

Attitude of Adolescents for Smoking

Asif Jamil *
Umar Ali Khan
Malik Amer Atta

IER, Gomal University Dera Ismail Khan, KPK

Gulap Shahzada

IER, University of Science & Technology Bannu, KPK

Muhammad Younis

Government Degree College # 2 Dera Ismail Khan, KPK

* Correspondence asifjamil72@hotmail.com

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Abstract "Death from smoking is increasing alarmingly in developed Countries as the cigarette companies' shift their marketing to the poorer parts of the world. In a report prepared by the World Health Organization back in 1990, it was revealed that as compared to the anticipated ratio of life-losses resulting from smoking in 1990s i.e. one million a year, the losses may increase up to seven million within two to three decades". In perspective of the above, it was noticed with a great deal of concern that unfortunately the trends of smoking, specifically among adolescents are notably increasing. To find out the reasons, and to determine the awareness level of the harms of smoking, a study was initiated in the southern districts of KPK Pakistan. It was presumed that easy access to smoking materials, lack of proper education, prevailing environment and some socio-cultural as well as psychological factors are responsible of smoking among adolescents. 12-19 years of age group was selected for the study. It was concluded that peer group pressures and friends play all important roles in the initiation of smoking whereas home environment and smoking habits of parents and siblings were also found to be important determinants in this respect. Free access of adolescents to smoking & allied material was also found to be a significant cause of smoking initiations while the status and living standards and other factors are playing very vital role in this regard. The study revealed that considerable chunk of the adolescents start smoking for the sake of fun as well. The study on the other hand revealed that adolescents are not adequately aware of the harms of smoking. A very meager collocate of the sampled population recognized few harms of smoking but on the whole the level of awareness was found as dissatisfactory by any means.

Keywords: Attitude, Adolescents, Smoking, Awareness, Initiation

Introduction

Harmfulness of smoking is quite obvious which includes adverse effects on respiratory system, breathing problems, chance of nicotine addiction, risk of addiction to drugs associated with smoking, lessened functions and reduced growth of lungs, lung cancer, heart problems (Kamholz, 2004), decreased endurance and lower performance, higher rate of resting heart beats, social adjustment problems, unpleasant smell from mouth and emotional and psychological problems (WHO). Smoking harms almost every organ of the body, causes many diseases and reduces the quality of life and life expectancy. Deaths caused by smoking are five times higher than deaths that come from traffic accidents, alcoholics liver diseases, poisoning and overdose and other accidental diseases. Smoking is the major cause of mouth cancer (CCV 2007) and it can cause serious damages to teeth and gums (ACSH, 2003). Quitting smoking however, reduce the risk of cancer and other disease that are usually spread through smoking (DHHS US, 2004). It is important to know that secondhand smoke, also called environmental tobacco smoke (ETS) and exposure to it as involuntary smoking, or passive smoking is equally injurious to human health; rather in some cases it proves to be more dangerous (Jaleel et al, 2001). It is unfortunately not easy to avoid secondhand smoke because about one in four people smoke. Secondhand smoke causes lung cancer in people who don't smoke, in addition to irritation of the eyes, nose, and throat. Secondhand smoke especially hurts children who are more likely to suffer from pneumonia, bronchitis, and other lung diseases and

ear infections. Researchers at Osaka City University Medical School in Osaka, Japan found that passive smoking for half an hour dramatically affected the circulation of blood within the hearts of non-smokers. Other studies have shown the risk of death from coronary heart disease is increased among non-smokers who are exposed to environmental smoke, by as much as 23%.

