

## **The Psychosocial Context of Youth Tobacco Use: Neglected or Forgotten?**

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### ***Abstract***

Tobacco is a global epidemic killing six million people a year and this, according to the World Health Organisation (WHO, 2015), is expected to rise to eight million by 2030. It is not just this increasing death toll due to tobacco use that is crucial in calling it a public health priority. Tobacco is also the single most preventable cause of death among the five greatest risk factors for mortality including cardiovascular diseases and cancer. According to WHO, tobacco use is attributed as the cause of more than 70 per cent of deaths from lung, trachea and bronchus cancers (WHO, 2015). This indicates that a crucial proportion of our productive population die prematurely because of tobacco use which is totally preventable. Although several factors are responsible for tobacco use among youth, the psychosocial context of young people is primary in the initiation and sustenance of smoking, but is seldom targeted in preventive interventions. This article examines the psychosocial context of tobacco use by the younger generation in relation to smoking and how young tobacco users perceive the advertisements intended to curb and prevent tobacco use.

### ***Keywords***

youth tobacco use, tobacco initiation, anti-tobacco advertisement, Kerala

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### **Introduction**

Tobacco is a global epidemic killing six million people a year and this is expected to rise to eight million by 2030 according to the World Health Organisation (WHO, 2015). This makes tobacco prevention and control a public health priority all over the world, especially in India. In 2014, after

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studying a series of papers published in Lancet Oncology journals, *the Hindu* reported that tobacco use alone accounts for about 40 per cent of all cancers in India (Prasad, 2014). According to the Global Adult Tobacco (GAT) survey report of India in 2009-10 Kerala State, having the highest literacy in the country, has a smoking prevalence rate higher than the national average. The statistical data also shows that the prevalence of current smokers alone is 22.4 per cent with 35.4 per cent of males in the age group of 15 years and above as “current tobacco users” (IIPS & MHFW, 2010). This calls for a serious review of the tobacco prevention and control activities in order to facilitate the use of target specific strategies for preventing and controlling this grave public health challenge.

### **The psychosocial context of tobacco use**

Like alcohol consumption, prevention of tobacco use is a difficult area to handle when it comes to operational activities. Although an array of factors, from pricing and accessibility to tobacco to media promotions, play their own roles in tobacco use by the younger generation, the psychosocial context of young people is apparently less recognised despite its key role in it. Tobacco use among youth is closely linked to many factors in the family and social life of young people. Initiation and maintenance of tobacco use is well supported by these factors which make preventive activities ineffective.

Globally, tobacco use has been found initiated at a younger age, ranging from 11 to 15 years of age (Caraballo et al., 2006; Narain et al., 2011; Swart et al., 2003). Starting tobacco use at an early age presents more risk since it is more likely to be continued for a longer time among the users. Initiation of tobacco use and its maintenance is closely related to some factors in the family environment of youth. Researchers have found that poor parental monitoring (Griffin et al., 2000; Scragg and Laugesen, 2007) is a key moderating factor in the initiation of tobacco use among adolescents. The smoking habits of parents or other adult family members has also been found to be associated with initiation of tobacco use by youth (Harakeh et al., 2004; Nofziger and Lee, 2006; Roberts et al., 2005; Scragg and Laugesen, 2007; Tercyak, 2003). According to Wang and colleagues, parental smoking was found associated with a 30 per cent increase in the likelihood of adolescents becoming current smokers and the number of friends who

smoked was associated with a 44 per cent increase (Wang et al., 1999, cited in Tercyak, 2003). High levels of family conflict was also found to contribute to tobacco use amongst youth (Biglan et al, 1995).

Peer influence was found to be another major influence in initiating and maintaining tobacco use amongst youth. Exposure to smoking peers and social acceptability of smoking in friendship circles influence the smoking decisions of youth. According to Chadda and Sengupta (2003), peer pressure is an important determinant in initiating tobacco use among adolescents where modeling and social approval play key roles. When one is distressed for any reason, an offered cigarette or beediby a friend initiates the conforming process with a tobacco-using peer group network (Patel, 1999 cited in Chadda and Sengupta, 2003). Corona and colleagues (2009) found exposure to smoking peers as the second stronger predictor factor of tobacco use. Taylor et al. (2004) found that adolescents with at least one significant smoking peer have a four times greater probability to smoke than others.

