

Trends of Smoking among the Youth of Delhi

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ABSTRACT: This paper investigates the cause of the recent apparent increase in young adult smoking, compares trends in smoking and the use of other substances. Thus, understanding the reasons for smoking and smoking pattern in adolescents would provide important knowledge for planning intervention

INTRODUCTION

On the current pattern of tobacco use, it is estimated that 250 million from the current population would die because of tobacco, most of them currently living as young and adolescents in developing countries (Peto *et al.*, '94). For women in particular, smoking is a tool for weight loss and weight management (Zucker *et al.*, 2001). Nicotine in cigarettes is a successful appetite suppressant, which contributes to the use of cigarettes as a dieting tool. Series of stages by which young smokers go through include pre-contemplation, contemplation, initiation, experimentation, regular smoking, maintenance and quitting (UICC Factsheet, 2010).

Certain social, economic, and environmental factors can be associated with the prediction of youth and an increased use in tobacco. Risk factors include lower socio-economic status, having parents, close relatives, or guardians that smoke, acceptance and positive views of smoking by peers and high availability of and exposure to tobacco products and violent behavior (U.S. Department of Health and Human Services, '94). Accessibility of tobacco

products is an important environmental factor that influences smoking initiation by adolescents (Lynch and Bonnie, '94). The present study is aimed to find out the reasons of smoking among the youngsters both girls and boys of age between 17 to 24 years and also to compare the smoking habits among girls and boys.

METHODS

A cross sectional study was conducted on randomly selected 300 youngsters (150 boys and 150 girls) in Delhi/NCR region of India, amongst 300 youngsters (ever smokers), 150 male and 150 female of age group 17-24 years. The data was collected from February 2012 to June 2012. A specifically designed questionnaire having 32 questions was used for the study. The questionnaire consisted of question related to the reasons of smoking, background information like dietary pattern, alcohol consumption, form of tobacco generally taken by smokers, problems in quitting smoking, ill effects of smoking among youngsters, parental educational qualification and occupation etc. This survey also aimed at a comparative study of male and female smokers. Before starting with the data collection both the smokers and sellers were observed keenly by the investigators. It helped to know the behavior of smokers.

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RESULTS

Table 1 depicts the general characteristic of the smokers. It was observed that maximum number of male (58%) and female smokers (69.3%) belong to nuclear families and the difference between them with respect to family type was found to be statistically significant ($\chi^2 = 4.16$, $p=0.041$). Considering the educational qualification of the parents of the smokers, 83.3% of the fathers of male smokers and 92.7 % of the fathers of female smokers were either graduates or post-graduates and chi-square test revealed a statistically significant difference ($\chi^2 = 6.84$, $p = 0.033$). A statistical significant difference ($\chi^2 = 7.13$, $p = 0.028$) between male and female smokers was also observed when occupation of the father was

considered with 50.7 % and 38.7% of the fathers of the male and female smokers respectively belonging to the business class. Majority of the parents of the smokers were not aware about their child's smoking practices, however this difference was not found to be statistically significant. When dietary pattern was considered, maximum numbers of smokers (85.3% male and 79.3% female) were found to be non-vegetarians. However, it was observed that the frequency of male smokers who preferred homemade food was higher in comparison to the female smokers and this difference was found to be statistically significant ($\chi^2 = 13.9$, $p = 0.001$). It was also observed that majority of the smokers (88% male and 74% female smokers) consumed alcohol.

