

FACTORS RELATED TO SMOKING INITIATION IN ADOLESCENTS

FATORES RELACIONADOS À INICIAÇÃO TABÁGICA EM ADOLESCENTES

FACTORES RELACIONADOS CON EL INICIO DEL TABAQUISMO EN ADOLESCENTES

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Submitted on: 2017/01/06

Approved on: 2017/10/15

ABSTRACT

Objective: to know factors related to smoking initiation in adolescents. **Method:** qualitative of descriptive and exploratory type study with eleven smoker students from a High School in the South of Brazil. The information was collected in 2014, through a group interview, and analyzed through Content Analysis technique with the help of the NVivo 10 program. **Results and discussion:** factors related to smoking initiation emerged from the analysis and were organized into two topics: "How it started" and "The involvement of the family". The results point to the influence of peers and the need to help adolescents face their problems in a constructive and healthy way without the use of cigarettes. **Conclusions:** knowing and listening to adolescents can contribute to preventing them from using cigarettes to interact with other young people in society and to equip teachers and health professionals to plan strategies for health promotion, reducing harm and smoking initiation.

Keywords: Smoking; Adolescent Health; Adolescent Behavior.

RESUMO

Objetivo: conhecer fatores relacionados à iniciação tabágica em adolescentes. **Método:** estudo qualitativo do tipo descritivo e exploratório com 11 alunos tabagistas do ensino médio do Sul do Brasil. As informações foram coletadas em 2014, por meio de entrevista grupal, e analisadas a partir de técnica de análise de conteúdo com auxílio do programa NVivo 10. **Resultados e discussão:** da análise emergiram fatores relacionados à iniciação tabágica que foram organizados em dois temas: "como tudo começou" e "o envolvimento da família". Os resultados mostram a influência dos pares e a necessidade de auxiliar os adolescentes a enfrentarem seus problemas de forma construtiva e saudável, sem recorrer ao cigarro. **Conclusões:** conhecer e escutar os adolescentes pode contribuir para impedir que recorram ao cigarro para se relacionar com outros jovens em sociedade e instrumentalizar professores e profissionais de saúde a planejar estratégias de promoção da saúde, reduzindo danos e a iniciação tabágica.

Palavras-chave: Hábito de Fumar; Saúde do Adolescente; Comportamento do Adolescente.

RESUMEN

Objetivo: Obtener información acerca de los factores relacionados con el inicio del tabaquismo en adolescentes. **Método:** Estudio exploratorio, descriptivo y cualitativo con 11 alumnos fumadores de un colegio secundario del sur de Brasil. La información se recogió en 2014, a través de entrevistas de grupo y se analizó mediante la técnica de análisis de contenido con la ayuda del programa NVivo 10. **Resultados y discusión:** del análisis surgieron factores relacionados con el inicio del tabaquismo que se organizaron en dos temas: "cómo empezó todo" y "participación de la familia". Los resultados muestran la influencia de los compañeros y la necesidad de ayudar a los jóvenes a hacer frente a sus problemas de una manera constructiva y saludable, sin recurrir al consumo del tabaco. **Conclusiones:** conocer y escuchar a los adolescentes puede ayudar a prevenir que recurran al cigarrillo para relacionarse con otros jóvenes en sociedad y a capacitar a los profesores y profesionales de la salud para planificar estrategias de promoción de la salud con miras a disminuir los daños y el inicio del tabaquismo.

Palabras clave: Hábito de Fumar; Salud del Adolescente; Conducta del Adolescente.

How to cite this article:

Teixeira CC, Riegel F, Echer IC. Factors related to smoking initiation in adolescents. REME – Rev Min Enferm. 2017[cited ____];21:e-1039. Available from: _____ DOI: 10.5935/1415-2762.20170049

INTRODUCTION

Adolescence is a transitional phase with changes in behaviour and personality building, it's a life time in which young people are very susceptible to external influences, such as sociability, new routines, use of licit and illicit drugs.¹

Study reveals that a third of young smokers presents some kind of mental health problem, an the related to the emotional domain are the most prevalent (38.0%), followed by behavior (26.7%) and relationship (25.8%).² Family and social context, such as the loss of a loved one during childhood, diseases in the family, fights, parents separation, social violence, coexistence and involvement of youngs with crime can be associated with the use of psychoactive drugs initiation.³

