## The Survey of Believe Visibility and Awareness of Orientation of Smoking at Tehran University

Zahra Babaeian<sup>1</sup>, Amir Hooshang Maroufzadeh<sup>2\*</sup>, Mehrnoosh Kamalian<sup>3</sup>, Mehrdad Maroufzadeh<sup>4</sup>, Mahshid Kamalian<sup>5</sup>

maroufzadehamirhooshang@yahoo.com

Abstract: Studying ages is the time that the behavioral pathway is emerging. This study aimed to investigate the prevalence and causes of smoking among students of Tehran University's dormitories. In this study sample census was conducted of all students living in dormitories. The data collection tool was a questionnaire whose reliability and validity had been confirmed. Data were analyzed using SPSS statistical software, chi-square tests, t tests, and logistic regression analysis. The results showed that the main reason was smoking a cigarette with friends and between smoking and age, sex, ethnicity and years of education were significantly associated, but there are no significant relationships between education and marital status. Also the results showed a low prevalence of smoking among college students, but are also considered a low prevalence and parents should supervise younger children's friend on the rise.

[Zahra Babaeian, Amir Hooshang Maroufzadeh\*, Mehrnoosh Kamalian, Mehrdad Maroufzadeh, Mahshid Kamalian. **The Survey of Believe Visibility and Awareness of Orientation of Smoking at Tehran University.** *Biomedicine and Nursing* 2018;4(3): 53-56]. ISSN 2379-8211 (print); ISSN 2379-8203 (online). <a href="http://www.nbmedicine.org">http://www.nbmedicine.org</a>. x. doi:10.7537/marsbnj040318.06.

Keywords: Smoking, Student, Trends, Prevalence

### 1. Introduction

More than five million of world people lose their lives due to smoking each year that most of these cases are in low and middle income countries and implies that if the trend continues, smoking-related deaths in 2030 will increase to about 8 million people annually [1]. Smoking is a major risk factor increased the total disease burden in the world especially in relation to chronic non-communicable diseases such as cardiovascular, respiratory and also cancer and stroke are discussed [2]. Of the world's 1.1 billion smokers, 80% of them are living in low-and moderate-income countries [3]. The share of developing countries Smoking is equivalent to 70% of the 28% of smokers have ages 18 to 24 that the largest group of students are in this age group [4]. Studies show that smoking prevalence among students of Tehran universities is greater than 10%, which is high significant [5, 7]. Various studies also confirm whether the developed countries and in developing countries, the rise in youth smoking prevalence and age of onset is decreasing. When studying the behavioral pathway is emerging and established smoking students should be carefully considered and analyzed [10]. A group of young people to achieve happiness fleeting, small nose, and decreased sense of self-confidence or the lack of character development they start smoking, Later iterations of it are addicted to smoking is part of their lives. Peer influence or slightly larger than those in the group is important because smoking is one of the most common habits of a group of young and for those belonging to the group will be forced to give habits of the group [11]. Constitute a dynamic group of young people in each society that according to the young students in Tehran will our role in the future of the health system as a model community, therefore, we designed this study to determine the prevalence and causes Cigarette smoking among students of Tehran University Dormitories do determine its causes and appropriate steps taken to reduce these social problems.

## 2. Methodology and Data

This cross-sectional study carried out among male and female students studying in living in dormitories at Tehran University was the second semester of 2012. Data collection was made up of two parts which consisted of 25 questions were including demographic information, including age, gender, ethnicity, marital status, and years of education and questions relating to the disposition of smoking, the open question and related factors such as increasing

<sup>&</sup>lt;sup>1:</sup> Research Expert, Masters Degree of psychology, Deputy of Research and Technology, Ministry of Health and Medical Education, Tehran, Iran

<sup>&</sup>lt;sup>2:</sup> Research Telecommunication Expert, Master Degree; Deputy of Research Telecommunication Company of Iran, Tehran (Corresponding Author)

<sup>&</sup>lt;sup>3</sup> Research Expert, Deputy of Research and Technology, Ministry of health and Medical Education, Tehran, Iran <sup>4</sup> Manager of Guidance School (Name: Samen-OL-A-Emeh), Area 3, Ministry of Education, Tehran, Iran <sup>5</sup> Ministry of health and Medical Education, Tehran, Iran

age, academic discipline, it was taken parental smoking and friends of the main questions. To ensure content validity, the questionnaire of 10 faculty members with relevant expertise or experience in a similar study of the subject, after the questionnaire was distributed among 15 students, using software to analyze and the internal reliability of the questionnaire, Cronbach's alpha reliability was obtain 80 percent.

In this study, smokers by the World Health Organization, were defined as individuals who is consumed at least 100 cigarettes in their lifetime [12] and who have smoked cigarettes in their lifetime but it is not regular smokers and not smoking at the time of the study were regarded as someone who has had the experience of smoking.

