Research Article

Open Access: Full Text Article

Perspectives on Smoking among Female Smokers: A Qualitative Study from Kathmandu, Nepal

Sumina Oli¹, Dikshika Bhandari¹, Usha Aryal¹, Anish Sharma Upreti¹, Sampurna Kakchapati^{1,2}

- ¹ Department of Public Health, Nobel College, Pokhara University
- $^2\,\mbox{HERD}$ International, Thapathali, Kathmandu

Received:

9 December 2021

Revised:

13th February 2022

Accepted:

14th March 2022

*Corresponding author Sumina Oli

olisumina@gmail.com

<u>DOI:</u> 10.3126/hprospect. v21i2.41312

Abstract

Introduction: Tobacco is one of the biggest public health threats the world has ever faced, killing nearly eight million people a year. The problem of smoking among females has not been well addressed in Nepal. The study aims is to identify reasons behind smoking initiation and maintenance from the perspective of female smokers in Nepal.

Methods: A qualitative study was conducted among female smokers aged between 18-24 years using focus group discussion and individual interviews in different hotspots for smoking in Kathmandu valley, Nepal. The purposive sampling technique was used. The female smokers who had smoked at least once in the previous seven days and continuously for the previous six months were included in the study. The interviews and discussions were recorded and transcribed before thematic analysis was conducted.

Results: Four major themes emerged from analysis -initiation of smoking, smoking behavior, reasons for smoking and beliefs about smoking. All the female smokers started smoking as teenagers, generally out of curiosity and influence from family members. They preferred to smoke in groups and some were forced to smoke by their friends and had smoked against their will until smoking became a habit. Other factors for them to smoke were stress, conflict, peer pressure, fashion and education factors. The participants regarded the sense of release and independence gained from smoking as important and perceived the health risks as slight.

Conclusion: The different perspectives on smoking identified in this study suggest that public health interventions should aim to decrease smoking levels by targeting groups rather than individuals, focusing on changing the smoking behavior of families and strengthening the non-smoking policy in public places.

Keywords: Female, Smoking, Nepal

Tweetable Abstract: Peers and family smoking behaviour are significant drivers which requires advocacy towards strengthening non-smoking policy and group intervention.

Introduction

The use of tobacco is public health threat the world has ever faced, killing nearly eight million people every year. Currently, there are an estimated 1.1 billion people using tobacco products with 8 million deaths; of which around 80% are living in low and middle-income countries. [1]

Globally in 2019, smoking was the second leading risk factor for early death among males and responsible for more than 7.69 million deaths and 200 million disability adjusted life years. [2] The prevalence of smoking among adult females in Nepal is the highest in the South-Asian region. Routine studies, organizational reports [3-5] and research [6-7] suggests that a significant proportion of young women in Nepal engage in risky behaviors such as smoking, alcohol use and substance abuse. The Nepal Demographic Health Survey (NDHS) conducted in 2016 revealed that cigarettes are the most commonly used tobacco product and are used by 6% of women, with a rising prevalence of smoking with age. [3] The WHO's Non-Communicable Diseases Risk Factors: STEPS survey in 2019 showed that the prevalence of smoking was 7.5% and that of smokeless tobacco was 4.9% among women in Nepal. [4]

Female smoking is a public health concern because they are more susceptible to Non-communicable diseases when exposed to the same amount of tobacco smoke compared to males. [8] Cigarette smoking is a major cause of coronary heart disease, chronic obstructive pulmonary disease, and lung cancer. In addition, females also face health problems, such as menstrual abnormalities, reduce fertility and pregnancy. [9]

In the Asian context, there is considerable under-reporting of the smoking habit among females. Smoking among women is not the social norm, and women who smoke are considered "morally flawed" [10], unlike in western societies where smoking is associated with empowered and independent women [11]. However, in recent years, with the modernization of society and culture, many females have adopted a more positive attitude towards risky behaviors, such as smoking and alcohol use. There is substantial evidence that smoking is highly prevalent among college students. [12] Studies have shown that the major reasons behind the initiation of smoking are recreation, peer pressure, curiosity, experimentation, pleasure/fun, stress, imitation, relaxation and insufficient knowl-

Oli et al. (2022) Research Article

edge about the impact of smoking. [6-7,13-15] Because adolescents are impressionable and curious, they are highly prone to a variety of influences both in and outside their homes, which lead them to experiment with tobacco.[16] In addition, parental smoking, socioeconomic status, peer smoking, attitudes of family/friends and school factors (poor performance) also influence smoking. Although several quantitative studies have been conducted [6-7, 13-15, 17-18] to the best of our knowledge, no qualitative study has focused on understanding women's attitudes and behaviors in respect of smoking in Nepal. Hence, the study was conducted to explore the reasons for smoking, their smoking behaviors and their beliefs about smoking in the perspective of female smokers.

