Smoking Prevention Intervention Among Secondary School Students in the Spanish Province of Malaga

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OBJECTIVE: To assess the prevalence of smoking among 13- to 18-year-old students, analyze smoking-related factors in this population, and design an intervention program to reduce smoking.

MATERIAL AND METHODS: A 6-month smoking prevention intervention was designed for students at a public secondary school in the Spanish province of Malaga. The objective of the intervention was to inform students of the gravity of smoking and its deleterious effects on health. The efficacy of the intervention was subsequently assessed.

RESULTS: Of the 337 students who completed the questionnaire, 27% declared they were smokers. Smoking prevalence was significantly higher among girls (36.1%) than boys (18.1%) (P < 0.001) and progressively increased with age. Initiation occurred at 13 to 14 years of age. The most common reason for starting was to try something new (52.2% of students). The greatest risk factor in the family environment was having a smoking sibling.

After the program, 78% of smokers admitted that the intervention had not affected their smoking but had made them more aware of its detrimental effects, and 66.8% planned to quit in the future.

CONCLUSIONS: The study shows the high prevalence of smoking among adolescents, particularly among girls. It also shows that health education increases understanding of the problems related to smoking, causing changes of attitude with regard to whether they will smoke in the future.

Key words: Tobacco use. Student. Prevention.

Introduction

In western countries, smoking is a major problem for public health, not only among adults but also among children and adolescents. Despite scientific evidence that smoking causes death and incurable illness, prevalence is increasing among the young as a consequence of aggressive advertising on the part of the tobacco industry which promotes its products among the new generations of potential smokers.

According to the survey carried out for the Spanish national drug plan in 2000, tobacco is second to alcohol as the most used drug among secondary-school students, as shown by the fact that 34.4% have smoked on some occasion. Smoking is more prevalent among girls and

the difference between the sexes increases with age. Age is clearly related to smoking, with prevalence increasing from 14 to 18 years of age. Adolescents are an easy target, a fact the tobacco industry well knows, and advertising campaigns are directed to this population. Over recent years cigarette advertising has been aimed at the young and, particularly, at women, who will soon equal men in smoking prevalence. 

Smoking at an early age is a risk factor for nicotine dependence at older ages. If an adolescent manages to avoid smoking, he or she is unlikely to smoke as an adult. Habits like smoking adopted at this stage of life are difficult to modify once established and are sustained in adulthood.

Smoking prevention among the young must be tackled on 2 fronts: by limiting advertising as recommended in Spanish Royal Decree 192/1988 and by educating, through health education programs.

Health education forms part of the general education children and adolescents should receive to encourage healthy lifestyles and to prevent nicotine or any other drug dependency. In Spain, the national drug plan has achieved the reduction of some drug use among adolescents but not of smoking. The inclusion of health education in the government regulation of the educative system (Ley de Ordenación General del Sistema Educativo) (LOGSE) has tried to introduce programs that have been successful in other countries.

The efficacy of smoking prevention programs in schools has been demonstrated by authors such as Barrueco et al, de la Cruz Amorós et al, and Ellickson et al; interventions aimed at the young are widely regarded as more profitable than those that target other age groups.

The objective of this study was to discover the characteristics of smoking among the young in Spain and, at the same time, to try and design an informative program on the detrimental effects of smoking and the benefits of healthy lifestyles in order to reduce smoking prevalence in this population.

Population and Methods

A 6-month intervention program was carried out on secondary-school students at a public secondary school in Malaga, Spain, as well as an observational, transversal study with information collected on 2 occasions. The program was carried out during the 2002-2003 academic year and with the cooperation of the teachers of the school. Before starting the informative sessions, a questionnaire was distributed which consisted of 13 closed questions (similar to the European questionnaire on cancer prevention) and examined the following variables: sex, age, attitude to smoking, practice of sports, smoking habits of family, and awareness of the detrimental effects of smoking (Table 1). Students answered the questionnaire anonymously just before beginning the informative program on smoking.

The target population consisted of 647 teenagers, 13 to 18 years old, who were studying the second, third, fourth, and fifth year of secondary school education.

