1

2 Title: Geographical Distribution and Time Trends of Water Pipe Use among Iranian 3 Youth and Teenage Students: A Meta-Analysis and Systematic Review

4 Sima Afrashteh^a , Akram Ansarifar^b , Mohebat vali^c , Leila Nami Nazari^d , Nasrin Keshtkar^b ,

5 Sara Memar^d , elham Mohebbi^{e,f} , Maryam Hadji^g , Afshin Ostovar^e , Kazem Zendehdel^e and

6 Maryam Marzban^{h,i}

⁷ ^aDepartment of Public health, School of Public health, bushehr university of Medical Sciences, bushehr, iran; ^biran
⁸ university of Medical Sciences, tehran, iran; ^cShiraz university of Medical Sciences, Shiraz, iran; ^dbushehr university
⁹ of Medical Sciences, bushehr, iran; ^etehran university of Medical Sciences, tehran, iran; ^fKerman university of Medical
¹⁰ Sciences, Kerman, iran; ^ghealth unit, faculty of Social Science, tampere university, tampere, finland; ^hDepartment of
¹¹ Epidemiology, School of Public health, bushehr university of Medical Sciences, bushehr, iran; ⁱthe Persian Gulf
¹² Martyrs, bushehr university of Medical Sciences, bushehr, iran

14

15 Abstract

16 Water pipe tobacco smoking is harmful to health; however, its prevalence estimates remain 17 uncertain. Recent evidence showed that the prevalence of waterpipe smoking among students is higher than the general population. We systematically sought peer-reviewed literature 18 databases; 76 articles were enterer to the study. Moreover, geographical distribution and time 19 trends of water pipe consumption in Iran were considered. The results of our study show that 20 Lifetime, Last year, Last month prevalence of waterpipe smoking among Iranian students were 21 28.78(25.07-32.49), 20.84(16.01-25.66) and 16.36(11.86-20.85) respectively. Our result 22 showed a wide variation by the region and sex in Iran. This study has shown the importance of 23 prevention and awareness programs in schools and universities. 24

25 Keywords: student, water pipe smoking, prevalence, Iran

- 1
- 2

3 Introduction

According to the last World Health Organization's (WHO) report, 20.2% of people aged 15 years and older were tobacco smokers in 2015 (1). There has been a decrease in the prevalence of tobacco use worldwide from 2000 through 2015, except in the Eastern Mediterranean Region (EMRO) and Africa Region (AFRO), where the prevalence remained constant (1). WHO has projected that the prevalence of smoking in men in the EMRO region will be increased more than 3% by 2025, while in other parts of the world, the tobacco prevalence will be declined.(1).

11

12 One type of tobacco smoking is called hookah or waterpipe smoking, which has been used 13 extensively in the Middle East and has become popular in the USA and Europe in recent 14 decades (2).

Water pipe have been reported to be much more harmful than cigarette because of the load of smoke inhaled and also the long duration of use- about 30 to 45 minutes (3). Hence, for more than a decade researchers have extensively investigated health impacts of water-pipe smoking. Until now, water-pipe smoking as a risk factor of many diseases/disorders including lung cancer, metabolic syndrome, hyperlipidemia, low birth weight, and more (4-8).

A systematic review showed that the prevalence of water pipe smoking among the Middle East and Middle Eastern descent students who moved to Western countries has been alarming(9). According to this study, the highest prevalence of water pipe in the last 30 days was for Lebanese school students (37.2% in 2008). The highest prevalence of lifetime water pipe smoking was reported in two Lebanese studies that both were 65.3% (10). Based on this study, the prevalence rate of regular or occasional use was 16.3% among Iranian students in 2005
(10).

Adolescents are one of the high risk population of using tobacco. This period of life course is a transitional phase of characteristic development between childhood and adulthood. One of the characteristics is being accepted among peers by doing the same leisure interests like tobacco smoking. Therefore, many studies indicated that adolescent period could be the initial age of tobacco use including water-pipe smoking. Besides, some studies showed that waterpipe smoking could open the door to cigarette smoking and then drug abuse(11-14).

Several studies have reported the prevalence of water pipe smoking in various groups, 9 especially youths in Iran. Also, water-pipe smoking went back to 1500s BC as an amusing tool 10 which showed the warm hospitality in some regions of Iranians population. Since, water-pipe 11 12 smoking is almost not a social stigma even for adolescents. Iran is a young country with around 60% of population below the age of 25 and around 50% below the age of 20(1, 15). Therefore, 13 14 determining the prevalence of water-pipe smoking in this group is essential for designing interventional strategies. Based on previous studies the reported prevalence of hookah 15 consumption, varied between 1% to 25% in general Iranian populations. The variation was 16 dramatically worsen considering age groups, gender, and geographical region, acceptance at 17 social level, cultural norms. previous studies showed the role of religious belief and parental 18 19 support in the prevention of high risk behaviours like hookah consumption (161-22).

Systematic and meta-analysis are valuable as one of the study methods with valid policymakingand decision-making results.

Although, some national estimates of smoking prevalence have been reported(19) the exact numbers of hookah smokers among students remain debated also, they did not address the geographical and temporal variations of waterpipe use among young people, which prompted us to design this study. Also, our study examines the prevalence of waterpipe use among school

and university students separately. Despite the inconsistency of results across groups, the
prevalence of waterpipe smoking among students is higher than the general population.
However, there is no national survey among Iranian students. Thus, we aimed to conduct a
systematic review and estimate the prevalence of water pipe use among Iranian students.

5 MATERIALS AND METHODS

In this study, we systematically sought peer-reviewed literature databases about the prevalence
of water pipe use among Iranian students from 1990 until 2020. Our search was limited to
papers in the databases that were published in English and Farsi until November 2020. These
databases were: PubMed, Medline, Embase, ISI Web of Science, ProQuest, Scopus, Google
scholar, also some Persian scientific databases including Iranmedex, SID, Magiran, and
IranDoc.

12 Search strategy

The keywords used in the search were: (waterpipe* OR "water pipe*" OR shisha* OR sheesha*
OR hooka* OR huqqa* OR guza* OR goza* OR narghil* OR nargil* OR argil* OR arghil*
OR (hubbl* SAME bubbl* OR galyan OR ghalyan OR smoking pipe OR tobacco product OR
smoking water pipes OR water pipe smoking OR tobacco)) AND Iran, Irani, Persian. Also,
medical librarians reviewed and advised on the search strategies.

18 Inclusion and Exclusion Criteria:

After searching papers, the references of the included studies and reviews were checked. Regarding the aims of the study, cross-sectional studies and cohort studies were included. All schools and universitiesstudies, with the target group of high school, secondary school, and university students, were included. Also, regarding the outcome-prevalence of waterpipe usewe extracted the prevalence of waterpipe use by searching different terms, including Ever

1 hookah use (Last year hookah use, and Life time hookah use), and current users (Last month

2 hookah use).

3 Studies selection

4 Two teams of reviewers (MJ/RW and RB/RW) separately screened the titles and abstracts of
5 the captured citations twice to distinguish potentially eligible studies.

The full text of eligible articles was reviewed, and the inter-rater reliability was calculated.-The
score was 8-11 for papers, which indicated discordance. Disagreements were resolved by
discussion, and when needed, a third reviewer (SA) was called to help.

9 Those studies which did not report the prevalence of waterpipe use and showed the association,
10 systematic reviews, meta-analyses, randomized clinical trials, editorials, reports, in vitro
11 articles, and duplicated articles were excluded.

12 **Quality evaluation**

A checklist was used to evaluate the quality of articles. This checklist, previously used in some studies (23, 24), included objectives of the study, study method, sample size, sampling method, data collection tools, variables evaluation status, the studied target group, and analysis status, using 12 questions (one score for each question). In this checklist, the maximum score was 12, and the minimum acceptable score was 8 (23). In this study, eight studies scored less than 8. These articles were not deleted because in some regions few studies were available ,.

Data abstraction

Five reviewers (SA, LN, MV, NK, and SM) conducted an exercise before abstracting data from each eligible study duplicated and independently using a standardized and pilot-tested data abstraction form. Excel 2016 software was used for the classification of data extraction. The

1	variables which were extracted included the corresponding author's name, year of publication,
2	place, type of the study, target group, sample size, average age of the participants and gender,
3	as well as the type of reported index (ever or lifetime water pipe use, last year or past 30 days).
4	Geographic regions of Iran
5	Iran is the 18 th most populous and the 17 th largest country globally and is the second-largest
6	country in the Middle East.
7	Since water pipe smoking varies based on geographical regions, in this study, the country was
8	divided into five regions of waterpipe use, namely: North, Northwest and West, South, East
9	and south-east and Tehran and central regions (Figure 1) (25).
10	- In the northern region of Iran, which includes three provinces with 7.6 million
11	inhabitants, no articles have been published in two groups, so it was excluded from the
12	report.
13	- Northwest and west regions consist of 10 provinces, and it has about 18 million
14	inhabitants.
15	- The southern region consists of six provinces, with 16.4 million inhabitants.
16	- The eastern and southeast region of Iran is more than 10.8 million and includes four
17	provinces.
18	- There are eight provinces with about 27 million people in Tehran and the Central region
19	of Iran.
20	Data analysis
21	There was no agreement in the studies on the definition of current smoking, so we inevitably
22	considered two definitions for hookah consumption current, and ever smoking.

23 "current smoking":

1	-	Current smoking that in many articles it was reported as last month soking by anyone
2		who uses water pipe daily or, if less frequently, has smoked water pipe during the past
3		30 days (26).
4	For "e	ver water pipe use," we preferred the following definition:

- Smoking by anyone who has experienced water pipe smoking, even as little as one puff,
 during their life (26). The distribution of these definitions in several parts of Iran was
 depicted in Figure 6.
- Also we consider people who has had waterpipe use experience during last year(27).
 However, we classified these two option as two subcategories of ever water pipe use
 when the articles emphasized on this definition(27).

The analysis was performed by Comprehensive Meta-Analysis (CMA) software (version2) and Stata Statistical Software (version 11; Stata Corporation, College Station, TX, USA). The standard error of the prevalence of waterpipe use was calculated in each study. Finally, the heterogeneity index was determined by the Q test. A random model was used to estimate water pipe use prevalence regarding the heterogeneity results in a meta-analysis. The publication bias was not evaluated because the prevalence as a proportion was always a positive number, and if we observed asymmetry in the funnel design, it was not due to publication bias.