In Pakistan use of tobacco is very common as majority of men with a considerable number of women use tobacco in any of the available form (PMRC, 2003). Pakistan is among those few countries in the worlds where use of tobacco is alarmingly increasing (Ahmed et al, 2008) as the number of tobacco users in Pakistan amounts to 25 million with a sizeable number of female exposed to smoking (Maqbool, 2008). Tobacco, in this part of the world is used in different forms and through many methods including shisha¹, huqqa², pan³, qiwam⁴, niswar⁵ etc, in addition to cigarette which is the most popular form of tobacco use among the habitual (Ansari et al, 1998). Recent surveys in many of the cities of Pakistan reveal that the ratio of smoking among youth is at rise. Unfortunately most of the effected adolescents are below eighteen years of age (Samia, 2008). In this context daily 'the Nation' (Nation 26/102008), referring president of a local NGO reported that young people, a major part of Pakistani population, are very unfortunately feared to have an exposure to smoking and ultimately to the drug abuse.

It has been noted that shisha smoking is more popular and prevalent among the adolescents belonging to comparatively high socio-economic class (Maqbool, 2008) and is gaining great popularity among the adolescents. Shisha or huqqa is openly and easily accessible to them on different picnic spots in particularly big cities of Pakistan. For making shisha smoking more attractive, it is available in different flavours that deceitfully conceal the natural smell of tobacco. It is horrifying to note that large number of school boys and girls go to shisha houses to enjoy shisha smoking openly (Pakistan Observer, 2009). A report submitted to the WHO stated that shisha smoking is equally, rather more dangerous (Shihadeh and Saleh, 2005) than the cigarettes and it should also be treated at par with smoking as far as its harms are concerned (Ash,2007).

In an effort to create awareness among youth, IMDC Islamabad organized a seminar where it was revealed that smoking among students of school and college is on the rise and daily about 1600 young people initiate smoking in Pakistan. (M. Qsim, 2008). It was noted that the level of awareness was improved consequent upon a study relating to the effects of shisha smoking, and the youth addict of shisha smoking, were found more aware of the harms of this menace, resultant to the information provided to them (Qudisia et al, 2008).

1. **Shisha:** gaining rapid popularity among the youth in Pakistan, shisha (improved form of Hookah) is a water pipe used for smoking purposes, originating about 500 years ago
2. **Huqqa** (Hookah): also known as a water-pipe is a single or multi-stemmed instrument for smoking in which the smoke is cooled and filtered by passing through water.
3. **Pan:** a Pakistani/Indian tradition of chewing betel leaf with tobacco.
4. **Qiwam:** Tobacco leaves processed by removing their stalks and stems, then boiled and soaked in water flavored with spices and additives. The resulting pulp is mashed, strained, and dried into a paste.
5. **Niswar:** a type of dipping tobacco made from fresh tobacco leaves, calcium oxide (chuna), and wood ash.

Not only in Pakistan but elsewhere in the world, use of tobacco among adolescents is considered as a major health problem. According to Pollay (Pollay, 2007) It is feared that everyday some "Eighty to One hundred thousand adolescents become addict of tobacco in different parts of the world. Quite alarmingly most of the smokers are exposed to smoking before reaching 18 years of age (WHO, 2002). If the trends of tobacco use among the youth continues in the same mode, the death toll caused by tobacco can rise to "250 million addicted children" (Bates, 2004). Research reveals that the smoking proves to be more injurious to adolescents in comparison to adults (JMHW, 2002). Extended use of tobacco for a considerable time makes it difficult for the adolescents to quit, as the habit of tobacco causes more dependence upon nicotine among them than the adults (Mio, 2008). Research establishes that majority of adolescents; habitual of smoking regularly can die prematurely due to the tobacco related chronic diseases (Peto et al., 1994). Spending some money on purchase of tobacco makes the youth more prone to regular smoking (Leatherdale, 2005). Habit of smoking can open the doors of drugs addiction among the adolescents (Mio, 2008). Results of a study conducted in Japan concludes that exposure to smoking during adolescence most probably adds to the chances of drug addiction (Oura et al., 2003). A study carried in America indicated that ratio of becoming dependent upon smoking is more likely among the adolescents than those of the adults who start smoking at comparatively older stages of age (Breslau et al., 1993). A research study conducted in Egypt reveals that a sizeable number of young boys and girls have used water pipe as a source of smoking (Gadalla, 2003). Strict implementation of laws concerning tobacco control play significant role in reducing tobacco use among adolescents (Wakefield, 2000). Studies reveal that smoking habits of parents play significant role in initiation of

