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Cigarette Smoking and the Women of Kashmir: A Sociocultural and Health Perspective

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Abstract: This study explores the prevalence and patterns of cigarette smoking among working women of reproductive age in Kashmir, focusing on the social, cultural, and psychological factors influencing this behavior. Using a sample of 150 participants from three districts, the research employs thematic content analysis to identify key themes. The "***Background*** highlights the complex interplay between societal norms, cultural influences, and stress factors that contribute to smoking habits. The "***Method"*** involves a cross-sectional qualitative approach, using semi-structured interviews and questionnaires to gather in-depth insights. The "***Findings"*** reveal three primary themes: Social and Cultural Influences that drive smoking behavior, Stress and Coping Mechanisms, where smoking acts as a response to work and life challenges, and Perception of Health Risks, where participants acknowledge the dangers of smoking but struggle to quit due to perceived stress-relief benefits. The "***Conclusion"*** emphasizes the need for culturally sensitive public health interventions, including awareness and cessation programs, tailored to the unique social context of Kashmir to address this growing concern.

Keywords: *Cigarette smoking, working women, reproductive age, Kashmir.*

Introduction

Cigarette smoking among women, particularly those of reproductive age, poses significant public health concerns, including adverse effects on reproductive health and pregnancy outcomes (World Health Organization, 2020). Globally, the trend of smoking among women is increasing due to factors such as changing societal norms, stress, and increasing participation in the workforce (Gupta & Asma, 2008). In India, cultural and social dynamics greatly influence smoking behaviors, and these influences can vary significantly across different regions and communities (Rani *et al*., 2003). In Kashmir, a region known for its rich cultural heritage and complex socio-political landscape, the patterns of smoking among working women are relatively underexplored.

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Research indicates that the social roles and expectations placed upon women, alongside work-related stressors, can significantly influence their smoking habits (Amos *et al*., 2012). In the context of Kashmir, the rapid socio-economic changes and the increasing number of women entering the workforce have brought about shifts in traditional gender roles. This shift may contribute to a change in health behaviors, including an increased risk of adopting habits like smoking as a coping mechanism (Bhat *et al*., 2019). Additionally, societal attitudes towards smoking can vary, with some viewing it as a form of empowerment and modernity, while others see it as a transgression of cultural norms (Morrow & Barraclough, 2010).

Despite the known health risks associated with smoking, including respiratory diseases, cardiovascular issues, and reproductive health problems (Centers for Disease Control and Prevention, 2020), many women continue to smoke. In Kashmir, where social stigma and lack of access to cessation programs may further complicate efforts to quit, understanding the factors that drive smoking behavior in this demographic is crucial. This study aims to fill this gap by examining the prevalence and patterns of cigarette smoking among working women of reproductive age in Kashmir, using thematic content analysis to explore the social, cultural, and psychological factors that influence their smoking behavior.

Research Questions:

1. What are the prevalence and patterns of cigarette smoking among working women in Kashmir?
2. What social, cultural, and psychological factors influence smoking behaviors in this population?
3. What impact does smoking have on the health and lifestyle of these women?

Literature Review

Global Perspective

Globally, smoking among women is a significant public health concern, particularly due to its association with various reproductive health issues, including infertility and pregnancy complications (World Health Organization, 2020). The World Health Organization reports that approximately 200 million women worldwide are daily smokers, with rising trends observed in many developing countries, often fueled by aggressive marketing targeting women and the perception of smoking as a symbol of empowerment (Smith *et al*., 2015). Studies indicate that societal norms and stress factors significantly contribute to smoking behaviors among women, leading to a growing need for gender-specific interventions in tobacco control (Amos *et al*., 2012).

Indian Context

In India, the prevalence of smoking among women remains lower than in many Western countries, but there is a noticeable increase, particularly in urban areas (National Family Health Survey [NFHS-5], 2020). According to the NFHS-5, urban women show higher rates of smoking compared to their rural counterparts, suggesting that changing socio-economic dynamics and lifestyle factors play a crucial role in shaping smoking behaviors (Singh *et al*., 2018). Research has identified that while traditional forms of tobacco use, such as chewing, are more prevalent among women in rural settings, cigarette smoking is on the rise among urban women, often linked to stress from professional and personal demands (Rani *et al*., 2003).

Kashmir-Specific Studies

Research focused on Kashmir reveals a growing trend of tobacco use among women, particularly in urban settings like Srinagar. Studies indicate that socio-political stressors and the increasing participation of women in the workforce contribute to rising smoking rates (Bhat *et al*., 2019). The normalization of smoking in social contexts and the cultural stigma surrounding female smoking further complicate the landscape of tobacco use among Kashmiri women (Wani *et al*., 2021). Local studies highlight the need for tailored public health interventions that address the unique cultural and social factors influencing smoking behaviors in this region.

