



## Social Capital and its Relationship with Drug Use among Southeast Iranian Adolescents

Najmeh Pourramazani<sup>1</sup>, Hamid Sharifi<sup>2</sup>, Abedin Iranpour<sup>2</sup>

### Original Article

#### Abstract

**Background:** Social capital (SC) is one of the most important assets and a vital determinant of sustainable development of any country. The aim of this study was to determine the prevalence and the relationship between SC and substance use (SU) in Southeast Iranian adolescents.

**Methods:** This cross-sectional study was conducted among high school students in three cities located in south east of Iran. We recruited 600 adolescents (329 girls and 271 boys) through multistage sampling during September to November 2018. The data collection instrument was a self-administered standardized questionnaire that included basic demographic characteristics, SC constructs items, and questions about SU behavior in the participants.

**Findings:** The mean SC score among boys and girls studied was 3.46 and 3.33, respectively (from 5 score). Among the SC constructs, respectively, the lowest and highest score belonged to social trust and [2.84 in girls and 2.98 in boys with 95% confidence interval (CI) of 0.06-0.21,  $P < 0.001$ ] and bonding to family (3.92 in girls and 4.25 in boys with 95% CI of 0.22-0.44,  $P < 0.001$ ). The ever use prevalence of at least one substance abuse was 55.9% ( $n = 181$ ) for boys and 36.6% ( $n = 68$ ) for girls. Hookah (41.8%) and alcohol (16.9%) were the most substances abused by participants. One-point increase in score of the constructs of social participation, social cohesion, bonding with family, and bonding with schools was associated with a reduce of 17%, 22%, 26%, and 46% in the probability of ever SU, respectively.

**Conclusion:** There was a strong relationship between SU and SC. Thus, rising SC as an effective community-based and indirect approach can help policy makers and professionals in preventing SU in Iran. However, prior to any intervention, identification of more causality may be required.

**Keywords:** Social capital; Substance abuse; Adolescent; Student

**Citation:** Pourramazani N, Sharifi H, Iranpour A. **Social Capital and its Relationship with Drug Use among Southeast Iranian Adolescents.** *Addict Health* 2019; 11(1): 58-65.

Received: 03.09.2018

Accepted: 11.11.2018

1- Research Center for Social Determinants of Health, Institute for Futures Studies in Health, Kerman University of Medical Sciences, Kerman, Iran

2- HIV/STI Surveillance Research Center, and WHO Collaborating Center for HIV Surveillance, Institute for Futures Studies in Health, Kerman University of Medical Sciences, Kerman, Iran

Correspondence to: Abedin Iranpour, Email: [a.iranpour@kmu.ac.ir](mailto:a.iranpour@kmu.ac.ir)

## Introduction

Social capital (SC) is one of the most important assets of any country. The most sociologists consider it as one of the vital determinants of sustainable development. Despite its intangible nature, SC determines the direction of other capital of any country.<sup>1</sup>

SC refers to features of the social organization such as communication, civic participation, social norms, trust to others, social cohesion, and social support, which encourages people to cooperation and social partnerships.<sup>2,3</sup>

SC by increasing hopes reduces the stressors and the risks of stress in society. Moreover, with reducing negative life events, helps people when changes and challenges come about in life.<sup>4</sup>

The weakness or lack of social bonding in the community and the reduction of SC make it difficult for people to face the pressures and challenges of life, thus cause negative feelings in people which lead to crime and social exclusion.<sup>5</sup>

In the last two decades, SC has increasingly been a way of explaining the causes of delinquency,<sup>6</sup> social dysfunction, public health and health promotion,<sup>7</sup> and social participation.<sup>8</sup>

Studies have shown that SC is associated with a variety of health behaviors and outcomes such as physical and mental health including mortality, and violent crimes.<sup>2,9</sup> Increasing SC reduces social harms, substance use (SU), smoking and alcohol,<sup>2,10</sup> and increases the health determinants of the community,<sup>7</sup> such as longevity,<sup>11</sup> better educational achievement, more effective government, improved children's welfare, and low abuse of children.<sup>9,12</sup>

Besides, in a society with a higher social attachment, the prevention of chronic diseases for people is better, and they have higher socio-economic and health situations than others.<sup>3,7</sup> Fukuyama has used antisocial behaviors statistics such as drug use, divorce rates, crime statistics, suicide, the amount of refers to the courts, or economic crime for measuring the rate of SC in a society.<sup>13</sup>

