# School children and tobacco

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## 1    Introduction

There is high prevalence of tobacco consumption (14 percent) among school children (Khubchandani *et al.*, 2017).  There is ample evidence that indicates the negative consequence of youth tobacco use for later social, emotional and behavioral well-being(Maters *et al.*, 2007). Academic literature often concludes that providing health education regarding the adverse impact of tobacco is solution to the problem (Goyal and Bhagawati, 2016). However, solution to the problem of tobacco addiction among school going children is not simple and straight forward as it is made out to be. Obviously, giving health information on adverse impact of tobacco is very crucial but only focusing on that is like tossing the problem under the carpet (Zhao, 2018) and not addressing the root cause of it. Tobacco addiction among school going children is only the tip of the iceberg of a much larger problem. We are assuming that providing information to these young adults will keep them away from tobacco intake. By doing so we are over-looking these adolescent's need for novelty and curiosity (Portnoy *et al.*, 2014), we are turning a blind eye to the pressure these children have to fit into the friend's circle who smoke (Urrutia-pereira *et al.*, 2017;Xi *et al.*, 2013) and we are also discounting the impact of a parent's habit of tobacco addiction(Xi *et al.*, 2013) that can have influence on a child's psyche.

## 2    Context of safe school and the review of literature

Let us imagine a child's mind? Largely, they are innocent, trusting and impressionable. Though, these are positive qualities, it can act to school children's disadvantage because they can be easily influenced by what is seemingly attractive but harmful in real. As part of growing up a child is put through many experiences and in which parents, teachers and peers play a key role. School going children get stressed either from the pressure to academically perform or fit into their friends circle (TS *et al.*, 2017).  Unfortunately, our schools do not equip children with life skills that we need for facing the stressors of life. Children have limited life's experience to

guide them through these struggles either at family or their schools. The myriad physiological and emotional changes that happen during adolescence make them vulnerable and clueless. This is also a time when they are trying to assert independence (Onrust *et al.*, 2016) and taking on new and sometimes risky decisions which to them might seems like a progression towards adulthood. There is evidence that suggests that tobacco intake might help smokers relieve stress (Choi, Ota and Watanuki, 2015).Having emotional anchorage during this period that keeps them grounded to be responsible for their action is crucial. The channel of communication between parents and the child forms the basis of such emotional anchorage and if that is missing then the child is left to his resources (Carver *et al.*, 2017). They fall back on peers for confiding their issues and also find peers to be allies in satisfying curiosity. Again, the inhibition that adolescents have in sharing their curiosity with adults, parent, relative or teacher, is the fear of being judged or reprimanded. Hence, when they want to experiment smoking then it is often not supervised. To make matters worse, children have easy access to products made from tobacco near school. Many children, specifically male adolescents, start using tobacco because it is considered to be attractive for proving machismo and gain popularity (Khubchandani *et al.*, 2017).

## 3   Public health approach

Any sustainable attempt to address the root cause of tobacco addition among school children needs to be approached at the individual, family, friends and teacher level. A multi-pronged public health preventive intervention is required in order to address the root cause of the problem. This intervention needs to adopt public health approach at all levels as follows:

**At the individual level:**  a standardized physical and emotional health module should guide the child by encouraging them to be physically active through sports or other exercise regimen. The emotional well-being is equally important where they need to incorporate pranayama and meditation into their life-style. Further, a notional correction module should orient children towards life management, for example, how mind works and practical tips of breath management should be shared as a modality of managing mind. Making use of innovative and entertaining medium of art can be used to sensitize children against the pitfalls of taking short cuts in life. Again, embedding health promotion within the module against tobacco and technology addiction

can be useful. Unless we address a generic approach to complete emotional well-being it is difficult to address the problem of tobacco addiction in an effective manner.

**At the family level:** parents should be made partners in this intervention where separate work group module can be developed for them to assist them in ensuring effective communication with children. For example, the need to develop a friendly bond with children so that the channel of communication is open needs to be emphasized. Similarly, parents need to avoid using judgment when children share some sensitive details about their life.

