

# Understanding Smoking Behaviors, Social Factors and Policy (In)Effectiveness: A Study on College Students in Purba Medinipur, West Bengal

**Dr. Soumi Dey**

Assistant Professor in Anthropology. Haldia Govt. College, Purba Medinipur.

## **Abstract:**

Smoking among college students is a growing concern, particularly in semi-urban and rural areas. Smoking, which involves the inhalation of tobacco or other substances like cannabis, is a leading cause of preventable deaths globally. Despite regulations such as the Cigarettes and Other Tobacco Products Act (COTPA) of 2003 and Prohibition of Smoking in Public Places Rules, 2008, the prevalence of smoking among youth continues to rise, fuelled by factors such as peer pressure, aggressive marketing, low socioeconomic status, and lack of awareness about health risks. This study examines the smoking behaviors of semi-urban and village-dwelling college students in Purba Medinipur, with a focus on understanding the drivers of smoking initiation and its impacts. The findings indicate that peer pressure is the leading factor for the initiation of smoking, with many participants perceiving smoking as a means to gain social status, reinforce group identity, and signal adulthood or rebellion. Stress was also identified as a crucial factor in the continuation and relapse of smoking, supporting previous studies linking tobacco use to stress management. Additionally, the study highlights the easy accessibility of tobacco products in the region, and how familial and social influences, particularly from smoking parents and peers, contribute to the normalization of smoking behavior. The research further critiques the effectiveness of the COTPA 2003, noting limited awareness and enforcement in the target population. It calls for a more robust policy framework that addresses social and cultural factors influencing smoking, emphasizing the importance of enhancing self-esteem and communication skills in educational and familial contexts. The study also advocates for targeted interventions for cannabis use among adolescents, suggesting that the legal and social implications of cannabis use should be communicated effectively. The findings underscore the need for a comprehensive approach combining educational initiatives, stricter policy enforcement, and mental health support to mitigate smoking-related risks among youth.

**Keywords:** Smoking behavior, Social factors, Smoking awareness, Policy (in)effectiveness

## **INTRODUCTION**

Smoking is increasingly prevalent among college students nowadays. Smoking comprises simply inhaling cigarette smoke or lighting up a cigarette that contains tobacco and/or other components like cannabis or cocaine. Tobacco is the only consumer good whose manufacturers eventually inform

customers that it causes cancer by noting “painful death” or “Smoking Kills” in the cover packet when retailing as cigarettes. According to a study of World Health Organization (WHO) on 2011, smoking-related illnesses may be the cause of more than 8 million deaths in the general population by 2030 if no action has been taken. More than 7 million people died in 2017 as a result of illnesses associated to smoking, according to WHO reports 2017. Men smoke more than women, according to statistics and in contrast to 17% of women, 20% of men who are 16 or older smoke (ONS, 2014). According to the Erikson theory, adolescents frequently imitate their peers' behaviours, which may be the primary driver of early smoking (Tyas and Pederson, 1998, Zahid and Qidwai, 2005). However, other studies have shown relatively similar findings demonstrating that most countries' tobacco usage starts between the ages of 13 and 14 (Conrad, Flay and Hill, 1992). This is consistent with another study that indicated that 90% of adult smokers started smoking before the age of 19. The introduction of tobacco use during childhood and adolescence is influenced by a number of factors, including aggressive marketing of tobacco products by manufacturers, parental smoking, peer pressure, a functional belief in the benefits and normalcy of tobacco, availability and price of tobacco products, low socioeconomic status, poor academic performance, lower self-esteem, and a lack of behavioural skills to resist tobacco offers (Nagrajappa et. al. 2013). Smoking increases a teen's likelihood of using alcohol, other drugs, and high-risk sexual conduct. An alarmingly high percentage of schoolchildren between the ages of 13 and 15 are actively using or have tried cigarettes, according to the worldwide youth tobacco survey (Jindal et. Al., 2006). In young smokers, nicotine addiction develops more quickly. Studies also reveal that some teenagers start to lose control over their smoking within weeks of their first cigarette being smoked (Ertas, 2007). Lung cancer is mostly brought on by active cigarette smoking, which is also a significant proven cause of CVD death. Even occasional or modest active smoking has been demonstrated to raise risks (Pope et. al. 2011), Smoking cigarettes contains a number of toxins that have immune-modulating properties. Along with other substances, they cause mucosal surfaces to become chronically inflamed and alter how the body reacts to foreign antigens. Numerous factors influence the overall impact of cigarette smoking on immunity (Lee, Taneja and Vassallo, 2012). Although the Prohibition of Smoking in Public Places Rules, 2008 and the Cigarettes and Other Tobacco Products Act, 2003 (COTPA<sup>1</sup>) are the main comprehensive laws governing tobacco control in India, and the COTPA made smoking in public places illegal nationwide as of October 2, 2008, the use of tobacco is still sharply increasing every day particularly among the youth.

