

## Reasons for smoking and its dependence among young population in Chennai

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### ABSTRACT

**Aim:** The aim of this study is to identify the reasons of smoking and its dependence among young current smokers in Chennai. **Materials and Methods:** A cross-sectional study was conducted in Chennai among young current smokers. A questionnaire was set and interviewed them to gather information about the reasons and the dependence level using the Fagerstrom test for nicotine dependence (smoking). **Results:** Among 300 smokers, 39% reported that relaxation was the major reason to initiate smoking habit. The second most common reason was that they were influenced by their friends. When the dependence level was estimated, 40% of the study subjects showed very high dependence level, whereas 24% of smokers were very low dependence. **Conclusion:** There is felt the need for smoking cessation programs and necessity for school-based smoking prevention programs for very young smokers and psychological and behavioral intervention should be done as the first-line treatment for those who want to quit smoking.

**KEY WORDS:** Dependence, Reasons, Smokers, Smoking, Young

### INTRODUCTION

Smoking is a major public health concern, particularly in young adults between the ages of 13 and 25 years.<sup>[1]</sup> Most initiation of cigarette smoking occurs by the age of 21 years. Cigarette smoking is the largest preventable risk factor for morbidity and mortality in developed countries. Among young people, the short-term health consequences of smoking include respiratory and non-respiratory effects, addiction to nicotine, and the associated risk of other drug use. Long-term health consequences of youth smoking are reinforced by the fact that most young people who smoke regularly continue to smoke throughout adulthood. Cigarette smokers have a lower level of lung function than those persons who have never smoked.<sup>[2]</sup> In the United States, lung cancer causes one of three cancer deaths in men. Smoking reduces the rate of lung growth. In adults, cigarette smoking causes heart disease and stroke. Studies have shown

that early signs of these diseases can be found in adolescents who smoke. Tobacco use is one of the important preventable causes of death and a leading public health problem all over the world. Tobacco kills one person every 6 s and causes one in 10 deaths among adults worldwide which amounts to more than 5 million people a year. The second-hand tobacco smoke is estimated to cause about 600,000 premature deaths worldwide.<sup>[3]</sup>

Smoking hurts young people's physical fitness in terms of both performance and endurance even among young people trained in competitive running. On average, someone who smokes a pack or more of cigarettes each day lives 7 years less than someone who never smoked. The resting heart rates of young adult smokers are 2–3 beats/min faster than non-smokers. Smoking at an early age increases the risk of lung cancer. For most smoking-related cancers, the risk rises as the individual continues to smoke. Teenage smokers suffer from shortness of breath almost 3 times as often as teens who do not smoke and produce phlegm more than twice as often as teens who do

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not smoke and have higher chance of developing chronic obstructive pulmonary disease.<sup>[4]</sup> Teenage smokers are more likely to have seen a doctor or other health professionals for an emotional or psychological complaint.

There are many factors which influence young adults to smoke.<sup>[5]</sup> Social and physical environment plays most important role. The way mass media show tobacco use as a normal activity can promote smoking among young people. Youth is more likely to use tobacco if they see that tobacco use is acceptable or normal among their peers.

Besides that, parental smoking may promote smoking among young people. There is evidence that youth may be sensitive to nicotine and that teens can feel dependent on nicotine sooner than adults. Genetic factors may make quitting smoking more difficult for young people. A mother's smoking during pregnancy may increase the likelihood that her offspring will become regular smokers.<sup>[6]</sup> There is a strong relationship between youth smoking and depression, anxiety, and stress. Lower socioeconomic status including lower income or education and lack of skills to resist influences to tobacco use is also one of the factors which stimulate young adults to smoke.

## MATERIALS AND METHODS

Observational cross-sectional study among young current smokers in the age of 15–25 years residing in Chennai city, India. A sample of 300 males was interviewed at randomly selected cigarette selling shops and other places. They were lucid and found to be of sound mind. Randomly 300 young current males who fit the criteria and accepted to be a part of the study were closed for the study. These smokers answered the questionnaire during the month of May/June 2015. Smokers were informed about the intent and purpose of the study. The questionnaire consists of two parts. The first part includes demographic part, which includes age, gender, and education. The second part contains questions including age when smoking was initiated, reasons for initiation and willingness to quit smoking, and Fagerstrom test for nicotine dependence-smoking.

## RESULTS

### Initiation Age

A total of 300 smokers were divided equally for the purpose of finding out the age of initiation. The age groups were 13–15, 16–18, 19–21, and 22–25 years. Among 300 smokers, 40% initiated smoking before or at 21 years of age, 7% between 13 and 15 years, 38% between 16 and 18 years, and 15% between 22 and 25 years old. Figure 1 summarizes the initiation age of smoking based on selected age groups.

### Reasons for Smoking

It is important to look at reasons smokers report that they smoke. 300 smokers were asked to select the reason they smoke. Among them, 39% reported that the main reason for smoking is relaxation, 17% reported style as the main reason, 20% influenced by friends, 10% of smokers do it for thrill, and 6% of them reported that they smoke to impress others. They gave some examples of parties and functions, 6% reported the reason that they smoke pressure from friends, and least 2% reported the reason was that they influenced by parents. Figure 2 summarizes the reasons for smoking.

