

A Qualitative Study on the Influence of Parental Smoking on Adolescents' Addiction

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ABSTRACT

Given that the adolescence period is one of the most crucial stages of development during one's lifetime and adolescents are prone to engaging in behaviours that may negatively impact their health, it is very important to have a deep and transparent understanding of adolescents' health needs and problems (Andrews et al., 1997). Adolescent smoking use can place youth at risk for a range of poor outcomes (Brown, 2002). The purpose of this study was to describe a qualitative study on the influence of parental smoking on adolescents' addiction. Few studies have attempted to delve deeply into the perceptions of young people about how familial processes and dynamics influence adolescent smoking. This article aimed to explore risk and protective factors for youth smoking use within the context of family-based interventions, because youth live with more complex issues. The quality of the teenagers' connections with their parents appeared as crucial to how they viewed their surroundings and how they understood signals regarding smoking. A qualitative study was conducted based on in-depth face-to-face interviews with twelve male smokers, aged 13–19 years, living in South Andaman, Port Blair. Semi-structured interviews were conducted with twelve adolescents. The transcripts of the interview were taken as raw data, and the data analysis was done using interpretative phenomenological analysis. Most of the participants recognised that their parents played an important role in shaping their experiences with cigarettes. Most of the participants recognised that their parents played an important role in shaping their experiences with cigarettes. They identified many ways in which their parents affected their smoking behaviour.

Keywords: Parental influences, Smoking, Parent child relationships and Adolescents.

Adolescence is a time of ferment, turmoil, confusion, and creativity, as well as high energy and optimum health (Bush et al., 2003). Adolescence is a key period for experimentation and is the developmental period of highest risk for the onset of problematic alcohol and other drug use, and adolescence is a period in which many youngsters begin to experiment with smoking (Cohen et al., 1994). In most Western countries, there is an increase in the prevalence of smoking during the adolescent period (Calafat et al., 2014). In the Netherlands, the highest increase in smoking among adolescents occurs in 12- to 14-year-olds Choi & Banwell, 2017). While for many adolescents, substance

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Received: November 13, 2022; March 27, 2023; Accepted: March 31, 2023

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use represents a transitory period of experimentation, for others, it is associated with involvement in crime and delinquency (Fallu et al., 2010).

Parents are one of the most important sources that influence the cognitions and behaviours of youth. Parents are thought to be a major influence on adolescents' cigarette smoking because of the different ways in which they can contribute to such behavior (Griffin & Botvin, 2010). They can directly influence adolescents' smoking via social learning and modeling or more indirectly through their parenting practises and the quality of their relationship with their children (Gilligan & Kypri, 2012). Tradition, culture, and the family played an important role in nurturing and cultivating norms and values around smoking, and evidence strongly implicates the family, peers, and social contexts in adolescent substance use. One central risk factor within families is the role that social learning processes play in modelling behaviours and attitudes regarding substance use, and evidence suggests exposure to parental substance misuse can place adolescents at risk of involvement with drugs and alcohol (Bandura, 1977). Parents are thought to be a major influence on adolescents' cigarette smoking because of the different ways in which they can contribute to such behavior (Jacob et al., 2015). They can directly influence adolescents' smoking via social learning and modeling, or more indirectly through parenting practises and the quality of their relationship with their children (Jackson & Bee, 1994). It has been argued that parental influences on the psychosocial development and adjustment of children have their roots in social learning theory, which posits that both modelling of role models' behaviours and outcome expectations influence a person's decision to engage in certain behaviours (Jeong et al., 2010). According to social learning theory, children of smokers will be more likely to smoke, and a recent meta-analysis concluded that the risk of smoking uptake is nearly threefold if both parents smoke, and numerous studies show that parental smoking and exposure to secondhand smoke constitute risk factors for higher rates of smoking and progression into nicotine dependence among youth (Kim et al., 2001). First, conflicts between the parent and child might result in a negative parent child relationship, which in turn will increase adolescents' risk of smoking (Lantz et al., 2000). In contrast, if parents have a positive, supportive, and stimulating relationship with their child, it decreases adolescents' likelihood to smoke (Lochbuehler et al., 2015). The study was underpinned by primary socialisation theory (Oetting & Donnermeyer, 1998) and social learning theory (Bandura, 1977).

