

A comparative study of religious attitudes and coping strategies among male smoker and non-smoker students in Hormozghan University

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Abstract: The main purpose of the present study is to evaluate the religious attitudes comparison and coping strategies among male smoker and non-smoker students. The statistical community included the whole BA students of Hormozghan University by the number of 5261 students. The sample volume of the study include 200 male students which 100 ones smoker and 100 other non-smoker who they were selected as web or snowball sampling method. The results of the analysis and findings showed that in religious attitude variable, non-smoker students had higher mean than smoker students. In the variable of coping method, the problem-based issue of non-smoker students had higher mean than non-smokers. The study of religious attitude with coping method had positive significant relationship. But the religious attitude variable had negative significant relationship with two coping methods of excitement and preventive subjects.

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Key words: Religious attitude, coping strategies, male students, smoker students, non-smoker students

Introduction:

Smoking is the most problematic topic of today's world among people. The death of trained individuals in efficient ages is a public disaster beyond of national issues. According to the world health organization estimation about one milliard people will be added to the population to 2030 (Malek Afzali, Ahmadzade, 1998). These factors influencing on the beginning of smoking can be subjected to the stress or any other pressures. When someone feels where he or she lives full of stressful or stimulates of tensions start being panic and depressed of it (Arianpour, Karami, 2009). The researches have shown that feeling stress in usual smokers in prior than smoking and stressful feeling is being recovered after smoking (Bayren, Bayren and Reinhart, 1995). The studies show that adult smokers feel more stress than non-smokers and start smoking when they face to panic atmosphere (Part, 1994). According to Folkman and Lazarus (1984), the coping is the collection of struggles which they can be used to control and handle the whole risky situations. The methods of coping with mental pressures can be represented as problem-focused and emotion-focused cases. The problem-focused method includes the direct activities to change or amend the

risky conditions. The emotion-focused coping also include those activities which they are dangerous for the feelings (distraction from problem, escape or prevention and seeking social support). Among the adaptive methods with-stress, it should be pointed to another method. And it is the religious adaptation which is very important in physical and mental adaptation. According to some clinical experts the religious factors have better effects of social, cultural, and mental on someone's daily life (Ebrahimi, Bolhari, Zolfaghari, 2003).

It must be noted that, the role of religion has been well-established in healing and reducing the humanistic pains as well. Today, the psychologist experts believed that there is a positive correlation between the physical health and psycho-cognition subjects. Along this, there have been provided many experimental supports (Robert, 1992) students showed that alcohol, drugs and smoking have negative relationships (Ro and Rang, 2006). For example the results of cook (2004) showed that the spiritual and religious beliefs are low in addicted people. Jess and Red (2004) in their study found that having religious beliefs can lead to increase the self-confidence, life satisfaction, recovering social relations, adaptive mechanisms and reducing any

anxieties causing to stop smoking. Many studies in the recent years have indicated that smoking is increasing among Iranian adolescents. For example, Tavakolizade Meshki and Moghimian (2012) in their study found that the degree of smoking prevalence is 9.8% (14.4% male, 4.1% female). Other different studies also showed that smoking is increasingly getting up among young people (Mohammad Khani, 2011, Kharayem, Kadivar, Mohammad Khani, Sarami, Kharayem, 2010, Ramazannezhad, Taraghijah, Najafi (2008). Taraghijah, Hamdie Yagubi, (2010), Mortazavi Mogaddam, Madar Shahian, Tabiee, Pezhmankhan, Sadeqi, (2009), Mousavi, Rouhafza, Sadeqi, (2003), Divsalar, Nakhaiee, (2008). Generally, the main question which researchers seeking it are that whether the degree of religious attitude and coping methods are different among smoker and non-smoker students.

Materials and methods

In terms of data collection, the present study is a descriptive research including the whole methods which their purposes are subjected to the description of conditions or Phenomenon in this regard. The present study is ranked in 4 in terms of comparative or pre-event researches. The comparative study is called the research that a researcher is going to evaluate the cause and effect of the study. Because, the dependency and independency variables were taken place in the part (Pasha Sharify, 2004).

The community, sample and sampling method:

The statistical community includes the whole male students of B.A degree in Hormozghan by the number of 5261 ones. The sample volume is 200 ones of these people, which 100 smokers and 100 other ones were non-smokers. The sampling methodology of the present study is a chain or

snowball method as a target-based sampling method. In this kind of sampling, one social web introduces another one respectively. Smoker students were selected as snowball method. Three of them were asked to introduce other smoker friends. Those smokers with two or more years smoking were selected. Non-smoker students were never smoked during the four years.

Data collection tool:

Khodayarifar's attitude-scaling questionnaire.

The religious attitude-scaling questionnaire was invented by Khodayarifar in 2000 in Tehran university, including 40 questions based on 5 options Likert scale (from completely agree to completely disagree). The total score was between 40-200. Those individuals being among the scores of 40-84 had lower religious attitude and people with 166 score higher had better religious attitude. The validity of this test using retesting method 0.83 represented that the validity of the test is very high (Khodayaifar, 2000). The researcher also obtained 0.75 validity for the test through Cronbach alpha coefficient.

