

## Psychosocial Issues of Tobacco Use: An Experiences of Mizo Women

**H.Elizabeth**

Assistant Professor, Department of Social Work, School of Social Sciences Mizoram University Tanhril, Aizawl – 796 004, India

---

### Abstract

Tobacco consumption is becoming an international concern of the day and is known as one of the most preventable cause of death worldwide. The use of tobacco by men and women without exception of stages of initiation is prevalent and several studies conducted has proof the significant of the particular socio-cultural practices that has attributed to tobacco use. Therefore, it is relevant to understand the social dimensions and psychological dimensions (self reported) involving in tobacco use that highly responsible for continuation of tobacco use as well as chances of relapse.

The study on the Psychosocial Issues of Tobacco Use: An experience of Mizo women was conducted in the year 2012 in Aizawl District, Mizoram, India. The respondents are 350 women tobacco users in the age bracket of 13 years – 60 years old. Data was collected through semi structured interview schedule using both qualitative and quantitative approach.

The present paper tries to explore and examine the experiences on the underlying psychosocial issues involving in tobacco use by Mizo women. The experiences of the respondents reveals that the psychological attributes and social attributes are highly significant in tobacco use.

The finding of the study has shown that the psychosocial determinants were operating at the individual level, family level, and societal level and of the environment at large. Further, the study of the respondent's experiences reflects the bi-directional effects that tobacco use leads to psychosocial challenges and vice versa during the course of tobacco addiction.

**KEYWORDS :** Psychosocial, psychosocial risk factors, parent-child communication, peer pressure, coping mechanism.

---

### Introduction

Tobacco, alcohol, and illicit drug use are a public health problem in developed and in developing countries. It is observed in some populations' that tobacco and alcohol remain commonly used and illicit drug consumption is still frequent in adolescent. Most people begin smoking at adolescence. The associations of family environment and individual factors with tobacco use, alcohol and illicit drug use in adolescents was studied by Bruno Challier, Nearkasen Chau, Rosemay Prdine, Marie Choquet and Bernard Legras in 1999.

In India, 2.4% of women smoke and 12% chew tobacco. The prevalence of smoking among women is low in most areas due to social unacceptability, but is

somewhat common in parts of the north, east, northeast and Andhra Pradesh. On the whole, the potential risk factors for tobacco, alcohol, and illicit drug use were age, psychosomatic status and psychotropic drug consumption, boring family atmosphere, not living with both father and mother, and health perception. Mother being a housewife was a protective factor. The term '*psychosocial*' implies a very close relationship between psychological and social factors. Psychological factors include emotion and cognitive development- the capacity to learn, perceive and remember. Social factors are concerned with the capacity to form relationships with other people and to learn and follow culturally appropriate social codes. According to the English Oxford Dictionary the term psychosocial pertains to "the influence of social factors on an individual mind or behavior, and to the interrelationship of behavioral and social factors".

Many of the studies have reflected that an approximate of one third of female smokers quit once they learn that they are pregnant ( Fingerhut, Kleinman, & Kendrick, 1990 ; Floyd, Rimer, Giovino, Mullen, & Sullivan, 1993 ; LeClere & Wilson, 1997 ; Severson, Andrews, Lichtenstein, Wall, & Zoref, 1995 ), but up to two-thirds of women who stop smoking during pregnancy relapses within 6 months after delivery ( Colman & Joyce, 2003 ; Fingerhut et al., 1990 ; Martin et al., 2008 ; McBride & Pirie, 1990 ; McBride, Pirie, & Curry, 1992 ; Ratner, Johnson, Bottorff, Dahinten, & Hall, 2000 ). *Peer relations* are an important source of influence on adolescents' use of substances (Hawkins, Catalano, & Miller, 1992; Kobus, 2003; Wills & Cleary, 1999; Wills, Resko, AINETTE, & MENDOZA, 2004). The specific processes involved in peers' encouraging or deterring substance use may include normative or informational social influence, selection, socialization, or network position (Ennett & Bauman, 1993, 1994; Kobus, 2003; Wills & Cleary, 1999; Wills et al., 2004). A study on *Peer Influence: Use of Alcohol, Tobacco, and Prescription Medications* was conducted by Alberto Varela, BS; Mary E. Pritchard among 312 colleges students at Bosh University in **2001** and had found that participants were most likely to take health risks when accompanied by someone they consider a friend.

