



Relation of Socio-Economic Status of Parents and Peers on Cigarette Smoking Behavior of Teenagers in Secondary Schools for Boys in Bnaslawa District

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ABSTRACT

Background and aim: cigarette smoking is the main cause for preventable diseases and early death, so the economic status of parents and peers may affect smoking habit for adolescent. Smoking habit may cause more than 5 million deaths each year. Smoking habit may increase the risk of heart disease, respiratory disease, and more than 10 different forms of cancer .The study aimed to identify association between smoking habit and economic status of parents, peers with smoking habit of teenagers.

Materials and method: It is a descriptive study, it began in 1-1-2016 to 1-4-2016. Sample size was 99 teenagers from secondary school of Bnaslawa in Erbil, the standard questionnaire was used for data collection by self report and included socio demographic data for teenagers and question related to smoking habit and economic status. The permission was taken from general directorate of education and approval from nursing college and the questionnaire was viewed to panel of experts in nursing field, and SPSS program version 20 was used for data analysis.

Results: The study indicated that most of teenagers single 88.9%, 5th class 52.5, non-smokers 51.5%, most of parents from midum economic 54.5, most of peers from low economic 52.5%, there was significant association between type of family of parents, peers with smoking habit of teenagers 0.0.34 and with address of peers with smoking habit of teenagers while there was no significant association between class, father occupation and family status with smoking habit of teenagers 0105, 0.912.

Conclusion: There was high significant association between parent smokers and smoking habit among teenagers, significant association between type of family and their smoking habit, while there was not significant association between class, and father occupation with smoking habit of teenagers. The study concluded that there was significant association between address, type of family, duration smoking, and smoking habit of peers with smoking habit of teenagers while there was no significant association between class, father education, father occupation.

Recommendations: depending of the outcomes of the study the researchers recommended to do health education about health risk of smoking habit for parents, peers and teenagers through mass media, seminars, newspapers.

Keywords: peers, parents, economic status, smoking habit.

INTRODUCTION

Cigarette smoking is the main cause for preventable diseases and early death, so the economic status of parents and peers may affect smoking habit for adolescent (Askarian et. al., 2013). Smoking habit may cause more than 5 million deaths each year (Mathers and Loncar, 2006). Smoking habit may increase the risk of heart disease, respiratory disease, and more than 10 different forms of cancer (Hammond et. al., 2006; National Center for Chronic Disease Prevention and Health Promotion, 2014). In many low income countries, women smoke much less than men. Findings of research revealed that parents and peer smokers affect smoking habit behavior among teenagers so according to the survey done, globally it was

estimated that men smoked about more than five times than women (Guindon et. al., 2003). In China, in 2012, 52.9% of men were reported to be smokers while only 2.4% of women smoked (World Health Organization, 2013). The 2009 Egypt Global Adult Survey also showed that 37.7% men and 0.5% women in Egypt currently tobacco smokers (World Health Organization, 2009). Female smoking prevalence has been low in China, however male smoking prevalence has been high for several decades. The reason for the difference is generally attributed to strong social norms against female smoking (Hermalin and Lowry, 2010; Geckova et. al., 2002). Smoking habit is considered the main public health hazards in the world. It is among the main preventable causes of sudden death, morbidity

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and mortality worldwide. About 5 million deaths occur each year due to cigarette smoking. If the pattern of tobacco consumption continues at the same pace as today, the morbidity and mortality rates will be increase doubled (10 million people per year) by the year 2020 (Global Youth Tabacco Survey Collaborative Group, 2002; Pampel, 2005) and 7 million of which may be occur in developing countries (Rozi et. al., 2007). Studies revealed that most tobacco smokers start smoking under the age of 18 and during their teenagers. Teenagers are easily affected by their friends, parents, peers, social norm, and tobacco advertisements. The younger the age of starting smoking, the greater will be may become a regular tobacco smoker later in life. Usually with a simple smoking experience (1 or 2 puffs), the adolescent will become a regular smoker. More than one third of those who experienced smoking before the age of 18 will become daily and about two third of them will become regular smokers (Centers for Disease Control and Prevention (CDC), 1997; Global Youth Tabacco Survey Collaborative Group, 2002). In a report published by Warren regarding the results of Global Youth Tobacco Survey (GYTS) in 43 countries (1999-2001) on 13-15 year-old adolescents, the prevalence of smoking habit and its current use were reported to be 33% and 14%, respectively (Ertas, 2007; Ramezankhani, 1999). Different factors may play a role in starting smoking among which, gender, exposure to parent and peer's smoking, low grades, pocket money and type of school (public or private) (Centers for Disease Control and Prevention (CDC), 1997), feeling mature as men, attention and stress have been named by some studies (Afrasyabifar et. al., 2000). These factors are related to the culture, traditions and other characteristics of a country. In most developing countries precise data is not available on the prevalence of smoking among adolescent students or on their knowledge and attitude towards smoking habit. According to this information the first step include planning and implementation of anti-smoking programs and education people about tobacco health hazards. In Iran, some studies have been conducted about this ,So many factors present as friend or a family member smoking, family issues, leisure, tendency towards smoking, peers and gender are all reported to be main causes for students' smoking in Iranian studies (El-Ansari, 2002). Smoking also has effect on the environment due to passive smoking (Abu-Baker et. al., 2010). The impact of smoking is

