

Impacts of Smoking on Health and Social Status: A Case of Makawanpur District, Nepal

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KEYWORDS

Health

Psycho-social impact

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Social Status

ABSTRACT

The goal of the study was to analyze the psycho-social impacts of smoking on health and social status. The study was conducted in the Hetauda Sub-Metropolitan City of Makawanpur district, Nepal. Out of 19 wards, 5 were selected by simple random sampling technique for the study and the data were taken with 200 respondents from 5 wards. A structured survey questionnaire was administered to collect the data. The data were collected from February 2024 to March 2024. There was a significant association between the gender of respondents and the frequency of smoking ($p=0.011$), between the gender of the respondents and causes of smoking ($p=0.003$), and between the gender of the respondents and encouraging friend circle for smoking ($p=0.000$). Smoking habit is not only bad for health but it causes social disparities, loss of prestige, and various psychological problems also. So, awareness to the illiterate and counselling for the literate people is sought necessary. The study helps health organizations to form the plan and policy against smoking and it also helps the government to form a policy for unemployed people and create new job opportunities for youths.

1. INTRODUCTION

Smoking causes the burden of various diseases like cancer, heart disease, respiratory diseases, and reproductive health problems (Gupta, 2024). In recent periods, taking e-cigarettes is presumed less harmful than the conventional way of smoking; It remains as an alternative way of avoiding the smoking habit among users. However, the majority of respondents believed that it might promote the traditional way of smoking habit (Khanal et al., 2023). However, Camenga and Klein

(2016) stated that the rate of cigarette use was decreasing whereas, the use of e-cigarettes, hookah, and many other forms of tobacco users were increasing. The youth having psychological disorders and substance users are vulnerable to use tobacco products.

Different forms of using tobacco-based products are seen among users in different age groups. In support, Aniwada et al. (2018) stated that among the study population, 6.6 percent of the

respondents had the habit of smoking cigarettes, 1.7 percent had the habit of using snuff, 0.4 percent had the habit of smoking pipe, and 0.2 percent with the habit of chewing tobacco. The determinant factors that incited people to use tobacco were age, educational level, and religion. Additionally, a study among undergraduate students has identified curiosity and socialization as motivating factors to use tobacco-based products (hookah smoking) and is even seen higher among urban areas due to easy accessibility compared to rural residence (Baral et al., 2023).

Nepal Health Research Council (2019) claimed that 19.4 percent of smokers and 17.9 percent of smokeless tobacco users tried to quit smoking and tobacco products within a year. Health workers mentioned that 22.1 percent of smokers stopped smoking and 21 percent of nonsmokers stopped consuming tobacco products within the year of 2019. Furthermore, Shrestha et al. (2019), claimed that there has been a notable increase in the prevalence of smokeless tobacco use, which stood at 40.1 percent, surpassing that of tobacco smokers (27.4%) over the span of a decade in Nepal. The study in the Germany Ruff, Volmer, Nowak & Meyer (2000) stated that smoking causes 47 percent of total expenses (35.2 billion Euro) costs for the treatment of smoking related diseases. However, the use of both forms of tobacco was increasing among young males during the same time period.

Along with different methods of smoking and smokeless tobacco use, such behavior is predictable to adolescents for many reasons. Additionally, Poole et al. (2022) confirmed that the major reasons of smoking were stress, identity problems, transition to further education, employment, and leaving home. Generally, young ones tend to smoke and drink on the occasions when they are with their friends and when they meet new peer groups. Especially, high prevalence of tobacco

usage among the youth was even causal relation to tobacco advertisement, and the behaviour of the youth has been influenced by the marketing strategy of tobacco-based producers (Arora et al., 2012).

Warnakulasuriya et al. (2010) pointed out that tobacco and tobacco products had adverse effects on oral health. So, the cessation of tobacco and tobacco products results in good oral health. Again, psychological disorder/illness and tobacco consumption have reasonably multifaceted relations; high prevalence of tobacco consumption is seen among persons with psychiatric disorders and less chances of ending. Meanwhile, it is assumed that leaving the smoking habit may improve mental health problems (Pal & Balhara, 2016).