The report of the Global Tobacco Epidemic, WHO, 2009 shows the global average of children with at least one smoking parent, according to the definition used by the Global Youth Tobacco Survey (GYTS), is estimated to be 43%. The report extended that children and women are the most affected population of second hand tobacco smoke and in all deaths attributable to second-hand tobacco smoke, as high as 31% occur among children and 64% occur among women. In addition, Zbikowski, Klesges, Robinson and Alfano (2000) in their on the smoking status of adolescents ranging between the age of 15-18 years had identified the following *psychosocial risk factors* – Approval of smoking, Accessibility of cigarettes, Value of smoking, Rebelliousness, Social support, Sadness and Stress. The survey conducted among 5683 female adolescents on smokeless tobacco use , potential psychosocial risk factors were Perceived negative consequences, Substance use, Modeling and Active lifestyle (William T.R, James T.B, P. Alex Mabe and David R. M). So, the cultural aspects, the traditions and orientation of a person should always be considered as important determinants to tobacco use.

The study on the psychosocial determinants of tobacco use among Mizo women is conducted in the year 2013 among 350 women tobacco users representing

urban and rural communities in Aizawl District, Mizoram, India. The study follows multi stage sampling procedure and it is descriptive in nature. It attempts to explore the underlying social attribute as well as the psychological attributes that are pertaining to consumption of tobacco among the respondents. The study employs both qualitative and quantitative approach.

## II. The Social Dimension

The social factors which determined tobacco use by the respondents is assessed by using 14 items such as the social environment like peer taking tobacco, experimentation, easy availability of tobacco in the environment, enhancement of social interaction and social network. It enquires tobacco use within the house like use of tobacco by siblings, use of tobacco by parents, lack of parent-child communication on tobacco and absence of awareness on harmful consequences of tobacco. Further, at personal level, the social factors that responsible for tobacco use includes personal involvement in preparation of tobacco water, personal involvement in preparation of pipe tobacco, personal involvement in preparation and selling of *zozial* (hand rolling tobacco) and cigarettes. In addition the study also explores how tobacco use is initiated to the child by receiving compliments from the shopkeepers as well as the influence of media and advertisement for initiation of tobacco. Therefore, these attempts of enquiries has made based on the culture and traditions of the respondents.

The Table 1 on the **social determinants of tobacco use among the respondents** shows the factors that are responsible for respondents taking tobacco. The social factors are assessed using 14 items and the mean for those reason ranges from a maximum of 3 to a minimum of 2.3 as shown in the table, these reasons are more or less similar for both rural and urban respondents and not much difference is found.

Among the reasons given by the respondents, peer taking tobacco is the greatest temptation to use tobacco which is similar for both the respondents belonging in the urban and rural communities. Several studies on drug addiction, alcohol addiction and also tobacco addiction have confirmed the relevance of *peer pressure* in the initiation of use. Also, this is followed by the easy availability and accessibility of tobacco in the surrounding environment. The environment in the study meant within the house and in the society itself. This result had insight the lack of control of using tobacco within the house and easily availability of tobacco to be used even without spending money from their pocket. This clearly shows the importance of tobacco free home for reducing the chances of initiation and or continuation of using it. Meanwhile, it also reflected that the mechanism of prohibition of selling of tobacco to minor needs much more attention because more than 30% of the respondents were fall within the population of children.

