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Like Parents, like Teenagers: A Romanian Youth Smoking Overview

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Abstract

This paper estimates how family model influences youth's smoking behaviors and describes smoking behavior in Romania nowadays. A questionnaire-based survey was used and data was collected from a national sample (1,364 people: 536 male and 828 female; average age 22,71 years and $SD=3,128$). The paper analyses only the items relevant for smoking behavior.

Using a quasi-experimental design, we found a significant difference determined by father's model ($p_{(1364)}=0,158$, $p < 0,05$), mother's model ($p_{(1362)}=0,155$, $p < 0,05$), and brothers/sisters' model ($p_{(1362)}=0,219$, $p < 0,05$), regarding smoking behavior.

Keywords: smoking behaviour, Romanian teenagers, parental model, Health Psychology

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Keywords: smoking, adolescents, family influences, quasi-experiment

1. Introduction

It is largely accepted in nowadays society, that parents are an important influence factor on their children's behavior and "good" or "bad" habits are somehow "inherited" by children. This social belief is probably

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based on the 1970's thesis of "transmitted deprivation" or "cycles of disadvantage", which suggested that "bad" behavior like smoking and drinking are somehow part of working class culture and are passed on from a generation to another (Blaxter, 1981). In the same decade, an important number of studies started showing a strong positive association between parents and children smoking behaviour. (Bynner, 1969; Borland & Rudolph, 1975; Charlton & Blair, 1989). For example, Murray, Kiryluk & Swan (1985), interpreting data from a cohort of about 6000 adolescents, concluded that the boys are more likely to smoke if the father smoked and the girls if the mother also smoked. The same study found that if both parents smoked, it is twice more likely that an adolescent will also smoke. Green, MacIntyre, West & Ecob (1991) found not only a significant relationship between parents and children smoking habit, but also an important socio-economic determination regarding this habit: the socio-economic lower status of a family is positively associated with smoking and drinking behaviour of parents and children.

In 2012, US Department of Health and Human Service published a report regarding the health consequences of smoking, to emphasise the last 50 years of progress in the field. According [USDHHS\(2014\)](#), a long list of diseases are associated, at different levels, with smoking (like cancer, respiratory and cardiovascular diseases, eye and dental diseases, reproductive negative outcomes, diabetes, immune and autoimmune, rheumatoid and inflammatory diseases, etc.). The annually US economic costs directly associated with smoking is evaluated to almost 290 billion USD and if actual smoking trend in US will continue, 5,6 million people aged under 18 years in 2013, will die prematurely as a direct result of smoking. The report mentioned that smoking behaviour has declined from 42% adult population in 1965 to 18% in 2012, but this decline slowed down in the last decade.

Heisman (1999) mentioned three factors that influence and are influenced by smoking: performance, stress and bodyweight. He reports that smokers are on average 3-4 kg less than non-smokers and they gain the same 3-4 kg, after quitting smoking. Stress seems to be related with an increased smoking behaviour, but it isn't clear if smoking relieves stress. Cognitive abilities and attention seem to be impaired if smokers are deprived of nicotine, but the initial level of performance is regained if they receive nicotine.

Smoking is often described as a powerful drug gateway, because initiates youth into substance use behaviour. Age of onset and frequency of "lower stage" cigarettes and alcohol seems to be strong predictors of the further use of stronger drugs. (Kandel, Yamaguchi & Chen, 1992). Longitudinal researches, between 1965 and 2012, show that, typically, smoking begins with experimental use of cigarettes. Transition to regular smoking is quicker than the common sense expects. Not all adolescents that had experimented smoking became regular smokers, but after the first 100 cigarettes an experimenter can become a regular smoker.

Bachman, Wadsworth, O'Malley, Johnston & Schulenberg (1997) revealed that after high school, some young adults increased the smoking, drinking and use of some illegal drugs behaviour. Perhaps the new status ("adult") creates new freedoms. At the same time, some of young adults decreased the use of drugs after marriage and parenthood, change probably linked with this kind of new responsibilities.

In this general context, our paper estimates how family model influences youth's smoking behaviors and describes the smoking behavior in Romania nowadays.

2. Participants and method

Data was collected from a national sample and we have interpreted the results from a number of 1.364 people (536 male and 828 female; average age is 22,71 years and the standard deviation is 3,128). This paper analyses only the items relevant for smoking behavior.

We grouped the variable "the subjects age" into three categories (under 20/born during and after 1994 – 30,1%, between 20 and 25/born between 1989 and 1993 – 49,1% and over 25/born during and before 1988 – 20,8%), in order to observe if generational changes have affected smoking behaviour in Romania.

We grouped the variable "family revenues" into five categories (under 1.000 lei, between 1000 and 3000 lei, between 3000 and 5000 lei, between 5000 and 7000 lei, over 7000 lei; 1 leu = approx. 0,225 Euro), in order to establish if the "transmitted deprivation" process (Blaxter, 1981) works today in Romania, regarding smoking behaviour.

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