Smoking in workplace is ineligible behaviour of any organization or company. Sometimes, such a habit may cause suspension or fire from the job. But the study in Italy, Vogli & Santinello (2005) stated that there was weak relationship between smoking and unemployment.

The adolescents never tell their parents and elders about their smoking habits. They always hide such behaviours to respectable persons as well as doctors. Meanwhile, Elsey et al. (2016) stated that the people who went to hospital seemed unwillingness to tell their smoking habit to health workers. Only 2 percent of out-patient were identified as smokers.

Li et al. (2022) stated that insufficient health literacy had a significant positive association with the cessation of smoking of current smokers compared to former smokers. In the recent period, women have been the major targeted population of tobacco industries with the high-frequency rate (23.2%) of tobacco use among specific age groups followed by university graduates, divorcees, and employed females from urban centers (Yasin & Okyay, 2023). It is needed to maintain gender equality, empower women, and promote social welfare services to confront increasing tobacco use among women.

Smoking become an emerging issue in terms of health and social contexts for any community. Even people having a normal understanding of the adverse effects of smoking are found to be involved in such practices. It may result serious physical, mental, and social health problems and create other social issues. In order to address such problems, reduction of tobacco use, strict rules and regulations, awareness programmes, and reduction of easy accessibility in terms of smoking, are necessary. Under this circumstance, the main aim of the study is to analyze the psycho-social effects of smoking.

1.1 SIGNIFICANCE OF THE STUDY

The study helps health organizations to plan and policy against smoking, especially for adolescents and young adults. It helps the government to form a policy for unemployed people and create new job opportunities for youths.

1.2 DELIMITATIONS OF THE STUDY

The study emphasized only smoking rather than all tobacco products. It is conducted only in five wards of Hetauda Sub-metropolitan city. The study was conducted only based on gender.

1.3 NULL HYPOTHESES

There is no significant association between smoking and the effects on health and social status.

1.4 THEORY (SOCIAL COGNITIVE THEORY)

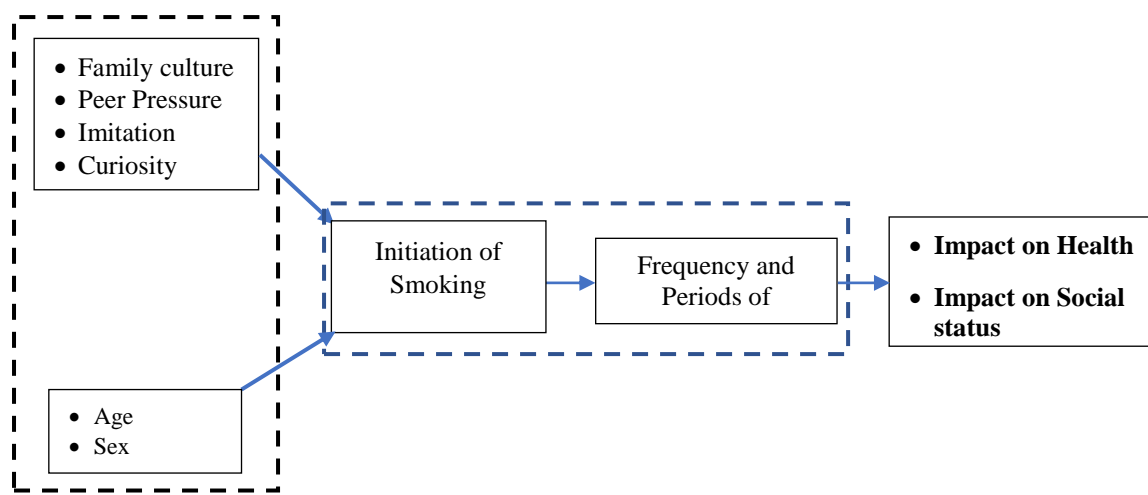
The study was guided by Social Cognitive Theory. It was started as Social Learning Theory (SLT) in the decade of 1960 by Albert Bandura and later developed into Social Cognitive Theory (SCT) in 1986. According to this theory (SCT), learning

occurs with active and joint interaction within the social context, where social influence and emphasis play the major role in performing the behavior. The behavior is determined by past experiences of a person, which influence expectations, expectancies, and reinforcement. These factors shape a specific behavior and find out the reasons behind the person's behaviour (LaMorte, 2022)