The other common social factor responsible for tobacco use is *experimentation*. Most of the social problems and disapproved behavior reflected the significance of peer pressure and experimentation in the causation of behaviour. The self reported study reveals the development of curiosity to experience on how an individual is physically and psychologically act and the differences in being from the '*normal state*'. While using tobacco, the respondents started using it as the group members are using and offer to them. Besides seeking conformity to the group the particular culture of the respondents is

closely knitted and offering to nearby without thinking of the harmful consequences is known to be an act of politeness. Meanwhile, it also reflected that initiation of tobacco use has mostly taken place in group and not alone while continuation of tobacco use has usually done at individual and or based on convenient. It is also observed that the respondents has using it freely without hesitation mainly due to the absence of a tone of disapproval even within the house. Further, it is important to note that tobacco is also used to *enhancement of social interaction*. The study probes on the use of tobacco by the respondent's parents and an attempt has found that tobacco is use by majority of the respondent's parents by both the parents or either of the parents. Therefore, parental tobacco use has lots of impact and influence on the children behavior. In connection to this, *lack of parental communication on tobacco use* was common among the respondents. The enquiry on the matter found that many of the respondents' parents lately aware of the harmful consequences of tobacco and already developed dependency on it. So, particular attention was not much given to their children due to the facts that parents are also indulging to it. Unfortunately, few of the respondents parents those who do not use tobacco have limited knowledge on the harmful consequences of tobacco use. So, they could not much talk about anti-tobacco to their children. So, it is clear that either category of the parents is having restriction on tobacco use by their children and parental communication on the harmful effects of tobacco is inadequate. In parallel with this finding, results have shown the presence of *siblings who are using tobacco at home* and they are highly responsible for the respondent's continuation of tobacco use. Besides having similar disapproved behavior, they also became an important source of supplying tobacco products to the respondents and it is obvious that they are supportive to their siblings in the case of parental restriction and control. Therefore, among the 14 items listed under the social factor peers taking tobacco, experimentation, easy availability of tobacco products in the environments, enhancement of social interaction, parental use of tobacco at home and presence of siblings using tobacco at home are more or less equally prevalent both in rural and urban communities. Hence, the availability of tobacco products within the house and in the environment, limited exercise of control and lack of rigid disapproval of tobacco use by parents are found to be existing and as responsible factors for tobacco use.

In continuation of the above discussion, a geographical variation between rural – urban respondents was observed. The social factors like absence of awareness by the respondents themselves on the harmful consequences of tobacco use, personal involvement in preparation of *tuibur* (tobacco water), personal involvement in preparation of pipe tobacco and personal involvement in preparation of *zozial* (local cigarette) and cigarette are highly potential to the respondents belonging in the rural communities scoring a mean value of 2.8. However, measurement on the same items shows a mean value of 2 for those respondents belonging in the urban communities. In contrary to the assumption, media and advertisement on tobacco products and tobacco products given as a compliment by the shopkeeper were among the least influential social determinants of using tobacco by the respondents and it is more or less the same for the respondents belonging to urban communities and to respondents belonging to rural communities. But, the two items are relevant and becoming a concern of tobacco control because receiving compliments from the shop keepers such as giving of *pan-masala or tiranga* instead of Re 1 or Rs 2 is a common practice. On the otherhand, these newly

introduced sachet of tobacco products are commercially meant to attract the minor and is less expensive which is affordable by them with their pocket money. Further, advertisements of the new tobacco products targeted the minor which has influenced them strongly and revealing the weaknesses of the value system. It is partly important to notice that there is only little parent – child communication on inculcation of anti-tobacco attitudes accompanied by lack of orientation on the harmful health consequences of tobacco use. Many of the respondents has justify that they did not receive communication or teaching from their parents not to indulge in tobacco.

In addition, several studies has shown that many of the licit and illicit drug users continue the use in adulthood, and the consequences could affect continuity while participating in work and involving in family roles, favour delinquent activities, self-reported health, and psychological symptoms. Among the people having used alcohol and/or marijuana during the last year, adolescents are more at risk of dependence than any other age group. Adolescence is an exposed life period due to misunderstood physical and social environment and to life difficulties. Prevention is important for adolescents, particularly because of lack of employment or school dropout in many countries and Hammarstrom underlined that unemployment is a risk indicator or increasing alcohol, tobacco, and illicit drug uses as well as for deteriorated health behaviour.

