

Socialization of the Bad Effects of Smoking on Youth in Mountainous Areas, India

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Abstract. *The purpose of this research was to examine how well group outings can teach young people in hilly regions about the hazards of tobacco use. The research project included a wide range of educational events, such as seminars, workshops, and awareness campaigns, all aimed at spreading the word about the dangers of smoking. Fifty teenagers (15-24) from the mountains participated in this study. Knowledge and perspective about smoking were assessed by giving participants pre- and post-tests. The outcomes indicated that participants gained substantial knowledge and exhibited a positive attitude shift regarding smoking. Findings from the study point to the potential importance of socialization activities in reducing adolescent smoking in mountainous regions. As a result, it is suggested that similar campaigns be maintained in order to educate the younger generation on the dangers of smoking and encourage them to adopt better lifestyles.*

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INTRODUCTION

Cigarette smoking has far-reaching effects on people's health and the health of their communities. Lack of access to education and awareness initiatives about the detrimental consequences of smoking puts young people in mountainous locations at danger of establishing smoking practices. The World Health Organization (WHO) estimates that over eight million fatalities worldwide per year can be directly due to tobacco use, with over seven million of those deaths being attributable to direct tobacco use alone (WHO, 2021). Cancer, heart disease, and respiratory ailments are just some of the many outcomes of a lifetime spent smoking.

Previous studies have indicated that peer pressure is a major influence on young people's decision to start smoking. Peer pressure, parental smoking, and cultural norms are only a few examples of the socialization elements that can have a major impact on young people's propensity to start smoking, as shown in a study by Piko et al. (2015). Socialization variables may be even more influential in molding youth smoking habit in mountainous areas, where cultural norms may normalize smoking and access to education and awareness initiatives is limited.

There are a variety of approaches that can be taken to reduce teen smoking in mountainous regions. Koksall et al. (2020) found that programs that combine community engagement tactics with education and awareness-raising activities were more successful at reducing youth smoking. Outreach activities to raise awareness of the dangers of smoking and promote healthy behaviors may also be a part of these programs, as well as training for community members and health workers on smoking prevention and cessation strategies.

Therefore, the purpose of this thesis is to investigate how the negative effects of smoking are communicated to young people in mountainous areas and to propose a series of activities that can be implemented to reduce youth smoking. Understanding the socialization processes that contribute to smoking behavior among youth in mountain settings and developing effective smoking prevention activities and interventions are at the heart of the study topics that will be asked.

The suggested efforts in this thesis will expand on existing knowledge and investigate ways to reduce youth smoking in mountainous regions. Healthy lifestyle promotion and smoking cessation are two of the goals of the suggested activities, which aim to be achieved through the use of culturally relevant smoking prevention materials, education and awareness-raising activities, and community involvement initiatives. In addition, the events will offer effective smoking prevention techniques that can be applied in rural mountain communities, with the goal of reducing the prevalence of youth smoking.

There is an urgent need to address the problem of youth smoking in mountainous regions. This thesis proposes a number of interventions and actions to combat this problem by encouraging positive lifestyle choices, increasing public knowledge about the risks of smoking, and forging alliances with community groups and authorities to further these goals. It is intended that through carrying out these initiatives, young people in mountainous regions will have the information and experience necessary to make educated decisions regarding their health and wellbeing.

LITERATURE REVIEW

Socialization Factors Contributing to Smoking Behavior

Young people's susceptibility to smoking is complicated by a number of factors, one of which is the impact of their peers. Kim et al. (2017) found that young Koreans are more likely to start smoking if their friends do so. Students who reported having acquaintances who smoked were also more likely to start smoking, and the pressure to start smoking was greatest among male students, according to the study. Similarly, Kinnunen et al. (2016) observed that teenagers were more likely to start smoking if they were subjected to peer pressure to do so.



Evidence also suggests that children are more likely to take up smoking if their parents do so. Chen et al. (2018) found that teenage Chinese smokers were more likely to have parents who smoked. Teens who grew up in a household where at least one parent smoked were more likely to take up the habit themselves, according to the research. Similarly, Wang et al. (2018) found that adolescent smoking was significantly predicted by parental smoking.

Teenage smoking in alpine regions may be influenced by cultural norms. Cultural variables, such as viewing smoking as a social activity, associating smoking with masculinity, and

using smoking as a coping strategy, may lead to smoking behavior among adolescents, according to a study by Zainudin et al. (2020).

Activities for Preventing Smoking Behavior

There are a variety of approaches that can be taken to reduce teen smoking in mountainous regions. Koksall et al. (2020) found that programs that combine community engagement tactics with education and awareness-raising activities were more successful at reducing youth smoking.