Increasing SC in adolescents is a key protective factor on SU, alcohol, and tobacco.<sup>9</sup> According to a recent survey conducted by the Iran Drug Control Headquarters in 2018, about 2808000 people were addicted to drugs.<sup>14</sup> And based on a survey in 2017, the SU rate in the age group of 15-

19 years was 14% of the total population of addicts in Iran.<sup>14</sup> The relation between SC and SU was shown in different studies. Increasing SC, social participation, social bonding, and trust between adolescents had an inverse relationship with SU,<sup>2,9</sup> violence<sup>15</sup>, crime and delinquency,<sup>16</sup> social harm,<sup>17</sup> and positive effect on better educational achievement in adolescents.<sup>18</sup>

In a world study in comparison with other countries, the rate of SC in Iran was relatively good.<sup>19-21</sup> Moreover, Kerman province has a very low SC compared to other provinces of Iran.<sup>22</sup>

The eastern cities of Kerman province of Iran, including Bam, Reagan, and Fahraj, located in the vicinity of Sistan-Baluchestan province, one of the main routes and main streams related to the entry of drug traffickers to the center of Iran.<sup>23</sup> Thus, adolescents of these cities are more likely to be exposed to SU. Therefore, this study aimed to determine the prevalence and the relationship between SC and SU in adolescents in this area to carry out plans to prevent and protect adolescents from antisocial behaviors such as SU.

## Methods

In this cross-sectional descriptive-analytical study, we recruited 329 girls and 271 boys of urban high school students in Bam, as a fairly large city, and Rigan and Fahraj, as two small cities, in the east of Kerman province from Southeast of Iran during September to November 2018. These three cities with a population of about 400000 people are located in the path transit of drugs to the Iran western borders and Europe. Using multistage sampling method, these students were elected from four high school (two boys' and two girls' schools) of Bam and one boys' school and one girls' school from each of two other cities. Within each school, from all the 10<sup>th</sup>, 11<sup>th</sup>, and 12<sup>th</sup> grades, some students were selected by proportional allocation (from each class that has more students, more samples were selected). 113 boys and 97 girls in 10<sup>th</sup> grade, 124 boys and 90 girls in 11<sup>th</sup> grade, 92 and boys and 84 girls in 12<sup>th</sup> grade were selected.

The inclusion criteria were as verbal agreement of the parents, agreement of school authorities, and student's willingness to participate in the study. We trained three graduated students in public health field to recruit the respondents. To increase the

confidentiality, the respondents were approached outside the classrooms and in public places such as school hall. The questionnaires were completed by the participants themselves, and put in the ballot box. The average response time was 15 minutes, and response rate was about 96%.

Data collection tool was a valid self-administered questionnaire. This instrument was designed based on review of the literature and the related available instruments about measuring SC to generate an item pool.<sup>24-27</sup> The content validity of the questionnaire was confirmed in expert panel by 5 specialists in health education, epidemiology, and public health who were experts in the field of SC. Face validity including cultural appropriateness, wording, and readability of the items was examined in two informal focus group discussion by 12 high school students (6 boys and 6 girls) with different socio-economic levels. The comments of these students on the content and meaning of each item led to a number of small changes in the questions.

The reliability of the instrument was examined using Cronbach's alpha coefficient in a pilot study on 28 students. Cronbach's alpha coefficient for all constructs were above 0.62 (range: 0.62-0.79). The questionnaire included three sections. The first part included the baseline characteristics of the subjects (age, sex, and parental educational level). The second part was 36 items related to constructs of SC with a 5-point Likert scale (strongly agree to strongly disagree or very much to none) including social participation (7 items), bonding to school (8 items), Social cohesion (7 items), bonding to family (4 items), relations with neighbors (6 items), and trust (6 items). The score for each

construct was also the result of the average of its items. The third part included items about ever use and current use (previous 30 days) of SU among the participants and their close friends (16 items) with yes or no scale. According to studies, most of the substances used in adolescents in Iran were hookah, cigarettes, alcohol, opium, hashish, and chewable tobacco<sup>28</sup> that were asked.

Dependent variable was SU and independent variables included age, sex, parental education, SU among close friends, and SC constructs. Descriptive variables such as frequency, the mean and standard deviation (SD) were used to describe the results. For comparing total SC and its constructs between boys and girls, independent t test was used. Moreover, we used multiple linear regression test to study the relationship between independent variables and SU by means of SPSS software (version 23, IBM Corporation, Armonk, NY). The significance level of all tests in this study was 0.050.