Methods

A qualitative study was designed to understand the perspectives on smoking among female smokers. A purposive sampling method was used to recruit female smokers aged 18-24 years. One focus group discussion (FGD) with eight female youths and in-depth interviews (IDI) with 12 female smokers were conducted in different hotspots for smoking in Kathmandu valley, Nepal. Data saturation was gained after 12 interviews whereas one FGD was done to identify the group perspective on smoking. All the participants had smoked at least once in the previous seven days and continuously for the previous six months. The FGD and interview guidelines were developed with expert guidance and pretested before the study. The pretesting was done among female smokers identified by the researchers in Bhaktapur district. The pretesting of tools led to the revision of the tool by removing ambiguous and leading questionnaires. Written informed consent was obtained from each participant. The discussion and interviews were recorded with concurrent note-taking concentrated on four major themes of study. The FGD and IDIs were transcribed verbatim in the Nepali language and then translated into the English language. A participant number was allotted to ensure confidentiality and anonymity. Thematic analysis was used for data coding, data entry and data analysis. Deductive codes were developed prior to the study based on the study themes, and inductive codes were added during thematic analysis.

Results

The findings related to four themes investigated in the study were:

Theme-1: Initiation of smoking

Age

All the participants started smoking as teenagers. Some of them experimented with smoking when they were below ten years of age based on parental modelling and the availability of cigarettes at home.

"I was a passive smoker when I was between eight to ten years as the elders of my family used to smoke. Later I became an active smoker from sixteen years of old." (Participant number 12 during IDI)

"My grandmother always asked me to light her cigarettes. Out of curiosity, I started puffing on her cigarettes and later became a smoker." (Participant number 4 during IDI)

Personal attitude

Some started smoking to impress their partner who also smoked.

"My boyfriend always used to smoke and tell me to smoke with him during our date. At the beginning, I refused but after his frequent persuasion, I started smoking. Nowadays whenever we meet, we start smoking." (Participant number 1 during IDI)

"I had a crush who used to smoke regularly. Therefore, I smoked in his presence to impress him, which later turned to a habit." (Participant number 4 during IDI)

Peer Pressure

Some were encouraged to smoke by their friends and said that smoking was part of their friendship. They started smoking only for a sense of belonging and socialization.

"They said, "Why are you being so dramatic? It's not that you don't smoke. Now, don't spoil the mood and take a puff with us." And I end up taking puffs of cigarettes." (Participant number 8 during IDI)

"My friends persuaded me to smoke. They said that it's the only life you get to enjoy and have fun. Who knows what happens tomorrow? You should live life now and at this moment." (Participant number 5 during FGD)

Theme-2: Smoking behaviour Personality

The participants tend to smoke during recreational activities, leisure times and gatherings. The central factor for smoking was being together with like-minded friends who smoke.

"In my recreational time or leisure time, I feel like smoking." (Participant number 10 during IDI)

"Most of the time, I smoke alone. Nevertheless, sometimes during a party/gathering, I smoke cigarettes with my circle, too." (Participant number 1 during FGD)

In respect to the frequency of smoking, some of the participants admitted smoking between 2-5 times a day while others smoked only a few times a week. For the daily smokers, smoking had become an addiction or a habit. While some had set a daily limit of cigarettes.

"I smoke three times a day: in the morning, after lunch and before dinner." (Participant number 1 during IDI)

"I smoke four to five times a day. I must smoke before I go to bed." (Participant number 2 during IDI)

"Over the last year, I have reduced my smoking habit to three to five times a day but before that, I used to smoke eight to ten times a day. Whenever I see others smoking and whenever my body urges me, I smoke." (Participant number 3 during FGD)

For occasional smokers, smoking was a way to deal with stress, conflict or fatigue.

