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Smoking motivators are different among cigarette and waterpipe smokers: The results of ITUPP

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Abstract The present study explores different drivers of cigarette and water pipe smoking among middle and high school students in Isfahan province. A questionnaire-based cross-sectional study was conducted. Trained staff collected questionnaires and saliva samples for response accuracy evaluation. Prevalence by demographic, parental and educational factors was calculated. Logistic regression was applied to compare behavior drivers of those who purely smoked cigarettes or a waterpipe. Waterpipe smokers were considered as the reference category. This study reported ORs along 95% confidence intervals; 5408 questionnaires were returned. The sample age was 15.37 ± 01.70 on average. The self-reported prevalence of cigarette and waterpipe experimentation was 11.60% ($n = 624$) and 20.70% ($n = 1,109$), respectively; and 5.08% ($n = 311$), 11.06% ($n = 619$) for smokers,

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and 13.30% ($n = 711$) for the whole sample. Psychological factors were the most important driver for cigarette smoking; bad event happening with odds of 2.38 (95% CI: 1.29–4.39); angeriness 2.58 times (95% CI: 1.51–4.43); and distress by 2.49 times (95% CI: 1.42–4.40). Habitual situations were strong predictors of cigarette smoking, but not a predictor of waterpipe smoking, such as smoking after a meal ($OR = 3.11$, 95% CI: 1.67–5.77); and smoking after waking up ($OR = 2.56$, 95% CI: 1.42–4.40). Comprehensive and multifaceted preventive programs must tailor identified factors and increase family's awareness.

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1. Introduction

5.4 million annual deaths are attributed to smoking causing it to be the leading killer. The World Health Organization (WHO) forecast that more than 80% of the tobacco-related deaths will be in the low- and middle-income countries by 2030 [1]. Several different forms of tobacco are used worldwide. Cigarettes, the most commonly used type, and the waterpipe, less common than cigarettes, have increasing popularity, especially among youth.

Nowadays, cigarette smoking has declined among adults and spread to adolescents and youth [2,3]. In addition, the prevalence of smoking has increased among young women [4–7]. The climbing prevalence of smoking among women has also been reported in developing countries [8]. In Iran, there is no study to explore the smoking trend over recent years; however, multiple surveys show the upward prevalence of smoking during successive years among youths [2,7]. Overall, cigarette smoking prevalence in Iran between 1991 and 1999 decreased from 14.6% to 11.7% among the 35–69-years-old age group [2]. The trend of cigarette smoking is different in youth compared with adults, and it is on the rise. A systematic review in Iran, which pooled studies from 1991 to 2008, showed that cigarette smoking prevalence ranges from 0.4% to 41% in various subpopulations, and the highest percentage was attributed to middle and high school students [9]. Also, a national survey of youth in 2003 revealed an average of 13% of smoking prevalence – 17.6% and 8.9% for boys and girls, respectively [10]. Another study in the year 2006 in Iran reported 14.3% of smoking among high school students with smoking initiation at the age of 13 years on average [7].

Waterpipe smoking is widespread in any region of world [11,12]. Studies report a rather high prevalence of waterpipe smoking among Middle Eastern countries [13]. It is also popular among Iranian students because of the provision of a wide range of favorite flavors and the so called “hype” role.

Traditionally, waterpipe smoking, which was common among the Iranian people, has now decreased from 3.8% to 3.5% among 35–69-year olds from 1991 to 1999. From another side, it has increased from 0.8% to 1.4% among 15–24-year olds [2]. The rising occurrence surged sharply upward during the last decade. A study among middle and high school students in 2007 showed 56.9% prevalence of lifetime waterpipe smoking and an average of 25.7% (30.7% in boys vs. 20.6% in girls) prevalence of current waterpipe smoking [14]. Waterpipe smoking exposes the individual to more smoke during a longer period and, subsequently, has more harmful health outcomes compared with cigarettes [15–17].

Obviously, health behaviors of youth are important as they are in transition to early adulthood, a time during which, if an unhealthy behavior develops it might consolidate into lifetime patterns and cause health issues [18,19]. Many demographical, parental [20], educational and socio-economical [21,22] factors are associated with youth smoking. For example, a study reported that 15-year-old students who performed poorly at school smoked six times more often during a week than high-grade achievers [23]. It is also shown that engaging in regular smoking during middle school could predict absence in high school classes independent of school performance during middle school [24]. Social factors could play a significant role in smoking initiation among youth. Factors include social norms, such as peer influence, family detachment, and self-esteem issues [7,25]. Studies suggest that psychological factors such as stress and depression eventuate smoking [26]. Peer influence is an important motivating factor, too [27].

WHO recommends a careful surveying of smoking and setting a higher priority to smoking prevention in schools and in the communities [10]. An effective preventive intervention plan requires the determination of motivating factors. Waterpipe and cigarette smoking have different prevalences. The authors believe that these products

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