

Knowledge, attitude, and practice on smoking habits among the adolescents in urban areas

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ABSTRACT

Introduction: Adolescents are the most vulnerable population to initiate tobacco use. It is now well established that most of the adult users of tobacco start tobacco use in childhood or adolescence. There has been a perceptible fall in smoking in the developed countries after realization of the harmful effects of tobacco. The tobacco companies are now aggressively targeting their advertising strategies in developing countries like India. **Materials and Methods:** A questionnaire of 13 questions was prepared online in survey planet website. 100 teenagers aging between 13 and 20 years took up the survey, of which 58 were male and 42 were female. The results were analyzed. **Results:** When a survey was conducted online among adolescents aging from 13 to 20 years in an urban city like Chennai, the results were found to be decent. It was found that about 72% of the people have not smoked. **Conclusion:** Smoking prevention programs should aim at identifying risk groups and finding measures to protect this vulnerable group of people from initiation of this practice. Adolescents should be counseled on the effects of keeping bad company and advised to choose their friends wisely.

KEY WORDS: Adolescents, Smoking, Survey, Tobacco, Urban

INTRODUCTION

The relationship between tobacco use and health, stems initially from clinical observations about lung cancer, the first disease definitively linked to tobacco use.^[1] The products of tobacco combustion are absorbed into the systemic circulation. Absorbed nicotine stimulates the release of catecholamines, while other products (perhaps including nicotine) injure the arterial endothelium and promote atherogenesis.^[2] Scientific evidence has unequivocally established that exposure to tobacco smoke causes death, disease, and disability.^[3] The prevalence of tobacco use among men has been reported to be high in most parts of the country, its use is more common in rural areas as compared to urban areas.^[4] A habit like this acquired at an early age can prove to be toxic in the future.

During the early period of adolescence, the ability for abstract thinking, distinguished from concrete thinking, begins to increase gradually when solving problems or making decisions.^[5] Habitual smoking by adolescents can be a gateway to other types of drug abuse and can

cause various health problems including frequent upper respiratory infections, delayed lung development, decreased maximum vital capacity, and lung cancer.^[5] The habit of smoking is considered a true drug addiction and is widespread all over the world.^[6] According to the World Health Organization, more than 4 million deaths recorded annually worldwide are related to smoking habits. Smoking is associated with a number of diseases and disorders in humans. Adolescents are more prone to catch up with these habits which can lead to long-term health issues. They may find the inspiration to adapt to such habits from their peer groups, siblings, or even family members. Stopping smoking usually involves an intention not to smoke any more cigarettes from a given point in time followed by self-conscious resistance of urges to smoke resulting in a period of abstinence.^[7] Chewing betel quid and tobacco are associated with a substantial risk of oral cancers in India.^[8] Cigarette smoking is the leading cause of preventable death in the United States and is responsible for \$157 billion in annual health-related economic losses.^[9] Internet interventions for tobacco cessation may have an important role to play in improving individual, community, and population health.^[10] Exposure to smoking imagery in movies is associated with smoking initiation during this period of life.^[11] Quitting smoking is notoriously difficult, with

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unaided quit attempts resulting in relapse 90–95% of the time within 1 year of the quit attempt.^[12]

