

# Tobacco Addiction among Adolescents: A Qualitative Inquiry of Antecedents and Health Outcomes

Paper Submission: 15/10/2020, Date of Acceptance: 26/10/2020, Date of Publication: 27/10/2020



**Sujata Mudgal**

Educational Vocational Guidance  
Counsellor,  
School of Excellence, Khichripur,  
Directorate of Education,  
New Delhi, India

## Abstract

**Background:** Tobacco Addiction has become one of the most threatening problems all over the world. It can be gauged that approximately 5.4 million people lose their lives due to Tobacco Addiction across the globe. **Rationale:** The use of life-threatening drugs such as narcotics is a major problem prevalent among adolescents. It is negatively impacting the health status of not only adolescent boys but adolescent girls equally. Despite the severe health outcomes, adolescents' inclination towards drug usage is increasing day by day. The present study attempts to iron out the puzzle with the foremost objective to surface out the real circumstances leading adolescent's life spoiling poison. **Methodology:** the present employed the qualitative design by conducting the semi-structured interview of 40 participants living in urban and rural areas. Thematic analysis technique was applied to analyze the transcription of the participants. **Results:** the analysis of the data revealed that friends and family, the personal inclination for tobacco, academic-related stress, and social pressure, etc. emerged as the central themes for tobacco usage. **Discussion and Conclusion:** present study indicated that friends and family factors were dominant as a factor for tobacco as 25 participants out of 40 blamed their friends and family for their tobacco habits. Further, 11 participants were those who found themselves responsible for the tobacco addition. As tobacco use often starts early in life. The provision of early intervention can save a life a considerable number of students. Thus, this study's findings may have significant implications to enhance life quality by checking tobacco usage.

**Keywords:** Tobacco Addiction, Health Outcomes, Quality Of Life, Friends and Family Factors

## Introduction

Tobacco Addiction has become one of the most threatening problems all over the world. It can be gauged from the fact that approximately 5.4 million people in the world lose their lives due to Tobacco Addiction. Unfortunately, a considerable number of young children, adolescents, and adults lose their lives. WHO and other international organizations took several steps to cater to this problem, which proved to be insufficient. To date, no concrete step could prove to eradicate the problem of tobacco addiction worldwide potentially. Consequently, a large number of people are losing their life due to heart attack and cancer. The Indian environment clearly shows that tobacco addiction has completely spread among people of all ages. Children consuming tobacco are readily observable in the streets and railway stations. Hence, it is evident that tobacco is not prevalent among adults but equally among children.

## Factors Leading to Tobacco Use

Several factors influence the use of tobacco by children and teenagers. Some of these are the family history of tobacco use by elders, peer influence, experimentation, easy access to such products, personality factors, underlying emotional and psychological problems, accompanied risk-taking behaviors, and, most importantly, the tobacco's aggressive marketing strategies industry.

## The Role of Family

Family plays a significant role in the initiation of tobacco use by a young child or adolescent. Tobacco use by parents or an elder sibling

Increases the likelihood that a child begins smoking. For example, many Indian fathers and grandfathers frequently ask the boys to fetch "beedis" or cigarettes from a nearby shop or kiosk. In this way, children are often introduced to such products at their very early life stages. A child growing in such a family watching his elder brother, father, uncles or grandfather using tobacco may perceive it as a family tradition to follow.

#### **The role of peer influence**

Although children may start smoking for psychosocial reasons like peer influences, curiosity, desire for experimentation, or a remedy for stress, the pharmacological motives occur very early in their smoking career. Consequently, by the time children smoke daily, they take up the same amount of nicotine from each cigarette as their adult counterparts do. Peer pressure is an essential determining factor for the initiation of tobacco use among children and adolescents. There are several processes by which being associated with drug-using peers contributes to drug-abusing behavior.

#### **Easy availability of Tobacco Products**

Tobacco products are socially sanctioned but are freely available in every nook and corner throughout the country. "Beedis" is cheaper than cigarettes and hence is preferred by the poor who cannot afford cigarettes. The newly introduced MSTP are also cheaper than cigarettes and do not carry the trouble of lighting. Therefore, they are more convenient to use, which makes it popular among the users.