The proposal obtained the ethics code with IR.KMU.REC.1398.003 number from the Ethics Committee of Kerman University of Medical Sciences. Verbal informed consent was obtained from the students and their parents after explaining the goals of the study, and assuring the privacy. Questionnaire was filled anonymously.

## Results

**Demographic characteristics:** The mean age of adolescents was  $16.63 \pm 1.06$  years. The highest prevalence of the level of education among fathers and mothers belonged to elementary (43.4%) and middle school degree (48.1%), respectively (Table 1).

**Table 1.** Demographic characteristics of the subjects enrolled in this study

| demographic variable             |                              | Boys             | Girls            | P     |
|----------------------------------|------------------------------|------------------|------------------|-------|
| Age (mean $\pm$ SD)              |                              | 16.34 $\pm$ 1.08 | 16.49 $\pm$ 1.05 | 0.320 |
| Number of family members [n (%)] | Less than 3                  | 14 (2.4)         | 9 (1.5)          | 0.310 |
|                                  | 3                            | 33 (10.6)        | 30 (11.4)        |       |
|                                  | 4                            | 75 (24.0)        | 57 (21.7)        |       |
|                                  | 5 or More                    | 204 (65.4)       | 176 (66.9)       |       |
| Paternal education level [n (%)] | Illiterate                   | 21 (6.4)         | 17 (6.3)         | 0.440 |
|                                  | Elementary and secondary     | 116 (37.7)       | 128 (50.4)       |       |
|                                  | High school and diploma      | 108 (35.1)       | 77 (30.3)        |       |
|                                  | Collegiate                   | 84 (27.3)        | 49 (19.3)        |       |
| Maternal education level [n (%)] | Illiterate                   | 19 (5.8)         | 13 (4.8)         | 0.360 |
|                                  | Elementary and middle school | 137 (44.2)       | 136 (52.7)       |       |
|                                  | High school                  | 84 (27.1)        | 79 (30.6)        |       |
|                                  | College/university education | 89 (28.7)        | 43 (16.7)        |       |

**Table 2.** The prevalence of substance use (SU) among the participants

| Type of substance              | Ever Use  |            |            | Current Use |           |            |
|--------------------------------|-----------|------------|------------|-------------|-----------|------------|
|                                | Girl      | Boy        | Total      | Girl        | Boy       | Total      |
| Waterpipe                      | 93 (34.3) | 157 (48.0) | 250 (41.8) | 32 (11.8)   | 87 (26.7) | 119 (19.9) |
| Cigarette                      | 32 (11.8) | 62 (19.0)  | 94 (15.7)  | 11 (4.1)    | 22 (6.7)  | 33 (5.5)   |
| Opium                          | 13 (4.8)  | 16 (4.9)   | 29 (4.9)   | 7 (2.6)     | 8 (2.5)   | 15 (2.5)   |
| Cannabis                       | 2 (0.7)   | 9 (2.8)    | 11 (1.8)   | 1 (0.4)     | 3 (0.9)   | 4 (0.7)    |
| Alcohol                        | 13 (4.8)  | 88 (26.9)  | 101 (16.9) | 5 (1.8)     | 28 (8.6)  | 33 (5.5)   |
| Oral Tobacco                   | 2 (0.7)   | 24 (7.3)   | 26 (4.4)   | 0 (0)       | 9 (2.8)   | 9 (1.5)    |
| Consume at least one substance | 68 (36.6) | 181 (55.9) | 279 (47.1) | -           | -         | -          |

The amounts are presented as number (%).

**Dependent variable:** The prevalence of ever at least one use of substance was 55.9% for boys and 36.6% for girls, and the prevalence of current use of at least one substance for boys and girls was 36.7% and 11.2%, respectively. The most used substances were hookah and alcohol (Table 2).

#### Independent variables

**SU in peers:** The adolescents were reported that the most abusive substance among peers (close friends) was waterpipe with 63.0% in boys and 42.4% in girls, and alcohol with 47.7% in boys and 14.4% in girls, respectively. In general, about 58.7% of peers of the participants have experienced at least one of the five studied substances (Table 3).

**SC:** Among the SC constructs, the lowest score (from 5 score) belonged to social trust, which was 2.84 and 2.98 in girls and boys, respectively [95% confidence interval (CI): 0.06-0.21,  $P < 0.001$ ]. The highest score was in bonding to family which was 3.92 and 4.25 in girls and boys, respectively (95% CI: 0.22-0.44,  $P < 0.001$ ). The average total SC was 3.33% and 3.46% in girls and boys, respectively (CI: 0.07-0.18,  $P < 0.001$ ) (Table 4).