Tobacco smoking is one of the world's most serious public health threats, killing approximately 6 million people worldwide each year (World Health Organization WHO, 2016). Smoking has a myriad of negative impacts on health, including sudden infant death syndrome, cardiovascular diseases, cancers (especially lung cancer), obstructive pulmonary disease (COPD), and respiratory diseases (WHO, 2012). Tobacco is expected to kill nearly one billion people during the 21st century (Maggi, 2005). Cigarette smoking is one of the leading global causes of premature and preventable death, and according to the World Health Organization (WHO), around 5.4 million perineal deaths are attributed to smoking-related diseases, 70% of which occurred in "developing" countries (Maggi, 2005). It is important to focus on the early stages of smoking initiation since experimentation with smoking by teenagers is not without risk. Because of the physiological dependence on nicotine, it is extremely difficult for adolescents to quit smoking, and as a result, they are more likely to develop a regular smoking pattern (McLaughlin et al., 2016). Regular smoking has been found to be the annual cause of 540,000 deaths in the European Union, 461,000 deaths in the USA, and 457,000 deaths in the former USSR (Morse & Richards, 2002). Three million people die annually from cigarette smoking related disease, and 50% of all

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regular cigarette smokers are predicted to die from it, and these individuals have a potentially higher risk of adverse health outcomes compared to non-smokers (Maggi et al., 2014). Up to 91% of adult cigarette smokers start smoking during adolescence (Parvizy et al., 2005), and more than half become regular smokers before they reach the age of 18 (Panter et al., 2014). A world-wide increase in the rate of cigarette smoking, alcohol use, and drug use in adolescents makes it a critical issue in health promotion (Rugkasa et al., 2001).

The purpose of this study was to describe the role of parental influences in the acquisition of smoking behaviour from a subjective point of view. We conducted a phenomenological study involving a content analysis of individual interviews conducted with 12 adolescents between the ages of 13 and 19 years. The primary goal of this review was to synthesise and debate the present status of the literature in this topic, as well as to make recommendations for theory and future study.

REVIEW OF LITERATURE

In this research paper, offer "A Qualitative Study on the Influence of Parental Smoking as Addiction in Adolescents". The major objective of this research is to become aware of the previous studies and investigations done on the topic of the present study.

Stefania Maggi et al. (2014) conducted a study on adolescents' perceptions of parental influences on their smoking behaviour: a content analysis. The sample size was Thirty-five adolescents, 14 to 18 years old, provided narrative accounts of their smoking histories. They were used semi structured interviews. The results revealed that most of the participants recognised that their parents played an important role in shaping their experiences with cigarettes. SoroorParvizy and Sholeh Shahrokhi (2005) conducted a study on "Adolescents' Perspective on Addiction: A Qualitative Study." A content analysis with a qualitative approach was conducted, and 41 healthy adolescents were interviewed. The result revealed that addiction causes and prevalence include unhealthy friendships and communication and increased rates of cigarette smoking. Judith Bush et al. (2003) conducted a study on "Understanding influences on smoking in Bangladeshi and Pakistani adults: a community-based qualitative study. The result revealed that tradition, culture, and the family played an important role in nurturing and cultivating norms and values around smoking.

Aisling McLaughlin, Anne Campbell, and Mary McColgan (2016) conducted a study on adolescent substance use in the context of the family: a qualitative study of young people's views on parent-child attachments, parenting styles, and parental substance use. The method was Nine focus groups supplemented with participatory techniques were facilitated with a purposive sample of sixty-two young people (aged 13–17s) from pos- primary schools across Northern Ireland. The findings revealed that parental substance abuse was thought to influence children's substance use if exposed at a young age, as well as the harms associated with parental substance abuse. Kirsten Lochuehler et al. (2016) conducted a study on "Parental Smoking and Smoking Cognitions Among Youth: A Systematic Review of the Literature." The methods involved a systematic review of articles published between 1980 and February 2015 using databases. The results revealed that only four studies investigated smoking-related cognitions as putative mediators in the association between parental and youth smoking. Adolescents' perceptions of parental influences on their smoking behavior Most of the participants recognised that their parents played an important role in shaping their experiences with cigarettes. (Stefania Maggi et al., 2014).

