

Experimentation critique essay



This experimentation study considers the extent where depression and anxiety predict smoking in early adolescence. There are reasons stated from researchers that relate depression and anxiety with smoking initiation. It is said that depression is very common in people that smoke. Or perhaps, smoking makes you depressed? When someone smokes, it calms you down at first and reduces the anxiety, but after your done smoking, you are right back to where you were. One study observes that depression in non-smoking 15-year olds predicted smoking about 10 years later.

This paper will provide further evidence of the signification of association of anxiety and depression. A statewide study of adolescent health performed in Victoria, Australia collected data in a length of 3 years, between August 1992 and July of 1995. A cross-sectional survey was performed in a 2-stage procedure. At stage 1, stratified selections of 45 schools were selected ranging from government, Catholic and independent. The students were between the ages of 14 and 15. Stage two involved taking a single intact class that was selected at random.

The second wave was about six months later and involved the same study population who moved up to grade 10 and involved randomly selecting a second intact class from each school. Participants were presented with the study as dealing with health issues and addressed a range of health risk behaviors. In order to participate in this study, consent, along with written consent was needed. The questionnaire was completed at intervals of six months between Grade nine and Grade 12, which involved six waves.

A total of 29 laptops were used to administer the questionnaires and each participant that was not available was reached by telephone to answer the questions. A diary with a seven-day retrospective was detailed with the daily tobacco consumption. The participants who did not smoke at all and ex-smokers did not have to fill out the diary which reduced unnecessary questions in the end. The diary helped with categorizing smoking on the basis of frequency. From this diary, defined groups such as current daily smoking, current smoking, and ex-smokers were put together.

Within each wave, mental health status was evaluated with a computerized form of the revised Clinical Interview Schedule. This form was originally designed to assess symptoms of anxiety and depression. The form generated various scores which were grouped into 4 levels of psychiatric morbidity: Level 1 (0-5), Level 2, (6-11), Level 3 (12-17) and Level 4 (> 18). An analysis was produced within the SAS and Strata programs. The assessments were weighted by inverse sampling fraction taken in each geographic area so that under-sampling was not changed.

To figure out the onset of smoking incident rates, the numbers were divided of cases by total person-years at risk, the others were calculated via midpoints between specific data points. Out of 2, 032 students, 1, 947 (approximately 95. 8%) completed the questionnaire at least once. The response rates across the different waves were as follows: Wave 1 – 86. 6%, Wave 2 -85. 5%, Wave 3 – 83. 6%, Wave 4 – 80. 2%, Wave 5 – 77. 6% and Wave 6 – 75. 3%. The telephone interviews increased from 1% to 22% from Wave 1 to Wave 6. The gender ratio was about 47% male.

Students mean age at Wave 1 was 14. 5 years while at Wave 6 ranged up to 17. 4 years. The focus of the report is the 1688 (83%) participants with at least 2 consecutive waves of data at least once in the study. 422 out of 1688 participants at entry into the cohort fell into the category of any current smoking. One hundred fifty-one students were noted as daily smokers. The odds grew 36 times greater of smoking amongst most friends as smokers. Peer pressure always has a great impact of what friends will do when they see their friends reacting in such a way.

People are influenced by their peers, whether the peers are your friends or co-workers in this case. Some predictors of smoking initiation included friends/peers, being an ex-smoker and parental smoking. All in all, the possibilities that smoking predicts any future mental health issues was considered by analyzing transitions into high Clinical Interview Schedule status with scores of 12+. After careful viewing, neither incident transitions to any smoking nor transitions to daily smoking predicted subsequent transition to high Clinical Interview Schedule status.

This was a good sign. This study provides a clearer risk profile for smoking initiation than from earlier derived studies. Experimenting with smoking was a strong predictor of daily use, a finding that supports a focus on early experimentation in the studies of risk and preventative intervention. The type of sampling that was used in this study is called stratified random sampling. In this case 45 schools were selected ranging from government, Catholic and independent. The students were between the ages of 14 and 15.

The population was divided into the appropriate strata and then a simple random sample was taken from each stratum to come to the conclusion. The results from this study were weighted and then combined into the population estimates that were appropriate for each area. The main reasons why researchers use stratified sampling is to be able to increase the efficiency of the samples statistics, to be able to provide adequate enough data to analyze the various strata or subpopulations and to enable different research methods and different procedures to be used in different strata.

The more strata used the better the outcome of your results. Costs of this type of sampling could depend highly on how much strata you have, of course, the higher the strata, the higher the cost. My view of this article is that the studies could have been pulled from all age groups and not just pulled from teens of different schools. If this was done with different age groups of all ethnicities, the study would have proven further results of people being depressed or if anxiety is indeed caused by smoking.

People that smoke in my opinion, should not be considered depressed if they smoke or smoke if they are depressed - the choice is theirs from the beginning to smoke or not. Peer pressure does have a lot to do with whether teens smoke and is one of the leading factors if they do or not. I do though believe that smoking can cause depression when you are trying to quit - which is called with drawls. This article should have gone deeper into why they think that smoking is linked to anxiety or depression. There was not enough proof in the psychology written about the article.

Conclusion This paper defines that experimental smoking is a strong predictor of smoking later in life which focuses attention on smoking initiation. Experimental smokers were 29 times more likely than non-smokers to make a transition into daily use in the subsequent of six months. Anxiety and depression are associated with higher risks of peer smoking influences. Being proactive and with the promotion of psychological well-being of children early in life and addressing the downfalls of smoking can play a big role in the prevention of early tobacco use.