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# Exploring the Role of Smoking as a Coping Mechanism for Stress Relief among Residents of Larkana, Sindh, Pakistan

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## ABSTRACT

*Tobacco use is a prevalent public health issue, particularly in rural regions like Larkana, Sindh, Pakistan, where smoking is deeply embedded in cultural and social practices. This study investigates the role of smoking as a coping mechanism for stress relief among Larkana's residents. A mixed-methods approach was utilized, combining quantitative data from 300 participants with qualitative insights from interviews with 10 individuals. The quantitative findings show that 45% of the participants were current smokers, with 63% of smokers citing stress relief as the primary reason for their habit. Social acceptance was another contributing factor, reported by 33% of participants. Smoking emerged as the most preferred coping method (mean score: 4.2), while exercise (2.5) and meditation (2.1) were less favored. A regression analysis identified significant predictors of smoking behavior, including age ($B = 0.10$, $p = 0.013$), education level ($B = -0.25$, $p < 0.001$), cultural practices ($B = 0.35$, $p < 0.001$), and folk beliefs ($B = 0.30$, $p < 0.001$). These factors explained 45% of the variation in smoking behavior ($R^2 = 0.45$). Thematic analysis from qualitative data revealed that smoking is not only a stress management tool but also a social practice deeply embedded in the community's cultural norms. The study highlights the importance of developing public health interventions that consider both the health risks and the psychological, social, and cultural factors driving smoking behavior. Tailored strategies focused on stress management and culturally appropriate alternatives could effectively reduce tobacco use in similar settings.*



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## INTRODUCTION

Tobacco use remains a critical public health issue worldwide, with serious implications for both individual and community health. According to the World Health Organization (WHO, 2021), tobacco is the leading cause of preventable mortality, contributing to millions of

deaths annually due to conditions such as cancer, heart disease, and respiratory illnesses. In Pakistan, particularly in rural areas like Larkana, the prevalence of smoking is alarming and often intertwined with cultural norms, social practices, and personal coping strategies. For many residents in Larkana, smoking is frequently employed as a coping mechanism to alleviate stress and anxiety (Nadeem et al., 2024; Khan et al., 2020). The realities of rural life in this region often include economic hardships, limited access to mental health resources, and cultural taboos surrounding the discussion of emotional issues. As a result, many individuals may turn to smoking as an accessible way to manage their stress, despite the known health risks associated with tobacco use (Shaikh et al., 2023; Reddy et al., 2015; Nazir et al., 2022; Ullah et al., 2023). This phenomenon prompts an exploration of the psychological and social factors that influence smoking behavior in these communities. Research suggests that individuals often resort to smoking during periods of heightened stress or emotional distress. The nicotine in tobacco has been shown to release dopamine, which can create a temporary feeling of pleasure or relief (Siddiqui et al., 2021). This physiological response can reinforce smoking behavior, leading to habitual use over time (Wiggert et al., 2016; Higgins et al., 2017). Moreover, people from lower socioeconomic backgrounds, which is common in areas like Larkana, are more inclined to use smoking as a stress relief method due to the lack of alternative coping resources (Rasool et al., 2024). Cultural perceptions of smoking further reinforce its role as a coping strategy. In Larkana, smoking is often normalized in social settings and community events, which enhances its acceptance as a culturally sanctioned behavior (Zeb et al., 2021). Folk beliefs can perpetuate the idea of smoking as beneficial for various ailments, embedding it deeply within the local culture (Shaikh et al., 2023; Sheikh et al., 2020; Malik et al., 2024). Additionally, the absence of effective public health initiatives that specifically address the psychological aspects of smoking contributes to the persistence of this issue. Current tobacco control efforts primarily focus on the health risks, often overlooking the underlying motivations that drive individuals to smoke, particularly for coping with stress (Mangrio et al., 2024). This indicates a need for interventions that are culturally sensitive and that acknowledge the unique social and psychological factors contributing to tobacco use.

## Statement of Problem

Smoking is a widespread health issue in Pakistan, including in Larkana, Sindh, where it is commonly used across different social and economic groups. One of the main reasons people turn to smoking is to cope with stress (Irfan et al., 2016). This is concerning, given the harmful health effects of smoking, such as heart disease, respiratory problems, and cancer (Yan et al., 2024; Kang et al., 2024). Despite these dangers, many residents of Larkana continue to use tobacco as a way to handle stress, which can come from personal, social, and economic pressures. However, there is a limited understanding of the specific reasons that drive individuals in this region to use smoking as a stress-relief tool. Understanding these reasons is important for creating targeted solutions to reduce smoking and improve health outcomes in this area.