"Occasionally, I smoke two to three times a week when I feel sad, demotivated or feel like chilling with friends." (Participant number 7 during IDI)

Residence at present

The majority of the participants were living away from their families, which gave them the freedom to smoke. Some of them lived in hostels where their roommates also smoked.

"My roommate loves smoking, too. When we are both free, we smoke on the balcony at the hostel at night." (Participant number 10 during IDI)

Parental Smoking

For many, family smoking behaviour played an important role in the development of their smoking behaviour.

"I guess my family influenced me. My father smoked regularly. He said he smoke to control his feeling and relax. I remember him always telling me not to smoke when I was a child." (Participant number 2 during IDI)

"Both my father and grandmother smoked. My grandmother usually smoked alone when no one was around or she would sneak out of the house to smoke." (Participant number 4 during FGD)

Personal Attitude

The participants discussed their experience from their first experimentation to the formation of a smoking habit. Generally, their first experience was not pleasurable and they experienced a variety of emotions, such as excitement, nervousness, fright and embarrassment along with physical symptoms including throat irritation, coughing, nausea, tremors, etc.

"I was helpless and after the first puff, I had a bad cough. My neck became dry with a burning sensation. I was not able to breathe properly. But from the second time, it felt a bit easier and from the third, I puffed on the cigarette like a normal smoker." (Participant number 1 during IDI)

"When I first smoked, I felt nausea and tremors in my body and hand." (Participant number 3 during IDI)

"I couldn't finish the whole cigarette. I started coughing and after some time, I felt irritation, too." (Participant number 7 during IDI)

Theme-3: Reasons for smoking Psychological factors (Stress and Conflict)

The participants mostly smoke to cope with stressful situations when they faced anxiety or conflict, or feelings of demotivation or despair. The frequency of smoking depended on the extent of stress and conflict.

"During stressful times, when I am highly anxious and when I want to relax in general." (Participant number 2 during IDI)

"I prefer smoking when I am with my close friends and when I am in trouble." (Participant number 12 during IDI)

"Usually I smoke once a day but when I'm stressed it may go up to twice a day." (Participant number 8 during IDI))

The major reasons for smoking were personal problems, choices in life, cheating in relationships and misunderstandings arising during tasks in daily life.

"As a caregiver, I face bad situations during my shift. Patients don't always behave civilly. Sometimes I lose my temper and get angry. Then, sometimes there are issues with members of my family, especially my father." (Participant number 2 during IDI)

Further, smokers were motivated to smoke after conflicts to relieve distress or dissatisfaction.

"My pattern of smoking increases when I get angry and when I am

accused of something I haven't done. Any type of conflict makes me very tense." (Participant number 2 during IDI)

"Sometimes I feel like smoking just to let go of the anger inside me." (Participant number 1 during IDI)

Education status

Moreover, some conflicts arose due to a lack of understanding from their parent's especially parental coercion in study choices. Failure in education also triggered smoking as illustrated below:

"During the secondary education examination, I smoked due to the stress of failure. After the exam, I wanted to join the management stream but my parents forced me to study science. I still feel like dropping out." (Participant number 4 during IDI)

"As the education level increased, the stress level also increased which led me to smoke more often." (Participant number 12 during IDI)

Peer pressure

Further, some of the participants smoked to gain group identity and felt that the group might reject them if they didn't smoke.

"When you are a vegetarian in a group of non-vegetarians, you don't have many options on the menu. You just have to stick to one item. So, yes, I feel that. It's like I don't have any option but to smoke when all my friends smoke." (Participant number 8 during IDI)

Love betrayal and Tragedy

Finally, betrayal in relationships was related to increased smoking.

"My smoking habit increased due to the stress after my boyfriend betrayed me." (Participant number 1 during IDI)

"The breakup has made me more vulnerable and I have been smoking more than usual." (Participant number 2 during IDI)

Theme-4: Beliefs about smoking Fashion

Most of the participants believed that smoking is related to modern fashion or attitudes or impressing other people.

