ORIGINAL INVESTIGATION

Factors Affecting Smoking Status of Nursing Students and Their Addiction Levels

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Abstract

OBJECTIVES: This study was conducted to determine the smoking habits of students of Atatürk Health College of Dicle University and the factors affecting them.

MATERIAL AND METHODS: This cross-sectional study was performed between April 15 and 19, 2013. The selection of sampling was not conducted, since the whole study population included. Of 400 registered students, 326 (81.5%) were included. For collecting data, a questionnaire form designed by the researcher and Fagerstrom test for nicotine dependence for determining the addiction level were applied. Percentage calculation was used for analyzing data, and chi-square test was employed for evaluating the relationship between the variables.

RESULTS: The mean age of students was 21.4 ± 2.3 years. Of them, 12.3% still smoked and 4% had quit. Of the smokers, 21.9% were males and 3.5% were females. Of the smokers, 67.5% stated that they tried to quit smoking and 72.5% replied that they thought of quitting smoking in the future. It was found that 47.5% of the students smoked 11–20 cigarettes a day. Of the students who still smoked and who had quit, 47.2% had begun to smoke at the age of 10–15 years. As the cause for smoking initiation, 50.9% of the students revealed stress, difficulties, and sadness and 35.8% revealed the effect of a friend. A statistically significant difference was found between smoking habit and age, gender, class, and the presence of smokers among close friends ($p < 0.05$). Moreover, it was detected that 35% of the students were over dependent.

CONCLUSION: The prevalence of smoking among the youth is high. To decrease smoking prevalence, the reasons for smoking initiation should be investigated and some precautions should be taken before the university age, and they should be continued during the university education.

KEYWORDS: Smoking, nicotine dependence, nursing student

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INTRODUCTION

The epidemic use of tobacco among the youth negatively affects public health worldwide [1]. Today, cigarette is the most-consumed tobacco product. Smoking, which is the number one cause of death in the world and causes the death of >5 million people every year, is the most important preventable factor among the causes of the impairment of health and early death. It is estimated that if the smoking habit continues as present in 2020, approximately 10 million people will die because of smoking-related causes every year, and 7 millions of these deaths will occur in developing countries [2].

Approximately 1 billion people in the world are predicted to smoke. In Turkey, the number of smokers is specified to be 14.8 million, and approximately 100,000 people die of a smoking-related causes every year [3,4]. In the report of the Public Opinion Poll on the Campaign for Struggling with Smoking (PIAR), the prevalence of smoking was stated to be higher among the males than females, and it was found to be 43.6% among individuals older than 35 years [5]. According to the results of the Global Adult Tobacco Survey performed by the Turkish Statistical Institute (TUIK) in 2012, 41.4% of males and 13.1% of females smoke in our country [4]. Turkey is the second country after Greece with regard to per capita cigarette consumption in Europe [6]. Smoking is common also among nursing students. In various studies conducted with nursing students in our country, the prevalence of smoking among the students was detected to range from 12.9% to 17.5% [7-9].

Cigarette has the feature of causing heavy addiction, similar to the addictive drugs such as heroin and cocaine, because it contains high levels of nicotine [10]. People generally start smoking in the youth, and this addiction also continues during adulthood [11,12].

One of the principles of the methods struggling to control smoking is to decrease the rates of smoking initiation. Thus, knowing the age and causes of smoking initiation will help further studies that will be conducted for revealing the prevalence of smoking [13].

When the literature on the prevalence of smoking in the society is reviewed, some studies regarding the factors leading children and adolescents to smoke are also found. These factors causing adolescents to smoke cigarette include the presence of a smoking close friend, parent, sibling, and teacher; low level of socio-economic status; having a desire to appear modern; wanting to get rid of stress; failure in school; and social gender [14].

University life brings along many problems as well as advantages among the young people. These problems can result from the student being far away from his/her home and family, accommodation problems, being in a new circle of friends, taking the first step for acquiring a profession, and anxiety for finding a job after graduation. To cope with all these problems, students start smoking and this behavior consequently becomes a habit [15,16].