not related to smokers only, but it may be affect the non-smokers as well. Passive smoking has an impact on birth outcomes represented in low birth weight and contribute significantly to many diseases like respiratory tract infections in infants and children (Madarasova et. al., 2005). Findings of some study revealed that low soci-economic status of adolescent my affect smoking habit while other study is controversy so they said that high economic may due to increase smoking habit among teenagers (Araoye, 2003). The study aims to identify socio-demographic characteristics of teenagers, and to identify association between smoking habit and economic statuses of parents, with smoking behavior for teenagers. Finally, to identify association between smoking habit and economic statuses of peers and with smoking behavior for teenagers.

MATERIALS AND METHOD

The study is adopted a cross-sectional, descriptive study. The sample study included (99) male adolescents' students from four secondary schools for boys depending on geographical area in Bnaslawa distract so Bnaslawa distract divided to four areas (south, north, west and east) and taken from each area , one secondary school for boys to collect data by using self-report questionnaire for each students. The study was done in four secondary schools for boys in Bnaslawa Distract. Time of the study /the study began in 1-1- 2016 to 1-4-Tools for data collection / the questionnaire is used for data collection, included in two parts (socio demographic data for teenagers and questions related to smoking habit and questions related to relationship between economic status of peers and parents and smoking habit of teenagers. Validity and reliability of questionnaire / the questionnaire was viewed to panel of experts in nursing field and pilot study conducted to identify barriers. Ethical consideration / Permission was taken from general directorate of education in Erbil and approval from nursing college. Data will be collected by self -report with students in school using standard questionnaire. Data analysis: data was analyzed through using SPSS software version 22 for descriptive (frequency and percentage) and inferential (fisher's exact test) statistical analysis. All statistical procedures were tested on a probability of p−value was: ≤ 0.001 Very highly significant (VHS), ≤ 0.01 Highly significant (HS), ≤ 0.05 Significant (S), > 0.05 Non significant (NS).





RESULTS

Table (1): Socio- demographic characteristic of teenagers.

Demographic characteristi	F	%	
A go group (years)	15-17	56	56.6
Age group (years)	18-20	43	43.4
	city center	23	23.2
Address	suburbs	65	65.7
	others	11	11.1
Family Status	married	11	11.1
Failing Status	single	88	88.9
	4th	37	37.4
Class	5th	52	52.5
	6th	10	10.1
	smokers	32	32.3
Smokers	non smokers	51	51.5
	sometimes	16	16.2
	< 1 year	16	16.2
Duration of Smoking	≥ 1 year	32	32.3
	non smokers	51	51.5
	illiterate	23	23.2
Level of education of	can read and write	17	17.2
father	primary	29	29.3
lattiei	secondary	12	12.1
	institute and college	18	18.2
	unemployed	27	27.3
Eather's ecounation	employed	44	44.4
Father's occupation	earner	7	7.1
	retired	21	21.2
Type of family	nuclear	19	19.2
Type of family	extend	80	80.8

Table (2): smoking habit and -economic status of parents.

Questions related to smoking habit and econon	F	%	
do you have parents are smokers	yes	49	49.5
do you have parents are smokers	no	50	50.5
do you have smokers in your family	yes	42	42.4
do you have shokers in your raining	no	57	57.6
	N/A	57	57.6
	brother	23	23.2
if yes who they are	Sister	7	7.1
	Grand parents	8	8.1
	others	4	4.0
do parents smoking has an effect on your	yes	50	50.5
smoking habit	no	49	49.5
do your patients encourage you to avoid from	yes	48	48.5
smoking	no	51	51.5
do your family have knowledge about hazards	yes	49	49.5
of smoking on health	no	50	50.5
do your parents have information about	yes	43	43.4
passive smoking	no	56	56.6
what is the level of according status in your	low	39	39.4
what is the level of economic status in your	moderate	56	56.6
family	high	4	4





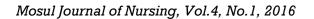
do you think that socioeconomic of your	yes	76	76.8
family affect you to smoke	no	23	23.2
do you think low economic of family	yes	47	47.5
encourages to smoke	no	52	52.5
do you think that high economic encourage	yes	44	44.4
you to smoke	no	55	55.6
do you think that your social hierarchy affects	yes	46	46.5
your habit as a smoker	no	53	53.5
	low economic	28	28.3
	high economic	21	21.2
please selected factors below that encourage	parents	8	8.1
you to smoke	family hierarchy society	8	8.1
	family environment	6	6.1
	others	28	28.3
do you think that economic status now days	yes	69	69.7
effect on your smoking habit of your family	no	30	30.3

