SMOKING PREVENTION BASED ON COMMUNITY RESILIENCE

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Abstract: This paper presents possibilities for coupling the development of community resilience with the prevention of smoking.

Our attention turned to the importance of studying community resilience in connection with community-based prevention. We started studying what community means for today’s twenty-first century teenager, and how they might reap the benefits of the shaping and molding effects of the community – rearing and influence, imparting values, satisfying social needs, offering physical and emotional safety, fostering teamwork, exercising control. We have gathered data by way of questionnaire from 1200 adolescents from Mureş, Harghita and Covasna counties, asking them about the nature of the sense of togetherness and community life in the neighborhoods in local communities where they go to school, and what their role of support is in their perception.

We started from the premise that healthy and resilient life is ensured for those who live in socially well-integrated and warm family and neighborhood environments, and they are less prone to smoke or resort to other narcotics. Resilience may be best increased by mobilizing social resources, and community prevention has exactly this at heart.

Regarding the results of the study, we point to the fact that adolescents do not engage sufficiently in the life of local communities, and they do not genuinely perceive the role of support and protection on the part of adults. More emphasis should be placed on developing community resilience, because in this way we could make community-based prevention more effective as well.

Keywords: prevention of smoking, community-based prevention, community resilience, social resources

Contemporary relevance and theoretical background of the study

In this project, our study group has been examining the topic of community-based prevention and cessation of tobacco use among young adolescents.

Community resilience was brought to our attention when we were studying the possibilities of community prevention. In our study, we review the possibilities of preventing tobacco use based on community resilience, first theoretically, using scholarly literature, and then, in light of the research data, we shall see how the adolescents examined perceive the supportive and protective force of local communities and neighborhoods in which they live and go to school.

During our work, we regard the community as the empirical and normative description of societal structure; we define it functionally, which means that it offers subsistence, physical and emotional safety and a home to its members. “Its members have common interests and their circumstances of life are identical as well. The essence of community is to allow individual to live a full life in it, i.e., that all social relationships of the individual must be present in it” (Gosztonyi 1996, 199.).

The effects of society are given validity through the community; it is a medium of conveyance. Its members are united by common goals, aspirations and interests, and they are mutually dependent on one another; they influence each other emotionally. Members affect each other in a differentiated manner; they produce emotional responses in each other, and their opinions and behavior are similar. Despite the fact that its members are not in a face-to-
face relationship, the system of roles, norms, values and traditions takes shape, which enables it to fulfill a function of averting danger, responding to negative effects with a unified presence.

We believe that community resilience manifests in the cohesion, performance and endurance capabilities of the community. In recent years, resilience has been increasingly used and associated with fields focusing on preserving identity, retaining functionality and continuous development.

It originally meant a mechanism for coping and self-healing emerging in the victims of radically detrimental situations (Cyrulnick 1993), but nowadays it is defined by defeating obstacles and the possibility for renewal. Regarding resilience, Gordon (1995) places emphasis on increased competence and the mobilization of biological, psychological and environmental resources. According to Gordon, Longo and Trickett (1999), resilience in its broadest sense is a collective notion containing resources, means and characteristics used in dealing with issues, helping a person move forward in life. Wisk (2007) connected resilience with mental hygiene and the ability to care for ourselves.

The meaning of the concept has expanded continuously, taking in such defining traits that have made possible its expansion from the individual towards society. “In a general sense, it is a flexible endurance capability, i.e., the reactive capability of a system – be it an individual, an organization, an ecosystem or even a type of matter – to successfully adapt to powerful, renewed or even shock-like outside effects” (Békés 2002, 218.).