Students, particularly the ones studying in educational institutions on health, are in an important age with regard to acquaintance with cigarette, and this behavior's being permanent, and they must be responsible individuals as they will be role models for the society during their professional lives in the future. Therefore, this study was conducted to reveal the smoking habits of nursing students and the factors affecting these habits.

MATERIAL AND METHODS

This cross-sectional study was performed with the students of Nursing School in Atatürk Health College of Dicle University. The population of the research comprised 400 registered students in the college. The selection of the sampling was not performed to reach the whole population. Of these students, 326 (81.5%) were evaluated because some students did not attend school, some refused to participate, and some incompletely answered the questionnaire items. Data were collected using a questionnaire form investigating demographic features and smoking status and the Turkish version of the Fagerstrom test for nicotine dependence (FTND) designed for determining the addiction levels of smokers [17-19]. Necessary permissions were received from the directorate of the college. The students participated in the study on a voluntary basis, and their written informed consents were obtained.

Statistical Analysis

Data analysis was performed using Statistical Package for Social Sciences, (SPSS Inc., Chicago, IL, USA) 15.0 statistical software. In statistical analysis of data, mean, standard deviation, percentage, and chi-square test for evaluating the relationship between the variables were used. The value of $p < 0.05$ was accepted to be statistically significant.

RESULTS

The mean age of 362 students who participated in the study was 21.4 ± 2.3 years; 52.5% of them were females and 96.3%

were bachelors. Of the students, 66.9% had the structure of elementary family, 31% had extended family, and 2.1% had broken family. It was observed that 75.2% of them lived in city centers, 16.6% lived in districts, and 8.3% lived in villages. Of the participants, 59.8% lived with their families, 18.1% worked at any job, the money they had did not meet their requirements for 41.7%, and 33.7% scraped by the money they had; 15.3% of students did not have a social insurance, and the families of 7.7% had a low income status. When educational backgrounds of their parents were examined, it was found that the mothers of 47.9% were illiterate, 20.2% were elementary school graduates, 3.1% were university graduates, and the mothers of 95.7% did not work. The fathers of 12.3% were illiterate, 30.4% were elementary school graduate, and 11.7% were university graduates.

Of the students, 12.3% still smoked. This rate was 3.5% among female students and 21.9% among male students. Furthermore, the difference between them was statistically significant ($p=0.000$) (Table 1).

In Table 2, smoking-related features of the students who smoked are presented. For 55% of smoking students, the duration of smoking was >6 years and 67.5% of them tried to quit smoking. In terms of the reasons for smoking cessation, 86.2% of students smoking stated that smoking was harmful to health, 48.3% suggested economic factors, and 34.5% specified that it was harmful to environment; 47.5% of smokers replied that they smoked 11–20 cigarettes per day.

The age and causes of smoking initiation for students who still smoked and who had quitted smoking are given in Table 3. The mean age of smoking initiation was found to be 16.1 ± 2.9 years and 47.2% of them started smoking at the age of 10–15 years. Of the students, 50.9% stated that they started smoking because of stress, problems, and sadness and 35.8% started because of the influence of a friend who smoked.

Table 4 demonstrates the distribution of smoking status of students considering some features. According to this, it was found that the frequency of smoking increased at the age of 21 years and more, and there was a significant difference between age and smoking behavior ($p=0.021$). The rate of smoking was higher in the fourth grade students than in other grades (37.5%), and a statistically significant difference was found between them ($p=0.033$). The relationship between smoking behavior and some factors, including living with family or away from family, familial income status, parental education level, the presence of smokers in family, and being aware of smoking's harms, was found to be statistically insignificant ($p>0.05$). In contrast, it was observed that the presence of smokers among close friends increased the rate of smoking behavior, and there was a statistically significant difference between them ($p=0.003$).

Considering the distribution of smokers according to gender and FTND scores, addiction level was very low in 20% of students and very high in 22.5%. Moreover, 38.2% of male smokers and 16.7% of female smokers were heavily addicted. The mean addiction score of the students was found to be 4.7 ± 2.8 at medium level (Table 5).

