



# PERCEPTIONS OF YOUNG MALE SMOKERS IN VISAKHAPATNAM ABOUT TOBACCO USE AND CONTROL MEASURES

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## ABSTRACT

**Research question:** What are the perceptions of young smokers about smoking and their felt needs for tobacco control.

**Materials & Methods:** Observational cross-sectional study among young current smokers in the age group of 15 -25 yrs residing in Visakhapatnam City. A sample of 250 males was interviewed at randomly selected cigarette selling paan shops using a semi-structured questionnaire. Variables included socio demographic characteristics, education level and age when smoking was initiated, reasons for initiation, presence of associated factors, willingness to quit smoking and perceptions on anti-tobacco measures based on a scoring system.

**Results:** Among 250 smokers, 41.2% initiated smoking before or at 18 yrs of age. Mean age at initiation was 19 yrs +/-2.34 years. The commonest reason for initiation of smoking was for relaxation (43%). Other common reasons were 'for style' (28%), for fun (24%) and influence of friends/peer bonding (23.6%).

Among the subjects 74.4% were willing to quit smoking at some point and among these nearly 70% had made one or more attempts to quit smoking. The leading motive to quit smoking was for better health in future (71%) and 55 % were willing to join smoking cessation programs. Large portion of subject (83.2%) knew that smoking can cause cancer, however only 24.8% and 7% knew of effects on respiratory system and cardiovascular system. More than 70 % of the subjects were of opinion that 'ban on smoking in public places' and 'ban on sale around educational institutions' were to be strictly implemented. Among the various anti-tobacco measures, the study population perceived that the most effective measure would be "teaching the harmful effects of smoking in schools" with a total score of 236.

**Conclusion:** There is felt need for smoking cessation program and necessity for school based smoking prevention programs.

**Key words:** anti-tobacco measures, perceptions, smoking, visakhapatnam, young males

## Introduction

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 seconds and causes one in ten deaths among adults worldwide which amounts to more than 5 million people a year. Second hand tobacco smoke is estimated to cause about 600,000 premature deaths world wide [1].

Tobacco use is growing fastest in the low-income countries due to steady population growth coupled with tobacco industry targeting and ensuring that millions of people become fatally addicted each year. More than

80% of the world's tobacco related deaths are estimated to be in low and middle –income countries by 2030 [2].

One fifth of all worldwide deaths attributed to tobacco occur in India, where more than 8,00,000 people die and 12 million people become ill [3]. The prevalence of tobacco use in India ranged from 14% among youth aged 13 – 15yrs to 57% among males aged 18 -49 yrs.

Tobacco use among adolescents in India is a matter of concern. The Global Youth Tobacco survey (GYTS 2006) [4] reported a prevalence of 13.7 % of ever use of tobacco among school going youth in the age of thirteen to fifteen yrs. A study done in Chandigarh revealed an

overall prevalence of 25% of ever tobacco smoking among youth of 15 to 24 years [5].

Tobacco use in various forms is influenced by a variety of factors including individual attitudes and beliefs, social norms, acceptability, availability and advertising campaigns. Studies have been conducted on adolescents on attitudes towards smoking and factors associated with tobacco use [4,6].

Intervention programs targeting the broad social environment of adolescents are both effective and warranted. Several studies (Sinha et al [7], Majra et al [8], Kumari et al [9]) have also identified a need for such programs in India. The WHO Framework Convention on tobacco control (WHO FCTC) [10] introduced the 'MPOWER' package of measures to assist in the country level implementation and management of tobacco control. It includes:

1. **M**onitoring the epidemic and prevention
2. **P**rotecting people from second hand smoke
3. **O**ffering help to people who want to quit.
4. **W**arning people about the dangers of tobacco
5. **E**nforcing bans on tobacco advertising, promotion and sponsorship
6. **R**aising taxes on tobacco.

It is generally acknowledged that multiple factors are involved in the initiation of smoking in adolescents and young adults. These are to be considered in formulation of the intervention programmes to reduce tobacco use. However, relative importance of these factors is variable from one cultural group to another cultural group. So there is a need for surveys at different places in the multicultural and diversified country. Backinger et al (2003) [11] identified that there are too few smoking cessation studies conducted on youth. Also not many studies are available on perceptions of young people towards current tobacco control measures in India and their need for smoking cessation programs.

The present study is done among young male smokers in Visakhapatnam city with an aim to describe the perceptions of young smokers about smoking and their felt needs for tobacco control. Objectives include 1) to study the attitude of smokers among youth towards smoking and quitting. 2) to know their opinion regarding existing tobacco control initiatives. 3) to rank the various anti-tobacco measures based on the subjects perception.