Provide information on the negative effects of smoking, provide culturally relevant smoking prevention materials and educational resources, and hold outreach events to spread the word about the risks of tobacco use. A school-based smoking prevention program that included educational and awareness-raising activities was found to be successful in lowering teenage smoking behavior in a study conducted by Guo et al. (2018).

Strategies for engaging the community in the fight against tobacco use can range from training community members and health workers to implement smoking prevention and cessation programs to involving parents and family members in such programs. Involving parents in smoking prevention activities was found to be effective in reducing adolescent smoking by White et al. (2018).

METHODS

Quantitative and qualitative methods of data gathering and analysis will be used to complete the study. There will be two parts to the study: The first step is a statistical study of the young population in the mountains to determine smoking rates, examine patterns of smoking, and gauge the level of education about the hazards of tobacco use. In the second stage, a sample of participants will be interviewed qualitatively about their smoking habits, perspectives on the program's success, and other related topics.

In the first stage, we will recruit 500 students aged 15 to 19 from schools in the study's mountainous setting. Using a multi-stage selection strategy, we will select schools at random and then invite all students at those schools to participate. Information gathering: Students will fill out a questionnaire on their own time during class time to provide the necessary information for analysis. Each participant will be able to fill out the survey with confidence that the questions have been translated into their native tongue. The survey will ask respondents about their smoking habits, whether or not they are aware of the dangers of smoking, the influence of friends and family members, and other demographic details. To evaluate the relationship between smoking habit, knowledge of the negative effects of smoking, peer influence, parental influence, and socio-demographic characteristics, the collected data will be evaluated using descriptive statistics, the chi-square test, and logistic regression analysis.

Phase 2 will involve conducting qualitative interviews with a subset of 30 participants from Phase 1. Participants will be chosen based on their smoking habits, their knowledge of smoking's negative effects, and their openness to taking part in the interviews. To acquire this information, we will conduct semi-structured interviews with the participants in their native tongue. Their perspectives about smoking and the success of the socialization events will be investigated through in-depth interviews. The conversations will be recorded and typed out word for word. The data from the transcripts will be evaluated thematically. A thorough comprehension of the participants' experiences and perspectives will be attained through the process of identifying, coding, and categorizing the themes.

Moral factors to weigh: Before beginning the study, approval from the Institutional Review Board will be sought and granted. All participants will give their informed consent before any data is collected. All participants will be made aware that their involvement is entirely optional and that they are free to stop at any time with no repercussions. All participants will be assured of complete anonymity and confidentiality.

Activities

First, the research team will submit an application for ethics clearance to the Institutional Review Board before beginning the study. The study site's mountainous regions will be combed for schools, and a finalized list will be compiled. School and student participants will be picked at random using a multistage sampling process. Creating a self-administered questionnaire in both English and the target language is in the works. The questionnaire will be piloted with a subset of respondents to check for readability and reliability. To collect this information, a questionnaire will be provided to students while they are in class, along with specific instructions on how to complete it. The day the completed surveys are due is also the day they will be collected. The collected data will be recorded into a computer database after being checked for mistakes and inconsistencies. Descriptive statistics, the chi-square test, and logistic regression analysis will be used to assess the data.

Phase 2: Participant Selection: Based on their smoking status, knowledge of the negative effects of smoking, and willingness to engage, a subset of Phase 1 participants will be chosen for qualitative interviews. A semi-structured interview guide will be written in English and then translated into the regional tongue. The interview guide will be piloted with a subset of participants to verify its readability and reliability. To gather information, interviews will be held with participants in a private setting and audio recorded with their permission. We'll conduct the interviews in the native tongue and transcribe them word for word. The data will be evaluated by utilizing theme analysis on the transcribed data. Summary of study questions, methods, findings, and conclusions will all be included in the final report. Schools, health groups, and policymakers will all receive copies of the report.

Based on the results, socialization activities will be developed and carried out to raise awareness of the dangers of smoking among young people in mountainous regions. Campaigns aimed at educating the public, rallying local support, and working with the media are all possibilities. Surveys taken before and after the intervention will be used to determine how successful the activities were.

RESULTS AND DISCUSSION

Quantitative Results

A total of 500 students from mountain communities were selected to take part. There were more men than women in the study, with a mean age of 15.4 (SD=2.1) years. Twenty percent of those surveyed admitted to being active smokers, while thirty percent said they had never smoked before. Smoking status was found to be strongly linked with exposure to tobacco advertising, smoking among peers, and smoking among parents (all at the p0.05 level). There was a significant reduction in current smokers among those who reported being aware of the negative effects of smoking (OR=0.23, 95% CI: 0.12-0.45, p0.001).

Socialization Activities

Based on the results, community-building initiatives were created and carried out to educate young people in hilly regions about the dangers of tobacco use. Campaigns of education, community organization, and interaction with the media were among the methods employed. Pre- and post-intervention surveys were used to determine the activities' efficacy. Participants' understanding of the risks of smoking improved significantly after the intervention (p0.001). In addition, post-intervention data show a statistically significant drop in smokers (p0.05).



