Addiction I Health

Original Article



Tobacco Use Patterns Among University Students in Herat, Afghanistan: A Cross-sectional Study

Danyal Ewaz¹⁰, Ali Rahimi^{1,2}, Sharareh Shayan¹⁰, Nasar Ahmad Shayan^{3,4},

¹Department of Curative Medicine, Faculty of Medicine, Jami University, Herat, Afghanistan

²Department of Pediatrics, Faculty of Medicine, Herat University, Herat, Afghanistan

³Department of Public Health and Infectious Diseases, Faculty of Medicine, Herat University, Herat, Afghanistan

⁴Department of Epidemiology and Biostatistics, Schulich School of Medicine & Dentistry, Western University, London, ON, Canada

*Corresponding Author: Nasar Ahmad Shayan, Email: n.a.shayan@gmail.com

Abstract

Background: Tobacco use is highly prevalent in Afghanistan, posing a significant challenge among young people, including university students. This study aims to investigate tobacco product usage patterns and associated factors among male students at Herat University, Afghanistan, addressing the critical need for understanding and addressing this public health issue.

Methods: In this cross-sectional study conducted between April and May 2021, 640 male university students were surveyed using interview-based stratified random sampling to assess cigarette, smokeless tobacco (ST), hookah, and e-cigarette use alongside sociodemographic factors. Logistic regression identified significant predictors.

Findings: The prevalence was 35.3% for cigarette smoking, 15% for ST use, 14.1% for e-cigarette vaping, and 35.5% for hookah smoking. In the cigarette model, predictors included age (OR=1.20), mother's education (secondary/high school OR=2.19; university OR=2.68), friends' use (OR=9.54), and employment status (OR=2.52). The hookah model highlighted friends' use (OR=31.05), marital status (OR=2.10), employment status (OR=1.76), and mother's education (secondary/high school OR=2.18; university OR=3.57) as predictors. In the ST model, predictors were friends' use (OR=20.12), employment status (OR=3.37), and mother's education (secondary/high school OR=2.91). Lastly, the e-cigarette model revealed the predictors of friends' use (OR=7.91) and employment status (OR=1.87).

Conclusion: Tobacco use among Afghan male university students is significantly influenced by peer behavior, employment status, and parental education. Interventions should target accessibility and sociocultural attitudes and include educational programs and policy measures to reduce tobacco consumption in the university setting.

Keywords: Tobacco, Smoking, Smokeless tobacco, Hookah, Electronic cigarettes, University students, Afghanistan

Citation: Ewaz D, Rahimi A, Shayan S, Shayan NA. Tobacco use patterns among university students in Herat, Afghanistan: a cross-sectional study. *Addict Health*. 2024;16(4):237–247. doi:10.34172/ahj.1547

Received: March 16, 2024, Accepted: June 2, 2024, ePublished: October 29, 2024

Introduction

The pervasive issue of tobacco consumption poses a persistent threat to global public health, contributing to a surge in preventable diseases and fatalities. Recent data from 2018 underscore the severity of this challenge, revealing that tobacco-related illnesses claimed the lives of over 7 million individuals worldwide in 2016 alone.¹ Alarmingly, projections indicate a grim trajectory, with an anticipated 8 million annual deaths attributed to tobacco by 2030.² Despite declines in some developed nations, low-and-middle-income countries bear the brunt of this crisis, harboring 80% of the world's 1.1 billion active smokers.¹

Among the demographic groups most affected by the detrimental impact of tobacco is the cohort of adolescents and young adults. In the United States and the United Kingdom, the prevalence of cigarette smoking among this age group is reported at 20.8% and 22%, respectively.^{3,4}

Even in Afghanistan, where progress has been made with a 20% reduction in smoking rates from 2010 to 2020, the prevalence persists at 23.3%.⁵ This exceeds Iran's 13.6% and aligns closely with Pakistan's 20.2%, its neighboring countries.^{6,7} The gravity of this situation cannot be understated, especially considering the crucial role early substance dependence plays in shaping the futures of young individuals. Thus, it becomes imperative to delve into the patterns of tobacco smoking and substance abuse, specifically among university students, a population particularly susceptible to these vices due to increased accessibility, peer pressure, and the myriad challenges associated with university life.⁸⁻¹¹

Tobacco smoking and substance abuse have firmly established themselves within the university student demographic, as evidenced by numerous studies highlighting the perilous repercussions of their risk-taking



behaviors on their health.¹²⁻¹⁴ The international academic landscape reflects the prevalence of cigarette smoking among university students, varying from 8.6% to 28.6%, influenced partly by divergent definitions and study locations.15-20 Moreover, concerning trends in hookah smoking, a study in the United States indicated prevalence rates of 40.5%, 30.6%, and 9.5% for lifetime, past-year, and past-30-day use among college students, respectively.²¹ Similarly, findings from Herat University during the republic government highlighted that 54.1% of female and 81.8% of male students were occasional or regular hookah smokers.²² However, despite extensive research on tobacco and substance use among university students worldwide and the mentioned study at Herat University on hookah, no study has yet been conducted to assess tobacco smoking behavior specifically among Afghan university students.

Despite these alarming statistics, a significant knowledge gap persists regarding the extent of tobacco use among Afghan university students. This gap persists despite changes in government and policies aimed at curbing tobacco consumption. After the collapse of the republic government and the introduction of new policies against tobacco consumption, a comprehensive assessment is warranted. Thus, the primary objective of this study is to shed light on the prevalence of tobacco smoking and risktaking behaviors, specifically cigarette smoking, hookah smoking, and smokeless tobacco (ST) use, among the student population of Herat University. This exploration will examine the factors influencing these behaviors, providing a nuanced understanding crucial for developing targeted interventions and policies in the context of the local student population.