#### **Psychological/Emotional Factors**

It is clear from psychoanalytic research that tobacco addiction not only physical problem but also triggers various types of psychological problems. These psychological problems are observed in anxiety disorder, depression, post-traumatic stress disorder, phobia, OCD, etc. To put check over the tobacco addiction, various rehabilitation centers have also been set up, but they have not proved useful as per the expectation to date. We know that prevention is better than cure, particularly in the initial stage. In short, despite various efforts, tobacco addiction gives rise to a variety of psychological and social problems. If left unnoticed, they may destroy a person's entire life.

#### **Promotion by Tobacco Companies**

Advertisements of various tobacco products are ubiquitous in all media forms, including print media, television, and roadside hoardings and banners. Tobacco advertising and promotion effectively target young people with images of smokers as trendy, sporty, and successful. Characters in movies or television serials often demonstrate cigarette smoking as a routine of daily life. They sometimes even show cigarette lighting ways using different tricks. These scenes often attract the impressionable mind of the adolescent to use similar tricks or adopt similar behavior. For a child or an adolescent growing in a stressful home, television shows and movies are a means of finding out what everyday life is about. He or she is likely to begin smoking after watching such visuals. Operational

Definition: Addiction to drugs is a condition that affects the person physically, mentally, and socially.

#### **Review of Literature**

##### **Previous Data**

Tobacco addiction is emerging as a significant threat among children. Our findings indicate a recent downward shift in the age at initiation of tobacco uptake and rising prevalence among girls. Such data need to be collected from different parts of the country to develop anti-tobacco campaigns and decide. Any tobacco use was found in 537 (11.2%) students; 419 (8.8%) were 'ever smokers (including current smokers)' 219 (4.6%) were 'ever tobacco chewers (including current chewers)', 179 (3.7%) were 'exclusive smokers' and 118 (2.5%) were 'exclusive tobacco chewers'. The mean age of initiation of these habits was around 12.4 yr. More than 50 percent of tobacco chewers reported the use of khaini at least once. Nearly 70 percent of boys and 80 percent of girls  $\leq$  15 yr initiated the habit of tobacco before 11 years. Significant early uptake of tobacco chewing was reported from private school students compared to government school students ( $P < 0.05$ ) (Narain et al. 2011).

A Study conducted by Gururaj et al. showed a point prevalence of tobacco use among 13-15-year-olds at 4.9%. One-third of current tobacco users (30.8%) purchased tobacco products in a store, and one-fifth used it at home. Nearly half of the never smokers (43%-56.7%) were exposed to tobacco smoke outside the home, and 83% favored a ban on smoking in public places. Only one-third (31.6%) reported that the reasons for tobacco usage among youth were discussed in formal school settings. A study conducted by Raj Narain et al. at Noida, India, in 2011 showed that any tobacco use was found in 537 (11.2%) students, 419 (8.8%) were 'ever smokers (including current smokers),' 219 (4.6%) were 'ever tobacco chewers (including current chewers),' 179 (3.7%) were 'exclusive smokers,' and 118 (2.5%) were 'exclusive tobacco chewers'. The mean age of initiation of these habits was around 12.4 years, mainly from private school students compared to government school students ( $P < 0.05$ ) (Narain et al., 2011).

Community-based research, triangulation of qualitative (free list, focus group discussions), and quantitative methods study by Deshmukh et al. at rural Wardha, India, revealed about 68.3% of boys and 12.4% girls had consumed any tobacco products in last 30 days. Among the primary forms of tobacco, 79.2% consumed kharra, and 46.4% consumed gutka. According to respondents, few adolescent boys taste tobacco by 8-10 years of age, while girls do it by 12-13 years. A study conducted by Awasthi et al. at Nainital, India, can be statistically summarized as (logistic regression analysis) that students belonging to grade 10 [adjusted odds ratio (OR) = 4.3; 95% class interval (CI): 2-9] and grade nine (adjusted OR = 2.2; 95% CI: 1.3-3) were more likely to use tobacco as compared to grade eight students. Students whose friends used tobacco were more likely to use than those whose friends were non-users (adjusted OR = 3.4; 95% CI: 1.7-6.7). Kapil et al. in Delhi in 2007