18 **Results**

19 Search results

In the initial search, 725 articles (including 687 articles in scientific databases and 38 articles by searching in other sources, including gray literature, etc.) were identified. Of these, 284 were duplicates. Thus, of 441 remaining papers, 360 articles were excluded at the screening stage including papers were *in vitro* or clinical trial and other target groups. After reading the full text, five articles were deleted because they did not measure the prevalence of tobacco consumption or other types of studies), finally, data in 76 articles were extracted. Figure 2
shows the study flow and reasons for study exclusions. The descriptive summary of these
papers is presented in Table 1. Since there are differences in the motivation and patterns of
consumption among university and schools' students, the prevalence in these two groups is
studied separately:

6 In the following, we will first address the School students 'group and then the University7 students' group based on ever, and current hookah smoking

8 Study characteristics

9 The 76 studies covered the regions of Iran include northwest and west, southern, East and South East, East and South East, Tehran and Central, and the whole country. The central region which 10 Tehran as capital city located here returned 32% (25 studies), followed by south 23% (18 11 12 studies), and north west and west 22%, (17 studies). The whole country was covered in 9 studies (11%), while the East, and South east had the lowest coverage with seven studies (9%). 13 Twenty-eight studies belong to school students while forty-eight studies were done on 14 university students. Most of the articles reported the ever hookah consumption (life time). The 15 meta-analyses showed that the total population covered from all selected studies was 16,106, 16 with the mean age of samples ranging from 13.42, and 19.15 for school, and student's 17 university. In total, the crude prevalence of the last month's, last year, life time prevalence of 18 water pipe smoking among Iranian students, 16.36(11.86-20.85), 20.84 (16.01-25.66), 28.78 19 (25.07-32.49), respectively However, the heterogeneity of the articles was very high (I = 99.39, 20 p < 0.001) for last month, (I² = 99. 68, p < 0.001), and lifetime (I² = 99. 43, p < 0.001) (Figure 21 3-5). Furthermore, the time line prevalence of (life time) ever water pipe smoking among 22 23 Iranian school students showed the variation between this index among for several years,; it was depicted in Figure7. 24

1 University students group

2 Current smokers

The prevalence of last month tobacco smokers (current smokers) ranged from 3.6 recorded in 3 Sahraian, in 2010 (28) to 36.9 in 2016 from south of Iran(29). The pooled crude prevalence of 4 current smokers in Iranian university students was 14.26% (CI: 10.86, 17.66), with this 5 significantly lower among women 7.79% (CI: 4.20, 11.38) compared to men 22.57% (CI: 6 7 16.91, 28.23). Across the geopolitical zones, the prevalence rate of current smokers was significantly higher in North West, and west 24.52% (CI: 12.94, 36.09), compared to the other 8 9 geopolitical zones. The prevalence articles which were done on all provinces was 15.35 %(10 CI: 8.84, 21.87) while the south 12.39% (CI: 7.25, 17.52), and central 10.51 % (CI: 7.08, 11 13.95) parts of Iran have lowest prevalence respectively.

12 Ever smokers

The prevalence of last year, and life time hookah smoking was varied between 1.8% to 40.3 13 %, and 5.9% to 51.2% for university students (30-33). The pooled crude prevalence of ever 14 hookah smokers (life time) was 30.00 (CI: 26.01, 33.99), while the (last year) was 22.23 (CI: 15 18.68, 25.77). In both last year, and life time of hookah smoking the prevalence of hookah 16 consumption were roundly two times higher in male (Last year : 29.39%, Life time : 45.06% 17 %) than female (Last year : 12.36 %, Life time : 28.48%). The pooled prevalence of ever 18 smokers was highest in central part of Iran both for last year 25.63 (CI: 20.36, 30.90), and life 19 time 32.81 (CI: 26.42, 39.20) hookah smoking. While in North West, and west (Last year: 20 21 12.31%, Life time: 17.48, %) and central (Last year: 25.63 %, Life time: 10.51, %) parts of 22 Iraniian students have the lowest consumption of hookah.

23 School students group

1 Current smokers

2 The prevalence of current smokers ranged from 13.0% form North West, and west of Iran (34) to 31.1 % (35). The pooled crude prevalence of current smoker's in Iranian school students was 3 4 23.46(CI: 18.26, 28.), with significantly lower among female 19.47 (CI: 10.17, 28.78) than male26.12 (CI: 17.12, 35.12). The pooled prevalence of life time smoking 32.98 (CI: 5 28.83, 37.13) was significantly higher than last year 12.35 (CI: 6.47, 18.22 hookah 6 smoking. Beside this, this trend was observed both for boys life time 38.52 (CI: 31.05, 45.98), 7 and girls life time 26.60 (CI: 19.69, 33.50 hookah consumption compare to the boys 15.42 8 9 (CI: 2.08, 28.75), and girls 8.70 (CI: -6.29, 23.69 last year hookah consumption. We cannot calculate the crude analysis across the region of the country due to low numbers of 10 published articles. 11

12 Ever smokers

The prevalence of last year, and life time hookah smoking was varied between 8.5% to 26.3% , and 9.4% to 64.4% for university students(36). The pooled crude prevalence of ever hookah smokers (life time) was 32.98 (CI: 28.83, 37.13), while the (last year) was 12.35 (CI: 6.47, 18.22). In both last year, and life time of hookah smoking the prevalence of hookah consumption were roundly two times higher in male (Last year: 15.42 %, Life time : 38.52 %) than female (Last year : 8.70 %, Life time : 26.60 %). We cannot estimate the pooled ever consumption for school students based on geographical variation.

20 Discussion

This study integrated hookah smoking information from several parts of Iran to estimate the prevalence of hookah consumption in Iranian students, but we found a varied prevalence of hookah consumption in several parts of Iran ranging from 5% to 68%. Although the prevalence

of ever hookah user increased between 2008 to 2013, we observed a decreasing prevalence of
hookah consumption during 2014 to 2018. However, an increasing trend was observed in recent
years. Some factors like changing the socio-economic status, the pleasurableness of hookah,
easy access, spending the leisure times with friends may cause this situation(37).

5 The prevalence of current hookah smoking was half of the ever hookah smoked. Mores 6 students tend to drop the hookah, and they may use hookah as way for their leisure times but 7 the 30 % of the student's experience hookah consumption in their life(37). The current 8 prevalence of hookah consumption in school students higher than university students. 9 However, the ever consumption of it have not any obvious different.

In another review on the prevalence of waterpipe use among the general population and specific
groups of countries globally, the highest prevalence of waterpipe use was reported to be among
students. According to this study, the prevalence of waterpipe smoking among Lebanese,
Estonian, Persian Gulf countries, and Arab-Americans was 25%, 21%, 9 -16%, and 12-15%,
respectively. In the college students subgroups, the current waterpipe smoking in Pakistan,
Lebanon, Syria, United States, and England was 33%, 28%, 15%, 10%, and 8%, respectively
(38).

Most of the time the consumption of hookah in male was higher than female. In Ansari-17 Moghaddam et al.'s study, ever water pipe smoking in girls was 66.5% (95%CI: 61.2%, 72.2%) 18 which was much higher than boys 29.5% (95%CI: 28.0%, 31.2%) (25). In the present study, 19 as in many studies in Iran (16, 17, 26, 39, 40) and other countries (38), ever water pipe use in 20 men was higher than women in Iranian students. . However, the prevalence of waterpipe 21 smoking in some Iran regions, including the south region in adult females, is higher than in 22 males (41). Nevertheless, in almost all areas with high prevalence, the prevalence was higher 23 in women (41). Also, the estimated prevalence of cigarette smoking was 19.8% (95% CI: 17.7, 24 21.9) in boys and 2.2% (95%CI: 1.4, 3.02)(24) in girls. This significant difference between sex 25

consumption was related to the discrimination of cigarette consumption in Iran than hookah
 usage.

According to the results of a systematic review, in the recent last month water pipe use and 3 ever smoking, the highest prevalence was in the Lebanese youth and Lebanese academics 4 5 respectively, but in the regular or sometimes use index, the highest rate was reported in Iranian 6 students that were 16.3% (10). So, it seems that the prevalence of waterpipe use in different age groups significantly differs in most countries of the world. Also, in some countries, such 7 8 as Iran, there is a significant difference in the prevalence index in different regions in the 9 country. Therefore, it seems the presence of a country report without standardization, at least in terms of age and region, is incorrect. Also, while investigating the possible causes of the 10 prevalence of waterpipe smoking in different regions of the country, a special intervention 11 program should be designed to reduce this risk factor prevalence in each region. 12

In a study, Ansari Moghaddam et al. reviewed Iranian school student's studies from 2004 to 13 14 2014. They reported last month prevalence of all regions of Iran. In the water pipe section, it was 13.9% (95%CI: 12.8%, 15.1%), 10.4% (95%CI: 9.0%, 12.0%), 27.5% (95%CI: 25.6%, 15 29.4%) and 28.7% (95%CI: 27.2%, 30.2%) in the North, West and Northwest, East and 16 Southeast and Central regions and Tehran, respectively. There were no eligible articles from 17 the Southern region (25). One possible reason for the different results of this article and the 18 present study may be the number of articles reviewed. Also, there was no study from South 19 and Southwest region in the above article, however in this regions the discrimination of 20 hookah consumption is low, and many adults people use water pipe as a way for their Leisure 21 22 time(42). The mean age of the participants were so young however previous studies showed that the majority of hookah smokers from both genders were aged 25 to 39 years old; therefore, 23 they were young adults(43). also, the participants' age distribution were consistent with the 24 results obtained in different foreign studies especially those in the eastern Mediterranean region 25

like Syria , Lebanon , and other Middle eastern countries that is revealed an alarming increase
 in hookah smoking among adults , and young adults(44).