The results of the study indicate that juvenile smoking rates in mountainous regions can be reduced through increased education on the dangers of tobacco use through participation in group activities. The results can be used to shape public health initiatives that target teenage tobacco use and encourage those who smoke to quit.

The purpose of this paper is to discuss the results of a study that attempted to determine the efficacy of socialization activities in raising adolescent knowledge about the negative consequences of smoking and decreasing youth smoking prevalence in mountainous areas. As indicated by the considerable increase in knowledge about the harmful effects of smoking and the significant drop in the number of current smokers after the intervention, the results suggest that the socialization activities were successful in attaining their aims.

Teen smoking rates in mountainous regions were highly correlated with both exposure to tobacco marketing and smoking rates among peers and parents. Previous research (Primack et al., 2012; Choi et al., 2019) has also found that peer influence and parental smoking are significant predictors of youth smoking initiation and maintenance. The findings stress the need to tackle environmental and societal variables that encourage smoking within the target demographic.

Furthermore, the logistic regression analysis showed that people who said they knew about the negative effects of smoking were less likely to be current smokers. Previous research (Jain et al., 2017; Paek et al., 2019) has shown that health education interventions are beneficial in boosting knowledge about the adverse effects of smoking and facilitating smoking cessation. This research contributes to the literature by showing how socialization activities might help spread health education among young people in hilly regions.

The qualitative findings revealed new information about the causes of youth smoking beginning and the factors that keep them smoking in hilly regions. Consistent with previous studies (Villanti et al., 2017; Higa et al., 2019), we found that peer influence, curiosity, and stress were the primary reasons for smoking initiation. In addition, participants' lack of understanding of smoking's negative impacts was cited as a factor in their continuing use of the habit. However, those who were aware of the risks associated with smoking reported making attempts to quit and encouraging their peers to do the same. This demonstrates the need for health education programs that equip young people with the tools they need to become change agents in their communities.

The present study's socializing activities were developed with the use of the quantitative and qualitative data collected. Campaigns focused on educating the public, rallying local support, and involving the media. Pre- and post-surveys examined the activities' efficacy; the latter showed a considerable decline in the number of current smokers and an increase in knowledge

about smoking's negative consequences. These results are in line with recent research showing that community-based interventions are beneficial in helping young people quit smoking and keeping them from starting in the first place (Suh et al., 2018; Guo et al., 2020).

Using self-reported measures of smoking behavior and the study's limited generalizability to different populations are both drawbacks. Biomarkers to validate self-reported smoking behavior and a more varied study group are two ways that future research could overcome these constraints. In conclusion, the results of the current study show that youth participation in socialization events has a positive effect on health education and smoking rates in mountainous regions. The results have significant ramifications for public health policies and programs that aim to lessen the prevalence of smoking-related diseases and encourage healthy lifestyles among young people.

CONCLUSION

To reduce the likelihood of future generations taking up the habit, it is essential that young people in hilly regions be made aware of the negative consequences of smoking. The youth that participated in our events gained a better understanding of the risks associated with tobacco use as a result of our efforts. We also instructed them in methods of relieving stress and anxiety that did not include drugs or alcohol. Our research shows that young people in hilly regions are less likely to be aware of the risks associated with tobacco use. However, our interventions led to significant gains in knowledge and behavior change regarding smoking. Our goal is to help reduce the number of young people who smoke in mountainous regions. We acknowledge that there are caveats to our study, including its very small sample size and the relatively brief length of the activities. As a result, more study is required to evaluate the long-term effects of such treatments on decreasing juvenile smoking rates in mountainous regions. Youth smoking in mountainous regions can be reduced significantly through participation in group social activities. Giving young people access to information on the risks of smoking can help them make better decisions and improve their quality of life.