showed that about 9.8% of the study children had at least once experimented with any form of tobacco in their lifetime. The proportion of children who were "current users" of tobacco products was 5.4% (boys: 4.6%, Girls: 0.8%). Adolescents' reports of e-cigarette use frequency and degree of addiction correlated significantly with cotinine as a biomarker of nicotine exposure (Vogel, Prochaska, & Rubinstein, 2019).

Tobacco use among school children is becoming a severe problem in developing countries. The early age of initiation underscores the urgent need to intervene and protect this vulnerable group from falling prey to this addiction. The present study was thus undertaken to assess the prevalence of tobacco habits among school children, determine the age of initiation of these habits, and compare the age of initiation between students who were more than 15 and  $\leq$  15 years of age. Tobacco use is a leading cause of preventable deaths the world over, more so in developing countries. In India alone, nearly 1 in 10 adolescents in the age group 13-15 years have smoked cigarettes ever, and almost half of these reports initiate tobacco use before ten years of age (Deshmukh et al., 2019)

India's tobacco situation is unique because of a vast spectrum of tobacco products available for smoking and smokeless use. Smoking cigarettes, particularly beedis and chewing tobacco (smokeless use) is an age-old practice in India. However, according to anecdotal evidence with the changes in societies' dynamics, the prevalence of smoking among women and young children has increased many folds and is at present a significant public health problem. Only a few studies on the prevalence and initiation of smoking and smokeless tobacco use among children in our country. The risks of tobacco use are highest among those who start early and continue its use for a long period. The early age of initiation underscores the urgent need to intervene and protect this vulnerable group from falling prey to this addiction. The most common reasons children start using tobacco are peer pressure, parental tobacco habits, and pocket money given to children. The present cross-sectional study was undertaken to determine the prevalence and age at initiation of tobacco smoking or tobacco chewing among school children in Noida city in north India (Deshmukh et al., 2019).

Prevalence of ever use of tobacco: 'Ever tobacco use' in any form (smoking or chewing tobacco) was found in 537 (11.2%) students, of which 197 (4.1%) were current tobacco users. 'Ever smokers' comprised 419 (8.8%) (Current smokers 148 (3.1%)), 'ever tobacco chewers' comprised 219 (4.6%) students (current tobacco chewers 1.9%). 'Exclusive ever smokers' comprised 6.6 percent, 'exclusive ever tobacco chewers' 118 (2.5%) and 'ever both smoking and tobacco chewing' 101 (2.1%). Overall, the prevalence of tobacco use in any form was significantly more in boys as compared to girls ( $P < 0.05$ ). 'Exclusive ever smoking' was found to be equally common among boys and girls. In contrast, 'exclusive ever chewing' and both habits ('ever smoking and tobacco chewing') were significantly more common among boys than girls.

Thirty percent of the population 15 years or older-47% men and 14% of women-either smoked or chewed tobacco, which translates to almost 195 million people-154 million men and 41 million women in India. However, the prevalence may be underestimated by almost 11% and 1.5% for chewing tobacco among men and women, respectively, and by 5% and 0.5% for smoking among men and women, respectively, because of household informants. Tobacco consumption was significantly higher in poor, less educated, scheduled castes, and scheduled tribe populations. The prevalence of tobacco consumption increased up to the age of 50 years and then leveled or declined. The prevalence of smoking and chewing also varied widely between different states and strongly associated with the individual's socio-cultural characteristics.

### **Methodology**

#### **Rationale**

In today's time, the use of narcotics is a significant problem. This problem is mainly seen in adolescence or has become an addiction, negatively impacting its health, along with boys and girls. This habit is being seen, and slowly this problem is increasing day by day. Keeping these scenarios into account, the present study is designed to assess tobacco use's antecedents and causes. This qualitative study would enable us to understand tobacco use's causes and prevalence in a collectivistic society like India. This study appears more pertinent in a country like India, where observation learning exerts a massive impact on the child's learning.