In our view, smoking presents us with a problem in adaptation, because it is a form of activity that attempts to create emotional balance and a positive outlook on life using artificial means. Often it is a component of risk behavior in adolescents, but it may also become a means of searching for one’s identity. The emergence of addiction can signal an identity crisis. This is why, in its prevention, we place emphasis on developing the ability to adapt, aiding socialization and strengthening support systems, i.e., relationships. We believe that the central aim of prevention is attaining and maintaining emotional health. In this sense, it is important for the rate of deviant forms of behavior in a given population to decrease as well as for quality of life to improve, which also comprises the behavior of rejection towards smoking. The health and quality of life of the individual depends to a great degree on the idiosyncrasies and capacity to function of the community to which they belong. According to Antonovsky (1979), healthy and resilient life is ensured for those who live in socially well-integrated and warm family and neighborhood environments, have a positive outlook on life and possess a community and a national intelligence. In his opinion, the level of resilience may be best increased by mobilizing social resources. Community prevention has exactly this at heart. This is why our aim is to increase the community integration of adolescents, to offer them support, orientation and experiences, to tailor expectations to their level of development so that their personality can unfold in a healthy way. Loneliness, boredom and purposelessness can lead to a dead end (e.g., drug use), and it reduces resilience.

Nowadays the loosening or disintegration of communities requires that community resilience be consciously strengthened. In the interest of prevention through the community, resilient functioning must be ensured in all structural units of the community, such as:
• on the level of the official structure – through which role hierarchy, their coordination as well as leadership, guidance and supervision and other community relationships are accomplished;
• on the level of the emotional structure – the hidden network of the community, the means to stability – that actsuates the conveyance of news, the production of values, the influence on behavior, the following of models and the refinement of opinions, as well as ensuring the social capital (parents, children, relatives, friends, acquaintances, clubs, vocational relationships, colleagues, national unity);
• on the level of the – verbal, non-verbal and contextual – communicational structure, ensuring information, the sharing of thoughts and emotions and self-expression
• on the level of task structure, it is important that community tasks be distributed evenly and that the principle of social participation is realized.

The above-mentioned aspects are meant to ensure that personal competencies, social energy and structural energy sources come together in an equilibrium.

Based on the ideas above, let us plan community prevention to which the following connective activities may be linked:

• **social planning** – with the involvement of NGOs, promoting health as a value, ushering in the healthy lifestyle and accomplishing anti-drug (mostly anti-alcohol and anti-tobacco) communication.
• **social action** – organizing local citizen programs based on collaboration that offer positive experiences (e.g., cultivating traditions, commemorating events)
• **local development** – measures undertaken in order to prevent drug use (e.g., establishing smoke-free areas, organizing counseling, developing peer-based assistance, etc.).

Based on these activities, the three pillars of prevention that we consider important are attained:

• **orientation**: conveying pro-social patterns, values, traditions, customs and techniques for managing situations; a relationship between generations; a culture of health and anti-drug communication
• **motivation**: positive experiences; orientation toward the future; satisfying the basic needs of adolescents;
• **offering examples**: developing social competencies and problem-solving skills.

Orientation, motivation and examples are the fundamental elements of integrated prevention. Integrated prevention concerns involving everybody (non-users of psychoactive substances, tentative-at risk and regular users as well) in activities and treatment, respectively, in a professional manner and depending on the level of involvement with drugs. Indicated and selective prevention concerns weaning off, and in the case of hard drugs, curing.
As a summary of the above, we have formulated the following prevention outline:

Organizing school community services is necessary to put into practice the model presented in Figure 1. Conrad and Hedin had already reported in 1991 that school community services might constitute a link between local communities and schools, aiding in precluding adolescent deviance. School community service institutionalizes the involvement of adolescents in the life of the community by having them regularly perform the tasks they have been assigned (helping the elderly, special needs or marginalized persons, e.g., organizing cultural programs, festivities or competitions for them; assisting them in grocery shopping, in getting around; etc.). These activities all ensure that the assumption of responsibility is practiced and they strengthen the sense of belonging as well as that of being useful. Student community tasks have already become compulsory in the educational curriculum of several European countries.