**At the peer level:** an innovative and creative exercise that establishes bonding between friends has to be given importance. Developing subtle values of intimacy such as trustworthiness and being responsible have to be emphasized greatly. The thin line between healthy and unhealthy needs need to be elaborated with examples. Only when these children are genuine and truthful to self and with their friends then there won't be unnecessary pressure on them to be someone else which they are not.

**At the teacher level:** they can be the agent of change and communication between the child, peers and parents. Hence, a module that encourages and empowers them to be nourishing mentors can be inculcated in order to address the problem of tobacco addiction.

## 4    Conclusion

In conclusion, only when we work at all the levels then can we ensure that our children are growing up in an environment that helps them thrive and flourish. By putting many boundaries and restrictions we are creating an atmosphere where children feel threatened to confide. They feel repressed to express themselves and feel the need to hide tobacco addiction from their dear ones and when it goes out of control is when others realize the extent of problem. Let us all pledge to end tobacco addiction among school going children by creating healthy and happy children who feel free to express themselves in varied form of creative manner.

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**References**

1. Carver, H. *et al.* (2017) 'Drugs : Education , Prevention and Policy Parent – child connectedness and communication in relation to alcohol , tobacco and drug use in adolescence : An integrative review of the literature Parent – child connectedness and communication in relation to alcohol , literature', 7637. doi: 10.1080/09687637.2016.1221060.
2. Choi, D., Ota, S. and Watanuki, S. (2015) 'Does cigarette smoking relieve stress ? Evidence from the event-related potential ( ERP )', *International Journal of Psychophysiology*. Elsevier B.V., 98(3), pp. 470–476. doi: 10.1016/j.ijpsycho.2015.10.005.
3. Goyal, G. and Bhagawati, B. T. (2016) 'Knowledge , Attitude and Practice of Chewing Gutka , Areca Nut , Snuff and Tobacco Smoking Among the Young Population in the Northern India Population', *Asian Pacific Journal of Cancer Prevention*, 17, pp. 4813–4818. doi: 10.22034/APJCP.2016.17.11.4813.
4. Khubchandani, J. *et al.* (2017) 'Tobacco use related attitudes and behaviors in Indian Adolescents: association with school-based prevention education', *Health Promotion Perspective*, 7(3), pp. 128–133. doi: 10.15171/hpp.2017.24.
5. Maters, M. *et al.* (2007) 'Consequences of youth tobacco use: a review of prospective behavioural studies', *Addiction*, 101(7), pp. 948–958.
6. Onrust, S. A. *et al.* (2016) 'School-based programmes to reduce and prevent substance use in different age groups : What works for whom ? Systematic review and meta-regression analysis', *Clinical Psychology Review*. The Authors, 44, pp. 45–59. doi: 10.1016/j.cpr.2015.11.002.
7. Portnoy, D. B. *et al.* (2014) 'Youth Curiosity About Cigarettes, Smokeless Tobacco, and Cigars', *American Journal of Preventive Medicine*. Elsevier, 47(2), pp. S76–S86. doi: 10.1016/j.amepre.2014.04.012.
8. TS, J. *et al.* (2017) 'Prevalence and correlates of psychological distress in adolescent students from India', *Prevalence and correlates of psychological distress in adolescent students from India*, 27(2), pp. 56–62.
9. Urrutia-pereira, M. *et al.* (2017) 'Prevalence and factors associated with smoking among adolescents ಠ , ಠಠ', *Jornal de Pediatria*. Sociedade Brasileira de Pediatria, 93(3), pp. 230–237. doi: 10.1016/j.jped.2016.07.003.
10. Xi, B. *et al.* (2013) 'Tobacco use and second-hand smoke exposure in young adolescents aged 12 – 15 years : data from 68 low-income and middle-income countries', *The Lancet Global Health*. The Author(s). Published by Elsevier Ltd. This is an Open Access article under the CC BY-NC-ND license, 4(11), pp. e795–e805. doi: 10.1016/S2214-109X(16)30187-5.
11. Zhao, X. (2018) ' " I " m not a smoker … yet ': a qualitative study on perceptions of tobacco control in Chinese high schools'. doi: 10.1136/bmjopen-2017-019483.