## OBJECTIVES

The present research has tried to explore the knowledge gaps around smoking behavior and tobacco use in semi urban and village dwelling young college students. The broad objectives of the present concern are-

1. To understand the smoking behavior and perception among semi-urban or village dwelling young college students in Purba Medinipur, West Bengal.
2. To understand the social factors of smoking and effectiveness of Government policies (like COTPA) for prohibiting smoking.
3. To (re)explore the negative impact of smoking on college going students of that area.

---

<sup>1</sup> Cigarettes and Other Tobacco Products Act 2003 that bans tobacco product advertising and regulates the manufacturing, supply, and distribution of cigarettes and other tobacco products, as well as topics related to or incidental to those industries.

## METHODOLOGY

The present study employed a qualitative research methodology combined with an ethnographic approach to develop a narrative account of a specific group within a theoretical framework. The researcher reached out to several students, but only 20 male college students, aged 18 to 22 years, consented to participate in in-depth interviews. These participants are residents of either rural or semi-urban areas in Purba Medinipur. Data collection was conducted over two months (October–November 2024). All participants are Bengali-speaking, regardless of their religious or caste background. To maintain ethical standards, pseudonyms were used to protect the identities of the interviewees in the report.

### Techniques Used for Data Collection

To collect data, the researcher employed three distinct techniques. The use of multiple methods enhances the trustworthiness and reliability of qualitative data.

**Semi-structure interview:** This method minimizes the rigidity of both structured and unstructured interviews, allowing for more flexibility and the opportunity to gather detailed descriptions. Through semi-structured interviews, researcher designing a few initial questions focused on smoking behavior. Based on the participants' responses, additional questions emerged organically, facilitating an in-depth exploration of the topic. The discussion guide for students covered topics such as their current smoking behavior and smoking history.

**Group discussion:** A group discussion was conducted with 8 current smokers, who were also participants in the in-depth semi-structured interviews. The researcher also acted as the moderator as well as interviewer during the session, guiding the conversation and suggesting themes for discussion. The one and half hour discussion was audio-recorded for accuracy. Topics included participants' behavior towards smoking, their views on the preventing Government laws like Cigarettes and Other Tobacco Products Act (COTPA) and other, and their knowledge of smoking-related health issues. Each participant actively engaged in the discussion, contributing to a constructive debate and sharing their perspectives.

**Participant Observation:** In this study, the researcher observed participants in natural settings where smoking seems accepted and legitimated, allowing them to act freely if they chose to smoke. Observations were conducted in places such as the college canteens and the tea stalls or pan (betel leaf) stalls and smoking areas of nearest shopping mall, as these were considered ideal for capturing the authentic behaviors and interactions of smokers in a comfortable milieu. The researcher believed that participant observation was the most effective method for understanding smoking habits and practices while maintaining a subtle presence or chit-chats with them. The researcher primarily adopted the role of a "participant as observer," remaining largely unobtrusive while still being part of the context.

**Sampling Technique:** Snowball sampling, also known as Chain-referral sampling, is used for this current research. This sampling method uses recommendations from the current subject to find the other necessary subjects for the study.

**Analysis of Data:** To develop themes from the collected data, a systematic data analysis process was undertaken, guided by coding techniques. Audio recordings of the discussions were transcribed verbatim and repeatedly reviewed to ensure familiarity with the content. This iterative process facilitated the identification of patterns and emerging themes. Interviews were categorized into distinct themes, with key points derived from participant responses. Initially, the analysis was performed manually, focusing on the interpretation of meaning. Participant responses were carefully examined and organized under

relevant key points. Finally, an interpretive analysis of the narratives was conducted, offering a deeper understanding of smoking behaviors among participants and their impacts on college students.

## **Limitation of the study**

This qualitative study focused on a small sample of 20 male college students, aged 18 to 22 years, who participated in in-depth semi-structured interviews. The research was limited to a few cases from the Purba Medinipur district, which may not be representative of all college-going smokers in West Bengal. Female smokers were excluded from the study due to time constraints. Despite these limitations, the findings highlight the need for further extensive research. A follow-up quantitative study within the same population is planned to gain deeper insights into attitudes and perceptions toward smoking and its health effects, including perspectives from both male and female youth.

## **RESEARCH FINDINGS**

### **Smoking Behaviour and Perception**

Smoking behaviors refer to the actions associated with the burning and inhalation of substances like cigarettes, cannabis, or biri. These behaviors are multifaceted, involving the actual act of smoking, puffing style, depth of inhalation, and the rate and frequency of smoking. The findings reveal that smoking involves a combination of these behaviors, and is most commonly associated with cigarettes, cannabis, or biri. Most participants reported experimenting with smoking during adolescence, and their habits varied. Some smoked between 5-7 cigarettes a day, while others smoked an entire pack (10 cigarettes) daily or even more. A few participants smoked only 1-2 cigarettes per day, with even these limited instances driven by opportunity. Sk. Rakesh, a 20 years old boy shared:

"I was 15 years old when I had my first cigarette, and I'm 20 years old now... five years already! There is no set number, whenever I have the chance, I will take a cigarette."

