RESEARCH ARTICLE

Effects of Student Perceptions of Social Skills on their Perception of Smoking

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Abstract

  <u>Background</u>: This study was conducted as a descriptive-correlational exercise with the aim of determining the effect of student perceptions of social skills on their pro and con perceptions of smoking. <u>Materials and Methods</u>: The study sample comprised 106 students at 6th, 7th and 8th grades in three primary schools. The data were collected through socio-demographic data collection form, Social Skill Perception Form and Child Decisional Balance Scale. Data were evaluated by percentage calculation, Student t test and correlation analysis. <u>Results</u>: While the point average of pro perception of smoking of the students with a high point average of social skill perception, was 8.6±3.1, in those with a low social skill perception point average it was 10.7±4.2, the difference being significant(p=0.012). The respective point averages of con perceptions were 26.8±3.7 and 23.5±3.3, again significant (p=0.000). While a positive medium level (r=0.410) relationship was determined between the point average of social skill perception and con perception of smoking, a negative low level (r=0.281) relationship was determined with the pro perception of smoking. <u>Conclusions</u>: As the social skill perception point average increases, children's con perceptions of smoking increase and their pro perceptions decrease.

Keywords: Social skill - pros/cons perception - smoking among children - social skill perception and smoking

Introduction

While the spreading of tobacco use slightly decelerated following the declaration by the General Assembly of the World Health Organisation (WHO) that 'tobacco products are detrimental to health', cigarette smoking still continues to be one of the most serious global health problems and is one of the six leading causes of death (e.g. cancer) (Akdur, 2009). Each year 4.9 million people die due to tobacco-related illnesses and if the current consumption patterns continue, it is estimated that another 10 million will die by 2020; 70% of whom are expected to be in developing countries.

Tobacco consumption is increasing in Turkey, as it is in other developing countries (WHO, 2005; WHS, 2012). Worldwide, 32% of men and 8% of women over the age of 15, and 21% of male and 14% of female adolescents between the ages of 13 and 15 smoke. In Turkey, 33.4% of people who are 18 years old and above use tobacco products (WHS, 2012). While 47% of males and 15% of females who are fifteen years or older smoke, 14% of the males and 7% of females in the 13-15 age bracket use tobacco products (WHS, 2012). One in every 3 Turkish children in this age bracket has tried cigarettes before the age of 10 (GYTS, 2003). Turkey ranks third in Europe and seventh in the world in tobacco consumption (WHO,

2007; 2008). Studies indicate an increasing prevalence of cigarette use and official figures show that people start smoking before the age of 10. The distribution of smokers according to socio-economic status is similar in most countries across the globe (WHO, 2002; 2007; 2012). These findings indicate the necessity for effective action in dealing with the harmful effects of cigarettes. The identification of risk factors associated with smoking initiation and established smoking are crucial in the fight against tobacco products. Studies indicate that there are many determinants which influence the decisions to start or continue smoking, the most prominent being social/ competence skills (Hover and Gafney, 1988; Bandura, 1989; Botvin et al., 1994; Bandura, 1998; Longlios et al., 1999; Schier et al., 1999; Epstein et al., 2000; Griffin et al., 2001; Griffin et al., 2002; De Veries et al., 2003; Epstain et al., 2003; Sarah et al., 2005; Epstein et al., 2007; Bektas, 2009; Hiemstra et al., 2009; Bektas, Ozturk and Armstrong, 2010; La Torre et al., 2010; Cremers, Mercken, Oenema, and de Vries, 2012; Menrath et al., 2012; Spyratos et al., 2012).

Research shows that while the children, who have high perception of social skill, have low pros perception in smoking; they have a high cons perception of smoking (Hover and Gafney, 1988; Bandura, 1989; Botvin et al., 1994; Bandura, 1998; Longlios et al., 1999; Schier et al.,

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1999; Epstein et al., 2000; Griffin et al., 2001; Griffin et al., 2002; De Veries et al., 2003; Epstain et al., 2003; Sarah et al., 2005; Epstein, Bang et al., 2007; Bektas, 2009; Hiemstra et al., 2009; Bektas et al., 2010; La Torre et al., 2010; Cremers et al., 2012; Menrath et al., 2012; Spyratos et al., 2012). Bandura (1989) Social Cognitive Learning theory stresses that competence perception has utmost significance in individual's exhibition of positive health behavior and also puts emphasis on that even though a child has the ability to oppose to negative health behaviors, he/she may exhibit negative health behaviors such as smoking when he/she does not feel enough competent to exhibit this behavior (Bandura, 1989; 1998). In the experimental researches, it is found that pros perception of smoking of the children, whose social skills were developed, decreased, and their cons perception increased and smoking rates decreased (Bektas, 2009; Hiemstra et al., 2009; La Torre et al., 2010; Cremers, Mercken, Oenema, and de Vries, 2012; Menrath et al., 2012; Spyratos et al., 2012).