Social aspects are also directly related to the dynamics of cigarette use. Until the last century, the cigarette was seen as a symbol of strength and independence, and appeared in propaganda, advertisements of artists and idols and also adopted by women as a symbol of sexual freedom and equal rights.⁴ This conduct was sometimes acquired at home, as a natural practice of relatives who are models of behavior and affection.⁵

In recent years, social change occurred with respect to tobacco use, smoking indoors was banned, there was a global spread of communications showing studies on tobacco damage and smoking lost its glamour status.⁶ Yet, these changes were not enough to prevent young people to continue entering into the tobacco world.

In this way, we try to understand: what factors contribute to smoking initiation in adolescents? The results of this study can support critical reflection for implementing strategies to prevent teenagers from becoming smokers. The relevance of this issue led to the realization of this work, which aimed to meet the factors related to smoking initiation in adolescents.

METHOD

This study is qualitative, descriptive, exploratory, with the purpose of knowing the reality and phenomena by the meaning and intentionality view, as part of the acts, relationships and social structures, intrinsic to human significant constructions.⁷

We selected, for convenience, four high schools in the South of the country, two public and two private schools. The cities were chosen taking into consideration the age group to be studied and the wide prevalence of smokers in the city of Porto Alegre.⁸

The study population were smokers students enrolled in the selected schools. The sample consisted of students of both sexes in secondary school who agreed to participate in the study. Inclusion criteria: being a smoker, more than 12 years old, enrolled in one of the schools selected and studying the current school year. Exclusion criteria: neurological problems that difficults the interview.

The teenagers from the selected schools who participated in the interviews define themselves as "smokers", that is, declared to smoke daily or occasionally. Among those self-defined smokers, 20 were randomly selected from which 11 agreed to participate. Four semi-structured group interviews were held in school hours, previously scheduled with their teachers; these interviews were recorded on audio after authorization of their parents or guardians. The interview addressed factors related to smoking initiation and their family involvement in this process.

The information was transcribed and subsequently analyzed by means of the content analysis technique, with the aid of *NVivo 10* program, by following the steps: encoding, registration unit processing, thematic categories and theme.⁹ The participants were identified by codes, which represent the interview number, obtained in chronological order, by the initial letter of their name and their age, respectively, as, for example: Maria, 15 years old participated in the first group of interviews. She was identified as follows: [I1M15].

The schools selected were visited in advance to get the principal's authorization for the research. All the participants signed an informed consent form and the teenagers signed an approval form, stating they wanted to participate in the study. The anonymity was assured, so as to guarantee that the information provided would be used exclusively for research purposes and archived for a period of five years, according to the legislation.¹⁰ During the interviews, we identified the students slightly uncomfortable, which can be considered as a minimum risk.

We follow the guidelines and regulatory norms for Research Involving Human Beings, in resolution 466/2012 of the National Health Council, and the project was approved by the Research Ethics Committee under CAEE number 20816513.2.0000.5347.

RESULTS AND DISCUSSION

Of the 11 teenagers who agreed to participate in the interviews, two were 15 years old, 2 were 16 years old, 3 were 17 years old and 4 were 18 years; four were male and seven female; seven studied in public schools and four in private schools.

The analysis of the interviews showed 133 registration units, 19 thematic categories that were grouped under two themes: "how it began" and "family involvement".

The theme "how it began" reveals how the teen is introduced to tobacco, in a moment that is surrounded by new discoveries and options related to this stage of life. In this theme we addressed the sense of power experienced by the teenager when consuming tobacco and the consequences of its use; the big game that smoking initiation is; the influence of peers and family problems; and the perception of young people about the cigarette advertisements. The statements represent these experiences:

It was more for a style, so, it wasn't, "Oh, I need to smoke", or "Oh, I'm going to smoke a cigarette", I don't know. I felt nice, huh, I thought "Wow, I'm the guy who smokes a cigarette at 15 years old ..." [I1A18].

