

Comportamiento del adolescente ante el consumo de tabaco

Behaviour of adolescent tobacco use

Comportamento do adolescente ao consumo de tabaco

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Resumen

El presente estudio describe el comportamiento del adolescente ante el consumo de tabaco, para lo cual se realizó un estudio descriptivo y correlacional a 250 estudiantes de una preparatoria de Ciudad Victoria, Tamaulipas, utilizando un instrumento integrado con sus datos personales, motivos de consumo e identificación de pros y contras. Los resultados muestran que la actitud del adolescente ante el consumo de tabaco es de rechazo generalizado, aunque no se descarta que existan algunos que sí lo acepten. La prevalencia de consumo es baja en este grupo debido a que se percibe como peligroso para la salud y el rendimiento físico. Se concluye que el adolescente está consciente de los efectos nocivos del tabaco y que aquellos que lo consumen lo hacen solamente como un medio para relajarse y bajar los niveles de estrés.

Palabras clave: adolescentes, tabaco, comportamiento.

Abstract

The present study describes the behavior of adolescents on tobacco use, which was performed a descriptive and correlational study over 250 students from a school in Ciudad Victoria, Tamaulipas, using an instrument integrating their personal information, reasons for consumption and identifying pros and cons. The results show that the attitude of the adolescents before smoking is widespread rejection, though it is possible that there are some that do accept it. The prevalence is low in this group because it perceived as harmful to health and physical performance. It is concluded that the teenager is aware of the harmful effects of tobacco and that those who consume it do it only as a means to relax and lower stress levels.

Key words: adolescents, tobacco, behavior.

Resumo

O presente estudo descreve o comportamento do adolescente antes de rapé consumo, para os quais um estudo descritivo e correlacional foi realizado para 250 estudantes de uma escola em Ciudad Victoria, Tamaulipas, usando um instrumento de informações pessoais integrado, as razões para o consumo e identificação prós e contras. Os resultados mostram que a atitude dos adolescentes ao consumo de tabaco é a rejeição generalizada, embora não seja de excluir que há alguns que aceitá-lo. A prevalência do consumo é baixo nesse grupo porque ele é percebido como perigoso para a saúde e desempenho físico. Concluiu-se que o adolescente é consciente dos efeitos nocivos do tabaco e que aqueles que consomem apenas como um meio para relaxar e níveis mais baixos de tensão.

Palavras-chave: adolescentes, rapé, comportamento.

Fecha recepción: Noviembre 2015

Fecha aceptación: Junio 2016

Introduction

The consumption of tobacco is considered as an of the main causes of mortality and morbidity in the world (WHO, 2013). Annually, the tobacco epidemic causes nearly 6 million deaths, of which 600 000 occur in passive smokers. Tobacco use remains the leading preventable risk factor in six of the eight leading causes of death in the world. If measures are not taken to prevent the onset of smoking among young people, by 2030 this mortality will increase to more than 8 million deaths a year (WHO, 2015), becoming one of the major threats to public health.

According to the World Health Organization (WHO, 2014. OMS by is name in Spanish), the consumption of tobacco is a problem health that affects to them adolescent, since each day between 80 000 and 100 000 young in all the world become addicted. Approximately every six seconds dies a person for this reason, i.e., 1 in every 10 adults died by this addiction problem. Ultimately, even half of today's consumers may die because of this disease.

When a person begins to consume tobacco, there is a high probability that also begin to consume a second substance (Faeh et al., 2006). In Mexico, 95.9% of smokers use a second drug, alcohol being the commonest (SISVEA, 2012). Nationwide, 12.3% of adolescents identify themselves as active smoking (INSP, 2012), while in the case of the State of Tamaulipas is a record of the 23.7%, which is above the national average (INSP, 2009). On the other hand, smoking ranks fourth at the State level, ranking below the consumption of cocaine (third place), marijuana (second place) and alcohol (first place) (SISVEA, 2012).

Given this situation and in order to intervene appropriately, it is important to know what are the motives or situations that make adolescents consume tobacco (Kulig, 2005). On the other hand, the current trend of consumption is declining; Although some people think that it helps them to relax (Morales Manrique et al., 2011; Pérez-Milena et al., 2012), others consider that it generates havoc on their performance (Wichstrøm and Wichstrøm, 2008; Lisha and Sussman, 2010). Also, 94% of the population of Tamaulipas thinks that its consumption in any enclosed area should be prohibited (INSP, 2009). Because of this, the objective of the present study is to know the motives and behavior that the teenager has on the habit of using tobacco.