smoking among their children (Leatherdale and Manske, 2005; Leatherdale et al., 2006; Milton et al., 2004). According to WHO (2008) majority of smoker initiates smoking before reaching the age of 18. It has been found that most of the adult smokers had experienced smoking for the first time at the age of 18 or below (Nelson et al, 1995). Research study ascertains that a considerable number of youth aging "13-15" have been found addict of smoking (Warren et al, 2006). Initiation of smoking at early stages of age proves to be more harmful as it continues for a longer period (UOM, 1997). Initiation of smoking can also cause habit of the use of other addictive drugs and substances. Exposure to tobacco at early stages of age usually results in heavy use of smoking and consequent increase in the mortality rate among smokers (DHHS, 2004).

Among numerous causes of smoking, aggressive and attractive tobacco advertising on media and tobacco outlets sponsored by tobacco producers, causes main damage of exposing the children to tobacco use (Vaidya et al, 1999) which has though gradually been barred but the direct ban of tobacco advertisement is being counteracted by indirect advertisement through film, drama and other programmes on TV that needs to be banished completely (Daily Dawn, 2009). In this respect it is important to note that a study conducted by AKU stated that alarmingly increasing number of young smokers, estimated as 1500 (almost similar to that of the findings of M. Qasim) a day in Pakistan, is mostly due to "aggressive marketing" of tobacco producers (Daily News, 2008). Research studies reveal that advertisement very effectively targets the youth not used-to of smoking (Brown, 1979). It is a matter of fact that mass media can play very effective role in ending or reducing the tobacco use among youth through a full-blooded campaign against this threat (Lloyd et al, 2005). Attractive tobacco advertisement and sponsorships pull the youth towards tobacco (Slater, 2007) and incites them to smoke (DiFranza et al, 2006). It is important that effective counter campaign is launched to strengthen the efforts for the eradication of smoking among youth (CDC, 2007). Research indicates that State supported anti-smoking campaign can play an effective role in reducing and ending smoking habits among youth (Hyland et al, 2006). It is considered that effective education and proper counseling can help reduce smoking habits (SK Org, 2010). The mass media can play very effective role in ending or reducing the tobacco use among youth through a full-blooded campaign against this threat (Lloyd et al, 2005).

Methods and Materials

This study was conducted in the southern districts of Khyber Pakhtoonkhwa province in Pakistan, which included Dera Ismail Khan, Tank, Bannu, Lakki Marwat and Karak. Population of the study comprised of adolescents aging 12 to 19 years, habitual of smoking, whereas sample of the study consisted of 734 adolescents. A structured questionnaire constructed on three point Likert scale Pattern was employed for data collection. The questionnaire consisted of thirty items including eighteen for the measurement of awareness among the subject respondents regarding harms of smoking, and twelve for measuring the causes of initiation of smoking,. The researchers personally executed and completed the measuring scale to avoid errors and every possible chance of predetermined and undue cautious responses. This practice proved helpful in removing difficulties of the respondents in answering certain questions. Gathered data were analyzed using SPSS version 12 (statistical package for social sciences). Reliability of the measuring scale was tested, which was found as .847 on Cronbach's alpha, whereas Pearson correlation coefficient, Independent sample t-test and linear regression model were applied for the logical analyses of the data.