I was with some friends of mine in the bathroom at school when I smoked for the first time. I felt very well, breaking the rules, it has to do with self esteem. [I3J17]

From these reports, it is clear that the period of discovery, the feeling of power and the search for different sensations lead young people to start smoking. The taste of the challenge, the transgression and daring can be observed in a study of systematic review which showed that young people start smoking on the territory of the school they attend.¹¹

The speech of the student I3J17 reveals the influence of the adolescents living context in the moment in which they choose to try the first cigarette. This is related to an idealization, an image of popularity and acceptance in a group, a stereotype sold by music or by the media or a utopic life dreamed up by teenagers in a contemporary society which states that "being different is cool". This can be seen in the statement:

I smoke a lot when I go to parties, concerts ... I get to smoke a pack, just in one concert. But I guess I'm not addicted, I think, like, normal days I don't smoke, I don't want, only when I go out with my friends [I1L16].

The statements show that peers, in this age group, can lead the young to start smoking. Study reinforces this influence and reveals that having smokers friends and 15 years old or more are risk factors for the regular use of cigarettes among teenagers.¹² It can be confirmed in:

I met some older friends, and I had a special friend. Our weekend was to play ball or playing video games, until we were 12 and 14. Then, we met them, we thought "Wow, look at that, while we played ball, the guys were drinking and smoking." Look at the difference, it could be us, you know. Then I realized that people were different, and I was slowly becoming a little of them and did not care, it seemed to be normal, so, growing up, drinking and smoking [IA18].

The statement shows the perception that smoking and drinking are natural. They learn with the peers who live that smoking is part of the phase of growing up, of becoming an adult. These practices are seen as harmless by the youngs, in a reality in which smoking and drinking is socially acceptable. The idea that illegal drugs are the cause of chemical dependen-

cy and damage to health is culturally spread, which puts alcohol and cigarettes as almost harmless drugs.

I have a friend that smells a lot of cocaine, I fight a lot with her, (...) that's why she has bulging eyes. I don't smoke pot because everybody says that burns your neurons. You get dumb. I am a person who want to think too much, I want to make a lot of money, so I'm working too hard for it, I don't want all of a sudden I don't get it, you know. I guess that's why I don't smoke marijuana, just cigarette. [E1L16]

In Brazil, unlike other drugs, cigarettes and alcohol are free products and you can find them everywhere. This fact approaches and facilitates their consumption, since it's a legal drug and perceived by them as a product to be consumed naturally as so many other food products, as can be noticed in the following speech:

I started with alcohol, with my family encouragement, I ate barbecue, and started drinking alcohol. At home they love meat and beer [I2I16].

A research conducted in Jacaréi (SP) revealed that teenagers who have smokers parents are more likely to smoking experimental use and early initiation when compared with non-smokers, reinforcing once again the power of social living and naturalization of unhealthy practices.¹²

To contribute to the awareness of young people about the numerous and serious consequences of smoking, the media, is increasingly launching ads in cigarette packs with images of people victimized by terminal illness, sick organs, premature infants and other unpleasant images associated with the use of the cigarette. This imposing influence, however, does not consider the social context in which the young man is inserted, as anxieties they experience, worries about being in evidence and interaction with the unknown, in which teenagers often have unsatisfactory social skills and are more likely to start smoking earlier.¹³

Despite the reality of these advertisements, young people dissociate the pack of cigarettes pictures from its content and continue consuming tobacco with joy, free of guilt. It reveals that advertising and the dissemination of the tobacco evils have difficulties in reaching teens, because they always denied the harm of cigarette.¹⁴

It can be observed through the testimony, that, at the time of initiation, teenagers see the advertisements as something absurd, far from their reality:

They are extreme cases, I don't know, people who smoked the entire life. They do propaganda to scare, but that doesn't mean it will happen to you [I1A18].

[...] Bah, in the future, [...] I don't want to ruin my health forever. [...] now it is ok, you know. Like, sometimes I see an old man smoking a lot, they go to a gas station and buy three packs. I don't know, in my grandmother's group of friends, some of them died with a cigarette in their hand, like, I think it's disgusting. And I intend to stop, you know, but not now. I don't know when [I1A18].