"Smoking is a way of showing off for teenagers; as they don't hesitate to smoke openly in public." (Participant number 9 during IDI)

"Not at first. But later, yes, I felt I was invincible and I was an icon." (Participant number 1 during IDI)

"I want to look fashionable and bold, impress my crush, and show off that confident attitude." (Participant number 4 during IDI)

"I think that it is cool to smoke. It changes the way people think of you; I get stronger vibes when I smoke." (Participant number 6 during IDI)

While some of the participants believed that smoking is an individual choice.

"I don't think that smoking is related to fashion or showing off. I smoke for personal pleasure." (Participant number 3 during IDI)

Advertisement

The majority of the participants were aware of the ban on tobacco products while a few recalled tobacco advertisements during their childhood and were fascinated by its attractive packaging.

"During my childhood, I used to get fascinated by their attractive

Oli et al. (2022) Research Article

packaging." (Participant number 12 during IDI)

They noted that advertisements at present are mainly focused on providing health messages to people about the adverse effects of smoking as is the displaying of repulsive images on cigarette packets.

"Mostly in movies and serials, the actors and the actresses smoke cigarettes, which can be taken as a form of advertising. However, the harmful effects of smoking are also displayed in caption at the same time." (Participant number 6 during FGD)

"On cigarette packets, we can see images conveying the adverse effects of smoking cigarettes on our health." (Participant number 9 during IDI)

Moreover, the participants were aware that smoking is injurious to health. However, they were not willing to give up smoking in the near future as smoking helps them to relax and to relieve their stress.

"I hate to say this, but yes. It helps keep me cool and focused." (Participant number 2 during IDI)

"I know that smoking is harmful but it has become a habit for me and it makes me feel relaxed and complete." (Participant number 3 during IDI)

Only a few were concerned about the smoking impact on health and had reduced frequency of smoking.

"Previously I used to smoke three times a day but these days I have reduced that to one time, as I am more concerned about my health." (Participant number 8 during IDI)

Women Empowerment

None of the participants agreed that women's empowerment is related to an increase pattern of smoking among females.

"I am not very fond of the term "women empowerment". Every individual needs to be empowered .it should not indicate any gender in particular." (Participant number 5 during IDI)

"Many women think smoking is part of women's empowerment. But in my case, I don't smoke to be empowered. I feel empowered by my action, not by smoking." (Participant number 12 during IDI)

Discussion

The present study investigated the initiation of smoking, smoking behaviour, reasons for smoking and beliefs about smoking among female smokers. The study found that in general, they started smoking during adolescence when they entered college or experienced a period of emancipation while living away from their family. Previous studies have shown that nearly all tobacco use begins in childhood and adolescence. [19] The NDHS report3 records the average age of starting smoking to be 15 years similar to other studies. [7, 20-21] Early initiation of cigarette smoking causes adverse health effects among young people and females who smoke are more prone to osteoporosis and hip fractures. [22-23]

This study revealed that the main reasons for initiating smoking were peer pressure, having a smoking partner, for experience, curiosity and pleasure. These findings were consistent with other studies that found curiosity and pleasure to be the key factors influence.

ing smoking [7] and that smoking was perceived as a way of being liberated and being able to do whatever one wants. Many studies in western countries [24-25] have found peer influence to be one of the key factors in smoking initiation.

About smoking behaviour, the female smokers in this study mostly preferred to smoke during recreational activities, leisure time and social gatherings. The frequency of smoking ranged from a few times a week to 2-5 times a day, which corroborates with the findings of a study that found that college students smoke around five times a day. [17]

In Nepal, almost two-fifths of the female smokers cited smoking by their parents as being a major factor for their initiation6 and more than half of adolescent's family members smoke. [18] Correspondingly, this study found that many of the participants emulated their parents' smoking behaviour as well as of their family network.

Most of the female smokers in this study lived in hostels temporarily, and it was found that hostel dwellers in Nepal who lack parental supervision, are more likely to indulge in negative behaviors like smoking and substance abuse [26], which confirms with study findings. Thus, we can argue that being apart from familial restrictions may entail the danger of falling into bad habits, which may have a long-term deleterious effect on their lives.