Methodology

Study Design

This research utilized a cross-sectional design with qualitative thematic content analysis to explore the intricacies of cigarette smoking among working women in Kashmir. This approach is particularly effective in uncovering the deeper layers of meaning behind participants' behaviors and experiences, enabling the identification and interpretation of complex patterns within qualitative data (Braun & Clarke, 2006). Thematic content analysis was selected for its ability to provide a detailed and nuanced understanding of how social, cultural, and psychological factors influence smoking behavior among women in this specific cultural context. This method is recognized for its flexibility and adaptability in qualitative research, offering a rigorous framework for exploring participants' narratives (Guest, MacQueen, & Namey, 2012).

Sampling

The study employed purposive sampling to ensure the selection of participants who could provide rich, relevant data pertinent to the research questions (Patton, 2002).

The sample comprised 150 working women aged 18-45 from three diverse districts in Kashmir: Srinagar, Baramulla, and Anantnag. These districts were chosen to capture a variety of socio-economic and cultural backgrounds, reflecting the diversity of experiences among women in both urban and semi-urban settings. The sample size was deemed sufficient for qualitative studies, providing ample data to reach thematic saturation, defined as the point at which no new themes emerge from the data (Guest, Bunce, & Johnson, 2006). Including women from different occupational backgrounds allowed for a comprehensive understanding of the multifaceted nature of cigarette smoking in this demographic.

Data Collection

Tools

The primary data collection tools included semi-structured interviews and questionnaires. The semi-structured interviews facilitated an in-depth exploration of participants' experiences and perceptions related to cigarette smoking. This flexible approach enabled the interviewer to probe various aspects of smoking habits, including reasons for smoking, social influences, and health perceptions, while allowing participants to express their thoughts and feelings in their own words. Open-ended questions encouraged detailed responses, providing rich qualitative data. Additionally, questionnaires were utilized to gather demographic information and specific details about smoking behaviors, such as frequency, duration, and contextual situations. This combination of methods ensured a comprehensive understanding of the factors influencing smoking among the target population.

Procedure

Data was collected through face-to-face interviews conducted in accessible workplaces and community centers across the three selected districts (Srinagar, Baramulla, and Anantnag). These locations were chosen for their familiarity to participants, creating a comfortable environment that facilitated open and honest discussions. Interviews were scheduled at convenient times to minimize disruption to participants' daily routines. Each interview lasted between 30 to 45 minutes and was conducted in a private setting to ensure confidentiality and encourage candidness.

The interviewer initiated each session by explaining the study's purpose, obtaining informed consent, and ensuring participants were aware of their right to withdraw at any time. The semi-structured nature of the interviews allowed the interviewer to follow a guided format while remaining flexible to explore emergent topics during the conversation. The questionnaires were administered either before or after the interviews

to capture specific behavioral patterns and contextual information. This systematic approach facilitated the collection of nuanced data, capturing both the statistical prevalence of smoking behaviors and the deeper qualitative insights into the social and psychological factors driving these behaviors among working women in Kashmir.

Findings

Prevalence

Approximately 40% of the sampled women reported current smoking, with notable variations across the three districts. Srinagar had the highest prevalence at around 45%, possibly due to its urban setting and changing social norms. In contrast, Baramulla and Anantnag reported lower rates at approximately 35% and 30%, respectively. This distribution suggests that urbanization and changing societal attitudes toward women's roles may influence smoking prevalence.

Patterns of Smoking

Frequency

The smoking habits among the women varied, with about 25% identifying as daily smokers, 15% as occasional smokers, and 10% as social smokers. Daily smokers integrated smoking into their routines, often smoking multiple times throughout the day. Occasional smokers reported using cigarettes primarily in response to specific triggers, such as stress or social events. Social smokers mainly smoked in group settings, indicating a behavior influenced by the social environment.

Context

The contexts in which smoking occurred were diverse. A significant proportion of daily smokers (60%) reported smoking during breaks at work, citing the need for relaxation. Social gatherings were another common context, with about 40% of social smokers indicating they smoked primarily in social settings to bond with peers or relieve social anxiety. Additionally, approximately 30% of the women reported smoking at home, often using it as a means to unwind after a stressful day.

Thematic Analysis

Three primary themes emerged from the thematic content analysis, shedding light on the multifaceted nature of cigarette smoking among working women of reproductive age in Kashmir:

1. Social and Cultural Influences: The influence of social and cultural factors on smoking behavior among working women in Kashmir is significant and multifaceted.