The study of Wood and Bandura (1989) suggested that the method of observational learning was directed by four factors- attention, retention, reproduction, and motivation, where attention is the process of observing and extracting information from the work in hand. Retention is the process of reorganizing and transforming the information as a rule and conceptions into the memory. Reproduction is the performance of actual behaviour that was observed by a person. And the motivation is the process of driving the person for attention, retention, and reproduction of the behaviour.

Smoking is the adopted behaviour from the society of a group, where a person belongs. Personal knowledge, dependence on a peer group, peer pressure, curiosity, and desire to experience new knowledge are the personal factors of smoking among adolescents. Likewise, family culture, peer pressure, imitation, advertisement, and curiosity are the environmental factors of smoking. These factors compel young people (adolescents) to initiate smoking which causes a negative impact on health as well as social status and relations too.

The theory is linked with the conceptual framework. The figure of the conceptual framework is presented below.



Based on figure 1; age and sex were categorized under demographic variables. Similarly, predicting variables (causing factors) for smoking were identified as family culture, peer pressure, imitation, and curiosity. Whereas, initiation of smoking, frequency, and period of smoking were denoted as mediating variables. Impact on health and social status were taken as dependent variables.

2. METHODS AND MATERIALS

This study was analytical in nature, and it employed a cross-sectional survey design for the study. This study was carried out in 5 wards among 19 wards (Ward No. 6, 7, 8, 14, 16) of Hetauda Sub-Metropolitan

City, from February 2024 to May 2024. A sample of 200 people (smokers only) were selected by simple random sampling method for the study from 5 different wards. The data were collected by pre-tested structured questionnaire and analyzed with the software (SPSS) and presented in tables, charts, etc. and data were tested with Chi-square.

2.1 ETHICAL CONSIDERATION

The researchers requested verbally to the respondents for the participation in the research study and after the verbal consent of the respondents the data was collected. And the personal data were kept secret.

3. RESULT AND DISCUSSION

3.1 EFFECTS OF SMOKING ON THE BASIS OF AGE OF STARTING

Table 1: Effects of Smoking on the Basis of Starting Age of Respondents

Age of starting smoking		Effects of smoking			Chi-square
		Yes	No	Total	
Below 10	Count	8	3	11	0.436
	% within Age of starting smoking	72.7%	27.3%	100.0%	
10-15	Count	58	9	67	
	% within Age of starting smoking	86.6%	13.4%	100.0%	
16-20	Count	68	7	75	
	% within Age of starting smoking	90.7%	9.3%	100.0%	
21-25	Count	33	2	35	
	% within Age of starting smoking	94.3%	5.7%	100.0%	
26-30	Count	6	1	7	
	% within Age of starting smoking	85.7%	14.3%	100.0%	
Over 30	Count	4	1	5	
	% within Age of starting smoking	80.0%	20.0%	100.0%	
Total	Count	177	23	200	
	% within Age of starting smoking	88.5%	11.5%	100.0%	

The above table shows that a higher number (75 among 200) of respondents started smoking at the age of 16-20 years. Among them, the number of boys was higher (90.7%) than that of girls (9.3%). The

result shows that there is no significant association ($p=0.436$) between the age of respondents and initiation of smoking. The initiating age had less effects on smoking. The main reason behind smoking at a low age was peer pressure. The study of