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Few qualitative research has specifically investigated the meanings that Korean male smokers attribute to smoking, the sociocultural circumstances in which they smoke, or their experiences with anti-smoking programmes. Only a few studies have been conducted among adolescents (Kim, Cho, & Lee, 2001) and female undergraduate students (Jeong et al., 2010). Due to a paucity of research, we decided to look at the experiences of Korean male smokers who were subjected to smoking bans in Australia. Qualitative approaches enable us to gain a better understanding of the social processes that underpin behaviour (Morse & Richards, 2002). Some researches have evoked parent accounts. Gilligan and Kypri (2012), for example, investigated the experiences and attitudes of adolescent parents in regard to parental behaviour and interventions used to prevent adolescent drinking. Others, such as Jacob, Mac Arthur, Hickman, and Campbell (2015), interviewed young people (aged 18–20 years) on their alcohol use history and family reactions, reporting parental attitudes, behaviors, and the nature of communication as critical factors. (Lantz et al., 2000) Numerous studies have been conducted around the world to investigate the factors that influence smoking behaviors. Some of these include: genetic factors, peer influences, social norms, stress and depression, parental attitudes and behaviors, and broader environmental factors such as media influences.

Social cognitive theory (SCT) assumes that the decision to engage in substance use is based on a rational evaluation of the positive and negative consequences of substance use. Explicit cognitions (e.g., expectancies, normative perceptions, attitudes) are important predictors of the decision to engage in certain behaviors, according to these theories. A systematic review of articles published between January and February 2015, the findings showed that the quality of the parent-child relationship and parental knowledge affected adolescents' smoking behaviour indirectly, while parental smoking behaviour had a direct effect. Parents should be informed of the amount to which they affect their children's smoking behaviour during prevention efforts, and they should be provided counsel and information on how to keep their children from starting to smoke. A comprehensive search yielded 41 relevant studies. Only four research looked at smoking-related cognitions as potential mediators of the link between parental and juvenile smoking.

According to Andrews et al. (1997), the extent to which adolescents model their parents' behaviour may vary depending on the quality of the parent-child relationship. For example, children who perceive their parents as respectable, trustworthy, and competent referents may be more likely to model their parent's behaviour than children who do not have positive relationships with their parents. In fact, in their study of social learning, the quality of the parent-child relationship, and its effect on substance use, Andrews et al. found that adolescents would only model their parents' substance use behaviours if they had a moderate to good relationship with that parent. Such modelling of substance use behaviour was not observed when the relationship between the parent and child was relatively poor. These findings indicate that there appears to be a unique interaction between the modelling component of social learning and the quality of the parent-adolescent relationship.

Setting and Sample

Interviews were conducted with adolescents in South Andaman (Port Blair) in a place of their preference (e.g., school, home, park, etc.). In a free and relaxed environment, participants consisted of 12 adolescents aged 13–19 years. Purposeful sampling was used.

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Ethical considerations

Ethical issues (anonymity, informed consent, withdrawal from the study, recording permission) the study's goal was to encourage people to participate voluntarily. All participants were informed that if at any point during the interview they wanted to quit, they were free to do so. If any participant asked for his or her audiotape, it was immediately given to him or her. Adolescents who decided to withdraw from the study were permitted to do so. To protect the privacy, confidentiality, and identity of the participants, interviews were conducted only with the participation of the interviewer and the interviewee. Emphasis was placed on creating a relaxed atmosphere by providing snacks and drinks and minimising the presence of the recorder.

A qualitative approach was conducted to allow the researchers to learn about each adolescent's story. A qualitative method is suitable for uncovering the nature of people's experiences and what lies behind them. This method is used to investigate a phenomenon about which very little is known. Through the development of emergent themes, qualitative content analysis elicits contextual meaning in context. Therefore, in the present study, a qualitative content analysis was used to analyse and derive themes from adolescents' responses. Participants' viewpoints were distinct, outweighing social and developmental factors.

Data collection and analysis

Individual, in-depth, open, semi-structured interviews were conducted. A form for demographic data and an interview guide with questions were used in the data collection process. Interviews were audio taped and lasted from 30 minutes to an hour, over one to two sessions, and were subsequently transcribed and analysed consecutively.

