results of this investigation could contribute in further studies for better identification of etiological agents and other risk factors responsible for esophageal cancer in order to control the disease in both the country and the region under study.

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References

1. Allen JW, Richardson JD, Edwards MJ. Squamous cell carcinoma of the esophagus: a review and update. *Surg Oncol* 1997; 6: 193-200.
2. Moradi A, de Villiers EM, Mokhtari-Azad T, Mahmoudi M. Detection of Human Papillomavirus DNA by PCR in Esophageal Squamous Cell Carcinoma from Turkmen Sahra, North-east of Iran. *Iranian Biomedical Journal* 2002; 6: 19-24
3. Yokokawa Y, Ohta S, Hou J, Zhang XL, Li SS, Ping YM, et al. Ecological study on the risks of esophageal cancer in Ci-Xian, China: the importance of nutritional status and the use of well water. *Int J Cancer* 1999; 83: 620-624.
4. Brown LM, Swanson CA, Gridley G, Swanson GM, Silverman DT, Greenberg RS, et al. Dietary factors and the risk squamous cell esophageal cancer among black and white men in the United States. *Cancer Causes Control* 1998; 9: 467-474.
5. Launoy G, Milan C, Day NE, Pienkowski MP, Gignoux M, Faivre J. Diet and squamous-cell cancer of the oesophagus: a French multicentre case-control study. *Int J Cancer* 1998; 76: 7-12.

Prevalence of passive smoking in children and adolescents in Kahramanmaras, Turkey

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Exposure to environmental tobacco smoke (ETS) is a well-known health hazard in children, which is also known as passive smoking. An ETS exposure causes a wide variety of adverse health effects in children, including lower respiratory tract infections such as pneumonia and bronchitis, coughing, wheezing, worsening of asthma, and middle ear disease. Children's exposure to ETS may also contribute to cardiovascular disease in adulthood and to neurobehavioral impairment.¹ The World Health Organization reported that almost half of the children in the world (nearly 700 million) are exposed to cigarette smoke and most of this exposure takes place at home.² Even though the laws combating tobacco products decreased the exposure to ETS, changed the smoking habits at work and public areas, smoking at home next to children unfortunately could not be prevented. However, it was reported in some studies that the recognition of the adverse effects of exposure to cigarette smoke by the society also led the parents to realize the importance of protecting their children from the cigarette smoke at home.³ Starting from this point, the parents utilized various strategies in order to limit the exposure of their children to ETS. To achieve this

Table 1 - The relation between the educational level of the parents with the rate of cigarette smoking, and the state of cigarette smoking at home during the last one week.

Educational level	State of cigarette smoking			State of cigarette smoking at home in the last one week		
	Yes n (%)	No n (%)	<i>P</i> -value*	Yes n (%)	No n (%)	<i>P</i> -value*
<i>Education of mother (n)</i>						
Illiterate (283)	16 (5.7)	267 (94.3)	0.000	90 (31.8)	193 (68.2)	0.000
Primary school (685)	89 (13.0)	596 (87.0)		296 (43.2)	389 (56.8)	
Secondary school and above (174)	39 (22.4)	135 (77.6)		96 (55.2)	78 (44.8)	
Total (n=1142)	144 (12.6)	998 (87.4)		482 (42.2)	660 (57.8)	
<i>Education of father (n)</i>						
Illiterate (81)	33 (40.7)	48 (59.3)	0.183	35 (43.8)	46 (56.3)	0.466
Primary school (593)	288 (48.6)	305 (51.4)		240 (40.4)	351 (59.6)	
Secondary school and above (468)	241 (51.5)	227 (48.5)		206 (44.1)	262 (55.9)	
Total (n=1142)	562 (49.2)	580 (57.8)		481 (42.2)	659 (57.8)	

*Chi-square test, $p < 0.05$ statistically significant.

goal, the existence, type, frequency and effects of ETS of children should be known.⁴ Preliminary studies were especially focused on what the parents were doing to protect their children from ETS. The general practical measures taken were reported as smoking outside the house while the doors were closed, and smoking just in front of the open door or operating fan in the kitchen.⁵ The aim of this study is to find out the prevalence of passive cigarette smoking at home of the children and adolescents in Kahramanmaraş, Turkey and the factors effecting this subject.

The city of Kahramanmaraş is located in the eastern part of the Mediterranean region of Turkey. According to the official records, the city population is 350,000 subjects. The study design was a cross-sectional, descriptive study, and was carried out in September-November 2005. The city was divided into 4 districts according to geographical location. One primary health center was selected from each district. Of those 185,782 (39.7%) are children and adolescents of 6 months-18 years of age. The families of 603 boys (52.8%) and 539 girls (47.2%) were included into the study by random selection. The questionnaires consisted of items such as socio-demographic characteristics of parents, their smoking status, smoking behavior, such as smoking at home, smoking in presence of children and adolescents. The questionnaire was delivered to the families by health technicians and nurses in that district. The ethical committee of the Institute approved the study protocol, and informed consent was obtained from

all the participating families. Statistical analyses were carried out using statistical package for social sciences (SPSS) 10 computer package program. Chi-Square test was used in the analysis of categorical variables. A p -value < 0.05 was accepted as statistically significant.