The study found that 35% of respondents felt societal norms and peer pressure heavily impacted their decision to smoke. In urban centers like Srinagar, the perception of smoking as a symbol of modernity and independence was prominent. Some women viewed smoking as a form of asserting their autonomy, especially in environments where gender roles are evolving. For example, participants reported instances where smoking was associated with a modern lifestyle and professional success, which aligns with global trends that link smoking among women to empowerment and changing gender dynamics (Smith *et al*., 2015).

Furthermore, the role of peer influence was evident, with about 20% of the women starting smoking in social settings where it was normalized. This aligns with social learning theory, suggesting that behaviors are learned through observing and imitating others (Bandura, 1977). In workplaces where smoking breaks were common, women often adopted the habit to integrate socially or alleviate workplace stress. In more conservative districts like Baramulla, cultural stigma around female smoking led to secretive smoking behaviors. Here, smoking was not only a response to peer dynamics but also a form of quiet rebellion against restrictive norms. This finding highlights the cultural tension in Kashmir, where traditional expectations clash with modern lifestyle choices, influencing women's smoking behaviors in complex ways.

2. Stress and Coping Mechanisms: Stress was identified as a primary driver for smoking, with 50% of the respondents using cigarettes as a coping mechanism for both work-related and personal stressors. This behavior resonates with the stress-coping theory, where individuals use substances like nicotine to manage emotional distress (Lazarus & Folkman, 1984). The research revealed that women in high-pressure occupations, such as healthcare and education, were particularly vulnerable to using smoking as a form of stress relief. For instance, 30% of participants indicated they smoked during work breaks to manage the high demands of their professional roles. This aligns with prior studies suggesting a higher prevalence of smoking in stressful work environments where employees use smoking to momentarily escape or cope with work-related anxiety (Netterstrom *et al*., 2001).

Personal life challenges also significantly contributed to smoking behaviors. Women who managed multiple roles—as professionals, caregivers, and homemakers—often experienced elevated stress levels. These women reported turning to smoking as a form of self-medication to mitigate feelings of being overwhelmed. This finding is supported by evidence that women are more likely than men to smoke in response to stress, using it as a perceived means of control over their emotional states (Nichter *et al*., 2007). Moreover, the act of smoking itself was often ritualized as a moment of solitude, providing a temporary escape from daily pressures. This ritualization underscores

the psychological dependency that can develop, making smoking not only a physical addiction but also a deeply ingrained habit tied to emotional relief.

3. Perception of Health Risks: Despite high awareness of the health risks associated with smoking, with around 60% of respondents acknowledging its negative impact, particularly on reproductive health, many women continued to smoke. This paradox can be understood through the lens of cognitive dissonance theory, where individuals maintain behaviors despite conflicting knowledge or beliefs (Festinger, 1957). About 25% of the participants reported difficulty in quitting smoking due to the perceived immediate benefits, such as stress relief and relaxation. This finding suggests that the immediate psychological comfort provided by smoking often outweighs the perceived long-term health consequences, a phenomenon commonly observed in addiction behavior (Prochaska *et al*., 1992).

Interestingly, there was a subset of women (approximately 15%) who downplayed the risks associated with occasional smoking, believing that their smoking habits were not severe enough to cause significant harm. This indicates a potential gap in health education, where the cumulative effects of smoking are not fully understood or internalized. Additionally, the normalization of smoking in certain social circles may further dilute the perceived risks, as individuals often gauge the danger of their behavior by comparing it with the actions of their peers (Festinger, 1954). For many women in this study, the decision to continue smoking was a complex interplay of immediate emotional benefits, social acceptance, and an underestimation of long-term health risks.

Sub-Themes

Family History of Smoking

Around 20% of participants reported a family history of smoking, indicating that familial behaviors may influence women's smoking habits. This suggests that smoking could be normalized within certain family structures, affecting attitudes toward the habit.

Lack of Cessation Support

A lack of support for smoking cessation was another recurring sub-theme. About 30% of respondents expressed a desire to quit but felt that adequate resources and support systems were not accessible, particularly in more conservative or rural areas.

Influence of Media

Media also played a role, with 15% of women indicating that portrayals of smoking in films and advertisements influenced their perception of smoking as an acceptable or

desirable behavior. This suggests that media representations can subtly shape attitudes toward smoking, especially among younger women.

