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EU Families and Adolescents Quit Tobacco Focus Group Analysis in Hungary

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Abstract**—**In the frame of the European Union project entitled *EU-Families and Adolescents Quit Tobacco* (www.eufaqt.eu) focus group analysis has been carried out in Hungary to acquire qualitative information on attitudes towards smoking in groups of adolescents, parents and educators, respectively. It rendered to identify methods for smoking prevention/ intervention with family approach. The results explored the role of the family in smoking behaviour. Teachers do not feel responsibility in prevention or cessation of smoking. Adolescents are not aware of the addictive effect of the cigarette. Water pipe is popular among adolescent, thereforespreading of more information needed on the harmful effects of water pipe. We outlined the requirement for professionals to provide interventions. Partnership of EU-FAQT project has worked out antismoking interventions for adolescents and their families conducted by psychologists to ensure skill development to prevent and quit tobacco.

Keywords**—**Smoking of adolescents, family approach, focus group analysis, water pipe.

I. Introduction

THERE is no safe way to use tobacco [1]. Smoking by young people leads to immediate and serious health problems including respiratory and non-respiratory effects, addiction to nicotine, and the associated risk of further drug use.

In the 2007 ESPAD survey [2] an average 58% of the students in participating countries reported having tried smoking cigarettes at least once and 29% had used cigarettes during the past 30 days. Two percent of all students had smoked at least a packet of cigarettes per day during the past 30 days.

According to the 2007 ESPAD results [2] three-quarters of Hungarian 16 year-old students have smoked at least once in their lifetime, while 31% smoke regularly. However, the number of teen smokers is gradually decreasing but that of the daily users of cigarette under 13 years have been increased (GYT 2008) **[**3]. Recent research found higher prevalence of smoking among adolescent girls in Hungary [4, 5].

Most forms of health-related behaviour, including the risky ones develop in adolescence [6], when they first come into contact with cigarettes , and their tobacco associated attitudes affect subsequent health behaviour.

The young people's smoking behaviour predicts the adult smoking habits [7].

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The smoking behaviour frequency is influenced to a large extent by the smoker's friends, but the parent's attitudes are the determinant factor.

Adolescents whose parents practice authoritative parenting [9] and who have a high quality of communication with them particularly on topics related to antismoking are less likely to initiate or maintain cigarette use [10].

The paternal social support represents the strongest protective effect against the development of risk behaviours, including smoking [11].

Little is known about how to construct effective smoking cessation messages to be addressed specifically for adolescent smokers [12]. Teens who participate in structured smoking cessation programs are more likely to kick the habit than teenagers who attempt to quit on their own. [13].

Responding to the increased need for a better understanding of how to help teenagers quit smoking, in the frame of the European Union project entitled "EU-Families and Adolescents Quit Tobacco" (abbreviation: EU-FAQT) www.eufaqt.eu, focus group analysis has been carried out in Partner countries, including Hungary, to acquire qualitative information on attitudes towards smoking in groups of adolescents, parents and educators. It rendered to identify methods for smoking prevention intervention with family approach. In focus groups, interaction of respondents can stimulate a richer response and new and valuable thoughts [14]. Aims of the focus groups were to explore the rational and emotional motivation behind the judgement of smoking, to get information toward interventions to be implemented.

II. Methods

Focus group sessions were provided for girls aged 14-16 and 17-19, for boys aged 14-16 and 17-19 as well as for parents of any 16-19 years old adolescents, respectively. Parents signed consent concerning focus group participation of their children. Teachers and educators of any 14-19 years old youngsters participated in focus groups separately. We organised two focus groups with participation of adolescents, parents and teachers, mixed. Half year later, after the Partnership of the EU-FAQT project made decision on the type of interventions, we organised a follow-up of mixed focus group to get information related to the planned interventions.

Participants of focus groups were smokers and non-smokers.

In each category of groups two sessions were conducted by a psychologist. Focus groups were organised in a secondary school of the second largest city Hungary, in Debrecen.

Discussion guide for all type of focus groups to use by the facilitator psychologist was developed by the coordinator of the project.

Adolescents, parents and teachers completed questionnaires on smoking attitudes, anonymously.

The questions aimed at: age and sex, welfare of the family, smoking behaviour, number of attempts to quit smoking , smoking of mother, smoking of father, smoking of any other person in the household.

One hundred and thirteen (113) persons participated in the focus group research. Table 1 shows the composition and numbers of participants of the focus groups. All sessions were recorded in sound file and by notes of supporting psychologist.

