

Stress and coping behaviors among smokers

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ABSTRACT

Positive association has been seen between stress and smoking behavior. This relationship has not been explored in relation to one's coping behavior and desire to quit smoking. The present study examined stress, coping and readiness to change among smokers. 50 smokers were selected using a cross sectional design. Assessment Proforma, Fagerstrom test for Nicotine Dependency, General Health Questionnaire, Perceived Stress Scale, Coping Checklist and Readiness to Change Questionnaire were administered on them. Stress was related to smoking behavior as well as initiation and maintenance of smoking. Individuals in the early adulthood stage were using maladaptive coping strategies. Perceived stress was higher among the middle age group. Stress and maladaptive coping behaviors were found to be associated with initiation and maintenance of smoking. It has implications for psychosocial interventions in tobacco cessation.

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1. Introduction

One third of the world's adult population are smokers. It includes 47% men and 7% women. Tobacco prevalence among adult men is 57%, while 32.70% of them smoke bidis. The use of tobacco in India among girls has risen to 9.70%. Girls between the age of 13 and 16 years use some form of tobacco as against 3.10% adult women. (Global Youth Tobacco survey, 2002). Majority of the smokers (as many as 70%) desire to quit, but only 30% actually try each year, and only 3–5% actually succeed in quitting (USDHHS, 1990). Even those with severe smoking related disease often fail to quit. Most of them attribute the continuation of smoking to personal, psychological and social factors. Individuals with emotional, cognitive, and/or behavioral characteristics (vulnerabilities) leading to frequent or intense personal distress are substantially more likely to smoke than others. Smoking vulnerabilities include both cognitive (attention and thinking) and affective (emotion-related) personality traits. The personality trait of neuroticism has repeatedly been found to be associated with smoking. Smoking is also much more prevalent among people with impulsive, un-socialized sensation seeking behaviors (Eysenc, 1973).

Higher level of stress and greater use of negative coping methods in current smokers than in experimenters and never smokers among 954 clinic patients aged 12–21 years (Siqueira et al., 2000). Smokers with more financial stress were less likely to

quit, with the odds of quitting reducing by 13% per unit of the financial stress index. Ex-smokers with more financial stress were more likely to relapse (Siahpush et al., 2006). Beletsioti-stika (2006) in a survey of ($N = 402$) of qualified nurses found the association between smoking behaviors and stress. job stress was related to smoking status (Radi et al., 2007)

Indian studies in this area are limited. The studies carried out till now have mainly looked into stress among smokers. There are no studies specifically studying coping and readiness to change among smokers. Mean lifetime stress score (mean) was significantly higher among smokers (51.3) than non-smokers (42.4) ($p < 0.05$). The mean life time stress score of heavy smokers (57.2) was significantly higher than low to moderate smokers (46.3) ($p < 0.05$) among 800 male college students (Sharma, 2006).

There are not many Indian studies in this area and it is unclear that what mixture of social and psychological factors accounts for the apparent strength of a smoker's dependence on cigarettes. The present study explores the relationship of stress with coping behavior and motivation to quit smoking. This information will be useful in understanding smoking behaviors among Indian men and help to plan out further psychosocial interventions.

2. Materials and methods

Aim: To examine stress, coping and readiness to change among smokers. **Objectives:**

To assess the relationship of smoking pattern with stress, coping and readiness to change. To assess the relationship among all the above variables. **Sample:** Size: 50 smokers from the general population. Snow balling method was used to identify these subjects. Survey design was used to gather information about the

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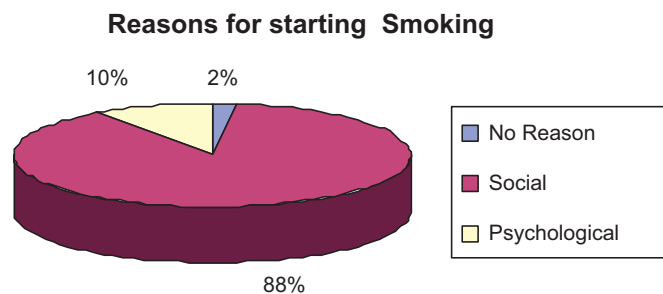
relationship of smoking pattern with stress, coping and readiness to change. **Inclusion criteria:** Male smokers age range 25–40 years; subjects who can read and write English/Hindi. **Exclusion criteria:** Smokers with dependence on other psychoactive substances. Smokers with severe psychiatric disorders such as schizophrenia and affective disorders. Smokers with chronic physical illness such as TB and Cancer. Smokers with neurological disorders such as stroke.