When the litterateur is analyzed, it is observed that the researches mainly lay emphasis on how the social skills affect the children's smoking situation and there are very few researches about how the children's perception of smoking, which is one of the important factors that affect smoking, are affected by their perception of social skills. For this reason, this study was conducted with the aim of determining the effect of students' perception of social skills on their pros and cons perception of smoking.

Materials and Methods

The aim of the research

This study was conducted as descriptive-correlational with the aim of determining the effect of students' perception of social skill on their pros and cons perception of smoking.

Sample of the research

The research was conducted in three primary schools selected by simple random method from upper, middle and low socioeconomic group according to stratified sampling, which is one of the probabilistic sampling methods, out of the primary schools connected to Izmir Provincial Directorate for National Education. Within the data collecting process, 106 students from 6th, 7th and 8th grades, who were present at school, volunteered to participate in the study, obtained parent's permission and filled the form completely, were involved in the study.

Data collection

The data were collected through Socio-Demographic data collection form, Evaluation form of the Perception of Social Skill and Decisional Balance Scale. Evaluation form of the Perception of Social Skill: the evaluation form of students' perception of social skill was developed by Emsal KARA in 2003. While the form is consisted of 46 articles, it includes questions aimed at determining the skills of starting and maintaining relationship, carrying out a task with group, coping with emotions and aggressive behaviors, coping with stress situation, plan making

and problem solving. 5 point likert scale is used in the evaluation of the form, the lowest possible point is 46 and the highest possible point is 230. 2nd, 4th, 5th, 7th, 9th, 11th, 13th, 15th, 16th, 18th, 20th, 22nd, 23rd, 24th, 27th, 29th, 31st, 34th, 36th, 41st, 42nd, 44th, 46th articles are negative articles and their points are calculated reversely. High points acquired from the scale show that the students' perception of social skill is positive. Internal consistency coefficient of the form was found as .81. Decisional Balance Scale: was developed by Original DBS, Velicer, Diclemente, Prochaska and Brandenburg (1985) as 24 articles with the aim of evaluating the adults' perceptions of the benefits and damages of smoking. Child DBS was adapted to adult DBS by Pallonen, Prochaska, Velicer, Prokhorov and Smith (1998) in 1998 and reduced to 12 articles. Child DBS is consisted of six (6) articles of benefit and six (6) articles of damage sub-scales involving 12 situations about the benefits and damages of smoking. It is a likert scale graded between 1 and 5. Child DBS sub-dimensions' points change within the range of 6-30. High point average in benefit sub-scale, which is one of the sub-scales, shows that the child has strong perception of the benefits of smoking; high point average in damage sub-scale shows that the child has strong perceptions of the damages of smoking (Bektas et al., 2010b). Validity/reliability of the scale among the Turkish children was performed by Bektas, Ozturk and Armstrong (2010). The sample of the study was consisted of 642 students between 4th-8th grades. Cronbach alpha reliability coefficient was found .74 for benefit sub-dimension of the scale, .78 was found for the damage sub-dimension. Test-retest reliability coefficients of the scale was found r=0.848 for benefit sub-dimension, r=0.698 for damage sub-dimension. Total variance clarified by each factor was 22% for benefit sub-dimension, 28% for damage sub-dimension. As a result of confirmatory factor analysis, correlation coefficient between DBS's damage and benefit sub-dimensions was found as r=-0.49. As a result, DBS was identified as a reliable and valid means which can be used in Turkish culture (Bektas et al., 2010b).

The evaluation of the data

Percentage calculation, student t-test and correlation analysis were used in the evaluation of the data. Significance level was determined 0.05.

The ethics of the research

In order for the research to be conducted, written permission was obtained from Provincial Directorate for National Education and parents, and verbal consent was obtained from the children.

Results

The average age of the students was found 11.3±1.9. 51.2% of the students are male and 48.8% of them are female. 68.4% of the families belong to middle socio-economic level, 47.8% of the mothers are primary school graduates and 26.1% of them smoke. 41.2% of the fathers are primary school graduates and 54.6% of them smoke. 5.7% of the participant students smoke.

While the students', who have high point average of perception of social skill, point average of the pros perception of smoking is 8.6±3.1, the children's, who have low point average of perception of social skill) point average of the pros perception is 10.7±4.2. The difference between point averages of pros perception of smoking of the students, who have high point average of social skill perception, and the students, who have low point average, was found statistically significant (p=0.012). While the students', who have high point average of perception of social skill, point average of the cons perception of smoking is 26.8±3.7, the children's, who have low point average of perception of social skill, point average of the cons perception is 23.5±3.3. The difference between point averages of cons perception of smoking of the students, who have high point average of social skill perception, and the students, who have low point average, was found statistically significant (p=0.000, Table 1).

While the students', who have negative perception of smoking, point average of the perception of social skill is 177.9±14.7, the children's, who have negative perception of smoking, point average of the perception of social skill is 160.5±14.9. The difference between point averages of social skill perception of the students, who have negative perception of smoking, and the students, who have positive perception of smoking, was found statistically significant (p=0.037, Table 2).

