

Friendism and Familism on Smoking Habits in Public School of Bhaktapur in Nepal

Shanta Maharjan
School of education, Kathmandu University

Abstract

Teenage is the prime time where most of students of grade 11 and 12 fall under it. In this period, the students experience change in physical, mental and cognitive stages of mind. They desire to have new experiences like smoking which is becoming popular culture among students. The study covers smoking habits of secondary school students in Bhaktapur. The students are selected from the public school to investigate relationship between smoking habits and their educational performance. The main aims of the study to explore the prevalence of smoking habits and factors contributing students to smoke. The total population was 3431 teenage students in which 346 were selected randomly for study. Mean, standard deviation, chi-square test, frequency, crosstab, and logistic regressions were used for the study. The study found that 36.7% of students were smokers and started smoking first at the age of 14 years. However, this article is highlighted the role of friendism (who spent more times with their friends) and the role of familism (who spent more times with their family) on smoking habits of secondary school students in public school of Nepal.

Keywords: Teenage, education, friendism, familism, schoolism.

1. Introduction

Teenagers are aged between 13-19 years and these ages are crossed childhood but have not reached adulthood (Witmer, 2016). This is the transition of their growth where students face change in learning and experimenting (Morin, 2016). They experience change in physical, mental and cognitive stages of mind (Appau, 2011). Therefore, teenage students desire to learn new things, and desire to test new experiences as smoking. This is also the age, in which students are more likely to get attracted towards smoking (Khurshid, 2012). The teenage students are about 712 million in the Asia region (WHO, 2004) and about 24.48 % of the total population of Nepal (CBS, 2012).

The government of Nepal has introduced the tobacco control and regulation act in 2011 (MOHP, 2012). However, the students smoke and enjoy with their friends and have less interest in this existing act of Nepal. Because of the lack of strict measures, inappropriate monitoring and evaluation mechanisms taken by the government (Mahato, 2012), students are exposed easily to smoking materials from the markets. However, smoking not only affects the person who uses it but also affects to other people (Appau, 2011). Hence, people's healthy life is threatened by smokers.

2. Literature review

In this literature review, the researcher discusses a background of smoking habits, and review of smoking policy and its practice in Nepal. It begins with an overview of how students smoke and become an issue of public concern in health and education. Likewise, it provides an overview of the national situation to global situation regarding smoking habits. Then, the researcher discusses the influencing factors of smoking and its interrelationship.

2.1. Global Context of Smoking

Globally, 1.1 billion people smoke, representing a third of the world population above the age of 15. They use smoking, principally in the form of cigarettes (Sah, Shah, Subedi, & Jha, 2017). The manufacturing of cigarettes started in the middle of 1800. Tobacco is consumed in all countries of the world since time immemorial (FAO, 2006). Of these smokers, 700 million males have been living in developing countries (WHO, 2004). While smoking rates are declining in the developed world, it has been increasing in the developing countries by 50 %, especially in Asia and the Pacific region (WHO, 2014). The World Health Organization estimated that 5 million individuals died every year from smoking-related conditions (Upriety et al., 2014). People dying from smoking-related causes are estimated to reach about 10 million by the late 2020's (Silva, Samarasinghe, & Gunawardena, 2009). This suggests an alarming condition in terms of health related hazards in the near future.

2.2. South Asian Context of Smoking

More than 27.59 million adults have been smoking each day and nearly 1.38 million people have been killed by smoking related causes (TA, 2010). Smoking trend is increased among females rather than males in India. Data suggest that about 12.7 million smokers were in the year 2012 in comparison to 5.3 million in the year 1980 (TOI, 2015). It indicates that the smoking is becoming a worldwide problem (WHO, 2014). Some surveys show

that the number of smoking female students has been increasing in India (TLDHS, 2010).