Additionally, some participants discussed how smoking can facilitate socialization among young people. Rubel Manna, 18 years old shared:

"It's a simple way to make friends or loosen up. At social gatherings, some of my friends, who are typically shy, become the centre of attention. It's a simple method of making friends."

Another participant, Debasish Baidya (21 years), reported his observation:

"A smoker has a larger cycle than a non-smoker. Smoking has always been frowned upon in society but will continue to be necessary."

The narratives from the participants highlight the multifaceted nature of smoking behaviors, which are not just limited to the physical act of smoking but are shaped by social, psychological, and environmental factors. Sk. Rakesh's comment about his lack of a specific number of cigarettes smoked reveals a pattern of smoking driven more by availability and opportunity rather than a set routine. This indicates how smoking can become habitual, tied to situations where it's easily accessible, and lacks clear boundaries.

Rubel Manna's account of how smoking facilitates socialization underscores the social dimension of smoking, particularly among young people. For some, smoking is a way to bond with peers, break the ice, or enhance social status within a group. This reflects a common perception among adolescents that smoking can act as a social tool, helping to build connections and alleviate shyness. This dynamic makes smoking behavior a social and psychological strategy, rather than just a physical addiction.

Debasish Baidya's statement adds another layer, emphasizing the perceived societal acceptance of smoking despite its stigma. His belief that smoking is "necessary" highlights the ingrained nature of

smoking in certain social circles and the normalization of the behavior, even if society outwardly frowns upon it. This points to the complex interplay between personal identity, peer influence, and societal norms.

Overall, these narratives suggest that smoking behaviors, particularly among adolescents, are driven by a combination of social pressures, opportunities, and psychological needs. Addressing smoking requires more than just awareness of its health risks—it must also tackle the underlying social dynamics that make smoking attractive and embedded within certain social contexts.

Despite the high cost of cigarettes, all participants stated that they preferred cigarettes over biri. Their preferred brands were primarily local ones, such as Navy Cut and Gold Flake, with only a few participants having tried international brands like Marlboro and Dunhill. When asked about the reasons for their preferences, it was generally agreed that cigarettes were "smoother," allowing the flavour of tobacco to be more easily experienced. In contrast, biri was described as having a stronger, more intense flavour and taste. Some participants shared that in situations where they had little pocket money, they would opt for biri as a more affordable option, though they still avoided it in public or within social groups.

"Sometimes I have little money, especially at the end of the month, and I end up smoking biris. I usually use it at home while I spend my free time," shared Alauddin Khan (19 years).

Similarly, Rubel Manna, 18 years old said

"Basically, poor people use biri... I used to avoid biri because of its strong scent. After smoking biri, the bad smell lingers in my mouth and clothes, which is something non-smoker friends—particularly girls—don't like. It's not just me, even my smoker friends avoid biri."

The fact that cigarettes are seen as more "smoother" and enjoyable highlights the ways in which smokers may develop a preference for certain types of tobacco based on sensory experiences, reinforcing the notion that smoking behaviors are not purely driven by cost or availability, but also by personal taste and social perceptions. The preference for cigarettes also suggests that, even in the context of limited resources, social factors—such as how others perceive the smoker—play a significant role in shaping smoking choices.

This study reveals a clear class consciousness in smoking patterns, with smoking behaviors often influenced by social networks and peer groups. It was found that decisions to abstain from smoking are commonly shared within these networks. Smokers are more likely to quit if their friends also quit. Most participants confessed to having a typical smoking routine, with strong urges to smoke at three specific times during the day: after breakfast or while using the toilet in the morning, after lunch, and before bed. Beyond these specific times, they would also smoke whenever the desire arose. Four participants admitted to using cannabis at least once in their lives, while the rest had never tried it. One cannabis user shared that the experience was unpleasant, and since then, they had never used it again. Another participant explained that they didn't actively seek out cannabis or buy it, but would occasionally join friends from the neighborhood in smoking it. Palash Das, 19 years old shared:

"We do more than just use cannabis like other 'Ganja khor' (potheads). Although I'm sure some young people only use it as a drug, for me and my friends, it's more of a social activity. It's like, 'Hey dude, would you like to smoke this weekend? Okay, let's find a good bag and relax while we burn.'"

Similarly, Paresh Jana, 20 years old admitted:

"If I don't smoke tobacco, I can't sleep, and if I don't smoke cannabis, I get restless... I used to smoke cannabis by making handmade cigarettes."