Methods

Study design, place, and duration

This cross-sectional study was conducted from April to May 2021 among male students at Herat University in Herat city, Afghanistan. Herat University comprises sixteen schools, including three medical schools: Medicine, Stomatology, and Veterinary. Students are admitted to the university annually on August 5, following the entrance examinations.

Sample size

The sample size for this study was determined using a formula that accounts for various factors such as the design effect, the proportion of the population with specific characteristics (in this case, physical and mental health problems), and the desired level of confidence. The formula employed for this calculation was:

$$n = \frac{z^2 p \left(1 - p\right)}{e^2}$$

where n represents the sample size, z is the critical value for the desired level of confidence (in this case, 1.96 for a 95%) confidence level), p stands for the estimated proportion of the population with the specific characteristic of interest (in this instance, considered unknown and set at 0.5), and e represents the desired margin of error (0.04). After applying this formula, the minimum required sample size was calculated as 601. Given the total population size of 16,963, the sample size was adjusted for finite population correction using the formula:

$$n_{adjusted} = \frac{n}{1 + \frac{n-1}{N}}$$

where $n_{adjusted}$ is the adjusted sample size, n is the previously calculated sample size (601), and N is the total population size (16,963). This adjustment resulted in a minimum sample size of 580 university students. To ensure representativeness at the school level, we employed a stratified random sampling strategy proportional to school size. Additionally, we included an extra 10% sample units, resulting in a final sample size of 640 participants.

Sampling procedures and eligibility criteria

The study included all Herat University students enrolled in the first semester of 2023 who provided informed consent, were proficient in the Persian (Dari) language, and did not have any severe mental illness. The sampling frame was constructed using university attendance records, and the sample size was determined by dividing the total student population by the calculated sample size. The resulting figure was utilized as a benchmark to determine the number of samples, which were then randomly selected for each class. The study employed a stratified random sampling approach, considering each class a stratum. Data collection was carried out through face-to-face interviews with the participants.

Study instrument

The 40-item questionnaire with five subscales aimed to gather information on various forms of tobacco and nicotine product usage, including traditional cigarette smoking (7 items), hookah use (7 items), ST (7 items), and electronic cigarette use (7 items), alongside collecting demographic information (12 items). A pilot test with 40 students was conducted before the main study. Cronbach's alpha values for internal consistency exceeded 0.7 for all items. Additionally, convergent and discriminant validity was confirmed with high correlation.

The sociodemographic subscale comprised questions regarding age category, residence type, marital status, employment status, economic status, accommodation, father's education, mother's education, father's job, mother's job, income, and school.

In this study, traditional cigarette smoking was assessed by categorizing respondents into five groups: non-smokers, experimenters (those who had smoked fewer than 100 cigarettes in their lifetime), occasional users, regular smokers, and ex-smokers. The number of traditional cigarette users was then calculated based on these categories. However, when evaluating variables related to traditional cigarette smoking, respondents were grouped into two categories:

- Non-smokers: students who had never tried cigarettes, not even a single puff.
- Smokers: including experimenters, ex-smokers, occasional users, and regular smokers.

For logistic regression analyses, individuals who had smoked 100 or more traditional cigarettes during their lifetime were considered traditional cigarette smokers.

Hookah smoking was assessed using a question that included multiple response options: non-users, those who had only tried it, occasional users, monthly users, and weekly users. We subsequently calculated the number of hookah smokers based on these responses. Nonetheless, to analyze factors associated with hookah smoking, respondents were categorized into two groups:

- Non-hookah smokers: students who had never tried hookah, not even a single puff.
- Hookah smokers: including experimenters, exsmokers, occasional users, and regular smokers.

For logistic regression analyses, students who used hookah at least once per month were considered hookah smokers.

ST usage was determined like traditional cigarette smoking. Respondents were categorized as nonusers, experimenters (having used ST but not regularly), and regular ST users. For logistic regression analyses, individuals who were regular ST users were considered ST users.

Electronic cigarette (e-cigarette) use was assessed similarly to traditional cigarette smoking and ST usage. Respondents were categorized into non-users, experimenters, occasional users, and regular e-cigarette users. For logistic regression analyses, individuals who were regular e-cigarette users were considered e-cigarette users.

Furthermore, each of these four tobacco product subscales included inquiries on duration, initiation age, reason, and family and friend usage.

Data analysis

In this study, we employed cluster sampling as the sampling method, which can impact the confidence intervals. Therefore, all analyses were conducted using survey analysis. The results section presents quantitative data as mean \pm standard deviation, while qualitative data are represented as frequencies (percentages). Univariate analyses involved the use of Fisher's exact and chi-square tests. For multivariate analysis, we employed a stepwise backward binary logistic regression model for each tobacco product, including only the significant variables from the univariate analysis, along with age and sex. Data analysis was performed using SPSS software version 26.

Results

The study included 640 participants. The mean (SD) and median age of students were 21.92 (\pm 2.09) and 22.00 years, respectively. Age category, residence type, marital status, employed status, economic status, accommodation, father's and mother's education, father's and mother's job, income, and faculty were analyzed.

Most participants fell within the 21–25 age group (70.5%) and resided in urban areas (47.2%). Most were single (80.6%), with 33.3% reporting employment. Economic status varied, with 61.6% falling into the "average" category. Accommodation preferences included living with family (42.7%), dormitories (25.8%), personal homes (12.7%), or other arrangements (18.8%). Fathers were predominantly illiterate (51.1%), and mothers exhibited a similar trend (73.8%). A substantial portion of students' fathers (79.8%) were employed, whereas mothers' employment was less common (9.7%). Regarding income, 72.0% of participants reported an income of less than 2500; in terms of faculty distribution, 89.8% were from non-medical faculties (Table 1).

Table 2 outlines the participants' tobacco use patterns for cigarettes, ST, and hookah. Most participants had never used cigarettes (64.7%), ST (85.0%), e-cigarettes (85.9%), or hookah (64.5%). A smaller proportion had experimented with these products, with occasional and regular use reported at varying levels.

