The Prediction of Identity Crisis and Addiction Tendency Based on Islamic Beliefs and Family Climate among the nursing and midwifery students

Fatemeh Sadat Marashian1* Sahar Safarzadeh2

1. Assistant Professor, Department of Psychology, Ahvaz Branch, Islamic Azad University, Ahvaz, Iran.
2. Assistant Professor, Department of Psychology, Ahvaz Branch, Islamic Azad University, Ahvaz, Iran.

*Correspondence to: Fatemeh Sadat Marashian
fsmarashian@gmail.com

(Received: 27 Jan. 2017; Revised: 17 Jun. 2017; Accepted: 21 Sept. 2017)

Abstract
Background and purpose: Recognition identity crisis versus constructing the identity and committing delinquent behaviors, such as addiction tendency and recognizing its predictive variables stand amongst the most crucial issues throughout early adulthood. The present research aimed to shed light upon the prediction of identity crisis and addiction tendency based on the practical commitment to Islamic beliefs and affective family climate among the nursing and midwifery students in Islamic Azad University, Ahvaz Branch.

Materials and Methods: This correlational research applied a descriptive-cross sectional design through a canonical correlational method. The research sample comprised 150 students studying in nursing and midwifery who were selected through random cluster sampling. To collect the data, Practical Commitment to Islamic Beliefs Questionnaire, Hilburn Affective Family Climate Scale, as well as Identity Crisis and Addiction Tendency Questionnaires were used. The collected data were also analyzed using canonical correlational coefficient.

Results: The results of the current study indicated that the bivariate correlation coefficients for all variables was significant at level of 0.01. Moreover, the high correlation value could be found between family affective climate (one of the variables of the first set) and addiction tendency (one of the variables of the second set) (p<0.01).

Conclusion: It could then be concluded that a healthy family affective climate can play a significant role in establishing deep and heartfelt relationship with God based on religious teachings, which could also result in bringing up children who are able to avoid having positive attitude toward drug use disorders, and can realize the fallacy of substance abuse.

Keywords: Identity; Addiction Tendency; Islamic Beliefs; Family Climate

Citation: Marashian F*, Safarzadeh S. The Prediction of Identity Crisis and Addiction Tendency Based on Islamic Beliefs and Family Climate among the nursing and midwifery students 2017; 5 (4):38-47
1. Introduction

Adolescence and young adulthood is the period of rebellion and crisis during which the individual pursues excitement regarding his/her own characteristics and might be led astray and away from the correct path or direction. Adolescence and youth are the most important years of life as the manifestation of identity formation (1). One of the increasing social harms that is seriously threatening our society especially the adolescents and young adults and is considerably related to identity crisis is the rapid spread of addiction and the tendency toward it (2). One of the decisive and key factors in young adults’ addiction is religiosity and practical commitment to Islamic beliefs such as Namaz (Praying), fasting, and other divine religious laws and edicts that have been quoted as shields against substance abuse and promoter of mental health in some of the studies (3-5). Religion affects substance abuse and quits it by establishing a moral order, providing opportunities to acquire and develop competencies and setting out social rule (6).

It was revealed in a study that individuals who are not religious and score lower in the scale of religious activity, experience higher degrees of drug abuse as compared to individuals who have higher degrees of religious activity. And fostering religious beliefs in young adults prevents the formation of drug abuse and behavioral disorders, and specifically identity crisis (7). In a study carried out among adolescents and young individuals in the age range of 18 to 29, it was reported that children who had higher levels of religiosity attained higher success in constructing identity, and used religion as a shield against the dangers of alcohol and drug, as compared to those who had weaker religious commitment (8). There are some certain conditions though, one of which is that parents should not only be believers, but also be bound to have full scientific and religious support. In fact, one of the other contributory factors of identity crisis and drug abuse is the family affective climate and the degree of one’s harmonious and healthy relationship with parents. It has been demonstrated in various studies that a young adult who has secure attachment has lower experience with drugs and less problems in shaping identity (9,10). These researchers have also reported that awareness, spiritual experiences, and having healthy family have significant relationship with drug abuse and drug tendency (11). Moreover, in other studies that were carried out on 68 female and 58 male students, it was shown that students who had higher degrees of religious beliefs (Dhikr (also Zikr), Tasbeehat or Sanctification of Allah and recitation of the Qur’an) had lower tendency for drug abuse. There also existed significant relationship between family climate and identity crisis, and adolescents suffered from more severe identity crisis in unstable families (12-16).