Methodology

The study was a quantitative descriptive design approach (Pineda and Alvarado, 2008) and correlational (Burns and Groove, 2003). We worked with a population of high school students in Ciudad Victoria, Tamaulipas, of which a representative sample of 250 students was taken. The sampling was randomized and used for convenience. For data collection proceeded to use a survey with the following sections:

- a) Academic and socio-demographic data. This section provides data related to age, gender, marital status, employment status and an overview of snuff consumption (frequency, quantity, type, age of onset) were requested.
- b) Decisional Balance Scale Snuff (EBDT), adapted from Maddock (1997) work for the consumption of snuff, which measures the benefits and personal costs about the decision to use snuff. The scale runs from 1 point (strongly disagree) to 4 points

(strongly agree). The higher the score on the subscale, higher perceived benefits or costs are presented.

- c) Test Reasons Snuff consumption (SMS-18) Rusell (1971). This assesses the reasons that people have to consume snuff, taking into account the social, psychological and physical aspects. It consists of 18 questions, the pattern of responses ranging from 1 (never) to 5 (always). This indicates that the higher the score, the more will be the motives of the person to consume snuff.

For analysis of data in a database SPSS it see generated. 18 using conventional descriptive calculations, Spearman correlation tests and logistic regression to know the behavior variables studied with each other and the problem of interest.

Results

The average age of the sample is 17.74 years, with a standard deviation of 0.43, within the range of 17 to 18 years. The predominant group in the sample are women (54.9%), while the rest are men (45.1%). All claimed to be single at the time of application of the survey. Related behavior and academic workplace is reflected in Table I, which dominated the fourth semester group (41.2%), while only 83.3% is dedicated to studying.

With respect to the benefits of consumption of snuff, you can see the view of the participants in Table II. The perception regarding the benefits of consuming snuff are among the responses strongly disagree and disagree, where the adult feel, with more status or inspired are the elements that most rejected. Despite this overwhelming rejection, a moderately low percentage (between 4.3 and 21%) believe that smoking generates benefits them; for example, having a sense of tranquility and doffing sleep.

Table III shows the behavior of the group surveyed regarding cons of consuming snuff. According to the results, most of the answers in this section fall to strongly agree or agree, the most accepted option indicating lung damage, followed by loss of fitness. Note that a low percentage of respondents (between 1.3 and 3.0%) strongly disagree with the arguments put forward in the instrument. After considering the above and the general behavior of the survey, it is determined that the studied group expresses a perception of

rejection of the supposed benefits of consumption of snuff and acceptance of the consequences that the consumption of this substance.

The reasons why smoking is usually can be seen in Table IV. The results were obtained from 68 surveys. In this investigation rejection behavior observed relative to the various proposals situations affecting smoking. Among the most rejected ideas include: abstain from cigarettes (26.1%), smoking to start the day (25.2%), having the feeling of being addicted to snuff (24.4%) and feel attractive (21.1%). The values obtained on the consumption of snuff are low compared with alcohol as the global prevalence of snuff is 29.5% (once in life), while the lápsica prevalence is 28.2% (in last month) and the current prevalence of 16.2% (in the last week).

Table V shows the correlation of the variables related to the consumption of snuff. For example, there is a relationship between consuming pros snuff with their motivations ($= 0.231; p <0.01$) and the amount consumed ($= 0.209; p <0.01$). Regarding the cons, it is observed that is directly related to the age at which it starts ($= 0.333; p <0.01$). There is a high risk relationship between the age at which snuff consumption and the amount consumed start: a younger, more is the amount consumed ($= -0.435; p <0.01$). With respect to the behavior of smoking, the results of regression established that both motivations ($B = 10.97$) and age ($B = 0.584$) are the main risk factors for alcohol consumption (Table VI). The probability of this happening is moderate because it is based on the R2, however, is not relevant when considering the value of the Wald statistic, so these predictors are not entirely reliable.

Discussion

The aim of this study is to understand the motives and behavior of adolescent consumption to snuff. The results showed that smoking is good for them because it creates a sense of tranquility and lose sleep. This behavior is similar to that reported by Hernandez and Pires (2008), as well as Manrique Morales, et al. (2011), where experimentation and the feeling of relaxation are the most common aspects, and their frequent use as a stimulant during sex. Meanwhile, Milena Perez et al. (2012) state that adolescents report that consumption of snuff is a relaxing activity that increases your confidence level, so that the level of consumption depends on the reasons (Manrique et al., 2011).

