

Determinants of Smoking in Females

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Abstract

Smoking is the inhalation of smoke of burning tobacco encased in cigarette, pipes and cigars. A smoker is a person who has smoked at-least 100 cigarettes and now smokes either every day or some day. Passive smoking is the involuntary inhalation by a nonsmoker of a combination of diluted mainstream and mid – stream smoke .Usually it occurs in a closed environment but it can also be a threat in an open environment. The increasing trend of smoking in the community is a serious problem.

Objective: To describe various factors associated with smoking in females.

Study Design: Cross sectional study.

Place and Duration: Lahore. From April 2012 to September 2012.

Materials and Methods: A cross sectional survey was conducted. Total 80 persons were recruited in the study. Selection was made on laid down criteria from only female adult population living in Lahore after taking due consent. Interviews were conducted through a pretested questionnaire. Data was collected, compiled and analyzed through SPSS version 16.

Results: Overall 17.5% were active smokers and 82.5% were passive smokers. Smokers were mostly young, mean age was 21.91 with standard deviation 2.279. Among them 82.5% had nuclear family structure and 17.5% had a joint family structure. All participants (100%) reported that their parents lived together with no conflict among them, 11.3% reported friendly attitude of parents towards them while 88.8% had strict parents. 88.8% participants had parents who smoke while 27.5% had siblings who smoked. Peer pressure was found in 6.3% cases. 15% participants reported to have stress, 42.5% were suffering from depression, whereas 31.3% from anxiety.

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Conclusion: The determinants of smoking in female were observed as young age, nuclear family structure, parent strictness and parental smoking.

Key words: Determinants, females, smoking, psycho-social.

Introduction

Smoker is one who reported smoking at least 100 cigarettes in lifetime and at the time of survey smokes either every day or someday.¹ Initiation and prevalence of smoking among females typically rises in teen age. Females who start smoking in young age group are more likely to become regular smoker and less likely to quit smoking.² Reasons for increase in smoking rates among females are diverse probably including advertisement and concerns about weight control.³ Intact two parent families are protective against smoking.⁴ Higher levels of parental socio-economic status have often been found to be related to smoking in females.⁵ Personal income has been found to be associated with the female smoking as money is needed to purchase cigarettes and adequate income may supersede other protective factors.⁶ Aspects of family environment which have been examined with regard to female smoking include parental supervision, attachment, support, parenting style. The amount of time in self-care, lack of knowledge about their children's friends and inadequate monitoring were associated with the increased rate of smoking in females.⁷ An authoritative positive parenting style has been associated with the lower prevalence of smoking while poor communication with parents and restrictions on going outside raise prevalence of smoking in girls. A permissive distracted family environment was also related to illicit smoking in females.⁸ Peer smoking was consistently found to be related to female smoking initiation and maintenance as it is very difficult to resist temptation from peers to smoke.⁹ Risk taking and deviance encompass a pattern of problem – prone behaviors that frequently tend to coincide. For example, measures of deviance and risk-taking were related to trying to smoke, current smoking, and to associating with smoking friends. Stress and associated distress or depression are important factors in the initiation to smoking.¹⁰ It has long been recognized that life change or life stress may have a substantial negative impact on emotional wellbeing. It is the unsuccessful adjustment to this life change that is postulated to lead to psychological distress.¹¹ Indeed, in adult and adolescent samples, stress has been

shown to be positively correlated with levels of psychological distress. It has been repeatedly demonstrated that stress, measured in a variety of ways, is associated with initiation to smoking and with maintenance of the behavior.^{12,13} For those studies that do not include a direct measure of stress, the impact can be implied through associations with its outcome depression / distress.^{14,15}

In our part of the world only little work has been done on the association of various psycho-social factors with smoking in females. So there is dire need to conduct this study to analyze situation and controlling this critical issue that is increasing day by day.

Materials and Methods

A cross sectional study was conducted to describe various factors associated with smoking in females in Lahore from April 2012 to September 2012. The study included only female adults (above 18) who were willing to participate in the research and claim that they have been smoking actively or passively. Total number of subjects were 80 which were chosen by convenient sampling. The variables were defined as below Peer Pressure is a social influence exerted by others on an individual. The nuclear family is a family that consists of a mother, father, and their children. Depression is a state of low mood and aversion to activity that can affect a person's thought, behavior, feelings and physical well being, ICD 10 classification was used to diagnose depression. Anxiety is a psychological and physiological state characterized by somatic, emotional, cognitive and behavioral components. ICD 10 classification was used to diagnose anxiety. ICD 10 classification was used to diagnose stress.¹⁶ Passive smoking is a term used for exposure to tobacco smoke without actually smoking, including smoke from the burning cigarette or smoke exhaled within the same room.

