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THE ROLE OF SOCIETY, PEER PRESSURE AND PARENTS IN THE CONSUMPTION OF TOBACOO AMONG ADULTS – A CROSS SECTIONAL STUDY

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ABSTRACT

Introduction: Parents influence their child's conduct and adolescence hostility either directly or indirectly. Similarly children can acquire a particular behaviour by observing and intentionally imitating their parents.**Aim:** To assess the role of society ,peer pressure and parents in the consumption of tobacoo among adults

Methods: A descriptive cross-sectional study was conducted among 130 adults. Information pertaining to demographics, parental bonding (using parental bonding index) and behavioural habits (e.g., smoking, alcohol) of both participants and their parents was collected with the use of a questionnaire-based interview. Tobacco usage was measured as categorical variable as ever chewer and never chewer. Data were analyzed using chi-squared test, and logistic regression analysis with SPSS software (v. 25).

Results: Majority of the participants were males with a mean age of 30.4±8.5 years. Tobacco use was prevalent among less educated males. Parental smokeless tobacco use, paternal alcohol and maternal paan chewing was significantly associated with participants adverse habits.

Conclusion: According to our findings, tobacco consumers received more social support from family parents and others compared to non-consumers. Considering the important role of perceived support in tobacco consumption, this variable should receive copious attention in developing interventions and trainings, especially family education workshops.

Keywords: Tobacoo, Adults, Smoking ,Parents , Investigation.

1. INTRODUCTION

Tobacco use, a well-established etiological factor for oral cancer, is a highly prevalent habit in India. By 2030, mortality related to this habit is expected to rise to more than 8.3 million globally[1] . The most common form of tobacco use practiced by over 26% of the Indian population is smokeless tobacco and many studies have shown that Paan (betel quid with or without tobacco) is one of the most prevalent forms of smokeless tobacco, with 199.4 million users in the country[2].

Youths are the most liable population to start tobacco use. It is presently entrenched that a large portion of the adult tobacco consumers begin tobacco use in youth or childhood[3]. Global Adult Tobacco Survey 2010, India discovered that more than 35% of grown-up children in India use tobacco in some form or the other[4].

A recent systematic review on the social context of smokeless tobacco use showed that the mean age of initiation in the South Asian population was 15 years. Reasons for starting the habit included social and cultural acceptance, low cost and easy availability, peer pressure, taste, and mental relaxation effects[5]. In addition, the most common social context of tobacco chewing was paan use by family members as children grow up, their most important social context is constituted by the family which makes parents the most influential people in a child's socialization process[6].

Many researches also suggested that parents' smoking history is an important predictor of adolescent smoking[7,8]. So, a more profound comprehension of how parental practices influence adolescent's tobacco practices will help to build more powerful intervention campaigns by concentrating on particular family risk groups.

2. METHODOLOGY

A Descriptive cross-sectional study was performed among Patients attending the outpatient department of Kripadashini advanced hospital, Imphal

Pilot study was conducted among 20 subjects before the main study to check the feasibility and validity of the study. Pilot study assessments were utilized for proper planning and execution of the main study and also to finalize the procedure, method and analysis of the samples.

Based on the results of pilot study, a total sample size attained was 130 using hypothesis testing (proportion) formula.

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Sampling methodology

Sampling method: Simple random Sampling

And will be recruited patients attending the out patient department kripadashini advance hospital,Imphal

Selection criteria

Inclusion criteria

i)Patients aged more than 18 years.

ii)Patients who consume any form of tobacco.

iii)Past tobacco users who continued their habit at least for one year

Exclusion criteria

i)Patients who are not willing to participate.

ii)Patients who do not consume tobacco

3. METHOD & TOOL FOR DATA COLLECTION

A structured proforma will be used to collect the data. It will be divided into three sections: The first part consist of sociodemiographic variables such as age, gender, parents' education, occupation and total income of the family. Socioeconomic status will be assessed by using Kuppuswamy scale 2020. The second part consist of preset, pretested closed-ended questions to collect information about parental and participant's habit of tobacco usage Tobacco usage information will be categorized into smoked and smokeless forms. Participants who had the habit of tobacco chewing for at least one year or more than one year at any point in their life will be considered as 'ever users' of tobacco consumption and participants who had chewed tobacco for less than one year in their lifetime will be considered as 'never users'. Pilot study will be conducted before the study to assess the comprehension and reliability of the questionnaire and necessary modifications will be made. A total of 130 adults participated in the study with an age range of 18-50 years (mean±SD; 30.4±8.5). Majority of the participants were males 97 (74.6%), Hindus 115 (88.5%), married 97 (74.6%) and were from upper socioeconomic status 59 (45.4%). Parental education status revealed that majority of mothers were illiterate 61 (46.9%) and fathers were educated till secondary level 35 (26.9%).