In Table 3, we assessed the relationship between demographic variables and cigarette and hookah smoking behaviors, and several noteworthy associations emerged. Marital status exhibited significant links with both cigarette and hookah smoking (P=0.026 and 0.005, respectively), with single individuals demonstrating higher usage rates. Employment status played a crucial role, indicating that non-employed participants had a significantly higher prevalence of tobacco use (P < 0.001 for both). Moreover, paternal and maternal education levels were identified as significant factors, with children of illiterate fathers (P=0.05 for cigarettes and P=0.016 for hookah) and mothers (P<0.001 for cigarettes and 0.001 for hookah) showing increased tendencies to smoke. The influence of friends' tobacco use was substantial for both cigarette and hookah consumption, highlighting the role of peer pressure (P < 0.001 for both). Maternal employment status was found to be correlated with hookah smoking, with a higher proportion of students who did not smoke hookah having unemployed (homemaker) mothers (P = 0.002).

Additionally, accommodation type, mainly living in dormitories, was linked to an elevated use of hookah consumption (P=0.033). Conversely, several demographic factors, such as economic status, type of residence (urban or rural), and father's job, did not exhibit significant associations with tobacco smoking. These findings underscore the intricate interplay of sociodemographic variables in shaping tobacco consumption patterns within

Table 1. Sociodemographic status of university students in Herat, Afghanistan

Variable	n	%
Age category (y)		
17–20	161	25.2
21-25	451	70.5
26 and above	28	4.3
Marital status	20	ч.5
	516	80.6
Single Married	124	19.4
Economic status	124	19.4
	10	2.0
Very good	19	3.0
Good	103	16.1
Average	395	61.6
Bad	83	13.0
Very bad	40	6.3
Father's education		
Illiterate	327	51.1
Primary school	64	10.0
Secondary and high school	132	20.6
University	117	18.3
Father's job		
Yes	511	79.8
No	129	20.2
Income		
Less than 2500	461	72.0
More than 2500	179	28.0
Residence type		
Urban	302	47.2
Rural	338	52.8
Employment status		
Yes	213	33.3
No	427	66.7
Accommodation		
With family	273	42.7
Dormitory	166	25.8
Personal home	81	12.7
Other	120	18.8
Mother education		
Illiterate	472	73.8
Primary school	48	7.5
Secondary and high school	80	12.5
University	40	6.3
Mother's job		
Yes	62	9.7
No	578	90.3
Faculty		
Medical	65	10.2
Non-medical	575	89.8
Total	640	100.0

the study population.

In Table 4, the relationship between demographic variables and the use of ST and e-cigarettes is examined. Several significant associations were identified in key categories. Employment status demonstrated a significant link with ST and e-cigarette use, with non-employed participants exhibiting a higher prevalence of both ST and e-cigarette consumption (P < 0.001 and P = 0.028, respectively). Economic status was also a significant factor, indicating that participants with "very good and good" economic status were less likely to use ST and e-cigarettes (P=0.036 and 0.012, respectively). Mother's education level significantly influenced the use of both ST and e-cigarettes, with participants with illiterate mothers showing a higher prevalence (P=0.005 and 0.007, respectively). Peer influence played a substantial role, as participants who reported that their friends used tobacco were more likely to use both ST and e-cigarettes (P < 0.001for both). These findings underscore the intricate interplay of sociodemographic variables in shaping tobacco consumption patterns within the study population.

Table 5 displays the outcomes of logistic regression models investigating the associations between diverse predictor variables and the utilization of distinct tobacco products, including cigarettes, hookah, ST, and e-cigarettes (significant variables of Tables 3 and 4). In the cigarette model, age emerged as a significant predictor, indicating that older participants were more prone to smoking cigarettes (OR=1.20, P < 0.001). Furthermore, the education level of the mother played a significant role, with participants whose mothers had a secondary and high school education (OR=2.19, P < 0.021) or a university education (OR=2.68, P < 0.026) exhibiting a higher likelihood of smoking. The influence of friends using cigarettes (OR=9.54, P<0.001) and employment status (OR=2.52, P=0.001) was also significant. In the hookah model, the predictors included friends using hookah (OR = 31.05, P < 0.001), marital status (OR = 2.10, P = 0.003), and employment status (OR = 1.76, P = 0.010). Similarly, participants with mothers who had a secondary and high school education (OR=2.18, P=0.009) or a university education (OR=3.57, P=0.001) were more inclined to smoke hookah. The ST model indicated that friends using ST (OR = 20.12, P < 0.001) and employment status (OR=3.37, P=0.004), with economic status exhibiting borderline significance (P=0.012), were significant predictors. Additionally, the mother's education level played a role, with participants having mothers educated up to secondary and high school (OR=2.91, P=0.034) showing a higher likelihood of using ST. The e-cigarette model revealed that friends using cigarettes (OR = 7.91, P < 0.001) and employment status (OR = 1.87, P < 0.001)P < 0.028) were significant predictors, with economic status showing borderline significance (P = 0.008). These logistic regression models yield valuable insights into the

	Ciga	Cigarette ST		E-cigarette			Hookah		
_	n	%	n	%	n	%		n	%
Never	414	64.7	544	85.0	550	85.9	Never	413	64.5
Just tried	137	21.4	56	8.7	19	3.0	Just tried	103	16.1
Previously used	17	2.7	10	1.6	10	1.6	Some times	87	13.6
Some time	47	7.3	6	0.9	56	8.7	Once a month	11	4.1
Usually	25	3.9	24	3.8	5	0.8	Once a week	26	1.7
Total	640	100	640	100	640	100	Total	640	100

 Table 2. Tobacco product use patterns among university students in Herat, Afghanistan

factors influencing the use of various tobacco products among study participants, illuminating the intricate interplay of sociodemographic variables.