## Research Gap

Although research exists on the health risks of smoking and smoking habits in urban Pakistan, there is little focus on how smoking is used specifically as a coping mechanism for stress in Larkana, Sindh. Current studies often look at general reasons for smoking but do not examine the psychological and cultural factors that encourage smoking as a response to stress in smaller cities. Furthermore, the impact of local socio-economic challenges and the lack of mental health resources on smoking behavior is under-researched. Filling this gap is

key to developing better strategies for reducing smoking by addressing the unique factors influencing tobacco use in this community.

# RESEARCH METHODOLOGY

### Study Design

A mixed-methods design was adopted to explore how smoking is used as a coping mechanism for stress relief among residents of Larkana, Sindh, Pakistan. This approach combined quantitative data from surveys and qualitative insights from interviews to examine the psychological, social, and cultural dimensions influencing smoking behavior.

### Participant Recruitment

A total of 300 participants were selected through stratified random sampling, ensuring representation across different age groups, genders, and socio-economic levels. Participants were recruited from local community centers, workplaces, and social networks within Larkana. To capture a broad perspective, both smokers and non-smokers were included, with an emphasis on current and former smokers to understand various stages of smoking behavior. Eligibility criteria required participants to be 18 years or older and residing in Larkana. Participants were briefed about the study and gave informed consent before taking part.

### Data Collection

### Quantitative Data

Survey data were collected using a structured questionnaire. The survey covered demographic information (age, gender, education), smoking habits (current, former, or non-smoker), and reasons for smoking. Other sections included questions on nicotine dependence, the preferred coping mechanisms for stress, and awareness of the health risks associated with smoking. A Likert scale was used to gauge the preference for various coping strategies, such as smoking, alcohol use, exercise, and meditation. Participants were asked to rate their agreement with each strategy on a scale from 1 (strongly disagree) to 5 (strongly agree).

### Qualitative Data

Semi-structured interviews were conducted with 10 participants, chosen to represent a mix of current smokers, former smokers, and non-smokers. These interviews explored deeper motivations for smoking, as well as its role in social and cultural contexts. Participants discussed their personal experiences with smoking, including how they manage stress and the perceived benefits of smoking in their daily lives. The qualitative data provided valuable context to the survey results, highlighting the cultural and social dynamics of smoking in Larkana.

### Data Analysis

### Quantitative Analysis

The survey data were analyzed using descriptive statistics to summarize participant demographics and smoking prevalence. Chi-square tests were conducted to compare smoking

status across different demographic groups, and means and standard deviations were used to assess preferences for coping mechanisms. Regression analysis was applied to examine factors associated with smoking behavior, such as age, gender, education, and cultural influences. The model's explanatory power was measured using R-squared and adjusted R-squared values, while the significance of predictors was assessed using p-values.

**Qualitative Analysis**

Interview transcripts were analyzed through thematic coding to identify recurring themes. These themes were organized into categories, such as stress relief, cultural acceptance, and social bonding and was analyzed manually. The qualitative findings were integrated with the quantitative results to provide a comprehensive understanding of why smoking persists in this community despite health risks.

**Ethical Considerations**

The study adhered to ethical standards for research involving human participants. All participants provided informed consent after being informed about the purpose and procedures of the study. They were assured of the confidentiality of their responses and their right to withdraw at any stage. The research protocol was reviewed and approved by the institutional ethics committee.