Table/Fig-1]:

Demographic characteristics of study participants and their parents.

Variable	N	%
Age (Years)		
18-27	47	36.2
28-38	59	45.4
39-49	24	18.5
Gender		
Male	97	74.6
Female	33	25.4
Education		
Primary	19	14.6
Secondary	47	36.2
Higher secondary	25	19.2
Graduate	28	21.5
Postgraduate	4	3.1
Illiterate	7	5.4
Socioeconomic status		
Upper	59	45.4

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Upper middle	28	21.5
Middle	26	20
Lower middle	11	8.5
Lower	6	4.6
Marital status		
Married	97	74.6
Unmarried	33	25.4
Religion		
Hindu	115	88.5
Muslim	15	11.5
Maternal education		
Primary	17	13.1
Secondary	32	24.6
Higher Secondary	12	9.2
Graduate	8	6.2
Postgraduate	0	0
Illiterate	61	46.9
Paternal education		
Primary	13	10
Secondary	35	26.9
Higher secondary	33	25.4
Graduate	21	16.2
Postgraduate	2	1.5
Illiterate	26	20
Total	130	100

Depicts participants and parental tobacco usage habits. Most of the participants were consuming tobacco in the smoking form. Parental smoking and smokeless tobacco usage was more prevalent in case of paternal side i.e., 89 (68.5%) and 62 (47.7%) respectively.

Table/Fig-2]:

Tobacco usage habits among study participant's and their parents.

Tobacco Use	**N**	**%**
Participant's smoking tobacco		
Ever	91	70
Never	39	30
Participant's smokeless tobacco		
Ever	76	58.5
Never	54	41.5
Paternal smoking		

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Ever	89	68.5
Never	41	31.5
Maternal smoking		
Ever	12	9.2
Never	118	90.8
Paternal tobacco chewing		
Ever	62	47.7
Never	68	52.3
Maternal tobacco chewing		
Ever	21	16.2
Never	109	83.8

Fig-3: shows the association of demographic variables with participants tobacco use. A statistically significant association was found between gender, education and socioeconomic status and participant's tobacco use ($p \leq 0.05$).

[Table/Fig-3]:

Association of demographic variables with study participant's tobacco use.

Variables	**Total N**	**Smoking Tobacco Use**		**Smokeless Tobacco Use**	
		Ever n (%)	**Never N (%)**	**Ever N (%)**	**Never N (%)**
Age					
18-27	47	29 (61.7)	18 (38.3)	29 (61.7)	18 (38.3)
28-38	59	46 (78)	13 (22)	34 (57.6)	25 (42.4)
39-49	24	16 (66.7)	8 (33.3)	13 (54.2)	11 (45.8)
p-value		0.178		0.818	
Gender					
Male	97	75 (77.3)	22 (22.7)	49 (50.5)	48 (49.5)
Female	33	16 (48.5)	17 (51.5)	27 (81.8)	6 (18.2)
p-value		0.002*		0.002*	
Education					
Primary	19	5 (26.3)	14 (73.7)	19 (100)	0
Secondary	47	33 (70.2)	14 (29.8)	31 (66)	16 (34)
Higher Secondary	25	18 (72)	7 (28)	13 (52)	12 (48)
Graduate	28	27 (96.4)	1 (3.6)	4 (14.3)	24 (85.7)
Postgraduate	4	4 (100)	0	2 (50)	2 (50)
Illiterate	7	4 (57.1)	3 (42.9)	7 (100)	0
p-value		<0.001*		<0.001*	
Socioeconomic status					
Upper	59	41 (69.5)	18 (30.5)	34 (57.6)	25 (42.4)
Upper Middle	28	19 (67.9)	9 (32.1)	20 (71.4)	8 (28.6)

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Middle	26	22 (84.6)	4 (15.4)	10 (38.5)	16 (61.5)
Lower middle	11	7 (63.6)	4 (36.4)	6 (54.5)	5 (45.5)
Lower	6	2 (33.3)	4 (66.7)	6 (100)	0
p-value		0.149		0.032*	
Marital status					
Married	97	68 (70.1)	29 (29.9)	59 (60.8)	38 (39.2)
Unmarried	33	23 (69.7)	10 (30.3)	17 (51.5)	16 (48.5)
p-value		0.965		0.349	
Religion					
Hindu	115	83 (72.2)	32 (27.8)	64 (55.7)	51 (44.3)
Muslim	15	8 (53.3)	7 (46.7)	12 (80)	3 (20)
p-value		0.134		0.072	

Test applied: Chi-square test,

p≤ 0.05 statistically significant

Fig-4:A statistically significant association was found between parental smokeless tobacco use and participants smoking and smokeless tobacco usage (p=0.014 and 0.001) respectively. In case of smoking tobacco use, only maternal smoking was significantly associated with participant's smoking use (p=0.017).