Indian researchers undertook a study on the relationship between identity crisis and family environment, and their sample comprised 100 boys and girls in the age range of 12 to 17 years. The findings indicated that the individuals in insecure and conflicted families suffered from problems, such as identity crisis, and showed higher degrees of delinquent behaviors (17). In another similar research that was conducted on the effectiveness of religious orientation on affective climate of families with male and female high schoolers, the results indicated that high religious orientation is internally and externally correlated with family affective unit (intimacy, support and trust), and...
students are better able to face or go through their identity crisis as compared with their peers (18). Identity crisis and addiction and drug abuse are the major impediments to the development of societies and the major risks to the health of younger generations. From the perspective of Islamic education, all wrong behaviors and human perversions stems from the absence or weakness of religious belief, and the adherence to religious principles is the greatest deterrent of social deviations. On the one hand, the family as the first institution in the development of children's social life is very important in forming their societal habits and ideas (15). Suffice to say that the sense of community and religious people is weak to escape from social anxiety, and they are vulnerable to drugs (14).

Given the above-mentioned literature, the present research aimed to seek a scientific response to this question that whether or not there is any significant relationship between identity crisis, addiction tendency, practical commitment to Islamic beliefs, and affective family climate. Is it possible to consider factors such as religious orientation and family predictors suitable for the formation of identity and tendency to addiction? And is it possible through the various aspects of this problem propose appropriate solutions?

2. Materials and Methods

This correlational research employed a descriptive cross-sectional design. The sample comprised 150 students who were selected via multi-stage cluster sampling based on Cochran's formula from among the students studying in nursing and midwifery in Ahvaz Islamic Azad University in the academic year of 2015-2016 (19). The data gathering tools were the following: Practical commitment to Islamic beliefs questionnaire: this questionnaire was carried out on the young individuals in five boroughs of Tehran city in 1997. This 45-item questionnaire comprised 12 items on practical commitment to Namaz (praying), 8 items on practical commitment to fasting, 18 items on practical commitment to other divine religious laws, and 7 items on having harmonious relationship with religious individuals. This questionnaire was scored on five-point Likert Scale with the maximum score of 225 and the minimum score of 45(20). In the present research, the reliability was estimated to be between 0.92 and 0.97.

Hilburn affective family climate scale was designed to measure affection and kindness in parent-child interactions. This 8-subscale questionnaire (love, fondling, shared experience, gift giving, encouragement, confidence and sense of security) includes 16 items. The internal consistency of the scale was measured using Cronbach's alpha, split-half, and Guttman which were 0.85, 0.77 and 0.77, respectively, which proved to be acceptable (21,22). In the present research, the reliability of the scale was estimated to be equal to 0.92 using Cronbach’s alpha. Identity crisis questionnaire: this paper-and-pencil questionnaire which was designed by Ahmadi (23) includes 30 items. It centers on an individual’s identity crisis by 10 distinct parts. Each item is scored on 4-point Likert Scale and the highest and lowest scores are 9 and 0. The lower the score is, the higher will be his/her ability in forging identity (24). In the present research, the reliability of the scale was estimated to be 0.82 and 0.87, using Cronbach’s alpha and split-half
methods. Addiction tendency questionnaire: this questionnaire was designed by Yadollah Zargar with regard to the culture of Iran. This 36-item questionnaire has also 5 lie detectors, and it is scored on 4-point Likert Scale (strongly disagree (0), disagree (1), agree (2), and strongly agree (3). The reliability of the scale was measured using Cronbach's alpha and split-half methods, and their results were found to be 0.87 and 0.88, respectively, which proved to be acceptable. In the present study, the reliability of the scale was also estimated to be 0.94 and 0.89 using Cronbach's alpha and split-half methods. Pearson correlation test was used to determine the relationship between the research variables. Moreover, one-sample Kolmogorov-Smirnov test was used to study the normal distribution of data. Canonical correlation was also used to predict the share of predictor variables in the variance prediction of identity crisis and addiction tendency of students.

3. Results
Descriptor findings indicated that all the 150 participants were female, out of whom, 63 were single and 87 were married. Moreover, 58 individuals were employed and 92 were unemployed. The mean and standard deviation of the criterion and predictive variables were as the following: practical commitment to Islamic beliefs (31.82, 70.69), family affective climate (19.45 and 37.06), identity crisis (11.44 and 20.04), and addiction tendency (10.13 and 28.85).

