

## **ADOLESCENTS AND SMOKING: PSYCHOLOGICAL ISSUES LEADING TO SMOKING**

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### **Abstract**

This literature review aims to study the various psychosocial factors related to adolescent smoking behaviour and the stages of smoking in adolescents. The review has nine relevant studies that showcased various psychosocial factors that lead to smoking in adolescents out of which depression, peer pressure, stress, self-esteem and family pressure are necessarily the strongest affected factors. The various stages of smoking and how an adolescent travel from the trial stage to the smoking addict.

**Keywords:** *Smoking, Self-esteem, Stress, pressure, Adolescent*

### **Introduction**

Smoking is an unhealthy habit growing in adolescents from school going to college going students. Nicotine dependency amongst individuals has not only increased but has been a constant schedule in the lives of many kids. Analyses of the 2012 National Youth Tobacco Policy (NYTP) found that 20.8% of current adolescent tobacco users reported wanting to use tobacco within 30 minutes of having it is a classic symptom of nicotine dependence. As an individual reaches adolescence, he or she goes through various changes physically as well as mentally (Amin Wani, 2017; Ozdemir, Utkulap, Pallos, 2016). Roles and responsibilities of adolescence start to reflect as expectations from parents, thus this age group lets the stress and tension out through smoking and other tobacco intake (Andersen, Leroux, Bricker, Kumar, & Peterson, 2004; Blokland, Hale, Meeus, & Engels, 2006; Harakeh, Scholte, de Vries, & Engels, 2005; Otten, Engels, & van den Eijnden, 2008; Simons-Morton, 2004). There are various factors that motivate an adolescent to seep into the stage of initiation to a contemplator. Not do only these stages differ but the psychosocial factors affecting the stage and intensity are also different. Parental pressure, smoking in the family, and negligence from parents (Stanton, Martin, Henningfield, 2005), is found to encourage smoking behaviour in adolescents. It would be very vague to blame a single factor for this major shift. Smoking develops in the human body in complex ways and moves through several stages (Leventhal and Cleary, 1980). Research states that it is because of factors like parental smoking, education, negligence, race

and ethnic background, peer use and mental health that an adolescent starts to smoke (Lim, Li Lim, Mohd. Ghazali, Jia Hui, 2021). Peer pressure (Leshargie, Alebel, Kibret, Birhanu, Mulugeta, Mallay, Wagnesw, Eurnetie, Ketema, Aderaw, Assemie, Kamma, Petrucka, Arora, 2019), risk-taking behaviour (Sanci, Webb, Hocking, 2018), rebellious nature and many other factors have been found to affect this. Studies show that smoking has been a predictor of stress and it is considered a coping mechanism amidst all this burden (Scales, Monahan, Rhodes, Ewoldsen, Johnson-Turbes, 2009). A few factors like the willingness and smoking atmosphere play a vital role in the initiation of this process. This paper aims to review the major psychosocial factors associated with smoking and how the intensity of these factors affects various stages of smoking.

## **Method**

In this paper, studies were searched from Springer, Researchgate.net and Google Scholar. The keywords such as smoking, stress, stages of smoking, and psychosocial were used to search the relevant studies. The first study that included a comparison group in order to report more frequent smoking in patients with cancer than others hospitalised for other conditions was in 1939 by Muller. Since then, innumerable researches have been conducted regarding the stages involved in smoking and the factors in family or environment that affect smoking initiation or behaviour. A total of 9 studies were selected for the review paper of which three are longitudinal studies, two cross-sectional studies and four correlational studies. Longitudinal studies majorly focus on factors that are studied as subscales in questionnaires. Multiple regression analysis and discriminant analysis are performed to find the predictors of smoking. Cross-sectional studies give an insight into how various environmental factors affect cigarette smoking behaviour. It implements various qualitative methods to study the effect of factors on adolescents from 13-19 years. Correlational studies signify the factors that correlate with various stages of smoking. It highlights the onset, movement and cessation of smoking and the major factors affecting each stage. Each type of study is assessed in order to test for the various factors that play a crucial role in the development of smoking in teenagers.

The first study by Chaiton, Cohen, Loughlin & Rehm (2009) was a combined review of six Longitudinal studies that looked at the connection between smoking and depression. Between January 1990 and December 2007, samples of people between the ages of 13 and 19 were collected in order to determine whether smoking or depression came first. Inverse variance and quantitative data synthesis were used in the process. Six research in total have been examined,

and it has been determined that smoking precedes depression in both directions. Clinical Measures of Depression were utilised in three of the six investigations. Three of them had a significant female smoking population. It was discovered that using "nicotine" is selfmedication. Selection bias and misclassification are this study's two main weaknesses.