Tools: 1. *General Health Questionnaire* (GHQ, Goldberg, 1970): This is a 12-item scale used to detect the presence of a psychiatric disorder and psychological distress in the general population. The cutoff point of 15 was used in the present study to determine the presence of psychological distress. 2. *Smoking Assessment Proforma* (SAP, Sharma, 2004): This is a semi-structured questionnaire used to assess smoking behavior. It assesses the sociodemographic details of the subject, initiation factors, maintaining factors and complications associated with smoking. It also assesses history of abstinence, stress in specific situations and their relationship with smoking behavior. 3. *Fagerstrom Test for Nicotine Dependency* (FTND, Fagerstrom, 1978). This is used to assess the degree of nicotine dependence. It has 6 items. A score equal to or greater than five indicates degree of nicotine tolerance and predicts appearance of withdrawal symptoms. Maximum score is ten. The scale has a test re-test reliability of 0.82. 4. *Perceived Stress Scale* (PSS, Cohen et al., 1983): This is a 14 item scale. It measures the degree to which situations in one's life are appraised as stressful. PSS scores are obtained by reversing response. (e.g. 0 = 4, 1 = 3, 2 = 2) to the seven positively stated items (items 4, 5, 6, 9, 10 and 13) and summing across all scale items. High score indicate higher level of stress. The reliability and validity of the tool have been established ($r = 0.85$). 5. *Coping Checklist* (CCL, Rao et al., 1989): The CCL comprises 70 items describing a broad range of behavioral, emotional and cognitive responses that may be used to handle stress. Items are scored dichotomously as Yes/No, indicative of the presence or absence of a particular coping behavior. It consists of seven subscales: one for problem focused coping, five for emotion-focused coping (Denial, distraction positive, distraction negative, religion / faith and acceptance) and one for social support seeking. 6. *Readiness to Change Questionnaire* (RCQ, Rollnick et al., 1992): RCQ is a 12 item questionnaire, based on Prochaska and Di Clemente's stages of change model, for assignment of excessive smokers to pre-contemplation, contemplation, and action stages. Reliability has been established by test-retest reliability and internal consistency ($r = 0.85$). **Procedure:** The study was conducted in two phases- pilot phase and main phase. The pilot phase has been adopted to administer all the tools on 2 individuals to familiarize the investigator with the tools. In the main study, 87 smokers were taken from the general population 0.50 completed the all the assessment. These assessments were carried out in individual sessions. Snowballing technique of obtaining the sample was used. They were briefed about the purpose of the study. Their informed consent was taken prior to the administration of the tools. Smoking Assessment Proforma was given to assess subjects smoking pattern as well as their psychosocial profile. Fagerstrom Test Nicotine Dependence Scale was administered to assess the degree of nicotine dependence. Subsequently, General Health Questionnaire, Perceived Stress Scale, Coping Check list and Readiness to Change Questionnaire were administered. These tools were self administered in a single session. Duration of each session was 1–1.5 h.

3. Results and discussion

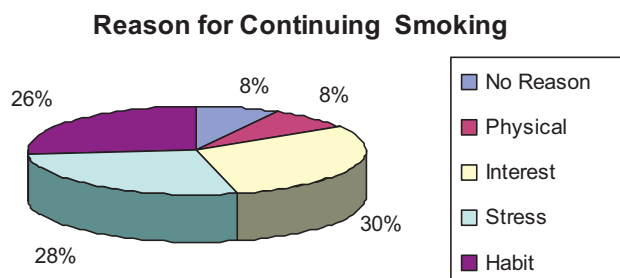
3.1. The profile of smokers

50% of the smokers were between 26 and 30 years of age. 62% of them were unmarried. Majority of them were using 10 cigarettes per day. 70% of the sample reported that they initiated smoking

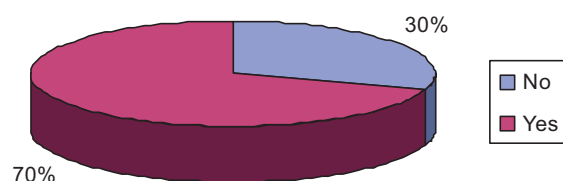


Graph 1.

between 14 to 20 years of age. The reason of initiation was psychological (88%, Graph 1)) Among the maintaining factors, 26% attributed it to habit to smoke/style.; 28% attributed it to experienced reduction in stress and 30% of the sample reported smoking due to enjoyment or addiction. For 8%, the reason for smoking was to overcome physical stress and for the other 8%, there was no reason for continuation of smoking (Graph 2). The results also indicated that the reasons smokers acknowledged for continuing to smoke were as follows: “relaxes me (73%)”; “have a habit, (56%)”; “I am addicted, (29%)”; I’m bored, (22%); and “everyone around me smokes”, (17%). 70% of the sample reported that there was a relationship between perceived stress and smoking (Graph 3). The qualitative analysis also revealed that 70% attribute smoking to stress (Graph 2). 56% reported work as a stressor. Similar findings were reported by Nichter et al. (1997) in their work. They found that “smoking to relax” and “stress reduction” were commonly reported reasons among smokers. John et al. (2006) in their study of participants aged 18–64 years, who were working 15 or more hours per week, found that higher work strain was associated with a stronger relation between work demand and smoking. Radi et al. (2007) in a cross-sectional study, concluded that job stress was related to smoking status at the population level, with different patterns in men and women. 34% of the sample reported that they smoke due to psychological reasons such as low self esteem. They reported that smoking enables them to be more assertive in a group setting. 26% of the sample was unaware of the harmful effects of tobacco. They emphasized financial, social and economic consequences of smoking rather than physical complications. (Graphs 4 and 5).



Graph 2.



Graph 3.

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