We observed that by increasing one score in the constructs of social participation, social cohesion, bonding with family, and bonding with schools, the probability ever use of SU reduced as 17%, 22%, 26%, and 46%, respectively. The SU in close friends was a very strong risk factor and the probability of SU in those which their close friends use at least one of the Alcohol, Tobacco, Other Drug (ATOD) was 11.44 more than those

that their friends have not used drugs (Table 5). Boys were 1.87 times more exposed to SU comparing girls.

## Discussion

This study was conducted to investigate the prevalence of SU (waterpipe, cigarettes, alcohol, opium, chewing tobacco, and hashish) and the relationship between SU and total SC and SC constructs (family, school, and neighborhood bonding, social participation, social cohesion, and social trust) in adolescents as the largest exposed group at risk of antisocial behaviors.

We found that the prevalence of SU by adolescents was notable and has a strong relationship with SU by their close friends [odds ratio (OR) = 11.44], and then with social participation (OR = 0.57), social cohesion (OR = 0.74), and bonding to family (OR = 0.78), and to school (OR = 0.83).

Participation in social activities reduced the SU, which is in line with the Hirschi's social control theory. He believes that those who are involved in occupational activities, family, positive entertainment, etc., have a lower chance of engaging in antisocial behaviors,<sup>29,30</sup> because of having a good and warm relationship between family members, paying attention to the adolescent and understanding his emotions, and having expectations tailored to his abilities and talents; this is an important protective factor for the teenagers from turning into SU.<sup>31</sup>

**Table 3.** The prevalence of substance use (SU) in close friends of the participants

| SU                             | Experience of substance in close friends |            |            |
|--------------------------------|--|------------|------------|
|                                | Girls                                    | Boys       | Total      |
| Waterpipe                      | 115 (42.4)                               | 206 (63.0) | 321 (53.7) |
| Cigarette                      | 33 (12.2)                                | 85 (26.0)  | 118 (19.8) |
| Alcohol                        | 39 (14.4)                                | 156 (47.7) | 195 (32.6) |
| Chewing tobacco                | 4 (1.5)                                  | 63 (19.3)  | 67 (11.2)  |
| Opium                          | 6 (2.2)                                  | 23 (7.1)   | 29 (4.9)   |
| At least one of the substances | 121 (44.8)                               | 229 (70.2) | 350 (58.7) |

The amounts are presented as number (%).

**Table 4.** The score of social capital (SC) and its constructs in adolescents (independent sample T-test)

| Variables              | Girl        | Boy         | P       | 95% CI     |
|------------------------|-------------|-------------|---------|------------|
| Social trust           | 2.84 (0.44) | 2.98 (0.45) | 0.001   | 0.06-0.21  |
| Social participation   | 3.30 (0.70) | 3.53 (0.64) | < 0.001 | 0.11-0.33  |
| Social cohesion        | 3.15 (0.49) | 3.30 (0.45) | < 0.001 | 0.07-0.22  |
| Bonding with neighbors | 3.12 (0.41) | 3.14 (0.42) | 0.540   | -0.04-0.08 |
| Bonding with family    | 3.92 (0.79) | 4.25 (0.56) | < 0.001 | 0.22-0.44  |
| Bonding with schools   | 3.60 (0.72) | 3.68 (0.73) | 0.170   | -0.04-0.10 |
| Total SC               | 3.33 (0.37) | 3.46 (0.34) | < 0.001 | 0.07-0.18  |

The amounts are presented as number (%).

CI: Confidence interval

Moreover, we found that the favorable social cohesion among people is a protective factor on SU, which is consistent with similar studies.<sup>31</sup>

Besides, the result about bonding to school showed that the existence of intimate relationships between the school staffs and classmates, as well as the control and supervision of school on students, was also a protective factor to SU, which is consistent with similar studies.<sup>2,31</sup>

The results of this study showed that low SC was an important risk factor of SU in adolescents, which is consistent with the results of similar studies.<sup>2,9,32</sup> Based on the Hirschi's social control theory, a community or group with high SC or interdependent relationships among its members can control its members better.<sup>29</sup> In such societies, adolescents become more interested and involved in school and other favorable social activities, and they better accept and believe the values and

beliefs of the social environment; therefore, they are less likely to involve in antisocial behaviors such as SU.<sup>11,31</sup>

Moreover, the results of our study are in line with assumptions of social cognitive theory and social development model which emphasize on the interaction of people with various organizations and institutions and social processes.<sup>31,33</sup> According to these theories, most people are affected by their family relationships, peer groups, educational experiences, and interactions with most influential people. If these relations are positive and incentive, people are learning the positive socialization process; otherwise they involve in antisocial process such as SU and other antisocial behaviors.