Still, it is clear rejection generated widespread consumption because it relates to health (Morales et al, 2011). Teenager shows greater awareness about the damage that produces snuff; for example, in your respiratory system, physical condition and level of self-confidence (Milena Perez et al., 2012). Also, several studies (Engels et al., 2006; Wichstrom and Wichstrom, 2008; Lisha and Sussman 2006) have determined that the sport promotes reduced consumption of snuff considering that this addiction decreases physical condition. On the other hand, smoking encourages alcohol consumption in adolescents (Wilson et al., 2005).

It is important to note that the opinions expressed by mass media such as television and the internet, as well as policies that have been implemented by the federal government over the last decade in relation to commercial products snuff, may have influenced this result (Ministry of Health, 2001).

Conclusion

Overall, the teenager shows rejection snuff consumption because it relates to direct damage to health. It is also important to stress that consumption of snuff currently shows relatively low prevalence, but also shows a very similar behavior indicating national statistics. The main reason for the teen consume snuff has to do with their supposed therapeutic and relaxation effects, however, is now aware of the damage it can cause to the person and environment. Notwithstanding the foregoing, the federal government must continue to work to reduce the consumption trend of snuff in this population group.

Bibliography

- Burns N. y Groove S. (2004). *Investigación en enfermería*. España: Elservier.
- Engels R.C.M.E., Scholte R.H.J., van Lieshout C.F.M., de Kemp R. & Overbeek G. (2006) *Peer group reputation and smoking and alcohol consumption in early adolescence. Addictive behaviors*. 31(3): 440-449.
- Faeh D., Viswanathan B., Chiolero A., Warren W. & Bovet P. (2006). *Clustering of smoking, alcohol drinking and cannabis use in adolescents in a rapidly developing country*. BMC Public Health. 6: 169. Recuperado de: <http://www.biomedcentral.com/content/pdf/1471-2458-6-169.pdf>
- Hernández Rodríguez V. M. y Pires Scherer Z. A. (2008). *Motivaciones del estudiante universitario para el consumo de drogas legales*. Revista Latino-americana de Enfermagem.16.
- INSP. Instituto Nacional de Salud Pública (2009). *Encuesta Nacional de Adicciones 2008. Resultados por entidad federativa, Tamaulipas*. Disponible en: http://www.conadic.salud.gob.mx/pdfs/ena08/ENA08_TAMPS.pdf Consultado el 17 de julio del 2014.
- INSP. Instituto Nacional de Salud Pública (2012). *Encuesta Nacional de Adicciones 2011. Tabaco*. Disponible en: http://www.conadic.salud.gob.mx/pdfs/ENA_2011_TABACO.pdf Consultado el 17 de julio del 2014.
- Kulig J.W. (2005). *Tobacco, alcohol, and other drugs: the role of the pediatrician in prevention, identification, and management of substance abuse*. Pediatrics. 115(3): 816-821.
- Lisha N.E. & Sussman S. (2010). *Relationship of high school and college sports participation with alcohol, tobacco and illicit drug use: A review*. Addictive behaviors. 35(5): 399 – 407.
- Morales Manrique C.C., Bueno Cañigral F.J., Aleixandre Benavent R. & Valderrama Zurián J.C. (2011). *Motivos y creencias asociados al consumo de tabaco en jóvenes*