In Taraghijah et al.'s study, the lowest ever hookah use was in Iran central provinces. The 3 highest odds ratios were in the country western provinces (OR= 26.5), then the northeastern 4 provinces, followed by the southeastern provinces. Thus, being resident in the Northwest and 5 west region can be a strong predictor of waterpipe smoking (31). The prevalence of ever 6 hookah consumption (life time) was 32.98%, and 30% for school and university students, but 7 the variation of consumption especially in life time consumption of hookah was obviously 8 observed in several studies. Nevertheless, according to the Iranian STEPS¹ study, the 9 prevalence of waterpipe smoking in 15 to 24 years old was 2.7% and in 25 to 34 years old was 10 1.9%. These were 4.0% and 2.1% in men and 1.3% and 1.6% in women, respectively. In that 11 study, the prevalence varied in different regions of the country. This difference between 12 investigated articles, and STEPS survey may relate to the type, and methods of sample 13 selection. 14

The most important reasons for waterpipe use in society are positive attitudes, misconceptions about low risk and being not addictive, social acceptance, ease of access, and the rules' weakness (45). According to a study in the United States, 29.1% of students were curious about trying out water pipe. This ratio was 45.9% for students who tested other tobacco types and 14.6% for students who did not test any type of tobacco (46). In a study in Russia, the prevalence of waterpipe smoking was associated with older students, anger coping, school problems, cigarette smoking, marijuana use, and alcohol drinking (44).

It should be noted, various studies have shown that predictive indicators of cigarettes smokingand water pipes are different in Iranian society. While being male, being married, aged 37-54

¹ The WHO Stepwise approach to Surveillance (STEPS)

years, having high stress and sedentary lifestyles are related to cigarette smoking, being 1 unemployed or being housewives, and having manual jobs related to waterpipe use (47). 2 Another study showed that although there is a correlation between self-esteem and cigarette 3 smoking, there is no association between use of water pipe s and self-confidence by eliminating 4 the confounding effect of demographic, economic, and behavioral variables (48). According to 5 Taraghijah et al., the most important predictors of water pipe smoking among Iranian public 6 university students were: province of residence, being a boy, having water pipe friends, positive 7 attitude toward waterpipe use, being native, low semester grade point average, and lack of 8 9 emotional support from family (31). However, according to the study of Kabir *et al.*, residence in a dormitory or living alone is a contributing factor to water pipe smoking (49). 10

In some studies, friends' role in the onset of waterpipe smoking was more pronounced than that of the father using water pipe (50). Also, the causes of waterpipe smoking and its continuation have been varied in boys and girls. Excitement, recreation, and pleasure are more probable elements related to waterpipe smoking commencement in boys. However, cultural issues cause the spread of water pipe in girls (51).

Screening and psychometric testing of students at the beginning of each academic year can quickly identify people at risk. Running exciting educational and recreational programs in dorms, schools and universities can also help fill students leisure time. Also, providing proper sports equipment, art classes, and regular recreational camps help drain youth energy.

Most interventions to prevent water pipes use are educational, and using the Theory of Planned Behavior (TPB) increases the likelihood of educational programs impact. It incorporates individual and environmental characteristics that somehow influence behavior into health education interventions (52-54). Also, banning the advertising promotion and sponsorship of the tobacco industry eliminating all forms of illegal trade (55), and not selling to minors (56) can be used as control measures. However, these existing control measures have not successfully prevented and controlled it (57). Some countries in the Eastern Mediterranean
region-Afghanistan, Bahrain, Egypt, Lebanon, Pakistan, Saudi Arabia, and the United Arab
Emirates-have raised taxes, banned tobacco advertising, banned water pipes in hotels and
restaurants, and displayed warning signs for used water pipes in public places Implemented
measures for water pipes (58, 59).

Water pipes are considered a major factor in the failure of tobacco control programs globally
(60); it can undermine and ineffective the successes that have been made so far in reducing
tobacco use, especially cigarettes (61). Turkey is the only country that has significantly
mitigated water pipes consumption by implementing all international tobacco control treaties
to control all tobacco products (59).

In this study, all studies that had been conducted at universities and schools in Iran between
12 1990 and 2020 were used. Also, we used transparent criteria to measure the quality of studies.

Lack of standard questionnaire and the vagueness of the definition of the type of waterpipe use 13 14 are two major drawbacks of studies in Iran that reduces the possibility of meta-analysis. Given that the correct reporting of prevalence and trends are important tools for policymakers to 15 design control interventions, according to WHO's proposal, at least three questions should be 16 17 included in the smoking survey questionnaires: current tobacco smoking status, past daily smoking status, and past smoking status (62). In this studies we try to unify the definition 18 therefore we used three categories however there is not consistency among these definitions 19 between several studies. 20

Another issue was that the questionnaire validity and reliability were not reported in 24% of the studies. Also, in less than one-third of the studies, the sample size was estimated. In comparison, the sampling method in more than one-third of the studies was either unspecified or of an available type which can also affect the estimated prevalence. However, we used the

proper instrument for collecting, and evaluating the data, and try to select the high quality
 articles although we have some limitation which should hope future study solve them.

Another important issue is that in some universities, prevalence has been surveyed almost every year. While, in other major universities, no study has been published. We suggest conducting a national survey to study water pipe use among all students and consider all disciplines and provinces in Iran. It will provide more reasonable clues about the real prevalence of waterpipe smoking among students.

8 Conclusion

9 Iranian students ranked as one of the highest prevalent of hookah consumption in the world. 10 Also, the consumption of hookah in Iranian female students obviously higher than cigarette 11 smoking which may related to the positive attitude at the intrapersonal level, absence of law at 12 the political level, low cost and easy access to hookah; moreover, in some regions of Iran 13 cultural norms, and acceptance at social level may promote it. However, the risk of hookah 14 consumption is higher than cigarette smoking; therefore, this is an alarming for health policy 15 makers.

It seems that the best way to educate in different ways, along with strong laws to control and 16 prevent water pipes use among young people, and follow-up an evidence-based intervention 17 program to control water pipe use among students. However, it should be noted that the 18 19 implementation of regulations on water pipes and related experiences, including successes and 20 challenges, are less well documented. There is no proper evaluation of policies, their 21 implementation, and evaluation of their impact; only limited assumptions about the effectiveness, efficiency, sustainability, and the short-term and long-term effects of these 22 23 measures are allowed. The present study suggests that more studies should be conducted to precisely identify the determinants of hookah smoking. 24

Acknowledgments: The authors take this opportunity to express their appreciation of Arian
 Samidoost at the University of Bushehr for searching the articles in the first round. They also
 demonstrate their gratitude to the staff of Shohadaye Khalij-e-Fars hospital and Clinical
 Research Development Center of the Persian Gulf Martyrs Hospital, affiliated to the Bushehr
 University of Medical Sciences. For their kind collaboration.

6 **Declaration of interest statement:** The authors have no conflicts of interest to disclose.

7 **Funding:** There is not any sources for funding this project

8 Availability of data and materials: The datasets used and/or analyzed during the current

9 study are available from the corresponding author on reasonable request.

1 **References:**

2

WHO. WHO global report on trends in prevalence of tobacco smoking 2000-2025. Geneva:
 world health organization; 2018.

Blachman-Braun R, Del Mazo-Rodríguez RL, López-Sámano G, Buendía-Roldán I. Hookah, is it
 really harmless? Respiratory Medicine. 2014;108(5):661-7.

Shihadeh A. Investigation of mainstream smoke aerosol of the argileh water pipe. Food and
chemical toxicology : an international journal published for the British Industrial Biological Research
Association. 2003;41(1):143-52.

Aslam HM, Saleem S, German S, Qureshi WA. Harmful effects of shisha: literature review.
 International Archives of Medicine. 2014;7(1):16.

12 5. Waziry R, Jawad M, Ballout RA, Al Akel M, Akl EA. The effects of waterpipe tobacco smoking
13 on health outcomes: an updated systematic review and meta-analysis. J International journal of
14 epidemiology. 2017;46(1):32-43.

15 6. Montazeri Z, Nyiraneza C, El-Katerji H, Little J. Waterpipe smoking and cancer: systematic 16 review and meta-analysis. J Tobacco control. 2017;26(1):92-7.

Bhatnagar A, Maziak W, Eissenberg T, Ward KD, Thurston G, King BA, et al. Water pipe
 (hookah) smoking and cardiovascular disease risk: a scientific statement from the American Heart
 Association. J Circulation. 2019;139(19):e917-e36.

Pratiti R, Mukherjee D. Epidemiology and adverse consequences of hookah/waterpipe use: A
 systematic review. J Cardiovascular Hematological Agents in Medicinal Chemistry

22 2019;17(2):82-93.

Akl EA, Gunukula SK, Aleem S, Obeid R, Abou Jaoude P, Honeine R, et al. The prevalence of
waterpipe tobacco smoking among the general and specific populations: a systematic review. J BMC
public health. 2011;11(1):1-12.

In. Jawad M, Charide R, Waziry R, Darzi A, Ballout RA, Akl EA. The prevalence and trends of
waterpipe tobacco smoking: A systematic review. PloS one. 2018;13(2):e0192191-e.

28 11. O'Loughlin J, Karp I, Koulis T, Paradis G, DiFranza J. Determinants of first puff and daily
29 cigarette smoking in adolescents. J American journal of epidemiology. 2009;170(5):585-97.

- Rahimzadeh M, Rastegar H, Kalkhoran F. Prevalence and causes of tendency to cigarette and
 water pipe smoking among male and female physical education students in University of Kurdistan. J
 Health. 2017;7(5):680-6.
- Alexander C, Piazza M, Mekos D, Valente T. Peers, schools, and adolescent cigarette smoking.
 Journal of adolescent health. 2001;29(1):22-30.

Anjum Q, Ahmed F, Ashfaq T. Knowledge, attitude and perception of water pipe smoking
(Shisha) among adolescents aged 14-19 years. The Journal of the Pakistan Medical Association.
2008;58(6):312.

38 15. <u>http://www.amar.org.ir/Default.aspx?tabid=339/agentType=ViewType&PropertyTypeID=11</u>.
 39 [

Sarrafzadegan N, Toghianifar N, Roohafza H, Siadat Z, Mohammadifard N, O'Loughlin J.
Lifestyle-related determinants of hookah and cigarette smoking in Iranian adults. Journal of
community health. 2010;35(1):36-42.

43 17. Khademi N, Babanejad M, Najafi F, Nikbakht MR, Hamzeh B, Mohammadi N. Tobacco Use and
44 its Relationship with Health Complaints Among Employees of Kermanshah Province, Iran.
45 International journal of preventive medicine. 2016;7:71-.

Etemadi A, Khademi H, Kamangar F, Freedman ND, Abnet CC, Brennan P, et al. Hazards of
cigarettes, smokeless tobacco and waterpipe in a Middle Eastern Population: a Cohort Study of 50 000
individuals from Iran. Tobacco control. 2017;26(6):674-82.