### III. Psychological Dimension

The psychological reasons that proved the use of tobacco among the respondents are mouth refreshment and cleaner so as to avoid foul smell, coping mechanism from stress, to relieve from toothache, to avoid nausea mainly on the onset of pregnancy, to escape from boredom means feeling of general boredom and taking tobacco for time pass, to occupy the respondents during leisure time and finally to make them keep awake at late night or to avoid sleeping especially at night when they are engaged to work. The psychological causes leading to the use of tobacco by the rural and urban respondents are similar.

The psychological factors which determined the use of tobacco by the respondents is shown in Table 2. It is observed that the traditional beliefs are still strong among the respondents. The mean value for the 6 items listed on the psychological factors ranges between a maximum of 2.7 and a minimum of 2.2. It has more or less the same mean value for urban and rural communities.

The **table 2 on the psychological factors inducing tobacco use for the respondents**’ shows that majority of the respondents take tobacco products both in smoke forms and smokeless forms as mouth refreshment. The mean for urban is 2.7 and 2.6 for rural respondents. The respondents usually has taken the tobacco products soon after meal, taking food especially those which are highly flavour like pork, oily and spicy foods, garlic, sweets and foods which are very sour and hot. Once it has been taken, the respondents assumed that the natural the condition of the tongue have returned. So, it is use as mouth refreshment to regain the normal smell of the mouth. Secondly, it is also use as mouth cleaner to avoid the foul smell and odour caused by food. Some of the respondents reported that they had dental problems and or did not brush their teeth

regularly which also induce unhygienic smell. Therefore, to get out of that foul smell, the adult respondent usually has taken tuibur, paan and paan with zarda and smoke cigarettes or zozial and the minor respondents used gutkha products.

Further, the respondents both from the rural and urban communities have highly used tobacco products as a *coping mechanism for coping from stress*. The respondents have come across many stressors, may be at individual level, family level, relationship between the couples, romance, work related and others which cannot handle efficiently by them. In such case, the respondents started responding to the situation by taking tobacco. Here, taking of tobacco products in a huge quantity or continuously taking it and function as coping mechanism is assumed to be due to nicotine content in the tobacco products and is likely utilized as a stimulant. Using tobacco as a coping mechanism is more common among the respondents belonging to urban communities as compared to that of the respondents belonging to rural communities. Also, the respondents use tobacco water to help get relief from toothache. The mean value of using tobacco water for this purpose is 2.5 among the rural respondents and 2.4 among the urban respondents. The respondents largely accepted that most of the toothache and minor dental complaints is general and they need not consult the dentist and taking of tobacco water is sufficient to relieve the conditions. In the case of children, the tobacco water is pasted on a piece of linen or cotton ball and put on aching teeth. It is important to note that tobacco water is also put on the skin rash due to insects' bites. The assumption is that the nicotine content of the tobacco water kills germs however; in case of toothache tobacco water kills the germ and relieves the pain but not cure.

It is interesting to probe the magical beliefs evolving around the psychology of women. It is because of this fact that many of the women including younger generation are continuing using tobacco and the young women respondents between the age of 19 years and 35 years are using tobacco products to *avoid nausea*. This reflects that tobacco use is related practiced during pregnancy and it is more or less similar among the urban and rural respondents and the mean value is 2.3 and 2.4 respectively. Without having insight of the harmful consequences on health of a pregnant mother and her fetus, tobacco is consumed by the respondents even during pregnancy. Further information in this area reflected that a pregnant mother is usually smoking and also ate the ashes of smokes which were prevalent in the society among pregnant mothers in earlier days.

On the other hand, many of the respondents are using tobacco due to being bored, absence of focus and unconstructive thoughts. The trigger arouse mostly when they are alone and spending excessive unconstructive leisure time. The mean value for using tobacco as time pass is 2.4 and higher among the respondents from urban communities as compared to respondents from rural areas which is 2.0. Mean while, use of tobacco in a group or while with friend is more likely to be popular among the rural respondents as compared to the urban respondents. Further, some of the respondents have reported that they sometimes feel bored using tobacco but inspite of the fact they are still using it which is related with the development of psychological dependency.