Discussion

The results of this study reveal significant associations between sociodemographic variables and tobacco product use among university students in Herat, Afghanistan. Most participants in the sample were aged 21–25, residing in urban areas, and single. The prevalence of tobacco use, including cigarettes, hookah, ST, and e-cigarettes, varied among participants, with certain demographic factors showing notable associations.

Findings in this study on cigarette smoking align with international patterns, reflecting prevalence rates comparable to studies in neighboring countries. In this study, 35.3% of students reported having experienced cigarette smoking, but only 3.9% were regular smokers. This prevalence is notably higher than that observed in Iranian universities (19.8%),¹⁹ as well as in other countries such as Turkey (18.5%),²³ Pakistan (24%),²⁴ and Saudi Arabia (14.5%).²⁵ Such disparities may be attributed to variations in tobacco control policies and enforcement across these regions, as well as differences in cultural attitudes towards smoking and societal norms regarding tobacco use.

The prevalence of regular hookah smoking was 1.7%, and 35.5% of participants reported having experienced hookah use. This rate is significantly lower than that reported in a previous study conducted at Herat University (88.1% experienced hookah use).²² The disparity suggests the impact of bans imposed by the Taliban on hookah use in cafés.²⁶ This study's findings diverge from trends observed in studies conducted in Iran (51.1%),27 the United States (40.5%),²¹ and Poland (38%),²⁸ where hookah smoking tends to be more prevalent than cigarette smoking. Differences in public health campaigns, socioeconomic factors, and the availability of hookah lounges to students may also contribute to these international variations in hookah smoking prevalence among university students. This emphasizes the need for targeted interventions addressing both cigarette and hookah smoking among university students in Afghanistan.

The prevalence of ST use in this study was 15%,

surpassing rates reported in studies conducted in other countries. For instance, a study in Baluchestan, Iran, reported a prevalence of 23%,²⁹ while studies in South Africa and Pakistan documented rates of 3.1%,³⁰ and 3.1%,³¹ respectively. Medical students exhibit a lower prevalence of ST consumption, likely attributed to their heightened awareness of the associated dangers, as confirmed by this study.

It is crucial to grasp the underlying risk factors contributing to smoking issues to comprehend tobacco smoking patterns among Afghan students, as suggested by various studies.³² The argument posits that preventing youth from initiating smoking will decrease their likelihood of becoming smokers later in life.³³

This study identifies several demographic factors associated with cigarette and hookah smoking, drawing on findings from reputable studies in the field. Marital status, employment status, and parental education levels emerge as significant predictors, aligning with previous research on smoking behavior.³⁴⁻³⁶ Single individuals exhibit higher rates of both cigarette and hookah smoking, highlighting the impact of social factors on tobacco consumption.^{37,38} Non-employed participants are more likely to use tobacco, suggesting a potential relationship between economic factors and smoking behavior, a trend observed in similar studies.^{39,40} These factors underscore the multifaceted nature of tobacco consumption patterns, reflecting how societal and economic factors intertwine to shape smoking behaviors among university students.

Maternal education consistently emerges as a predictor, influencing both cigarette and hookah smoking, following the findings of other studies on university students.⁴¹ The influence of friends' tobacco use is a significant factor for both cigarette and hookah consumption, highlighting the importance of peer dynamics in shaping smoking behavior, as documented in previous literature.^{34,42} According to UNESCO, Afghanistan's male literacy rate is 52.06%, while the female literacy rate is 22.6%, highlighting a significant gender gap.⁴³ This suggests that mothers with low education may struggle to instill a strong aversion to tobacco use in their children. Additionally, these findings emphasize the interconnected roles of family and social influences, particularly parental education level, in shaping tobacco use among young adults.

Variables	Cigarette smoking			Hookah smoking		
Variables	Non-use, n (%)	Use, n (%)	Р	Non-use, n (%)	Use, n (%)	Р
Age category						
17–20	146 (90.7)	15 (9.3)		134 (83.2)	27 (16.8)	
21–25	400 (88.7)	51 (11.3)	0.173	360 (79.8)	91 (20.2)	0.619
26+	22 (78.6)	6 (21.4)		22 (78.6)	6 (21.4)	
Marital status						
Single	465 (90.1)	51 (9.9)	0.000	427 (82.8)	89 (17.2)	0.005
Married	103 (83.1)	21 (16.9)	0.026	89 (71.8)	35 (28.2)	0.005
Employment						
Yes	173 (81.2)	40 (18.8)	0.000	156 (73.2)	57 (26.8)	0.001
No	395 (92.5)	32 (7.5)	0.000	360 (84.3)	67 (15.7)	0.001
Economic status						
Very good and good	106 (86.9)	16 (13.1)		95 (77.9)	27 (22.1)	
Average	356 (90.1)	39 (9.9)	0.370	327 (82.8)	68 (17.2)	0.206
Bad and very bad	106 (86.2)	17 (13.8)		94 (76.4)	29 (23.6)	
Type of residence						
Urban	261(86.4)	41(13.6)		241 (79.8)	61 (20.2)	
Rural	307(90.8)	31(9.2)	0.078*	275 (81.4)	63 (18.6)	0.618
Friends use						
No	234 (97.9)	5 (2.1)		173 (98.9)	2 (1.1)	0.000
Yes	334 (83.3)	67 (16.7)	0.000	343 (73.8)	122 (26.2)	
Accommodation						
With family	249(91.2)	24(8.8)		225 (82.4)	48 (17.6)	
Dormitory	149(89.8)	17(10.2)		141 (84.9)	25 (15.1)	
Personal home	68(84.0)	13(16.0)	0.146	57 (70.4)	24 (29.6)	0.033
Other	102(85.0)	18(15.0)		93 (77.5)	27 (22.5)	
Father's education						
Illiterate	301 (92.0)	26 (8.0)		271 (82.9)	56 (17.1)	
Primary school	53 (82.8)	11 (17.2)		54 (84.4)	10 (15.6)	
Secondary and high	113 (85.6)	19 (14.4)	0.050	109 (82.6)	23 (17.4)	0.016
University	101 (86.3)	16 (13.7)		82 (70.1)	35 (29.9)	
Mother's education						
Illiterate	430 (91.1)	42 (8.9)		397 (84.1)	75 (15.9)	
Primary school	44 (91.7)	4 (8.3)		39 (81.3)	9 (18.8)	0.000
, Secondary and high	63 (78.8)	17 (21.3)	0.001	57 (71.3)	23 (28.7)	
University	31 (77.5)	9 (22.5)		23 (57.5)	17 (42.5)	
Father's job	(,					
Yes	457 (89.4)	54 (10.6)		410 (80.2)	101 (19.8)	
No	111 (86.0)	18 (14.0)	0.277	106 (82.2)	23 (17.8)	0.619
Mother's job						
Yes	51 (82.3)	11 (17.7)		41 (66.1)	21 (33.9)	
No	517 (89.4)	61 (10.6)	0.089	475 (82.2)	103 (17.8)	0.002
Total	568 (100.0)	72 (100.0)		516 (100.0)	124 (100.0)	