Table 1. Smoking status of students according to gender

	Female		Male		Total	
	Number	%	Number	%	Number	%
Still smoking	6	3.5	34	21.9	40	12.3
Never smoked	128	74.9	85	54.8	213	65.3
Have quitted	1	0.6	12	7.7	13	4.0
Have tried at least once	36	21.1	24	15.5	60	18.4
Total	171	100	155	100	326	100

 $\chi^2=39.298$, $p=0.000$
Table 2. Smoking-related features of smoking students

Features	Number	%
Duration of smoking (n=40)		
1-5 years	18	45.0
6 years and over	22	55.0
Mean	6.7±3.5	
Trying to quit smoking (n=40)		
Yes	27	67.5
No	13	32.5
Thinking to quit smoking in the future (n=40)		
Yes	29	72.5
No	11	27.5
Reason for wanting to quit smoking (n=29)*		
Harmful to health	25	86.2
Economic reasons	14	48.3
Harmful to environment	10	34.5
Because of health problems	6	20.7
Pressure from family and environment	3	10.3
Reason for not wanting to quit smoking (n=11)*		
It comforts me	7	63.6
I enjoy smoking	5	45.5
It eases my troubles	3	27.3
It refreshes me	1	9.1
It helps me to think	1	9.1
Wanting to get support from a specialist for smoking cessation (n=40)		
Yes	10	25.0
No	30	75.0
Number of cigarette smoked a day (n=40)		
10 and less	9	22.5
11-20	19	47.5
21-30	7	17.5
31 and more	5	12.5

* Since the participants gave more than one answer, the percentages were taken over "n."

Table 3. Age and causes of smoking initiation for students who still smoked and who had quitted

Features	Number (n=53)*	%
Age of smoking initiation		
10-15 years	25	47.2
16-22 years	28	52.8
Mean	16.1±2.9	
Cause of smoking initiation		
Stress, problems, sadness	27	50.9
Effect of a friend	19	35.8
Wannabe and fad	11	20.8
Enjoying	10	18.9
Curiosity	3	5.7
Others**	4	7.6

* Because the participants gave more than one answer, the percentages were taken over "n."

**Being a member of a social group, desire to prove oneself, just to spite, self-harm.

DISCUSSION

Nursing students constitute an important group who struggle with smoking because they are taken as an example during their school and working lives. In recent years, many remarkable attempts have been made to decrease smoking habits of societies and to draw attention to the factors affecting smoking status of nursing students who are candidates of the future health team, and their addiction levels have become more of an issue.

In this study, it was detected that 12.3% of the students still smoked. This rate was found to be 33% in the study of Azak [20], 30% in the study of Bedir et al. [21], 22% in the study of Kaplanoğlu et al. [22], and 18,7% in the study of Altay and Çetin [23]. Compared with these data, it can be said that the students in our study smoked less. This can be considered as positive results of the campaigns that was initiated in our country for struggling with smoking.

In the fight against smoking cigarette, university students constitute the most important target group. Many studies have been conducted for this group worldwide. In a study performed with university students from 23 countries, the

Table 4. Distribution of students' smoking status according to their some features

	Still smoking		Non-smoking		Total		
Features	Number	%	Number	%	Number	%	p
Age							
18-20 years	8	20.0	111	38.8	119	36.5	0.021
21 years and over	32	80.0	175	61.2	207	63.5	
Grade							
1 st grade	10	25.0	73	25.5	83	25.5	0.033
2 nd grade	3	7.5	76	26.6	79	24.2	
3 rd grade	12	30.0	72	25.2	84	25.8	
4 th grade	15	37.5	65	22.7	80	24.5	
Place of living							
With family	20	50.0	175	61.2	195	59.8	0.176
Away from family	20	50.0	111	38.8	131	40.2	
Familial income							
Very low	4	10.0	21	7.3	25	7.7	0.222
Low	15	37.5	69	24.1	84	25.8	
Medium	20	50.0	191	66.8	211	64.7	
High	1	2.5	5	1.7	6	1.8	
Education of mother							
Lower than primary school	22	55.0	191	66.8	213	65.3	0.233
Primary–Secondary school	15	37.5	71	24.8	86	26.4	
High school–College	3	7.5	24	8.4	27	8.3	
Education of father							
Lower than primary school	8	20.0	84	29.4	92	28.2	0.382
Primary–Secondary school	18	45.0	125	43.7	143	43.9	
High school–College	14	35.0	77	26.9	91	27.9	
Presence of a smoker in family							
Yes	30	75.0	180	62.9	210	64.4	0.136
No	10	25.5	106	37.1	116	35.6	
Presence of a smoker among close friends							
Yes	36	90.0	191	66.8	227	69.6	0.003
No	4	10.0	95	33.2	99	30.4	
Thinking that smoking is harmful							
Yes	37	92.5	265	92.7	302	92.6	0.972
No	3	7.5	21	7.3	24	7.4	
Total	40	100	286	100	326	100	