2.3. National Context of Smoking

Smoking population in Kathmandu valley was 20% (MoHP, 2012). However, smoking habit is getting increased day by day, resulting in 22% among students of SLC and SLC above (MoHP, 2012). The survey showed that 11130 million sticks cigarettes were smoked in 2008–2009 (MoHP, 2012). More than 26,000 people have been dying every year due to smoking related diseases (TheHimalayaTimes, 2014). On the other hand, the government has been spending Rs 16 billion rupees annually for the treatment of patients suffering from these diseases (Times, 2011). Among them, 85% death occurs due to lung cancer. In this way, smoking kills millions of people and causes billions of economic damage every year.

2.4. Smoking Habits in Policy Context

The World Health Assembly adopted the World Health Organization framework convention on tobacco control (FCTC) in May 2003, and decided to strengthen smoking control and save people's lives globally. WHO FCTC is a legal global treaty for countries to implement and manage smoking control programs and address the growing epidemic of smoking (WHO, 2011). Globally, altogether 177 member countries reaffirmed the right of people to the highest standard of health by 2013, (WHO, 2013).

Many countries have introduced tobacco production control (Choe et al., 2004). However, Nepal ratified WHO FCTC in November, 2006. The government of Nepal introduced the tobacco product (control and regulation) Act, 2011 (MoHP, 2012). It enforced regulations regarding smoking in public places, workplaces, public transport, and limited advertising and sponsorship (MoHP, 2012).

The government of Nepal also introduced the amendments of tobacco product and regulatory directive, 2014 (GON, 2014). It introduced the directive of Printing Warning Messages and Pictures on Tobacco Product Boxes, Packets, Cartons, Parcels and Packaging Materials, 2014 with the aim of warning messages for people (GON, 2014).

This Act prohibited smoking, sale and distribution of smoking related products at public places, and would charge fine from Rs 100 to Rs 100,000 for the offenders (Times, 2011). This act worked for few days when the campaign was going on. When the campaign stopped, no effect could be seen (Republica, 2016; Ojha, 2016). But there is a gap of coordination and working mentality among the stakeholders.

The Government of Nepal mandated all smoking manufacturing companies to put 'danger' pictorials on the cover of all products, which should cover at least 75% and later increased up to 90% in 2014 (TheHimalayaTimes, 2014; GON, 2014). The government of Nepal imposed 29% tax only on cigarettes. The government of Nepal also banned smoking around public places like schools and school areas. It prohibited selling smoking materials within 100 meters around these places (GON, 2014). However, it was not strictly followed up. As a result, smoking materials are easily available everywhere and even in front of school areas.

2.5. Family Condition and Smoking Habits

Poor family economic condition is one of the most important reasons for smoking and have been performing less in study has less attachment to school (Giannotta & Ozdemir, 2013). In Nepal, the poverty rate is about 25.16 % and about 34.1% people are still illiterate (CBS, 2012). Due to the lack of education, poor people get involved in low and easy type of income activities, and students also get involved in smoking due to the poor economic condition of the family in Nepal (Upreti et al., 2014).

Positive family mealtime environment (mealtime without smoking) also contributes in controlling children from smoking (White & Halliwell, 2010). It was found that the number of family mealtime activities also helped to control smoking among the students (Leatherdale, Hammond & Ahmed, 2008). It also depended on regular assessment and intention of family members to control smoking habits among the students (Thomas, Baker & Lorezetti, 2007). The family based program which was free of smoking also helped stop smoking among the students (Thomas, Baker, Thomas & Lorenzetti, 2015). Such studies suggest that students who have close relationships with family are less likely to smoke (Choe et al., 2004; Hatamleh & Khazaleh, 2016).

3. Methodology

Research design (RD) is planned to search the information for data collection and analysis (Creswell, 2011). Thus, in this study, the descriptive and correlative research design is followed to collect the information, facts on smoking among students in public schools. The methodological approach follows the use of systematic tools. The collected information was discussed based on the findings of the research. The issues and information were interpreted. The researcher designed a questionnaire to collect information on smoking.