The in-depth analysis reveals that smoking among working women in Kashmir is influenced by a web of social, cultural, and psychological factors. The normalization of smoking in social settings, the use of cigarettes as a coping mechanism for stress, and the complex perception of health risks contribute to the persistence of this behavior. These insights highlight the need for culturally tailored interventions that not only address the health risks but also the underlying social and emotional needs that drive smoking among this demographic.

Discussion

Interpretation

The findings of this study align with existing literature on smoking behaviors among women, emphasizing the significant role of social, cultural, and psychological factors. Globally, smoking among women has been linked to changing gender roles, societal expectations, and stress (Smith *et al*., 2015). In the context of Kashmir, these factors are uniquely shaped by the region's cultural norms and socio-political environment. For instance, the theme of ***"Social and Cultural Influences"*** reflects how smoking is increasingly seen as a symbol of modernity and independence among urban women, a trend observed in other studies examining smoking behavior in similar socio-cultural settings (Amos *et al*., 2012). However, in Kashmir, this behavior is juxtaposed with traditional values, creating a complex interplay where women navigate between societal expectations and personal choices. The cultural tension is evident, particularly in conservative areas where women smoke secretly, indicating a desire to conform to modern norms while avoiding social stigma (Bhat *et al*., 2019).

The theme of **"*Stress and Coping Mechanisms*"** resonates with the stress-coping theory, suggesting that women use smoking as a means to manage emotional distress (Lazarus & Folkman, 1984). This study's findings mirror those in other research, where work-related and personal stressors significantly contribute to smoking among women (Netterstrom *et al*., 2001). In Kashmir, the unique socio-political landscape, characterized by ongoing conflict and economic pressures, exacerbates stress levels, particularly for working women who balance multiple roles. This stress is further intensified by the cultural expectations placed on women, making smoking an accessible coping mechanism. Despite awareness of health risks, the ***"Perception of Health Risks"*** theme highlights the psychological dependence on smoking, where immediate stress relief outweighs concerns about long-term health (Prochaska *et al*., 1992). This finding aligns with cognitive dissonance theory, where individuals maintain behaviors despite knowing their adverse effects (Festinger, 1957). In Kashmir, the normalization

of smoking within certain social circles and the underestimation of cumulative health risks contribute to this cognitive dissonance.

Implications

The study's findings underscore the urgent need for gender-sensitive public health interventions tailored to the specific cultural and social dynamics of Kashmir. Traditional smoking cessation programs often fail to address the unique factors influencing women's smoking behaviors, such as the interplay of societal norms, stress, and the desire for modernity (Nichter *et al.*, 2007). Therefore, interventions must go beyond merely highlighting the health risks of smoking. They should incorporate strategies that acknowledge the psychological and social dimensions of smoking among working women. For example, stress management programs and support groups tailored to women's experiences can offer alternative coping mechanisms to smoking. Public health campaigns need to be culturally sensitive, addressing the stigma and societal expectations that contribute to the secrecy and complexity of smoking among women in Kashmir (Morrow & Barraclough, 2010). Additionally, workplace-based interventions are essential, providing resources and support systems for women in high-pressure jobs, such as healthcare and education, to manage stress without resorting to smoking.

Limitations

While this study provides valuable insights into smoking behaviors among working women in Kashmir, it has several limitations. The sample size of 150 women, though adequate for qualitative research, may not capture the full diversity of smoking behaviors and influences among all women in Kashmir. The reliance on self-reported data introduces the potential for response bias, as participants may underreport or alter their responses due to social desirability or stigma associated with smoking. Moreover, the regional focus on three districts—Srinagar, Baramulla, and Anantnag—limits the generalizability of the findings to other areas of Kashmir, particularly rural regions where cultural norms and socio-economic conditions may differ significantly. Future research should consider expanding the sample size and geographic scope to include a broader representation of women in Kashmir. Longitudinal studies would also be beneficial to understand the long-term patterns and outcomes of smoking behaviors in this demographic. By acknowledging these limitations, the study opens avenues for further research while highlighting the need for comprehensive, culturally informed strategies to address smoking among working women in Kashmir.

Conclusion

This study provides a comprehensive exploration of cigarette smoking among working women of reproductive age in Kashmir, highlighting the complex interplay of social,

cultural, and psychological factors that influence this behavior. The thematic analysis revealed three primary themes: Social and Cultural Influences, Stress and Coping Mechanisms, and Perception of Health Risks. These themes underscore how societal norms and peer pressure shape smoking behaviors, while work-related stress and personal challenges drive many women to use smoking as a coping strategy. Despite a strong awareness of the health risks associated with smoking, many participants continued the habit due to the immediate psychological benefits it provided, illustrating a common cognitive dissonance that complicates efforts to quit.

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