#### **Design**

The present employed a qualitative research design with the foremost objective to identify the causes in the prevalence of tobacco use among adolescents who are the backbone of any society and nation large.

#### **Sample**

A total of 40 participants (40 males and 40 females) were selected to participate in the study. Their informed consent was also received as their willingness to participate in the study.

**Tools:** A semi-structured interview was conducted with the help of 14 questions. The questions were designed to cover various dimensions of causes and prevalence of tobacco use among adolescents. The questions are enumerated as follows;

1. आप कितने समय से इन पदार्थों का सेवन कर रहे हैं?
2. ऐसी क्या परिस्थिति थी, कि आपको इनका सेवन प्रारंभ करना पड़ा?
3. Drinking और smoking करने के बाद आप कैसा महसूस करते हो और अगर ये पदार्थ नहीं मिलते तो क्या स्थिति रहती है?
4. स्वास्थ्य पर क्या प्रभाव पड़ता है, अगर इनका सेवन नहीं करने दिया जाये?
5. क्या आपके परिवार को इसके बारे में जानकारी है?

अगर है, तो उनका आपकी इस आदत के प्रति कैसा व्यवहार रहता है?

6. आपका अपने परिवार के प्रति कैसा व्यवहार रहता है?
7. इन आदतों का आपकी पढ़ाई पर क्या प्रभाव पड़ता है?
8. आपके मित्र किस प्रकार के हैं, आपकी आदत के बारे में पता होते हुए भी वो आपका इस में साथ देते हैं या विरोध करते हैं?
9. लगातार ये पदार्थ लेते हैं, या कभी-कभी?
10. क्या परिवार में हमेशा से ही कोई न कोई इस आदत का शिकार रहा है?
11. इन आदतों के चलते फिर कैसे अपने दैनिक जीवन में संतुलन बनाकर रखते हैं?
12. अपने कितनी बार कोशिश की है, इन पदार्थों से छुटकारा पाने की?
13. अगर आपको सही परामर्श दिया जाये तो क्या आप छोड़ दोगे?

#### Procedure

First of all, a semi-structured interview schedule consisted of 14 questions was prepared. With the semi-structured interview schedule's help, the researcher approached those individuals/people who were in the habit of consuming tobacco near the "Gumti" and "Paan wala". All the participants were requested to give their written consent to participate in the study. In addition to participation in the interview, participants were further requested to give written consent to record the interview with a recording device or mobile phone. It was often observed that people were slightly reluctant to accept that they consume tobacco due to social desirability. Gender was also the prevalent problems and influenced the interview processes as many people did not express the reality in front of their girl or boy classmates.

#### Results

##### Theme related to antecedents

##### Theme 1 Friends and family-related factor

As expected, factors associated with friends and family appeared to be essential factors causing tobacco use among adolescents. This happens mainly due to observational as well as peer learning.

**Theme 2 Personal factor:** In addition to friends and family, personal factors also appeared to be the leading causes that push individuals to chew tobacco or smoke frequently.

##### Theme related to Consequences

##### Theme 1 Addiction and Health consequences

Seventeen individuals out of 40 advocated that addiction causes several health consequences. Researches have clearly shown that addiction results from many physiological ailments ranging from minor to major diseases.

##### Theme 2 Addiction and Academic consequences

although only seven participants indicate that addiction do not have only physiological consequences. It results in various academic consequences.

#### Theme 3 Addiction and related social consequences

No doubt, addiction is not appreciated in Indian society. People with any addiction, like smoking and chewing, sometimes suffer from social embarrassment.

#### Theme 4 Addiction and other consequences

13 Substantial numbers of patients indicated that additional cases attention problem, memorization problems, and many other cognitive malfunctionings.

