

A STUDY OF MOTIVES FOR SMOKING HABIT AMONG HIGHER SECONDARY SCHOOL TEENAGE BOYS IN NAMAKKAL DISTRICT, TAMILNADU

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ABSTRACT

Smoking in teens is a great health fear as it is related to several chronic illnesses and death in future life. There is also connected with further high-risk behaviors in the teenagers. The current study was aimed to decide the pervasiveness and motives for smoking among higher secondary school teenage boys. This study was a cross-sectional investigation piloted among 11th and 12th standard students. Three government schools in the District of Namakkal were identified and schoolboys from these government schools were randomly nominated. Students were given a self-administered questionnaire. About 343 schoolboys were included in the study. The pervasiveness of smoking amongst the school teenaged boys was 37%. Though the most of them initiated smoking between 16-18 years old (67%), 21% of them commenced smoking below 15 years of age during at high school. There was a significant connection between adolescent smoking and smokers in the family members ($p < 0.05$). The common motives described for starting smoking were curiosity (69%) and peer pressure (51%). However, the common reasons for progressing smoking were stress (70%) and addiction (49%). Schoolwork was reported as the most vital factor which contributed to their stress. Smoking avoidance programmes should commence promptly in primary schools. Teenage students must be educated on effective policies in dealing with stress and learning to be self-confident.

Keywords: Smoking, teenagers, higher secondary school and motives.

INTRODUCTION

Smoking is a major community health problem in the developed and developing the world. Socio-economic growth in developing nations are very rapid and complemented by a regular upsurge of tobacco ingestion.¹ In the 2020s, a world total of three million folks died each year from tobacco-induced diseases.² Over 75% of adult smokers reported that their first smoking experience began during adolescence.³ Smoking is a great concern among adolescents as it is related to many chronic illnesses and death which become evident only after two or three decades of tobacco use. It is also related with other risky behaviors such as other drug abuse,

truancy and corporal fighting.⁴ Once a regular smoking pattern is established, it is difficult to cease, with onset during adolescence being highly predictive of lifetime use.⁵

There are not many studies done in Namakkal previously which looked into the reasons for smoking and the contributing factors influencing it. Thus, the objective of this study was to determine the prevalence of smoking among higher secondary school boys, reasons for smoking and the contributing factors to the commonest reason given. The findings in this study could be used to improve policies in smoking deterrence policies for teenage schoolboys.

MATERIALS AND METHODS

This was a cross-sectional study surveyed amongst higher secondary school-boys (11th and 12th students). Three secondary schools in the District of Namakkal were chosen randomly. From each school, an equal number of students were chosen randomly from the class registration lists. Higher secondary students from all ethnicities were included in the study. Consent was obtained from the students and their parents. Those who refused to give consent to participate in the study were excluded. The students were then given a self-administered survey form. The survey form (questionnaire) was pre-tested and consisted of questions regarding socio-demographic features, age at which smoking was initiated, smoking among family members as well as reasons for initiating and continuing smoking. Non-smokers were those who never smoke for at least one month while smokers are those who smoked at least one cigarette for the preceding one month.⁶ Data entry and analysis was done using Epi-info 2002. A confidence interval of 95% and the value $p < 0.05$ were considered as significant.

RESULTS AND DISCUSSION

About 343 schoolboys participated in the present study. The defendants comprised multi-religious and multi-caste students. Their ages ranged among 16 and 18 years old; 57% of them were aged as sixteen years, 40% seventeen years and 3% eighteen years. Most of them were from poor families with personal revenue ranging from Rs.2500 to Rs. 8000 (66%). The occurrence of smoking in the teenage boys were 37%. Though most of them introduced smoking at 13 to 15 years old (66%), 21% of them initiated smoking in the high school level (≤ 12 years old) (**Table 1**). In the smokers, the majority of students in a day smoked greater than ten cigarettes (57%) (**Table 1**). It was a significant connotation among teenage smoking and smokers in the family members ($p < 0.05$).

The usual motives specified by the defendants for initiating smoking and continuing smoking varied extensively. The maximum frequent reasons for initiating smoking were curiosity (69.3%) and peer pressure (51%) while stress (70%) was stated as the commonest motive for continuing smoking trailed by addiction (49%) (**Table 2**). Teenagers stated school work as the most significant issue, which contributed to their stress (**Table 2**). Most of the smokers' initiate smoking in their teenage.⁷ The occurrence of smoking in teenaged boys in Asian nations ranges from 13% to 35% in the 2010.⁸⁻¹⁰ The National Health Morbidity Survey done in India documented an augmented trend in the occurrence of smoking amongst adults from

39% in 2016¹¹ to 49% in 2017.¹² Nevertheless, data on the occurrence of smoking amongst teenagers was not available. In 2017, a study done in India suggested the occurrence of cigarette smoking amongst secondary students as 33.2%.⁸ In the present study, the occurrence of smoking among higher secondary school boys was 37%. Although the background in the investigation by Rao et al.⁸ was dissimilar, there may be an increasing tendency in cigarette smoking in teenage boys; thus it is essential for health care providers to address this issue and improve the defensive intervention strategies against smokers.

This investigation reported that 21% of the adolescent boys who started smoking at 12 years old or younger (during high school level). It specifies that the education regarding smoking, emphasizing on its negative consequences, should begin early in the primary schools. It should be a portion of the primary school program and schoolboys should be taught ways to say "no" to tobacco smoking. Several investigations have demonstrated that those who started smoking early in life have greater difficulty in stopping.¹³⁻¹⁵ They are also more possible to become heavy smokers and are at higher risk of developing smoking-related diseases than those who initiate at a later age.¹⁶ The children who started smoking at an earlier age may be due to earlier experience to tobacco background either at family, school or in the public. Electronic media, for example, television, advertisement, and movies, also have a great impact on children. It is the responsibility of parents and other adults to supervise and educate children that smoking is an unfavorable practice which should not be attempted.

