

## ASSOCIATION BETWEEN TOBACCO USE AND BEHAVIOURAL PROBLEMS AMONG ADOLESCENTS.

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### Type of Article: Study Protocol

### Conflict of Interest: None

### Abstract:

**Background:** Many studies have documented results relating to the correlation between tobacco use and emotional / behavioral disorders, some study has examined this correlation after searching for potential variables that have been shown to be strongly associated with both tobacco use and emotional / behavioral issues and may have a direct impact on the association with mental health of adolescents and tobacco use.

**Aim:** goal of this study is to assess the correlation between smoking and behavioural problems among adolescents.

**Objective:** to identify tobacco use habit among adolescence, behavioural problems among adolescence, association between tobacco use and behavioural problem among adolescence, to associate the tobacco use score among adolescence with their demographic variables, associate the behavioural problem score among adolescence with their demographic variables.

**Methodology:** It is a cross sectional study and adolescence are the participants of this study. The adolescence will be selected as per inclusion and exclusion criteria and sampling technique will be selected as purposive sampling technique. Data will be collected by demographic variables of participants and checklist will be used for tobacco use of participants and behavioural problems will be assessed by modified behavioural scale. Behavioural problems scale (Strengths and Difficulties Questionnaire) distributed for tobacco use of participants and behavioural problems for that required 30 minutes to each participants.

**Results:** There may be much association between tobacco use and behavioural problem among adolescence and this association will be tested with demographic variables by regression analysis.

**Conclusion-** Conclusion will be drawn from the statistical analysis.

**Keywords-** Association, Tobacco, Behavioural problem, Adolescence.

### Introduction:

Tobacco is the general name of a number of plants in the genus *Nicotina* and the family *Solanaceae* (nightshade).and the common term for any drug produce from the tobacco plants cured leafs. There are more than 70 tobacco species recognized but *N* is the largest commercial crop *Tabacum*.

The improved version *N. Rustica* is present in the country too. Tobacco produces dangerously harmful alkaloid nicotine and harmful alkaloids. In cigarettes smoking and cigars, pipes and shishas dry tobacco leafs are mostly used. They may even be seen as snuffs, cigarette smoking, cigarette dipping and snacks.(1)

In cigarette smoking tobacco is the very common form of tobacco use. This also focuses on other ways, such as consumed smokeless tobacco (in which present chewing and snuff) and the use of items other than cigarettes, such as pipes, cigars or bidi (tobacco bundle up in tendou leaf).

The use of one type of tobacco has been correlated with the use of other item of tobacco for young people, tracking all types of tobacco use within this age group is especially relevant. Within this study the word "tobacco use" means the use of any tobacco product. When using the word "smoking" alone it refers to smoking cigarettes.(2)

The word 'adolescents' has identified by World Health Organization (WHO), as being individuals in the 10-19 age range. Children in the age group 10-19 make up 22 per cent from the population of India. The 70% of adult deaths evaluate by WHO are due to patterns in adolescent behaviour, plus smoking, violence , and sexual activity.(3)

Several variables influence the choice of the youth to continue smoking or to use certain tobacco items. Such causes comprise some human factors such as depression and poor self-esteem, but also social features such as parenting, family or acquaintances that smoke.

Marketing exposure and nicotine resistance among teenagers may also impact initiation of smoking. To addition to the physical aspects that make it very difficult for adolescents to avoid and stop tobacco use(smoking), cultural dimensions often come into play: teens also associate smoking, scent and sound with a variety of activities, including drug use and smoking buddies.(4)

Several observational data investigated the association among cigarette smoking and mental conditions in teenagers. Attention deficiency / hyperactivity disorder (ADHD), Conduct disorders, and clinical levels of aggression have consistently been associated with regular smoking in adolescents. While number of studies have documented results about the correlation among smoking and emotional / behavioral disorders, After checking for potential variables which were shown to be substantially correlated with cigarette smoking and emotional / behavioral issues, little study has examined this association which could have a direct effect on the adolescent relation. (5)

In puberty nearly all adult smokers began smoking. A routine warning factor for smoke and addiction was shown for starting smoking at a young age globally; the use of cigarettes is a major cause of death and morbidity. The usage of tobacco in young people in particular has become a significant public health issue. There is substantial support for the co-occurrence between initiations in smoking and mental or behavioural disorders. Smoking avoidance may also benefit from engaging adolescents with inappropriate behaviour.(6)

Almost 20% of teenagers in 13–15 years of age use a type of tobacco items in the country. More than 25% of teens who smoke cigarettes smoked their first cigarette before the age of 15.2 The prevalence of smoking-related diseases increases with early initiation of tobacco usage and smoking during puberty induces significant health complications, both in puberty and in adulthood, due to continuing smokiness.(7)

In adolescence gambling is also connected to the use of licit and illicit substances. A variety of studies suggests that teen smokers are more inclined to play than non-smokers.