Research Instrument (Questioners)

1. General Perception related to smoking

- i. How do you feel when you see the picture of cigarette? (Probes: Thought pattern related to the likeliness of the product)
- ii. Please describe your feeling while observing a person involved in cigarette smoking? (Probes: Perception about Smoking & Smokers)
- iii. Please describe your feeling on seeing the "ads" of cigarette? (**Probes:** Perception about the stuff)
- iv. Please elaborate your company with smokers especially your friends? (**Probes:** Acceptance or rejection of the stuff)
- v. In your opinion, under which circumstance a person starts smoking? (**Probes:** Perception about smoking)
- vi. "Smoking relieves tension" What is your opinion for this statement? (**Probes:** General perception)
- vii. For a smoke: "Branded or Ordinary cigarette"- which one will be the best option. What is your opinion in this regard?
- viii. How will you describe a person who is smoking cigarette? Please describe positive and negative aspect of it?
- ix. For a person who is financially sound, it's ok for him to smoke – your opinion?

2. Smoking and me

- i. Please describe your initial encounter with cigarette? (**Probes:** place, environment)

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- ii. Please describe the situation and circumstances that motivated you to start smoking?
- iii. Please describe about the triggers in your life which leads you to cigarette? (**Probes:** Triggers)
- iv. Please describe your overall feeling while smoking? (**Probes:** Mood)
- v. Please describe the situation where you feel to smoke comfortably? (**Probes:** Preferences)
- vi. Do you feel comfortable to smoke in single or in a group? (**Probes:** choice and addiction level)
- vii. Please describe the emotional factors associated with smoking in your life? (**Probes:** emotionality)

3. Smoking its consequences

- i. Please describe your awareness level about the ill effects of smoking?(**Probes:** Knowledge level about the ill effect of smoking)
- ii. Everyone knows that smoking is injurious to health still they smoke? What is your opinion in the regard?
- iii. Please describe your experiences regarding the long-term consequences of smoking especially concept of smoking is cancer? (**Probes:** Fear for death)
- iv. Please describe your experiences regarding the deadly 'ad' published in the packet of the cigarette?
- v. "Do you feel scared after smoking" as studies clearly says that smoking will lead to dangerous disease? (**Probes:** Risk taking attitude)

4. Environmental factors leading to smoking

- i. Please describe your childhood experience when you saw your father or relatives smoking cigarette? (Probes: level of influence)
- ii. Please describe your peer experience regarding smoking, as peer pressure is always there to get involved in smoking? (**Probes:** Relationship and risk taking)
- iii. Do you smoke in public place and what is your experience in this regard? (**Probes:** Risk taking attitude)
- iv. When you smoke and some person tells you not to smoke then what will be your reaction?
- v. Please describe your plan for quitting smoking, both long term and short term? (**Probes:** Desire to quit the habit)

METHODOLOGY

This research is focused on understanding the qualitative study on the influence of parental smoking on adolescents' addiction. Data for this study were gathered from twelve adolescents from South Andaman and Port Blair. The participants were personally approached, the reason behind the research was explained, and consent for the interview was received. The data was gathered through a semi-structured interview. Questions were asked to explore the individuals' inner worlds and life experiences. Their sharing was carefully recorded with informed consent. The process of the analysis began with the transcription of the data. Then the data was proficiently translated into English. The approach used for the analysis was interpretative phenomenological analysis (IPA). This method is very popular in qualitative research. IPA concentrates on how people relate to their life experiences. It considers people as 'self interpreting beings,' i.e., people by themselves interpret various events and objects they encounter in their lives. IPA bases itself on the fundamental principles of phenomenology, hermeneutics, and ideography (Rich & Ginsbury, 1999).

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Using the lens of IPA, the text was read and reread several times in order to understand the participants' views of themselves and society. In this process, the researcher carefully identified various emergent themes from the data set.

Those themes were noted and arranged systematically. The multiple readings of the data helped in the understanding of the inner psychological world of adolescents' addiction. The participants were labelled as S1, S2, S3, S4, S5, S6, S7, S8, S9, S10, S11, and S12 for the analysis. It is to be noted that the further analysis was not made based on the ideas enumerated at the beginning but on the themes that emerged from the transcripts.

Analysis

This chapter delves into the inner workings of parental smoking as teenage addiction. The key topics that emerged were: I) overall attitudes of smoking; II) smoking and me; III) the repercussions of smoking; and IV) environmental variables that contribute to smoking.