Some of the main reasons for smoking among females were stress, conflicts, peer acceptance and socialization. A previous study noted that adolescents who accept the cigarette offer gain greater peer acceptance and identify themselves as tougher, cooler, mature and adventurous than other non-smokers in the group. [27]

Parental coercion in study choices and poor grades caused more stress in the participants, which encouraged them to smoke which relates to a similar study where study pressure was the reason for smoking among adolescents. [14] Likewise, a study in Jordan affirmed that children smoke because of pressure due to poor academic performance, which is below their parents' expectations. [28] Additionally, students on professional courses in Nepal are found more likely to smoke due to stress. [29]

Smokers feel that they look more attractive, mature and are more popular because of smoking [29-30] similar to study findings. All the participants were aware of antismoking advertisements, warnings on cigarette packets and messages in movies and series about the impact of smoking, and opined that smoking in movies is a kind of advertisement, which may tempt young people to start smoking. A study suggested that at present young people are exposed to social influences, and images showing smoking by attractive role models in movies, has a strong effect on them. [22]

Besides, being aware of the adverse effects of smoking on health, participants were not willing to quit smoking. A significant percentage of smokers were aware of the health impact of smoking, but that knowledge alone is not enough to prevent young people from starting to smoke, nor is it sufficient to motivate them to quit the habit.[29] Therefore, it is crucial to change the perception among young people that it is cool to smoke and that doing so makes one popular.

Conclusion

The findings provided perspectives on smoking beliefs, reasons behind the initiation and continuation of smoking among females. Although Nepali culture considers smoking to be inappropriate for

females, the number of female smokers is increasing, as smoking is being fashionable and a way of showing off.

Social factors, such as influence from peers and family were important influences in the initiation of smoking while personal factors like curiosity, stress and conflicts all represented stimuli for continued smoking, as well as providing smokers with the perceived benefit of relaxation. These factors should be considered when developing smoking-cessation intervention programs for female smokers.

Acknowledgement

We would like to acknowledge all the participants of the study. We are thankful to our reviewer Associate Professor Ruth Sittichai, Prince of Songkla University of Thailand.

Disclosure

The authors declare no conflicts of interest in this work.

References

- 1. WHO. Tobacco.2021. Available from: Tobacco (who.int)
- Reitsma, Marissa B et al. Spatial, temporal, and demographic patterns in prevalence of smoking tobacco use and attributable disease burden in 204 countries and territories, 1990–2019: a systematic analysis from the Global Burden of Disease Study 2019. The Lancet. 2021; 397(10292): 2337 236.
- Ministry of Health, New ERA and ICF: Nepal demographic and health survey. Kathmandu, Nepal: Ministry of health, 2016.
- WHO. Non-communicable diseases risk factors: STEPS Survey Nepal 2019.
 Kathmandu: Nepal Health Research Council.2014. Available from: Tobacco-Fact-Sheet-1.pdf (nhrc.gov.np)
- Dhimal M,Bista B, Bhattarai S, et al. Report of Non-communicable diseases risk factors: STEPS Survey Nepal 2019. Kathmandu: Nepal Health Research Council. 2020.
- Pradhan PMS, Kalra S. Factors Associated with Tobacco Use among Female Adolescent Students in Dharan Municipality of Eastern Nepal. JNHRC.2015;13(31):220-225.
- Nepal S, Rai S. Prevalence and Factor Influencing Tobacco Smoking Behavior among Adult Women in Urban Squatter Settlement of Kathmandu. IJHSR.2017. 7(5): 211-217.
- Greaves LJ, Richardson LA. Tobacco use, women, gender, and chronic obstructive pulmonary disease: are the connections being adequately made? Proc Am Thorac Soc. 2007 Dec; 4(8):675-9. doi: 10.1513/pats.200706-079SD.
- Centres for Disease Control and Prevention (US); National Center for Chronic Disease Prevention and Health Promotion (US); Office on Smoking and Health (US). How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease: A Report of the Surgeon General. Atlanta (GA): Centers for Disease Control and Prevention (US); 2010. Available from: https://www.ncbi.nlm.nih.gov/books/NBK53022/#
- Dewi, F. S. T, H. Supriyati. Why youth in developing countries start smoking? A study in Yogyakarta municipality. Yogyakarta, Indonesia: Center of Health Behavior and Promotion, Gadjah Mada University, Yogyakarta. idrc ca. 2007. Available from: http://hdl.handle.net/10625/44415
- Amos A, Haglund M. From social taboo to "torch of freedom": the marketing of cigarettes to women. Tob Control. 2000 Mar;9(1):3-8. doi: 10.1136/tc.9.1.3.
 PMID: 10691743; PMCID: PMC1748294.
- Salvi D, Nagarkar A. A qualitative study exploring women's journeys to becoming smokers in the social context of urban India. Women & Health.2017. 58(4). 466-482. doi:10.1080/03630242.2017.1310171