While a positive-oriented medium level (r=0.410) relationship was determined between the point average of social skill perception and point average cons perception of smoking; a negative-oriented low level (r=0.281)

Table 1. Comparison of Pros and Cons Perceptions According to Perceptions of Social Skills

Points of the Perception of Social Skill	DBS Pros Sub-Scale	DBS Cons Sub-Scale
	X±SS	X±SS
High	8.6±3.1	26.8±3.7
Low	10.7±4.2	23.5±3.3
t	2,578	4,054
p	0.012	0.000

Table 2. Comparison of Students' Point averages of Social Skill Perceptions by Their Perceptions of Smoking

Perception of Smoking	Perception of Social Skill X±SS
Negative	177.9±14.7
Positive	160.5±14.9
U	57,500
p	0.037

Table 3. The Relationship between the Point Average of the Pros/Cons Perception of Smoking and the Point Average of the Perception of Social Skill

	Pros perception of Smoking		Cons perception of Smoking	
	r	p	r	p
Perception of Social Skill	-0.281	0.012	0.410	0.000

relationship was determined between point average of social skill perception and point average of pros perception of smoking.

Discussion

A significant difference was found between the point average of the pros perception of smoking (p=0.012) and cons perception of smoking (p=0.0000) of the children, who have high point average of social skills, and the children, who have low point average of social skills (Table 1). As a result of the study, it is observed that the children, who have high point average of social skill, have low pros perception of smoking and have high cons perception of smoking. The researches state that having positive perceptions of their social skills develop children's positive coping and decrease the rate of trying cigarette and smoking by developing negative attitudes towards smoking (Hover and Gafney, 1988; Bandura, 1989; Botvin et al., 1994; Bandura, 1998; Longlios et al., 1999; Schier and ark.1999; Epstein et al., 2000; Griffin et al., 2001; Griffin et al., 2002; De Veries et al., 2003; Epstain et al., 2003; Sarah et al., 2005; Epstein, et al., 2007; Bektas, 2009; Hiemstra et al., 2009; Bektas, et al., 2010a; La Torre et al., 2010; Cremers et al., 2012; Menrath et al., 2012; Spyratos et al., 2012). Bandura (1998) states that when they have positive attitudes about himself/herself, the children's self-efficacy levels increase, their self-esteem and the level of self-concept advance, and their internal locus of control increases. He puts emphasis on that these features prevent negative health behaviors from emerging in children. Bandura (1989) stresses that even if an individual has the skill to exhibit a behavior; he/she cannot perform that behavior when he/she does not feel competent to exhibit that skill. Therefore it is emphasized that even if the student's social skills are developed, when he/she does not feel competent to perform these skills, he/she will have difficulty in exhibiting these skills and will take more risk for negative health behaviors. While Bandura's (1998) this argument shows coherence with our study's findings, it is also observed in this study that the perception of social skills of the children, who have negative attitudes towards smoking, are significantly higher than the children, who have positive attitudes towards smoking (Table 2). Besides, it is observed that while there are researches performed about how the social skills of the children affect smoking, there are very few researches about how their social skills affect their perceptions that affect trying cigarette and smoking. This study's finding that the social skill perceptions of the children affect their perception of smoking and the situations of trying cigarette will contribute to the literature and will be a guide when creating prevention programmes.

While a significant, low negative relationship was determined between the children's point average of the perception of social skill and point average of the pros perception of smoking, a significant positive level relationship was determined between point average of the perception of social skill and point average of the cons perception of smoking (Table 3). It is discovered in the researches that perceived social skill is an important

preparative factor for smoking and that they have a significant and strong relation between each other (Hover and Gafney, 1988; Bandura, 1989; Botvin et al., 1994; Bandura, 1998; Longlios et al., 1999; Schier and ark, 1999; Epstein and ark, 2000; Griffin, Epstein, et al 2001; Griffin et al., 2002; De Veries et al., 2003; Epstain et al., 2003; Sarah et al., 2005; Epstein et al., 2007; Bektas, 2009; Hiemstra et al., 2009; Bektas et al., 2010a; La Torre et al., 2010; Cremers, Mercken et al., 2012; Menrath et al., 2012; Spyratos et al., 2012). In this research, it is identified that there is a reverse low-level relationship between point average of social skill and point of pros perception of smoking and a positive medium-level relationship is identified for con perceptions. Besides, Bandura (1998) emphasizes that an individual's having positive perceptions of himself/herself increases self-efficacy and such children are less likely to exhibit negative health behavior. In this research as well, a negative and significant relationship between social skills and pros perception of smoking shows that the study's findings are in accord with litterateur.

In conclusion, it is suggested that social skills educations aimed at preventing adolescents from smoking should be provided and that the effects on perceptions of smoking should be researched in a larger sample.

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