

Research Article

The Way of Starting Smoke and the Frequency of Use: A Nationwide Study in Turkey

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Objective: The aim of this study was to identify and appraise the data distribution of reasons behind starting tobacco use of individuals by sex and the individuals' using status of smoking tobacco products by sex and age group in 2014 and 2016.

Methods: This is a cross-sectional study with a representative sample of 8 325 adults in Turkey, aged 15 years and over, selected via a stratified, two-stage proportionate-to-size sampling method. Data were obtained from face-to-face interviews by trained research assistants, using a standard validated questionnaire. Data is available for the years biennially. The study variables analyzed were years, sex, cause, age groups and using smoke frekans. Chi square analysis was used to predict outcomes. Descriptive statistics were given as frequency distributions and percentages on collected data. In addition, chi-square test was used for statistical evaluation. The level of significance in the study was taken as $p < 0.05$.

Results: 50.2% in 2014; 43.5% in 2016 individuals were smoking. Men rates are higher than women. Starting to smoke causes were, curiosity, friend effect and desire were. Statistical significance in between genders, in terms of frequency of smoke and starting smoke causes in 2014 and 2016 ($p < 0.000$).

Conclusion: Smoking is an important public health problem in the world and in our country. Young population's overly smoking habit, the presence of psychosocial reasons which were seen in our study may indicate the need for psychological support in smoking. However, regardless of the reason, the precautions to be determined across the country resolutely and results should be obtained than.

Keywords: Cigarette smoking; Reasons; Age groups; Status; Turkey

Introduction

Tobacco use is a common behavior worldwide. Standard cigarettes are the most commonly used type of smoked tobacco among other smoked tobacco products [1]. Around 1.5 billion people smoke worldwide. Two-thirds of smokers are located in China, India, Indonesia, Russia, the United States (US), Japan, Brazil, Bangladesh, Germany and Turkey [2-4].

As we know, tobacco is the only legally available consumer product which kills people when it is used entirely as intended [1]. In 2015, smoking was the second leading risk factor for death and disability worldwide and accounted for 11.5% of the world's deaths and 6.0% of global disability-adjusted life years [5-7]. Also, tobacco use is a risk factor for six of the eight leading causes of deaths in the world. Until 2030, unless urgent action is taken, tobacco's annual death toll will rise to more than eight million [1]. Also, known that individuals who begin to smoke when they are teenagers and continue to smoke for another 10 to 15 years (as do 70%) could die twenty years earlier than expected [9]. Globally, 942 million men and 175 million women ages 15 or older are current smokers still [10]. What a pity that, tobacco use is the largest preventable cause of death globally [11].

Despite all these terrible known, it is not understandable that still

smoking. Whole data are clear, it is known that it can be prevented, while the increase in morbid and comorbid events is a complete paradox. To tackle smoking addictive behaviour effectively, more information is needed on the behavior and perceptions of smokers, ex-smokers, and never-smokers towards tobacco products. Or reasons for smoking and trying to quit smoking should be clearly understandable. This study, focuses on examining to smoking and its determinants among individuals by assessing.

Methods

General purpose of "Health Interview Survey" is to introduce the health profile of individuals and to get information about health indicators which constitute a big part of the development indicators that show the degree of development of the countries. Address frame used in the sampling of the survey was the "National Address Database (NADB)" which constitutes a base for "Address Based Registry System (ABRS)" which was completed in 2007. This study is a specific survey that enable international comparisons and sheds light on national needs. Survey reflects to the country in general and comparable internationally. It is all residential places inside borders of Republic of Turkey. Data is available for the year's biennially. The news releases have been announced simultaneously to all interested parties through TurkStat website. Sources are selected households.

Data collection system: Within the scope of the Health Survey, data are being collected by face to face method from the sample household addresses. The survey is designed in order to produce estimators for only Turkey. Thus, the total sample size necessary was found to be 9,470 households. In 8,325 of these households the questionnaire was completed. The questionnaire was completed by 23,606 person [12]. A person was classified as a never smoker if he or she had never smoked one or more cigarettes a day on a regular basis; as an occasional smokers if he or she reported not regularly smoking (at the time of the interview) but had “ever been a regular smoker of one or more cigarettes a day”; as a non smokers if he or she reported not smoking now for a long time (at the time of the interview) but he or she had “ever been a regular smoker of one or more cigarettes a day” and as a current smoker if it was reported that he or she “regularly smoke one or more tobacco cigarettes per day”. The study variables analyzed were years, sex, cause, age groups and using smoke frekans. Chi square analysis was used to predict outcomes. Descriptive statistics were given as frequency distributions and percentages on collected data. In addition, chi-square test was used for statistical evaluation. The level of significance in the study was taken as $p < 0.05$.