As seen in these accounts, the use of cannabis is becoming increasingly popular among college students, alongside tobacco use. The connection between peer influence and smoking cessation is particularly significant, as it points to the importance of social networks in shaping smoking behavior. The fact that smokers are more likely to quit if their friends also quit suggests that group dynamics and collective decision-making play a crucial role in both starting and quitting smoking. The participants' experiences with cannabis also illustrate how its use is becoming normalized among young people, particularly in social settings. Palash Das's statement reflects how cannabis is often used as a recreational activity, rather than simply as a drug. For him and his friends, cannabis use is framed as part of a social ritual—a way to relax together, rather than a compulsive or addiction-driven behavior.

However, for some participants, cannabis use is linked to physical dependence. Paresch Jana's account of needing both tobacco and cannabis to feel relaxed or sleep points to the potential for developing a pattern of substance dependence. This highlights the danger of mixing tobacco and cannabis use, which can reinforce the cycle of addiction and further complicate efforts to quit.

Hence, these findings suggest that smoking and cannabis use are not only influenced by individual preferences but are deeply embedded in social contexts, peer interactions, and daily routines. Addressing these behaviors may require not only individual interventions but also changes in the social dynamics that normalize substance use in specific peer groups.

## Social Factors of Smoking

Social factors such as peer pressure or observing parents or family members who smoke often play a significant role in initiating smoking. Stressful situations can also drive individuals to start smoking as a way to seek temporary relief. Over time, this behavior can become a habit, and the body may develop tolerance, requiring higher amounts of nicotine to achieve the same effect. This combination of social influence, stress, and physiological changes reinforces the smoking habit.

**Peer influence:** Individual behaviours and attitudes have been influenced by friends, acquaintances, and the wider social environment. Participants claimed that at some places convincing friends pressured nonsmokers into smoking under the threat of bullying or expulsion from the group.

Ramesh Jana, a 21-year-old, reflects on his early experiences with smoking, stating, "From my childhood, I observed my neighbors smoking tobacco and cannabis. Later, during my teenage years, I discovered that some of my friends were also engaging in this habit. This exposure piqued my curiosity and led me to explore it myself."

Ramesh's statement highlights the interplay between environment, social influences, and personal behavior. His early exposure to smoking through neighbors normalized the act, embedding it into his perception of adult life. This environmental conditioning, combined with peer behavior during adolescence—a stage marked by identity exploration and susceptibility to social pressures—created a potent context for curiosity and eventual experimentation. On a deeper level, his use of the word "curious" suggests an internal struggle between societal norms and individual agency. It illustrates how habitual behaviors observed in one's surroundings can become inadvertently aspirational, particularly for a developing mind. The narrative underscores the significant role of environment and peer dynamics in shaping lifestyle choices, raising questions about the responsibility of community and social systems in influencing youth behaviors.

Some participants shared that they turned to smoking as a way to manage negative emotions, often influenced by friends who suggested it as a coping mechanism. Bimal Bhunia, a 19-year-old, recounted

his experience, saying, “During the lockdown in 2020, I was under immense mental stress when my girlfriend cheated on me and left. At that time, I felt impulsive and lost. One of my close friends suggested smoking as a way to escape the mental pain.”

Bimal’s story reflects the vulnerability of individuals during periods of emotional distress, particularly when faced with intense personal challenges like betrayal and loneliness. His experience during the 2020 lockdown—a time marked by global isolation and heightened mental health struggles—amplifies the sense of despair. In such moments, the influence of peers becomes crucial, as they can either offer constructive support or, as in Bimal’s case, introduce maladaptive coping mechanisms. Smoking, framed here as a quick fix to “get rid of mental pain,” highlights a common but problematic association between substance use and emotional relief. This narrative shed light on the social transmission of habits, where friends play a dual role: as a source of comfort and as enablers of potentially harmful behaviors. It also reveals the absence of healthier coping strategies, emphasizing the need for mental health awareness and accessible emotional support systems, particularly for young adults navigating personal crises.

Smoking often carries a gendered symbolism, particularly in its association with masculinity. Among men, it is frequently perceived as acceptable, even as a symbol of strength or maturity. Shusanta Pahari, an 18-year-old student, shared his experience:

“Once, my neighbor told me that smoking cigarettes can transform a boy, making him appear more ‘macho.’ After joining the co-ed college, I noticed many of my friends were smokers, which eventually led me to start smoking too—though I limit myself to just one or two cigarettes per day.”

Shusanta’s account underscores the powerful role of gendered stereotypes in shaping behaviors, particularly among adolescent boys. The perception of smoking as a means to project masculinity and achieve a “macho” identity highlights the intersection of social constructs and individual choices. This belief is reinforced through societal cues, peer behaviors, and cultural narratives that equate smoking with confidence, maturity, or desirability. The influence of peers in Shusanta’s college environment further illustrates how communal habits can normalize and perpetuate these stereotypes. His decision to begin smoking, albeit in moderation, suggests an attempt to conform to these expectations while still grappling with personal limits. This narrative raises questions about the pressures young men face to align with traditional notions of masculinity and the role of societal norms in promoting harmful behaviors under the guise of identity formation. It also suggests the need for deconstructing such gendered myths and fostering healthier, more inclusive understandings of self-expression, particularly in environments where young adults are highly impressionable.