### Table 1. Matrix of correlations between variables

| Variables                       | 1       | 2       | 3       | 4       |
|---------------------------------|---------|---------|---------|---------|
| practical commitment to Islamic beliefs | 1       | **0.835 | **0.840 | **0.867 |
| Family affective climate        | -       | 1       | **0.937 | **0.785 |
| Identity crisis                 | -       | -       | 1       | **0.878 |
| Addiction tendency              | -       | -       | -       | 1       |

** level of significance at P<.01

As is observed in Table 1, the bivariate correlation coefficients is significant at less than alpha level of 0.01. Therefore, there is significant relationship among all the research variables at alpha level of p<0.01. First, the result of significance tests for the employed model is presented by four multivariate significance indices in Table 2. Then, canonical correlations and multivariate tests are shown for each of the dimensions.

### Table 2. Results of multivariate test of significance of canonical correlations

| Tests                      | Value  | ratio F | df hypothesis | df error | P level of sig. |
|----------------------------|--------|---------|---------------|----------|-----------------|
| Pillai’s trace             | 0.753  | 59.534  | 4             | 394      | 0.000           |
| Wilks’ lambda              | 0.246  | 99.420  | 4             | 390      | 0.000           |
| Lawley-Hotelling trace     | 3.057  | 149.068 | 4             | 392      | 0.000           |
| Roy’s largest root         | 0.264  |         |               |          |                 |
According to the results of Table 2, the significance value of Wilks’ lambda (P<0.0001, V=0.246, F=99.420) revealed that there is significant relationship between these two sets of variables.

**Table 3. Eigenvalue and canonical correlation**

| Number of functions | Correlation Square | canonical correlation | Cumulative percent | percent | Eigenvalue |
|---------------------|--------------------|----------------------|--------------------|--------|------------|
| 1                   | 0.753              | 0.868                | 99.996             | 99.996 | 3.057      |
| 2                   | 0.000              | 0.010                | 100                | 0.003  | 0.004      |

Conventionally, the first canonical correlation is of greater importance as compared to the other correlations. According to the results of Table 3, the first canonical correlations of canonical variable explains only 0.753 percent of the variance in dependant or criterion varialbe. Overall, the number of canonical dimensions can be studied as equal to the number of the variables in the smaller set. However, it should be added that the number of significant dimensions can statistically be less than the number of the variables in the smaller set.

**Table 4. The results of dimension reduction**

| Roots | Wilks' lambda | ratio F | Df hypothesis | Df error | P level of sig. |
|-------|---------------|---------|---------------|----------|-----------------|
| 1 of 2| 0.246         | 99.420  | 4             | 392      | 0.000           |
| 2 of 2| 0.999         | 0.236   | 1             | 197      | 0.000           |

The results of F test indicated that both canonical correlations were statistically significant. According to the results of Table 4, the F ratio was equal to 99.420 and 0.236 for the first and second canonical correlations. In the model of the present research, two canonical dimensions were studied and calculated as to be significant. However, the canonical correlation was stronger for the first dimension, and it was thus selected as the strongest canonical correlation (Table 5).

**Table 5. Standard canonical coefficients for predictive variables**

| Predictive variables | Standard canonical coefficients |
|----------------------|--------------------------------|
|                      | Dimension 1                    |
| Practical commitment to Islamic beliefs | 0.551 |
| Family affective climate | *0.854 |

Table 5 shows the standard canonical coefficients for all the predictive variables in the first dimension. Standard canonical coefficients are used to evaluate the relative importance of each variable’s role in each of the dimensions and their interpretation is...
similar to $\beta$ coefficient analysis in regression analysis. Therefore, as observed in Table 5, the variables of greater importance are shown prominently. To select influencing variables in each dimension, the basic rule is that the lowest standard canonical coefficients should be 0.30. In the first dimension, family affective climate (with standard canonical coefficient of 0.854) is dominant, and the second dimension, as previously mentioned, has lower correlation coefficient. Table 6 shows the standard canonical coefficients for the criterion variables in the first dimension.

| Criterion variables | Standard canonical correlations |
|---------------------|--------------------------------|
| Identity crisis     | 0.640                          |
| Addiction tendency  | *-0.746                        |

As observed in Table 6, the variable of more importance is shown prominently. In the first dimension, addiction tendency (with standard canonical coefficient of -0.746) had greater effect in explaining the first dimension. As also observed in Table 5, in the first set, family affective climate was strongly related to the first canonical dimension (0.834). Moreover, given Table 6, in the second set, the addiction tendency had the highest correlation with the first canonical variable (-0.746).