Results

In the universe of 23,606 people, a total of 11,756 people (49.8%) in 2014 and 13,337 (56.5%) people in 2016 stated that they did not smoke at all. In 2014 and 2016, the 15-24 and 75+ age group and women gender constitute the majority of those who do not smoke. The second frequent smoking style is the group that smokes every day. The group that smoked every day decreased in 2016. 25-34 and 35-44 age group and male gender were in 2014; in 2016, the 35-44 and 25-34 age group and male gender were the frequent groups. Starting to smoke cause were, 36.2% curiosity and friend effect (29.4%) were in 2014; in 2016, it was observed to start with the desire (29.7%) and the effect of friend was 29.1%. There were statistical significance in between genders, in terms of frequency of smoke and starting smoke causes in 2014 and 2016 ($p < 0.000$). In 2014 and 2016, there was a significant relationship between age groups and usage patterns ($p < 0.000$).

Discussion

There are important differences between countries in terms of frequency of tobacco use. In Turkey, in order to determine the prevalence of smoking, including 31 studies that also content Turkey's data between the years of 1998 to 2010, smoking prevalence in males (27.5-63.8 %), females (8.4-27.8 %) it was found 13. This study is compatible with Turkey's data and other studies, with the frequency of smoking 50.2% in 2014 and 43.5% in 2016 [5,14]. It seems that using tobacco is generally high in low developed countries, low using tobacco is in developed countries [3,8]. However, this acceptance could be change in near future. Western Pacific Region, European Region, Eastern Mediterranean Region daki kullanım sıklıkları and upper middle income level and high income level [14]. The smoking frequency is in the Western Pacific Region, European Region, Eastern Mediterranean Region were higher and the upper middle income level and high income level areas were interestingly higher [14]. This may also indicate that the smoking cigarette is increasingly widespread or the activeness of sales and marketing of other smoking products.

Table 1: The percentage of individuals' status of smoking tobacco products by sex and age group, 2014, 2016.

15+ age	2014 (%)			2016 (%)		
	Total	Male	Female	Total	Male	Female
Daily smoker	27.3	41.8	13.1	26.5	40.1	13.3
15-24	18.5	31.4	5.7	18.1	28.2	7.8
25-34	35.1	51.2	18.8	33.2	49.6	16.6
25-44	34.9	49.9	19.7	35.2	50.6	19.6
45-54	32.7	48.7	16.5	31.6	45.3	17.7
55-64	24.0	38.2	10.2	22.8	35.0	10.9
65-74	12.1	22.4	3.4	13.5	24.2	4.4
75+	5.0	8.9	2.4	4.8	10.7	1.0
Occasional smoker	5.2	5.6	4.8	4.1	4.0	4.1
15-24	4.9	6.1	3.7	3.3	3.6	3.0
25-34	6.7	6.9	6.5	5.6	5.1	6.1
25-44	6.6	6.4	6.8	5.4	5.0	5.9
45-54	4.6	4.4	4.8	4.1	4.1	4.1
55-64	3.4	3.6	3.3	2.4	2.5	2.3
65-74	3.6	5.2	2.2	1.6	1.9	1.3
75+	2.0	2.9	1.4	2.3	2.8	2.0
Non smoker	17.7	23.8	11.8	12.9	19.3	6.7
15-24	8.8	10.2	7.5	2.7	3.4	2.1
25-34	12.7	12.6	12.8	8.0	9.3	6.6
25-44	16.8	20.6	13.0	12.4	16.6	8.2
45-54	21.9	29.6	14.1	16.7	24.5	8.7
55-64	28.8	43.4	14.5	24.1	39.5	9.0
65-74	29.7	51.8	10.9	26.0	47.4	7.7
75+	28.4	58.7	8.4	22.0	47.3	5.4
Never smoker	49.8	28.7	70.3	56.5	36.6	75.9
15-24	67.7	52.3	83.2	75.9	64.9	87.0
25-34	45.5	29.3	61.8	53.3	36.0	70.7
25-44	41.7	23.1	60.4	47.0	27.8	66.3
45-54	40.8	17.2	64.6	47.7	26.1	69.5
55-64	43.8	14.8	72.1	50.7	22.9	77.8
65-74	54.6	20.5	83.5	58.9	26.5	86.6
75+	64.6	29.5	87.8	70.9	39.2	91.6