19. Khodadost M, Maajani K, Abbasi-Ghahramanloo A, Naserbakht M, Ghodusi E, Sarvi F, et al.
 Prevalence of hookah smoking among university students in Iran: A meta-analysis of observational
 studies. J Iranian journal of public health. 2020;49(1):1.

20. Nemati S, Rafei A, Freedman ND, Fotouhi A, Asgary F, Zendehdel K. Cigarette and water-pipe
use in Iran: geographical distribution and time trends among the adult population; a pooled analysis
of national STEPS surveys, 2006–2009. J Archives of Iranian medicine. 2017;20(5):295-301.

7 21. Farhadinasab A, Allahverdipour H, Bashirian S, Mahjoub H. Lifetime pattern of substance
8 abuse, parental support, religiosity, and locus of control in adolescent and young male users. J Iranian
9 Journal of Public Health. 2008:88-95.

Wills TA, Resko JA, Ainette MG, Mendoza D. Role of parent support and peer support in
adolescent substance use: a test of mediated effects. J Psychology of Addictive Behaviors.
2004;18(2):122.

Moosazadeh M, Nekoei-Moghadam M, Emrani Z, Amiresmaili M. Prevalence of unwanted
 pregnancy in Iran: a systematic review and meta-analysis. The International journal of health planning
 and management. 2014;29(3):e277-90.

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.

Ansari-Moghaddam A, Rakhshani F, Shahraki-Sanavi F, Mohammadi M, Miri-Bonjar M,
 Bakhshani N-M. Prevalence and patterns of tobacco, alcohol, and drug use among Iranian adolescents:
 A meta-analysis of 58 studies. Children and Youth Services Review. 2016;60:68-79.

26. Hessami Z, Masjedi M, Ghahremani R, Kazempour- Dizaji M, Emami H. Evaluation of the
prevalence of waterpipe tobacco smoking and its related factors in Tehran, Islamic Republic of
Iran2017. 94-9 p.

24 27. Control CfD, Prevention. Global Adult Tobacco Survey Collaborative Group. Global Adult
 25 Tobacco Survey (GATS): Core Questionnaire with Optional Questions, Version 2.0. J Atlanta.

28. Sahraian A, Sharifian M, Omidvar B, Javadpour A. Prevalence of substance abuse among the
medical students in Southern Iran. 2010.

28 29. Safiri S, Rahimi-Movaghar A, Yunesian M, Sadeghi-Bazargani H, Shamsipour M, Mansournia
29 MA, et al. Subgrouping of risky behaviors among Iranian college students: a latent class analysis.
30 Neuropsychiatric disease and treatment. 2016;12:1809-16.

30. Rahimzadeh M, Rastegar H, Fazel Kalkhoran J. prevalence and Causes of Tendency to Cigarette
and Water Pipe Smoking among Male and Female Physical Education Students in University of
Kurdistan. journal of health. 2017;7(5):680-6.

31. Taraghijah S, Hamdieh M, Yaghobi N. The predictive factors for cigarette smoking and hookah
 in students of public universities. Pejouhesh dar Pezeshki (Research in Medicine). 2011;34(4):249-56.

36 32. Abbasi-Ghahramanloo A, Khodadost M, Moradpour F, Karimirad MR, Kamali R, Ziarati F.
37 Prevalence of nonmedical use of prescription-type opioids, methylphenidate, and sedative-hypnotics
38 among university students in the south of Iran: a regression analysis. J Electronic physician.
39 2018;10(6):6981.

Kabir K, Bahari A, Hajizadeh M, Allahverdipour H, Tarrahi MJ, Fakhari A, et al. Substance abuse
behaviors among university freshmen in Iran: a latent class analysis. J Epidemiology health. 2018;40.

42 34. Ataeiasl M, Sarbakhsh P, Dadashzadeh H, Augner C, Anbarlouei M, Mohammadpoorasl A.
43 Relationship between happiness and tobacco smoking among high school students. Epidemiology and
44 health. 2018;40:e2018009.

45 35. Ziaei R, Mohammadi R, Dastgiri S, Viitasara E, Rahimi VA, Jeddi A, et al. The Prevalence,
46 Attitudes, and Correlates of Waterpipe Smoking Among High School Students in Iran: a Cross-Sectional
47 Study. International journal of behavioral medicine. 2016;23(6):686-96.

48 36. Tarrahi MJ, Mohammadpoorasl A, Ansari H, Mohammadi Y. Substance Abuse and Its
49 Predictors in Freshmen Students of Lorestan Universities: Subgrouping of College Students in West of
50 Iran. Health Scope. 2017;6(4).

51 37. Pashaeypoor S, Negarandeh R, Nikpeyma N, Abadi ZAM. Determinants of intentions toward
 52 smoking hookah in Iranian adolescents based on the theory of planned behavior. J Iranian journal of

53 public health. 2019;48(7):1317.

38. Akl EA, Gunukula SK, Aleem S, Obeid R, Jaoude PA, Honeine R, et al. The prevalence of
 waterpipe tobacco smoking among the general and specific populations: a systematic review. BMC
 public health. 2011;11:244-.

4 39. Meysamie A, Ghaletaki R, Haghazali M, Asgari F, Rashidi A, Khalilzadeh O, et al. Pattern of 5 tobacco use among the Iranian adult population: results of the national Survey of Risk Factors of Non-6 Communicable Diseases (SuRFNCD-2007). Tobacco control. 2010;19(2):125-8.

7 40. Ziaaddini H, Ziaaddini T, Nakhaee N. Pattern and Trend of Substance Abuse in Eastern Rural
8 Iran: A Household Survey in a Rural Community. Journal of Addiction. 2013;2013:6.

9 41. Nemati S, Rafei A, Freedman ND, Fotouhi A, Asgary F, Zendehdel K. Cigarette and Water-Pipe
10 Use in Iran: Geographical Distribution and Time Trends among the Adult Population; A Pooled Analysis
11 of National STEPS Surveys, 2006-2009. Archives of Iranian medicine. 2017;20(5):295-301.

42. Dadipoor S, Heyrani A, Aghamolaei T, Ghanbarnezhad A, Ghaffari M. Predictors of Hookah
Smoking among Women in Bandar Abbas, Southern Iran: A Cross-Sectional Study Based on the
Intervention Mapping Protocol. J Substance use misuse. 2020;55(11):1800-7.

43. Hessami Z, Masjedi M, Sharifi H, Emami H, Kazempour M, Jamaati H. Characteristics of Iranian
hookah smokers aged 15 and above: a primary report. J Health Scope. 2016;5(4).

44. Galimov A, El Shahawy O, Unger JB, Masagutov R, Sussman S. Hookah Use among Russian
adolescents: Prevalence and correlates. Addictive Behaviors. 2019;90:258-64.

Momenabadi V, Hossein Kaveh PhD M, Hashemi SY, Borhaninejad VR. Factors Affecting
 Hookah Smoking Trend in the Society: A Review Article. Addiction & health. 2016;8(2):123-35.

46. Gentzke AS, Wang B, Robinson JN, Phillips E, King BA. Curiosity About and Susceptibility
Toward Hookah Smoking Among Middle and High School Students. Preventing chronic disease.
2019;16:E04.

47. Abdollahifard G, Vakili V, Danaei M, Askarian M, Romito L, Palenik CJ. Are The Predictors of
Hookah Smoking Differ From Those of Cigarette Smoking? Report of a population-based study in
Shiraz, Iran, 2010. Int J Prev Med. 2013;4(4):459-66.

48. Anbarlouei M, Sarbakhsh P, Dadashzadeh H, Ghiasi A, Ataieasl M, Dorosti A, et al. Cigarette
and hookah smoking and their relationship with self-esteem and communication skills among high
school students. Health promotion perspectives. 2018;8(3):230-6.

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.

So. Latifi A, Mohammadi S, Barkhordari A, Khezeli M, Khezeli M, Salmani B, et al. SELF-EFFICACY
OF YOUNG ADULTS ACROSS STAGES OF WATERPIPE CESSATION-A MODEL-BASED CROSS-SECTIONAL
STUDY. JOURNAL OF EVOLUTION OF MEDICAL AND DENTAL SCIENCES-JEMDS. 2017;6(92):6545-50.

S1. Roohafza H, Sadeghi M, Shahnam M, Bahonar A, Sarafzadegan N. Perceived factors related to
cigarette and waterpipe (ghelyan) initiation and maintenance in university students of Iran.
International journal of public health. 2011;56(2):175-80.

Joveini H, Dehdari T, Hashemian M, Maheri M, Shahrabadi R, Rohban A, et al. Effects of an
Educational Intervention on Male Students' Intention to Quit Water Pipe Smoking: an Application of
the Theory of Planned Behavior (TPB) and Health Action Process Approach (HAPA). 2020:73-80.

Joveini H, Rohban A, Eftekhar Ardebili H, Dehdari T, Maheri M, Hashemian MJJoSU. The effects
of an education program on hookah smoking cessation in university students: an application of the
Health Action Process Approach (HAPA). 2020;25(1):62-9.

44 54. Momenabadi V, Kaveh MH, Hashemi SY. Effect of educational intervention on intention of
45 university students' disuse of hookah smoking: BASNEF model. J Journal of Substance Use.
46 2018;23(3):262-7.

47 55. Mackay JJBmb. Implementing tobacco control policies. 2012;102(1).

48 56. Maziak W, Ward KD, Soweid RA, Eissenberg TJTc. Tobacco smoking using a waterpipe: a re-49 emerging strain in a global epidemic. 2004;13(4):327-33.

50 57. Lopez A, Eissenberg T, Jaafar M, Afifi RJAb. Now is the time to advocate for interventions 51 designed specifically to prevent and control waterpipe tobacco smoking. 2017;66:41-7.

52 58. Zaatari GS, Bazzi AJTc. Impact of the WHO FCTC on non-cigarette tobacco products. 53 2019;28(Suppl 2):s104-s12. 59. WHO FCTC Secretariat's Knowledge Hub WF. An Overview of Global Regulatory Practices in
 Controlling Waterpipe Tobacco Use. July 2018.

3 60. Maziak WJAb. The global epidemic of waterpipe smoking. 2011;36(1-2):1-5.

