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Smoking habits of basic education students in Germany and Turkey

Cem Gercek^a *, Haluk Soran^b, Jürgen Storrer^c, Martin Albrecht^d

^aAssist. Prof., University of Hacettepe, Department of Secondary School Science and Mathematics, Beytepe, Ankara, 06800, Turkey.

^bProf., University of Hacettepe, Department of Secondary School Science and Mathematics, Beytepe, Ankara, 06800, Turkey.

^cProf., University of Heidelberg, Institute of NTG, Heidelberg, 69115, Germany.

^dTeacher, Geschwister-Scholl School, 68309 Mannheim, Germany.

Abstract

The aim of this study is to identify and compare the number of basic education students in Germany and Turkey who smokes. The study has a survey model. The participants of the study are a total of 1024 German and Turkish basic education students. Since the study is an empirical one, the data of the study were collected through survey questionnaires. The data obtained were analysed by make use of descriptive statistical techniques, especially in the form of means, frequency and percentage. These findings clearly suggest that long-term training activities to avoid smoking are needed in basic education schools.

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1. Introduction

Addictive items have become one of the most significant health problems. The use of addictive items has medical, economical, legal and social effects on countries (Doğan, 2001; Schill et al., 2004a). The addictive items used in Turkey are as follows: cigarette, alcoholic drinks, hashish and volatile substances (Ögel et al., 2004). Turkey is one of the leading tobacco producing countries as well as of the major tobacco consuming countries. It can also be stated that smoking has been identified with Turkish people and that smoking has become a traditional consuming substance. Smoking has increased by 52% in the past ten years. In terms of increasing rate of smoking, Turkey is in only second to Pakistan. Research shows that 750.000 children and young people begin to smoke in each year (Sezer, 1984; Celik and Esen, 2000; Ögel et al., 2004).

Smoking has negative effects both on economy and health. Smokers spend daily 64 million YTL (40 million \$) and 24 billion (15 billion \$) annually for cigarette. Annual health care cost of the problems related to smoking is about 4.3 billion YTL (2.7 billion \$). Smoking also has indirect negative economical consequences due to preventable death of productive adults (Kaya and Cilli, 2002; Weiglhofer, 2007).

* Cem Gercek. Tel.: +90-312-297-6094; fax: +90-312-297-8600.

E-mail address: cgercek@hacettepe.edu.tr.

Only 2-3% of smokers can quit smoking annually. Many of the adults start smoking at early ages and increase the amount of cigarettes smoked in the adulthood (Schill et al., 2004b).

Personal characteristics of individuals are determined by social and biological factors. Up to now, no specific personality traits are identified as a risk for addiction to smoking. Both individuals with ordinary psychological state and individuals with psychological problems may smoke. However, people who addict to smoking are usually those whose internal tension is high and whose life is not satisfactory for them. They feel themselves satisfied, strong and comfortable when they smoke (Hurrelmann, 1998; Ertekin and Çakmak, 2001; Ögel et al., 2004).

Young people experience “identity crisis” and concern for their future during the adolescence period. They also experience “rebellion to authority”, and they try to violate social norms, and may gain undesired habits. If family factor contributes to these, young people become more vulnerable to environment’s negative influences (Kersch, 1998; Ertekin and Çakmak, 2001; Telli et al., 2004; Fidan et al., 2006).

Yorgancioglu and Esen (2000) found that 43.6% of the population over 15 years of age smoke. Researchers state that addiction to smoking depends not only on psychological factors but also on environmental and psychological factors. Keskinoglu et al. (2006) found that social learning factors are significant in smoking. They suggest that the content of smoking prevention programs should be reviewed; activities should contain both school and societal context and participation of families, teachers and school administrators in such programs.

The aim of this study is to identify and compare the number of basic education students in Germany and Turkey who smokes.

2. Method

The study has a survey model.

2.1. Sample

The participants of the study are a total of 1024 German and Turkish basic education students.

2.2. Data collection tool

Since the study is an empirical one, the data of the study were collected through survey questionnaires.

2.3. Data Analysis

The data obtained were analysed by make use of descriptive statistical techniques, especially in the form of means, frequency and percentage.

3. Findings

Table 1 presents the findings regarding smoking habits and the views about smoking of the German and Turkish students sampled.

Table 1. Smoking habits and the views of participants about smoking

Views	German students (%)	Turkish students (%)
I frequently smoke	16	5,5
I smoke.	10	3
I sometimes rarely tried to smoke.	23	34,5
I may try to smoke only once.	35	7
Many teachers in my school smoke.	69	53
My mother smokes.	32	20
My father smokes.	39	78
Most of the adults smoke.	70	82
My friends sometimes smoke.	37	65

The mean age of the German students (N: 512) is 12, whereas that of the Turkish students (N: 512) is 13.

Of the Turkish students sampled, 5,5 % reported that they frequently smoke, while 34,5 % reported that they tried to smoke at least once. The rate of the Turkish students who stated that they sometimes smoke is found to be 3 %. 7 % of the participants stated that they may try to smoke only once. The findings also indicate that 20 % of the mothers and 78 % of the fathers of the Turkish participants smoke, whereas 65 % of them stated that their friends sometimes smoke. It is also found that 53 % of the Turkish participants reported that their teachers smoke. The rate of the Turkish students who reported that many adults smoke is found to be 82 %.

In regard to German sample, it is found that 16 % of them frequently smoke, while 23 % of them tried to smoke only once. The rate of the German participants who reported that they sometimes smoke is found to be 10. 35 % of these students stated that they may try to smoke once. 32 % of mothers and 39 % of the fathers of the participants are found to be smokers. 37 % of the German participants stated that their friends sometimes smoke. 69 % of them reported that many teachers in their schools smoke. The rate of the German students who stated that many adults smoke is found to be 70 %.

4. Discussion and recommendation

Research by the World Health Organization (WHO) suggests that heart disease or diabetes in the older ages are the consequences of childhood health conditions. Furthermore, it is stated that addictive substances are the primary reasons for diseases or need for care (Bruvold, 1993; Tobler and Stratton, 1997).

The findings suggest that the rate of both German and Turkish students who frequently and sometimes smoke is higher than expected from their ages. However, the rate of the students who tried to smoke in both sample groups is also interesting.

The findings also indicate that the rate of the students who stated that their mothers, fathers, friends and teachers smoke is high. However, the rate of mothers and friends who smoke in the Turkish sample is lower than that in the German sample. Although in both sample groups the rate of the students who may try to smoke once is high, this rate varies between the groups. More specifically, the number of the German students who reported that they may try to smoke is much higher in contrast to Turkish participants. One of the reasons for smoking by young people is the smoking of another family member. This increases the likelihood that young people start smoking and become a regular smoker. In a study in New Orleans, the possibility for smoking and drinking alcohol were higher in the students, whose parents smoked and drank alcohol (Ertekin and Çakmak, 2001; Telli et al., 2004; Fidan et al., 2006).

Related studies suggest that social learning elements have significant contribution to smoking. Therefore, smoking addiction should not be seen only as a result of psychological factors but also as a result of environmental factors.

Smoking addiction is one of the most significant addiction types. It is known that only a few of the smokers can quit smoking (2 or 3 %). If a person begins to smoke at earlier ages, s/he may come across very complicated problems. In order to avoid smoking or to reduce the rate of smoking educational programs and activities should be reviewed, related studies should include social activities. The training towards avoiding smoking should include

school administrators, family members and teachers. More significantly, such training should start before students do not smoke.

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