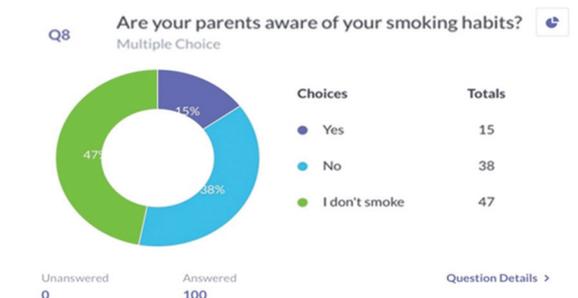
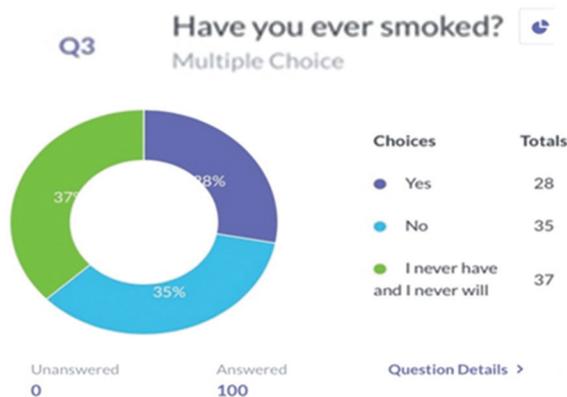
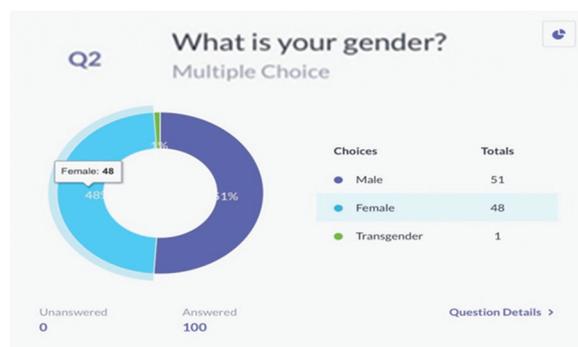
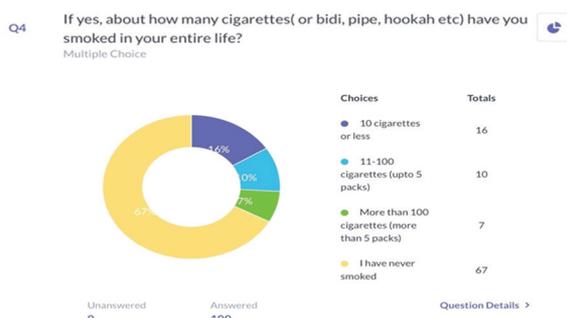
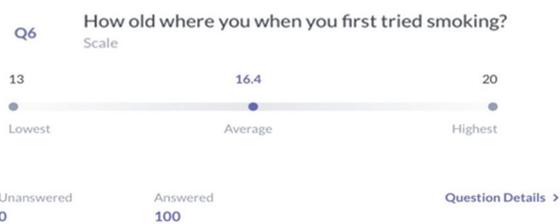
Hence, the aim of this study is to determine the prevalence of tobacco smoking and the mean age of initiation among adolescents in urban areas in India.

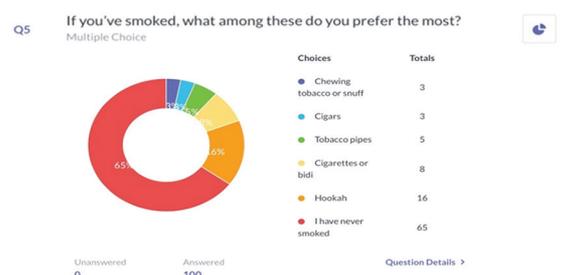
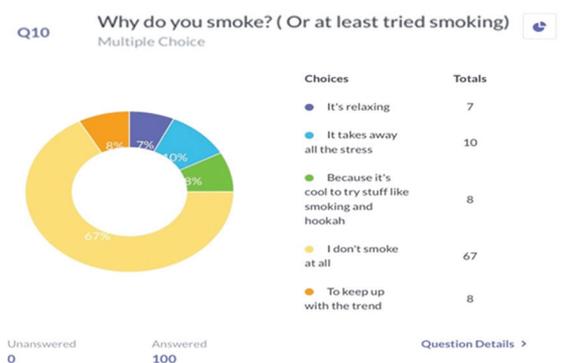
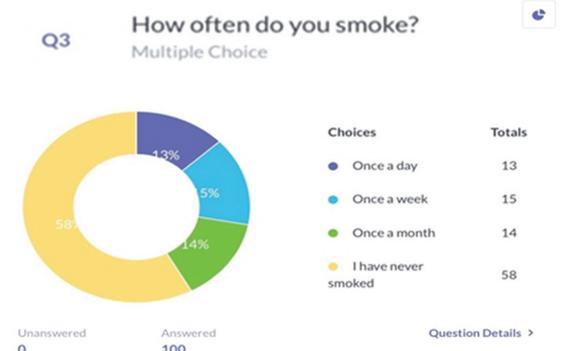
MATERIALS AND METHODS

A questionnaire of 13 questions was prepared online in survey planet website. 100 teenagers aging between 13 and 20 years took up the survey, of which 58 were male and 42 were females. The survey was conducted online and the answers were collected. The results were then analyzed.