4 61. Primack BA, Hopkins M, Hallet C, Carroll MV, Zeller M, Dachille K, et al. 1. US Health Policy
5 Related to Hookah Tobacco Smoking. 2012;50(2):S12-S3.

6 62. group) WGAtsc. Tobacco Questions for Surveys: A Subset of Key Questions from the Global
7 Adult Tobacco Survey (GATS). Atlanta, GA: Centers for Disease Control and prevention; 2011.

8 63. Mohammadi M, Rampal L, Sidik SM, Ibrahim N, Rahman HA, Ghaleiha A. Prevalence and
9 Predictors of Water Pipe (Shisha) Use among Iranian High School Children. 2017.

Bashirian S, Barati M, Mohammadi Y, Mostafaei H. Factors Associated with Hookah Use among
 Male High School Students: The Role of Demographic Characteristics and Hookah User and Non-User
 Prototypes. Journal of research in health sciences. 2016;16(4):217-23.

Khayyati F, Mohammadpoorasl A, Allahverdipour H, AsghariJafarabadi M, Kouzekanani K.
Subgrouping High School Students for Substance Abuse-Related Behaviors: A Latent Class Analysis.
American journal of men's health. 2017;11(4):1200-7.

16 66. Fakhari A, Mohammadpoorasl A, Nedjat S, Sharif Hosseini M, Fotouhi A. Hookah smoking in
17 high school students and its determinants in Iran: a longitudinal study. American journal of men's
18 health. 2015;9(3):186-92.

19 67. Mohammad-Alizadeh-Charandabi S, Mirghafourvand M, Tavananezhad N, Karkhaneh M.
20 Prevalence of cigarette and water pipe smoking and their predictors among Iranian adolescents.
21 International journal of adolescent medicine and health. 2015;27(3):291-8.

Bashirian S, Barati M, Abasi H, Sharma M, Karami MJTid. The role of sociodemographic factors
associated with waterpipe smoking among male adolescents in western Iran: A cross-sectional study.
2018;16.

69. Makvandi Z, Sharifi M, Barati M. Assessment of Factors Associated With Hookah Consumption
Among College Students of Asad Abad City Base on The Theory of Planned Behavior (TPB) in 20152016. Iranian Journal of Health Education and Health Promotion. 2017;5(4):270-9.

70. Nakhostin-Roohi B. Prevalence of Hookah Use among Islamic Azad University Students in the
City of Ardabil, Iran. Tradition. 2017;11(12.5):8.0.

Allahverdipour H, Abbasi-Ghahramanloo A, Mohammadpoorasl A, Nowzari P. Cigarette
 Smoking and its Relationship with Perceived Familial Support and Religiosity of University Students in
 Tabriz. Iranian journal of psychiatry. 2015;10(3):136-43.

72. Marin S, Allahverdipour H, Hajizadeh M, Fakhari A, Ansari H, Mohammadpoorasl A. Changes
in Risk-Taking Behaviors during the First Year of College in the Northwestern Iran: A Latent Transition
Analysis. Journal of research in health sciences. 2019;19(4):e00460.

36 73. Goreishi A, Shajari ZJA, health. Substance Abuse among Students of Zanjan's Universities
37 (Iran): A Knot of Today's Society. 2013;5(1-2):66.

74. Valipour M ZM, Mir A, Bazvand S, Mandana S, Omidi Fard Z. Prevalence of substance abuse
and its underlying causes among students. Aflak Quarterly Journal. 2009;8(14-15):63-7.

Yari E, Tiyuri A, Beheshti D, Khodabakhshi H, Sharifzadeh G. Prevalence of Noncommunicable
Diseases' Risk Factors Among Secondary School Students in Eastern Iran in 2013. International Journal
of School Health. 2016;3(4).

43 76. Bakhshani N, Dahmardei M, Shahraki-Sanavi F, Hosseinbor M, Ansari-Moghaddam A.
44 Substance Abuse Among High School Students in Zahedan. Health Scope. 2014;3(1):e14805.

77. Rajabalipour M, Khoshab H, Baneshi MR, Nakhaee N, Sharifi H, Tavakoli F, et al. Using Social
Cognitive Theory to Investigate the Risk Factors of Waterpipe Smoking among Southeastern Iranian
Adolescents. 2019;7(10):10243-53.

Ansari H, Khammarnia M, Okati H, Fakhrrahimi S, Mahdavifar N, Mohammadian M, et al. The
role of optimism in predicting tobacco smoking and illicit drug use among high school students in
southeast of Iran, 2018. 2019;8(2):8.

51 79. Joveini H, Dehdari T, Ardebili HE, Mahmoudi M, Firouzian AA, Rohban A. Factors Associated 52 with Hookah Smoking among University Students. Electronic physician. 2016;8(12):3403-8. Mohammad Ghaderi SMMJ, Mehdi Haresabadi, saba Majlesi, Mehdi Bakhshabadi, Parisa
 Feyzi. Investigating of the Prevalence and Underlying Factors of Substance Abuse among Students of
 North Khorasan University of Medical sciences Journal of Iranian Society of Anesthesiology and

4 Intensive Care. 2019;105(1):38-29.

81. Refahi SAA, Hosseinbor M, Poudineh Z, Sharif Hosseinbor M, Masumian SJIJoHRB, Addiction.
Prevalence of consumption of addictive substances among students of Islamic Azad University
(Zahedan Branch). 2017;6(1).

8 82. Rezaei F, Noroozi M, Mansourian M, Safari O, Jahangiry L. The role of social and familial factors
9 as predicting factors related to hookah and cigarette smoking among adolescents in Jahrom, South of
10 Iran. International Journal of Pediatrics. 2017;5(5):4929-37.

11 83. Zivari-Rahman M, Lesani M, Shokouhi-Moqaddam S. Comparison of Mental Health,
12 Aggression and Hopefulness between Student Drug-Users and Healthy Students (A Study in Iran).
13 Addict Health. 2012;4(1-2):36-42.

Abedini S, MorowatiSharifabad M, Chaleshgar Kordasiabi M, Ghanbarnejad A. Predictors of
non- hookah smoking among high-school students based on prototype/willingness model. Health
promotion perspectives. 2014;4(1):46-53.

17 85. Ziaaddini H, Sharifi A, Nakhaee N, Ziaaddini A. The prevalence of at least one-time substance
18 abuse among Kerman pre-university male students. Addiction & health. 2010;2(3-4):103.

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.

87. Ghahremani L, Nazari M, Changizi M, Kaveh MHJIjoam, health. High-risk behaviors and
demographic features: a cross-sectional study among Iranian adolescents. 2019;1(ahead-of-print).

88. Bami RS, Khoshab H, Davarani MMF, Jahani Y, Nakhaee N, Nadrian H, et al. Prevalence and
Determinants of Substance Use Among a Sample of Iranian Adolescents with Ease of Access to Drugs:
An Application of Social Development Model. 2020.

26 89. Afrashteh S, Ghaem H, Abbasi-Ghahramanloo A, Tabatabaee HR. Clustering and Combining
27 Pattern of High-Risk Behaviors among Iranian University Students: A Latent Class Analysis2017.

90. Maghsoudi A, Jalali M, Neydavoodi M, Rastad H, Hatami I, Dehghan A. Estimating the
prevalence of high-risk behaviors using network scale-up method in university students of Larestan in
2014. Journal of Substance Use. 2017;22(2):145-8.

91. Nabipour AR, Alizadeh A, Saadat-Hosseini M, Mansouri Z, Shamsoddini L, Nakhaee N.
Correlates of waterpipe smoking among Iranian university students and the role of religiosity.
International journal of psychiatry in medicine. 2016;51(6):494-507.

34 92. Askarian M, Kouchak F, Youssef M, Romito LM. Comparing tobacco use knowledge, attitudes
35 and practices between engineering students at a public and Islamic Azad University in Shiraz, Iran
36 2011. International journal of preventive medicine. 2013;4(10):1154.

37 93. Karimirad MR, Afrashteh S, Gholami A, Hossein Oghli S, Abbasi-Ghahramanloo A, Bordbar L,
38 et al. Subgrouping University Students Based on Substance Use Pattern: A Latent Class Analysis.
39 Substance abuse and rehabilitation. 2020;11:33-9.

Sabahy AR, Divsalar K, Bahreinifar S, Marzban M, Nakhaee N. Waterpipe tobacco use among
Iranian university students: correlates and perceived reasons for use. The International Journal of
Tuberculosis and Lung Disease. 2011;15(6):844-7.

43 95. Heydari ST, Izedi S, Sarikhani Y, Kalani N, Akbary A, Miri A, et al. The prevalence of substance
44 use and associated risk factors among university students in the city of Jahrom, Southern Iran.
45 2015;4(2).

46 96. Jeihooni AK, Khiyali Z, Kashfi SM, Kashfi SH, Zakeri M, Amirkhani MJIJoP, et al. Knowledge and
47 attitudes of university students towards hookah smoking in Fasa, Iran. 2018;12(1).

48 97. Mardani H, Sheikhi A, Kavosian JJroa. The prevalence of substance use among Bandar Abas
49 Azad Islamic University students. 2012;6(23):65-82.

50 98. Karimy M, Niknami S, Heidarnia AR, Hajizadeh E, Shamsi M. Refusal self efficacy, self esteem,

51 smoking refusal skills and water pipe (Hookah) smoking among iranian male adolescents. Asian Pacific

52 journal of cancer prevention : APJCP. 2013;14(12):7283-8.

99. Pirdehghan A, Aghakoochak A, Vakili M, Poorrezaee M. Determination of predicting factors of
 Hookah smoking among pre-university students in Yazd in 2015. Pajouhan Scientific Journal.
 2016;15(1):28-36.