The second study by Collins, Sussman, Rauch, Dent, Johnson, Hansen & Floy (1987) is a 3Wave Longitudinal set as well. For this study, 3295 7th graders from 56 junior high schools were chosen. The study employs four primary subscales, Social Disapproval, Risk Taking/Rebelliousness, Perceived Smoking Prevalence, and Motivation to Comply, and five major psychosocial factors—out of 41—were preserved. The study's findings are best summarised in Integrative Mode of Smoking Initiation by Flay, d'Averns, Best, Kersell, and Ryan (1983). The purpose of this study is to replicate and expand on the findings of Chassin et al. (1984), who theoretically developed a priori subscales to predict future cigarette use and transitions between stages of smoking behaviour and discovered that risk-taking/rebelliousness was the relatively best predictor of first trying cigarettes. The present study comprises two main philosophies that were taken from Chassin et al. Multiple regression analysis is the first method, and discriminant analysis is the second. The study's strongest findings were related to risktaking and the perception of smoking prevalence. Youth are more prone to emulate smokingrelated behaviours if they are selectively exposed to smoking with important others. In the phases from pre-contemplation to addiction, peer and family factors are also quite important.

The third study by Smith, Bean, Mitchell, Speizer & Fries (2006) is Correlational research and it analyses how psychosocial factors relate to teenagers' intentions to smoke by using an extension of the theory of planned behaviour (TPB). The study's main objective was to evaluate the contributions and effects of normative and perceived control factors in teenage nonsmokers. Three primary variables—attitude, subjective norms, and perceived behavioural control—were examined in surveys conducted in three rural Virginia schools. Intentions to smoke, knowledge about smoking, non-smoking beliefs, self-efficacy in using refusal strategies, friends who smoke, friends who approve of smoking, and parents who approve of smoking are among the findings. The stages of smoking are experimental, regular, and trial. In-class surveys that were self-administered were completed by 785 students in total. The Youth Risk Behavior Surveillance Survey (YRBSS) and Goals from Health Survey were used to alter the survey's questions. The correlations between teenagers' intentions to smoke and attitude, normative

characteristics, and perceived behavioural control were found to be valid. In either the 6 months or 30 days model, perceived concerns regarding the long-term effects of tobacco use were not linked to tobacco use intentions. Methodological restrictions were a result of the research's reliance on self-report measures and correlational approaches. Peer use and perceived smoking prevalence within community age groups were revealed to have the strongest associations with adolescents' intentions to smoke among the other psychosocial factors.

The fourth study by Scales, Monahan, Rhodes, Roskos-Ewoldsen, Johnson & Turbes (2009) is a correlational study. The stages of smoking are experimental, regular, and trial. In-class surveys that were self-administered were completed by 785 students in total. The Youth Risk Behavior Surveillance Survey (YRBSS) and Goals from Health Survey were used to alter the survey's questions. The correlations between teenagers' intentions to smoke and attitude, normative characteristics, and perceived behavioural control were found to be valid. In either the 6 months or 30 days model, perceived concerns regarding the long-term effects of tobacco use were not linked to tobacco use intentions. Methodological restrictions were a result of the research's reliance on self-report measures and correlational approaches. Peer use and perceived smoking prevalence within community age groups were revealed to have the strongest associations with adolescents' intentions to smoke among the other psychosocial factors. Males likely showed the nature to smoke due to their rebellious nature against their parents. Females agreed that smoking habits were influenced by the media.

The fifth one by Nichter, Vuckovic, Nichter, Quintero & Ritenbaugh (1997) is a longitudinal study, which has a cross-sectional study for 3 years. This study examined adolescent girl smoking experimentation and initiation tendencies. Focus groups, telephonic interviews, ethnographic in-person interviews, and a survey questionnaire were all used in the test design. 205 girls who agreed to an interview and survey were used in the study. 7% of them were discovered to be former smokers, compared to 63% who were initially non-smokers. Each girl took part in one extensive semi-structured study in year 3. Researchers came to the conclusion that smoking prevalence estimates that are relatively high can predict both the initiation of smoking and a rise in smoking. Future smoking was found to be well predicted by low-level smoking. Smoking was discovered to be a method of stress relief. Although the study was not intended to identify stressors, a number of them were. The coping strategy produced a social setting where ladies could "calm down." Teenagers are not the passive objects of outside

circumstances that encourage smoking beginning. Family environment and interpersonal relationships with teachers and classmates were the main sources of stress. The study showed that social risk, smoking with friends, and casual smoking at gatherings were the three main motivations for smoking. It was discovered that smoking promoted social engagement.