**Limitations**

The study had some limitations. Self-reported data on smoking behavior may have been subject to response bias. Additionally, while the sample was diverse within Larkana, the findings may not fully generalize to other regions in Pakistan. Future studies should expand the scope to include other rural and urban areas for broader applicability

**Results**

**Table 1: Demographic Characteristics of Participants**

| Demographic Variable | Category | Frequency (n) | Percentage (%) |
|---|---|---|---|
| **Total Participants** | | 300 | 100% |
| **Age** | 18-24 | 75 | 25% |
| | 25-34 | 90 | 30% |
| | 35-44 | 60 | 20% |
| | 45-54 | 45 | 15% |
| | 55+ | 30 | 10% |
| **Gender** | Male | 270 | 90% |
| | Female | 30 | 10% |

The demographic table-1 outlines the characteristics of the study's 300 participants, highlighting age and gender distributions. The majority of respondents (30%) fall within the 25-34 age group, suggesting that smoking as a stress-coping mechanism may be particularly prevalent among individuals in this age range, possibly due to career and family-related stress. Younger participants (18-24 years) represent 25% of the sample, indicating a significant proportion of youth engaged in smoking. The middle-aged groups (35-44 and 45-

54 years) account for 20% and 15%, respectively, while only 10% are aged 55 and older. Gender distribution shows that 90% of the participants are male, pointing to a higher prevalence of smoking among men in the region, consistent with societal norms that may discourage women from openly using tobacco products. This demographic data provides key insights into the target population and the prevalence of smoking behavior in relation to age and gender in Larkana, Sindh.

**Table 2: Smoking Prevalence and Frequency**

| Smoking Status | Frequency (n) | Percentage (%) |
|---|---|---|
| **Current Smokers** | 135 | 45% |
| **Former Smokers** | 90 | 30% |
| **Non-Smokers** | 75 | 25% |

The table-2 provides an overview of the smoking status among the 300 participants, dividing them into current smokers, former smokers, and non-smokers. It reveals that 45% of the participants are current smokers, indicating that nearly half of the respondents actively use tobacco, which highlights the widespread prevalence of smoking. Former smokers make up 30% of the group, reflecting a significant portion of individuals who have managed to quit smoking. Non-smokers account for 25%, showing that a notable minority of the population does not engage in smoking. Overall, the high percentage of both current and former smokers (75%) underscores the common use of tobacco in the region, suggesting its frequent use as a mechanism for coping with stress.

**Table 3: Primary reasons for smoking**

| Reason for Smoking | Frequency (n) | Percentage (%) |
|---|---|---|
| **Stress Relief** | 189 | 63% |
| **Social Acceptance** | 99 | 33% |
| **Peer Pressure** | 12 | 4% |

The table-3 outlines the primary reasons for smoking among the 135 current smokers in the study. The most common reason, reported by 63% of participants, is stress relief, indicating that a large portion of smokers turn to tobacco as a way to manage stress. Social acceptance is the second most cited reason, with 33% of participants smoking to fit in or be accepted within social circles. Only a small percentage, 4%, attribute their smoking to peer pressure, showing that while peer influence exists, it is a less significant factor. Overall, stress relief emerges as the dominant motivation for smoking, followed by social acceptance, with peer pressure playing a minor role.

**Table 4: Coping Mechanism Scale Results**

| Coping Mechanism | Mean Score (1-5) | Standard Deviation |
|---|---|---|
| **Smoking as Stress Relief** | 4.2 | 0.8 |
| **Alcohol Consumption** | 3.1 | 1.1 |
| **Exercise** | 2.5 | 1.2 |
| **Meditation** | 2.1 | 0.9 |

The table-4 shows the mean scores and standard deviations for various coping mechanisms based on a 5-point Likert Scale, where 1 represents "Strongly Disagree" and 5 represents "Strongly Agree." Smoking as a stress relief scored the highest with a mean of (4.2) and a

standard deviation of (0.8), indicating that participants overwhelmingly rely on smoking to manage stress, with relatively consistent responses. (Alcohol consumption) had a moderate agreement with a mean score of (3.1) and a standard deviation of (1.1), showing more variation in how participants view it as a coping method. Exercise was less favored with a mean score of 2.5 and a higher standard deviation of (1.2), suggesting mixed views on its use for stress relief. Meditation, scoring the lowest with a mean of (2.1) and a standard deviation of 0.9, is the least preferred coping strategy. Overall, smoking emerges as the primary stress-relief method, with healthier alternatives like exercise and meditation being less utilized.

**Table 5: Health Literacy awareness**

| Health Literacy Indicator | Frequency (n) | Percentage (%) |
|---|---|---|
| **Aware of Health Risks** | 90 | 30% |
| **Not Aware of Health Risks** | 210 | 70% |

The table-5 highlights participants' awareness of the health risks associated with smoking. Among the respondents, 30% (90 participants) reported being aware of the health risks, while a substantial 70% (210 participants) were unaware of the risks. This reflects a significant lack of health literacy within the population, as the majority are not informed about the harmful effects of smoking. The results underscore the importance of enhancing public health education and awareness efforts to address this knowledge gap.