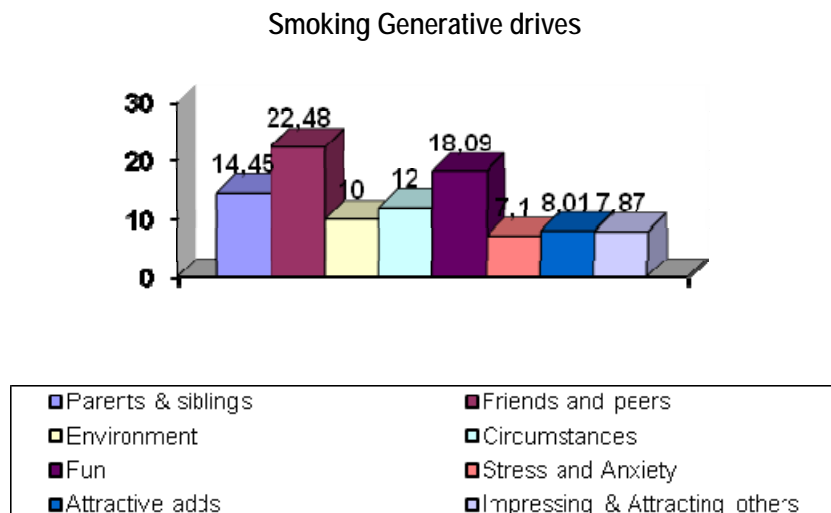
Research questions

1. What are the main generative drives that attract adolescents to start smoking
2. Which of the age group is most critical in perspective of smoking initiation
3. What is the degree of awareness among adolescents regarding harms of smoking

Results and Discussions

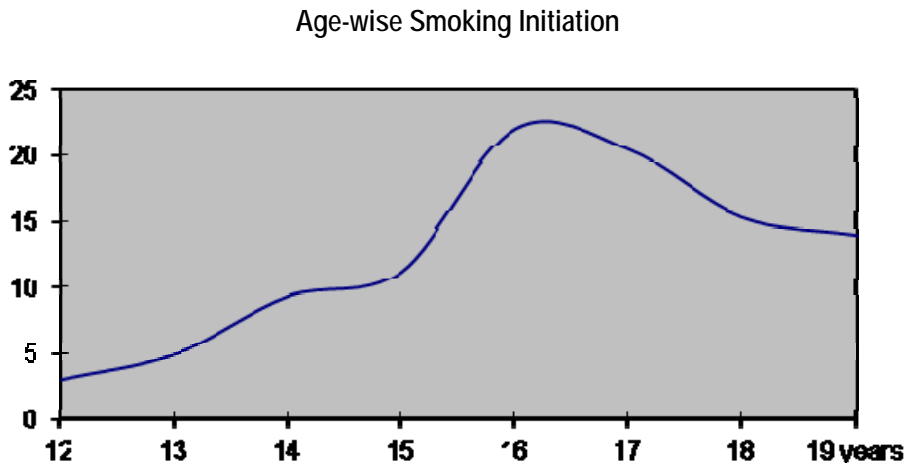
This study searched to explore *different smoking stimulates* that cause initiation of smoking among adolescents. Attempt was also made to determine the *age group* which is most prone to smoking whereas it was also tried to ascertain *degree of awareness* among the target population regarding diverse dangers related to tobacco intake. The data revealed that friends and peers prove to be major cause of smoking initiation among adolescents as 22.48% of the respondents acknowledged a major role of friends and peers in developing and promoting this habit among them. 18.09 percent of the respondents considered fun as a source of inspiration and initiation whereas 14.45% held their parents and siblings

responsible for the same. The diagram given below concisely depicts the sources that inspire adolescents initiate smoking.