The sixth one by Byrne & Mazanov (2001) is a correlational study, which claims that a number of health risk behaviours might be acquired or manifested as a result of poor self-esteem. Adolescent smoking behaviour is directly correlated with psychosocial stress. The current study aims to investigate that possibility and, more specifically, to investigate the claim that adolescents are more prone to smoke when under stress if they report having low self-esteem. Participating schools included 15 and self-made questionnaires were distributed. At every age, girls smoked more than boys. We employed the total Stress scale (TSS). Stress was favourably correlated with smoking status and adversely correlated with self-esteem. The results of the bivariate analysis revealed that there was an independent relationship between each of the relevant variables.

The seventh study by Arora, Gupta, Bansal, Gupta, Thakar & Negpal (2017) describes cigarette smoking behaviour and psychosocial variables among school-going teenagers in Panchkula. It is a cross-sectional study. 584 school-going teenagers between the ages of 14 and 19 were examined. Bivariate and multivariate logistic regression, the percentage, and the chi-square test were all used. If students had ever smoked, they were six times more likely to start smoking, and seeing their fathers smoke increased that likelihood by two. The necessity for efforts by parents, siblings, teachers, and peer groups to prevent smoking behaviour is highlighted by the strong correlation between cigarette smoking behaviour and several psychosocial factors.

The eighth study by Lloyd-Richardson, Papandonates, Kazura, Stanton & Niaura (2002) which examines smoking stages in teenagers in relation to family and peer groups, is a correlational study. Never smokers, experimental smokers, intermittent smokers, established smokers, and ex-smokers were the smoking stages that were highlighted in the study. The sociodemographic factors include age, grade, gender, ethnicity, and poverty. In addition to low appetite, loneliness, anhedonia, and distraction, depression was a significant factor. An 11-item measure evaluating property destruction, lying to parents, evading parental supervision, and skipping school was used to assess delinquency. Three significant variables—*intra-individual, peer, and*

family domains—were examined, and the results indicated that each had an impact on smoking, albeit in a different way at each stage. Early stages of smoking were observed to be influenced by alcohol usage.

The ninth study by Ary & Biglan (1987) is a longitudinal study and focuses primarily on the differences between predictors of smoking initiation and predictors of continuing smoking. Marijuana use and peer smoking were significant predictors. Data were gathered during the times that the classes were planned. One year later, the initial evaluation was conducted once more. The Pechacek et al.-recommended technique was followed when collecting saliva samples (1980). Previous cigarette use, smoking intentions, the number of cigarettes offered, and peer smoking were discovered to be predictors of continuing smoking. According to the findings of this study, secondary smoking prevention should not be disregarded as an intervention method. At a 1-year follow-up, 76% of "low rate" pretest smokers still smoke the same amount. The teens who are most likely to give up smoking are those who do it at low rates. This study's findings support the notion that youths who smoke infrequently are most likely to give up. Teenagers' ability to quit smoking may be influenced by their peers. Certain factors, such as the presence of smoker friends, cigarette offers, prior cigarette use, and drug use, can indicate when someone will start smoking. The social environment may have a greater impact on smoking in high school than it does in middle school. No substantial parental influences were discovered to have an impact.

## **Discussion**

After analysis of the studies, it can be said that various psychosocial factors such as nature vs nurture factors (Kendler, 1993) of smoking, social disapproval, risk-taking (Chassin et al., 1984), and family and peer influences affect the onset and continual journey of smoking directly. Adolescents who have tried smoking due to any reason were found to continue smoking at higher levels and tend to go through various stages of smoking levels.

Longitudinal studies majorly focused on how various psychosocial factors affected adolescent smoking over time and what is the intensity of it at all stages. It also highlighted how an adolescent changes from a non-smoker to a frequent smoker. Correlational studies specifically stated the factors that directly affected smoking nature in adolescents. Major stressors that are placed under query are subjective norms, low self-esteem, and family variables, but all on different stages of smoking. Cross-sectional studies showed how adolescents' experiment with

smoking and carry it forward with all the psychosocial factors from family and environment in line.

### **Conclusion**

Smoking is injurious and affects an individual physically, psychologically, emotionally and mentally. This review paper explained all the various aspects that can help smoking grow in an adolescent and the amount of hindrance it produces on all levels. The various psychosocial factors mentioned above in the study directly correlate with adolescent smoking behaviour in many conditions. Peer influences, family environments, stress coping mechanisms, poverty, loneliness, distraction, social acceptance, parents fighting and many other factors were found to be responsible for smoking in individuals. Thus a bunch of psychosocial factors do affect smoking behaviour and there are various stages involved in smoking.

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