<p>| TABLE 1 |</p>
<table>
<thead>
<tr>
<th>Questionnaire Given to Students Before the Smoking Intervention Program*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
</tr>
<tr>
<td><strong>Sex</strong></td>
</tr>
<tr>
<td>Boy</td>
</tr>
<tr>
<td>Girl</td>
</tr>
<tr>
<td><strong>Do you smoke?</strong></td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td><strong>Have you ever tried smoking?</strong></td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td><strong>What were your reasons for not continuing?</strong></td>
</tr>
<tr>
<td>Concern for health</td>
</tr>
<tr>
<td>Practicing a sport</td>
</tr>
<tr>
<td>Smoking tastes bad</td>
</tr>
<tr>
<td>Smoking is absurd.</td>
</tr>
<tr>
<td>Because of your parents</td>
</tr>
<tr>
<td>For other reasons</td>
</tr>
<tr>
<td><strong>If you are a smoker how often do you smoke?</strong></td>
</tr>
<tr>
<td>Occasionally</td>
</tr>
<tr>
<td>At weekends</td>
</tr>
<tr>
<td>Every day</td>
</tr>
<tr>
<td><strong>At what age did you start smoking?</strong></td>
</tr>
<tr>
<td><strong>What was the reason you started smoking:</strong></td>
</tr>
<tr>
<td>Friends</td>
</tr>
<tr>
<td>To try something new</td>
</tr>
<tr>
<td>Adolescence</td>
</tr>
<tr>
<td>Other reasons</td>
</tr>
<tr>
<td><strong>Does anyone in your family smoke?</strong></td>
</tr>
<tr>
<td>Nobody</td>
</tr>
<tr>
<td>Father</td>
</tr>
<tr>
<td>Mother</td>
</tr>
<tr>
<td>Brother or sister</td>
</tr>
<tr>
<td><strong>Do your friends smoke?</strong></td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td><strong>Do you practice a sport?</strong></td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td><strong>Do you know what diseases smoking causes?</strong></td>
</tr>
<tr>
<td>Cancer</td>
</tr>
<tr>
<td>Bronchitis</td>
</tr>
<tr>
<td>Cardiovascular diseases</td>
</tr>
<tr>
<td>Others</td>
</tr>
</tbody>
</table>

*Translation of the original Spanish questionnaire, for information purposes.

The content of the intervention was designed to provide information on the magnitude of the problem of smoking and its pathological components and effects and to analyze the publicity of large tobacco companies. Sessions were given in an audiovisually equipped classroom with 50 students per session. Material was created specifically for the program, based on the smoking prevention program of the Spanish Society of Pulmonology and Thoracic Surgery (SEPAR), and consisted of slides, questionnaires, and transparencies. Informative posters were put up around the school with the reminder that smoking was forbidden.

When the sessions had finished, discussions were organized and moderated by the teachers to assess whether the students had found the intervention useful and students answered a further questionnaire to assess the efficacy of the sessions (Table 2).
The answers to the first and second questionnaires were stored in a data base and analyzed with the statistical program SPSS for Windows. The $\chi^2$ test was used to assess the significance of differences observed.

Results

A total of 647 students participated in the study, 337 (52.09%) of whom completed the questionnaires. Of the final sample, 171 (50.7%) were boys and 166 (49.3%) were girls. Overall, 27% declared themselves to be smokers and 73% nonsmokers. Smoking prevalence was significantly higher among girls (36.1%) than boys (18.1%) ($P<.001$).

Smoking prevalence increased with age: only 12.2% of 13-year-olds declared themselves to be smokers, whereas 55.6% of 18-year-olds did (Figure 1). Prevalence increased progressively with age, particularly among girls. At 18 years of age, the difference between the sexes was marked: 21.4% of boys smoked compared with 71.4% of girls (Figure 2).

The frequency of smoking among student smokers was the following: 66.3% smoked daily, 32.6% smoked occasionally, and 1.1% smoked only at weekends. Initiation tended to be at 13 (21.6%) or 14 (41.6%) years. Motives for initiation were to try something new (52.5%), having friends who smoked (33.9%), adolescence (17%), and other reasons (11.9%).

Among the self-declared nonsmokers, 36.5% stated they had tried smoking at least once and this percentage increased with age, reaching 68% for 18-year-olds. More girls had tried smoking (60%) than boys (42.6%) ($P<.001$).

When nonsmokers who had tried smoking were asked what had motivated them against continuing, they answered the following: that smoking was not good for their health, 36.2%; smoking tasted bad, 34.5%; they practiced some kind of sport, 6.9%; they found it absurd to smoke, 7.8%; they did not smoke in consideration of their parents, 4.3%; and reasons not specified, 10.3%.

Prevalence of smoking among family members was the following: no family member smoked, 32.4%; the father smoked, 19.3%; the mother smoked, 13.1%; a sibling smoked, 12.5%; both the mother and father smoked, 16.6%; and the whole family smoked, 5.9%.