- Roohafza H, Kasaei Z, Heidari K, Omidi R, Alinia T, Naji M, et al. Better view on attitudes and
 perceived parental reactions behind waterpipe smoking among Iranian students. Journal of research
 in medical sciences : the official journal of Isfahan University of Medical Sciences. 2015;20(11):10328.
- 8 101. Esmaielzadeh H, Asadi M, Miri N, Keramatkar M. Prevalence of high risk behaviors among high 9 school students of Qazvin in 2012. Iranian Journal of Epidemiology. 2014;10(3):75-82.
- 10 102. Alaee R, Kadivar P, Mohammadkhani S, Sarami G, Alaee S. The Prevalence of Tobacco, HubbleBubble, Alcoholic Drinks, Drugs, and Stimulants among High-School Students. Research on Addiction.
 2011;5(18):99-114.
- 13 103. momenan AA, sarbandi-zaboli F, Etemadi A, Azizi F. Pattern of hookah consumption among
 14 adolescents: cross sectional study in Tehran 13th district. Health Monitor Journal of the Iranian
 15 Institute for Health Sciences Research. 2007;6(2):0-.
- 104. Masjedi MR, Ainy E, Zayeri F, Paydar R. Cigarette and Hookah Smoking in Adolescent Students
 using World Health Organization Questionnaire Global Youth Tobacco Survey (GYTS): A Pilot Study in
 Varamin City, Iran in 2016. Asian Pacific journal of cancer prevention : APJCP. 2020;21(10):3033-7.
- Sahebihagh MH, Hajizadeh M, Ansari H, Lesani A, Fakhari A, Mohammadpoorasl A. Modeling
 The Underlying Tobacco Smoking Predictors Among 1(st) Year University Students In Iran.
 International journal of preventive medicine. 2017;8:90-.
- Mozafarinia R, Assarian M, Ziaaddini A. Prevalence of Substance Abuse among Students of
 Tehran University of Medical Sciences, Iran. Addiction & health. 2017;9(2):103.
- Abbasi-Ghahramanloo A, Rahimi-Movaghar A, Zeraati H, Safiri S, Fotouhi A. Prevalence of
 Hookah Smoking and Its Related Factors Among Students of Tehran University of Medical Sciences,
 2012 2012 Interior inverse of psychiatry and habouitary estimates 2016;10(2):e4551 estimates
- 26 2012 2013. Iranian journal of psychiatry and behavioral sciences. 2016;10(2):e4551-e.
 27 108. Dehdari T, Jafari A, Joveyni H. Students' perspectives in Tehran University of Medical Sciences
- about factors affecting smoking hookah. Razi Journal of Medical Sciences. 2012;19(95):17-24.
- 109. Rezakhani-mogaddam H, Shojaeizadeh D, Sadeghi R, Pahlevanzadeh B, Shakoori-moghadam
 R, Fatehi V. Survey of Prevalence and Causes of the Trend of Hookah Smoking in Tehran University
 Students of Medical Sciences 2010-2011. Tolooebehdasht. 2013;11(4):103-13.
- 32 110. Nazemi S, Chaman R, Davardoost N. Prevalence and reasons of inclination towards smoking33 among university students. 2012.
- 111. Dehghani K, Zare A, Dehghani H, Sedghi H, Poormovahed Z. Drug Abuse Prevalence and Risk
 Factors in Students of Shaheed Sadoughi University of Medical Sciences, Yazd. The Journal of Shahid
 Sadoughi University of Medical Sciences. 2010;18(3):164-9.
- 37 112. Momen-nasab m, Najafi ss, Kaveh mh, Ahmad Pour f. Prevalence of risky health behaviors
 38 among the students of Khorramabad universities. scientific magazine yafte. 2007;8(2):23-9.
- Amin-Esmaeili M, Yunesian M, Sahimi-Izadian E, Moinolghorabaei M, Rahimi-Movaghar AJJoC,
 Abuse AS. The Prevalence of illicit substance use among students of medical sciences in Tehran: results
 from four repeated surveys from 2006 to 2009. 2017;26(2):152-61.
- 42 114. Taremian F, Bolhari J, Peyravi H, Asgari AJroa. Drug use prevalence among students of 43 universities of medical sciences in Tehran. 2014;7(28):9-21.
- 44 115. Taremian F, Bolhari J, Pairavi H, Ghazi Tabatabaeii MJIJop, psychology c. The prevalence of 45 drug abuse among university students in Tehran. 2008;13(4):335-42.
- 46 116. Zahedi R, Noroozi A, Hajebi A, Haghdoost AA, Baneshi MR, Sharifi H, et al. Self-Reported and
 47 Network Scale-Up Estimates of Substance Use Prevalence among University Students in Kerman, Iran.
 48 Journal of research in health sciences. 2018;18(2):e00413.
- 49 117. Momeni M, Sharifi P, Ghari E, Safizadeh HJROMJ. Frequency of waterpipe smoking and its 50 effective factors among students of state universities in Kerman, Iran. 2019;8(2).
- 51 118. Ghafouri N, Hirsch JD, Heydari G, Morello CM, Kuo GM, Singh RF. Waterpipe smoking among
- health sciences university students in Iran: perceptions, practices and patterns of use. BMC researchnotes. 2011;4:496.

119. Babaei Heydarabadi A, Ramezankhani A, Barekati H, Vejdani M, Shariatinejad K, Panahi R, et
 al. Prevalence of Substance Abuse Among Dormitory Students of Shahid Beheshti University of
 Medical Sciences, Tehran, Iran. International journal of high risk behaviors & addiction.
 2015;4(2):e22350-e.

Kelishadi R, Heshmat R, Shahsanai A, Djalalinia S, Motlagh ME, Keikha M, et al. Determinants
of Tobacco and Hookah Smoking in a Nationally Representative Sample of Iranian Children and
Adolescents: The CASPIAN-IV Study. Iranian Red Crescent medical journal. 2016;18(8):e31099-e.

8 121. Keshavarz H, Khami MR, Jafari A, Virtanen JI. Tobacco use among Iranian dental students: a
9 national survey. Eastern Mediterranean health journal = La revue de sante de la Mediterranee
10 orientale = al-Majallah al-sihhiyah li-sharq al-mutawassit. 2013;19(8):704-10.

122. Khami MR, Murtomaa H, Razeghi S, Virtanen JI. Smoking and Its Determinants among Iranian
 Dental Students. Medical Principles and Practice. 2010;19(5):390-4.

123. Yaghubi H, Taremian F, Peyravi H, Zafar MJroa. Drug use prevalence among college students
of Ministry of Sceince, research and technology, Iran (2012). 2015;8(32):9-36.

124. Akbari Zardkhaneh S SF, Taraghijah S, et al. . Demographic characteristics and substance use
 among students at state universities. Journal of Educational Psychology Studies. 2011;1:1-22.

17 125. Monirpoor N, Khoosfi H, Zarch MG, Tamaddonfard M, Mir SFT, Alipour MM, et al. Vulnerability

to substance abuse and the risk of suicide in students of region 12 of islamic azad university. 2014;3(2).

19 126. Sohrabi F, Taragijah S, Falsafinejad M, lagubi H, Ramazani V. Substance abuse among state

20 university students, iran, 1385-1386. J Social Welfare Quarterly. 2009;9(34):65-82.