Informed written consent was obtained from all selected study subjects. Data was collected by interviews, using pretested questionnaire, while keeping all ethical and social considerations in mind. Data entry and analysis was done by statistical software SPSS version 16. Frequency and percentages for all variables were calculated. Mean and standard deviation for age were calculated.

Results

Total number of study participants was 100. Overall

17.5% were active smokers and 82.5% were passive smokers. Smokers were mostly young mean age was 21.91 with standard deviation of 2.279. All were un-married, students and Muslims. 70% belonged to middle class and 30% belonged to upper class. Among them 82.5% had nuclear family structure and 17.5% had a joint family structure. All participants (100%) reported that their parents lived together with no conflict among them, 11.3% reported friendly attitude of parents towards them while 88.8% had strict parents. 88.8% participants had parents who smoke while 27.5% had siblings who smoked. Peer pressure was found in 6.3% cases. 15% participants reported to have stress, 42.5% were suffering from depression, whereas 31.3% from anxiety.

Discussion

According to our study there is increased prevalence of passive smokers in our society 82.5% compared to 17.5% females who smoke actively. According to another study Tobacco smoking has been and still primarily a custom and an addiction of men, leaving women as the majority of the world's passive smokers.¹⁷

In our study most of the females were young, mean age was 21.91. According to another study smoking is more common in younger age group that is most of females were from 18 to 24 years.¹⁸

Our research indicated that 82.5% of females had a nuclear family structure compared to a joint one. A study conducted in the past show similar results.¹⁹

In our study 88.8% of the subjects claimed to have strict parents i.e. lack of friendly relationships of subjects with their parents lead to more rebellious behaviour like smoking in this case. Smoking was found to be considerably less prevalent among subjects who had friendly relationships with their parents (11.3%), A study conducted in the past showed parents can reduce their children's risk of daily smoking initiation by maintaining strong bonds with their children, by setting clear rules, and by closely monitoring their children's behaviours.¹⁹

We found out that smoking was considerably more prevalent among females who had smokers as parents

Table 1: Frequencies of Psycho-social determinants of smoking in females.

Serial No.	Psycho-social Determinants	Frequency	Percentage
1.	Nuclear Family Structure	66	82.5%
2.	Strict Attitude of Parents	71	88.8%
3.	Conflict among Parents	0	0%
4.	Smoking of Parents	71	88.8%
5.	Smoking of Siblings	22	27.5%
6.	Peer pressure	5	6.3%
7.	Stress	12	15%
8.	Anxiety	34	42.5%
9.	Depression	25	31.3%

(88.8%). Robinson LA conducted a study showing result that parents are known to influence their children's behaviour girls with smoking parents tend to develop chronic smoking when compared to those whose parents do not.²⁰ A study conducted in Karachi also found a significant association between smoking in adolescents and smoking among their parents, uncles, peer smoking and spending leisure time outdoors.²¹

In our study only 6.3% subjects reported having adopted smoking due to the influence of their friends / peers. Studies conducted in the past showed association of peer pressure with smoking, A study conducted in Karachi showed a significant association between smoking and peer smoking.²¹ Study by Bricker and colleagues reported that smoking among adolescents' friends influence both the initiation of smoking and its maintenance, most students obtained their first cigarette from a friend, indicating that initiation of smoking is linked to social relationships.²²

In our study only 15% of subjects displayed being under stress. A study conducted in Brazilian females showed that stress is a factor responsible for smoking, they smoked to relieve stress.²³

We observed that 42.5% of cases were suffering from anxiety, Previous study showed that smokers smoke to relieve anxiety and anxiety is a factor responsible for smoking.²³

In our conducted research we found out that 31.3% subjects suffered from depression, which is in accordance with previous studies. Surtees PG and colleagues conducted a study showing that depression is a factor responsible for smoking.²⁴

Conclusion

From the results of the cross-section study, it is concluded that young age, nuclear family structure, parent strictness and parental smoking were found to be the main determinants in smoking females.

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