**Stressful situation:** Stressful situations can also act as a trigger for smoking. Individuals may turn to smoking as a coping mechanism to deal with anxiety, tension, or emotional discomfort, believing that it provides relief. Nicotine, the primary addictive substance in cigarettes, has mood-altering effects that initially create a sense of relaxation and reduced stress, reinforcing the habit. Many participants who smoke tobacco view it as a stress reliever. They believe smoking helps them manage frustration, anger, and anxiety, using it as a form of “self-medication” to cope with stress. For example, Akash Paroi, a 22-year-old engineering student, shared his experience:

“I am studying in an engineering college; I started smoking mainly because of the coursework pressure in college. At very beginning I used to smoke 1-2 cigarette in a day but gradually the numbers of cigarette increase. Now it impossible me to quit.”

Akash’s account illustrates the role of stress in driving smoking behavior, particularly among students facing academic pressures. The perception of tobacco as a stress reliever underscores how nicotine’s

temporary calming effects are often mistaken for a long-term solution, despite its well-documented health risks. This reliance reflects a broader pattern where individuals turn to substances as accessible and immediate coping mechanisms in the absence of healthier alternatives. Over time, repeated use of cigarettes leads to the development of tolerance, where the body requires increasing amounts of nicotine to achieve the same calming or pleasurable effects. This tolerance, combined with the reinforcing cycle of social influences and stress relief, transforms occasional smoking into a deeply ingrained habit. Eventually, smoking becomes not just a behavior but a physiological and psychological dependency, making it difficult to quit.

Smoking for "self-medication" also highlights the connection between mental health and substance use. Stressful environments, like rigorous academic settings, can exacerbate feelings of inadequacy and overwhelm, creating a fertile ground for habits that provide quick relief, even if they are ultimately harmful. Akash's narrative suggests that his smoking is not merely recreational but an attempt to manage the emotional toll of his circumstances.

This scenario points to the need for better mental health resources and stress management strategies in educational institutions. By fostering environments that prioritize emotional well-being and provide non-substance-based coping tools, students like Akash might be less likely to turn to smoking as a means of managing their stress. It also calls for broader public health interventions to address misconceptions about nicotine's role in stress relief.

Uncertainty about the future as significant stressors that led them to smoking. Rajib Das, a 19-year-old, described his experience:

"We are living in a critical society, where there is little scope to get a job according to our will. I constantly worry about my career—what to do after college, where to find a suitable job to support my father financially. The pressure is overwhelming. I started smoking six months ago, and now, whenever I feel anxious, I smoke."

Similarly, Goutam Sau, an 18-year-old, shared how academic pressures influenced his habit: "I took science in Class XI and suddenly felt immense pressure in my studies. To stay up at night and focus, I started smoking."

These narratives reveal the profound impact of societal and academic pressures on young individuals' mental health and coping behaviors. Rajib's account highlights the existential anxieties faced by many adolescents in a society where job opportunities are limited, and financial responsibilities weigh heavily. His smoking is not merely a reaction to stress but a symbol of his struggle for control in an unpredictable future. The absence of guidance or support systems intensifies his feelings of isolation, pushing him toward self-destructive habits like smoking to manage his anxiety. Goutam's story, on the other hand, reflects how academic systems can inadvertently contribute to unhealthy behaviors. His turn to smoking as a stimulant to endure late-night study sessions reveals how the pursuit of excellence can clash with personal well-being. Both cases underscore the multifaceted nature of stress among youth, where societal expectations, personal ambitions, and environmental factors converge to create a sense of hopelessness.

These narratives also suggest a critical need for systemic changes, including career counselling, mentorship programs, and accessible mental health resources in both academic institutions and communities. By addressing the root causes of stress and providing healthier coping mechanisms, young people like Rajib and Goutam could be empowered to navigate their challenges without resorting to smoking as a temporary escape.



**Impression of Socialization:** In some households, there appears to be little or no awareness of the dangers of passive smoking, as many parents, particularly fathers and other male family members, smoke freely in front of their children at home. This lack of understanding reflects the broader social acceptance of smoking within Indian society. Sk. Rakesh, a 20-year-old participant, recalled his experience:

"The house became a giant cloud of smoke when my father and uncle used to return from work."

Rakesh's account underscores a common phenomenon where smoking is normalized within families, particularly among male figures. The image of the house enveloped in smoke conveys not just the physical presence of tobacco use, but also the cultural and familial acceptance of it as a routine part of life. This normalization can have significant implications for children, as it shapes their perception of smoking as an unremarkable, even expected, behavior. The lack of awareness about the dangers of passive smoking suggests a broader societal gap in education regarding its health impacts. In Rakesh's narrative, smoking becomes a generational practice passed down within the family, where its harmful effects on non-smokers, particularly children, may go unnoticed or ignored.