- escolarizados de la ciudad de Valencia.* Revista Adicción y Ciencia. Recuperado de: <http://www.adiccionyciencia.info/motivos-tabaco-jovenes-morales.html>
- Organización Mundial de la Salud (OMS) (2011). *Riesgos para la salud de los jóvenes.* Nota descriptiva núm. 345. [En línea] Disponible en: <http://www.who.int/mediacentre/factsheets/fs345/es/> Consultado el 16 de julio del 2014.
- Organización Mundial de la Salud (OMS) (2013). *Tabaco.* Nota descriptiva núm. 339. [En línea] Disponible en: <http://www.who.int/mediacentre/factsheets/fs339/es/> Consultado el 17 de julio del 2014
- Pérez Milena A., Martínez Fernández M.L., Redondo Olmedo M., Álvarez Nieto C., Jiménez Pulido I., y Mesa Gallardo I. (2012). *Motivaciones para el consumo de tabaco entre los adolescentes de un instituto urbano.* Gaceta Sanitaria. 26(1): 51-57.
- Pineda E.B. y de Alvarado, E. L. (2008). *Metodología de la investigación, tercera edición.* Washington: Organización Panamericana de la Salud.
- Rusell M.A.H. (1971). *Cigarette dependence: nature and classification.* British Medical Journal, 330 - 331.
- Secretaría de Salud (SSA) (2001). *Programa de acción. Adicciones: tabaquismo.* México: SSA.
- SISVEA. Sistema de Vigilancia Epidemiológica de Adicciones (2012). *Informe 2012.* Disponible en línea: http://www.epidemiologia.salud.gob.mx/doctos/infoepid/inf_sisvea/informes_sisvea_2012.pdf Consultado el 16 de julio del 2014.
- Wichstrøm T. & Wichstrøm L. (2008). *Does sports participation during adolescence prevent later alcohol, tobacco and cannabis use?* Addiction. 104(1): 138 - 149.
- Wilson N., Syme S.L., Boyce T., Battistich V.A. & Selvin S. (2005). *Adolescent alcohol, tobacco, and marijuana use: the influence of neighborhood disorder and hope.* American Journal of Health Promotion. 20(1): 11 - 19.

Tabla I

Características académicas y laborales de los adolescentes encuestados.

Variable	f	%
<i>Grado Escolar</i>		
Primer Semestre	77	33.0
Segundo Semestre	25	10.7
Tercer Semestre	35	15.0
Cuarto Semestre	96	41.2
<i>Ocupación</i>		
Estudia	194	83.3
Estudia y trabaja	39	16.7
<i>Tipo de Trabajo</i>		
Oficina	5	2.1
Comercio	34	14.6

Fuente: CDP

n=233

Tabla II

Pros o beneficios del consumo de tabaco.

Beneficio (Pros)	Muy en desacuerdo		En desacuerdo		De acuerdo		Muy de acuerdo	
	f	%	f	%	f	%	f	%
1. Hace que la gente se sienta más adulta y segura de sí misma.	137	58.7	64	27.5	16	6.9	16	6.9
2. Hace que la gente se sienta más tranquila.	104	44.6	71	30.5	48	20.6	10	4.3
3. Hace que se te quite el sueño cuando estudias.	120	51.5	54	23.2	49	21.0	10	4.3
4. Ayuda a inspirarse para estudiar.	140	60.1	51	21.9	28	12.0	14	6.0
5. Ayuda a una persona a distraerse de los problemas de casa o escuela.	124	53.2	58	24.9	38	16.3	13	5.6
6. Ayuda a la digestión después de comer.	126	54.1	57	24.3	31	13.3	19	8.2
7. Hace que se te quite el sueño.	122	52.4	52	22.2	47	20.2	12	5.2
8. Hace que el momento sea rico y placentero.	132	56.7	55	23.6	31	13.3	15	6.4

Fuente: EBDT

n= 233

Tabla III

Contras o barreras del consumo de tabaco.

Barreras (Contras)	Muy en desacuerdo		En desacuerdo		De acuerdo		Muy de acuerdo	
	f	%	f	%	f	%	f	%
1. Hace que la gente se vuelva adicta.	7	3.0	12	5.1	71	30.5	143	61.1
2. Provoca cáncer.	9	3.8	3	1.3	42	17.9	17	76.5
3. Hace que la gente pierda condición física.	5	2.1	8	3.4	62	26.5	158	67.5
4. Te provoca tos.	7	3.0	12	5.1	60	25.6	15	65.8
5. Te causa enfermedades pulmonares.	6	2.6	10	4.3	48	20.5	169	72.2
6. Te afecta el corazón.	3	1.3	14	6.0	77	32.9	13	59.4
7. Disminuye la actividad en las neuronas.	5	2.1	17	7.3	70	29.9	141	60.3
8. Te irrita la garganta.	6	2.6	19	8.1	67	28.8	14	60.3

Fuente: EBDT

n= 233

Tabla IV

Motivos para el consumo de tabaco.