Youth is seen by teenagers as inexhaustible and infinite, favoring the thought that "I'm young, I'm immune" or "it will never happen to me". However, a study reveals that even at the beginning of smoking it is possible to observe lung injury, high incidences of asthma and wheezing frequencies in pulmonary auscultation.¹⁵

Despite the advertising aversion observed in the teens' speeches, recent research has shown that the known *Smoke-Free Air Law* in bars are responsible for the significant decrease of smoking initiation in young people under 21 years old.¹⁶ Another study conducted with teenagers in South Asia also showed that young people exposed to few anti-tobacco advertisements or who were not taught in school or at home about the harmful effects of smoking, are more likely to consume tobacco.¹⁷ That justifies the need to invest in advertisements and guidance on tobacco evils, but keeps the challenge to reach the adolescents specificities.

Since 1998, with the implementation of the National Curriculum Parameters, health education has become part of everyday life in the basic education of all students and discussions about the cigarette, its harm and the benefit of quitting cigarette, became mandatory content to discuss in the classroom, due to the relevance of the issue, which emphasizes the important role of the teacher-educator in this process.¹⁸ This refers to the need of engagement of a whole social set, mainly the teacher together with the health area, so this theme is present early in the school daily life day and the different dynamics in which the phenomenon occurs according to each age group, since the adolescents starts smoking really early.¹⁹ There is also the need to find attractive strategies to teens, as, for example, address the benefits of not smoking and the harm to decision-making power due to the nicotine addiction.

A study of psychiatric patients identified in smokers speech the figure of the nurse as an important professional to support the process of giving up smoking through the proximity with the patient, good humor and compliments.²⁰ The Family Health Strategy is the health service that is closer to school and, in it, the figure of the nurse is very important.²¹ Teacher and nurse partnership can enhance the actions of these professionals within health education strategies to support health promotion programs for preventing the initiation in drugs and other topics important for the teenager's health.

The theme "family involvement" deals with the influence of close relatives, who smoke or not, on the smoker teen. Most of the testimonies reveal delicate and conflict relations, mistrust between family members and little or no participation of the family in the life of these teenagers. The theme still shows the positive influence that good family relationships can generate, as important motivation to stop or not enter into the world of drugs.

The dissatisfaction of young people on the relationship with their families reflects several types of reaction, such as looking for other reference frames -friends and idols- and, often, adhere to practices already adopted by peers. They choose options different from their parents to consolidate strength and defiance typical of young people; and they follow hidden practices because they are afraid of disappointing their parents and possibly worsen an already unstable and difficult relationship. This can be noticed in the speeches:

My mother and I don't know how to talk. When I'm home alone, it's very peaceful. When she arrives, we start to argue and we don't understand each other...sometimes we're well, then all of a sudden we start to fight and we cannot be together. We're always fighting. It doesn't work [I4L18].

It was the first time he fought with me, because I had already bought cigarettes, and he talked to me. "I don't want you to smoke" and such, he asked lovingly, and I "OK, Dad, I'm not smoking." I lied, you know? [I3J17].

The moments of conflict are interpreted by the teenager as family distance, lack of affection and affinity, as reported by I4L18: "it doesn't work out she and I together". An Indian study identified that young smokers are less fond of both parents, have less perception of maternal support in situations of stress and concern of the family with their studies.²² The speeches reveal extreme reactions of the parents when they discover that their child is smoking and show fragile relations and difficulty to face adversity.

The first time my mom found out when I was 13 years old, after I had already started to smoke. I remember that she, my brother, my sister beat me, and I passed a time without smoking [I1G18].

My father came home and saw my pack of cigarettes and then argue with me. Where have you bought them? He wanted to take to go to the place where I bought them and tell the guy to never sell cigarettes to me again, you know? Then he talked to me and said I mustn't smoke and blah-blah-blah, but he cursed, make a scandal. "Be-

cause you are a kid, you do nothing, you don't work, you just study, I don't know what" and I "Okay, okay" [I3J17].