Coping inventory for stressful situation (CISS):

This questionnaire was made by Endler and parker (1990), including 48 questions with 5 options Likert range. The test evolves three main backgrounds of coping behaviors: problem-focused, emotion-focused and preventive coping. Each subject got in one of the styles their score separately. Endler and parker (1990) obtained the Cronbach α coefficient or problem-focus agent, 0.90 for females, 0.92 for males and for emotion-focused, 0.85 female and 0.82 for males. Of course, the preventive agent was 0.82 for females and 0.82 for males reported. In this study, the Cronbach α coefficient was obtained=0.81.

Results

a) Descriptive findings:

Table 1: distributions, percent and total percent of participants based on their age

Age	Student	Distribution	Percent
19-21 years old	Smoker	40	20
	Non-smoker	37	18.5
22-24 years old	Smoker	30	15
	Non-smoker	43	21.5
25-27 years old	Smoker	18	9
	Non-smoker	12	6
More than 27 years old	Smoker	12	6
	Non-smoker	8	4
Total		200	100

b) Findings related to research hypotheses:

Table 3: measured t for the subjects of the study in religious attitude degree

Dependent variable	Groups	N	Mean	T	Df	P
Religious attitude	Smoker	100	137.40	5.28	198	0.01
	Non-smoker	100	158.60			

The results of the first hypothesis showed that the mean score of religious attitude-scaling of non-smoker students is higher than smokers. $t=5.28$

and degree of freedom 198 in α level $p<0.01$ is significant.

Table 4: measured t for the subjects of the study in coping styles.

Dependent variable	Groups	N	Mean	T	Df	P
Problem- focused	Smoker students	100	50.45	4.69	198	0.01
	Non-smoker students	100	53.90			
Emotion-focused	Smoker students	100	51.35	6.92	198	0.01
	Non-smoker students	100	43.28			
Preventive-coping	Smoker students	100	46.65	5.33	198	0.01
	Non-smoker students	100	41.83			

The results of the second hypothesis showed that the mean score of problem-focused coping method of non-smokers is greater than smokers. $t=$

4.69, $p<0.01$ significant in α level. The mean score of preventive method of non-smokers is $t=5.33$ in $p<0.01$ α level.

Table 4: the matrix of Pearson correlation coefficient between religious attitudes and coping methods among non-smoker students

Variables		Problem-focused	Emotion-focused	Preventive-coping
Religious attitudes	Degree of correlation	0.66	-0.53	-0.59
	Number	100	100	100
	Sig	0.01	0.01	0.01

To analysis the third hypothesis, the Pearson correlation coefficient statistical test was applied. The results showed that there is a positive significant relationship between the religious attitudes and the problem-focused coping methods. However, there is a negative relationship between the emotion-focused and preventive- coping methods.

Discussion and conclusion:

The result of the first hypothesis showed that there is a significant difference between the religious attitudes of smoker and non-smoker students. In other words, non-smoker students had higher score than smokers in this regard. This finding is coincidence with Divsalar, Nakhaee, Amini (2007), khodayarifar, Shahabi, Zardkhaneh (2009), Ro and Rang (2006). In the representation of this finding, it can be said that the religious beliefs give purpose and meaning to the man preventing any harmful behaviors. Since the present study including of the Muslims, in Islamic thoughts any harmful and damage against the man is prohibited vigorously. It can be said that the lack of smoking among non-smoker students come from their harsh religious beliefs. The religious beliefs not only are effective in the prevention of smoking but also it provides a great way of living as a supportive

source for the man. (Pahlavani, 1996). The analysis of second hypothesis showed that there is a significant difference in coping methods with stress among smoker and non-smoker students. The findings of the study indicated that non-smoker students apply healthier coping methods when confronting any stressful situations in compare to smoker students. In other words, non-smoker students use the problem-focused coping methods than smokers. This finding is coincidence with the results of Arianpour, karami(2009), Simon and Robertson (1989). The analysis of the third hypothesis showed that there is a positive relationship among non-smoker students in terms of problem-focused coping method and the religious attitudes. Also, the findings of the hypothesis showed that there is a negative relationship between emotion-focused and preventive. Coping methods and the religious attitude. This finding is coincidence with the findings of Arianpour, Karami (2009), Jess and Red (2004), Divsalar, Nakhaee, Amini(2007). It seems that the effectiveness of the coping stress methods among non-smoker students is relied on the religious attitude. The religious adaptation has a high importance of mental and physical adaptation. This coping method with stress can be effective in the

reduction of mental pressures. In fact, the religion equips the man into a lifestyle which is being considered as the supportive source against stresses. (Ebrahimi, Bolhari, Zolfaghari, 2003). In the end, it should be noted that the present study also has its own limitations like other studies. The volume of the sample is very low and non-accidental and the lack of mediator variables (internal and external religion and social—economical affairs) are the limitations of the study. So, it must be conservative in its representation.