Apart from the above factors, the other common reason given by the respondents is that using of tobacco at late night helps them to remain awake and overcome the feeling of sleepiness. There are many personal factors involving which made the

respondents not feeling sleepy at nights. Besides, the Mizo society has a practice of going and staying overnight to condole the family on the first night when there is a death. The gatherers are not permitted to sleep or look sleepy. Therefore, to remain awake at late night the respondents take tobacco. Likewise, when there is a patient in a critical condition, relatives, friends, neighbours and well wishers are gathered together nearby the patient and even stay overnight as necessary. In such situation, tobacco is taken to help them remain awake in late night.

The assessment using 14 items on the social factors that are responsible for tobacco using by the respondents has reflected that peer taking tobacco, easy availability, receiving offers, attempt to experimentation, enhancement of social interaction and use by family members either of the parents or their siblings and availability at home are found to have greater influence for initiation of tobacco use than the personal involvement in preparation and selling of tobacco products, receiving compliments from shop keeper and media

The assessment on the psychological determinants by using six items shows that majority of the respondents take tobacco products both in smoke forms and smokeless forms as mouth *refreshment*. The psychological causes leading to the use of tobacco by the rural and urban respondents are similar and are significant.

In summary, every culture is having its own practices and many of these clashes with the scientific knowledge. The tradition is passed on from generation to generation and some people are overwhelmed by modernization and advancement. In this regard, it is assumed that the nicotine contents of tobacco makes the person alert. So, the table on the psychological determinants of tobacco use shows the presence of psychological factors apart from the social determinants in taking tobacco. Further, the self reported experiences of the respondents reveals that the prevailing psychosocial issues act as bi-directional i.e psychosocial issues induced to tobacco using and tobacco using induced to psychosocial challenges. Therefore, the study on the psychosocial issues on tobacco use: A Mizo women experience has shows the presence and operation of social factors or psychological factors and or both that is interplay in the process of using tobacco. Hence it is therefore relevant to consider the psychosocial aspects in understanding tobacco use by women.

Table1: Social Determinants of tobacco Use

Sl.No	Factor	Locality		Total n =350
		Rural n = 105	Urban n = 245	
		Mean	Mean	Mean
1	Peers taking tobacco	3	3	3
2	Experimentation	2.9	3	3
3	Easy availability of tobacco in the environments	2.8	3	3
4	Enhancing social interaction	2.8	3	3

5	Due to parents using tobacco at home	2.8	3	3
6	Lack of parental communication and control	2.8	2	3
7	Due to siblings using tobacco at home	2.7	3	3
8	Absence of awareness on harmful consequences of tobacco	2.9	2	3
9	Personal involvement in preparation of tuibur	2.8	2	3
10	Personal involvement in preparation of pipe tobacco	2.8	2	2
11	Personal involvement in preparation of zozial	2.8	2	2
12	Personal involvement in selling of zozial and cigarettes	2.8	2	2
13	Receiving compliments from shopkeepers	2.3	2	2
14	Media and advertisement	2.3	2	2

Source: Computed

Table 2: Psychological Determinants

Sl.No	Factor	Locality				Total n =350	
		Rural n = 105		Urban n = 245			
		Mean		Mean	S.D	Mean	S.D
1	Mouth refreshment and cleaner	2.6		2.7		2.7	
2	Coping mechanism for stress	2.4		2.6		2.5	
3	Relief from toothache	2.5		2.4		2.4	
4	To avoid nausea	2.4		2.3		2.3	
5	Boredom/time pass	2.0		2.4		2.3	
6	To avoid sleeping at late night	2.2		2.2		2.2	

Source: Computed

### ACKNOWLEDGEMENT

The author acknowledge the generous help extended by Dr. Kanagaraj Eswaran, Associate Professor, Department of Social work, Mizoram University in arranging the data in tabular form which is part of the Research methodology. She is also extremely thankful to all the respondents participated in the study.