## Materials and Methods

This is an observational, cross-sectional, descriptive study conducted among current smokers in the age group of 15-25 yrs residing in Visakhapatnam city. A sample of 10 cigarette selling paan shops from various parts of the city were selected randomly. The study was conducted among the young smokers who visited these paan shops. The purpose of the study was explained to the subject and their consent was taken. A total of 250 smokers were interviewed using a pretested semi structured questionnaire assuring confidentiality. Data collection was done in the months of June, July and mid-August 2010. Institutional ethics committee clearance was obtained before the start of the study.

Data was collected on socio-demographic characteristics, age and education level when smoking was initiated, reasons for initiation, presence of associated factors such as parental and peer use of cigarettes, willingness to quit smoking, opinion on some of the existing tobacco legislation and perceptions of anti-tobacco measures for prevention of smoking among youth.

Subjects were asked to rank the anti-tobacco measures which they perceived were important as 1, 2, and 3. The 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> rank choices were given marks as 3, 2 and 1 respectively by the investigators during analysis. Total score was calculated for each measure based on the number of 1<sup>st</sup> rank, 2<sup>nd</sup> rank and 3<sup>rd</sup> rank responses and a final rank was awarded according to the total score obtained.

Data was compiled and analyzed using Microsoft Excel data sheet and expressed in terms of proportions and depicted in the form of tables and figures.

## Results & Discussion

The study was undertaken to assess the attitudes, opinions and perceptions of young people towards tobacco use and control. The sample obtained in the present study belonged to age group of 15 to 25 years with mean age of  $22.34 \pm 2$  yrs. Around 90% of the sample is constituted by those who were pursuing or had completed graduation. About 58% of the subjects were residing in hostel/away from home.

Mean age at initiation of smoking was  $19 \text{ yr} \pm 2.34$  yrs (table 1). More than half (56%) initiated smoking during the 18<sup>th</sup>, 19<sup>th</sup> or 20<sup>th</sup> year of age. In a similar study among youth 15 -24 yrs 20% of the youth started smoking before the age of 14 yrs [5]. The age at initiation is comparatively higher in the present study. This may be

due to the difference in setting of the two studies. Nearly 23% of the subjects in our study initiated smoking when they were minors (less than 18 yrs), to whom the sale of tobacco is banned. This shows there is a gap in the implementation of legislation regarding restriction of access to tobacco products for minors.

Of the 226 subjects (currently undergraduates or have completed graduation), nearly 30% initiated smoking during their intermediate/10+2 studies or school education (Table: 1). This finding emphasizes the necessity for initiating smoking prevention programs during school and intermediate studies. Around 67% initiated smoking during their graduation course. The probable reason may be that during this period the young adults developed a sense of self and emotional independence. Continuation of anti-smoking programs into under-graduation is very important as large portion of the smokers initiated smoking during their graduation course.

The commonest reason (Table: 2) for initiation of smoking was "for relaxation" (43%). The high response to this reason may be due to large number of graduates' inability to cope with stress. Other common reasons were "for style" (28%), "for fun" (24%) and influence of friends/ peer bonding" (23%). Similar finding was reported by other studies [12]. Less than 10 % reported the influence of parents smoking habit. These observations are similar to previous studies which reported parental tobacco use does not appear to be as compelling a risk factor as peer use [13]. On the contrary another study has reported friend's influence as the main reason for initiation of smoking [5].

In the present study, about 77 % of the smokers report that their parents are unaware of their smoking. This large portion of the smokers will be lacking the necessary parental support. Hence parents may be alerted to monitor their wards behavior. Although such monitoring may be difficult to carry out, it is important especially when the wards do not reside with the parents. Parents may exert a positive influence by disapproving of smoking and by getting involved in children's free time [13].

About 3/4ths of smokers (74.4%) were willing to quit smoking (Figure: 1). Among them nearly 70% had made one or more prior attempts. Similar results were found in other studies [3,14]. The leading motive to quit smoking, in this study, was for better health in the future (71%). Other common reasons were for the sake of parents or girlfriend and to save money. These findings are similar to finding by other studies [15].

More than half of those willing to quit were showing interest to join smoking cessation programs. Among these subjects nearly two-thirds (64%) want such programs to be conducted privately outside college setting. Tobacco cessation interventions are clinically effective and cost-effective, relative to other commonly used disease prevention intervention and medical treatments [3]. School and college – based interventions such as counseling to promote cessation among current users and tobacco education to prevent initiation are necessary [16].

Majority (83.2%) of the subjects had awareness that the smoking can cause cancer. Only 24.8% and 7% knew of respiratory and cardiovascular related health effects respectively which is similar to other studies [17]. Adverse effects on cardiovascular and other systems should be highlighted in the anti-tobacco campaign as smoking happens to be a significant risk factor for stroke and fatal heart attacks.

Around 60% of the subjects were of opinion that there is not enough publicity about dangers of smoking. Only 1/3<sup>rd</sup> had seen such campaigns in the last 2 months on TV. This may suggest deficit in utilization of media for IEC activities. According to our study results, role of Statutory warning/pictures on the cigarette packets appears questionable. Only 20% of the subjects get discouraged from smoking with pictures or warnings on the cigarette packets. This is in contrast to a study which suggests that graphic warning labels may help to reduce smoking among adolescents [18]. More than 70% of the subjects were of opinion that the legislations, a) ban on smoking in public places and ban on sale and b) usage of tobacco products in and around educational institutions, were not being strictly implemented.