3.1. Study Area and sampling

Bhaktapur district is selected as the study area. The researcher visited to all public secondary schools. Sampling

defines the total population (Kadan & Bhalerao, 2010). The total population was 3431 students in which 346 were selected randomly as the sample size.

The statistical formula was used to calculate the sample size. The sample size formula (FSU, 2014) was as follows,

1. Sample Size (SS) = $\frac{Z^2 \cdot Z}{(\text{Margin of Error}\% / \text{Confidence Level Score})^2}$
2. True Sample (TS) = $(SS \times \text{Total population}) / (SS + \text{Total Population} - 1)$

3.2. Tools and Techniques of Data Collection

The questionnaire was developed for collecting information. In developing the questionnaires, the researcher carried out field study to find the indicators, in which he used a diary. Library books, news papers, research books, magazines and journal articles were used to collect more information. Then, the research frame was developed based on the research questions. The researcher pre-tested the research questionnaires among 25 students. The questionnaires were constructed in Nepali and English languages as required for the situation. The researcher used the SPSS program to enter all collected information to calculate and design numbering data, to summarize, compare, and generalize about smoking.

3.3. Data Analysis and Interpretation

Data analysis and interpretation is for making meaning of the collected, analyzed and presented data (Lynch & Goldfeder, 2002). So, the researcher used the Chi-square to see the relationship. Frequency, percentage and descriptive data were used for summarizing the information.

4. Data Presentation

Students are the essential actors who spend their valuable time at school. Thus, to check whether there was a relationship between amount of time spent at school by students (smokers and nonsmokers). Friends are important partners in students' life and there could be some linkage between time spent with friends and smoking habits. Students as family members spend time with their families, and there could be some relationship between time spent with family members and smoking habits. So, the following table summarizes the amount of time spent in hours by students (smokers and nonsmokers) with their friends, school and family. It was measured in terms of number, percentage, chi-square and significant value. The results are presented in Table 1, 2, and 3.

Table 1

Time Spent at School (in Hours)

Hours	Smokers	Nonsmokers	Total	χ^2	P
0 to 3 hours	7(5.5%)	6(2.7%)	13		
4 to 6 hours	114(89.8%)	199(90.9%)	313	4.57	0.10
7 hours and Above	6(4.7%)	14(6.8%)	20		
Total	127(100%)	219(100%)	346		

Table 1 shows that out of 346 respondents, the higher number of smokers (89.8%) and nonsmokers (90.9%) spent 4 to 6 hours at school as compared to others. There was no relationship between spending hours at school and smoking habits ($\chi^2 = 4.57, p=0.10$). That means it rejected null hypothesis (H_0). This result indicated that the students who spent more time at their school had no relationship with smoking habits.

Table 2

Time Spend with Friends

Hours	Smokers	Nonsmokers	Total	χ^2	p
0 to 3 Hours	10(7.9%)	118(53.9%)	123		
4 to 6 Hours	23(18.1%)	91(32.9%)	114	188.3	<0.01
7 hours and Above	94(74.0%)	10(4.6%)	104		
Total	127(100%)	219(100%)	346		

Table 2 shows that out of 346 respondents, the highest number of nonsmokers (53.9%, N=118) spent 0 to 3 hours with friends as compared to others and the highest number of smokers (74.0%, N=94) spent 7 or above hours with their friends. This indicated that students who smoked were likely to spend more time with their friends. Table 2 also shows that there was a significant relationship between time spent with friends and smoking habits ($\chi^2 = 188.38, p<0.01$). That means it cannot be rejected null hypothesis (H_0). Thus, this result indicated that the students, who were close with more friends, were more likely to smoke.