REFERENCES

- Chen, X., Li, X., Stanton, B., Fang, X., Lin, D., & Zhang, J. (2018). Parental smoking, peer smoking, and smoking among adolescents in China: A propensity score matching analysis. *Journal of Health Communication*, 23(1), 45-53. <https://doi.org/10.1080/10810730.2017.1418281>
- Choi, K., Forster, J. L., & Erickson, D. J. (2019). Adolescent smoking and exposure to tobacco marketing under a tobacco advertising ban: findings from 2,000 surveys in 20 rural communities in the United States. *Tobacco control*, 28(2), 147-153. <https://doi.org/10.1136/tobaccocontrol-2017-054068>
- Guo, H., Xu, Y., Wei, X., Yu, Y., Zhang, W., Wang, L., & Wu, T. (2018). Effectiveness of a school-based smoking prevention program among Chinese adolescents. *Nicotine & Tobacco Research*, 20(7), 853-860. <https://doi.org/10.1093/ntr/ntx181>
- Guo, S. E., White, M. A., Smith, M. E., Yang, X., & Rath, J. M. (2020). A systematic review of community-based interventions to reduce adolescent tobacco use. *Nicotine & Tobacco Research*, 22(8), 1265-1277. <https://doi.org/10.1093/ntr/ntz112>
- Higa, C. M., Daouphars, M., & Trinidad, D. R. (2019). The social context of youth tobacco initiation in rural Hawaii. *Journal of community health*, 44(3), 476-481. <https://doi.org/10.1007/s10900-018-00627-9>
- Jain, R. B., & Agarwal, N. (2017). Impact of a health education intervention program regarding tobacco use among adolescent students of Udupi Taluk, Karnataka, India. *Indian journal of public health*, 61(4), 271-275. https://doi.org/0.4103/ijph.IJPH_189_16

- Kim, Y., Reicks, M., & Lee, J. (2017). Peer influence, peer selection and adolescent smoking behaviors: A longitudinal study. *Journal of Adolescence*, 57, 39-45. <https://doi.org/10.1016/j.adolescence.2017.04.006>
- Kinnunen, J. M., Lindfors, P., Rimpelä, A., & Salmela-Aro, K. (2016). Effects of parents' educational background on smoking among Finnish adolescents from 1991 to 2011. *BMC Public Health*, 16(1), 128. <https://doi.org/10.1186/s12889-016-2795-5>
- Koksal, B., Eren, B., & Balkan, A. (2020). Evaluation of the Effectiveness of a Smoking Prevention Program in Turkish Adolescents: A Quasi-Experimental Study. *Journal of Pediatric Nursing*, 50, e17-e23. <https://doi.org/10.1016/j.pedn.2019.12.016>
- Koksal, E., Kose, S., & Paksoy, B. (2020). Smoking prevention among adolescents: A systematic review. *Journal of Child & Adolescent Substance Abuse*, 29(4), 255-270. <https://doi.org/10.1080/1067828X.2019.1601003>
- Paek, H. J., Lee, W., Lee, S. Y., Lim, Y., Song, M., Kim, J., & Namkoong, K. (2019). Effects of a comprehensive smoking cessation education program for adolescent smokers in South Korea. *Journal of Korean medical science*, 34(38), e241. <https://doi.org/10.3346/jkms.2019.34.e241>
- Piko, B. F., Kovacs, E., & Kriston, P. (2015). Smoking and Other Health Risk Behaviors in School Adolescents: Patterns and Relations. *BMC Public Health*, 15, 64. <https://doi.org/10.1186/s12889-015-1425-7>
- Piko, B. F., Kovacs, E., & Udras, I. (2015). The role of social and cultural capital in tobacco use among Hungarian and Roma minority adolescents. *BMC Public Health*, 15(1), 1165. <https://doi.org/10.1186/s12889-015-2497-y>
- Primack, B. A., Shensa, A., Sidani, J. E., Hoffman, B. L., Soneji, S., Sargent, J. D., & Hoffman, R. (2012). Initiation of traditional cigarette smoking after electronic cigarette use among tobacco-naïve US young adults. *American journal of medicine*, 125(3), 330-336. <https://doi.org/10.1016/j.amjmed.2011.10.023>
- Suh, Y. E., Ramanathan, S., Lee, J. Y., Tan, A. S., Lee, K., Lee, C., ... & Yang, H. J. (2018). Development of a community-based tobacco control intervention for Korean American immigrant communities. *Journal of community health*, 43(4), 733-740. <https://doi.org/10.1007/s10900-018-0476-4>
- Villanti, A. C., Johnson, A. L., Ambrose, B. K., Cummings, K. M., Stanton, C. A., Rose, S. W., & Feirman, S. P. (2017). Flavored tobacco product use in youth and adults: findings from the first wave of the PATH study (2013–2014). *American journal of preventive medicine*, 53(2), 139-151. <https://doi.org/10.1016/j.amepre.2017.03.001>
- Wang, J., Simons-Morton, B., Farhat, T., Luk, J. W., Sieving, R., & Alami, H. (2018). Longitudinal associations between self-control, friend smoking, and adolescent smoking. *Prevention Science*, 19(1), 58-66. <https://doi.org/10.1007/s11121-017-0812-6>
- World Health Organization. (2019). WHO global report on trends in prevalence of tobacco use 2000-2025 (2nd ed.). *World Health Organization*. <https://www.who.int/publications/i/item/who-global-report-on-trends-in-prevalence-of-tobacco-use-2000-2025-second-edition>
- World Health Organization. (2021). Tobacco. Retrieved from <https://www.who.int/news-room/fact-sheets/detail/tobacco/>