TABLE 1
General characteristics of smokers

Characteristics	Male (n = 150)	% age	Female (n = 150)	% age	Chi-Square value	P-value
<i>Family type</i>						
Joint	63	42.0	46	30.7	4.16	0.041
Nuclear	87	58.0	104	69.3		
<i>Educational qualification of father</i>						
Illiterate*	3	2.0	1	0.6	6.84	0.033
Intermediate	22	14.7	10	6.7		
Graduate	78	52.0	76	50.7		
Postgraduate and above	47	31.3	63	42.0		
<i>Educational qualification of mother</i>						
Illiterate*	7	4.8	–	–	2.55	0.280
Intermediate	29	19.3	27	18.0		
Graduate	74	49.3	91	60.7		
Postgraduate and above	40	26.7	32	21.3		
<i>Occupation of father</i>						
Unemployed*	5	3.3	2	1.3	7.13	0.028
Businessman	76	50.7	58	38.7		
Govt. Sector	29	19.3	48	32.0		
Private Sector	40	26.7	42	28.0		
<i>Occupation of mother</i>						
Home-maker	70	46.7	55	36.7	4.03	0.259
Businesswoman	15	10.0	20	13.3		
Government sector	30	20.0	29	19.3		
Private sector	35	23.3	46	30.7		
<i>Awareness among family members about their smoking practices</i>						
Yes	70	46.6	58	38.6	1.96	0.161
No	80	53.4	92	61.2		
<i>Dietary pattern</i>						
Vegetarian	22	14.7	31	20.7	1.86	0.173
Non-Vegetarian	128	85.3	119	79.3		
<i>Type of food intake</i>						
Home-made	110	73.3	80	53.3	13.9	0.001
Junk	28	18.7	55	36.7		
Both	12	8.0	15	10.0		
<i>Alcohol consumption</i>						
Yes	132	88.0	111	74.0	9.55	0.002
No	18	12.0	39	26.0		

TABLE 2
Smoking habits of male and female smokers

Characteristic	Male (n = 150)	% age	Female (n = 150)	% age	Chi-Square	P-value
<i>Form of tobacco intake</i>						
Cigarette	150	100.0	150	100.0	4.33	0.115
Hookah	33	22.0	54	36.0		
Chillum	22	14.7	20	13.3		
Beedi*	3	2.0	–	–		
Cigar*	5	3.3	–	–		
<i>Number of cigarette consumption per day</i>						
1-5	35	23.3	94	62.7	51.8	0.000
6-10	87	58.0	33	22.0		
More than 10	28	18.7	23	15.3		
<i>Reasons of moking</i>						
Peer pressure	90	60.0	99	66.0	5.25	0.154
Family influence	13	8.7	9	6.0		
Psychological factors	15	10.0	22	14.7		
Others (like fun sake)	32	21.3	20	13.3		
<i>Usage of smoking</i>						
Waking up	28	18.7	11	7.3	14.9	0.011
Coffee	22	14.7	18	12.0		
After meals	18	12.0	22	14.7		
Driving	22	14.7	18	12.0		
Alcohol	38	25.3	39	26.0		
Partying	22	14.6	42	28.0		
<i>Abhorring things about smoking</i>						
Expensive	33	22.0	20	13.3	3.01	0.222
Bad for health	140	93.3	138	92.0		
Unpleasant for self and others			48	32	37	24.7
<i>Faced ill effects of smoking</i>						
Short breathness or frequent coughing	45	30.0	35	23.3	5.42	0.067
Getting tired in short time	35	23.3	25	16.7		
None	70	46.7	90	60.0		
<i>Feeling after smoking</i>						
Chilled	15	10.0	13	6.7	38.8	0.000
Relaxed	20	13.3	68	45.3		
Satisfied			36	24.0		
15	10.0					
Normal	74	49.3	52	34.7		
Tensed	5	3.3	2	1.3		

Table 2 reflects upon the smoking characteristics of male and female smokers. Considering the form of tobacco intake by the smokers, it was observed that all the smokers were indulged in smoking 'cigarettes'. A higher frequency of 'hookah' consumption among the female smokers (36%) in comparison to male smokers (22%) was also observed, however this difference was not found to be statistically significant ($\chi^2 = 4.33$, $p = 0.0115$). Maximum number of male smokers (58%) was found to consume 6-10 cigarettes

per day in comparison to the maximum number of female smokers (62.7%) who consumed 1-5 cigarettes per day and chi-square test revealed a statistically significant difference ($\chi^2 = 51.8$, $p = 0.000$). between the two groups with respect to tobacco consumption. Peer pressure was observed to be the most influencing factor for initiating smoking among 60% of male and 66% of female smokers. Family influences initiating smoking was also found in a section of individuals. Majority of the male smokers were found to consume

cigarettes along with alcohol (25.3%) whereas majority of female smokers consumed cigarettes mainly while partying (28%). This difference with respect to smoking usage was however found to be statistically significant ($\chi^2 = 14.9$, $p = 0.011$). The phrase “cigarette smoking is bad for health” was accepted by maximum number of smokers (92.3% male and 92% female) Despite the fact that none of the smokers were suffering from any major ill effects of smoking, however, a considerable section of smokers (30% males and 23.3% females) faced shortness of breath or frequent coughing. A dispute was observed between the two groups of smokers (male and female) with respect to the feeling after smoking where maximum number of male smokers felt normal i.e. ‘feeling nothing’ (49.3%) and maximum number of female smokers (45.3%) felt relaxed after consuming tobacco (45.3%).