4. Discussion
In this research, the strongest relationship could be observed between family affective climate (one of the variables of the first set) and addiction tendency (one of the variables of the second set). This result was found to be in line with the results of certain other studies (1,7,8,17,18). In the explanation of this thesis, it can be concluded that family can be of crucial importance and influence in bringing up self-actualized, aware and thoughtful people. If different aspects of this educational institute are truly analyzed, it becomes clear that the health and dynamic of a society depends on the health and dynamic of the family (26,27). On one hand, the family is the first institute in the social life of child in forming his/her habits and social thoughts. Family has a great role in shaping children’s behavior and social perspectives and emotional aspects of parent-child interaction. In families who demonstrate affectionate behavior, children are often brought up with positive ethical behavioral respect for others and achievement motives (28,29). Moreover, family is the most fundamental social organization and the most major component of the community. Having a healthy society depends on having healthy families who have psychologically healthy individuals with harmonious relationship with one another. On the other hand, strengthening religious beliefs in young individuals combats the development of disorders, such as drug abuse, conduct disorders and more importantly, identity crisis. The role of spiritual health is dominant and decisive in the resolution of personal and social conflicts (30). In fact, individuals who are committed to religious beliefs that prohibit
any acts contrary to chastity are less likely to commit delinquent acts, such as addiction, alcohol, gambling, and theft (31). Findings of previous research and different studies have revealed that individuals who have positive attitude toward addiction are more likely to use drugs as compared to those who have neutral or negative attitudes, and these positive attitudes are adopted throughout time and during one’s life. Therefore, individuals’ attitudes toward addicted individuals has a great role in their tendency toward illegal drugs (32). In this regard, Islam is replete with spiritual and behavioral concepts by which it can improve addicted individuals’ overall condition, and decrease their tendency toward drugs. In fact, religious commitment and spirituality lead to the activation of one’s responsibility regarding religious beliefs and principles. Religion increases social interactions and social support as a health-enhancing source. Islam has shed light upon all the physical and spiritual aspects and desires of human beings and the influencing material and spiritual affairs and factors. Furthermore, family has a vast function in preventing the emergence of psychological disorders and decrease of one’s tendency toward delinquency and drug tendency among adolescents and young adults. In the confirmation of the findings of the present research, other previous studies indicated that behavioral disorders and one’s tendency toward drugs and delinquent behaviors are rather the result of parents-child relationship than hereditary and environmental factors. This relationship indicates that the factor of family, and especially parents’ behavior throughout childhood, has a significant role in the development of behavioral disorders in childhood and adulthood (33).

Nowadays, due to the increase of emotional stimuli, parents and family affective climate play a significant role in the emergence of troubled and uneasy relationship especially with addicted individuals. A healthy family affective climate can perform well in establishing deep and heartfelt relationship with God based on religious teachings, and bring up children who can avoid having positive attitude toward drug abuse, and realize the fallacy of substance abuse (34). Studies indicate that if the religion is institutionalized and internalized in family, children can develop internal religion and have a more purposeful life and use this religion as a shield against different deviations especially, drug abuse. The research had some limitations, out of which the followings can be mentioned: first, lack of cooperation and drop out of participants. The result of this research was limited to female students studying in the nursing and midwifery fields, and therefore, the generalizability is not possible to other groups. It’s recommended that similar studies be conducted in other cities and other groups to be able to generalize the data. Moreover, regarding the complex and crucial importance of families in shaping the children’s personality, holding family training sessions to enhance their general knowledge on the psychology of growth and educational principles can be of great benefit in influencing families’ function for establishing healthy relationship with adolescents and young adults. Moreover, setting up training workshops for high school or college students can positively impact them in the process of establishing identity. Identity crisis and addiction tendency can be predicted by the variables of practical commitment to Islamic beliefs.
and family affective climate, and there exists significant relationship between the criterion and predictive variables. Furthermore, the strongest relationship is observed between family affective climate (one of the variables of the first set), and addiction tendency (one of the variables of the second set).