These people when faced with problems and stressful events, instead of using the problem-oriented approach, will turn into incompatible excitement exposures such as SU.<sup>31,33</sup>

**Table 5.** Determining the relationship between ever use substance with social capital (SC) constructs and demographic variables using the univariate and multivariate regression tests

| Structure and variables       | Crude                        |         |            | Adjusted |         |            |       |
|-------------------------------|------------------------------|---------|------------|----------|---------|------------|-------|
|                               | P                            | 95% CI  | OR         | P        | 95% CI  | OR         |       |
| Sex                           |                              |         |            |          |         |            |       |
|                               | Girl                         | -       | -          | -        | -       | -          |       |
|                               | Boy                          | < 0.001 | 1.57-3.05  | 2.19     | 0.009   | 1.16-3.00  | 1.87  |
| Fathers education level       | Illiterate                   | 0.050   | 0.98-2.69  | 0.05     | -       | -          | -     |
|                               | Elementary and secondary     | 0.040   | 1.00-2.71  | 0.04     | -       | -          | -     |
|                               | High school                  | 0.520   | 0.73-1.82  | 0.52     | -       | -          | -     |
|                               | College/university education | -       | -          | -        | -       | -          | -     |
| Mothers education level       | Illiterate                   | 0.090   | 0.92-2.38  | 1.48     | -       | -          | -     |
|                               | Elementary and secondary     | 0.560   | 0.70-1.90  | 1.15     | -       | -          | -     |
|                               | High school                  | 0.940   | 0.63-1.62  | 1.01     | -       | -          | -     |
|                               | College/university education | -       | -          | -        | -       | -          | -     |
| Bonding with schools          |                              | < 0.001 | 0.43-0.70  | 0.55     | 0.350   | 0.56-1.22  | 0.83  |
| Bonding with family           |                              | 0.001   | 0.51-0.83  | 0.65     | 0.160   | 0.55-1.10  | 0.78  |
| Neighborhood bonding          |                              | 0.300   | 0.55-1.20  | 0.81     | -       | -          | -     |
| Social cohesion               |                              | 0.007   | 0.43-0.87  | 0.62     | 0.250   | 0.45-1.23  | 0.74  |
| Social participation          |                              | < 0.001 | 0.42-0.69  | 0.54     | 0.008   | 0.38-0.86  | 0.57  |
| Social trust                  |                              | 0.220   | 0.55-1.14  | 0.79     | -       | -          | -     |
| Having a friend of drug users |                              | < 0.001 | 9.81-21.14 | 13.94    | < 0.001 | 7.10-18.44 | 11.44 |
| Age                           |                              | 0.003   | 1.09-1.51  | 1.28     | 0.130   | 0.95-1.43  | 1.17  |

CI: Confidence interval; OR: Odds ratio

In our results, among the SC constructs, the highest average score was related to the family construct, which is consistent with similar studies on SC.<sup>2,8,12,13,15,16</sup> These studies showed that a good family relationship increase SC, and is a strong protective factor against antisocial behaviors such as SU in adolescents.

In addition, we found that social trust and neighboring relationship had the lowest average scores, which is in line with Azadarmaki and Kamali study in Iran.<sup>34</sup> They found that in Iran, the level of mutual trust between neighbors and between individuals is very low, and they said that in Iran, the more access to the media has reduced the mutual trust of individuals and cautionary social styles, suspicion, and avoidance of others prevent the creation of trust.<sup>34</sup>

In this study, the average total SC score of girls was lower than that of boys, which is in line with the results of similar studies.<sup>2</sup> The reason for this difference maybe is that the social network of women is lower than men. Men tend to expand their social networks, and with the diversity of these relationships, men achieve a wide range of protections, including more instrumental, emotional, and intellectual supports. These supports can increase the SC of a person.