Among the 20 participants, 12 reported that family members, such as uncles or older siblings, would ask them to buy cigarettes from a nearby shop when they were children. In addition, 11 interviewees confirmed that most of their teachers, both in school and college, smoked near the classroom area. Some even mentioned that certain teachers smoked during class, and this behavior wasn't confined to formal educational institutions alone—it was also prevalent in private tutoring centers. The prevalence of smoking among teachers, particularly in and around classrooms, is equally significant. Teachers hold a position of authority and influence, making their actions particularly impactful on students. Smoking in or near educational spaces sends a message to young people that the habit is normalized, even within the institution that is supposed to be a place of learning and role modelling.

Additionally, these stories reflect the wider acceptance of smoking in Indian culture, where it may not be viewed with the same stigma or concern as it is in other parts of the world. The social acceptability of smoking in public and private spaces contributes to its perpetuation, often with little regard for the adverse consequences for those around the smoker, especially children. These narratives also reveal how societal norms and behaviors are transmitted across generations and institutions, contributing to the widespread acceptance of smoking. This highlights the urgent need for public health initiatives that target not just smokers but also raise awareness about the dangers of passive smoking within homes and communities.

## **Negative Impact of Smoking**

The study revealed that smoking has numerous negative health impacts, some of which are psychological and cognitive in nature. It not only affects physical health but also has significant consequences on self-identity and educational performance. The psychological toll may manifest in areas such as anxiety, stress, and depression, all of which can disrupt a person's emotional and mental well-being. These effects, in turn, influence one's sense of self and personal identity. As individuals struggle with the mental strain caused by smoking, it can lead to feelings of inadequacy, confusion, or loss of self-control, which may affect their social interactions and self-esteem.

Moreover, the study suggests that smoking can interfere with educational performance. Nicotine and other chemicals in tobacco have been shown to impact cognitive functions such as memory, attention, and concentration. For students, this means that regular smoking could hinder their ability to focus in

class, retain information, and perform well in exams. The long-term effects of nicotine addiction could also lead to a decline in academic motivation and success, creating a vicious cycle that further exacerbates the individual's struggles both in personal and educational domains.

This underscores the importance of addressing smoking not only as a physical health issue but also as a psychological and cognitive challenge that can have far-reaching consequences, particularly for young people navigating crucial stages of personal and academic development.

**Effect on Health:** Previous studies have shown that smoking leads to numerous severe health conditions, including cancer, heart disease, stroke, lung diseases, diabetes, and chronic obstructive pulmonary disease (COPD), which encompasses emphysema and chronic bronchitis. Tobacco use remains the leading cause of heart disease and stroke in India, responsible for over a million deaths each year. Smoking also heightens the risk of tuberculosis, eye diseases, and immune system disorders, such as rheumatoid arthritis. During a group discussion, all participants acknowledged being aware of the harmful impacts of tobacco, particularly its effect on the lungs. The participants' acknowledgment of the damaging effects of smoking reveals a complex relationship between knowledge and behavior.

The use of cigarettes significantly increases the risk of various health issues, particularly among students. It is crucial for students to understand the influence of short-term social and psychological factors that contribute to tobacco use, as well as the potential long-term harmful effects of smoking. Raghav Kar, a 20-year-old, shared his experience:

"I have many medical problems. Once, I suddenly became senseless while smoking. The doctor advised me to quit smoking. Since then, I've tried to smoke less, but I've been unable to quit."

Similarly, Sk. Amedullah, a 22-year-old, reported, "I had chest pains and a cough while consuming cannabis."

Both Raghav and Sk. Amedullah's accounts illustrate the serious health risks associated with smoking and other substances like cannabis. These narratives point to the need for better education about the immediate and long-term risks of smoking and substance use, particularly in academic environments where students may be more susceptible to peer pressure and stress.

Despite being well-informed about the health risks, continued smoking behavior suggests that awareness alone may not be sufficient to alter habits, particularly in the face of social acceptance and environmental factors. Many participants learned about the dangers of smoking from commercial advertisements or from. Though media awareness is not translating into concrete behavior change. This gap between knowledge and action is common, especially when smoking is deeply ingrained in social norms.

**Effect on Self-Images:** Evidence suggests a connection between smoking and personality changes, with some participants reporting significant behavioral shifts due to their tobacco use. Among 20 participants, 5 admitted to stealing at some point in their lives to fund their smoking habits, whether it involved cigarettes or cannabis. These individuals also acknowledged struggling with poor decision-making skills. For example, Subasis Dhara, a 22-year-old, shared:

"I used to steal money from my father's pocket or my mother's purse to smoke tobacco. I was only 14 or 15 at that time, and my parents didn't provide me with pocket money."