21

22

23

- 24

25

26

27

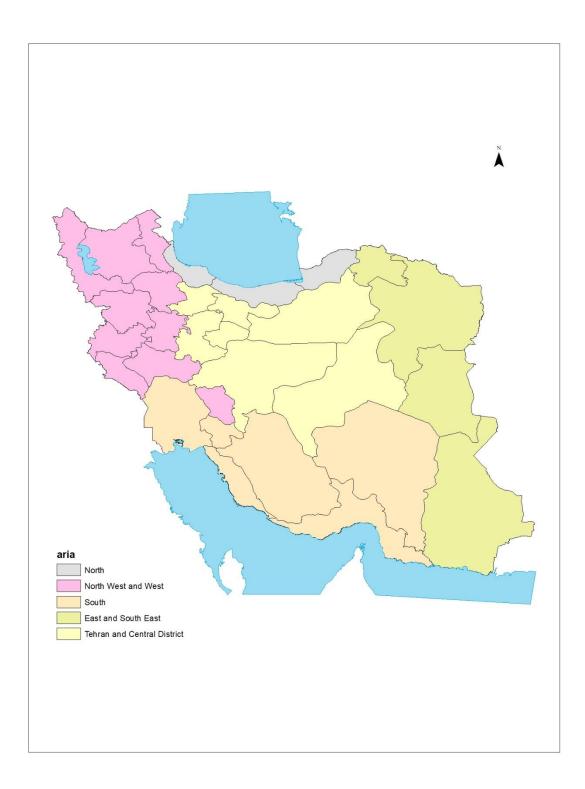
28

29

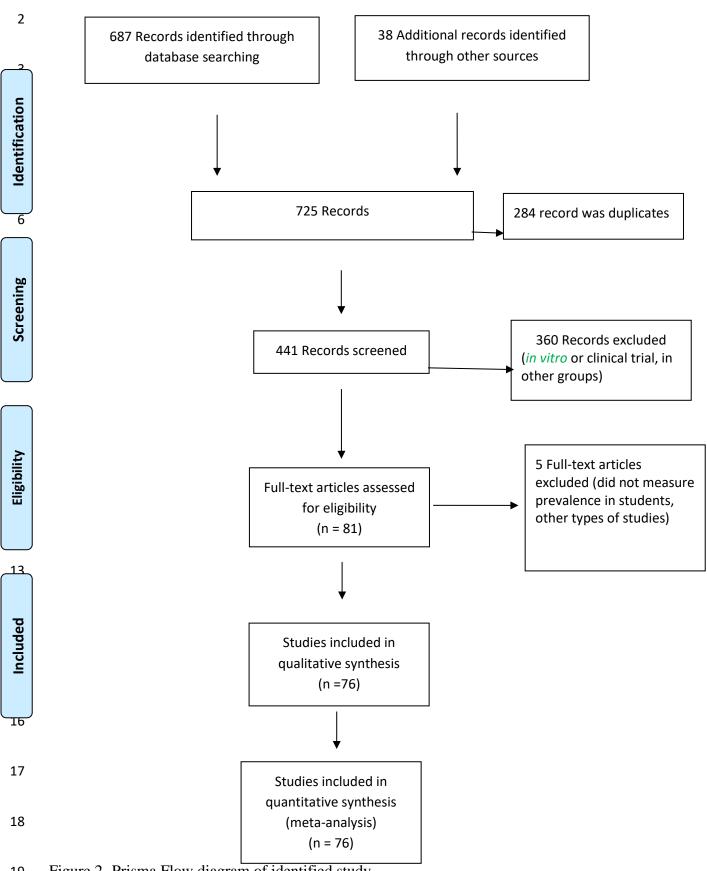
30

31

21



2 Figure 1- Geographic regions of Iran



19 Figure 2- Prisma Flow diagram of identified study

Study				Effect Size with 95% Cl				Weig (%)
Alaee (2011)				-	53.00 [48.27.	57.731	1.97
Kabir (2016)					-	48.96,	-	2.02
Keshavarz (2013)			-	-	50.80 [-	1.95
Mardani (2010)			-	_	24.80 [-	1.96
Valipour(2008)			_		36.00 [-	1.78
Ataeiasl (2018)			_		21.30 [-	2.02
Ziaei (2016)					21.60 [-	2.02
Khayyati (2016)					23.00 [-	2.03
Fakhari (2015)					48.90 [-	2.03
Allahverdipour (2015)					8.50 [9.80]	2.03
Rezaei (2017)		Ļ			9.40 [11.75]	2.02
Maghsoudi (2016)					22.60 [-	1.98
Jeihooni (2015)					32.30 [1.8
Abedini (2014)					28.30 [-	1.94
Akbari Zardkhaneh (2011)					28.42 [-	2.03
					-		-	
Monirpoor(2013) Sohrabi (2006)					41.30 [30.00 [-	2.01 2.03
					-		-	
Yaghubi (2011) Kabir (2018)					28.70 [-	2.03
Kabir (2018) Roobafza (2015)					17.00 [-	2.03
Roohafza (2015)		_			32.20 [-	2.03
Heydari (2013) Nabiagur (2016)			L		24.02 [-	2.02
Nabipour (2016)		-			27.00 [-	2.00
Sabahy (2011)			_		42.50 [-	2.01
Mohammadi (2017)					35.50 [2.02
Mohammad-Alizadeh-Charandabi (2014)		· _ ·			-	8.84,	-	2.03
Tarrahi (2017)				_	21.40 [-	2.02
Esmaielzadeh (2014)			_		54.90 [-	1.98
Sahebihagh (2017)	_		-		34.60 [-	1.98
Sahraian(2008)			_		-	4.72,	-	2.03
Bakhshani (2014)		_	-		35.00 [-	2.01
Yari (2016)		-		_	-	14.32,	-	1.99
Momenan (2007)		_			56.90 [-	2.03
Mozafarinia (2017)		-			-	11.39,	-	2.00
Abbasi-Ghahramanloo (2016)					26.60 [-	2.02
Babaei Heydarabadi (2015)		ŀ	_		-	7.43,	-	2.02
Latifi (2007)		_	-		34.10 [31.13,	37.07]	2.0
Amin-Esmaeili (2009)			e e		30.80 [28.48,	33.12]	2.02
Taremian(2011)					25.70 [24.25,	27.14]	2.03
Taremian(2006)					33.90 [32.19,	35.61]	2.03
Pirdehghan (2016)					41.30 [37.60,	45.00]	1.99
Dehghani(2010)		-			15.90 [12.71,	19.09]	2.00
Refahi (2012)			-		40.40 [37.33,	43.47]	2.0
Goreishi(2010)					18.50 [16.26,	20.74]	2.02
Ghaderi(2019)					18.90 [12.73,	25.07]	1.93
Marin(2019)					5.90 [4.63,	7.17]	2.03
Marin(2019)					7.50 [6.09,	8.91]	2.03
Ansari(2019)			-		36.10 [33.21,	38.99]	2.01
Pourramazani(2019)			-		41.80 [37.78,	45.82]	1.99
Masjedi(2020)		-			25.50 [22.85,	28.15]	2.01
Shahsavari Bami(2020)					38.20 [34.24,	42.16]	1.99
Overall					28.78 [25.07	32.491	
Heterogeneity: $\tau^2 = 176.12$, $I^2 = 99.43\%$, $H^2 = 176.99$,]	
Test of $\theta_i = \theta_i$: Q(49) = 8705.00, p = 0.00								
Test of $\theta = 0$; z = 15.20, p = 0.00								

2 Figure 3- Lifetime prevalence of waterpipe smoking among Iranian students (both sexes)

1	Study		ffect Size th 95% CI	Weight (%)
	Kelishadi (2016)	1.80 [1.57, 2.03]	4.62
2	Roohafza (2015)	11.50 [10.63, 12.37]	4.62
-	Bakhshani (2014)	· 21.50 [18.91, 24.09]	4.56
	Zivari-Rahman (2012)	13.30 [10.29, 16.31]	4.54
3	Afrashteh (2017)	16.10 [13.75, 18.45]	4.57
	Abbasi-Ghahramanloo (2016)	17.80 [16.09, 19.50]	4.60
Λ	Safiri (2016)	11.60 [10.06, 13.14]	4.60
4	Rahimzadeh (2016)		7.91, 15.69]	4.49
	Rezakhani-mogaddam (2012)		20.15, 26.45]	4.53
5	Nazemi (2012)	6.80 [5.61, 7.99]	4.61
	Roohafza (2011)		16.43, 21.97]	4.55
	Ghafouri (2011)		43.13, 58.67]	4.13
6	Sabahy (2011)		16.27, 21.13]	4.57
	Taraghijah (2011)		38.85, 41.75]	4.60
7	Khami (2010)		15.81, 25.99]	4.40
'	Latifi (2007)		23.54, 29.06]	4.55
	Momennasab (2006)		26.25, 33.15]	4.52
8	Sohrabi (2006)		20.12, 21.88]	4.62
	Taremian(2006)		20.60, 23.60]	4.60
-	Yaghubi (2011) Abbasi-Ghahramanloo(2018)		17.02, 18.78] 11.39, 17.61]	4.62 4.54
9	Zahedi(2016)		42.23, 46.97]	4.54
				4.57
10	Overall Heterogeneity: $\tau^2 = 131.10$, $I^2 = 99.68\%$, $H^2 = 313.90$ Test of $\theta_i = \theta_j$: Q(21) = 8213.64, p = 0.00 Test of $\theta = 0$: z = 8.46, p = 0.00	20.84 [16.01, 25.66]	
11	lest 01 0 - 0. 2 - 0.40, p - 0.00	20 40 60		
	Random-effects REML model	20 40 80		
12				
12				
13				
1 4				
14				
15	Figure 4- Last year prevalence of waterpip	be smoking among Iranian stud	lents (both s	sexes)
			,	,
16				
17				
17				
18				
19				

1			
2			
3			
4			

Study							Effect Size with 95% Cl			
Amin-Esmaeili (2009)							8.90	7.46	, 10.34] 5.95
Goreishi(2010)		-	F				13.00	11.06	, 14.94] 5.92
Nakhostin-Roohi (2017)					-		28.90	26.82	, 30.98] 5.91
Makvandi (2018)							32.00	27.32	, 36.68] 5.62
Sahraian(2008)							3.60	2.37	, 4.83] 5.96
Pirdehghan (2016)						-	31.10	27.61	, 34.59] 5.78
Heydari (2013)							5.10 [3.78	, 6.42] 5.96
Sohrabi (2006)							13.00	12.27	, 13.73] 5.98
Askarian (2013)							10.20 [7.70	, 12.70] 5.88
Taremian(2006)							13.20	11.97	, 14.43] 5.96
Esmaielzadeh (2014)						_	30.60	26.51	, 34.69] 5.70
Yaghubi (2011)							11.60	10.86	, 12.34] 5.98
Abbasi-Ghahramanloo (2016)							8.90	7.63	, 10.17] 5.96
Keshavarz (2013)		-	—				15.70	11.60	, 19.80] 5.70
Ziaei (2016)							9.70 [8.18	, 11.22] 5.95
Momenan (2007)							25.70 [24.39	, 27.01] 5.96
Nabipour (2016)							18.80	15.80	, 21.80] 5.83
Overall							16.36	11.86	, 20.85]
Heterogeneity: τ^2 = 87.79, I^2 = 99.39%, H^2 = 162.66										
Test of $\theta_i = \theta_i$: Q(16) = 1303.59, p = 0.00										
Test of θ = 0: z = 7.13, p = 0.00										
	0	10	20		30	4	1 • 0			
Random-effects REML model	-		_•			-				

7 Figure 5- Last month prevalence of waterpipe smoking among Iranian students (both sexes)

Table 1: The characteristic of studies was included in the meta-analysis of Hookah Use among university students and school students in Iran

Author (Y)	Province	Region	School or university students	Sample size	Mean (±SD) age	Last year hookah use (Ever user)	Last year hookah use(Ever user)	Last month hookah use (Current user)
			School			Both: 21.3		
Ataeiasl (2018) (34)	East	NW&W	School	1131	15.5±0.5	Boui: 21.5 Boys: 28.5		
	Azarbaijan	100000		1151	15.5±0.5	Girls: 14.1		
			School			Both: 35.5		
Mohammadi (2017) (63)	Kordestan	NW&W	School	1837	15.1±0.8	Boys: 42.0		
Wonaniniadi (2017) (05)	Koluestan	$\mathbf{N} \mathbf{V} \mathbf{X} \mathbf{V}$		1057	13.1±0.0	Girls: 29.0		
			School			Both: 21.6		Both: 9.7
Ziaei (2016) (35)	East	NW&W	belloor	1517	16.1 ± 0.8	Boys: 21.9		Boys: 13.5
21001 (2010) (33)	Azarbaijan	11110211		1317	10.1 ± 0.0	Girls: 21.3		Girls: 6.2
Bashirian (2016) (64)	Kermanshah	NW&W	School	601	16.4 ± 0.8	Boys: 36.1		Boys: 17.1
			School			Both: 23.0		
Khayyati (2016) (65)	East	NW&W		4304	15.8 ± 1.1	Boys: 28.4		
	Azarbaijan					Girls: 10.3		
			School			Both: 48.9		
Fakhari (2015) (66)	East	NW&W		5192	15.7 ± 0.7	Boys: 62.6		
	Azarbaijan					Girls: 38.5		
			School			Both: 10.4		
(67)	Kurdestan	NW&W		1524	-	Boys: 13.7		
						Girls: 7.1		