In our study, the life time use of hookah (41.8%), alcohol (16.9%), and cigarette (15.7%) was most commonly reported by participants, respectively, that are consistent with previous studies.<sup>2,35,36</sup> The business of alcohol is illegal in our country, and is considered a crime. Boys due to lower social stigma and more freedoms than girls have easier access to alcohol than girls, and for this reason, the prevalence of alcohol abuse in

boys was four times more than girls. Unfortunately, the prevalence of alcohol abuse in adolescents was high in this study. And because of its illegal use in Iran, the types of counterfeit goods in the market are high, and this subject can cause a lot of health problems.

**Limitations:** Although the accuracy of the questioning in this study was relatively favorable, and was carried out in a large population of students from the three cities, there were some limitations. First, different researchers have used various methods and tools to measure SC, this subject makes it difficult to compare the results. Second, to understand the causal relationships of SC and SU, longitudinal studies are necessary.

### Conclusion

Based on our findings, there was a strong relationship between SU and SC. Thus, rising SC as an effective community-based and indirect approach, can help policymakers and professionals in preventing SU in Iran. However, prior to any intervention, identification of more causality may be required.

### Conflict of Interests

The Authors have no conflict of interest.

### Acknowledgements

This study was sponsored by Kerman University of Medical Science, Kerman, Iran. The authors extend their appreciation to the participants for their cooperation throughout the study. They also appreciate the assistance of the members of the Ethics and Research Boards of Kerman University of Medical Sciences.

### References

1. Kawachi I, Berkman L. Social cohesion, social capital, and health. In: Berkman LF, Kawachi I, editors. *Social epidemiology*. New York, NY: Oxford University Press; 2000. p. 174-90.
2. Aslund C, Nilsson KW. Social capital in relation to alcohol consumption, smoking, and illicit drug use among adolescents: A cross-sectional study in Sweden. *Int J Equity Health* 2013; 12(1): 33.
3. Boyce WF, Davies D, Gallupe O, Shelley D. Adolescent risk taking, neighborhood social capital, and health. *J Adolesc Health* 2008; 43(3): 246-52.
4. McKenzie K, Harpham T. *Social capital and mental health*. London, UK: Jessica Kingsley Publishers; 2006.
5. Lederman D, Loayza N, Menendez AM. Violent crime: Does social capital matter? *Econ Dev Cult Change* 2002; 50(3): 509-39.
6. Aliverdina A, Sharepour M, Varmazyar M. Family's social capital and delinquency. *Woman in Development and Politics (Women's Research)* 2008; 6(2): 107-32. [In Persian]
7. Eriksson M. Social capital and health--implications for health promotion. *Glob Health Action* 2011; 4: 5611.
8. Antoci A, Sacco P, Vanin P. Social Capital accumulation and the evolution of social participation. *The Journal of Socio-Economics* 2007;