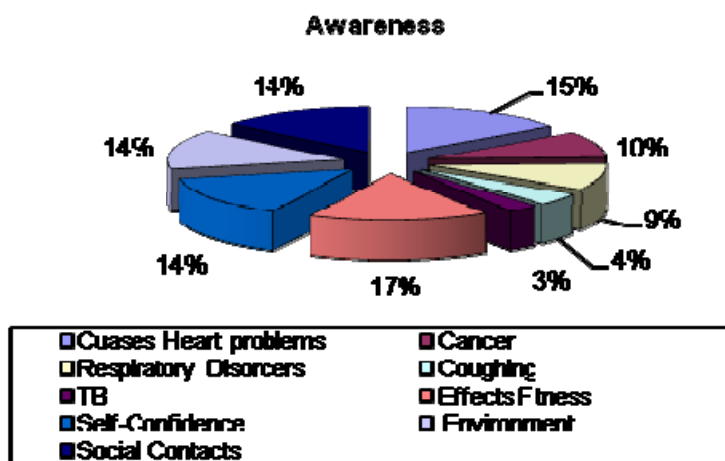
Smoking Generative drives Parents & Siblings 14.45, Friends & peers 22.48, Environment 10, Circumstances 12, Fun 18.09, Stress & Anxiety 7.10, Attractive Adds 8.01, Impressing & Attracting others 7.87

The collected data revealed age group 16-17 years the most critical as 23 % of the adolescents admitted they started smoking when they were 16 while 20% started smoking at the age of 17 years, The matter of concern nonetheless was the age group 12-13 where 3 and 5% were respective found to be exposed to smoking. Following graph divulges the age-wise initiation of smoking among adolescents which gradually mounts and reaches to its peak at the age of 16-17 years.



Adolescents Starting Smoking at the age of 12years-3%, 13 years-5%, 14years-9%, 15years-11%, 16years-23%, 17years-20%, 18years-15%, 19years-14%

The harms of smoking were divided in two groups i.e. the *fatal diseases* caused by smoking and *social disadvantages* of smoking. Heart problems, probably being the most common, projected and well known resultant of smoking were acknowledged by 15% of the respondents whereas rest of the harms were recognized by the adolescents comparatively to a lesser extent. With reference to social harms of smoking, the adolescents (18%) did know that smoking is injuries to fitness, 14% said they know that smoking shakes self confidence by making dependent of it if caught in some sort of a situation, almost similar number of respondents (14%) said they know smoking spoils the environment and becomes a hindrance in the social contacts at times as they failed to gain attention and response of those who do not smoke.



Smoking Causes

Heart Problems 15%, Cancer 9%, Respiratory Disorders 9%, Coughing 4%, TB 3%

Smoking Effects

Fitness 18%, Self-Confidence 14%, Environment 14%, Social contacts 14%

Though on the whole the degree of awareness among respondents regarding different adverse effects of smoking (11.11% on average) was found to be considerably low, yet it was presumed that no significant difference of awareness prevails among different age groups regarding harms of smoking. Contrary to the presumptions the data analysis revealed that degree of awareness within the groups of subject population was nonintersecting, though not to a greater extent. For the purpose ANOVA was employed where difference in the mean scores (see below table) and F-value i.e. 9.470 being greater than t-value i.e. 2.60 affirmed variance of the level of awareness among different age groups.

ANOVA on Awareness

Categorical Variables	Age Groups	n	Mean	SD	df	F-value	Table value	P-value
Awareness	12-13	60	2.2185	.15709	3	9.470	2.60	.000
	14-15	198	2.1717	.21768				
	16-17	266	2.0931	.19360				
	18-19	110	2.1545	.21820				

It was considered significant to empathize whether awareness of the harms of smoking help prevent indulgence in the nuisance of smoking. Linear regression model was applied to determine the association of the two variables, the results of which revealed no significant influence of awareness on initiation of smoking.