In conclusion, we can ascertain that it counts as a factor of protection on behalf of the community if it has expectations towards children and adolescents specific to their age; if adults are present alongside the children as helpers, displaying positive patterns of behavior; the children are involved in setting up rules and they receive roles that involve responsibility; they employ techniques of cooperation in solving tasks; they ensure a good atmosphere and common experiences. In communities that can be said to have high resilience, skills that form the basis of a healthy lifestyle are strengthened in the individuals, and thus a reduction in the number of deviances, including drug use, can be ensured. We would like to introduce health protection into the life of the communities naturally, as a part of everyday life; we would like to make use of the traditions of health protection (which can be an intrinsic part of the life of adolescents) and pay more attention to the community’s role of control (e.g., complying with regulations pertaining to alcohol sales and smoking and in the field of strengthening antidrug communication).
Community resilience in the life of the adolescents examined

Community resilience makes its effects felt in the life of adolescents if they can get involved in the life of local communities, take part in activities alongside adults, have the opportunity to experience collaboration, the reliance on each other, the power of support and the importance of rules. They occasionally need some guidance in order to learn how to manage problematic situations or inner tensions. It is important for them to be in touch with relatives and neighbors and to experience that they are being paid attention to, protected and supported if they need it, but that transgressing against the norms of the community or behaving in a self-destructive manner also carries consequences. They must feel the role of value creation and control in the community.

During our research, we have examined the relationship between adolescents and local communities based several topics. (Our sample is representative of the 7th and 8th grade students in Harghita, Covasna and Mureș counties. Data gathering took place in March 2013 by administering a questionnaire to 1200 adolescents.)

In this paper, we seek the answer to the question of how the frequency of smoking progresses depending on the relationship of the adolescent with the community they live in. To plan and carry out community-based prevention, it is important to know whether adolescents have close ties with the environment they live in and whether we can count on community cohesion as a source of resilience.

We were interested in finding out whether the local community or the neighborhood can be a protective factor in the communities we have examined with regard to the prevention of smoking. Table 1 proves that there is a significantly lower number of regular smokers among adolescents whose social capital is larger. 6.4% is the proportion of regular smokers among those who are acquainted with more than 30 neighbors, compared to the fact that 33.4% smoke regularly from among those who have personal relationships with less than 10 neighbors.

Table 1. How many neighbors do you know in the area where you live? * Incidence of smoking (%)

<table>
<thead>
<tr>
<th></th>
<th>Less than 10 persons</th>
<th>10-15 persons</th>
<th>16-30 persons</th>
<th>More than 30 persons</th>
<th>Average (number of neighbors)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has never smoked</td>
<td>30.7</td>
<td>25.3</td>
<td>25.6</td>
<td>18.5</td>
<td>22</td>
</tr>
<tr>
<td>Tried it once</td>
<td>24.6</td>
<td>24.2</td>
<td>29.8</td>
<td>21.5</td>
<td>27</td>
</tr>
<tr>
<td>Occasionally</td>
<td>26.9</td>
<td>24.7</td>
<td>27.6</td>
<td>20.9</td>
<td>28</td>
</tr>
<tr>
<td>Regularly</td>
<td>33.4</td>
<td>20.1</td>
<td>40.1</td>
<td>6.4</td>
<td>18</td>
</tr>
<tr>
<td>Entire sample</td>
<td><strong>28.5</strong></td>
<td><strong>24.5</strong></td>
<td><strong>28.0</strong></td>
<td><strong>18.9</strong></td>
<td><strong>24</strong></td>
</tr>
</tbody>
</table>

Our findings are supported by the data of Table 2, i.e., among adolescents who have live relationships (talking relationship) with adults in their environment, there are much fewer regular smokers. Communication is an important resilience factor, it ensures passing on experiences, information, sharing thoughts and emotions and strengthens cohesion.

Creation and processing of the database was performed by Barna Grigore as a part of his doctorate research (2013-2015).
Communication between adolescents and adults makes it possible to convey values, to influence behavior, to follow role models and to shape opinions, and also strengthens social capital, without which the three pillars of integrated prevention we deem important would be inconceivable: orientation, motivation and examples. However, in order to attain this, it is necessary to strengthen the relationship between adolescents and their home communities by organizing community programs.

Our research data show that there is a good chance to implement community-based prevention in the local communities examined if we could persuade parents to adopt the health values we promote, thereby having them cultivate the traditions of health protection in the community as well as taking anti-smoking communication and the regulations mean to curb smoking seriously.