School related factors are also a major influencing factor of tobacco use. Corona et al. (2009) found academic failures as the strongest predictor risk factor for smoking initiation. According to Byrne and Mazanov (2003) smoking could be a coping strategy young people resort to, in dealing with stress related to academic achievement and social acceptability. Youth who experience difficulties in school may also be less engaged in or connected to their school than their peers, which may limit their exposure to school-level protective factors (Corona et al., 2009).

The existing literature also suggests that it is not just the social factors which are crucial in the initiation and maintenance of tobacco use. Psychological distress has been consistently reported to be associated with youth smoking (Brown et al., 1996; Covey and Tam, 1990; Patton et al., 1996). Escobedo et al. (1996) found depression as a strong predictor of smoking initiation. After conducting a qualitative study among low-income African American and European American adolescents, Scales et al. (2009) found the primary reasons for smoking initiation was for coping with stress, for social acceptance, and due to environmental influences. Family issues, boyfriend/girlfriend problems and school were reported as the common stressors.

Resorting to tobacco when facing a stress situation also shows that directly or indirectly young people learn to associate the use of tobacco with stress. Exposure to the positive feel effects of tobacco happen much before one initiates tobacco use. Although attached with statutory warnings, movies and advertisements foster positive attitudes, beliefs, and expectation regarding tobacco use right from childhood. These foster intentions to use and increase the likelihood of initiation. This is seen in diverse cultures and persists when other risk factors, such as socio- economic status or parental and peer smoking, are controlled (DiFranza et al., 2006).

After reviewing the studies on tobacco use among young people, it was found that the majority of these studies focused on school students. Fewer studies have been conducted among regular tobacco-using young people. The present study was conducted with the objective of gaining a better understanding of the psychosocial factors related to tobacco use among young people who are regular tobacco users. The study also attempted to understand how young people perceive anti-tobacco advertisements. The study was conducted among male tobacco consumers in the age group of 18-35 years in Kochi city. The researcher used accidental sampling for selecting the respondents. During the month of September 2014, those male tobacco consumers who visited tobacco vendors for buying tobacco were interviewed based on their availability and willingness to participate in the study. Interviews were conducted with sixty respondents using a structured interview schedule.

### **Findings**

The mean age of the respondents was 25.85 years with more than half of the respondents falling in the 20-30 year age group. About 15 per cent of the respondents were below 20 years of age. More than half of the respondents (55%) were pursuing their education; while another 40 per cent were employed. Those who were employed had mostly received higher secondary education. About 67 per cent of the respondents were unmarried while more than one third (33.3%) of the respondents were married.

#### *Psychosocial factors promoting the use of tobacco among the youth*

About half of the respondents were found to be daily visitors to the tobacco vendors while more than one third of the respondents visited the

shop twice or three times in a week. The majority (66.7%) of the respondents smoked two cigarettes a day while nearly one-third of the respondents smoked three to eight cigarettes every day.

The majority of the respondents had at least one member in his family who smoked. More than one-third of the respondents had tobacco consuming fathers while 27 per cent of the respondents had siblings who smoke and another 22 per cent had relatives who smoked. Only 15 per cent of the respondents belong to the category that do not have tobacco consumers in their families.

When asked about the initiating factors into smoking, peer influence was found to be the prime factor which introduced about 98 per cent of the respondents to smoking. Stress closely followed on peer influence (97%) as the second influential factor in initiating tobacco use while influence of smoking relatives/family members (87%) was reported as the third influential factor. Familial problems (83%) also were reported as an important initiating factor by the respondents.

Regarding the trigger factors in everyday smoking, all the respondents reported everyday stress to be the most triggering factor which prompted them to smoke during the days on which they smoked in the previous month. Depressive feelings (98%) were reported as the second most important trigger factor while anxiety (88%) also prompted the majority to smoke regularly during the days they smoked in the previous month.

Regarding the immediate factors that led people to smoke, the majority (62 %) of the respondents reported that they always feel tempted to smoke when others around them smoked whereas 32 per cent often felt like smoking on seeing others smoke. Thus watching others smoke tempted almost 93 per cent of the respondents to smoke. In addition, 93 per cent of the respondents mostly smoke while they were in a group whereas only seven per cent of the respondents mostly smoked by themselves.

When asked about the factors which maintain tobacco use among the respondents, all the respondents reported peer influence as the primary factor in continuing the tobacco use. Stress (93%) was reported as the second most important maintaining factor followed by smoking being seen as a status symbol (70%). Familial problems (67%) and unforgettable past experiences (60%) were also reported as factors that maintained tobacco use among the respondents. About one-third of the respondents reported

that not being able to quit tobacco use itself led to further use while the majority (62%) did not find it to be a maintaining factor.