Table 3 depicts the perception of smokers on measures needed for controlling tobacco use among youth. Accordingly teaching about harmful effects of smoking in schools itself was rated as best smoking prevention measure. The role of school based anti-tobacco education is supported by findings from many studies. Studies have shown that contribution of schools as source of information on health effects of smoking ranges from 3 to 50 % [14,17,19]. School based smoking-prevention programs have demonstrated consistent and significant reductions in adolescent smoking prevalence [13,20]. One of the suggestion that "no habit of smoking among family members" is supported by the findings from other studies [5,19].

**Summary**

Most of the graduates initiated smoking during their undergraduate course. There is lack of wholesome awareness on health effects of smoking. There was high acceptance among smokers that the anti-tobacco legislations were not being strictly implemented. A large number of smokers supported following measures for the prevention of smoking among youth:

1. Teach harmful effects of smoking in schools,
  2. Campaigning with videos,
  3. Encouragement from friends and relatives to quit smoking.
- There is also a felt need among the smokers for smoking cessation programs outside college settings.

**Table: 1. Age and Education level at initiation of smoking**

Age group in yrs	Number of smokers ( %) n=250
13-15	20(8%)
16-18	83(33.2%)
19-21	118(47.2%)
22-25	29(11.6%)
Total	250
Level of education	Number of smokers ( %) n=226*
Till 10 <sup>th</sup> class	12(5.3%)
Intermediate/+1or +2	54(23.9%)
Undergraduation	150(66.4%)
Post-graduation	8(3.5%)
After completion of studies	2(0.9%)
Total	226

• Only undergraduates and above have been represented in this table ( n=226)

**Table: 2. Reasons for initiation of smoking**

Reasons for initiation of smoking	Number of smokers ( %) n=250
a) For relaxation	107(42.8%)
b) For style	70(28%)
c) For fun	60(24%)
d) Influenced by friends(peer bonding)	59(23.6%)
e) For thrill	48(19.2%)
f) To impress others( girls or friends)	21(8.4%)
g) Pressure from friends ( peer pressure)	15(6%)
h) Influenced by parents	6(2.4%)
i) others	8(3.2%)

Figure: 1. Willingness to quit smoking and previous attempts to quit smoking

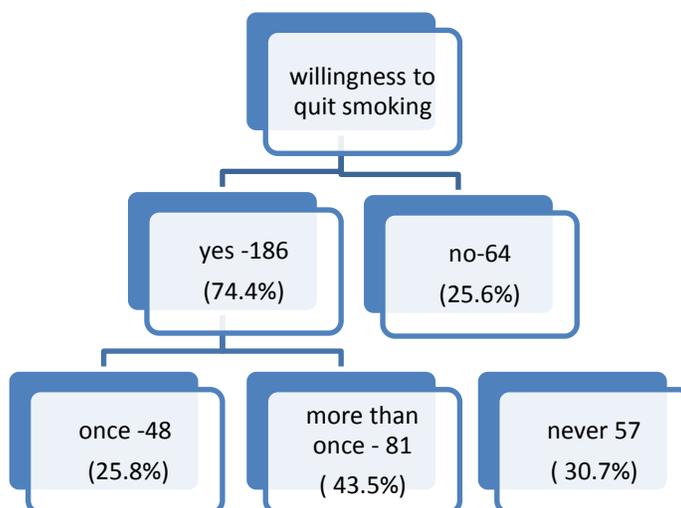


Table: 3. Perceptions on Anti-Tobacco Measures for Prevention of Smoking among Youth based on scoring system (n=250)

Anti- tobacco measure	1 <sup>st</sup> rank allotted -3 marks	2 <sup>nd</sup> rank allotted -2 marks	3 <sup>rd</sup> rank allotted -1 marks	Total Score	Final Rank
Teach Harmful effects of smoking in schools itself	49	26	37	236	1
Campaigning with videos showing harmful effects	34	28	30	188	2
Encouragement from friends and relatives to quit smoking	28	28	25	165	3
The family should have no smokers	31	23	17	156	4
A complete ban on smoking in movies and TV programs	29	14	31	146	5
Counseling centres for prevention	24	12	34	130	6
Price of cigarettes to be increased	26	9	25	121	7
Keeping oneself away from smokers	15	15	19	94	8
Media support	12	16	17	85	9
With help of nicotine alternatives like chewing gums	11	13	14	73	10
Others( as mentioned by subject )	7	1	5	28	11

## Conclusion

There is necessity for initiation of school based anti-tobacco campaigns and reinforcement of such programs during graduation courses. The community itself must monitor the implementation of tobacco control laws and the government must provide support to the community.

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