## REFERENCES:

- Alberto V.B.S. & Mary E. P. (2011). Peer Influence: Use of Alcohol, Tobacco, and Prescription Medications. *Journal of American College Health*, 59(8), pp751-756.
- Alderete E., Erickson P.I., Kaplan C. P. & Pérez-Stable E. J. (2010). Ceremonial tobacco use in the Andes: implications for smoking prevention among indigenous youth. *Anthropology & Medicine*, 17(1), pp 27-39.
- Anderson S. J., Glantz S. A. & Ling P. M. (2005). Source Emotions for sale: cigarette advertising and women's psychosocial needs. *Tobacco Control*, 14(2), pp127-135.
- Bloch M., Tong V.T., Novotny T.E., England L.J., Dietz P.M., Kim S. Y., Samet J.M. & Tolosa J.E. (2010). Tobacco use and second hand smoke exposure among pregnant women in low- and middle-income countries: a call to action. *Acta Obstetrica et Gynecologica*, 89,pp 418–422.
- Brubaker R. G., Fowler C. & Kinder B. N. (1987). Parental influence on adolescents' intention to use smokeless tobacco. *Health Education Research*, 2(4), pp 409-416.
- Dodes L.M. (2009). Addiction as a psychological symptom, *Psychodynamic Practice: Individuals, Groups and Organisations*,.15(4), pp 381-393.
- Day M. A. M. (2002). Parent-Adolescent Communication about Alcohol, Tobacco, and Other Druguse, *Journal of Adolescent Research*, 17,pp 604. DOI: 10.1177/074355802237466
- Dejin-Karlsson E., Hanson B.S., Östergren P.O., Ranstam J., Isacson S.O. & Sjöberg N.O. (1996). Psychosocial Resources and Persistent Smoking in Early Pregnancy: A Population Study of Women in Their First Pregnancy in Sweden. *Journal of Epidemiology and Community Health*, 50(1),pp 33-39
- Epstein J.A., Williams C., Zotvin G.J., Diaz J., WilliamsM. (1999). Psychosocial predictors of cigarette smoking among adolescents living in public housing developments. *Tobacco Control*, 8(1),pp 45-52.
- Foster S. E., Jones D. A., Olson A. L., Forehand R., Gaffney C. A., Zens M. S. & Bau J. J. (2007). Family Socialization of Adolescent's Self-Reported Cigarette Use: The Role of Parents' History of Regular Smoking and Parenting Style. *Journal of Pediatric Psychology*, 32(4), pp 481–493.
- Finetta L. Reese and Roosa M., W. (1991). Early Adolescents' Self-Reports of Major Life Stressors and Mental Health Risk Status. *The Journal of Early Adolescence* 11, 363. DOI: 10.1177/0272431691113004.

Grier T., Knapik J.J., Canada S., Chervak M.C. & Jones B.H. (2010). Tobacco Use Prevalence and Factors Associated with Tobacco Use in New U.S. Army Personnel. *Journal of Addictive Diseases*, 29(3),pp 284-293.

Monica W.S. & Michael C.P. (2008). Tobacco smoking among low-income Black women: Demographic and psychosocial correlates in a community sample. *Nicotine & Tobacco Research*, 10(1), pp 219 – 229. DOI: 10.1080/14622200701767845.

Melby J.N., Conger R.D., Conger K.J., Lorenz F.O.(1993). Effects of Parental Behavior on Tobacco Use by Young Male Adolescents. *Journal of Marriage and Family*, 55(2), pp 439-454.

Payne S. (2011). Gender, Women and the Tobacco Epidemic, *Gender & Development*, 19(2), pp 344-345.

Suzanne L.T. & Linda L.P. (1998). Psychosocial Factors Related to Adolescent Smoking: A Critical Review of the Literature. *Tobacco Control*, 7(4), pp 409-420.

Tuchman E. (2010). Women and Addiction: The Importance of Gender Issues in Substance Abuse Research. *Journal of Addictive Diseases*, 29(2),pp 127-138