Table/Fig-4]:

Association of parental tobacco use with participants tobacco use.

Parental Tobacco Use	**Total N**	**Participant's Tobacco Use**	
		Smoking	**Smokeless**
		Ever N (%)	**Ever N (%)**
Paternal Smoking			
Ever	89	64 (71.9)	58 (65.2)
Never	41	27 (65.9)	18 (43.9)
p-value		0.484	0.022*
Maternal Smoking			
Ever	12	12 (100)	9 (75)
Never	118	79 (66.9)	67 (56.8)
p-value		0.017*	0.222
Paternal Smokeless			
Ever	62	37 (59.7)	49 (79)
Never	68	54 (79.4)	27 (39.7)
p-value		0.014*	0.001*
Maternal Smokeless			
Ever	21	15 (71.4)	19 (90.5)
Never	109	76 (69.7)	57 (52.3)
p-value		0.876	0.001*

Test applied: Chi-square test,

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p≤ 0.05 statistically significant

Fig-5:depicts the findings of multinomial logistic regression analyses with odd's ratios (95% CI). There were significant effects for different parental smoking habit on participant's adverse habits. The risk of smoking among participants increased when mothers smoke (OR 8.3, 95% CI 0.6-0.9). The risk of participants tobacco use was also significantly increased with the paternal smokeless habit (OR 4.5, 95% CI 2-10.1) and maternal smokeless habit (OR 4.5, 95% CI 0.9-22.2).

Table/Fig-5]:

Multinomial logistic regression analysis with participant's tobacco use as dependent variables.

Parameters	N (%)	Participant's Smoking Habit	Participant's Smokeless Habit
		OR (95% CI)	
Paternal Smoking			
Ever	89 (68.5)	1.3 (0.58-3.31)	1.5 (0.66-3.60)
Never	41 (31.5)		
Maternal Smoking			
Ever	12 (9.2)	8.3 (0.6-0.91)*	1.4 (0.28-7.03)
Never	118 (90.8)		
Paternal Smokeless			
Ever	62 (47.7)	3.2 (0.14-0.75)*	4.5 (2.0-10.1)*
Never	68 (52.3)		
Maternal Smokeless			
Ever	21 (16.2)	8.8 (0.26-2.8)	4.5 (0.92-22.2)*
Never	109 (83.8)		

p≤ 0.05 statistically significant

4. RESULTS AND DISCUSSION

The data will be analyse by biostatistician by using statisctical package for social service (SPSS) Software Program(VERSION 22.0).descriptive statistics will be used to summarize the demographic information and the survey data will be analyse by using the chi square test. Multiple logistic regression analysis will be carried out to check association between parental and participant's tobacco usage. level of significance will be set at $p<0.05$.

Results suggested that parental tobacco usage habits had a direct effect on participant's tobacco habits. Moreover, parental bonding was also associated with participant's tobacco usage. The fact that parenting style was highly associated with adult tobacco usage might suggest that they are useful target for preventive intervention. Rather intervention should focus on both parental tobacco specific practices and parental behaviour. These findings suggest that interventions targeted solely at tobacco-specific parenting practices may not be sufficient to deter adolescent tobacco usage and that attempts to change more general parent acceptance and behavioural control may be warranted, even though they may be more difficult to achieve.

5. CONCLUSION

Parents can play a very important role in initiation of tobacco use by a young child or adolescent if they use tobacco products in front of their children. This might be due to that children consider their parents and adults as role models and try to imitate them . When children observe their parents are consuming tobacco, they may indirectly perceive the psychological and physiological rewards of the habit and this coupled with children's natural tendency to imitate parents, that could lead to initiation of habit.. So, it requires serious consideration of the effect of parental influence in the design of prevention programmes addressed at the early adolescent population. An assessment of the role of society ,peer pressure and parents in consumption of tobacoo among adults may help to build more powerful intervention campaigns by concentrating on particular family risk groups

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