The majority of the respondents (63%) were frequently asked by family and peers to quit smoking whereas one-third of the respondents were at times asked to quit smoking and three per cent respondents were not asked to quit smoking at all. More than half of the respondents rarely tried to quit smoking while one-third of the respondents often tried to quit smoking. But the majority of the respondents (68%) were rarely influenced by others to quit smoking whereas 28 per cent were often influenced to quit smoking.

#### *Perception of the youth towards anti-tobacco advertisements*

Among the public places where anti-tobacco advertisements are noticed by the respondents, cinemas and theatres (97%) were reported by the respondents as the most frequent places whereas restaurants and educational institutions (90% each) were reported as the second most frequent places. About 35 per cent of respondents often saw anti-tobacco advertisements at hospitals while the majority did not notice such advertisements at hospitals.

The majority (80%) of the respondents often paid attention to the anti-tobacco advertisements, logos and boards while 17 per cent of respondents rarely give attention to such advertisements. While one-third of the respondents considered anti-tobacco advertisements as relevant and important, the majority (67%) rarely found them relevant and important. Half of the respondents often felt that the anti-tobacco advertisements threaten their freedom to consume tobacco whereas 40 per cent rarely felt threatened by anti-tobacco advertisements. A very small proportion (3%) of respondents always felt threatened by the anti-tobacco advertisements. On viewing anti-tobacco advertisements, fear was reported as the first feeling experienced by 47 per cent of the respondents while another 45 per cent reported feeling sarcasm. Nearly half of the respondents also felt annoyed on seeing anti-tobacco advertisements.

On enquiring about the influence of anti-tobacco advertisements, all the respondents reported having a desire to reduce their tobacco intake on viewing such advertisements. Among them, 60 per cent felt the need to reduce their intake of tobacco to some extent whereas 40 per cent very much felt the need to reduce their intake of tobacco. More than three-

fourths of the respondents (78%) felt that they needed to change to safer brands while 67 per cent of the respondents were reported to think about quitting tobacco use after viewing the anti-tobacco advertisements.

### **Discussion**

The study was done among youth who were regular tobacco users in which more than half of them were students. The findings show that the presence of smoking family members and peers are critical factors in the tobacco use of young people, whether it is initiation or maintenance of the use. The results go well with the existing literature on tobacco use among youth (De Vries et al., 2003; O'Loughlin et al., 2009; WHO, 2009). According to De Vries et al. (2003), a longitudinal study on 15,705 adolescents from six European countries found that adolescent smoking was most strongly associated with friends' smoking and best friend's smoking, explaining 38 per cent of the variance in the total sample (De Vries et al., 2003).

Stress and depressive feelings were also identified as factors that play a key role in the initiation and sustenance of tobacco use among youth. Stress was reported as the highest trigger factor prompting them to smoke during the days they smoked. This was true in the case of both students and working men. This shows that young people are inclined to use tobacco as a ready-to-use coping mechanism in times of stress. This may be because of the learned images they have about their smoking family members or friends or celebrities whom they admire. Actors using smoking as either a stress reduction or depression escape strategy are more influential than the statutory warnings along with the film. Since tobacco is fast growing as a silent killer, this issue needs to be addressed for effective tobacco prevention and control. Policy level interventions are required for addressing this issue. On the other hand, family and school connections are important in serving as buffers against stressful situations. But familial issues and school related problems also make essential the need for supportive adults outside the home or help lines for reaching out to those young people in need.

It should also be noted that the majority of the respondents felt tempted to smoke when others around them smoked. Most of the respondents smoked while they were in a group. Proper implementation of the ban on

smoking in public places is one effective strategy to reduce such opportunities to tempt tobacco users, although this may not be a solution to smoking in peer groups. Smoking is a learned behaviour which is usually modelled in social situations. Therefore, for effective unlearning or for modelling positive behaviour, a peer-led educational strategy based on social learning and cognitive theories needs to be utilised. Experiments based on conceptual models built around these theories need to be tested to find out the efficacy of such models.

Together with this finding, it is to be noted that although the majority of the respondents were initiated into smoking by others, they were rarely influenced by others to quit smoking. This may be because the two sets of people were probably different. Peers influenced young people to smoke but usually elders will be the ones who will tell them to quit smoking. Hence a peer-based prevention and control strategy could be a better option to help young people. A randomised controlled trial experiment on a peer-led smoking prevention programme conducted in Romania found that the programme resulted in building negative beliefs and attitudes towards smoking and increased social self-efficacy levels among adolescents (Lotreanet al., 2010).