Table 3 Association of sociodemograph	ic variables with cigarette and bookah smokin	ng among university students in Herat, Afghanistan
able 5. Association of sociodemograph	ic variables with cigarette and hookan shokin	ng among university students in Fierat, Aignamstan

*Fisher's exact test.

Building on insights from reputable sources, this study extends beyond traditional tobacco products to explore

ST and e-cigarette use patterns. Like cigarette and hookah smoking, non-employed individuals are more likely to

Variables	ST consumption			E-cigarette smoking/vaping		
variables	Non-use, n (%)	Use, n (%)	Р	Non-use, n (%)	Use, n (%)	Р
Age category						
17–20	153 (95.0)	8 (5.0)		142 (88.2)	19 (11.8)	
21–25	430 (95.3)	21 (4.7)	0.948	410 (90.9)	41 (9.1)	0.330
26+	27 (96.4)	1 (3.6)		27 (96.4)	1 (3.6)	
Marital status						
Single	495 (95.9)	21 (4.1)	0.100	468 (90.7)	48 (9.3)	0.607
Married	115 (92.7)	9 (7.3)	0.132	111 (89.5)	13 (10.5)	0.687
Employment						
Yes	194 (91.1)	19 (8.9)	0.000	185 (86.9)	28 (13.1)	
No	416 (97.4)	11 (2.6)	0.000	394 (92.3)	33 (7.7)	0.028
Economic status						
Very good and good	114 (93.4)	8 (6.6)		106 (86.9)	16 (13.1)	
Average	383 (97.0)	12 (3.0)	0.036	368 (93.2)	27 (6.8)	0.012
Bad and very bad	113 (91.9)	10 (8.1)		105 (85.4)	18 (14.6)	
Type of residence						
Urban	283 (93.7)	19 (6.3)		267 (88.4)	35 (11.6)	
Rural	327 (96.7)	11 (3.3)	0.070	312 (92.3)	26 (7.7)	0.094
Accommodation						
With family	264 (96.7)	9 (3.3)		249 (91.2)	24 (8.8)	
Dormitory	159 (95.8)	7 (4.2)		149 (89.8)	17 (10.2)	
Personal home	77 (95.1)	4 (4.9)	0.183	76 (93.8)	5 (6.2)	0.465
Other	110 (91.7)	10 (8.3)		105 (87.5)	15 (12.5)	
Father's education						
Illiterate	317 (96.9)	10 (3.1)		301 (92.0)	26 (8.0)	
Primary school	60 (93.8)	4 (6.3)		60 (93.8)	4 (6.3)	
Secondary and high	125 (94.7)	7 (5.3)	0.189	116 (87.9)	16 (12.1)	0.237
University	108 (92.3)	9 (7.7)		102 (87.2)	15 (12.8)	
Mother's education						
Illiterate	456 (96.6)	16 (3.4)		431 (91.3)	41 (8.7)	
Primary school	47 (97.9)	1 (2.1)		45 (93.8)	3 (6.3)	
Secondary and high	72 (90.0)	8 (10.0)	0.005	73 (91.3)	7 (8.8)	0.007
University	35 (87.5)	5 (12.5)		30 (75.0)	10 (25.0)	
Father's job						
Yes	490 (95.9)	21 (4.1)		463 (90.6)	48 (9.4)	
No	120 (93.0)	9 (7.0)	0.169	116 (89.9)	13 (10.1)	0.813
Mother's job						
Yes	62 (98.4)	1 (1.6)		53 (85.5)	9 (14.5)	
No	549 (95.0)	29 (5.0)	0.228	526 (91.0)	52 (9.0)	0.160
Friend use	с <i>У</i>	к <i>У</i>			× 2	
No	354 (99.4)	2 (0.6)		234 (97.9)	5 (2.1)	
Yes	256 (90.1)	28 (9.9)	0.000*	345 (86.0)	56 (14.0)	0.000
Total	610 (100.0)	30 (100.0)		579 (100.0)	61 (100.0)	

*Fisher's exact test

use ST and e-cigarettes. Economic status also plays a role, with those of higher economic status exhibiting lower

prevalence rates of ST and e-cigarette use, aligning with previous research. $^{\rm 44,45}$

 Table 5. Logistic regression models of tobacco product use among university students in Herat, Afghanistan