highest prevalence of smoking was found to be in the Mediterranean countries, such as Greece, Italy, Portugal, and Spain. Male students smoke approximately three times more than female students. In contrast, smoking cigarette is in a wide range among female students [24]. In a study conducted in the United States of America in 2000, it was revealed that 25.7% of males and 21% of females smoked

[25]. According to the Global Tobacco Survey, women (13.1%) smoke less than men (41.4%) in Turkey [4]. In our study, it was found that the rate of smoking was quite higher in male students (21.9%) than in female students (3.5%). Although these rates are considerably lower than the rates over Turkey, smoking rate among males is six times higher than among females. The fact that males smoke more than

Table 5. Distribution of smokers according to gender and Fagerstrom dependency scores

Addiction level	Female		Male		Total	
	Number	%	Number	%	Number	%
Very low (0–2 score)	2	33.3	6	17.6	8	20.0
Low (3–4 scores)	3	50.0	11	32.4	14	35.0
Medium (5 scores)	0	0.0	4	11.8	4	10.0
High (6–7 scores)	0	0.0	5	14.7	5	12.5
Very high (8–10 scores)	1	16.7	8	23.5	9	22.5
Total	6	100	34	100	40	100
The mean dependency score=4.7±2.8						

females can be explained by the fact that smoking is considered to be a show of status and force for men. Therefore, more effective efforts are required for men in the fight against smoking.

Of the students who smoked, 55% smoked for 6 years and more (the mean of 6.7 ± 3.5 years). Moreover, in the study of Yüksel and Cücen [26] that was conducted in Ankara, 20.8% of students were found to have smoked for >6 years. Korkmaz et al. [27] detected that the students in their study smoked for 4.56 ± 2.83 years on an average.

More than 70% of smokers wanted to quit smoking and approximately 30%–50% of them try to stop smoking every year. However, only 5% of smokers succeed in their attempts without receiving any help [28]. In a study conducted in Manisa, it was revealed that 78.4% of students tried to quit smoking, 39.2% thought of quitting smoking, and 41.2% did not know what to do [29]. In another study conducted in Samsun, 56.9% of the students stated that they thought of quitting smoking. Furthermore, 72.7% of them expressed that the effects of smoking on health was the reason for smoking cessation and 27.3% told about its financial harm [23]. In our study, 67.5% of the students who still smoked stated that they had tried to give up smoking and 72.5% told that they thought of quitting smoking in the future. The reason for desiring to stop smoking was revealed to be its harm to health at the rate of 86.2% and economic reasons at the rate of 48.3%. Although the rate of smoking cessation is inadequate at present, it is promising that a considerable number of students want to stop smoking cigarette.

Twenty-five percent of students specified that they wanted to get support from a specialist for smoking cessation. In contrast, in the study of Demirel and Sezer [30], only 4.5% of students stated that they thought about getting support from a professional institution. In another study conducted with the students of medicine faculty, 42.9% of students emphasized that they wanted to receive help for quitting smoking [31]. The fact that the rate of smoking cessation is low despite high rate of individuals wanting to get help can be an indicator of the fact that students are not conscious enough regarding the positive effects of the methods for quitting smoking.

The number of cigarettes smoked a day differs in various studies. In the study of Parlar et al. [15], 54.6% of students

were found to smoke 10–19 cigarettes per day. The rates of students who smoked 11–20 cigarettes per day were found to be 20.5% in the study conducted by Altay and Çetin [23] and 33.9% in the study of Kutlu and Çivi [14]. In our study, the rate of students who smoked 11–20 cigarettes a day was detected to be 47.5%. This result suggests that the rate of smoking among students is considerably high.