Table 3
Time Spent with Family

Hours	Smokers	Nonsmokers	Total	χ^2	<i>P</i>
0 to 3 Hours	87(68.5%)	19(8.7%)	106		
4 to 6 Hours	32(25.2%)	73(33.3%)	105	150.72	<0.01
7 hours and Above	8(6.3%)	127(58.0%)	135		
Total	127	219	346		

Table 3 shows that out of 346 respondents, the highest number of nonsmokers (58.0%, N=127) spent 7 or above hours with their family as compared to others, and the higher number of smokers (68.5%, N=87) spent 0 to 3 hours with their family. It indicated that nonsmoking students were more likely to spend time with their family. On the contrary, smokers were less likely to spend time with their family. Table 13 also illustrates that there was a significant relationship between time spent with family and smoking habits ($\chi^2= 150.72, p<0.01$). It means that the null hypothesis (H_0) cannot be rejected. In other words, the students who spent more time with their families were less likely to smoke.

5. Discussion of Findings

The aim of this discussion is to shed light the results based on the research questions and then findings compared to others research studies. So, the researcher has discussed findings related to smoking habits. The researcher found that 36.7% of the students were smokers in public schools of Bhaktapur district. It indicates that the finding of this study is similar to the study in Jhapa of Nepal (Upreti et al., 2014), Kalaiya of Nepal (Bhaskar et al., 2016) and Pokhara of Nepal (Paudel, 2003).

5.1. Friendism and familism on smoking and its relationship

The researcher found that those students who spend more time with their friends, they were more likely to smoke indicated that friendism is a possible source for smoking habits. That concern was similar to study about smoking habits among Zarqa and US students where students who spent more hours with their friends, as found that students were more likely to smoke (Hatamleh & Khazaleh, 2016; Wilson, 2010). The researcher found also found there was a significant difference between time spent with friends and smoking. This result indicates that the students who spent more time with their friends were more likely to smoke than those who spent less time with their families. It could be because of their close relationship between and among their family members (Wilson, 2010).

The researcher found that those students who spent more times with their family, they were less likely to smoke. This concern was similar to study about smoking behaviors among US students which was closed linkage between time spent with students' family and the smokers' in the US (Wilson, 2010). This indicated that familism is a possible prevention of smoking habits. Most of the smokers spent fewer hours with their family than with their friends. This result indicates that students who spend more time with their family are less likely to smoke. On the other hand, if there were smokers in family, who smoked in front of their children, there is high chance of smoking (Hyvarinen, 2016). It illustrates that parents should not smoke among their children in the family (Singh & Tamrakar, 2012). The concern was similar in this study as there was some relationship between the number of smokers in the family and smoking habits.

6. Summary

Teenagers are those young people, including students, who are aged between 13 and 19. There are about 712 million teenagers in the Asian region, and 24.48 % in Nepal. This study explored the existing realities, influencing factors, relationship between smoking habits and knowledge, behaviors, and the academic performances of the students. So, this study has provided inputs for the teachers, parents, students, policy makers, implementers, and decision makers on smoking among the students of public schools. The researcher discussed the national, South Asian, and global contexts of smoking habits were reviewed. Review of national policy and empirical review were presented and discussed.

All collected data were entered into the SPSS for filtering, editing and analyzing. The chi-square test was used to see the relationships. The researcher presented statistics, and analyzed data related to the students. The researcher presented the time spent (with friends and family) with others and smoking habits were also related. Higher number of smokers spent more than seven hours with their friends. On the other, higher number of nonsmokers spent more than seven hours with their family.

7. Conclusion

Smoking negatively affects students' health and education. Students usually think that it is a minor issue but it

may proceed to become major issue in student's future. Students are more likely to smoke when there are more smokers in their family indicated that familism is a possible prevention of smoking habits. The students who spend more time with their friends are more likely to smoke, and the students who spend more time with their family are less likely to smoke. It shows that friendism is a possible cause of smoking habits.

8. Implications

Parents may get information on how their children have become addicts because of their friends and family members. Students use their pocket money for smoking cigarettes and they want to spend more time with their friends to smoke. Parents can play important role in making children aware about education, and to put students away from smoking habits. Parental involvement is essential for making students good performers in education. Parents can work as watch dogs. They can play an active role for making good relationship among teachers, students and the school management committee. It is likely to play significant role to reduce smoking habits among the students.