Acknowledgments
Grateful and sincere thanks go to all the students, dear professors and faculty office of Ahvaz Islamic Azad University, and also all those who assisted us in the implementation of questionnaires. This article is derived from a research project sponsored by the Islamic Azad University of Ahvaz (No.51062940512003).

Ethical approval
The participants in the study were assured of the confidentiality of the results of the questionnaires.

Conflict of interest
No conflict of interest and arbitration process has been reported by the authors.

References
1. Stansfield KH, & Kirstein CL. The effects of novelty on behavior in adolescent versus adult rats. Developmental Psychobiology 2005; 48(1): 10-15. Doi: 10.1002/ dev. 20127.
2. Kowalski-Trakofler KM, Vaught C, Brnich M Jr, Jansky JH. A study of first moments in underground mine emergency response. Journal Homeland Security Emerg Manage. Current Health Kids 2010; 7(1): 16-18. Doi.org/10.1080/15388220.2014.949377.
3. Delaney HD, Miller WR, Bisono AM. Religiosity and Spirituality among Psychologists: A Survey of Clinician Members of the American Psychological Association Professional Psychology: Journal Research and Practice 2007; 38(5): 538-546. Doi.org/10.1037/0735-7028.38. 5. 538.
4. Dezutter J, Soenens B, Luyckx K, Bruyneel S, Vansteenkiste M, Duriez B, Hutsebaut D. The role of religion in death attitudes: distinguishing between religious belief and style of processing religious contents. Death Studies. 2009 Jan; 33(1):73-92. PMID: 19140293.
5. Wills TA, Year MA, Sandy J. Buffering effects of religiosity for adolescent substance use. Psychology of Addictive Behaviors 2003; 17(1): 24-31. PMID: 12665078.
6. Smith C. Theorizing religious effects among American adolescents. Journal for the scientific study of religion 2003; 42(1): 17-30. Doi: 10.1111/1468-5906.00158.
7. Miller L, Davies M, Greenwald S. Religiosity and Substance Use and Abuse among Adolescents in the National Comorbidity Survey, Journal of the American Academy of Child & Adolescent Psychiatry 2011; 39(9): 1190 - 1197. Doi:10.1097/00004583-200009000-00020.
8. Michelle V, Porche LR, Fortuna, AW. Torres Stone Distal and Proximal Religiosity as Protective Factors for Adolescent and Emerging Adult Alcohol Use 2015; 6(2): 365-384. Doi: 10.3390/ rel6020365.
9. Dysvic E, Natvig GK, Eikeland OJ, Lindstorm TC. Coping With Chronic Pain, International Journal of Nursing Studies, Available Online 2005; Mar;42(3):297-305. PMID: 15708016 Doi:10.1016/j. ijnurstu. 2004.06.009.
10.Melissa KH, & Dorothy LE. Social support as moderator between dating violence victimization and depression/anxiety among African Americans and Caucasians. Journal of School Psychology Review 2005; 34(3): 309-328.
11.Helena C. Spirituality and Quaker Approaches to Substance Use and Addiction. Journal of Religions 2015; 6(1): 385-403. Doi:10.3390/rel6020385
12.Slawomir K. Emotional and Social Functioning of Families With a Person Addicted to Alcohol. Journal Pedagogika Rodziny. Family Pedagogy 2015, 5(1): 91–101. Doi: 10.1515/fampe-2015-0008.
13.Wills TA, Yaeger AM, Sandy JM. Buffering effect of religiosity for adolescent substance use. Journal Psychol Addict Behav 2003; 17(1):24-31. PMID: 12665078.
14.Matejevic DJ, Vesna L. Functionality of family relationships and parenting style in
families of adolescents with substance abuse problems, Journal of Social and Behavioral Sciences 2014; 128: 281-287. Doi: 10.1016/j.sbspro.2014.03.157.

15. Rhodes, T., Closson, E. H., Paparini, S., Guise, A., & Strathdee, S. Towards “evidence-making intervention” approaches in the social science of implementa-tion science: The making of methadone in East Africa. International Journal of Drug Policy, 2016; 30, 17–26. PMID: 26905934. Doi: 10.1016/j.drugpo. 2016.01.002.

16. Duombrovski A. The Family Environment, Satisfaction with Family Life and Identity Crises of Female University Students" Athens: ATINER'S Conference Paper Series, 2013. No: PSY2013-0540. https://www.researchgate.net/publication/282443337.

