Factors that Influence Smoking among Middle Eastern College Women in the United States

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Disclosures

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Smoking Among Women & College Students

- Cigarette smoking is a leading cause of preventable disease, disability, and death in the US
- Smoking rates among immigrant women
 - Europe (17%), Russia (16%), Southeast Asia (15%), North Africa (10%)
- Smoking rates among college-age adults (22-23yrs)
 - In 2020 (43% which increased from 20%)
- Predicted # of female smokers by 2025
 - more than 500 million worldwide
- Young adults 18-24 years, college age,
 - account for > 55% of Hookah smokers in the US
- Hookah smoking is disproportionately higher among
 - college students of Middle Eastern Arab descent (62%), compared to non-Arab students (11%)



Smoking in Middle Eastern College Women

- Little is known about smoking among immigrant college students in the United States, particularly Middle Eastern college women
- Middle Eastern women are stigmatized for tobacco use, which contributes to their restricted use in public spaces
 - In the context of family, cigarette smoking is forbidden among daughters
- Globally, Hookah phenomenon has become increasingly popular
 - Less social stigma is associated with hookah smoking compared to cigarette smoking



Population of Interest



- Arabs (individuals from Arabic speaking countries) are from 2 regions:
 - Middle East Bahrain, Egypt, Iraq, Jordan, Kuwait, Lebanon, Oman, Palestine, Qatar, Saudi Arabia, Syria, United Emirates, and Yemen
 - North Africa Algeria, Libya, Morocco, and Tunisia
- Middle Easterners from non-Arabic Countries are from:
 - Iran, Israel, and Turkey



Factors that Influence Smoking Behaviors

- Demographic/education/SES factors
- Acculturation (heritage/mainstream)
- Social support
- Psychosocial stress
- Experiences of discrimination
- Religiosity
- Patriarchal beliefs (attitudes towards women and sexuality)
- Access to care factors



Study Purpose & Research Questions

Study purpose:

 To examine determinants of cigarette and Hookah smoking behaviors among Middle Eastern college women in the US.

Research Questions:

- 1. Are **smoking behaviors** associated with *individual factors* (e.g., age, marital status, immigration generation status, religious affiliation, etc.)?
- 2. Are **smoking behaviors** associated with **sociocultural factors** (e.g., social support, perceived discrimination, religiosity, acculturation, and patriarchal beliefs)?
- 3. Are **smoking behaviors** associated with *access to care factors* (e.g., having a *healthcare provider*, *health insurance*, *and access to health information*)?



Methods

- Cross-sectional design, using an anonymous, webbased survey on REDCap
- Middle Eastern student collaborators focus group meeting to:
 - Refine survey for clarity and cultural relevance
 - Identify effective recruitment strategies
- Study Sample:
 - 406 participants
 - Power analysis done to ensure adequate sample size
 - Eligibility: 18 years of age or older, enrolled in college or graduated within 6 months, Middle Eastern/Arabic background, 1st or 2nd generation immigrant or on a student visa

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Data Analysis

- Descriptive univariate analysis
- Bivariate analysis (chi-square & t-test)
- Multivariate logistic regression analysis
 - Hierarchical in 3 blocks
 - Individual, sociocultural, and access to care
 - Stepwise approach (Backward Wald)
 - To eliminate non-significant predictors



Characteristics of Study Sample (N=406)	%		
Age 21 years or less	72%		
Born in United States	80%		
Full-time college student	85%		
Undergraduate student	80%		
Working (part time/full time)	53%		
Health insurance private/university			
Single status	70%		
Muslim Religion	65%		
Daily interactions with both ME and non-ME students	47%		
Belonging to student organizations	36%		
Belonging to community/religious organizations	67%		
Cigarette smoking daily or some days			
Hookah smoking daily or some days			



Hierarchical Logistic Regression Analysis

Block 1: Individual Predictors

(e.g., age, marital status, country of birth, religious affiliation, student status, reasons for immigrating to the US, belonging to student or community/religious organization, etc.)