RESULTS

It was found that among the teenagers who took up the survey, average of them was 18 years old. Almost 51% of them were male and 48% of them were female. It was also found that most of them have never smoked. It was also found that 65% of the teenagers who smoke have never tried to quit smoking, whereas 21% of the participants are still trying to quit. It was also found that most of the teenagers started smoking when they were 16 years old. 43% of the teenagers had no workshop conducted in their schools/colleges regarding awareness on smoking.





Around 38% of the participants answered that their parents are not aware of their smoking habits. 16% of the participants find it difficult to refrain from smoking, whereas an equal 16% of the participants do not find it difficult to refrain from smoking. 16% of the participants have smoked 10 cigarettes or less in their entire life. 10% of the participants have smoked up to five packs of cigarettes in their entire life. About 7% of the participants have smoked more than 100 cigarettes. 16% of the teenagers prefer hookah the most, whereas 8% of the participants prefer cigarettes/bidi. 5% of the participants prefer to smoke tobacco pipes while 3% of the participants prefer chewing tobacco and cigars. 10% of the participants smoke because it is a stress reliever, whereas 8% of the participants smoke to keep up with the trend. 7% of the participants think that it is relaxing to smoke. 15% of the people smoke once a week while 14% of the participants smoke once a month and 13% of the participants smoke once a day. 27% of the participants were influenced by their friends and peer group to take up this practice, whereas 6% of participants were influenced by their family members and relatives.

DISCUSSION

According to this study, most of the participants taking up the survey are non-smokers and have never smoked in their life. Furthermore, it was found that friends and peer groups are playing a major role in influencing in trying habits such as smoking cigarettes, hookah, and cigar. Continuing this practice might lead to an addiction which will lead to deterioration of the health. Adolescents often take up such practices by even looking at their own family members or even siblings. Therefore, parents play a very important role in controlling and managing their children's practices. Peer and parental influences are critical socializing forces shaping adolescent development including the coevolving processes of friendship tie choice and adolescent smoking.^[13] During this stage, adolescents spend more unsupervised time with friends and peers, often at the cost of reducing time spent with parents.^[14]

Adolescence is a stage of significant growth and potential, but it is also considered to be a time of great risk. A lot of adolescents are facing pressures to use alcohol, cigarettes, or drugs, thereby putting themselves at high risk for intentional injuries and infection from sexually transmitted diseases. Smoking contributes to socioeconomic health inequalities, but it is unclear how smoking inequalities emerge at a young age.^[15] Tobacco is known to be the only legal consumer product that can cause harm to everyone exposed to it and kills most of those who use it as intended. Tobacco is also considered as the single most preventable cause of death in the world. Since

prevention is said to be better than cure, it is important to examine the root cause of the problem. Programs should aim at helping adolescents gain emotional control so that they do not give in to pressures from peers. Furthermore, since adolescents learn by imitation, older siblings and family members should be educated on the dangers of smoking in the presence of adolescents and also about leaving cigarettes at the disposal of adolescents. Parental knowledge of their adolescents' whereabouts and activities has been consistently linked with reduced adolescent problem behavior.^[16] Smoking is also linked to emotional well-being, including internalizing and externalizing behaviors and parent-child closeness.^[17] Effective tobacco control policies that deter smoking initiation and escalation are crucial in curbing tobacco use.^[18] Existing research to understand how smoking patterns of sexual minority youths vary across gender, age, and race/ethnicity is inconclusive and sometimes contradictory.^[19] Tobacco and alcohol, often referred to as "gateway drugs," are among the first substances consumed by adolescents.^[20] Hence, the activities of adolescents should be closely monitored to prevent them from using such addictive substances.

CONCLUSION

Smoking prevention programs should aim at identifying risk groups and finding measures to protect this vulnerable group from initiation. Adolescents should be counseled on the effects of keeping bad company and advised to choose their friends wisely.

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