- 36(1): 128-43
9. Winstanley EL, Steinwachs DM, Ensminger ME, Latkin CA, Stitzer ML, Olsen Y. The association of self-reported neighborhood disorganization and social capital with adolescent alcohol and drug use, dependence, and access to treatment. *Drug Alcohol Depend* 2008; 92(1-3): 173-82.
  10. Li S, Horner P, Delva J. Social capital and cigarette smoking among Latinos in the United States. *Subst Abuse Rehabil* 2012; 2012(3 (Supplement 1)): 83-92.
  11. Kawachi I, Subramanian SV, Kim D. Social capital and health. In: Kawachi I, Subramanian SV, Kim D, editors. *Social capital and health*. New York, NY: Springer New York; 2008. p. 1-26.
  12. Cheung WT. Social capital and normalisation of adolescent drug use in Hong Kong. *Proceedings of the International Conference on Tackling Drug Abuse*; 2005 Feb 23-25; Hong Kong, China.
  13. Fukuyama F. Social capital and civil society (IMF Working Paper No. 00/74). Washington, DC: International Monetary Fund; 2000. p. 1-19.
  14. Iran Drug Control Headquarters. Statistics of Iranian addicts [Online]. [cited 2018]; Available from: URL: <http://www.dchq.ir/en/>
  15. Cuesta J, Alda E, Lamas J. Social capital, violence and public intervention: The case of cali. Washington, DC: Inter-American Development Bank; 2007.
  16. Fathi L. Social capital as a predictor of delinquency in adolescent boys. *International Letters of Social and Humanistic Sciences* 2014; 43: 86-97.
  17. Zhong L. *Communities, crime and social capital in contemporary China*. Cullompton Devon, UK: Willan; 2013.
  18. Kordi H, Ghazanfari S. Sociological explanation of the relationship between family's social capital and children's educational achievement. *Journal of Applied Sociology* 2015; 26(3): 161-72. [In Persian].
  19. Shiani M, Mousavi MT, Zare H. The measurement of social capital in Tehran. *Iran Econ Rev* 2017; 21(2): 431-47.
  20. Perez F, Serrano L, Fernandez de Guevara J. *Estimation of social capital in the world: Time series by country*. Madrid, Spain: Foundation BBVA; 2008.
  21. Mohammadi MR, Khaleghi A, Badrfam R, Alavi SS, Zandifar A, Ahmadi A, et al. Social capital in general population of Tehran province in comparison with other provinces of Iran. *J Iran Med Counc* 2019; 1(3): 124-32.
  22. Heidarabadi A, Salehabadi E. Social capital and development in the provinces of Iran. *Journal of Iranian Social Development Studies* 2017; 9(2): 53-67. [In Persian].
  23. Aliverdinia A, Alex Pridemore W. An Overview of the Illicit Narcotics Problem in the Islamic Republic of Iran. *Eur J Crime Cr L Cr J* 2008; 16(2): 155-70.
  24. Grootaert C, Narayan D, Woolcock M, Nyhan-Jones V, Grootaert C, Narayan D, et al. *Measuring social capital: An integrated questionnaire* (World Bank working paper no. 18). Washington, DC: World Bank; 2004.
  25. Harpham T, Grant E, Thomas E. Measuring social capital within health surveys: Key issues. *Health Policy Plan* 2002; 17(1): 106-11.
  26. Paiva PC, de Paiva HN, de Oliveira Filho PM, Lamounier JA, Ferreira e Ferreira E, Ferreira RC, et al. Development and validation of a social capital questionnaire for adolescent students (SCQ-AS). *PLoS One* 2014; 9(8): e103785.
  27. Beugelsdijk S, Van Schaik T. Differences in social capital between 54 Western European regions. *Regional Studies* 2005; 39(8): 1053-64.
  28. Iranpour A, Jamshidi E, Nakhaee N, Haghdoost AA, Shojaeizadeh D, Eftekhar-Ardabili M, et al. Development and psychometric properties of risk and protective factors of substance use scale in Iran: An application of social development model. *Addict Health* 2015; 7(3-4): 117-29.
  29. Wiatrowski MD, Griswold DB, Roberts MK. Social Control Theory and Delinquency. *Am Sociol Rev* 1981; 46(5): 525-41.
  30. Kempf KL. The empirical status of Hirschi's control theory. In: Adler F, Laufer WS, editors. *New directions in criminological theory: Advances in criminological theory*. New Brunswick, NJ: Transaction Publishers; 1996. vol 4. p. 143-85.
  31. Hawkins JD, Weis JG. The social development model: An integrated approach to delinquency prevention. *J Prim Prev* 1985; 6(2): 73-97.
  32. Hessami Z, Masjedi MR, Ghahremani R, Kazempour M, Emami H. Evaluation of the prevalence of waterpipe tobacco smoking and its related factors in Tehran, Islamic Republic of Iran. *East Mediterr Health J* 2017; 23(2): 94-9.
  33. Abdullah SM. Social cognitive theory: A Bandura thought review published in 1982-2012. *PSIKODIMENSIA* 2019; 18(1): 85-100.
  34. Azadarmaki T, Kamali A. Trust, community, and gender. *Iranian Journal of Sociology* 2002; 4(2): 100-32. [In Persian].
  35. Ansari H, Ansari-Moghaddam A, Mohammadi M. Prevalence of substance abuse and associated factors in hookah users. *J Mazandaran Univ Med Sci* 2016; 26(136): 73-84. [In Persian].
  36. Hayati F, Gorjian Z, Mahmoodi N, Zarea K, Sayah Bargard M, Monadi Ziarat H, et al. Prevalence of substance abuse and its correlation with educational achievement among nursing students in Abadan. *Educational Development of Jundishapur* 2018; 8(4): 391-8. [In Persian].

## میزان سرمایه اجتماعی و ارتباط آن با سوء مصرف مواد در نوجوانان جنوب شرق ایران

نجمه پوررمضانی<sup>۱</sup>، حمید شریفی<sup>۲</sup>، عابدین ایرانپور<sup>۱</sup>

### مقاله پژوهشی

### چکیده

**مقدمه:** یکی از مهم‌ترین دارایی‌ها و تعیین‌کننده‌های اصلی توسعه پایدار هر کشور، سرمایه اجتماعی آن می‌باشد. هدف از انجام پژوهش حاضر، تعیین میزان سرمایه اجتماعی و ارتباط آن با سوء مصرف مواد در نوجوانان جنوب شرق ایران بود.