#### 3. Results

669 male and female students are living in four dormitories of Tehran University. 538 questionnaires were complete response [response rate]. Smoking as a major factor in both cases was related. Quantitative continuous variables such as age, education, smoking parents and friends as the variable quality mode 2, and ethnicity, multistate qualitative variables were considered. Chi-square and logistic regression analysis, the data was performed using t-tests. In univariate logistic regression, each variable entered the model individually. In the multivariate model, all the variables in the univariate models were entered into the model as a backward P less than 0.2 were analyzed in a multivariate model. Variables of ethnicity, gender, ethnicity, race and gender as female Persian and base were considered. Values of 0.05 were considered significant for all tests.

362 patients and 497 female patients with a mean age of 20 years for girls and boys single and ranges from 18 to 39 years. Most of the subjects were students in Tehran. 47% said students are smoke smell at least once daily for 6% of the samples were current smokers. 83% of the subjects had a history of smoking. The minimum ages for starting smoking are at the age of 17 and maximum of 23 years with a mean of 20 years. Cigarette smoking causes most, 33% with friends, smokers, smoking 27% interest, 24% entertainment, 12% and 4% unemployment was as far away from family. Mean daily smokers in the range 3 5 varn cotton varn in a week to 15 days and the mean duration of smoking was found to be 2 years. The average cost is £ 3840 per week was spent on cigarettes by smokers. Between cigarette smoking by age, sex, ethnicity and years of education were not significant association between cigarette smoking and field conditions [p <0/05] there was no significant relationship between marital status.

Being man and Ethnic Turkmen increases the risk of Cigarette smoking 25 times and 2 times. Mean age was 25 smokers and 24 nonsmokers. Academic year and non-smokers was 2 out of 3 [crude odds ratio is 0.43 times]. In multivariable logistic model, the multivariate odds ratio for the raw material 23 and having friends who smoke are 3. The mean age of study participants was 20 years. Results indicated a 6% prevalence of smoking among students of Tehran University. In a paper that was conducted Cigarette smoking in relation to gender effects showed up men being increases the risk of Cigarette smoking which is much lower than the results obtained in the present study.

There is the social evil of smoking women in Islamic countries that another reason can be used for the low estimates of self-reported smoking among women [19]. Usually smoking among women is an unsocial behavior. Women, especially young women and teenagers in our society less smoke in public.

And the tendency to attempt to make smoking an occasional the smoking rate among them is less than [16]. Greater ease and frequency of tobacco smoking among the general population are available and social evil it is less than other materials so very easy to use. it will take on people, especially young therefore, measures such as increasing cigarette prices and taxes, limited distribution, advertising and related industries to reduce the availability and use of clear thinking individuals [20]. Several studies have confirmed the cause of smoking on the findings of the present study; the associations with friends who smoke are presented as the most important factor [13, 16]. Peer smoking is one of the strongest predictors of smoking [22]. This is an indication of how much the friendship and company of young smokers is effective in attitudes towards smoking [23]. His most important factor in their study of the same congregation is introduced however, the most important trends of smoking among medical students was as Tehran. This finding is not in favor of this. Cigarette smoking increases the correlation between years of education was significant. Due to the special conditions of his student life in the residence, lack of parental supervision, family separation and loneliness, vulnerability and other members of the consumption increases [28]. Modeling of the youth in this age of increased attention among parents to socialize their children and understanding the relations between them reveals [14].

## 4. Conclusion

What results are obtained and compared with similar studies show the prevalence of smoking among students of Tehran University dormitory has lower, however, given the importance of Tehran students are even lower interest rate. Cigarette smoking causes most of the studies, relationships with friends and having fun was a smoker. It is recommended to provide and exciting leisure and ease of access to services such as computer and Internet-equipped libraries, sporting events and tours and tourism of useful platform for students to gain the friendship and behaviors the normal range.

# **Corresponding Author:**

Amir Hooshang Maroufzadeh2

Research Telecommunication Expert, Master Degree; Deputy of Research Telecommunication Company of Iran, Tehran

E-mail: maroufzadehamirhooshang@yahoo.com

### References

- 1. Abedini Sh, Kamal Zadeh T, Takhti H, Sadeghi Far E, Shahraki Vahed A. Cigarette smoking among medical students in Bandarabbad University. Journal of Hormozgan University of Medical Sciences 2008;4(11):297-302.
- Afrasiabi Far A, Derakhshan A, Sadeghi Hassanabadi A, Rajaei Fard AR. A survey of cigarette smoking tendency and its associated causes among students of Shiraz University of Medical Sciences, 1998. Armaghane-Danesh, Journal Of Yasuj University Of Medical Sciences 2000; 19(5):42-48.
- 3. Ansari R, Khosravi AR, Mokhtari MR. Prevalence and causes of tendency to cigarette smoking among medical Students. Journal of Semnan University of Medical Sciences & Health Services 2007; 1(29):21-26.
- 4. Asfar T, Ward KD, Eissenberg T, Maziak W. Comparison of patterns of use, beliefs, and attitudes related to waterpipe between beginning and established smokers. BMC Public Health. 2005; 5: 19.
- 5. Cooman C, Barendregt JJ. Affect regulation, nicotine and smoking cessation. J Psychoactive Drugs. 1998; 24(2): 106-15.
- Cox HS, Joanne WW, Maximilian PC, Courten MP, Chitson P, Tuomilehto J, Zimmet PZ. Decreasing prevalence of cigarette smoking in the middle income country of Mauritius: questionnaire survey. Br Med J. 2000; 321:345-9.
- 7. Divsalar K, Nakhaei N. Prevalence and correlates of cigarette smoking among students of two universities in Kerman, Iran. Journal of Babol University of Medical Sciences 2008;4(10):78-83.
- 8. Feleming CB, Kim H, Harachi TW, Catalanno RF. Family process for children in early