The testimony highlighted the lack of dialogue tends to complicate the conflict situations. The teenager needs to feel the support of their family in times of great changes, personal problems and adulthood beginning. The family support becomes also a solid base of motivation to confront problems and never start or even stop smoking.²³ Lack of support causes insecurity and interferes in the attitudes and choices, which, for the teenagers, justify hiding aspects of their life or producing a politically correct speech to their parents, but their actions are the opposite, as noted in the statement:

I'm always saying things like "bah, stop smoking that stuff, is killing you" because my mom smokes two packs a day. I make pressure for her to quit, it's been two weeks since she's not smoking, and then when I take a cigarette I think "look what you're doing". Like, I'm being very hypocritical, ignorant, you know? Because I know everything about the effects of smoking and what I say is not what I do [I3C17].

A study in Hong Kong found that teenagers with authoritarian parents or conflict relationship are more likely to smoke and drink, respectively; and young people with a more "permissive" relationship with their parents are less likely.²³

The speeches reveal that, in addition to conflicting feelings and relationships with their parents, young people also demonstrate a perception of their parents' indifference about their children's behavior, as if the fact of acquiring a habit that puts their health at risk doesn't worry or bother their parents.

My mom doesn't even asks, sometimes it looks like she wants me to smoke [...] I don't know, she says that, if I want, I can smoke, she said she will not give me money for it, and she doesn't want me to evolve into other things, worse drugs [I1A18].

The indifference or lack of concern of the parents, was sometimes interpreted as encouraging the smoking initiation, since they don't care about their health and well-being, given the important dimension that indifference toward smoking behavior has in their lives.

Counting on the support and positive influence of the family is the main motivation for the smokers who want to give up. A research highlights the family support and determination as the main foundation for success in giving up smoking process, as they represent the affection they need to face their difficulties.²⁴ The following speeches show how the parents' ex-

ample and the love demonstrations strengthen and motivate the teenager who started smoking:

Oh, I thought a lot, my mom always said she quit smoking because was pregnant of me, so I think about it [I2V15].

In strongly established and stable family relationships, it is possible to observe a sense of guilt and fear of disappointing those who represent their life references and safety.

The only thing that I don't like is to spend my parents' money, since they could be spending it with something for them or for me, that benefits me, not ruins my life [I3J17].

The statements show how the teenagers, although aware of tobacco harm, are not aware of their choices consequences. They know the consequences of smoking, but do not accept that they are on the way to becoming nicotine addicted.

The presence of the family in the adolescents' lives emphasizes that, even for those who do not think of quitting smoking, the positive influence of their families reduce cigarette consumption, even when they do not realize.

FINAL CONSIDERATIONS

The results show that adolescence is, according to them, a phase of many discoveries and new experiences when, for the first time, they feel they have power over their lives and their destinies, and the cigarette is one more artifact of choice.

Living in a group, a characteristic of this phase, provides an important influence to light the first cigarette, and the image spread by musicians, artists and idols around the brands of cigarettes, cigars and other drugs still causes strong expectation in adolescents, leading them to smoking.

Moreover, the relations established with their family, especially mom and dad, interfere with the concept the teen builds about cigarette, because young people who have conflicting family relationships are more likely to become smokers. On the other hand, the support of a healthy family relationship is the main motivation for not even start smoking.

Advertising campaigns show images and propaganda of the smoking consequences, which are rejected by young people, who prefer to dissociate them from its content, in order to use the product in a way that is enjoyable, since they have difficulties facing the possibility of becoming nicotine addicted.

The results show that past decades speeches when cigarette was associated with the image of power, security and beauty still exist, but in smaller proportion, despite all the scientific information formed over the years. The teenager is aware of the cigarette damage, but the strength that involves their

peers acceptance and groups participation influences teenagers to consume and become smokers.

We noted the importance of rethinking health strategies to help teens cope with their problems and difficulties in a constructive and healthy way, giving them the possibility to build their personality with self-esteem and confidence in front of peers, without entering the world of tobacco, since the information about harm isn't enough for teens.

Nurses in primary health care are close to school and the teacher and can establish and strengthen partnerships for building strategies to support not smoking initiation. These professionals must also get a relationship of empathy and healthy bond with the youngs in order to exert positive influence and become able to assist them in their life choices, in search of a way to reduce health damage.

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