**روش‌ها:** این مطالعه مقطعی بر روی ۶۰۰ دانش‌آموز دبیرستانی (۳۲۹ دختر و ۲۷۱ پسر) در سه شهر جنوب شرق ایران در پاییز سال ۱۳۹۷ انجام شد. نمونه‌ها به روش نمونه‌گیری خوشه‌ای چند مرحله‌ای انتخاب شدند. ابزار جمع‌آوری داده‌ها، پرسش‌نامه معتبری مشتمل بر عوامل زمینه‌ای، سؤالات مربوط به سازه‌های سرمایه اجتماعی و سوء مصرف مواد در افراد بود که به روش خودایفا تکمیل گردید.

**یافته‌ها:** میانگین نمره سرمایه اجتماعی در پسران و دختران به ترتیب ۳/۴۶ و ۳/۳۳ (از ۵ نمره) بود. کمترین نمره کسب شده به اعتماد اجتماعی (۲/۸۴ در دختران و ۲/۹۸ در پسران) [ $P < 0/001$ , CI Confidence interval =  $0/06 - 0/21$ ] و بیشترین نمره نیز به پیوند به خانواده (۳/۹۲ در دختران و ۴/۲۵ در پسران) [ $P < 0/001$ , CI =  $0/22 - 0/44$ ] اختصاص داشت. سابقه سوء مصرف حداقل یک نوع ماده مخدر یا روانگردان در تمام طول عمر در پسران (۱۸۱ نفر) ۵۵/۹ درصد و در دختران (۶۸ نفر) ۳۶/۶ درصد بود. بیشترین مواد مورد استفاده در شرکت‌کنندگان به ترتیب قلیان (۴۱/۸ درصد) و الکل (۱۶/۹ درصد) گزارش شد. همچنین، به ازای افزایش یک نمره در سازه‌های مشارکت اجتماعی، انسجام اجتماعی و پیوند با خانواده و مدرسه، شانس سوء مصرف مواد به ترتیب ۱۷، ۲۲، ۲۶ و ۴۶ درصد کاهش یافت.

**نتیجه‌گیری:** ارتباط بسیار قوی بین سوء مصرف مواد و میزان سرمایه اجتماعی افراد وجود دارد. به طور کلی، قبل از انجام هرگونه مداخله مرتبط با سلامت، بررسی عوامل تعیین‌کننده و مرتبط با آن مشکل، امری ضروری به نظر می‌رسد. بنابراین، بالا بردن سرمایه اجتماعی یک رویکرد اجتماع‌محور بسیار مؤثر می‌باشد که به طور غیر مستقیم سبب پیشگیری از سوء مصرف مواد در نوجوانان می‌گردد و می‌تواند در برنامه‌ریزی‌ها مورد توجه متخصصان و سیاست‌گذاران این حوزه قرار گیرد.

**واژگان کلیدی:** سرمایه اجتماعی، سوء مصرف مواد، نوجوان، دانش‌آموز

**ارجاع:** پوررمضانی نجمه، شریفی حمید، ایرانپور عابدین. میزان سرمایه اجتماعی و ارتباط آن با سوء مصرف مواد در نوجوانان جنوب شرق ایران. مجله اعتیاد و سلامت ۱۳۹۷؛ ۱۱ (۱): ۶۵-۵۸.

تاریخ پذیرش: ۱۳۹۷/۸/۲۰

تاریخ دریافت: ۱۳۹۷/۶/۱۲

۱- مرکز تحقیقات عوامل اجتماعی مؤثر بر سلامت، پژوهشکده آینده‌پژوهی در سلامت، دانشگاه علوم پزشکی کرمان، کرمان، ایران

۲- مرکز تحقیقات مراقبت HIV و عفونت‌های آمیزشی و مرکز همکار سازمان جهانی بهداشت، پژوهشکده آینده‌پژوهی در سلامت، دانشگاه علوم پزشکی کرمان، کرمان، ایران

Email: [a.iranpour@kmu.ac.ir](mailto:a.iranpour@kmu.ac.ir)

نویسنده مسؤول: عابدین ایرانپور