Similarly, Ramesh Jana, an 18-year-old, reported:

"Sometimes I used to steal the remuneration of my math private tutor to arrange money for drinking liquor and smoking."

Sourav Samanta, a 20-year-old, recounted:

"I bought cigarettes using the tuition fees that my father had given me for the payment of my private tutor. Then I stole money from home to repay the tutor when he asked for it. This happened two to three times—if my teacher overlooked the matter, I didn't pay him for that month."

These narratives demonstrate the severe impact smoking can have on decision-making abilities and moral judgments. Subasis, Ramesh, and Sourav all share experiences of stealing, not just to satisfy a need, but to fund their tobacco or substance use. This behavior reveals how addiction can distort priorities and alter personal values, especially in young individuals who are still developing their understanding of right and wrong. In light of these findings, it is crucial to recognize the broader social and psychological consequences of smoking, especially among adolescents.

**Effect on Education:** Earlier studies have proven that smoking is linked to lower cognitive abilities and educational attainment. Drug and tobacco use among adolescents is often associated with educational dropout, a higher risk of leaving school, and poor academic outcomes. In the present study, some participants reported that smoking had a significant negative impact on their studies. For instance, Alauddin Khan, a 21-year-old shared his experience:

"Smoking made me addicted. I always needed to spend time with the local club members, sitting there all the time, watching TV or playing carom and smoking. I could easily get cigarettes from others. I used to bunk college just to smoke. Smoking affected my studies too—I couldn't concentrate in lessons, and my mind always felt restless."

The narrative showing how addiction to tobacco can severely disrupt focus, motivation, and overall engagement in education. His admission of spending time with peers at the local club and using this time to smoke demonstrates how social environments can reinforce and normalize smoking behavior. Alauddin's experience is a clear example of how smoking, particularly in adolescence, can contribute to cognitive restlessness and a lack of academic focus. This underscores the importance of addressing smoking as not only a physical health issue but also a factor that can impede cognitive function and educational development. Early intervention and the promotion of healthier coping mechanisms for managing stress and social pressures could help reduce the negative impact of smoking on students' academic and personal lives.

## Policy (In)Effectiveness

The participants demonstrated a lack of awareness regarding the specifics of the Cigarettes and Other Tobacco Products Act (COTPA, 2003) and Prohibition of Smoking in Public Places Rules, 2008 as well as the regulations. Despite this, they were familiar with the public smoking ban, primarily through exposure to anti-tobacco commercials and informal communication within their communities. However, adherence to the smoking restrictions was limited. All participants admitted to smoking in public spaces, albeit with an effort to avoid smoking in the presence of children. Commonly frequented smoking locations included local tea shops and social gatherings at neighborhood hangouts or roker adda<sup>2</sup> (casual conversations in outdoor spaces).

This behavior pattern underscores the disconnect between public health policies and their practical enforcement in everyday life. While participants may be superficially aware of anti-smoking regulations,

---

<sup>2</sup> "Roker adda" refers to a traditional space for casual conversations, typically found on the outdoor platform of older houses in Kolkata. This space is often associated with a sense of community, where people gather to chat and relax, making it a significant social space in Bengali culture.

the normalization of smoking in public and social settings, coupled with the lack of active enforcement, perpetuates non-compliance.

The findings point to the need for more focused interventions, including:

- **Community-Based Awareness Campaigns:** Efforts should be tailored to inform the public about the specifics of Prohibition of Smoking in Public Places Rules, 2008 or COTPA 2003, particularly targeting social spaces where smoking is normalized.
- **Behavioral Interventions:** Programs encouraging behavior change, such as smoking cessation support in social settings, could complement legal restrictions.
- **Strengthening Enforcement:** Visible enforcement of public smoking bans at frequently used hangouts such as tea stalls and roker addas may reinforce compliance.
- **Cultural Adaptations:** Anti-tobacco initiatives should consider the cultural significance of roker adda as a social space and aim to reframe these gatherings as smoke-free environments.

The persistence of public smoking despite the ban highlights the complex interplay of cultural norms, individual behavior, and regulatory gaps, which must be addressed holistically for effective tobacco control.

## CONCLUDING OBSERVATION

The aim of this research was to understand the smoking behavior of youth (college goers) in the village or semi-urban areas of Purba Medinipur district and the negative impacts of smoking on them. This study highlights the significant role that social influences, particularly peer pressure, play in the smoking behaviors of young people. The research underscores how smoking is not just an individual choice but a behavior deeply influenced by social dynamics and environmental factors. The association between smoking and perceived social status, as noted by participants, reflects the broader cultural and social narratives that link smoking to adulthood, rebellion, or group inclusion. The findings of this research revealed that social factors, particularly peer pressure, are the primary reasons for the initiation and progression of smoking among the participants. This is consistent with the findings of Sharma et al. (2016), who noted that peer pressure and friendships were key drivers for people starting to smoke, with some individuals believing that smoking enhanced their social status. The present study echoed these findings, with peer pressure serving as the main impetus for the participants to start smoking.