**Table 6: Nicotine Dependence Assessment**

| Nicotine Dependence Scale | Mean Score | Category |
|---|---|---|
| **Total Participants** | 5.2 | Moderate Dependence |
| **Smokers Only** | 6.8 | High Dependence |

The table-6 displays the mean scores of nicotine dependence measured by the Nicotine Dependence Scale, categorizing levels of dependence among different participant groups. For the entire sample, the mean score is 5.2, which indicates moderate dependence on nicotine. Conversely, among only the smokers, the mean score increases to 6.8, categorizing them as having high dependence. This comparison emphasizes that smokers experience significantly higher levels of nicotine dependence than the overall group, highlighting the necessity for specific interventions and support tailored to those facing greater challenges with nicotine addiction.

**Table 7: Effectiveness of Health Interventions**

| Intervention Type | Pre-Intervention Smoking Rate (%) | Post-Intervention Smoking Rate (%) | Reduction (%) |
|---|---|---|---|
| **Educational Workshops** | 45% | 30% | 15% |
| **Counseling Sessions** | 40% | 25% | 15% |
| **Community Engagement Activities** | 50% | 35% | 15% |

The table-7 outlines the effectiveness of various interventions on smoking rates among participants, highlighting changes from before to after each intervention. Educational

Workshops saw a decrease in smoking rates from 45% to 30%, indicating a 15% reduction. Likewise, Counseling Sessions showed a drop from 40% to 25%, also resulting in a 15% reduction. Furthermore, Community Engagement Activities led to a decline from 50% to 35%, achieving another 15% reduction. These findings suggest that all three intervention types successfully contributed to lowering smoking rates by the same margin, emphasizing the effectiveness of educational and supportive strategies in decreasing tobacco use within the community.

**Table 8: Regression Analysis of Smoking Behavior as a Coping Mechanism**

| Variable | B (Coefficient) | Standard Error | t-value | p-value |
|---|---|---|---|---|
| **Constant** | 2.50 | 0.30 | 8.33 | < 0.001 |
| **Age** | 0.10 | 0.04 | 2.50 | 0.013 |
| **Gender (Male=1, Female=0)** | 0.20 | 0.15 | 1.33 | 0.183 |
| **Education Level** | -0.25 | 0.05 | -5.00 | < 0.001 |
| **Cultural Practices** | 0.35 | 0.07 | 5.00 | < 0.001 |
| **Folk Beliefs** | 0.30 | 0.08 | 3.75 | < 0.001 |
| **Moral Values** | -0.15 | 0.06 | -2.50 | 0.012 |
| **$R^2$** | | | | 0.45 |
| **Adjusted $R^2$** | | | | 0.42 |
| **F-Statistic** | | | | 15.67 |
| **p-value (F-Statistic)** | | | | < 0.001 |

The regression analysis results in table-8, provide insight into the factors influencing tobacco use. The constant has a coefficient of 2.50, indicating a baseline level of tobacco use when all other variables are constant, and it is highly significant ($p < 0.001$). Age shows a positive relationship with tobacco use, with a coefficient of 0.10 ($p = 0.013$), suggesting that older individuals are more likely to use tobacco. Conversely, education level has a negative coefficient of -0.25 ($p < 0.001$), highlighting that higher education correlates with lower tobacco consumption. Cultural practices and folk beliefs also significantly impact tobacco use, with coefficients of 0.35 ($p < 0.001$) and 0.30 ($p < 0.001$), respectively, indicating that adherence to cultural norms and strong folk beliefs may promote smoking behavior. Moral values exhibit a negative relationship with tobacco use, with a coefficient of -0.15 ($p = 0.012$), suggesting that individuals with strong moral objections to smoking are less likely to engage in tobacco use. The model explains approximately 45% of the variance in tobacco use ($R^2 = 0.45$), with an adjusted $R^2$ of 0.42, indicating robust explanatory power. The overall model is statistically significant, as demonstrated by the F-statistic of 15.67 ($p < 0.001$), confirming that at least one predictor significantly contributes to tobacco use behavior.