Table (3): Overall smoking habit status -economic status of parent n=99

Overall smoking habit and economic status of parent n=99	F	%
Low	44	44.4
Medium	54	54.5
High	1	1.1
Total	99	100

Table(4): smoking habit -economic status of peers n=99

Questions related to smoking habit and economic status of peers n=99 F %					
do vou hove nonematron friend	yes	76	76.8		
do you have nonsmoker friend	no	23	23.2		
do vou hovo amalans in vour friandshin	yes	64	64.6		
do you have smokers in your friendship	no	35	35.4		
do smoking of your friend has an affact on you	yes	51	51.5		
do smoking of your friend has an effect on you	no	48	48.5		
do your friend analyses of you to havin smalling	yes	52	52.5		
do your friend encourage you to begin smoking	no	47	47.5		
do your friends have information about passive	yes	35	35.4		
smoking on health?	no	64	64.6		
do your family have knowledge about health risks	yes	38	38.4		
of smoking?	no	61	61.6		
do think that socioeconomic status of your friend	yes	58	58.6		
affect you to smoke	no	41	41.4		
do you think that low socioeconomic status of	yes	49	49.5		
friends has an effect on smoking	no	50	50.5		
do you think that high economic of your friend	yes	44	44.4		
encourage you to smoke	no	55	55.6		
do you think your social hierarchy of friend affects	yes	39	39.4		
your habit as a smoker	no	60	60.6		
do vou hovo docino to quit amoltino	yes	77	77.8		
do you have desire to quit smoking	no	22	22.2		
do you think that economic status nowadays affect	yes	73	73.7		
your friends smoking habit?	no	26	26.3		
	low	46	46.5		
what is the level of economic status in your friend	moderate	47	47.5		
	high	6	6.1		







	friends	40	40.4
	low economic	13	13.1
places calcuted feature below that anapyrage you	society	9	9.1
please selected factors below that encourage you to smoke	problems	7	7.1
	social environment	5	5.1
	teachers	2	2.0
	others	23	23.2

Table (5): over all Smoking and economic status of peers n=99

Overall smoking habit and economic status of peers n=99		%
Low	52	52.5
Medium	44	44.4
High	3	3.1
Total	99	100

Table (6): Association between smoking habit and economic status of parent with smoking habit of teenagers.

Smokin	Smoking habit and economic		Low		Medium		gh	P-value
Demographic characteristics	status of parent	F	%	F	%	F	%	Fisher's exact test
Age group (years)	15-17	27	27.3	28	28.3	1	1	0.434
Age group (years)	18-20	17	17.2	26	26.3	0	0	NS
	city center	8	8.1	14	14.1	1	1	0.310
Address	suburbs	32	32.3	33	33.3	0	0	0.310 NS
	others	4	4.0	7	7.1	0	0	110
Family Status	married	6	6.1	5	5.1	0	0	0.742
Talling Status	single	38	38.4	49	49.5	1	1	NS
	4th	15	15.2	22	22.2	0	0	0.844
Class	5th	24	24.2	27	27.3	1	1	NS
	6th	5	5.1	5	5.1	0	0	IND.
	smokers	20	20.2	12	12.1	0	0	0.003 HS
Smokers	non smokers	13	13.1	37	37.4	1	1	
	sometimes	11	11.1	5	5.1	0	0	
Duration of	< 1 year	8	8.1	8	8.1	0	0	0.018
Smoking	≥ 1 year	21	21.2	11	11.1	0	0	0.018 S
Silloking	non smokers	15	15.1	36	36.4	0	0	3
	illiterate	12	12.1	11	11.1	0	0	
Level of education	can read and write	6	6.1	11	11.1	0	0	0.858
of father	primary	13	13.1	15	15.2	1	1	0.838 NS
of famel	secondary	6	6.1	6	6.1	0	0	IND
	institute and college	7	7.1	11	11.1	0	0	
Father's occupation	unemployed	11	11.1	16	16.2	0	0	0.272
	employed	21	21.2	23	23.2	0	0	
	earner	1	1.0	6	6.1	0	0	NS
	retired	11	11.1	9	9.1	1	1]
Type of femile.	nuclear	5	5.1	13	13.1	1	1	0.034
Type of family	extend	39	39.4	41	41.4	0	0	S





Table 7 Association between Smoking habit and economic status of peers with smoking habit of teenagers.