The teenage smoking / gaming relationship is dynamic and is likely to be affected by certain fundamental influences. As a product of impulsiveness, early-day cigarettes and at-risk gamblers seem similarly dangerous. Interventions that deter early smoking and other drug use behaviors that not only aim to stop smoking, but will also involve stopping smokers from having gambling issues..(8)

Tobacco use is closely related to a range of psychiatric illness. Smokers are more likely than non-smokers to meet existing mental health requirements, such as mood disturbances, nervous disorders and insanity. Available data shows it could be more difficult for smokers with mental disorders to stop, at least partially explaining why smoking rates are higher. The pathways that link mental health disorders with cigarette smoking are complex, and are likely to vary across each of the different disorders. The most widely held belief is that mentally ill people smoke in an attempt to control the symptoms correlated with their condition. (9)

## Background -

Smoking cigarettes is increased in people with symptoms of anxiety and anxiety disorders. But there is no clinical evidence highlighting how teenage smoking can impact the developmental progression of symptoms of anxiety from early childhood vulnerability to adult anxiety expression. Some many population-based observational data using cross - sectional and longitudinal designs found higher smoking cigarettes levels and decreased symptoms in people with anxiety disorders.(10)

Nicotine use is one of the major preventable causes of premature death in the world and sickness. A disproportionate share of the global tobacco burden rests with developed countries where 84 percent of the estimated 1.3 billion smokers are living. Approximately 70% of smokers worldwide live in low and middle-income nations. The World Health Organisation (WHO) estimates that nicotine kills about five million people each year. The statistic is expected to hit 10 million deaths in 2019, with around 70 per cent of those arising in developed nations. India is world's second-largest tobacco consumer. The condition with nicotine in India is unusual due to the large range of tobacco products available for smoking and non-smoking consumption. The early age of initiation reflects the immediate need to intervene to discourage this vulnerable group from becoming a victim of addiction. About 1 in 10 teenagers in the 13–15 year age group had ever smoked cigarettes in India alone, and about half had smoked cigarettes.(11)

Using of tobacco is the leading cause of death in the world. In reality, people with a mental illness are High smoking rates have negatively affected, accounting for more than 200,000 of the 520,000 tobacco-related deaths recorded in the United States and dying prematurely on average 25 years ago. The purpose of our study is to include an report on smoking in mentally unstable patients. We investigate the factors of tobacco use by smokers with mental disorders, presented in the context of the "host" framework for public health (e.g. characteristics of tobacco users), the "agent" (e.g. characteristics of tobacco products), the "vector" (e.g. Industry of tobacco) and the "environment" (e.g. strategy on smoking). In addition, they recognize major health threats and incentives for treatment and action in health services from a wider public policy context. A concerted commitment is needed to promote equality against the 2025 Safe People target of reducing the use of adult cigarettes in the United States to 12%, with consideration paid to all subpopulations, namely smokers with mental disorder.(12)

Tobacco smoke Inhalation in cigarettes, pipes and cigars is known as smoking. Smoke includes nearly 4000 hazardous compounds, including cancer-causing nicotine, tar and ammonia, carbon monoxide and hydrogen cyanide. Smoking is an unhealthful habit with far-reaching adverse health consequences both mental and physical well-being. As per the Centres for Disease Control and Protection and "Smoking students are also more likely to use other drugs, engage in fights, carry arms and attempt suicide".(13)

**Rationale of study** – This research, as well as previous reports, shows the connection between smoking and emotional / behavioral disorders in adolescents. In comparison to previous research, this report establishes the association between smoking and teenage emotional / behavioural issues.

## Methodology:

It is cross sectional study will be conducted at Nalwadi and Arvi Naka area of Wardha city.

## Inclusion Criteria:

The study includes,

- Adolescence who are available during the period of data collection.
- Adolescence who are willing to participate in this study.
- Adolescence who are tobacco use since 2 yrs.
- Adolescence who are able to read and write Marathi.
- Early Adolescence will be included in this study.

## Exclusion Criteria:

The study excludes.

- Adolescence who are already exposed to this type of study.

**Sample Size-** For this study, the sample size will be selected 100.

**Data management and monitoring-** It consists of demographical data of Adolescence i.e. age, sex, residence, status, smoking status, family socioeconomic parental smoking, and professional qualification. In the community after 30 min given checklist data sheet will be collected.