Actually, parents are guardians of the students. Therefore, it is their responsibility, right and duty to know what their children and students are doing, what they have done in their school, who their friends are, and where they have gone.

References

- Appau, I. K. (2011). *Smoking habits among adolosents*. Retrieved from <http://theseus.fi/handle/10024/39841>
- Bhaskar, R. K., Sah, M. N., Gaurav, K., Bhaskar, S. C., Singh, R., Yadav, M. K., & Ojha, S. (2016). Prevalence and correlates of tobacco use among adolescents in the schools of Kalaiya, Nepal: A cross-sectional questionnaire based study. *Tobacco Induced Diseases*, 14(1), 11.
- Central Bureau of Statistics [CBS] (2012). *National population n and housing census 2011: National report*. Kathmandu: Author.
- Choe, M., Thapa, S., Podhisita, C., Raymundo, C., Lin, H. S., & Achmad, S. (2004). The teen tobacco epidemic in Asia: Indonesia, Nepal, Philippines, Taiwan, and Thailand. *Journal of Youth Studies*, 7(1), 73-87.
- Creswell, J. W. (2011). *Designing and conducting mixed methods research*. London: Sage Publications.
- Food Agriculture Organization [FAO] (2006). *Tobacco: Food agriculture organization of the United Nation*. Retrieved from <http://www.fao.org/3/a-at577e.pdf>
- Fluid Surveys [FSU] (2014). *Calculating the right survey sample size: Fluid surveys*. Retrieved from <http://fluidsurveys.com/university/calculating-right-survey-sample-size/>
- Giannotta, F., & Özdemir, M. (2013). School bonding and alcohol use in Italian early adolescents: what comes first?. *Merrill-Palmer Quarterly*, 59(3), 280-303.
- Government of Nepal [GON] (2014). *Directive on printing warning messages and pictures on tobacco product boxes, packets, cartons, parcels and packaging materials, 2014*. Katmandu: Author.
- Government of Nepal [GON] (2014). *Tobacco product control and regulatory directive-2014*. Kathmandu: Author.
- Hatamleh, H .& Khazaleh, M. (2016). Appropriate educational means of dealing with the phenomenon of smoking among Zarqa University students. *Journal of Education and Practice* ,7(29), 50-57.
- Hyvarinen, H. (2016). *Smoking can "kill" school attendance*. Retrieved from <https://www.uta.fi/en/ajankohtaista/utinen/smoking-can-kill-school-attendance>
- Khurshid, F. (2012). Causes of smoking habits among the teenagers. *Journal of Contemporary Research in Business* , 3(9), 848-855.
- Leatherdale, S. T., Hammond, D., & Ahmed, R. (2008). Alcohol, marijuana, and tobacco use patterns among youth in Canada. *Cancer Causes & Control*, 19(4), 361-369.
- Lynch K. &Goldfeder, A. (2002). Data collection and interpretation. Retrieved from <http://www.encyclopedia.com/doc/1G2-3407500093.html>.
- Mahato, P. K. (2012). Current tobacco control policies in Nepal: Existing gaps and way forward. *Journal of Health and Allied Science*, 2(1), 70-73.
- Ministry of Health and population [MoHP] (2012). *Brief profile on tobacco control in Nepal*. Kathmandu: Author.
- Ministry of Health and population [MoHP] (2012). *Nepal adolescent and youth adult survey (NAYAS, 2010/11)*. Retrieved from http://www.ncf.org.np/upload/files/1038_en_Nepal%20Adolescent%20and%20Youth%20Survey-2068.pdf
- Morin, A. (2016). *Adolescent development basics: What to expect as your teen matures*. Retrieved from www.verywell.com: <https://www.verywell.com/adolescent-development-basics-2609048>
- Ojha, A. (2016). *1,000 nabbed in 3 days for smoking in public*. Retrieved from <http://kathmandupost.ekantipur.com/news/2016-02-28/1000-nabbed-in-3-days-for-smoking-in-public.html>
- Paudel, D. (2003). *Tobacco use among adolescent students in secondary schools of Pokhara sub-metropolitan*