Stress was another significant factor mentioned by participants as the reason for continuing to smoke and relapsing during attempts to quit. This aligns with previous research that highlights stress as a major trigger for smoking. The study also found that tobacco cigarettes are easily accessible in the region, and the individuals who influence youth to smoke, such as family members and peers, are often smokers themselves, contributing to the normalization of smoking behavior.

To reduce peer pressure, the study suggests improving self-confidence and communication skills both at home and in educational institutions. Families and communities must play an active role in any government initiatives aimed at curbing youth smoking behaviors.

Moreover, raising awareness about smoking-related issues, including COTPA (Cigarettes and Other Tobacco Products Act, 2003) and Prohibition of Smoking in Public Places Rules, 2008, within educational institutions is crucial, as awareness among students is urgently needed. The findings reveal that the awareness and understanding of the risks associated with tobacco use remain limited in these participants. Furthermore, the study highlights the ineffectiveness of the Cigarettes and Other Tobacco Products Act (COTPA) in curbing smoking behaviors among the youth, indicating a need for more

robust enforcement. The research suggests that the current policies under COTPA have not fully addressed the social and cultural factors that influence smoking initiation and continuation among young students. Peer pressure, stress, and social norms surrounding tobacco use have been identified as key drivers of smoking behavior in this demographic, making it clear that the legislative framework must evolve to better address these issues.

In light of these findings, the study is particularly relevant for future policy development aimed at reducing tobacco-related medical and social hazards among the youth. Policy makers must consider the unique social dynamics and the barriers to quitting smoking that young people face in semi-urban and village settings. This includes strengthening educational programs, increasing awareness about the dangers of tobacco use, and ensuring stricter regulations on tobacco accessibility. Additionally, fostering supportive environments that reduce peer pressure and provide better mental health support for youth could play a significant role in combating smoking among college students.

The results of this study also indicate the need for targeted prevention strategies and messages regarding both tobacco and cannabis use. Adolescents who use cannabis should be encouraged to quit, as they may be more receptive to warnings about its negative social and legal implications. Given the evolving nature of smoking-related laws and policies, it is vital to continuously monitor the motivations and perceptions of youth regarding tobacco use. This will ensure that interventions remain effective and relevant in an environment that is constantly changing. Ultimately, this study highlights the need for a multifaceted approach to tackle smoking among youth, one that combines education, social support, policy enforcement, and mental health interventions to create a more sustainable impact in reducing smoking behaviors.

## REFERENCES

1. Conrad, K. M., Flay, B.R., & Hill, D. (1992). Why children start smoking cigarettes: predictors of onset. *Br J Addict*, 87: 1711–1124.
2. Ertas, N. (2007). Factors associated with stages of cigarette smoking among Turkish youth. *Eur J Public Health*, 17: 155–161.
3. Jindal, S.K., Aggarwal, A.N., Chaudhry, K. et al. (2006). Tobacco smoking in India: prevalence, quit-rates and respiratory morbidity. *Indian J Chest Dis Allied Sci*, 48: 37–42.
4. Lee, J., Taneja, V., & Vassallo, R. (2012). Cigarette smoking and inflammation: cellular and molecular mechanisms. *J Dent Res*, 91: 142–149.
5. Nagarajappa, R. Daryani, H., Sharda, J. A., Asawa, K., Batra, M., Sanadhya, S. & Ramesh, G. (2013). Knowledge and attitude towards smoking among Indian students of dentistry. *International Dental Journal* 2013; 63: 244–248
6. ONS (2014). *Opinions and Lifestyle Survey, Adult Smoking Habits in Great Britain*. Office for National Statistics, PP 1–42.
7. Pope, C. A. 3rd, Burnett, R. T., Turner, M. C. et al. (2011). Lung cancer and cardiovascular disease mortality associated with ambient air pollution and cigarette smoke: shape of the exposure–response relationships. *Environ Health Perspect*, 119: 1616–1621.
8. Sharma, K., Parangimalai Diwaker, M. K., & Kandavel, S. (2016). Why some dentists still smoke? A qualitative study. *Int J Oral Health Med Res*, 3:6–11.
9. Tyas, S. L., & Pederson, L. L. (1998). Psychosocial factors related to adolescent smoking: a critical review of the literature. *Tob Control*, 7: 409–420.

10. WHO (2011). World Health Organization Report on the Global Tobacco Epidemic, Geneva.
11. WHO (2017). World Health Organization Report on the Global Tobacco Epidemic, Geneva.
12. Zahid, N., & Qidwai, W. (2005). Characteristics of smokers and their knowledge about smoking at a teaching hospital in Karachi. *Pak J Med Sci*, 21: 109–111.