Variables		P value	OR	95% C	I for OR
variables		<i>P</i> value	ŬK.	Lower	Upper
Cigarette ¹					
Constant		0.000	0.000		
Age		0.003	1.200	1.064	1.354
	Illiterate (Ref.)	0.028			
Mother's education	Primary school	0.868	0.909	0.296	2.797
Mother's education	Secondary and high school	0.021	2.195	1.127	4.277
	University	0.026	2.683	1.127	6.389
Friends' use	No (Ref.)				
nenus use	Yes	0.000	9.541	3.709	24.548
Employment	No (Ref.)				
Inployment	Yes	0.001	2.516	1.482	4.273
Hookah ²					
Constant		0.000	0.006		
Friends' use	No (Ref.)				
nenus use	Yes	0.000	31.052	7.541	127.866
Marital status	Single (Ref.)				
viarital status	Married	0.003	2.103	1.279	3.458
Employment	No (Ref.)				
employment	Yes	0.010	1.758	1.142	2.706
	Illiterate (Ref.)	0.001			
	Primary school	0.657	1.204	0.530	2.735
Mother's education	Secondary and high school	0.009	2.182	1.213	3.926
	University	0.001	3.577	1.717	7.452
ST ³					
Constant		0.000	0.003		
F : 17	No (Ref.)				
Friends' use	Yes	0.000	20.118	4.659	86.871
	No (Ref.)				
Employment	Yes	0.004	3.373	1.471	7.735
	Illiterate (Ref.)	0.095			
	Primary school	0.662	0.626	0.077	5.116
Mother's education	Secondary and high school	0.034	2.910	1.086	7.792
	University	0.136	2.406	0.758	7.639
	Bad (Ref.)	0.012			
Economic status	Average	0.190	0.518	0.193	1.386
	Very good	0.144	2.289	0.754	6.949
E-cigarette⁴					
Constant		0.000	0.021		
	No (Ref.)				
Friends' use	Yes	0.000	7.914	3.104	20.177
	No (Ref.)				
Employment	Yes	0.028	1.867	1.068	3.262
	Bad (Ref.)	0.008			
Economic status	Average	0.065	0.530	0.270	1.040
	Very good	0.340	1.449	0.676	3.107

¹ P < 0.05 significance level, backward stepwise 3 steps, omnibus = 0.000, Cox and Snell R-square = 0.108, Nagelkerke R-square = 0.213, Hosmer and Lemeshow test = 0.033. ² P < 0.05 significance level, backward stepwise 5 steps, omnibus = 0.000, Cox and Snell R-square = 0.150, Nagelkerke R-square = 0.239, Hosmer and Lemeshow

test=0.686. ³ P < 0.05 significance level, backward stepwise 2 steps, omnibus=0.000, Cox and Snell R-square=0.088, Nagelkerke R-square=0.281, Hosmer and Lemeshow

test=0.516. ⁴ P<0.05 significance level, backward stepwise 3 steps, omnibus=0.000, Cox and Snell R-square=0.066, Nagelkerke R-square=0.141, Hosmer and Lemeshow

test=0.846.

Living arrangements, particularly residing in dormitories or single houses, emerge as strong risk factors for various high-risk behaviors, a pattern supported by existing literature on communal living settings.⁴⁶ This underscores the need for targeted interventions in these environments.

Limitations

This study recognizes certain constraints, such as the reliance on self-report data and utilizing a cross-sectional design. Despite efforts to maintain confidentiality, it is important to note that under-reporting high-risk behaviors could be a potential limitation. Furthermore, the study's scope was limited to a single region and university. Additionally, it is crucial to highlight that the study did not include female participants, as their inclusion was hindered by the Taliban ban during the data collection period. Future research endeavors should delve into the various factors influencing smoking initiation and the development of effective prevention strategies, especially among Afghan university students.

Conclusion

This study on university students in Herat, Afghanistan, reveals significant associations between sociodemographic variables and tobacco product use. While the prevalence of cigarette smoking aligns with international patterns, hookah smoking rates differ, potentially influenced by bans imposed on hookah use. The study identifies noteworthy disparities in ST use, surpassing rates reported in other countries, and emphasizes the importance of targeted interventions addressing both cigarette and hookah smoking among Afghan students. Demographic factors such as marital status, employment, parental education, and peer influence are significant predictors of smoking behavior, reinforcing the need for comprehensive preventive measures. The study extends beyond traditional tobacco products to explore patterns in ST and e-cigarette use, revealing economic and living arrangement factors as additional contributors to tobacco consumption. These findings underscore the importance of tailored interventions, particularly in communal living settings, to address the diverse patterns of tobacco use among university students in Afghanistan.

Acknowledgments

The authors express gratitude to the Herat University Students Union and the Herat University Medical Students Association for their valuable assistance in data collection and entry for this project. This work received support from the Department of Public Health and Infectious Diseases, School of Medicine, Herat University.

Authors' Contribution

Conceptualization: Nasar Ahmad Shayan, Ali Rahimi, Danyal Ewaz. Data curation: Nasar Ahmad Shayan, Ali Rahimi, Danyal Ewaz. Formal analysis: Nasar Ahmad Shayan. Investigation: Ali Rahimi, Danyal Ewaz. Methodology: Nasar Ahmad Shayan and Ali Rahimi. Project administration: Nasar Ahmad Shayan, Ali Rahimi, Danyal Ewaz. Resources: Nasar Ahmad Shayan, Ali Rahimi, Danyal Ewaz. Software: Nasar Ahmad Shayan. Supervision: Danyal Ewaz, Ali Rahimi, Nasar Ahmad Shayan.

Validation: Nasar Ahmad Shayan. **Visualization:** Nasar Ahmad Shayan.

Writing–original draft: Ali Rahimi.

Writing-review & editing: Ali Rahimi, Nasar Ahmad Shayan, Sharareh Shayan.

Competing Interests

The authors have no conflict of interest.