Being not able to quit tobacco was another important area practitioners and policy makers need to attend to. The Global Youth Tobacco Survey (GYTS) in India reported that out of 10,112 students surveyed, about two-thirds of the sample wanted to quit smoking (WHO, 2009). Although it is easy to initiate tobacco use, quitting requires external help and continued support for not relapsing into the habit. Stress management techniques, counselling services, telephonic or in person, are vital in helping young people to continue abstaining from tobacco. When an individual decides to quit the usage of tobacco it becomes the responsibility of the individual's family and friends to provide support and a favourable environment which would help in facilitating the process of quitting smoking or tobacco consumption.

The study also showed that anti-tobacco advertisements have prompted many young people to change to safer brands. This might be because of the clear depiction of the specific health risks of tobacco in such advertisements. Blake et al. (2010) reported that knowledge of the negative effects of tobacco and smoking status are associated with attitudes towards



tobacco control. Anti-tobacco advertisements need to be an aggressive part and parcel of wherever today's young people live, both in virtual and actual places. But the same type of advertisements may not attract both young and older people. Public private partnerships or Corporate Social Responsibility (CSR) initiatives for developing target specific, creative, informative and challenging advertisements also need to be undertaken, highlighting the specific health risks of tobacco use.

### Conclusion

Globally, tobacco has become a pandemic requiring immediate and serious attention. Recognising tobacco as a public health priority and implementing target-specific preventive and control interventions are essential in this context. The increased tobacco use among youth is alarming as well as it points towards their psychosocial context which facilitates the use of tobacco. This calls for addressing the issue by utilising behavioural models of intervention as well as multipronged approaches in both the prevention and cessation of tobacco use among youth.

### References

- Biglan, A., Duncan, T.E., Ary, D.V., and Smolkowski, K. (1995). "Peer and parental influences on adolescent tobacco use." *Journal of Behavioural Medicine*, 18(4): 315-330.
- Blake, K. D., Viswanath, K., Blendon, R. J., and Vallone, D. (2010). "The role of tobacco-specific media exposure, knowledge, and smoking status on selected attitudes toward tobacco control." *Nicotine and Tobacco Research*, 12(2): 117-126.
- Brown, R.A., Lewinsohn, P.M., Seeley, J.R., and Wagner, E.F. (1996). "Cigarette smoking, major depression, and other psychiatric disorders among adolescents." *Journal of the American Academy of Child and Adolescent Psychiatry*, 35 (12):1602-1610.
- Byrne, D.G., and Mazanov, J. (2003). "Adolescent stress and future smoking behavior: a prospective investigation." *Journal of Psychosomatic Research*, 54(4): 313-321.
- Caraballo, R.S., Yee, S.L., Gfroerer, J.C., Ralph, S., Pechacek, T.F., and Henson, R. (2006). "Tobacco use among racial and ethnic population subgroups of adolescents in the United States." *Preventing Chronic*

- Disease*, 3(2). [http://www.cdc.gov/pcd/issues/2006/apr/05\\_0102.htm](http://www.cdc.gov/pcd/issues/2006/apr/05_0102.htm)  
Accessed on 13 May 2014.
- Chadda, R., and Sengupta, S. (2003). "Tobacco use by Indian adolescents." *Tobacco Induced Diseases*, 1(2): 111-119.
- Corona, R., Turf, E., Corneille, M. A., Belgrave, F. Z., and Nasim, A. (2009). "Risk and protective factors for tobacco use among 8<sup>th</sup> and 10<sup>th</sup> Grade African American students in Virginia." *Preventing Chronic Disease*, 6(2): A45 [http://www.cdc.gov/pcd/issues/2009/apr/08\\_0139.htm](http://www.cdc.gov/pcd/issues/2009/apr/08_0139.htm)  
Accessed on 4 August 2015
- Covey, L.S., and Tam, D. (1990). "Depressive mood, the single-parent home, and adolescent cigarette smoking." *American Journal of Public Health*, 80(11):1330-1333.
- De Vries, H., Engels, R., Kremers, S., Wetzels, J., and Mudde, A. (2003). "Parents' and friends' smoking status as predictors of smoking onset: findings from six European countries." *Health Education Research*, 18(5): 627-636.
- DiFranza, J. R., Wellman, R.J., Sargent, J. D., Weitzman, M., Hipple, B.J., and Winickoff, J. P. (2006). "Tobacco promotion and the initiation of tobacco use: assessing the evidence for causality." *Pediatrics*, 117(6): e1237-48.
- Escobedo, L.G., Kirch, D.G., and Anda, R.F. (1996). "Depression and smoking initiation among US Latinos." *Addiction*, 91(1):113-119.
- Griffin, K.W., Botvin, G.J., Scheier, L. M., Diaz, T., and Miller, N. L. (2000). "Parenting practices as predictors of substance use, delinquency, and aggression among urban minority youth: Moderating effects of family structure and gender." *Psychology of Addictive Behaviors*, 14(2): 174-184.
- Harakeh, Z., Scholte, R.H.J., Vermulst, A.A., De Vries, H., and Engels, R.C.M. (2004). "Parental factors and adolescents' smoking behavior: an extension of the theory of planned behavior." *Preventive Medicine*, 39 (5):951-961.
- IIPS & MHFW. (International Institute for Population Sciences and Ministry of Health and Family Welfare) (2010), Global Adult Tobacco Survey India (GATS India), 2009-10. New Delhi: Ministry of Health and Family Welfare, Government of India.

