

## **FACT SHEET: BASIC MEDICAL PRACTICE**

### **Tobacco and Poverty**

1. There is a vicious circle between tobacco and poverty.
2. Smoking habit is inversely correlated with socio-economic status. The prevalence of smokers in the population with lower socio-economic status is higher than the prevalence of smokers in the population with higher economic status.
3. Regardless of a country's income, poorer individuals were more likely to use tobacco, accounting for much of the mortality gap between rich and poor.
4. Smoking rates among the uneducated or less educated outstrip rates among the more educated in low- and middle-income countries, including Brazil, Cambodia, China, India, and Viet Nam.
5. Household expenditure surveys show that low income households spend 5–15% of their disposable income on tobacco.
6. By diverting limited household income to tobacco the family capacity to seek medical attention for a sick child or to send children to school is reduced besides cutting access to food.
7. Over 20 million people are engaged in tobacco agriculture. In addition, many people are involved in retail sales of tobacco products.
8. Households of sick smokers lose income due to (de Beyer et.al., 2001):
  - Lost wages when the ill cannot work.
  - Direct + indirect cost of medical care.
  - Opportunity cost: divert resources away from other purposes like child's education, support for elders.

### **Tobacco and Tuberculosis**

1. TB and tobacco are two massive related health problems in Indonesia and India.
2. Indonesia is a country with the third largest number of TB sufferers in the world after India and China.
3. TB is the number one killer among infectious diseases and number three on the list of ten leading killer diseases in Indonesia (after cardiovascular and acute respiratory disease).
4. In Indonesia, nearly 300 people die of TB every day, and more than 100,000 people die per year.
5. Most TB patients are still in the productive ages of 15 to 55 years old.
6. The risk of getting TB is 1.8 times higher for light smokers compared to non-smokers, and 3.7 times higher for heavy smokers compared to non smokers.
7. The risk of dying from TB is 4.5 times higher for smokers compared to non-smokers.
8. The risk of TB relapse is 3 times higher for those who smoked following a short course of TB treatment.