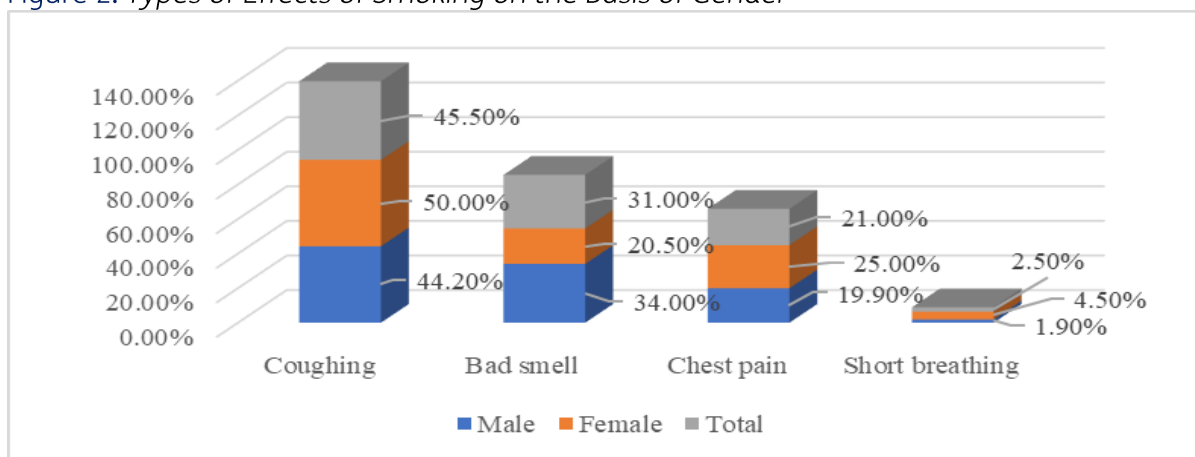
Gulhane, Rathi, and Rathi (2023) indicated that 36 percent of school-going children were tobacco addicted. Among them, 67 percent had psycho-social behavioral problems, where they were not taking part in any school activities because of the lack of interest.

3.2 TYPES OF THE EFFECTS OF SMOKING

Different respondents had different effects of smoking. The figure 2 demonstrated that there was no significant association ($p=0.302$) between the sex of respondents and the effects of smoking. More number of male (78%) had the bad

effects of smoking as compared to female (22%) respondents. Among them, more numbers (45.5%) had suffered from coughing. The higher number of smokers were male and the way of smoking also determines the types of effects. Males have less patients and smoke more than the female. So, fast and more smoking causes lung problems and coughing. Similarly, the study of Yanbaeva et al. (2007) claimed several problems were seen in the smokers. Among them, the increase of WBCs, rheologic coagulation, and CRP were the major problems.

Figure 2: Types of Effects of Smoking on the Basis of Gender

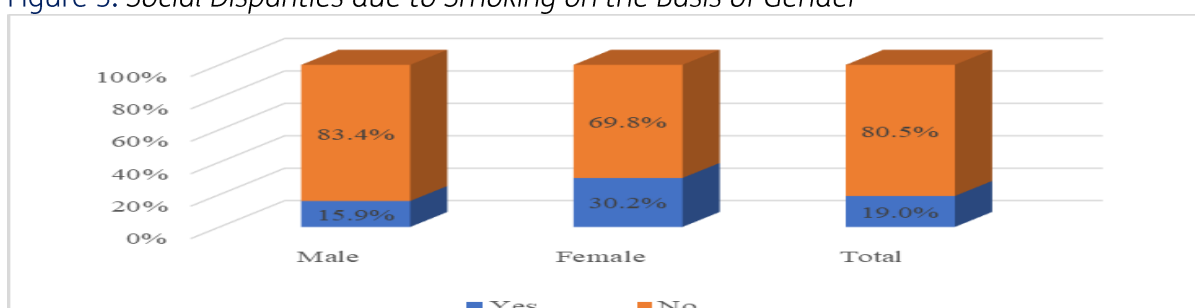


3.3 FAMILY FACING SOCIAL DISPARITIES DUE TO SMOKING

Out of 200 respondents 19.5% respondents said that family was facing social disparities due to their smoking habit. The result shows that there was no significant association ($p=0.096$) between the sex of the respondents and social disparities due to smoking. The whole day people spent their time out of their societies or communities and their family members

and relatives didn't know about their smoking habit. So, only a small number of respondents claimed that they faced the disparities and unwanted behaviour in the society due to their smoking habit. While the study of (Guthrie et al., 2002) reported that 93 percent of African American smoking girls had experienced discrimination. The figure 3 has been presented the responses of respondents.