The 25-45 age group was the group with the highest intensity of smoking, just like other country studies [3]. This findings were found to be consistent with data covering the 13 countries, with a frequency of smoking between the ages of 25-54. People in places like Greek, Japanese, South Africa, and the others especially those who smoke cigarette every day have defined this daily use as the daily routine of their lives [5,14-16]. The frequency of smoke cigarette daily or occasionally types are also compatible with our study.

In fact, while the non smoker rates were higher 55 and over in male; women aged were 45 and over. These data rates not suitable other studies, because their results were while the cessation rates were similar in young and older men, women aged less than 40 years had

Table 2: The distribution of reasons behind starting tobacco use of individuals by sex, 2014, 2016.

15+ age	2014 (%)			2016 (%)		
	Total	Male	Female	Total	Male	Female
Interest	36.2	37.2	34.0	21.6	22.4	19.4
Desire	16.8	18.3	13.2	29.7	31.7	24.3
Family problems	3.9	2.3	7.6	5.2	3.1	11.2
Personal problems	5.3	4.5	7.0	6.3	5.0	10.1
Impact of friend	29.4	30.4	27.2	29.1	30.3	25.9
For fun	2.8	2.7	3.3	3.3	3.0	3.8
No special reason	1.9	1.7	2.3	4.4	4.3	4.5

significantly higher rates than older women. These findings are in agreement with another study on population data from USA, Canada, and UK, which showed that women were more likely to have given up smoking than men before their fifties, and vice-versa after the age of 50 [17]. However, this situation was evaluated positively. In the non-smoking group, the 15-45 age group was seen highly in both gender. In other words, being never and ever smoked group was the desired result and table rather than give up smoking group. Smoking is less than 2014 in the year of 2016 indicates that MPOWER parameters has been successfully implemented in Turkey. Persistent and tenacious efforts at tobacco control in Turkey since 1996, the people of Turkey's is reflected in the rate of tobacco use [4].

According to the results of the Global Youth Tobacco Survey results in our country, between the ages of 13-15 years who smokes, in 2003 (Boy: 11.1%; Girl 4.4%) and 2009 (Boy: 14.4%; Girl: 7.4%) were the rate [4]; also between in 2007-2014, 20.3% of boys, 12.8% of girls had the smoking rate that the data were suitable in line with other countries data, Male adolescent was the dominant gender [14]. Only in the 13-15 age group of smoking girls are the majority in Argentina, Bulgaria, Cook Islands, Czech Republic, Italy, Latvia, Niue, Poland and Uruguay [14]. Eastern Mediterranean Region vs. South-East Asia Region. And the majority is the lower-middle income group, the Eastern Mediterranean Region and the South-East Asia Region in 13-15 age group of smokers [14]. Does the high rate of smoking of female sex, which is always low in use, indicates that the female gender likely to be targeted has started to be activated? This results makes me think. Because smoking was more common in the 13-15 age group at the lower-middle income level.

Although there may be reason to start smoking by themselves; curiosity, friend effect and desire were the main factors in our study. Maturity, independence, fun, desire, friends effect greater psychological, economic and social pressures were the causes of starting to smoke causes [18-20]. Infact; experimenting with smoking usually occurs in the early teenage years and is driven predominantly by psychosocial motives. As the force from the psychosocial symbolism subsides, the pharmacological effect takes over to sustain the habit [21,22].

Limitations

The absence of under 15 is a limitation in our study. However, this can only be understood and evaluate as a study involving adults. In our country, studies under the age of 15 were carried out in 2003,

2009 and 2012 as Global Youth Tobacco Survey studies. Under 15 have been evaluated here.

Conclusion

It is seemed the high frequency of use of young adult men appearing. Curiosity, friend effect and desire are also the main factors of starting smoking. There is no single rational reason why people begin to smoke by themselves. But, understanding why an individual smokes and what are their blocks are to quite will support them to stop smoking. Smoking and tobacco use is a kind of self-harming behavior, although all their damages were known well.

Conflicts of Interest

Authors have completed and submitted the ICMJE Form for Disclosure of Potential Conflicts of Interest and none was reported.

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