- Lotrean, L. M., Dijk, F., Mesters, I., Ionut, C., and De Vries, H. (2010). "Evaluation of a peer-led smoking prevention programme for Romanian adolescents." *Health Education Research*, 25 (5): 803-814.
- Narain, R., Sardana, S., Gupta, S., and Sehgal, A. (2011). "Age at initiation and prevalence of tobacco use among school children in Noida, India: a cross-sectional questionnaire based survey." *The Indian Journal of Medical Research*, 133(3): 300-307.
- Nofziger, S., and Lee, H.R. (2006). "Differential associations and daily smoking of adolescents: the importance of same-sex models." *Youth & Society*, 37(4): 453-478.
- O'Loughlin, J., Karp, I., Koulis, T., Paradis, G., and DiFranza, J. (2009). "Determinants of first puff and daily cigarette smoking in adolescents." *American Journal of Epidemiology*, 170(5): 585-97.
- Patton, G.C., Hibbert, M., Rosier, M.J., Carlin, J.B., Caust, J., and Bowes, G. (1996). Is smoking associated with depression and anxiety in teenagers? *American Journal of Public Health*, 86(2): 225-230.
- Prasad, R. (2014). "Tobacco use accounts for 40 per cent of all cancers in India, says report." *The Hindu*. 12 April.
- Roberts, K.H. Munafo, M.R., Rodriguez, D., Drury, M., Murphy, M.F.G., and Neale, R.E.(2005). "Longitudinal analysis of the effect of prenatal nicotine exposure on subsequent smoking behavior of offspring." *Nicotine & Tobacco Research*, 7(5): 801-808.
- Scales, M., Monahan, J., Rhodes, N., Ewoldsen, D. R., and Turbes, A. J. (2009). "Adolescents' perceptions of smoking and stress reduction." *Health Education Behavior*, 36(4): 746-758.
- Scragg, R., and Laugesen, M. (2007). "Influence of smoking by family and best friend on adolescent tobacco smoking: results from the 2002 New Zealand National Survey of year 10 students." *Australian and New Zealand Journal of Public Health*, 31(3): 217-223.
- Swart, D., Reddy, P., Ruiter, R.A., and de Vries, H. (2003). "Cigarette use among male and female grade 8-10 students of different ethnicity in South African schools." *Tobacco Control*; 12 (1) . <http://www.ncbi.nlm.nih.gov/pubmed/12612381> Accessed on 27 November 2015.
- Taylor, J.E., Conard, M.A., O'Byrne, K.K., Haddock, K., and Poston, W.S.C. (2004). "Saturation of tobacco smoking models and risk of

- alcohol and tobacco use among adolescents.” *Journal of Adolescent Health*, 35(3):190-196.
- Tereyak, K.P. (2003). “Psychosocial risk factors for tobacco use among adolescents with asthma.” *Journal of Pediatric Psychology*. 28 (7):495-504.
- WHO. (2009). India (Ages 13-15) Global Youth Tobacco Survey (GYTS) Fact Sheet. <http://www.who.int/fctc/reporting/Annexoneindia.pdf> Accessed on 12 August 2015.
- WHO. (2015). *Tobacco: Fact sheet* N° 339 [www.who.int/mediacentre/factsheets/fs339/en/](http://www.who.int/mediacentre/factsheets/fs339/en/) Accessed on 7 September 2015.