Figure 3: Social Disparities due to Smoking on the Basis of Gender

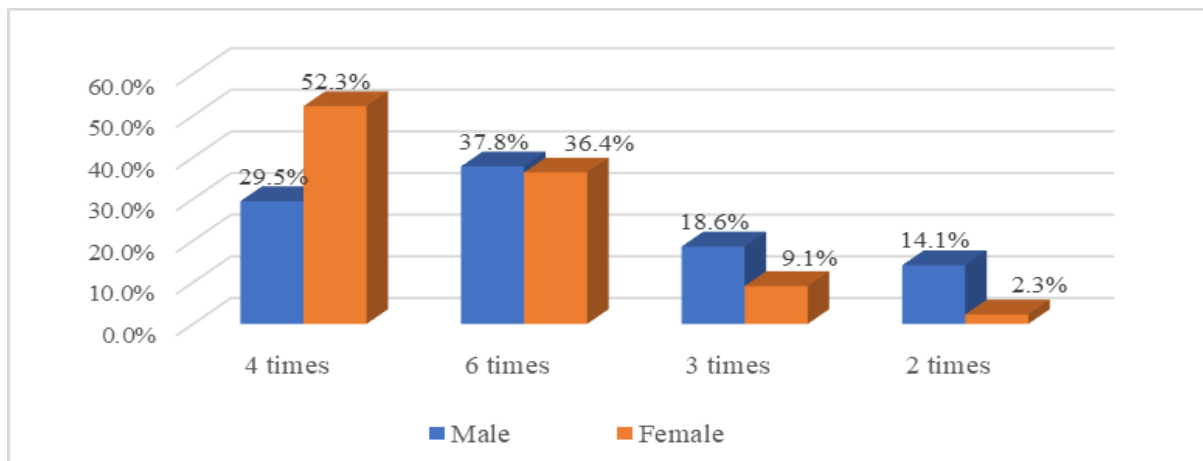


3.4 FREQUENCY OF SMOKING IN A DAY

More number of respondents (37.5%) smoked 6 times a day. Among them, 37.8 percent of male respondents smoked 6 times, whereas 52.3 percent of female respondents smoked 4 times a day. The result shows that there was a significant association ($p=0.011$) between the sex of respondents and the frequency of smoking. Male respondents had much free

time to stay out of home which would be helpful for smoking as compared to female, where females had the extra role to manage the home as well as their children too. On the other hand, rural females were dependent on their husband for money. So, females had less frequency of smoking due to less free time and lack of enough money.