### Level of Dependence

Level of dependence is studied based on the Fagerstrom test for nicotine dependence-smoking. 300 smokers were asked to select the standard six questions for the Fagerstrom test for nicotine dependence-smoking and the scoring was done based on the test. Among 300 young current smokers, 24% considered as very low dependence, 17% of smokers considered as medium dependence, 19% comes under high dependence group, and 40% considered as very high dependence. Moreover, they were larger in population than the rest. Figure 3 describes the level of dependence among youth current smokers based on the Fagerstrom test for nicotine dependence-smoking.

### Willingness to Quit Smoking

Of 300 smokers, 89% reported that they were interested in quit smoking. Willingness is equally divided into very much interested, somewhat interested, and not at all interested. 46% reported that they were very much interested in quit smoking, 43% reported somewhat interested, and 11% reported not at all. Smokers who do not want to quit smoking were probably heavy smokers and who failed many previous attempts. Figure 4 describes the percentage

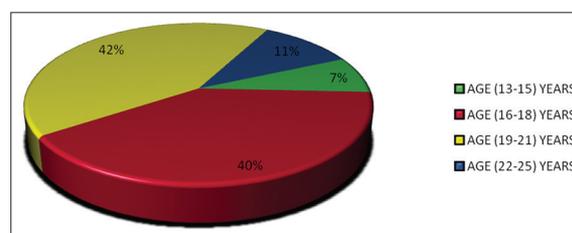


Figure 1: Percentage of cigarette smokers based on age

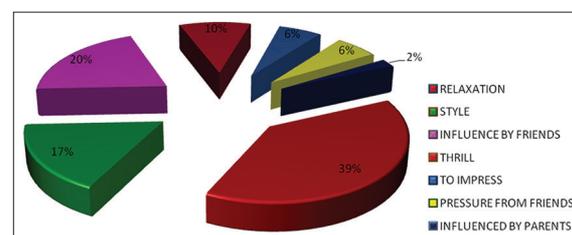
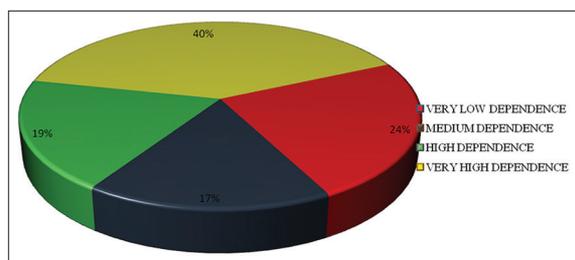
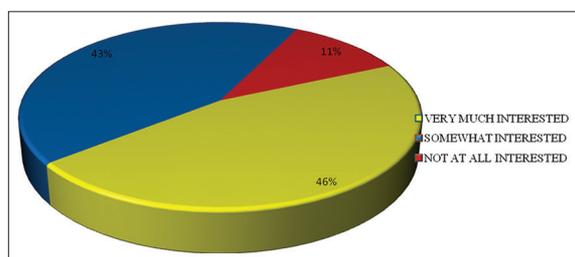


Figure 2: Percentage based on reasons for smoking



**Figure 3:** Levels of dependence among the smokers



**Figure 4:** Level of willingness to quit smoking among the smokers

for willingness to quit smoking among young current smokers.

## DISCUSSION

The study conducted in Chennai, among young smokers. The purpose of this study is to find out reasons of smoking and its dependence. A sample of 300 males was interviewed at randomly selected cigarette selling shops and other places.

Tobacco use among adolescents in India is a matter of concern. The Global Youth Tobacco survey (2006)<sup>[7]</sup> reported a prevalence of 13.7% of ever use of tobacco among school-going youth in the age of 13–15 years. They were lucid and found to be of sound mind. Among 300 smokers, 39% reported that they smoking for relaxation and it made them to feel better, 17% stated that they smoke for style, and 20% reported that they smoke due to friends influencing. Smoking that is influenced from friends is an important reason, 10% stated thrill, 6%, 6%, and 2%, respectively, for to impress others, pressure from friends, and influenced by parents, respectively. Smoking dependence was studied based on standard six questions Fagerstrom test for nicotine dependence. Among 300 young current smokers, 40% were very high dependence, 17% were medium dependence, 19% high dependence, and 24% very low dependence. Among them, nearly 70% had made one or more prior attempts. Similar results were found in other studies.<sup>[8,9]</sup> For these smokers, careful monitoring should be done and psychological or behavioral intervention should be done as the first-line treatment. 75% of smokers reported that stress is major reason for relapse to smoking after a quit attempt. In the present study, 80% of smokers reported that their parents are unaware of their

smoking. Parents may exert a positive influence by disapproving of smoking and by getting involved in children's free time.<sup>[10]</sup> Hence, parents may be altered to monitor their behavior. School- and college-based interventions such as counseling to promote cessation among current users and tobacco education to prevent the initiation are necessary.<sup>[11]</sup>

## CONCLUSION

Most of smokers reported that the main reason they smoke was relaxation and 40% of smokers were very high dependence on smoking. Their age of initiation starts from 13 to 15 years. This makes a felt need among the young smokers for smoking cessation programs in schools and outside college settings. There is a necessity for initiation of school based anti-tobacco campaigns and reinforcement. The community itself must monitor the implementation of tobacco control laws and the government must provide support to the community. Heavy smokers should be treated with nicotine replacement therapy of particular dosage depends on their dependence. Moreover, those who were interested in quitting smoking should undergo psychological and behavioral intervention.

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