Linear Regression showing association between awareness and initiation of smoking

Dependent Variable	Predictor	R	R ²	df	F-value	P-value	Beta Score	Significance
Smoking Initiation	Awareness	.053(a)	.003	1 733	2.055	.152(a)	.053	.000

Findings

Peer group and friends were found as the prime instigating and converting factor in initiation of smoking among adolescents. The detailed responses revealed that peer group picnic parties and gatherings, going to the restaurants and sitting there for hours, dominating environment of the restaurants and facilities of smoking aids therein also added to the habit of smoking. Similarly adrift wondering with groups of friends and visiting riverside for the sake of enjoyment lead most of the youngster to indulge in smoking. In addition, attending music parties' particularly pop music in-groups and favourite food parties also promoted the habit of smoking. The role of siblings and parents was also found as considerably 'contributive' in this regard, because a prominent chunk of the adolescents said they started smoking because they found it as a routine practice of their parents and siblings which drew them to this menace. Most of the respective respondents revealed that their parents and siblings did freely smoke at home sitting along with family in the TV lounge or in the dining room, after meals. Many of the adolescents while responding to a question said they were usually asked by their parents to bring cigarettes for them which indirectly encouraged them doing the same what their parents do. Other factors i.e. environment, circumstances and tobacco producers attractive campaign through media were though found to be having a role in the initiation of smoking among adolescents, but sense of making fun was also found as among the important elements that drove many of the respondents towards smoking. In response to a question about giving up this habit which began for making fun, 36 % of the adolescents said it was not possible for them to abstain from smoking once started, while the remaining said quitting is quite possible if they desired to do so.

It was observed that excessive freedom to the adolescents in the name of culture and so-called civilizedness, no proper check by the parents on the movements and habits of children and easy accessibility to lots of resources and money lead most of the adolescents to the places where smoking and its allied material was facilitated to them in different attractive ways.

The study ascertained that though to a comparatively smaller scale, the initiation of smoking yet prevailed among the adolescents aging 12-13, which was quite worrying. It was detected that majority among this age group, exposed to smoking were the adolescents, victim of forced or intentional child labour, perhaps due to poverty, illness or demise of parents, or some other socio-economical reasons. The most critical age group found to be most endangered and inclined towards smoking was 16-17 years which is factually the most incisive span of age as well. Quite unfortunately when asked, 85% of the mentioned said, they are aware of the fact that tobacco is injurious to human health, while rest of the 15 % said it has no bad effects. The reason among the reasons of indulgence in smoking at this very age group might be change of environment and a gradual shift from finitude/strictness of parents and elders to freedom, or a shift from school to colleges, where the environment is altogether contrasting.

The awareness regarding critical health problems occurring from smoking was almost missing among the adolescents. Heart problem being the most commonly a known and discussed phenomenon was recognized as a threat of smoking, yet only by the 15% of the entire sampled population, whereas, other critical health related effects of smoking were known to less than 10% of them. Nonetheless, almost 20% of the population recognized the negative effects of smoking on physical fitness, yet continued smoking without any hesitation or check.

Half hearted measures by the authorities for prevention of smoking, but a simultaneous slack and unemphatic attitude for implementation, results in the increase in smoking. In this regard it is important to note that apparent prohibition of smoking and ban on smoking related advertisements through the media, smoking in public places and public transport, prohibition of smoking in Educational Institutions etc is not working properly and non-serious rather Laissez-faire attitude of the government is not supporting the cause. A strong political plus administrative will is required to stop this happening. It is also a point of concern that the elite and eminent of the locality are not taking any sincere responsibility for prohibiting the smoking, likewise, proper help and cooperation by them is never extended to the authorities in this respect. Further, the parents are not showing real concerns. They are not coming up strongly with their responsibilities and asking the relevant quarters to do something positive.

Conclusion

Peer group pressures and friends' abetment act as a very strong motivational drive for the adolescent from different age groups to indulge in smoking. Home environment and smoking wonts of parents and siblings also prove to be a major cause of the initiation of smoking among the adolescents. Unmarked accessibility of adolescents to cigarette and other smoking substances also prove to be a significant cause of smoking initiations whereas the adolescents also start smoking for the sake of fun as well. 16-17 years of age prove to be more critical as according to results most of the adolescents start smoking when they reach the age 16-17. The study unveiled that adolescents are not

reasonably aware of the harms of smoking as comparatively a smaller number of the sampled population recognized quite few harms of smoking but by and large the level of awareness was found as quite disappointing.

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