- Shrestha S, Panta S. Attitudes and Practice of Smoking Among Adolescent. JCMC.2018. 8(2).24: 57-62. Doi: https://doi.org/10.3126/jcmc.v8i2.23740
- Pradhananga S, Singh S, Panta P.P. Prevalence of Smoking Among Medical Students in Kathmandu, Nepal. Nepal Medical College J.2018. 20.4: 169-72.
- Joshi L.R, Shrestha S. Status of Smoking Habit and Knowledge of Health Problems Among Public Health Students in Kathmandu, Nepal. IJIR.2016. 2(9): 1087-1093
- Ravishankar TL, Nagarajappa R. Factors attributing to initiation of tobacco use in adolescent students of Morabad, (UP) India. IJDR.2009; 20(3):346-349.
- Aryal U.R, Lohani S.P. Perceived Risk of Cigarette Smoking Among College Students. NHRC. 2011.9(19):176-180.
- 18. Rana G, Thapa B. Adolescents' Awareness Regarding Smoking and Its Impact on Health. Int. J. Sci. Res. 2018.7(1). 11:64-65. doi:10.36106/ijsr
- U.S. Department of Health and Human Services: Preventing tobacco use among youth and young adults: A report of the Surgeon General. Department of Health and Human Services, Centers for Disease Control and Prevention: Atlanta: U.S. 2012.
- Dahal S, Subedi RK, Maharjan S, et al. Smoking behavior of adolescents and their view towards government's ban on smoking in public places in Kathmandu. NJMS.2014.3(2).94-100
- Sreeramareddy CT, Kishore PV, Paudel J, et al. Prevalence and correlates
 of tobacco use amongst junior collegiate in twin cities of western Nepal: a
 cross-sectional, questionnaire-based survey. BMC Public Health. 2008;
 8(1):97.
- U.S. Department of Health and Human Services: Preventing tobacco use among young people: A report of the Surgeon General. 1994.
- World Health Organization (WHO). Impact of tobacco use on women's health. Gender, women and the tobacco epidemic.2010.4.51-63. Available from: http://www.who.int/tobacco/publications/gender/en_tfi_gender_women_impact_tobacco_use_women_health.pdf
- Chen X, Jacques-Tiura AJ. Smoking initiation associated with specific periods in the life course from birth to young adulthood: data from the National Longitudinal Survey of Youth 1997. Am J Public Health. 2014 Feb;104(2): e119-26. doi: 10.2105/AJPH.2013.301530.
- DiNapoli P.P. Early initiation of tobacco uses in adolescent girls: Key sociostructural influences. APPL NURS RES.2009. 22 (2):126–32. doi: 10.1016/j. apnr.2007.07.001.
- 26. Iftikhar A, Ajmal A. A Qualitative Study Investigating the Impact of Hostel Life. Int J Emerg Ment Health.2015. Vol. 17(2), pp. 511-515
- 27. Mcalister AL, Perry C, Maccoby N. Adolescent smoking: onset and prevention. Am Acad Pediatrics. 1979; 63(650).
- Shadid HM, Hossain SZ. Understanding Smoking Behavior among Secondary School Students in Amman, Jordan: A Qualitative Study. J Community Med Health Educ. 2013. 3:199. doi: 10.4172/2161-0711.1000199
- 29. Binu VS, Subba SH, Menezes RG, et al. Smoking among Nepali Youth Prevalence and Predictors. Asian Pacific J Cancer. 2010. 11(1). 221-226
- 30. Nichter M, Nichter M, Sickle DV. Popular perceptions of tobacco products and patterns of use among male college students in India. Soc. Sci. Med.2004. 59(2). 415-31. doi: 10.1016/j.socscimed.2003.10.032.