Figure I reflect upon the other observations made by the researcher. The frequency of chain smoking was high among the males than their female counterparts (32% males and 20.7% females). All (96% male and 100% female) were aware about the ill effects of smoking, 52% of male smokers and 57% of female smokers were worried about their smoking habit. However, 55% of male and 64% of female smokers wanted to quit smoking. A major section of smokers (70% of male and 61% of female) tried to quit smoking but failed to do so.

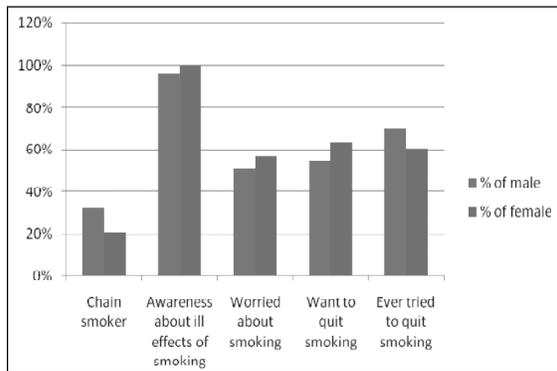


Figure 1: Other observations of male and female smokers

DISCUSSION

Despite worldwide anti-smoking campaigns, cigarette smoking is growing rapidly. Although many previous studies have examined the incidence of

smoking among adolescents, there have been very few studies determining the causes of smoking and also the differences in smoking habits between adolescents (male and females). The present study evaluated the current smoking situation in Indian youth, its initiation factors, the association between family background (family type, parent’s education, occupation, dietary pattern) and smoking and smoking habits of the youth.

In agreement with the previous studies (Krohn *et al.*, ’80; Barton, ’82; McGraw, ’91), data obtained from the present study indicate that the increase in smoking habit among Indian youth is mainly due to peer influence. Young female with a best friend who smokes are nine times more likely to be smokers (U.S. Department of Health and Human Services, ’79). This early onset of smoking is related to the notion that smoking is a sign of maturity and manhood. The findings of the present study highlight that social acceptance is the number one motivational factor for Indian adolescents to become tobacco smokers. The result of our study also showed that a high risk of smoking initiation was also related to parents being heavy smokers themselves. This is in agreement with previous observations suggesting that parental reactions, attitudes, and opinions about smoking have a great influence on whether or not children smoke (Borland and Rudolph, ’75). Children learn the benefits of smoking as well as its acceptability from parents (Silvis and Perry, ’87). A study showed that in families where both parents smoke, 15.1 per cent of female adolescents are smokers compared to 6.5 per cent when neither parent smokes (National Cancer Institute, ’80). A previous study observed that Female youths are more likely to smoke when their mother smokes (Elkind, ’85; Nolte *et al.*, ’83).

CONCLUSION

In the present study, the prevalence of cigarette smoking is high among male smokers as compared to female smokers where males consume more cigarettes on regular basis as compared to females. A larger section of the male smokers of the present study were not willing to quit smoking or even to modify their smoking habits. This study indicates that to be surrounded by smoking friends and “feeling out” was a strong motivational factor for most people to become regular smokers. Many smokers felt that holding a

cigarette would add charm and to their personalities which was observed mainly in girls. Many smokers felt that they would lose their power of concentration on work, gain weight, and will lose a pleasure if they quit smoking.

Finally, the present study recommends that the first effective step to minimize smoking should be to encourage people to give up smoking (self motivation) by increasing awareness about the ill effects of smoking. Smoking parents should share their struggles with their children indicating cigarettes harmful effects. As recommended, smokers can gradually quit with the help of medicines such as nicotine gum, patches, lozenges or any other dosage form. Bearing in mind that the most regular and the heaviest smokers are presently found among the women and men in childbearing years, it is most important that information about the harmful effects of tobacco on reproduction is available and widely disseminated by the health managers among the general public.

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