17. Vaishali B, Kochargaonkar S. Study identity crisis of adolescents and the impact of the home Environment on them International Journal of Current Research, 2013; 5(2):236-239. Doi: 10.24941/ijcr.

18. Agha Hosseini H. The effect of religious orientation on family emotional atmosphere first year high school students from the city of Bushehr. Master’s thesis in General Psychology, 1st International Nursing & Midwifery Conference on Health and Wellbeing 2014. http://www.nmrc2014.ir/en/ [Persian]

19. Cochran, W.G. Sampling techniques (3rd ed). New York: John Wiley & Sons.

20. Asgari P, Headari A, Naderi F, Marashian FS, Naghipour Z. A. [Guide to Psychological Tests]. Seal, in Ahwaz, Islamic Azad University Press 2009: First print. [Persian]

21. Banani. M & Borjali. M. compare the emotional atmosphere of family and parenting practices of mothers of children with mothers of children with anxiety disorders are common. Indian Journal of Fundamental and Applied Life Sciences ISSN: 2231– 6345 (Online) An Open Access, Online International Journal Available at www.cibtech.org/sp.ed/jls/2015/01/jls.htm 2015; 5 (S1): 5225-5238. [Persian]

22. Asgari P, Safarzadeh S, Ghasemi MJ. emotional relationship with the family and religious orientation tendency to addiction in students of Islamic Azad University, Ahvaz, Journal of Studies in Islam and Psychology 2011;5(8):26-7. [Persian]

23. Ahmadi P. The relationship between affective family functioning and adolescent identity crisis in correction centers in Tehran, MSc thesis, Tehran Tarbiat Moallem University 2004:124-126. [Persian]

24. Saatchi K, Kamkari K, Asgarian M. [Psychological tests]. Tehran Virayesh; 2011: editing Publishers 2011; 55-9. [Persian]

25. Hajhassani M, Shafiabadi A, Pirsagh F, Bashirpur M. Prediction tendency to addiction based on aggression and assertiveness in students. Journal of Research on Addiction, 2012; 5(20):41-54. [Persian]

26. Galanter M. Identity styles, religious orientation & family emotional climate: Alcohol and drug abuse: Spirituality in alcoholics anonymous: A valuable adjunct to psychiatric services. Journal of Psychiatric Services 2009; 87(6): 307-319. Doi: 101080/105049060075425.

27. Behfar Z. Family functioning adolescent girls with endocrine disorders. Cognitive Science 2006; 8(2): 21-30. [Persian]

28. Berzonsky MD, Crocetti EL, Rubini M, & Meeus W. Brief report: the identity style inventory, Validation in Italian adolescents and college students. Journal of adolescence 2009; 32(6): 423-433. Doi: 10.1080/15283480802683607.

29. Minooei M, Salehi M. Evaluate the feasibility, reliability, validity and normative issue tests MAC-R and AAS, APS in order to identify people at risk of substance abuse among secondary school boy students in Tehran. Journal of Addiction Studies 2003; 1(3): 77-109. [Persian]

30. Cohen, A. B., & Hall, D. E. Existential beliefs, social satisfaction, and well-being among catholic, Jewish, and protestant older adults. International Journal for the Psychology of Religion, 2009; 19(1), 39-54. Doi: 10.1080/10508610802471088.

31. Moradi. E., Langroudi J. The Role of Religious Orientation, Psychological Well-Being, and Self-Esteem in Iranian EFL Learners’ Language Achievement. Open
Journal of Modern Linguistics, 2013; 3(4): 337-343. doi:10.4236/ojml.2013.34043.
32. Stein, C. H., Abraham, K. M., Bonar, E. E., Leith, J. E., Kraus, S. W., Hamill, A. C., . . . Fogo, W. R. . Family ties in tough times: How young adults and their parents view the US economic crisis. Journal of Family Psychology, 2011; 25(3): 449-454. PMID:21534669. Doi:10.1037/a0023697.

33. Salimi S. Attitudes causes of qualitative research on adolescent smoking Urmia. Journal of Nursing 2006; 16(54): 43-57. [Persian]

34. Moussavi G, Ruhafza H. Relationship between smoking and other drugs on students and their parents. Journal of Isfahan University of Medical Sciences and Health Services 2003; 8(3): 57-59. [Persian]