It has been reported that the age of smoking initiation has decreased in general, even in the teenage group [32,33]. Çapik and Cingil [7] reported that 70% of students started smoking before the age of university. In a study conducted by PIAR [5] in 1988, which revealed the prevalence of smoking cigarette in our country, the rate of smokers at the age of 15–18 years was found to be 30%. Furthermore, in this study, 47.2% of students who still smoked and who had quit smoking stated that they started smoking at the ages between 10 and 15 years. This result is notable with regard to smoking initiation at a young age. After all, collectively common campaigns should be organized for young people, various activities should be planned either by individuals or institutions, and protective strategies necessary for smokers and non-smokers should be developed.

Although the influence of a friend has been shown as the most common factor affecting smoking initiation in many studies [34,35], the factor of stress–problems–sadness (50.9%) was ranked first and the influence of a friend (35.8%) was ranked second in our study. There are also other studies showing stress and boredom as the most common causes of smoking initiation [36,37]. When the results of these studies were compared with those of our study, the factors placed on the top for smoking initiation revealed parallelism with each other.

A statistically significant difference was found between the smoking behavior and age, grade, and the presence of smokers among close friends ($p < 0.05$). It was revealed that being older than 21 years, being in upper grades, and the presence of close friends who smoked increased the rate of smoking. Studies revealed that the frequency of smoking increases with increasing age [22,38]. In this study, a parallel increase was observed between the status of still smoking and age. According to this result, individuals smoke more as the age increases. The decrease of smoking age down to younger ages should be prevented. After having reached a certain age, the fight against this addiction becomes more difficult.

In the comparison of students' grades and smoking status in our study, it was observed that the rate of smoking increased in parallel with grade. Arsava et al. [39] reported in their study that the rates of active smoking significantly increased as the education years of students increased. Moreover, Livaditis et al. [40] emphasized that an increase was observed in the smoking habits of medical students during their education despite the medical education provided to them.

As in many negative habits, the influence of friends and environment cannot be ignored in getting addicted to smoking. The reasons for smoking initiation include the presence of smokers among friends, the sense of belonging to a group, and the desire of proving one's growth. In the study, the smoking students stated that they had a lot of friends who smoked (90%). This statement confirms that they were under a high risk in this regard and reveals that smoking behavior has become prevalent [14,41]. Our findings are consistent with literature.

It was detected that some factors, including a students' living with or away from their families, familial income, parental education level, the presence of smokers in family, and being aware of the harms of smoking did not affect smoking status ($p>0.05$). There are also other studies supporting our results [14,32,38].

Tobacco and cigarette have a strong effect with regard to getting addicted. Three of every four individuals who have tried smoking once becomes a smoker [15]. In the study of Şahin et al. [34], the mean nicotine dependence score (NDS) was found to be 4.7 ± 1.6 in the whole group, and the rate of smokers whose NDS was 7 and above was detected as 10.4%. It was observed that this rate was significantly lower in female students.

In the study conducted by Çelikel et al. [42], FTND scores of 59% smoking students were reported to be between 0 and 4 (low level of addiction), and the mean score was 3.9 ± 2.5 for all students. It was also found that female students were less addicted. Similarly, in our study, FTND scores ranged from 0 to 4 for 55% of students and from 6 to 10 for 35% of students. The mean score of all students was found to be 4.7 ± 2.8 , and female students were detected to be less addicted.

In this study, the factors of age, gender, grade, and the presence of smokers among close friends influenced the rate of smoking. The addiction levels of the students were high. To reduce the prevalence of smoking among the young people, the factors leading them to smoke should be primarily identified and necessary precautions should be taken before they start university and focused during university period. In addition, students who study in the schools raising health staff should be made aware through periodically provided educations on the fact that they will be role models for the society.

Ethics Committee Approval: Research is planned on students as definer. Students who joined in this researching were adult and healthy so it was no need committee's confirm.

Informed Consent: Students have been informed about this research and their confirm was taken orally.

Peer-review: Externally peer-reviewed.

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