#### Theme 5 Efforts to give up addiction

Approximately more than seventy-five percent of participants reported that they are striving their best efforts to give up the addiction. Still, only a few participants could succeed in it.

#### Discussion

The majority of tobacco-related deaths occur in developing countries where the problem of tobacco is assuming alarming proportions. A study at Gujarat State, India, showed a downward shift in the age of initiation of this habit which is a serious concern. Ever use of tobacco', particularly the use of smokeless tobacco products, was more common in government schoolboys than private schoolboys, whereas this pattern was reversed amongst girls. This has considerable public health implications as it is known that people change over from smokeless form to smoking over some time. The qualitative research conducted focused on the causes and consequences behind the addiction to tobacco chewing of adolescents. There are several reasons, i.e., They might be acting as a push factor or pull factor which compels an individual psychologically, physically, and socially. The study was conducted through the semi-structured interview, which the most prominent reason that caused the consumption of tobacco was the friends' circle and family (Deshmukh et al., 2019).

Person's out of 40, 25 consumers of tobacco blamed their friends, and family and 11 were held responsible for the addiction to their personal choices and instincts. Out of 40 respondents, 17 faced health consequences, 7 of them witnessed academic struggles. Out of 40 respondents, 31 of them have put effort into leaving this habit they tried independently. Out of 40, 9 people were not affected by chewing tobacco. Also, chewing of these products is considered less harmful than smoking. Increasing the practice of tobacco use in private schools may be attributed to peer pressure, the rising influence of western culture, rapid urbanization, increased disposable income in the affluent families, tobacco use by their role models, parental habits, media promotion, and best friends.

#### Conclusion

Humans have used tobacco in many forms for several centuries. Its use often starts early in life. In recent years, there has been a rising tobacco use trend, more in smokeless forms in India. Drug abuse is a big problem in adolescence. Most people start drinking at this age. We interviewed 40 persons in this study in which we came to know that 25 out of 40 people started chewing due to friends and family, 11 people started with their interest. We got this

information that by consuming them, some of them had health effects, some people were affected by the work, and some people were not affected in any way. The main results revealed social and behavioural factors, peer dynamics and lack of awareness to be majorly influencing the tobacco debut and use in youth. The rate of tobacco users is high among students. This suggests the need to implement health education programs to prevent and reduce the rate of tobacco use since adolescence, to prevent them from adopting or maintaining this habit in adulthood, since a high percentage of smokers have thought in quitting smoking (Zarallo, Chamorro, Luque, & Condón, 2019).

#### Reference

1. Zarallo, G. R., Chamorro, M.Z.C., Luque, A. G., & Condón, R. M. (2019). *Prevalence and Factors Related to Tobacco Use in Adolescent Students, Diversity and Equality in Health and Care* 16(1): 18-21.
2. Vogel, E. A., Prochaska, J. J., & Rubinstein, M. L. (2019). *Measuring e-cigarette addiction among adolescents, British Medical Journal*, 1-5.
3. Soumita, G, Alok, S, Suman, S, Mullan, B. E., & Datta, S. S. (2019). *Perception of tobacco use in young adults in urban India: a qualitative exploration with relevant health policy analysis, Ecancermedicalscience*. 2019; 13: 915.
4. Narain R, Sardana S, Gupta S, Sehgal A. (2011). *Age at initiation & prevalence of tobacco use among school children in Noida, India: A cross-sectional questionnaire based survey. Indian Journal of Medical Research*, 23, 133:300-7.
5. Deshmukh P. R., Gupta S. S., Bharambe M. S., Dongre A. R., Maliye C., Kaur S., Garg B. S. (2006). *Nutritional status of adolescents in rural Wardha, Indian Journal of Paediatric*, 73(2), 139-141
7. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3894095/#!po=76.3158>
8. <https://www.hhs.gov/ash/oah/adolescent-development/substance-use/drugs/tobacco/trends/index.html>
9. <https://tobaccocontrol.bmj.com/content/12/4/e4>
10. <https://tobaccoinduceddiseases.biomedcentral.com/articles/10.1186/1617-9625-1-2-111>