Content analysis of focus groups was made according to criteria developed by the Coordinator of the project focusing the specificity of responses, frequency and extensiveness and big ideas.

The focus group research was performed with the permission by the Joint Committee for Psychological Research Ethic in Hungary (EPKEB)

TABLE I
NUMBER AND PARTICIPANTS OF FOCUS GROUPS IN HUNGARY

Groups	Number of participants in 1. groups	Number of participants in 2. groups	Total number of participants
Girls 14-16 years old	8	8	16
Girls 17-19 years old	8	6	14
Boys 14-16 years old	8	6	14
Boys 17-19 years old	8	8	16
Parents	9	6	15
Educators	6	8	14
All above mixed	8	8	16
Mixed	8	0	8
Total	63	50	113

III. RESULTS

A. Data

Assessment of the questionnaires on smoking in Hungary

- found 26,1 % of the adolescents as smokers

If the mother or father was a smoker, young people were smoking at a much higher percentage as compared with non-smoker parents ($p<0,001$)

There was no difference according to age groups in opinion according to the content analysis

B. Descriptive Statements

Content analysis of focus group interviews in Hungary explored:

Opinion of Adolescents

- Almost all participants tried smoking
- 50% of smokers though to quit tobacco
- Adolescents think that quitting of tobacco is easy especially if there is a special reason e.g. pregnancy
- Adolescents think that cigarette is of no significance in friendship
- Teachers have no influence at all in their cessation or prevention of smoking
- All participants tried water pipe
- All participants think that water pipe is not harmful, is not addictive and has better taste than the cigarette.
- Adolescents enjoy the atmosphere to smoke water pipe in company

Opinion of Parents

- Parents are aware of their determinant role and their responsibility
- Parents want to inform children on the harmful effect of tobacco
- Smoking parents can influence children in two different ways: promote the children's smoking or the children hate tobacco
- If parents meet their smoking children they do not want to scold in public, only at home
- According to parents opinion peers are the opinion leaders: if they are smoking the child will smoke as well
- Parents need professional help to communicate with children on smoking

Opinion of teachers, educators

- The family is responsible
- Teachers has no influence on students smoking habit
- Teachers can help if the youngsters look for their help
- Must not smoke or consume alcohol under 18 year at all
- Peers are determinant. Groups of smokers do not host non-smokers
- The young people know the harmful effects of smoking, but they do not pay attention to them. „My mother is smoking, my friends are smoking

Opinion of mixed and follow-up focus groups

- To prevent and quit tobacco need to establish emotional wellbeing. Skill development need to be conducted by professionals.

C. Interpretation

Our findings identified several individual, family, and peer factors in determining smoking of adolescents. According to our study teachers do not feel enough power and responsibility to influence students' smoking. Parents are aware of their role in information and education, but they do not have enough skill. Adolescents do not want to accept their teachers' antismoking education. Focus group interviews explored the popularity of water pipe among participant of our research in Debrecen, in Hungary. The adolescents found the water pipe as pleasant, not harmful smoking tool.

IV. CONCLUSION

The present study is one of the simultaneous investigations exploring multiple individual, peer, and familial factors in smoking of adolescents. We applied qualitative research. Most of our findings correlate with the statements of Partners in EU-FAQT project [Unpublished data]. Our research confirms the role of parental influence on the smoking habits of their children [15].

Parents' involvement must be taken into consideration when designing interventions [16, 17],

Although adolescents seek independence from and less oversight by parents, the need for guidance and support is critical [18].

Our focus group interviews explored the widespread use of water pipe among the participants in Debrecen, in Hungary Most Hungarian language information on water pipe at the Internet for public are about favourite aspects, not mentioning harmful effect. This trend presents a new challenge for adolescent health care providers. Literature highlights the dangerous direct consequences of the water pipe. [19]. Composition of the tobacco used in water pipe is variable and not well standardized [20]. Studies that have examined narghile smokers and the aerosol of narghile smoke have reported high concentrations of carbon monoxide, nicotine, "tar," and heavy metals [21]. Second-hand smoke is the smoke that fills restaurant, flats or other enclosed spaces when people burn tobacco products such as cigarettes, and water pipes. There is no safe level of second-hand tobacco smoke. [22]. Education and information are essential.

Qualitative focus research conducted by the partner organisations of the EU-FAQT project explored that adolescents rejected traditional type health promotion activities and requested more innovative approaches. In the frame of EU FAQT project psychologists will conduct intervention designed on the results of the focus group analysis to improve adolescents' motivation to quit-smoking and enhance their ability to resist pressures to smoke as well as develop skills of parents and increase supporting role of the whole family.

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