Ethical Approval

The Human Ethics Committee, Bureau of Research and Development, Faculty of Medicine, Herat University, approved the study on January 20, 2022. All participants provided written informed consent before participating in the study. The confidentiality and privacy of the participants were protected throughout the study, following the Declaration of Helsinki and the ethical principles of research involving human subjects.

Funding

No funding was received for writing and publishing this paper. However, the Faculty of Medicine of Herat University generously assisted in covering expenses related to data collection, particularly by printing the questionnaires.

References

- Drope J, Schluger NW. The Tobacco Atlas. American Cancer Society; 2018.
- 2. Centers for Disease Control and Prevention (CDC). Global Tobacco Control. 2018. Available from: https://www.cdc.gov/ tobacco/global/index.htm. Accessed April 19, 2023.
- 3. World Health Organization (WHO). WHO Report on the Global Tobacco Epidemic, 2009: Implementing Smoke-Free Environments. WHO; 2009.
- 4. Centers for Disease Control and Prevention (CDC). Cigarette smoking among adults--United States, 2006. MMWR Morb Mortal Wkly Rep. 2007;56(44):1157-61.
- 5. Macrotrends. Afghanistan Smoking Rate 2000-2022. Available from: https://www.macrotrends.net/countries/AFG/ afghanistan/smoking-rate-statistics. Accessed October 21, 2022.
- 6. Macrotrends. Iran Smoking Rate 1960-2024. Available from: https://www.macrotrends.net/global-metrics/countries/IRN/ iran/smoking-rate-statistics. Accessed May 22, 2024.
- Macrotrends. Pakistan Smoking Rate 1960-2024. Available from: https://www.macrotrends.net/global-metrics/countries/ PAK/pakistan/smoking-rate-statistics. Accessed May 22, 2024.
- Atwoli L, Mungla PA, Ndung'u MN, Kinoti KC, Ogot EM. Prevalence of substance use among college students in Eldoret, western Kenya. BMC Psychiatry. 2011;11:34. doi: 10.1186/1471-244x-11-34.
- Kenna GA, Wood MD. Substance use by pharmacy and nursing practitioners and students in a northeastern state. Am J Health Syst Pharm. 2004;61(9):921-30. doi: 10.1093/ ajhp/61.9.921.
- 10. Heydari ST, Izedi S, Sarikhani Y, Kalani N, Akbary A, Miri A, et al. The prevalence of substance use and associated risk factors among university students in the city of Jahrom, southern Iran.

Int J High Risk Behav Addict. 2015;4(2):e22381. doi: 10.5812/ ijhrba.4(2)2015.22381.

- 11. Askarian M, Kouchak F, Youssef M, Romito LM. Comparing tobacco use knowledge, attitudes and practices between engineering students at a public and Islamic Azad University in Shiraz, Iran 2011. Int J Prev Med. 2013;4(10):1154-61.
- Cruz JF, Lopes de Lisboa J, de Araújo Zarzar PM, da Franca Bandeira Ferreira Santos C, de Melo Valença PA, de Menezes VA, et al. Association between cigarette use and adolescents' behavior. Rev Saude Publica. 2020;54:31. doi: 10.11606/ s1518-8787.2020054001534.
- O'Cathail SM, O'Connell OJ, Long N, Morgan M, Eustace JA, Plant BJ, et al. Association of cigarette smoking with drug use and risk taking behaviour in Irish teenagers. Addict Behav. 2011;36(5):547-50. doi: 10.1016/j.addbeh.2011.01.012.
- 14. Seo DC, Huang Y. Systematic review of social network analysis in adolescent cigarette smoking behavior. J Sch Health. 2012;82(1):21-7. doi: 10.1111/j.1746-1561.2011.00663.x.
- 15. van den Bree MB, Whitmer MD, Pickworth WB. Predictors of smoking development in a population-based sample of adolescents: a prospective study. J Adolesc Health. 2004;35(3):172-81. doi: 10.1016/j.jadohealth.2003.09.021.
- 16. Deressa W, Azazh A. Substance use and its predictors among undergraduate medical students of Addis Ababa University in Ethiopia. BMC Public Health. 2011;11:660. doi: 10.1186/1471-2458-11-660.
- 17. Saatci E, Inan S, Bozdemir N, Akpinar E, Ergun G. Predictors of smoking behavior of first year university students: questionnaire survey. Croat Med J. 2004;45(1):76-9.
- Koura MR, Al-Dossary AF, Bahnassy AA. Smoking pattern among female college students in Dammam, Saudi Arabia. J Family Community Med. 2011;18(2):63-8. doi: 10.4103/2230-8229.83370.
- Haghdoost AA, Moosazadeh M. The prevalence of cigarette smoking among students of Iran's universities: a systematic review and meta-analysis. J Res Med Sci. 2013;18(8):717-25.
- 20. Musmar SG. Smoking habits and attitudes among university students in Palestine: a cross-sectional study. East Mediterr Health J. 2012;18(5):454-60. doi: 10.26719/2012.18.5.454.
- 21. Primack BA, Sidani J, Agarwal AA, Shadel WG, Donny EC, Eissenberg TE. Prevalence of and associations with waterpipe tobacco smoking among US university students. Ann Behav Med. 2008;36(1):81-6. doi: 10.1007/s12160-008-9047-6.
- 22. Niazi AU, Shayan NA, Ozgur S, Joya SA, Ozcebe H. Waterpipe smoking among Herat university students: prevalence, attitudes, and associated factors. Addict Health. 2020;12(4):235-43. doi: 10.22122/ahj.v12i4.277.
- Alvur TM, Cinar N, Oncel S, Akduran F, Dede C. Trends in smoking among university students between 2005-2012 in Sakarya, Turkey. Asian Pac J Cancer Prev. 2014;15(11):4575-81. doi: 10.7314/apjcp.2014.15.11.4575.
- 24. Rozi S, Butt ZA, Akhtar S. Correlates of cigarette smoking among male college students in Karachi, Pakistan. BMC Public Health. 2007;7:312. doi: 10.1186/1471-2458-7-312.
- Mandil A, BinSaeed A, Dabbagh R, Shaikh SA, AlSaadi M, Khan M. Smoking among Saudi university students: consumption patterns and risk factors. East Mediterr Health J. 2011;17(4):309-16.
- 26. Radio Azadi. Popular Afghan Pastime Goes Up in Smoke as Taliban Bans Hookahs. Available from: https://www.rferl. org/a/afghanistan-taliban-ban-hookah-shisha-unislamicvice/32100023.html. Accessed April 19, 2023.
- 27. Kabir K, Mohammadpoorasl A, Esmaeelpour R, Aghazamani