- elementary school as predictor of smoking initiation. J Adolesc Health. 2002; 30: 184-9.
- 9. Govari F, Mohammad Alizadeh S, Ramezani T, Riani M, Bahram Pour MR. Attitude of Kerman universities male students toward cigarettes. Iranian Journal of Psychiatry and Clinical Psychology (Andeesheh Va Raftar) 2004; 37(10): 67-59.
- 10. Griesbach D, Amos A, Currie C. Adolescent smoking and family structure in Europe. Soc Sci Med. 2003; 56: 41-52.
- 11. Haenle MM, Brockmann OS, Kron M, Bertling U, Mason AR, Steinbach G, et al. Overweight, physical activity, tobacco and alcohol consumption in a cross-sectional random sample of German adults. BMC Public Health. 2006.
- 12. Hashemi SN. The prevalence of cigarette smoking in male students at Yasuj University of Medical Sciences. Armaghane-Danesh, Journal Of Yasuj University Of Medical Sciences 2001;23(6):43-47.
- Majidpour A, Hamidzadeh Arbaby Y, Abbasgholizadeh N, Salehy S. Prevalence and causes of tendency to cigarette smoking among students in Ardabil University of Medical Sciences. Journal of Ardabil University of Medical Sciences & Health Services 2005; 3(5):266-70.
- 14. Mayhew K, Flay B, Mott J. Stages in the development of adolescent smoking. Drug Alcohol Depend. 2000; 59: 61-81.
- 15. Mohtasham Amiri Z, Ashhadi N, Montaser Koohsari M. Cigarette smoking among medical students in Guilan University of Medical Sciences. Payesh, Journal of The Iranian Institute for Health Sciences Research 2006; 1(5): 37-42.
- Molavi P, Rasulzadeh B. A Study of the factors of drug abuse tendency in the young population of the city of Ardabil. The Quarterly Journal of Fundamentals of Mental Health 2004;21(6):49-55
- 17. Nakhaee N, Divsalar K, Bahreinifar S. Prevalence and factors associated with cigarette smoking among university students: A study from Iran. Asia Pac J Public Health. 2009; 24: 125-29.
- 18. Parvizi S, Ahmadi F, Nikbakht Nasr Abadi AR. Adolescent's perspective on addiction: A qualitative study. Iranian Journal of Psychiatry and Clinical Psychology (Andeesheh Va Raftar) 2005; 39(10): 250-57.
- Qian J, Cai M, Gao J, Tang S, Xu L, Critchley JA. Trends in smoking and quitting in China from 1993 to 2003: National Health Service Survey data. Bulletin of the World Health Organization. Published Online: 16 April 2010.

- 20. Reed MB, Wang R, Shillington AM, Clapp JD, Lange JE. The relationship between alcohol use and cigarette smoking in a sample of undergraduate college students. Addict Bahav 2007; 32(3):449-64.
- 21. Rigotti NA, Moran SE, Wechsler H. US college students' exposure to tobacco promotions: prevalence and association with tobacco use. Am J Public Health. 2005; 95(1):138-44.
- 22. Roohafza HR, Sadeghi M, Emami AR. Smoking in youth: Isfahan healthy heart project (IHHP). Hakim Research Journal 2003;2(6):61-68.
- 23. Seyed Fazel Pour SF, Moghaddam Nia MT, Nasir Zadeh F. Study on attitude of students in Gilan University of Medical Sciences toward smoking. Journal of Legal Medicine of Islamic Republic of Iran 2004; 33(10):25-29.
- 24. Siyam SH. Drug abuse prevalence between male students of different universities in Rasht in

- 2005. Tabib-EShargh, Journal of Zahedan University of Medical Sciences and Health Services 2007; 4(8): 279-85.
- 25. Taremian F, Bolhari J, Pairavi H, Ghazi Tabatabaeii M. The prevalence of drug abuse among university students in Tehran. Iranian Journal of Psychiatry and Clinical Psychology (Andeesheh Va Raftar) 2008; 4(13):335-42.
- Tavakkoli Zadeh J, Ghahramani M, Moghiman M. The survey of stressful events on smoked and non-smoked early adults of Gonabad city. Ofogh-e-Danesh, Journal of Gonabad University Of Medical Sciences and Health Services 2004; 1(10):52-60.
- 27. WHO report on the global tobacco epidemic, 2009: http://www.who.int.
- 28. World Health Organization. Tobacco or Health: a global status report. Geneva, WHO, 1997.

9/25/2018