teenagers.		Low Medium			ц	gh	P-value	
		LOW		Med	liuili	111	gn	Fisher's exact
		F	%	F	%	F	%	test
	15-17	31	31.3	23	23.2	2	2	0.722
Age group (years)	18-20	21	21.2	21	21.2	1	1	NS
		6	6.1	15	15.2	2	2	149
Address	city center suburbs	40	40.4	24	24.2	1	1	0.034
Address				5			1	S
	others	6	6.1	_	5.1	0	0	0.240
Family Status	married	8	8.1	3	3	0	0	0.340
,	single	44	44.4	41	41.4	3	3	NS
	4th	15	15.2	22	22.2	0	0	0.105
Class	5th	30	30.3	19	19.2	3	3	NS NS
	6th	7	7.1	3	3	0	0	140
	smokers	25	25.3	7	7.1	0	0	< 0.001 VHS
Smokers	non smokers	14	14.1	34	34.3	3	3	
	sometimes	13	13.1	3	3.0	0	0	VIIS
Description of	month	9	9.1	6	6.1	0	0	. 0.001
Duration of	year	27	27.3	5	5.1	0	0	< 0.001
Smoking tenagers	no smoking	16	16.2	33	33.3	3	3	VHS
	illiterate	11	11.1	11	11.1	1	1	
Y 1 C 1	read and write	8	8.1	8	8.1	1	1	0.066
Level of education	primary	17	17.2	11	11.1	1	1	0.966
of father	secondary	6	6.1	6	6.1	0	0	NS
	college	10	10.1	8	8.1	0	0	1
	unemployed	12	12.1	14	14.1	1	1	
5 1 1	employed	26	26.3	17	17.2	1	1	0.912
Father's occupation	earner	4	4	3	3	0	0	NS
	retired	10	10.1	10	10.1	1	1	1
T 00 H	nuclear	8	8.1	10	10.1	1	1	0.541
Type of family	extend	44	44.4	34	34.3	2	2	S

DISCUSSION

The study revealed that most of students between 15-17 years old , most of them were from suburbs, single, 5th class, non-smokers , and regarding level of education of their fathers most of them were illiterate 23%, most of fathers were employed , and according to type of family most of them were type of extended family 80%. According the age of teenagers 15- 17 so most of them begin smoking before 18 years as reported by (WHO, 2009). so the WHO (2009) reported that roughly 90% of adult smokers were established smokers before the age of 18 years, meaning that prevention of youth smoking translates into prevention of adult smoking and its adverse health effects .

According the economic status of parents most of them were in medium status 54%, low 44%, and high was 1%, the economic status of parents is low because most of them were

employed and they have not received good salary monthly and as we saw the high economic of parents was 1% so it was less so economic status may affect smoking habit as reported by the study of Alghabban (2009) who reported that there was an association between higher socioeconomic status and smoking, as students belonging to families with high resources were more likely to obtain tobacco products. The study revealed that most of their parents were illiterate so this was may affect smoking habit among teenagers because parents can not advise teenagers about health risk of smoking because they have not knowledge about that as reported by the study of Alghabban (2009) indicated that educational level are assumed to be aware of the ill- effects of smoking; therefore, they are more likely to advise their children against smoking.





The study revealed that the economic status of peer included most of them in low status 54%, 44% of them were medium and 3% of them were high so the peers and their economic status may influence smoking habit among teenagers as reported by the study of Alghabban (2009) and Hashim (2000) who indicated that the major factors influencing the smoking prevalence among them were the smoking habits of peers, family members and relatives. The study revealed that there was significant association between type of family and smoking habit so in our study most of teenager's family were extended so the families were over-crowded and may due to social problems and cause smoking habit among teenagers and spending most their times out of family with their peers and affect them as reported by (Alghabban, 2009). The study indicated that peer smokers, duration of their smoking and type of family may affect and cause smoking habit among teenagers because teenagers spend most their times with their peers or friends as reported by the study of Alghabban (2009) and Hashim, 2000). The study indicated that there was not significant association between class, father occupation, and address of parents and peers with smoking habit of teenagers this is because in the class smoking not allowed in school and in father occupation settings also smoking not allowed.

CONCLUSION

The study concluded that most of parents in medium economic status 54.5%, most peers were in low economic status 52.5%, most of teenagers were non-smokers 51.5%, most of teenagers live in extended family, there was high significant association between parent smokers and smoking habit among teenagers, significant association between type of family and their smoking habit, while there was not significant association between class, address and father occupation and smoking habit of teenagers. The study concluded that there was significant association between address, type of family, duration smoking, and smoking habit of peers with smoking habit of teenagers, while there was no significant association between class, father education, father occupation.

RECOMMENDATIONS

Depending of the outcomes of the study the researchers recommended to do health education about health risk of smoking habit for parents, peers and teenagers through mass media, seminars ,newspapers. Magazine and workshops in their schools and for public as general and increase taxes on smoking trades and follow up by the government.

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