Motivos	Nunca		Rara vez		A veces		Casi siempre		Siempre	
	f	%	f	%	f	%	f	%	f	%
1. Me dan ganas de fumar cuando me siento frustrado.	39	16.7	7	3.0	12	5.1	6	2.6	3	1.3
2. Fumo cuando me siento enojado.	41	17.5	14	6.0	7	3.0	3	1.3	3	1.3
3. Fumar me ayuda a afrontar los problemas o estresores de mi vida.	36	15.4	16	6.8	10	4.3	3	1.3	3	1.3
4. Fumar me relaja cuando estoy tenso.	24	10.3	11	4.7	18	7.7	9	3.8	6	2.6
5. Me dan ganas de fumar cuando estoy muy enojado acerca de algo o con alguien.	36	15.4	12	5.1	8	3.4	6	2.6	6	2.6
6. Cuando me siento triste o quiero poner mi mente en blanco acerca de preocupaciones, fumo cigarros.	31	13.2	10	4.3	17	7.3	3	1.3	6	2.6
7. Uno de los pasos que disfruto al fumar es cuando prendo el cigarro.	47	20.1	9	3.8	0	0	9	3.8	3	1.3
8. Me siento con más confianza con otra gente cuando estoy fumando.	40	17.1	11	4.7	16	6.8	1	0.4	0	0
9. Me siento más maduro y sofisticado cuando estoy fumando.	48	20.5	7	3.0	13	5.3	0	0	0	0
10. Fumo por el placer de ofrecer y aceptar cigarros de otra gente.	63	26.9	2	0.9	2	0.9	1	0.4	0	0
11. Al fumar un cigarro yo disfruto desde que tomo (agarro) el cigarro.	48	20.5	12	5.1	5	2.1	3	1.3	0	0
12. Me siento más atractivo con el sexo opuesto cuando estoy fumando.	54	23.1	4	1.7	10	4.3	0	0	0	0
13. He reducido o dejado el ejercicio o deportes por fumar.	49	20.9	9	3.8	7	3.0	0	0	3	1.3
14. He reducido o dejado pasatiempos o actividades por fumar.	63	26.9	3	1.3	1	0.4	0	0	1	0.4
15. Siento que soy adicto a fumar cigarros.	57	24.4	4	1.7	2	0.9	5	2.1	0	0
16. Creo que he tenido algunos problemas de salud debido a fumar.	53	22.6	3	1.3	8	3.4	3	1.3	1	0.4
17. Si voy sin cigarros por cierto tiempo encuentro difícil concentrarme.	61	26.1	5	2.1	1	0.4	1	0.4	0	0
18. Fumar un cigarro es la primer cosa que hago en la mañana.	59	25.2	5	2.1	2	0.9	1	0.4	1	0.4

Fuente: SMS – 18

n= 233

Tabla V

Correlación de las variables de interés mediante la prueba de Spearman.

Variable	1	2	3	4	5	6	7
1. Edad	1 1	.430** 0	0.027 0.685	0.045 0.496	.219** 0.001	0.046 0.705	.198** 0.002
2. Años de escolaridad		.430** 0	1 0.781	0.018 0.867	0.011 0.741	0.022 0.725	- 0.071 0.282
3. Pros de consumo de tabaco	0.027 0.685	18 0.781	- 1	.566** 0	.231** 0.001	0.08 0.516	.209** 0.001
4. Contras de consumo de tabaco	0.045 0.496	0.011 0.867	- 0	.566** 0	1 0.155	0.061 0.018	- 0.091 0.165
5. Motivaciones de consumo de tabaco	.219** 0.001	0.022 0.741	.231** 0	-155* 0.018	- 1	0.044 0.718	.754** 0
6. Edad de inicio de consumo de tabaco	0.046 0.705	0.043 0.725	0.08 0.516	0.061 0.62	0.044 0.718	- 1	-435** 0
7. Cantidad de consumo de tabaco	0.198 0.002	-.071 -.282	0.209 0.001	-.091 0.708	0.754 0.001	-.522 0	1

* p < 0.05

** p < 0.01

Fuente: CDP, EBDT, SMS-18

n= 233

Tabla VI

Regresión logística de las variables de estudio sobre el consumo de tabaco.

Fuente de Variación	B	E.S.	Wald	gl	Sig.
Edad	.584	.611	.916	1	.339
Sexo	.397	.509	.608	1	.436
Pros de consumo de tabaco	.014	.013	1.156	1	.282
Contras de consumo de tabaco	.033	.023	2.132	1	.144
Motivaciones de consumo de tabaco	10.870	424.246	.001	1	.980
Constante	-19.592	11.711	2.799	1	.094

Fuente: CDP, EBDT, SMS-18

n= 233

R²=45.2 %