1. General perceptions related to smoking

The study discusses the impact of smoking on parental smoking. The researcher conducted 12 interviews with chain smokers. The subject (the client) informed me that they learned from their parents. One subject said that when their father was smoking, he was very curious to know about that thing. "So, because of my family environment, I get the opportunity to feel a difference in style." So, whenever I smoke, I feel very unifying and dominant; it feels like I have power, so these are the majority of topics that were discussed.

2. Smoking and me,

"Whenever I smoke, I predict that I feel relaxed," said the subject. It makes me feel very comfortable and focused on my work. When I did it for the first time, it felt natural and pleasant, and later it became a habit. It gives me immense pleasure whenever I get disturbed mentally; it gives me calmness during the tension.

3. Smoking's consequences

The majority of subjects acknowledge that smoking is harmful; they are aware of this; however, what they get from the smoke is not as important as the harm, and at that time, what they feel is more important than the harm. When my family is doing it, why can't I? It makes me feel more comfortable. I know that if I smoke continuously, it will be harmful for me. but I neglect this fact.

4. Environmental factors leading to smoking.

The majority of subjects have stated that the majority of smokers are influenced by observing their parents and their culture or tradition. When we smoke in a friend or family circle, our bond gets better and stronger. So, these are the major statements given by the clients.

Finding

Table 1 demographic characteristic of Participants

	Demographic characteristic	Total Number (%)
Sex	Male	12
	Female	-
Age range (years)	11-13	2
	14-16	4

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	17-19	6
Education level	Secondary school	4
	High school	3
	College	5

The demographic characteristics of the participants are shown in **Table 1**. Twelve of the teenagers were male, as shown. The bulk of the teens were between the ages of 17 and 19.

Table 2 *Emerging themes and subthemes*

	Causes of addiction
1.	Being free and relaxed
2.	Gaining a sense of power and authority
3.	Curiosity and wishing to experience new sensations
4.	Unhealthy friendships and communication.
5.	Role of friends in addiction Family
6.	Parents as their children's role models.
7.	Parental indifference
8.	Hidden drug abuse

Table 2: Adolescents' reasons of addiction were recognised by participants as being free and relaxed, obtaining a sense of power and authority, being interested and wanting to experience new sensations, and parents serving as role models for their children. "Unhealthy friendships and communication" was the third major developing issue. The third major subject was family, which was broken into three subthemes: parents as role models for their children, parental apathy, and covert drug misuse. Table 2 depicts the developing primary themes and subthemes.

DISCUSSION

Consistent with earlier studies on smoking predictors (Cohen et al., 1994; Jackson & Bee-Gates, 1994; Maggi, 2005; Simons-Morton et al., 1999), Aspects of parental styles and communication tactics were mentioned by the teenagers in our study as impacting their emotional and behavioural reactions to tobacco use. We discovered that participants saw their parents as having a significant impact on their smoking habit, and that they had more favourable reactions to instructive messages than to directive or authoritative announcements. In addition, the ways in which the participants perceived their parents playing a role in their smoking behaviour included both direct and indirect references to the quality of the relationship between them. In our analysis, the quality of the relationship with parents was key in determining how the adolescents interpreted both the environment in which they lived and the messages they received about smoking. Adolescents who stated they had a good relationship with their parents, for example, tended to characterise their parents' favourable effect on their smoking habit, independent of their parents' smoking status. Similarly, some of the participants chose to talk about how it was natural for them to become smokers because everybody else at home smoked, and how they believed that having parents who smoked legitimised their smoking. Second, parents can affect their children's smoking habit both directly (through smoking messaging and their own smoking behaviour) and indirectly (e.g., through open communication in general and by using authoritative and warm parenting strategies). More study is needed to better understand the characteristics of parent-child interactions that are most favourable to smoking cessation. Although peers are a central influence on young people's attitudes and behaviors, they do not negate the influence of parents, particularly where the parent-child relationship is a

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positive one (Sherriff, Cox, Coleman, & Roker, 2008). While many studies have identified the links between familial influences, including parent-child attachment and parenting style, and familial substance misuse and adolescent substance use (Calafat et al., 2014; Velleman, 2009; Fallu et al., 2010),