Figure 4: Frequency of Smoking in a Day on the Basis of Gender

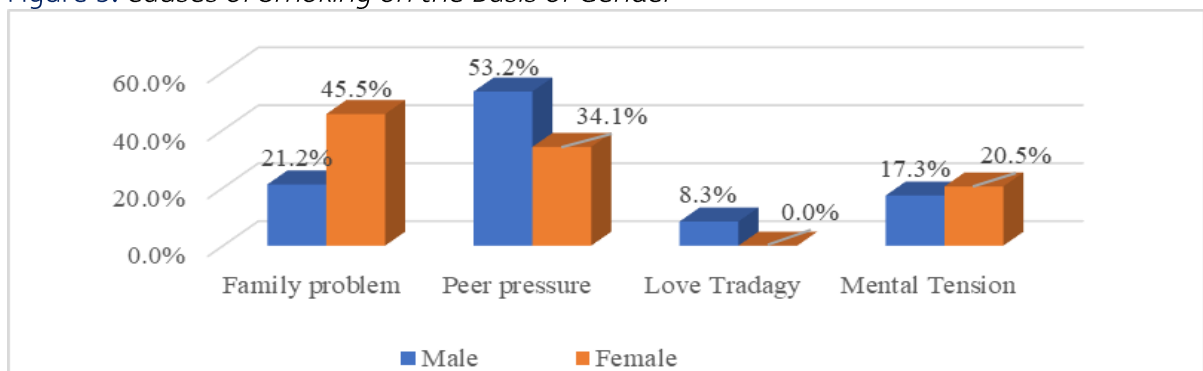


3.5 CAUSES OF SMOKING

On the basis of the above table, a greater number of respondents (49%) urged that they felt peer pressure for smoking. Similarly, 26.5 percent of respondents said the family problem was the cause of smoking, 18 percent said the mental tension was the main cause of smoking and 6.5 percent said love tragedy was the cause of smoking. The result shows that there was a significant association ($p=0.003$) between the sex of the respondents and the causes of smoking.

During the adolescence period, everybody has to face peer pressure. The peer group is the life maker as well as the destroyer too. So, every bad habit is the result of peer pressure. The study in Pakistan, Nizami et al. (2011) also stated that occupational stress, peer pressure, and domestic stress were the major causes of smoking. In another study, (Clark, 2008) claimed that friends and peer group were prominent factors to influence to decide of smoking. The figure 5 shows the result.

Figure 5: Causes of Smoking on the Basis of Gender

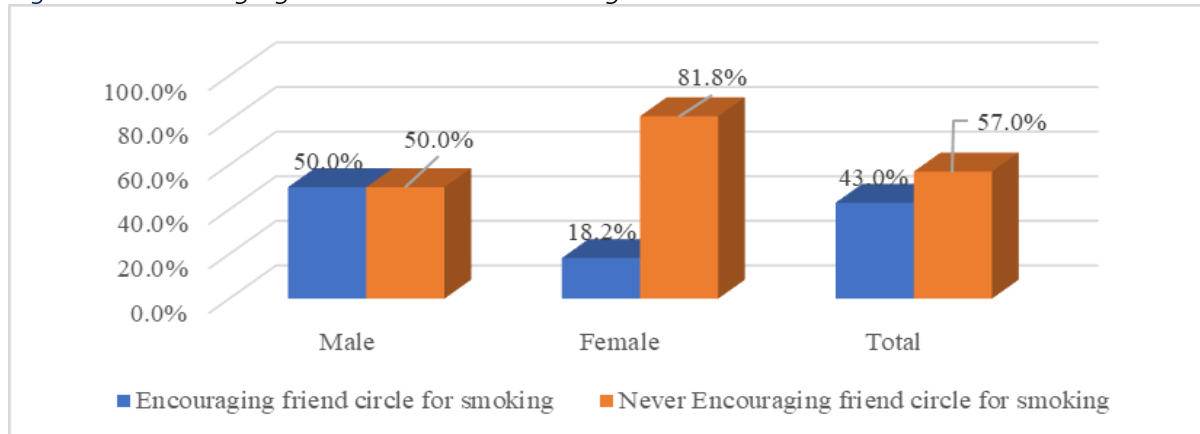


3.6 ENCOURAGING FRIEND CIRCLE FOR SMOKING

Out of 200 respondents, 43 percent of respondents encouraged friend-circle for smoking. The result shows that there was a significant association ($p=0.000$) between the sex of the respondents and encouraging friend circle for smoking. The adolescence

period is the influencing period from the peer. Some peers have had a habit of smoking and they want to increase the smokers circle. So, they encourage friends for smoking. The figure 6 presents the result.