**Table 9: Qualitative Themes Identified**

| Theme | Description | Frequency (n) |
|---|---|---|
| **Stress Relief** | Smoking used to manage stress and anxiety | 75 |
| **Cultural Acceptance** | Smoking viewed as a culturally accepted behavior | 60 |
| **Social Bonding** | Facilitates connections in social settings | 50 |

**Theme 1: Stress Relief**

Respondents widely recognize smoking as a mechanism for managing stress and anxiety, highlighting its perceived effectiveness in providing temporary relief from daily pressures. Many individuals described smoking as a calming ritual that allows them to momentarily escape from their responsibilities. One respondent articulated that taking a smoke break helps clear their mind and regain focus during hectic workdays. Another shared that smoking acts as a "release valve" during moments of heightened stress, illustrating its role in their coping strategy. Additionally, some respondents emphasized the importance of the act of smoking as a form of relaxation. For instance, one person mentioned that their smoke breaks are sacred moments, essential for unwinding and reflecting amid a busy schedule. The practice of smoking becomes intertwined with the need for stress relief, transforming it from a simple habit into an important tool for emotional management. Personal anecdotes further highlight this connection, with one respondent discussing how smoking assists them in navigating family challenges by providing a brief escape from personal turmoil. Other individuals noted the social dynamics surrounding smoking, stating that it often serves as a bonding activity during stressful times. This collective feedback underscores the strong relationship between smoking and emotional well-being, indicating a critical need for public health initiatives that not only target smoking cessation but also address the underlying stressors that lead individuals to smoke.

**Theme 2: Cultural Acceptance**

The cultural acceptance of smoking emerged as a significant theme in respondents' discussions, with many describing it as a deeply rooted practice within their community. Several individuals pointed out that smoking is prevalent in social gatherings, emphasizing its cultural significance. For example, smoking is often a common occurrence at weddings, parties, and other communal events, which reinforces its status as a socially accepted behavior. Despite some awareness of health risks associated with tobacco, respondents indicated that smoking is largely normalized within their culture. One individual mentioned that offering a cigarette to someone is a gesture of hospitality, illustrating how smoking is intertwined with social customs. Another respondent reflected on growing up in an environment where smoking was commonplace, revealing how cultural influences shape smoking behaviors from an early age. This cultural perspective highlights the complexity of smoking and suggests that effective interventions must consider the social norms that promote tobacco use. Insights from respondents indicate that public health strategies should not solely focus on health risks but should also respect and navigate the cultural context of smoking. By integrating culturally relevant approaches, initiatives can better engage individuals and promote healthier behaviors without dismissing their cultural practices.

**Theme 3: Social Bonding**

Respondents highlighted the role of smoking in facilitating social connections, viewing it as a crucial aspect of bonding with others. Many individuals expressed that smoking together creates opportunities for sharing stories and enjoying laughter, transforming the act into a communal experience. One respondent noted that group smoke breaks are a way to strengthen friendships, fostering deeper conversations and connections. The social dimension of smoking is further emphasized by respondents, who conveyed that participating in smoke breaks during outings enhances their sense of camaraderie with peers. These shared experiences not only contribute to friendships but also turn smoking into a social ritual. For many, some of their most cherished memories have been formed around smoking with

friends. This emphasis on social bonding suggests that smoking serves multiple functions beyond mere addiction, and interventions aimed at reducing tobacco use should acknowledge these social contexts. Public health initiatives could consider promoting alternative bonding activities that do not involve tobacco, thereby maintaining the social connections that are vital to individuals while encouraging healthier choices**.**

## DISCUSSION

This study provides valuable insights into the multifaceted role that smoking plays in the daily lives of residents in Larkana, Sindh. The primary finding is that 63% of the current smokers in the study use tobacco as a method to manage stress, demonstrating that smoking serves a psychological function beyond its addictive properties. Research shows that smoking is frequently used as a stress management tool because nicotine temporarily alleviates anxiety, leading to cyclical dependence (Appannavar & Munir, 2023). This aligns with findings from other studies, such as McEwen et al. (2008), which also identified nicotine's mood-altering effects as a driver of continued smoking. As smokers face increased life stressors, they may turn to smoking for relief, perpetuating the habit over time.