Smoking habits in the middle age of teenagers had been shown to be influenced by parents and other adult role models who smoke.¹⁷ This study also showed a significant association between adolescent smoking and smoking among family members. Hence, well-being practitioners should upsurge awareness amongst parents that they are significant role models for their youngsters and should safeguard that they do not impact their teenagers to smoking.

In this study, the maximum common motives provided by the teenagers for initiating smoking were curiosity (69%) and pressure (51%). Many teenagers initiate smoking to appropriate into the culture or peer group¹⁸. Teenagers incline to trial smoking together and by doing so they trust that they are more acknowledged by their peers.¹⁹ It is imperative that health professionals appreciate the psychosocial developing process in youth. During teenage, there is an absence of instinct regulator and there is an augmented wish to trial with innovative practices; hence the

feeling of risk-taking actions such as smoking. This clarifies the normal motive documented by the defendants for introducing smoking, which was curiosity. Furthermore, during the mid-teenage period, the function of teacher communities develops more apparent and they are vulnerable to peer pressure. Youths tend to be deeply involved with their teacher subculture by following to teacher's morals and codes.¹⁹ They must absorb to be self-confident to say 'no' to smoking and impact peers in contradiction of smoking. Other usual motives provided by the teenagers for starting smoking were stress (42%) and 'sensation more mature' (25%). Teenagers must be polished that smoking cigarettes are not the remedy to ease stress or resolve their glitches however it can cause several undesirable impacts. 'Feel more mature' is a probable answer by teenagers as they are in the course of creating an individuality. They are often showing to smoking adults and subconsciously categorize smoking with adulthood which is a mistake. Therefore, it is vital to describe teenagers to healthier adult role-models and a better community.

The usual motive given by the teenagers in the present study for current smoking was stress (70%). The chief causative issues to stress suggested by students were high homework and teachers. Strains from heavy schoolwork projects, struggling to recognize the lessons, receiving poor marks and greater parental hopes pay to the anxiety in numerous teenagers. In addition, peers play an important role in adolescence. Misinterpretation amongst friends, teacher and the necessity to be accepted by friends are stressors to teenagers. Stress can ultimately cause anxiety or unhappiness in extreme circumstances. Therefore, it is vital that teenagers acquire how to deal with stress efficiently in its place of overlooking or pampering in depraved conducts such as cigarette smoking or additional matter exploitation.

The consequence of good coping services among teenagers is of utmost significance in the development of anti-smoking operations. Present policies to avert teenagers from

appealing in great risk behaviors contain an emphasis on building defensive factors such as strong family relations, spiritual philosophies, parental watching, adult role models and meeting in organized activities.¹⁹ The effective dealing policies to stop smoking essentially take place within the setting of the youth's usual daily life and attack all the issues that encourage continuance.¹⁴ Teixeira et al.¹⁶ inspected 65 adolescent psycho-social smoking anticipation programmes. They stated that awareness had the uppermost short-term result (less than a year) however quickly reduced in the extended period. The interactive effect was the greatest anticipation programme as it continues over a three-year time. They also described that smoking decrease proportions were augmented by using either mental behavior or life skills programme modalities in a school-community-incorporated programme situation.¹⁶ There are boundaries in this study. This study comprised only three higher secondary schools in a particular area. Therefore, the verdicts in this investigations cannot be comprehensive to represent the whole nations. There may be recall bias amongst the teenagers while responding to the survey and some could not have exposed the correct truths of their smoking behavior.

CONCLUSION

Initial smoking intervention policies are essential as youngsters are intricate in smoking. The initiatives should start promptly in primary and high school level to decrease the occurrence of smoking among teenagers. Educating the teenagers on being self-confident and obtaining actual coping policies in dealing anxiety are vital subjects to be encompassed in the preventive plans. Health care workers ought to take each chance to monitor smoking amongst their teenagers. They should integrate cigarette smoking deterrence into day-to-day preparation, obtain the essential services to recognize youngsters in danger of smoking and offer valuation, intervention, and management when required.

Table 1: Smoking habits of the respondents who smoked

Variable	Number of respondents (N = 127)*	Percentage (%)
Age of initiating smoking		
≤12 years	29	22
13-15 years	83	65
16 years	15	12
Number of cigarettes smoked (per day)		
More than 10 sticks	65	51
5-10 sticks	40	31
Less than 5 sticks	22	18
Type of cigarettes smoked		
Branded cigarette	13	10
Hand-rolled in leaves	114	90
Smoking family member		
Yes	88	75
No	39	25

Number of individuals who smoked was 127 (occurrence =37%)

Table 2: Motives for smoking

Motives	Number of respondents (N=127)*	Percentage (%)
Reasons for initiating smoking		
Curiosity	88	69.3
Peer pressure	65	51.2
Stress	53	41.7
Feel more mature	32	25.2
Reasons for continuing smoking		
Stress	89**	70.0
Addiction	62	48.8
Keep awake (at night)	52	40.9
Boredom	48	37.8
Peer pressure	46	36.2
Contributing factors to stress	(N =89)**	
Schoolwork	42	47.2
Peers	31	35.4
Girlfriends	26	30.7
Teachers	23	26.0
Parents	23	26.0
Other family members	22	25.2

The individuals were permitted to provide more than one response.

* A total number of individuals who smoked was 127.

** Number of individuals who provided the reason 'stress' for continuing smoking = 89.

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