Figure 6: Encouraging Friend Circle for Smoking

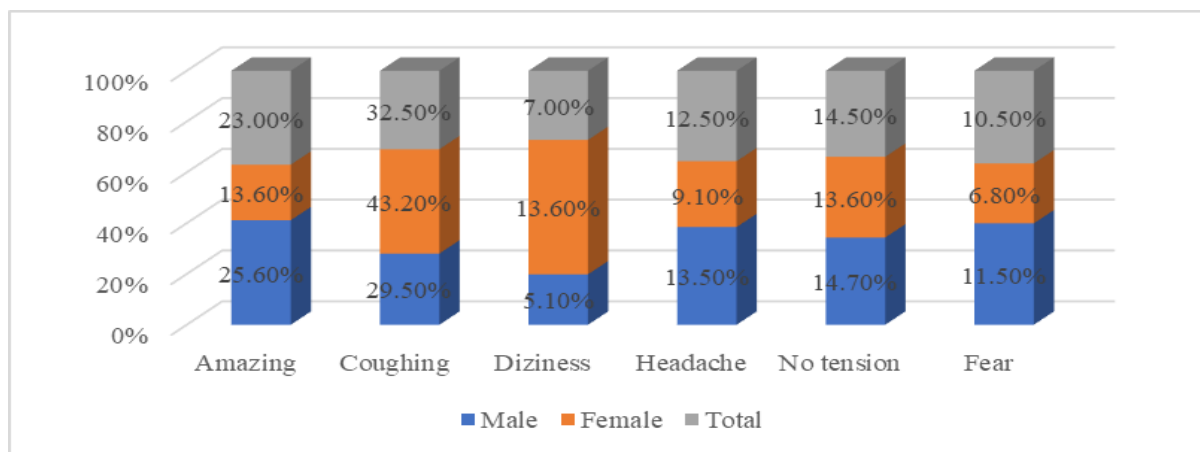


3.7 EXPERIENCE OF FIRST-TIME SMOKING

In case of experience of first-time smoking, more number (32.5%) of respondents experienced coughing. Among them, female respondents experienced coughing higher (43.2%) than male (29.5%). The result shows that there was no

significant association ($p=0.111$) between sex of respondents and the experience of first-time smoking. The study of (Urban, 2010) stated that there were both pleasant and non-pleasant experience of first-time smoking among adolescents.

Figure 7: Experience of First Time Smoking on the Basis of Gender



4. CONCLUSION

Smoking is injurious to health. Smoking is not just a habit, it is the expression of lifestyle too. The study of the psycho-social effect of smoking shows that

there was a significant association between the caste of respondents and the attempt to reduce the frequency of smoking, between the sex of respondents and hiding about smoking to family and friends,

between the sex of respondents and frequency of smoking, between sex of the respondents and causes of smoking, between sex of the respondents and encouraging friend circle for smoking. The higher number of people are smoking due to peer pressure, family problems, love tragedy, and mental tension. Smoking resulted the social disparities, loss of family prestige (insulted), economic problems and worse health conditions, which lead to anxiety, depression, and various psychological problems. People suffering from such psychological problems cannot concentrate on any daily activity.

5. ACKNOWLEDGEMENT

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6. DATA AVAILABILITY STATEMENT

The data and information during the study were taken from various journals and websites, were cited properly, which are presented below:

<https://doi.org/https://doi.org/10.18332/tid/82926>
<https://doi.org/https://doi.org/10.1016/j.chc.2016.02.003>
<https://doi.org/https://doi.org/10.5172/conu.2008.27.2.185>
<https://doi.org/https://doi.org/10.1186/s13012-016-0466-7>
<https://ijam.co.in/index.php/ijam>
<https://doi.org/doi:10.58676/sjmas.v2i5.72>
<https://doi.org/https://doi.org/10.1093/ntr/ntr077>
<https://sphweb.bumc.bu.edu>
<https://doi.org/https://doi.org/10.18332/popmed/152572>
<https://doi.org/https://doi.org/10.1186/s13011-022-00451-9>
<https://doi.org/https://doi.org/10.1034/j.1399-3003.2000.016003385.x>
<https://doi.org/https://doi.org/10.1038/s41598-019-39635-y>
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<http://www.jstor.org/stable/258173>
<https://doi.org/https://doi.org/10.1378/chest.06-2179>
<https://nhrc.gov.np/wp-content/uploads/2019/11/Tobacco-Fact-Sheet-1.pdf>

Similarly, the study has analysed with its original primary data, which is available in .sav format:



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