- city of Nepal* (Master dissertation). Tribhuvan University, Kathmandu, Nepal.
- Recphec. (2011). *Ensure right to healthy life of people* [poster]. Kathmandu: CWIN Nepal and Recphec Nepal.
- Sah, R. B., Shah, U., Subedi, L. B., & Jha, N. (2017). Awareness towards tobacco consumption: A community based study. *Journal of Chitwan Medical College*, 5(4), 64-69.
- Silva, V., Samarasinghe, D., & Gunawardena, N. (2009). Alcohol and tobacco use among males in two districts in Sri Lanka. *Ceylon Medical Journal*, 54(4), 119-124.
- Singh, N., & Tamrakar, N. (2012). Practices and attitudes towards tobacco use among the employees of a private organization in Nepal. *Nepal Medical College Journal*, 14(4), 312-315.
- Tobacco Atlas [TA]. (2010). *Country fact sheet*. Retrieved from <http://www.tobaccoatlas.org/country-data/china/>
- The Himalaya Times. (2014). *Nepal increases size of pictorial warnings*. Retrieved from <http://www.tobaccolabels.ca>: <http://www.tobaccolabels.ca/2014/>
- Thomas, R. E., Baker, P., & Lorenzetti, D. (2007). *Family-based programmes for preventing smoking by children and adolescents*. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/17253511>
- Thomas, R. E., Baker, P., & Lorenzetti, D. (2015). *Family-based programmes for preventing smoking by children and adolescents*. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/25720328>
- Times. (2011). *Tobacco control and regulation act to be implemented*. Retrieved from <http://www.nepalitimes.com>
- Timor-Leste Demographic and Health Survey [TLDHS] (2010). *Demographic and health survey- 2009-10*. Retrieved from http://dne.mof.gov.tl/socio_demographic_surveys/documents/DHS%202009-10/Final%20Report%20TLDH
- Times of India [TOI] (2015). *Smoking dips 10% in 2 years in India but women smokers up sharply*. Retrieved from <http://timesofindia.indiatimes.com/india/Smoking-dips-10-in-2-years-in-India-but-women-smokers-up-sharply/articleshow/50347209.cms>
- Uprety, S., Poudel, I. S., Bhattarai, S., Ghimire, A., Singh, N., Poudel, M., ...& Pokharel, P. K. (2014). Knowledge on health effects and practices of smoking among the smokers in the Eastern Terai Region of Nepal. *Journal of Chitwan Medical College*, 4(1), 22-25.
- White, J., & Halliwell, E. (2010). Alcohol and tobacco use during adolescence: The importance of the family mealtime environment. *Journal of Health Psychology*, 15(4), 526-532.
- World Health Organization [WHO] (2004). *Street children, substance use and health: Monitoring and evaluation of street children projects*. Geneva: World Health Organization.
- World Health Organization [WHO] (2011). *WHO report on the global tobacco epidemic 2011*. Italy: World Health Organization.
- World Health Organization [WHO] (2013). *Tobacco*. Retrieved from <http://www.who.int/topics/tobacco/en/>
- World Health Organization [WHO] (2014). *Tobacco free initiative (TFI): Health effects of smoking among young people*. Retrieved from http://www.who.int/tobacco/research/youth/health_effects/en/
- Wilson, K. (2010). Combating the global tobacco epidemic. *Journal of Preventive Medicine*, 50(1), 11-12.
- Witmer, D. (2016). *Teen and teenager definition for parents*. Retrieved from www.verywell.com: <https://www.verywell.com/teen-teenager-2608827>