	Cigarette Smoking	Hookah Smoking			
Variability predicted (R ²)	4.9% - 7.5%	11.2% - 17.6%			
Significant Predictors	Odds of Cigarette Smoking	Odds of Hookah Smoking			
Being Muslim		Doubled the odds			
Belonging to student organizations	There were no significant	Doubled the odds			
Daily interactions with an equal mix of ME & non-ME students	individual predictors for cigarette smoking	Increased the odds by 45%			
Born in US		Decreased the odds by 60%			
Being PT student		Decreased the odds by 74%			



Hierarchical Logistic Regression Analysis

Block 2: Sociocultural Predictors

(e.g., acculturation, social support, perceived stress, perceived discrimination, religiosity, and attitudes towards women and sexuality)

	Cigarette Smoking	Hookah Smoking				
Variability predicted (R ²)	7.1% - 10.9%	7.1% - 11.3%				
Significant Predictors	Odds of Cigarette Smoking	Odds of Hookah Smoking				
Higher <u>heritage</u> acculturation		Doubled the odds				
More liberal attitudes towards women		Doubled the odds				
More liberal beliefs toward sexuality	Doubled the odds					
Higher religiosity levels		Decreased the odds by 45%				



Hierarchical Logistic Regression Analysis

Block 3: Access to Care Predictors

(e.g., having health insurance, having a primary HCP, visited a HCP in past year, and source of health information)

	Cigarette Smoking	Hookah Smoking
Variability predicted (R ²)	2.6% - 4.0%	2.3% - 3.7%
Significant Predictors	Odds of Cigarette Smoking	Odds of Hookah Smoking
Having a Primary HCP	Decreased the odds by 45%	There were no significant access to care predictors for Hookah smoking



Stepwise logistic regression analysis of predictors for cigarette smoking, using backward Wald method

To merge all 3 blocks and eliminate non-significant predictors

Cigarette Smoking (N=344)							
Surviving Predictors	В	SE	Wald	df	Sig.	Exp(B)	95% CI
Acculturation-Heritage Score	-0.356	0.200	3.161	1	0.075	0.701	0.473-1.037
Beliefs Toward Sexuality Score	0.566	0.237	5.721	1	0.017	1.761	1.108-2.800
Have a primary HCP (Yes vs. No)	-0.747	0.298	6.298	1	0.012	0.474	0.264-0.849
Obtain health information from the internet (Yes vs. No)	-0.453	0.275	2.722	1	0.099	0.636	0.371-1.089
Constant	-0.676	0.972	0.484	1	0.487	0.508	
Omnibus Tests of Model Coefficients	Chi-square=25.075; df=4; P<0.001						
Model Summary	-2 Log likelihood=340.723 Cox & Snell R ² =6.9%; Nagelkerke R ² =10.7%						



Stepwise logistic regression analysis of predictors for Hookah smoking, using backward Wald method

To merge all 3 blocks and eliminate non-significant predictors

Hookah Smoking (N=352)							
Surviving Predictors	В	SE	Wald	df	Sig.	Exp(B)	95% CI
Religion (Muslim vs. Christian)	0.713	0.339	4.423	1	0.035	2.040	1.050-3.964
Student attendance status (Part-time vs. Full-time)	-1.207	0.547	4.863	1	0.027	0.299	0.102-0.874
Acculturation-Heritage Score	0.480	0.224	4.593	1	0.032	1.616	1.042-2.506
Attitudes towards Women Score	0.904	0.278	10.546	1	0.001	2.468	1.431-4.259
Constant	-4.728	1.407	11.286	1	<0.001	0.009	
Omnibus Tests of Model Coefficients	Chi-square=25.858; df=4; P < 0.001						
Model Summary	-2 Log likelihood=328.532 Cox & Snell R ² =7.1%; Nagelkerke R ² =11.1%						



Discussion

- The effect of <u>being Muslim</u> demonstrates the influence of cultural-religious norms of the Middle Eastern population on Hookah smoking behavior
- Being born outside the US, attending college <u>full-time</u>, and <u>belonging to student organizations</u> present a strong negative social influence that increases Hookah smoking behavior
- Higher levels of heritage culture had a negative effect by increasing the rates of Hookah smoking
- Hookah bars/cafes are growing exponentially around college campuses



Discussion

- The effect of having liberal views towards women and sexuality on increasing smoking behaviors could be a negative part of the female students' transition into college and gaining independence in college
- Religiosity being a protective factor against Hookah smoking, possibly through adhering to more conservative behaviors
- Having a primary HCP is a protective factor against cigarette smoking, possibly through its influence on promoting healthy behaviors and leading a healthy lifestyle



Implications for Practice & Research

- The need for expand college health & student services
 - Targeted programs/intervention to address risky health behaviors among ME women on college campuses
 - Education on Hookah smoking for college students
 - Extending programs/interventions to the community
 - Community health centers, women's health centers, private practices, cultural and religious organizations
- Future research
 - Using qualitative approaches to understand the mechanisms of influence for the predictors on health behaviors in this population
 - Developing and testing intervention strategies



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