**TABLE 2**

| Questionnaire Given Students After the Intervention on Smoking* |
|-----------------|---------------------|
| Age             | Sex                 |
| Boy             | Girl                |
| Are you a smoker? | Yes    |
|                   | No                 |
| Have our discussions had an influence on your smoking behavior? | Yes    |
|                   | No                 |
| Are you more aware now of the effects smoking has on your health? | Yes    |
|                   | No                 |
| After learning about the detrimental effects of smoking, do you plan to be a nonsmoker in the future? | Yes    |
|                   | No                 |
| Do you think there should be more discussions on smoking for the young? | Yes    |
|                   | No                 |

*Translation of the original Spanish questionnaire, for information purposes.
The relation between student smoking behavior and family members who smoked is shown in Table 3.

Of the students who answered the questionnaire, 74.8% had friends who smoked—the percentage was higher if the students themselves smoked (Table 4).

Some kind of sport was practiced by 64.7% of the students: by 83.6% of boys but by only 45.5% of girls ($P<.001$).

Before the informative sessions, 77.2% related smoking to cancer, 12.8% to respiratory diseases and cancer, 0.9% to respiratory diseases, 2.1% to cardiovascular disease, and 7.1% did not relate smoking to any disease.

At the end of the program, the influence our intervention had had was assessed and the following results were obtained: 313 students completed the questionnaire (156 boys and 157 girls), 87 of whom said they were smokers (27.8%); by sex, 28 boys (17.9%) smoked and 59 girls (37.5%) did. In response to questions on the effect of the intervention, 78% said the program had not directly influenced their smoking, 84.3% said they had become more conscious of the detrimental effects of tobacco, 66.8% planned on not smoking in the future, and 91% gave the opinion that the program had been quite interesting.

The main reasons for initiation declared by our subjects (to try something new and the fact that friends or family who smoked.

The most common reasons given for not continuing to smoke were fear of diseases smoking could cause (36.2%), a result which agrees with those reported recently by Sánchez Agudo, and that smoking tasted bad (34.5%). Cancer was the most common disease associated with smoking, without specifying the type, followed by respiratory diseases and cancer (12.8%). Other authors, such as Barrueco et al., however, have described heart failure as the most common association described.

Several studies on secondary-school students have associated smoking with drinking alcohol and having friends or family who smoked. Our study found that 90% of the friends of smokers also smoked whereas 65.9% of friends of nonsmokers smoked, a result that has been confirmed in other studies. The association was similar with respect to families: more students smoked if members of their family smoked, and having a sibling who smoked represented a greater risk than the father, mother or both parents. A possible explanation for this influence is that adolescents aspire more to the model of older siblings than to that of their parents. In our study sample, only 8.2% of student nonsmokers had a sibling who smoked while 24.2% of student smokers lived with a sibling smoker.

Two interesting results were that there are twice as many girl smokers as boy smokers and that 83.6% of boys practiced some kind of sport while only 45.5% of girls did. Other studies have found similar results and that programs designed to increase physical activity could be effective in reducing smoking rates.

Several studies have shown that schools are an ideal environment for the prevention of smoking among the young and demonstrate the benefits of health education for adolescents. While our study did not have a direct effect on smoking among students, it clearly increased awareness of the detrimental effects of smoking and the desire to quit in the future (66.8%).

### Table 3

| Relation Between Student Smoking Behavior and Smokers in the Family |
|---|---|---|---|---|---|---|
| | No Family Member Smoked | Father Smoked | Mother Smoked | Sibling Smoked | Both Parents Smoked | The Whole Family Smoked |
| Student smoker | 16 (17.6%) | 16 (17.6%) | 11 (12.1%) | 22 (24.2%) | 17 (18.75%) | 9 (9.9%) | 91 (100%) |
| Student nonsmoker | 93 (38%) | 49 (20%) | 33 (13.5%) | 20 (8.2%) | 39 (15.9%) | 11 (4.5%) | 245 (100%) |

### Table 4

| Relation Between Student Smoking Behavior and Friends Who Smoked* |
|---|---|---|
| | Friends Who Smoked | Friends Who Did Not Smoke | Total |
| Smoker | 90 (99.9%) | 1 (1.1%) | 91 (100%) |
| Nonsmoker | 162 (65.9%) | 84 (34.1%) | 246 (100%) |

* $P<.01$.
This result justifies efforts to raise awareness that could provoke a change in adolescents’ attitudes on their first encounters with smoking.

The study of smoking habits in school populations contributes to knowledge of the problem of nicotine addiction in Spain and allows more effective prevention strategies to be planned. Prevention should target this population group in particular, and schools are the ideal setting for the study of this behavior. Despite disparate results found in various studies, these programs should be systematically included in the educative content of schools and not be relegated, as they are today, to scarce, isolated initiatives. We believe that the present study demonstrates once again that health education is effective in reducing smoking initiation among the young.

REFERENCES