**Statistical analysis-** Statistical analysis will be carried out using Descriptive and inferential statistics.

**Expected Outcome /Result:** This study is planned to examine the association between tobacco use and behavioural problem among adolescence. And after investigation data should recognize the behavioural problems among adolescence. This study shows various behavioural problems among adolescence and sees the prevalence rate. To identify tobacco use habit among adolescence, identify behavioural problems among adolescence in the community, identify association between tobacco use and behavioural problem among adolescence in the Community, associate the tobacco use score among adolescence with their demographic variables, associate the behavioural problem score among adolescence with their demographic variables.

**Conclusion-** Conclusion will be drawn from the statistical analysis.

**Discussion-** This research is planned to investigate the association between tobacco use and behavioural problem among adolescence. This research aims at identifying tobacco use behaviours among adolescents, identifying behavioural problems among adolescents, identifying correlations between tobacco use and behavioural problems among adolescents, associating the tobacco use score among adolescents with their demographic variables, and associating behavioural problem score among adolescents with their demographic variable. This research demonstrates the correlation among tobacco use and adolescent emotional / behavioural issues, together with previous studies. This study, as well as previous studies, confirms the correlation of smoking and intellectual / behavioral disorders in adolescents.

Indian youth pass through a critical period when initiation and continuation of substance abuse takes place. Tobacco is used by the youth all over India with a wide range of variance by area, social norms, sexual identity and forms of tobacco consumption. Among them, college going students are increasingly active due to rising academic pressure. The reinforcement of friendships, the lure of success and the easy supply of many such things as alcohol, nicotine (cigarettes and intestines) and other substances make a youth an easy target. The prevailing social environment has its own influence on tobacco consumption.

This research supported my study, this research conducted on Comparative analysis of smoking behavior and behavior of smokers who believe that they have smoking-related problems with non-smokers; Family Practice 5, October 2003, The aim was this study, to equate the attitudes and actions of smokers attending their GP with signs they consider to be smoking relative to those not. This study resulted was, questionnaire was completed by a total of 83.8 percent (2955/3525) of those attending GPs and 34.7 percent were smokers. Multiple logistic regression found that when smokers considered their smoking-related issues, they were more likely to try and quit smoking in the past [Odds ratio (OR) 1.78, 95 % confidence interval (CI) 1.26–2.67], to quit smoking (OR 1.83, CI 1.15–2.9) or to prepare to quit smoking (OR 1.83).(14)

This research supported to my study, this research conducted on behavioural disorders and cigarette smoking between teenagers in Chile. The objective was this research, to examine the correlation among behavioural disorders and cigarette smoking between teenagers students in Chile. This study resulted was, High incidence of smoking in adolescents was very high all over Chile, In each of the 13 countries, between 56 and 65 per cent. Median incidence of use of tobacco in adolescents at the highest degree of psychological disorders was nearly double. Age, lack of involvement in leisure activities, degree of irritability, and level of school issues, family focus, and mental well-being for adolescents at the lowest level, both before and after sex regulation.(15)

This research supported to my study, this research conducted Predictive correlation of depressive symptoms with smoking: a retrospective study of teenage twins. Longitudinal point, association genetic-informative research between tobacco smoke and the effects of depression among adolescents are limited. In a Finnish twin cohort, they investigated the clinical correlation of smoking tobacco with associated depressive symptoms in teenagers. Smoking cigarettes at age 14 expected depressive symptoms at age 17, the findings of the individual-level analyzes showed. Those who smoked more than 50 cigarettes (incidence rate ratio, IRR = 1.43, 95% CI 1.28–1.60) and daily smokers (IRR = 1.46, 95 % CI 1.32–1.62) had higher levels of depression. compared to

never smokers. When adjusted for calculated covariates the correlations were attenuated and further reduced in in-pair analyzes. The estimates were lower in the in-pair results in monozygous (MZ) pairs compared to dizygous (DZ) pairs, suggesting shared genetic factors contribute to individual-based analysis associations. So we conclude that we smoke cigarettes during adolescence and its association is correlated with subsequent depressive symptoms, but is not independent of the influencing variables and specific genetic influences assessed (16). Some related studies were reported (17-19). Deolia et al studied about the physical and psychological dependence of smokeless and smoked tobacco (20). Kelkar and Parisha studied about the prevalence of substance abuse in patients of schizophrenia (21). Chole et al Estimation of Serum Malondialdehyde in Oral Cancer and Precancer and Its Association with Healthy Individuals, Gender, Alcohol, and Tobacco Abuse (22). Hande et al conducted cytometric analysis of buccal mucosa of tobacco chewers (23). Lohe et al carried out the evaluation of correlation of serum lipid profile in patients with oral cancer and precancer and its association with tobacco abuse (24). Kute et al studied pro-oxidant and anti-oxidant status in patients of psoriasis with relation to smoking and alcoholism (25).

### Ethics Statement

Ethics approval was obtained from IEC, DMIMS (DMIMS (DU)/IEC/Dec-2019/8655). The conclusion will be drawn from the results.

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