Parenting interventions to prevent or reduce teenage substance use should contain components related to parent-child attachment, and to counteract any negative effects of the peer group, educate parents on the importance of spending quality time with their children on a regular basis (Simons et al., 1999). Family-based interventions could also contain components on effective communication, talking, listening, and relating to children, and the importance of sharing information or feelings, and Parents could also be educated on the impact of the peer group as the child gets older and provided with information on how best to protect them (Simons et al., 2002). In line with Velleman's (2009) suggestions, parenting programmes could also educate parents on how to cope or deal with the discovery or disclosure of child substance use. Parenting programmes may also benefit from sessions on adolescent development that highlight the physical and hormonal changes that occur and the impact these changes have on involvement in risk-taking behavior, treating adolescence as a period of experimentation. Programs might teach men how to connect with and support their children, emphasise the role of fathers in children's life, and educate them on various tactics for talking to adolescent boys and girls and coping with substance abuse. A recent review by Panter-Brick et al. (2014) highlighted the lack of engagement with fathers in parenting programs despite evidence of their impact on children and mothers. Interventions to safeguard children living with parental substance use, on the other hand, may be best administered in school settings, where these youngsters may get assistance and be equipped with the information to notice changes in their parents' behaviour (Sherriff et al., 2008). The findings, particularly the perceptions of negative effects from early exposure, emphasise the significance of school-based treatments that target all adolescents exposed to parental substance abuse in order to lower their own risk of developing substance use disorders (Talip et al., 2016). School-based interventions are ideal to signpost children to relevant services that build resilience, provide knowledge on substance use, and teach coping skills or strategies (e.g., sports, activities outside the home) to deal with stress and emotional problems in order to avoid maladaptive coping strategies (Unger & Chen, 1999).

The qualitative methods used allowed us to elicit recommendations from teenagers for parents or career professionals on effective parenting strategies, such as family meals and not involving friends in discussions about substance use, so that future interventions are informed from a youth perspective. The findings underline the importance of parenting programmes in empowering parents to safeguard their children from the dangers of substance abuse. School-based treatments may be the best way to help youth affected by parental drug use. Previous study has indicated that discussing smoking-related topics with their children in a polite and constructive manner helps prevent their children from starting to smoke. Furthermore, parental supervision, rule-making, and smoking limitations at home have been demonstrated to minimise the probability of smoking beginning. A majority of the studies had a cross-sectional study design, and only a few studies had as their primary aim to investigate the association between parental smoking and adolescents' smoking cognitions.

Implications for Theory

According to social learning theories, role models shape youth cognitions and behaviors. The present findings indicate that the formation of smoking related cognitions cannot be

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explained entirely by the smoking behaviour of parents. Other environmental smoking sources (e.g., siblings, peers, the media, and society as a whole). Children may see parental smoking in a favourable situation, leading to the creation of positive smoking associations. Simultaneously, youngsters may perceive a broad anti-smoking stance in society, leading to the establishment of unfavourable associations with smoking.

Limitations

This research focused on a specific group of people called "Parental Smoking as Adolescent Addiction." Though the population is spread across the Union Territory of Andaman and Nicobar Islanders, samples were chosen only from South Andaman, Port Blair. Though the data collected through interviews were processed with the help of experts, there is a possibility for misinterpretation of the views of the participants during the transcription and translation processes. It may have limited the real meaning and expression of the inner world of the participants. Moreover, the gender of the participants was the same, which could have resulted in a male-oriented narration.

Future Research

Future researchers may gather data from South Andaman and Port Blair, which are different pockets of the Union Territory. The sample may be more diverse, with women, teenagers, and children included. The sample size could be increased and other forms of data gathering, namely the survey method, could be used. An intervention study could be done to help them overcome their personal struggles.

CONCLUSION

According to this research, it confirms that parental smoking influences children's smoking behavior. As a result, it is critical that parents monitor their children's behaviour in front of them. According to social learning theory, Bandura said that children learn from adults. At the same time, qualitative studies need to be conducted to promote understanding of how young people articulate the processes by which different types of parental influences either inhibit or facilitate the adoption of smoking.

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Acknowledgement

The author(s) appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interest

The author(s) declared no conflict of interest.

How to cite this article: K, Sakhivel (2023). A Qualitative Study on the Influence of Parental Smoking on Adolescents' Addiction. *International Journal of Indian Psychology*, 11(1), 1828-1839. DIP:18.01.184.20231101, DOI:10.25215/1101.184