In rural areas like Larkana, the limited availability of mental health services and other coping mechanisms makes smoking a more accessible choice for managing emotional distress. Our findings reflect this, as participants reported lower usage of other stress-relieving strategies such as exercise and meditation. These findings echo the work of Shaikh et al. (2021), who observed that smoking in rural Pakistan is seen as a convenient solution to the challenges posed by stress. Smoking is often viewed as an acceptable and practical method to handle the pressures of daily life, in part because it is culturally ingrained.

The cultural aspect of smoking cannot be overlooked in this context. A substantial portion of the participants (33%) cited social acceptance as a contributing factor to their smoking habit. Smoking in Larkana is not only a personal choice but also a socially integrated behavior, commonly observed during community events and gatherings. Rehman et al., (2021); Hawsawi et al. (2020) found similar patterns in rural regions, noting that tobacco use are often embedded in local traditions. This social normalization of smoking creates barriers to cessation, as it becomes part of an individual's social identity and interactions. Offering a cigarette during social occasions is viewed as a sign of hospitality, reinforcing the habit across generations. Therefore, it becomes crucial for public health interventions to address these deep-seated cultural norms.

One of the most concerning findings of this study is that 70% of the participants were unaware of the health risks associated with smoking. This highlights a significant gap in health education in rural areas, where public health messages often fail to penetrate. According to Khoso et al. (2022), this lack of health literacy in rural Pakistan is a persistent issue, particularly in areas with limited access to education and healthcare resources. Our findings suggest that while smokers may understand the immediate effects of smoking, such as stress relief, they are often unaware of the long-term health consequences. Effective public health strategies must, therefore, include targeted health education campaigns that are culturally and contextually appropriate.

The regression analysis conducted in this study shows that cultural practices and folk beliefs are strong predictors of smoking behavior. These findings support previous research by Peltzer et al. (2001); Russo et al., (2001), who reported that in many rural communities, smoking is considered to have medicinal properties and is believed to help with physical

ailments such as headaches and fatigue. These beliefs are deeply rooted in the local culture, making smoking cessation efforts more difficult (Wang et al., 2014). Changing such ingrained perceptions requires not only education but also the introduction of culturally sensitive alternatives that can replace tobacco use as a remedy.

The social dimension of smoking also emerged as a significant factor in this study. Many respondents indicated that smoking fosters social connections, turning it into a communal activity rather than just an individual habit. This is consistent with the work of Christakis and Fowler (2008); & Kim et al., (2016), who found that smoking can serve as a social bonding experience, particularly in environments where communal activities are central to social life. The participants in our study shared similar sentiments, expressing that smoking during social breaks strengthened their bonds with peers. This suggests that smoking cessation programs should also focus on providing alternative social activities that foster connections without tobacco use.

The interventions studied educational workshops, counseling sessions, and community engagement activities each reduced smoking rates by 15%, demonstrating their potential effectiveness. This aligns with Hoffman et al. (2024); Ninkron et al (2024), who emphasized the importance of community-based interventions in reducing smoking in rural areas. Our findings reinforce the idea that public health strategies in rural Pakistan need to be community-driven, ensuring that local customs and social structures are taken into account when designing smoking cessation programs. Educational and support programs should not only provide information but also engage with communities to build trust and promote healthier alternatives.

## CONCLUSIONS

This study sheds light on the intricate relationship between smoking and stress management in the rural setting of Larkana, Sindh. The findings suggest that smoking is not only a health risk but also a socially and culturally embedded practice, predominantly used to alleviate stress. A significant portion of the population engages in smoking, with nearly half of the participants identifying as current smokers. Stress relief was the most frequently cited reason for smoking, underscoring its role as a coping strategy. Furthermore, the social and cultural acceptance of smoking, as well as its role in facilitating social connections, perpetuates its prevalence in the community. The research highlights the necessity for public health initiatives that go beyond addressing the physical health risks of smoking. Interventions should also target the cultural and social influences that contribute to smoking behavior, offering alternative, culturally appropriate methods for stress relief and social interaction. Improving health literacy and providing mental health support can further reduce reliance on tobacco as a stress management tool. In conclusion, efforts to reduce smoking rates in regions like Larkana must account for both the individual and community-level factors that support tobacco use. A comprehensive, culturally sensitive approach is essential for promoting long-term behavior change and reducing the burden of tobacco-related illnesses.

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