Research Paper

The role of religiosity in tendency to smoke among adolescent boys in Tehran

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Abstract

Aim: The present study aims to investigate the relationship between religiosity and cigarette smoking in male adolescents. The statistical population of this study includes male senior high school students in Tehran. Multi-stage cluster sampling was used to select 290 students who filled out Golak and Stark Religiosity Questionnaire (1965) and Firoozabadi Nicotine addiction questionnaire (2016) to collect information. Data was analyzed with Pearson's correlation coefficient and multiple regression analysis. Findings revealed a significant correlation between religiosity and cigarette addiction. The correlation between total score of religiosity and cigarette addiction is inverse (-0.360) such that the more religious an individual is, the lower their cigarette addiction rate is. The results of multiple regression analysis indicate that religiosity dimensions, except for experience dimension, can predict cigarette addiction.

Keywords: Religion; Religiosity; Tendency to smoke; Male Adolescents.

Introduction

Drug abuse among adolescents is currently one of the health, social and economic issues across the world, which directly affects their health (Delavari Heravi et al., 2005). Drug abuse starts in many people at high school, therefore, one of the most important ways to reduce drug abuse in adulthood is to control it in adolescence. Studies show that most adolescents start using drugs around the age of 12 or 13. Researchers argue that adolescents start using legal substances such as tobacco and then turn to illegal substances such as alcohol, inhalants and marijuana (Pumariega et al., 2005). Many researchers believe that faith and religiosity can help individuals deal with emotions and social conditions. Besides, religiosity is correlated with several mental health indicators; for example, religious people turn to delinquency, drug and alcohol abuse, divorce and suicide less frequently than non-religious people (Diener et al., 2002: 82). Some factors affect drug abuse as protective factors and others as risk factors. One of the protective factors is religiosity, reported in some studies (Wills et al., 2003: 24) as a shield against drug dependence. Recent studies on the relationship between religiosity and the tendency to smoke in adolescents in Iran have been conducted mostly with study populations of university students and adults, and most studies have focused on religiosity with other issues (identity crisis, lifestyle, etc.). Therefore, given the importance of this subject and its potential impact on committing high-risk behaviors such as the tendency to smoke, this study was conducted to investigate the role of religiosity in the tendency to smoke among male adolescents in Tehran.

Methodology

The research method in this descriptive study was correlational, which is classified as applied research. The study population consisted of all male students aged 15 to 18 in Tehran (n = 364,118 according to the statistics of the General Directorate of Education of Tehran province). The sample size was considered to be 290 given the study population and using Cochran's Formula. After determining the sample size, cluster-random sampling method was used to select the participants. In the current study, first one district was randomly selected from among different districts in Tehran using multi-stage cluster method, and then three schools were randomly selected in each district to administer the questionnaire, and then the Religiosity Questionnaire (Glock and Stark, 1965) and the Nicotine Addiction Questionnaire were randomly distributed among the students of selected schools. Finally, after exclusion of 12 incomplete questionnaires, 278 questionnaires entered data analysis. Religiosity Scale (Glock and Stark,

1965) has 26 items and is used to measure the level of religiosity in four dimensions: belief, practice, experience and consequences. The alpha coefficient of the whole questionnaire has been reported to be 0.83 (Ahankoobnejad, 2010: 4). The alpha coefficient has been reported as 0.81 for belief dimension, 0.75 for experience dimension, 0.72 for consequences dimension and 0.83 for practice dimension (Serajzadeh, 1995). The Nicotine Addiction Questionnaire (Firouzabadi et al., 2015) consists of five items and is aimed to investigate nicotine dependence. The internal validity of the whole scale was reported as 0.84 and its Cronbach's alpha as 0.84.

Results

Out of the 290 participants, 38 (13.1%) were 15 years, 65 (22.4%) 16 years, 113 (39%) 17 years, and 61 (21%) 18 years and 12 individuals (4.5%) did not answer the item on age.

Table 1. Matrix of correlation coefficients between religiosity and nicotine addiction in male senior high school students.

Variables	Belief	Experience	Consequences	Practice	Total score of Religiosity	Nicotine addition
1.Belief	1					
2. Experience	0.682**	1				
3.Consequences	0.275**	0.227**	1			
4.Practice	0.496**	0.447**	0.524**	1		
5.Total score of Religiosity	0.798**	0.740**	0.644**	0.830**	1	
6.Nicotine addition	-0.236**	-0.113	-0.377**	-0.342**	-0.360**	1

In Table 1, based on the obtained correlation coefficients, the correlation between the overall score of religiosity and nicotine addiction is inverse (-0.360), and therefore it can be argued that people with higher religiosity have lower nicotine addiction ($p < 0.01$). Also, the correlation of nicotine addiction with belief, consequences and practice dimensions as well as with the total score of religiosities was significant and inverse ($p < 0.01$). The correlation between nicotine addiction and the experience dimension of religiosity was also not significant ($p < 0.05$).

Table 2. Regression analysis to predict nicotine addiction through religiosity dimensions

	Unstandardized coefficients		Standardized coefficients	T	Significance level	Collinearity indices	
	B	Standard error	Beta			Tolerance	VIF
Constant	11.693	0.837		13.963	0.001		
Belief	-0.108	0.048	-0.172	-2.254	0.025	0.488	2.047
Experience	0.110	0.056	0.146	1.972	0.050	0.518	1.930
Consequences	-0.195	0.046	-0.268	-4.270	0.001	0.724	1.381
Practice	-0.100	0.039	-0.182	-2.578	0.010	0.575	1.738

Table 2 shows the results of multiple regression analysis for predicting nicotine addiction through religiosity dimensions. Given that the value of the tolerance statistic is greater than the cut-off value of 0.1 and the variance inflation factor (VIF) which is less than the cut-off value of 10, it is concluded that the assumption of collinearity has not been violated. The value of the standardized regression coefficient (Beta) was obtained -0.172 for belief dimension, 0.146 for experience dimension, -0.268 for consequences dimension and -0.182 for practice dimension, showing that the consequences dimension had the greatest impact and the experience dimension had the least impact in predicting the tendency to smoke among male students aged 15 to 18. With regard to the significance level of the obtained *t*-statistic, the hypothesis of the research is confirmed and we conclude that the dimensions of religiosity can predict the tendency to smoke.

Discussion and conclusion

The tendency to smoke is a social problem and a destructive phenomenon that, as with other social deviations, destroys the most valuable assets of the country, i.e., adolescents and young people. The results of data analysis revealed a relationship between religiosity and nicotine addiction among adolescents. These results also showed that adolescents with high levels of religiosity had a comparably lower level of nicotine addiction. This finding can be explained in that, in general, people who have strong religious tendencies have more mental strength in adverse situations, and they evaluate problems as positive and meaningful in most cases, and consequently, they will feel better; as a result, they have higher mental health and are less vulnerable to the stress due to problems.

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