A total of 1154 questionnaires were delivered, of which 1142 parents filled in the questionnaire completely (98.9%). The average age of mothers was 32.4 ± 7.3 (range 17-60), and of fathers was 36.9 ± 7.5 (range 20-64). Of the mothers, 24.7% were illiterate, 60% were primary school graduates, and only 1.5% were university graduates. For the fathers, 7.1% were illiterate, 51.9% were primary school graduates, and 5.8% were university graduates. Smoking was recorded in 12.6% of the mothers and 49.2% of the fathers. At least one or more than one person was smoking in 42.2% of the families. While there was no certain rule regarding cigarette smoking in 146 homes (12.8%), the smoking areas in 329 homes (28.8%) were limited and smoking was prohibited in 662 homes (58%). There was positive correlation between the cigarette smoking at least by one person at home in the last 7 days, the smoking rates of mothers and the level of education of the mother ($p < 0.05$), (Table 1). These data may point out that even though the mothers are well educated, they are not well informed or behaved insensitively on the effects of active and passive smoking. Similar to our findings, it has been found in 2 studies conducted in Germany⁵ and Turkey⁶ that as the level of education rises, the rate of smoking increases in parallel.

In conclusion, the parents should be informed systematically on the harmful effects of passive smoking on children by health workers, nurses, pediatricians, and family physicians. If the parents do not want to, and cannot quit smoking, it is important to advise them not to smoke next to their children.

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References

1. Mannino DM, Siegel M, Husten C, Rose D, Etzel R. Environmental tobacco smoke exposure and health effects in children: results from the 1991 National Health Interview Survey. *Tob Control* 1996; 5: 13-18.
2. World Health Organization. International Consultation on Environmental Tobacco Smoke (ETS) and Child Health Consultation Report. Geneva: World Health Organization. 1999 Oct 17, 2006; Available from URL: http://www.who.int/tobacco/research/en/ets_report.
3. WHO Health Organization Regional Office for Europe. The European report on tobacco control policy. Review of implementation of the Third Action Plan for a tobacco-free Europe 1997-2001. WHO European Ministerial Conference for a Tobacco-free Europe (Feb 18th-19th, 2002, Warsaw, Poland), WHO Regional Office for Europe, Copenhagen, 2002 Oct 17, 2006; Available from URL: <http://www.unicri.it/wwk/publications/dacp/legislation/tobacco/nto%202002%20who%20varsavia%20conf%20tobacco%20free%20europe%20en.pdf>
4. Crone MR, Reijneveld SA, Burgmeijer RJ, Hirasings RA. Factors that influence passive smoking in infancy: A study among mothers of newborn babies in the Netherlands. *Prev Med* 2001; 32: 209-217.
5. Johansson A, Halling A, Hermansson G. Indoor and outdoor smoking: impact on children's health. *Eur J Public Health* 2003; 13: 61-66.
6. Kara İH, Sıtmacınar K. Aile Hekimliği Polikliniğine başvuran çocuklarda pasif sigara içiciliğinin solunum sistemi üzerine etkileri. *Türk Aile Hek Derg* 2006; 10: 55-59.

Analysis of Saudi Medical Journal publications in PubMed, January 2001-November 2006

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PubMed is not only a simple search engine for biomedical citations, but also a powerful tool to conduct certain statistical analyses.¹ Therefore,

analysis of PubMed publications as an indicator of the research productivity of individual countries, regions, or institutions has recently become a field of interest.² The aim of this work was to perform analysis of the last 6-years health publications produced in the Saudi Medical Journal (SMJ) from 2001 to 2006 in PubMed, to compare the progress in number of its publications, to study the types of these publications, and to examine the average number of authors distributed according to both the country and the type of publications during this period.

A search strategy was undertaken by including the name of Saudi Med J[ta] and letting it directed to PubMed within a single hour limit (November 30th, 2006). The number of PubMed- listed biomedical studies published from 1st January 2001 until 31st November 2006 totaled 2476 citations. The search was then saved in a Medline format of 5 text files, each of them comprised of 500 publications (the maximum sized text file PubMed allows to display and save its search findings) except for the last file of 476 publications. The 5 text files were then converted using a locally designed visual basic program with the technical assistance of a computer programmer, into 5 Microsoft Excel files including the same fields of the Medline format text file. The Excel files' fields started with the publication Medline identification number (PMID) and ended with the source of publication (SO). Then all the 5 Excel files were merged into one file that was captured as a new database query via SPSS software ending with a 2476 record SPSS data file format, including all and the same fields of the Medline format of these publications. The SPSS data file was then conventionally subjected to data management, and 10% of its records (250 studies) were randomly selected using its PMID and cross-validated against the original text file to guarantee the soundness and correctness of its fields after the conversion process. Cross validation revealed a zero defect in the conversion process of fields, except for the truncation of the abstract field (which was not included in the paper analysis) to only 256 characters. The next stage was to determine the variables for analysis for the current study, and to delete the columns including variables that would not be used in the current study. The variables included in the file used in the current study were: PMID, country of the study (from the original MEDLINE "AD" or the affiliated department of the first author), year of publication (from "DP" or date of publication), title of the study (from "TI"), the complete source of publication (from "SO"), number of authors for each publication (using the transform function module of SPSS, namely, recode and compute the original MEDLINE field(s) "AU"), and the type of publication as original article, review, clinical trial, case reports, or others (from the original