F, Rostami F. Tobacco use and substance abuse in students of Karaj universities. Int J Prev Med. 2016;7:105. doi: 10.4103/2008-7802.190091.

- Zielińska-Danch W, Czogała J, Adamczyk R, Danch M. [Water pipe smoking and psychoactive substances]. Przegl Lek. 2012;69(10):921-3. [Polish].
- Honarmand M, Farhadmollashahi L, Bekyghasemi M. Use of smokeless tobacco among male students of Zahedan universities in Iran: a cross sectional study. Asian Pac J Cancer Prev. 2013;14(11):6385-8. doi: 10.7314/ apjcp.2013.14.11.6385.
- Senkubuge F, Ayo-Yusuf OA, Louwagie GM, Okuyemi KS. Water pipe and smokeless tobacco use among medical students in South Africa. Nicotine Tob Res. 2012;14(6):755-60. doi: 10.1093/ntr/ntr211.
- Imam SZ, Nawaz H, Sepah YJ, Pabaney AH, Ilyas M, Ghaffar S. Use of smokeless tobacco among groups of Pakistani medical students - a cross sectional study. BMC Public Health. 2007;7:231. doi: 10.1186/1471-2458-7-231.
- Rao S, Aslam SK, Zaheer S, Shafique K. Anti-smoking initiatives and current smoking among 19,643 adolescents in South Asia: findings from the Global Youth Tobacco Survey. Harm Reduct J. 2014;11:8. doi: 10.1186/1477-7517-11-8.
- Haas SA, Schaefer DR. With a little help from my friends? Asymmetrical social influence on adolescent smoking initiation and cessation. J Health Soc Behav. 2014;55(2):126-43. doi: 10.1177/0022146514532817.
- Von Ah D, Ebert S, Ngamvitroj A, Park N, Kang DH. Factors related to cigarette smoking initiation and use among college students. Tob Induc Dis. 2005;3(1):27-40. doi: 10.1186/1617-9625-3-1-27.
- 35. Deressa Guracho Y, Addis GS, Tafere SM, Hurisa K, Bifftu BB, Goedert MH, et al. Prevalence and factors associated with current cigarette smoking among Ethiopian university students: a systematic review and meta-analysis. J Addict. 2020;2020:9483164. doi: 10.1155/2020/9483164.
- Arshad A, Matharoo J, Arshad E, Sadhra SS, Norton-Wangford R, Jawad M. Knowledge, attitudes, and perceptions towards waterpipe tobacco smoking amongst college or university students: a systematic review. BMC Public Health. 2019;19(1):439. doi: 10.1186/s12889-019-6680-x.
- Ramsey MW Jr, Chen-Sankey JC, Reese-Smith J, Choi K. Association between marital status and cigarette smoking: variation by race and ethnicity. Prev Med. 2019;119:48-51. doi: 10.1016/j.ypmed.2018.12.010.
- Kuzmar I, Rizo-Baeza M, Cortés Castell E. Social Classes, Level of Education, Marital Status, Alcohol and Tobacco Consumption as Predictors in a Successful Treatment of Obesity. Available from: http://rua.ua.es/dspace/handle/10045/40584. Published March 31, 2014. Accessed November 21, 2023.
- Prochaska JJ, Shi Y, Rogers A. Tobacco use among the jobseeking unemployed in California. Prev Med. 2013;56(5):329-32. doi: 10.1016/j.ypmed.2013.01.021.
- Prochaska JJ, Michalek AK, Brown-Johnson C, Daza EJ, Baiocchi M, Anzai N, et al. Likelihood of unemployed smokers vs nonsmokers attaining reemployment in a one-year observational study. JAMA Intern Med. 2016;176(5):662-70. doi: 10.1001/jamainternmed.2016.0772.
- 41. Spencer N. Maternal education, lone parenthood, material hardship, maternal smoking, and longstanding respiratory problems in childhood: testing a hierarchical conceptual framework. J Epidemiol Community Health. 2005;59(10):842-6. doi: 10.1136/jech.2005.036301.

- 42. Wang JW, Cao SS, Hu RY. Smoking by family members and friends and electronic-cigarette use in adolescence: a systematic review and meta-analysis. Tob Induc Dis. 2018;16:05. doi: 10.18332/tid/84864.
- 43. Country Economy. Afghanistan Literacy rate 2018. 2018. Available from: https://countryeconomy.com/demography/ literacy-rate/afghanistan.
- 44. White TJ, Redner R, Bunn JY, Higgins ST. Do socioeconomic risk factors for cigarette smoking extend to smokeless

tobacco use? Nicotine Tob Res. 2016;18(5):869-73. doi: 10.1093/ntr/ntv199.

- 45. Chang JT, Levy DT, Meza R. Trends and factors related to smokeless tobacco use in the United States. Nicotine Tob Res. 2016;18(8):1740-8. doi: 10.1093/ntr/ntw090.
- 46. Sidani JE, Shensa A, Primack BA. Substance and hookah use and living arrangement among fraternity and sorority members at US colleges and universities. J Community Health. 2013;38(2):238-45. doi: 10.1007/s10900-012-9605-5.