References:

1. Arianpour, Saeed and Karami, Jahanghir. The comparison of physical symptoms, stress perception and autonomous among smoker and non-smoker students. The seasonal Journal of medical sciences of Kerman University, 13 year, No 4, 2009, p: 299-307.
2. Byrne, DG, Byrne, AE, Reinhart ML. Personality, stress and the decision to commence cigarette smoking in adolescence. Journal of Psychosom Res; v, 39 (1), 1995, p 53-62.
3. Cook, c. Addiction and spirituality, Journal of Addiction, v, 99, 2004, p 539, 55.
4. Divsalar, K, Nejadnaderi, S, Nakhaee, N, Rouhani, S. Religious Attitude Associated with General Health and Smoking in Iranian Students. Journal of Addiction and Health . v, 2, No. 1-2. 2004, P 37-49.
5. Divsalar, K, Nakhaee N. Prevalence of smoking and its related factors in two university students in Kerman. Journal of Babol University of Medical Sciences; v, 10(4), 2008, p 78-83.
6. Divsalar K, Nakhaee N, Amini MR. The relationship between religious activities and cigarette smoking in one of the university students in Kerman. Journal of Teb va Tazkie; v, 16(3-4), 2007, p 63-9.
7. Ebrahimi, Amrollah, Bolhari, Jfar and Zolfaghari, Fazileh. The study of coping methods relationship with stress and social support with the degree of depression of handicapped people's myelic disorder. The journal of Iranian psychology and clinical psychology. No 8, (frequent No 30), 2003, p: 40-48.
8. Endler, N. S., & Parker, J. D. A. Coping inventory for stressful situations. (ciss). Manual Multi-Health System, 1990.
9. Folkman, S., & Lazarus, R. S. The dynamics of a stressful encounter: cognitive appraisal, coping and encounter outcomes. Journal of personality and social psychology, v, 50, 1984, p 992-1003.
10. Jesse, DE, Reed PG. Effects of spirituality and psychosocial well-being on health risk behaviors In Appalachian pregnant women. J Obstet Gynecol Neonatal Nurs; v, 33(6), 2004 p 739-47.
11. Khodayarifard, Mohammad. Ghobari Bonab. Bagher and Shokouhi Yekta, Mohsen. The preparation of students religious attitude- scale. The journal of psychology, No 3, 2000, p: 49-66.
12. Kharayem, Roghayyeh, Kadivar, parvin, Mohammad Khani, Shahram, Sarami, Gholamreza and alaiice Mohammad Hassan. The model of causative relations of effective factors on drug by adolescents of karaj city. The journal of woman police. 4th year, No 12, 2010, p: 52-76.
13. Malek Afzali, Hossein, Ahmadzade, Vali. The study of smoking status in the dwellers of 13th Aban valley of Tehran. The journal of medicine and hygiene, No 31, 1998, p: 48-50.
14. Mohammad Khani, Shahram. The study of prevalence of smoking and drinking alcohol and ecstasy drugs in Iranian young's. the journal of Kerman medical sciences, period 19, No 1, 2011, p: 32-48
14. Mortazavi, Gholamreza, Madar Shahian, Farah, Tabiee, Shahnaz, Pezhmankhan, Sheida and Sadeqi, Mohammad Hossein. The prevalence of drugs among students of Birjand Universities. The scientific journal of nursing and Obstetrics College of Birjand medical University. Period 6, No: 1-4, 2009, p: 60-64.
15. Pahlavani, Hajar. Malakouti, Kazem and Barahani, Mohammadtaghi. The study of stress, coping methods and the status of unbelievable people's mental health, a thesis for M.A the institute of Tehran psychology, 1996.
16. Parrot A.C. Individual differences in stress and arousal during cigarette smoking. Journal of Psychopharmacology (Belt); v, 115 (3), 1994, p 389-96
17. Pasha Sharifi, Hassan and Sharifi, Nastaran. The methods of research in behavioral sciences. Tehran : Sokhan publication, third printing, 2004.
18. Rew, L & Wong, Y, J. A systematic review of associations among religiosity/ spirituality and adolescent health and behaviors. Journal of Adolescent Health, v, 38, 2005, p 433-442.
19. Roberts, K.A. A sociological overview: mental health implications of religion-cultural megatrends in the USA, Harworth press Inc, 1992.
20. Simons, R., & Robertson, J. F. The Impact of Parenting Factors, Deviant Peers, and Coping Style upon Adoles. 2000.
21. Tarraghjiah, Sedigeh, Hamid Mostafa, Yagubi, Narges. The predictive factors of smoking and water-pipe smoking in students of governmental colleges. The seasonal journal research in medicine, No 34 (4), 2010, P: 249-256
22. Tarraghjiah, Sedigeh, Najafi, Mohammad. The study of vulnerability against drugs and susceptibility of suicide with mental health and the degree of profitness from religious beliefs. Shiraz University. The collection of articles in 4th conference of students mental health, 2008.

12/13/2012