Table 2. How many neighbors in your living area do you talk to at least five minutes every week? * Incidence of smoking (%)

<table>
<thead>
<tr>
<th></th>
<th>0-2 neighbors</th>
<th>3-5 neighbors</th>
<th>6-10 neighbors</th>
<th>More than 10 neighbors</th>
<th>Average (number of neighbors)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has never smoked</td>
<td>27.3</td>
<td>29.3</td>
<td>27.6</td>
<td>15.7</td>
<td>8</td>
</tr>
<tr>
<td>Tried it once</td>
<td>26.3</td>
<td>31.9</td>
<td>24.5</td>
<td>17.3</td>
<td>8</td>
</tr>
<tr>
<td>Occasionally</td>
<td>25.7</td>
<td>26.1</td>
<td>27.0</td>
<td>21.3</td>
<td>10</td>
</tr>
<tr>
<td>Regularly</td>
<td>33.6</td>
<td>38.7</td>
<td>17.2</td>
<td>10.5</td>
<td>6</td>
</tr>
<tr>
<td>Entire sample</td>
<td>27.2</td>
<td>30.3</td>
<td>25.9</td>
<td>16.5</td>
<td>8</td>
</tr>
</tbody>
</table>

Besides the fact that adolescents are in contact with the adults who live in their living environment, we have also asked whether they get involved in community programs and also the extent to which they take on an active role in these. Involving adolescents in the life of the community, the fact that they have to assume responsibilities and that they can perform a useful activity – as we have already mentioned in the theoretical introduction – is a good means of enriching their problem-solving tool set and of strengthening their personal resilience. And this, as we shall see from the data contained in Table 3, contributes to the reduction in the incidence of smoking.

3. In the last year, have you taken part in any community programs (religious, cultural, sports, environmental etc. events)? If yes, in what capacity? * Incidence of smoking (%)

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>As spectator</th>
<th>As participant</th>
<th>As organizer</th>
<th>Average (1-4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has never smoked</td>
<td>26.5</td>
<td>33.3</td>
<td>35.7</td>
<td>4.6</td>
<td>2.18</td>
</tr>
<tr>
<td>Tried it once</td>
<td>24.3</td>
<td>32.0</td>
<td>39.6</td>
<td>4.1</td>
<td>2.23</td>
</tr>
<tr>
<td>Occasionally</td>
<td>28.2</td>
<td>29.1</td>
<td>38.3</td>
<td>4.4</td>
<td>2.19</td>
</tr>
<tr>
<td>Regularly</td>
<td>22.9</td>
<td>25.7</td>
<td>40.4</td>
<td>11.1</td>
<td>2.40</td>
</tr>
<tr>
<td>Entire sample</td>
<td>25.8</td>
<td>31.9</td>
<td>37.5</td>
<td>4.8</td>
<td>2.21</td>
</tr>
</tbody>
</table>
Among those who have taken part in community programs as organizers, the proportion of smokers is 11.1%, while among those not performing any tasks in such programs, this proportion is much higher (31.9% for spectators and 37.5% for participants). At the same time, we also notice that more attention must be paid to active involvement of adolescents because the proportion of those accepting responsibilities is slight. In light of the data above, we can ascertain that it counts as a factor of protection on behalf of the community if it has expectations towards children and adolescents, if it affords them the opportunity to perform tasks specific to their age, and thus get involved in the life of the community. One of the most important elements of resilience is activity, targeted pursuits, and the best practice area for this is community life.

Overall conclusions

It is possible and necessary to link the notions of resilience and prevention, because as it is also apparent from the definition of Gordon, Longo, Trickett (1999), resilience in its broadest sense is a collective notion comprising resources, means and characteristics used in dealing with issues. In our definition, prevention is the promotion of health and the endowment of the personality with the appropriate skills as well as values. The aim of community prevention is to have an effect on adolescents through the members of the community, ensuring that they live in a safe environment, that they receive the proper attention and that they sense the support as well as the control of the community. The rudiments of these conditions being met are present in the communities we have examined, and thus the framework of community prevention exists. However, the research data also points to the fact that in spite of there being intergenerational relationships, their extent is not satisfactory. They must pay increased attention to involving adolescents in the life of the community and allocating tasks to them, because community-based prevention: orientation, motivation and examples, can only be accomplished through joint activity.

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