Author (Y)	Province	Region	School or university students	Sample size	Mean (±SD) age	Last year hookah use (Ever user)	Last year hookah use(Ever user)	Last month hookah use (Current user)
			School					
Bashirian(2018)(68)	Hamadan	NW&W		730	16.41 ± 0.84	Both: 36.4		Both: 26.3
Makvandi (2018) (69)	Hamedan	NW&W	University	400	22.7 ± 3.3			Both: 32.0
Nakhostin-Roohi (2017) (70)	Ardabil	NW&W	University	1878	24.0 ± 5.6			Both: 28.9
			University			Both: 21.4		
Tarrahi (2017) (36)	Lorestan	NW&W		1131	19.6 ± 2.2	Boys: 28.3		
						Girls: 17.7		
			University				Both:	
	East						11.6	
Safiri (2016) (29)	Azarbaijan	NW&W		1730			Boys:	
	7 izu burjun						21.3	
							Girls: 4.9	
			University				Both:	
							11.8	
Rahimzadeh (2016) (30)	Kordestan	NW&W		288			Boys:	
							17.2	
							Girls: 7.5	
Allahverdipour (2015) (71)	East Azarbaijan	NW&W	University	1837	22.1		Both: 8.5	
Marin(2019)(72)	Tabriz	NW&W	University	1406	19.48±2.68	Both (2015):5.9		

Author (Y)	Province	Region	School or university students	Sample size	Mean (±SD) age	Last year hookah use (Ever user)	Last year hookah use(Ever user)	Last month hookah use (Current user)
						Both(2017): 7.5		
Goreishi(2010)(73)	Zanjan	NW&W	University	1200	21.3±2.3	Both:18.5		Both: 13.0
Valipour(2008)(74)	Broujerd	NW&W	University	100	23	Both:36.0		
Yari (2016) (75)	South Khorasan	E & SE	School	369	17.0 ± 1.0	Both: 18.4 Boys: 22.8 Girls: 14.3		
Bakhshani (2014) (76)	Sistan & Balochestan	E & SE	School	1000	-	Both: 35.0 Boys: 40.2 Girls: 27.5	Both: 21.5 Boys: 25.1 Girls: 16.4	
Rajabalipour(2019)(77)	Kerman and Sistan and Baluchistan	E & SE	School	1218	15.93 ± 0.85	Boys: 43.8 Girls: 27.0		
Ansari(2019)(78)	Zahedan	E & SE	School	1094		Both: 36.1 Boys: 11.4 Girls: 4.1		

Author (Y)	Province	Region	School or university students	Sample size	Mean (±SD) age	Last year hookah use (Ever user)	Last year hookah use(Ever user)	Last month hookah use (Current user)
Joveini (2016) (79)	Razavi Khorasan	E & SE	University	306	22.4 ± 2.5		Boy: 46.7	
Ghaderi(2019)(80)	North Khorasan	E & SE	University	169	21.08 ± 2.03	Both: 18.9		
Refahi (2012)(81)	Zahedan	E & SE	University	1014		Both:40.4		
Rezaei (2017) (82)	Fars	S	School	630	15.7 ± 0.9	Both: 9.4 Boys: 11.4 Girls: 7.3		
Zivari-Rahman (2012) (83)	Kerman	S	School	520	-		Both: 13.3	
Abedini (2014) (84)	Hormozgan	S	School	240	-	Both: 28.3		
Ziaaddini (2010) (85)	Kerman	S	School	610	$17.9\ \pm 0.6$	Boys: 51.5		
Pourramazani(2019)(86)	Kerman	S	School	600	16.63 ± 1.06	Both: 41.8 Boys: 48.0 Girls: 34.3		
Ghahremani(2019)(87)	Shiraz	S	School	483		Girls: 39.6		
Shahsavari Bami(2020)(88)	Bam	S	School	600	16.78 ± 0.74	Both: 38.2 Boys: 45.3 Girls: 31.0		
Afrashteh (2017) (89)	Bushehr	S	University	977	21.1 ± 2.4		Both: 16.1 Boys: 22.5	

Author (Y)	Province	Region	School or university students	Sample size	Mean (±SD) age	Last year hookah use (Ever user)	Last year hookah use(Ever user)	Last month hookah use (Current user)
							Girls:	
							11.5	
			University			Both: 22.6		
Maghsoudi (2016) (90)	Fars	S		390	22.3 ± 2.4	Boys: 28.5		
						Girls: 15.7		
			University			Both: 27.0		Both: 18.8
Nabipour (2016) (91)	Kerman	S		682	21.4 ± 2.5	Boys: 30.4		Boys: 25.9
						Girls: 33.8		Girls: 12.6
Askarian (2013) (92)	Fars	S	University	600	21: in Azad &23:in public			Both: 10.2
			University					Both: 11.1
Karimirad(2020)(93)	Hormozgan	S		524	23.0±4.2			Boys: 20.9
								Girls: 4.3
Sahraian(2008)(28)	Shiraz	S	University	971		Both:6.3		Both:3.6
Abbasi- Ghahramanloo(2018)(32)	Hormozgan	S	University	524	23±4.2		Both:14.5	
Sabahy (2011) (94)	Kerman	S	University	1024	20.6 ±2.3	Both: 42.5 Boys: 56.8 Girls: 28.4	Both: 18.7 Boys: 28.0	

Author (Y)	Province	Region	School or university students	Sample size	Mean (±SD) age	Last year hookah use (Ever user)	Last year hookah use(Ever user)	Last month hookah use (Current user)
							Girls: 9.5	
Heydari (2013)(95)	Jahrom	S	University	1149	21.2±2.6	Both24.02		Both:5.1
Jeihooni (2015)(96)	Fasa	S	University	157	23.1±2.5	Both: 32.3		
Mardani (2010)(97)	Bandar Abbas	S	University	310	23	Both: 24.8		
Karimy (2013) (98)	Markazi	С	School	380	16.7 ±1.3	Boys: 30.5		Boys: 18.9
Pirdehghan (2016) (99)	Yazd	С	School	704	17.6 ± 0.6	Both: 41.3 Boys: 48.9 Girls: 28.1		Both: 31.1 Boys: 32.8 Girls: 28.1
Roohafza (2015) (100)	Isfahan	С	School	5336	14.4 ± 1.7	Both: 32.2	Both: 11.5	
Esmaielzadeh (2014) (101)	Qazvin	С	School	510	-	Both: 54.9 Boys: 59.0 Girls: 50.2		Both: 30.6 Boys: 36.9 Girls: 23.4
	4 11	С	School	447	16.5 ± 1.3	Both: 53.0 Boys: 64.4		
Alaee (2011) (102)	Alborz	C				Girls: 43.1		

Author (Y)	Province	Region	School or university students	Sample size	Mean (±SD) age	Last year hookah use (Ever user)	Last year hookah use(Ever user)	Last month hookah use (Current user)
						Boys: 60.6		Boys: 30.7
						Girls: 53.1		Girls: 20.6
Masjedi(2020)(104)	Varamin	С	School	1,075		Both: 25.5		
			University			Both: 34.6		
Sahebihagh (2017) (105)	Qazvin	С	-	535	19.6 ± 2.4	Boys: 44.5		
						Girls: 31.4		
Mozafarinia (2017) (106)	Tehran	С	University	422	22.4	Both: 14.9		
Abbasi-Ghahramanloo (2016) (107)	Tehran	С	University	1992	21.2 ± 3.2	Both: 26.6 Boys: 42.8 Girls:19.4	Both: 17.8 Boys: 29.7 Girls: 12.5	Both: 8.9 Boys: 15.8 Girls: 5.9
Kabir (2016) (49)	Alborz	С	University	1959	22.5 ± 4.6	Both: 51.2 Boys: 63.0 Girls: 45.4		
Dehdari (2012) (108)	Tehran	С	University	162	22.3 ± 2.9		Boy: 29.0	
Rezakhani-mogaddam (2012) (109)	Tehran	С	University	720	22		Both: 23.3 Boys: 32.4	

Author (Y)	Province	Region	School or university students	Sample size	Mean (±SD) age	Last year hookah use (Ever user)	Last year hookah use(Ever user)	Last month hookah use (Current user)
							Girls:	
							14.7	
Nazemi (2012) (110)	Semnan	С	University	1800	28.5 ± 3.5		Both: 6.8	
			University				Both:	
							19.2	
Roohafza (2011) (51)	Isfahan	С		812			Boys:	
Koollaiza (2011) (51)	Istallall						28.7	
							Girls:	
							11.5	
Dehghani(2010) (111)	Yazd	С	University	534	$22.0\ \pm 3.5$	Both: 15.9		
			University			Both: 34.1	Both:	
Latifi (2007) (50)	Tehran	С		1012	21.4 ± 2.8	Boys: 42.9	26.3	
						Girls: 23.6	20.5	
			University				Both:	
							29.7	
Momennasab (2006) (112)	Tehran	С		700	21.3 ± 2.8		Boys:	
							40.2	
							Girls:	
							25.4	
Amin-Esmaeili (2009)(113)	Tehran	С	University	1568	20.2±1.8	Both:30.8		Both:8.9
Taremian(2011)(114)	Tehran	С	University	3582		Both:25.7		
Taremian(2006)(115)	Tehran	С	University	2997		Both:33.9	Both:22.1	Both:13.2
Zahedi(2016)(116)	Kerman	С	University	1730	20.5±1.5		Both:44.6	

Author (Y)	Province	Region	School or university students	Sample size	Mean (±SD) age	Last year hookah use (Ever user)	Last year hookah use(Ever user)	Last month hookah us (Current user)
			University			Both:30		
Momeni(2019)(117)	Kerman	С		675	21.1 ±2.6	Boys: 46.3 Girls: 19.4		
Ghafouri (2011) (118)	Tehran	С	University	169	22 ± 3	Both: 50.9		
Babaei Heydarabadi (2015) (119)	Tehran	С	University	604		Both: 9.9		
Kelishadi (2016) (120)	All provinces	WC	School	13486	12.5 ± 3.4		Both: 1.8 Boys: 2.5 Girls: 1.1	
Keshavarz (2013) (121)	All provinces	WC	University	325		Both: 50.8 Boys: 68.5 Girls: 41.6		Both: 15.7 Boys: 28.8 Girls: 8.9
Taraghijah (2011) (31)	All provinces	WC	University	4483			Both: 40.3	
Khami (2010) (122)	All provinces	WC	University	263			Both: 20.9 Boys: 29.0 Girls: 14.7	
Yaghubi (2011)(123)	Iran	WC	University	7330		Both:28.7	Both:17.9	Both:11.6
Kabir (2018)(33)	Iran	WC	University	4940	20.6±2.4	Both:17.0		
Akbari Zardkhaneh (2011)(124)	Iran	WC	University	8352	22	Both:2842		

Author (Y)	Province	Region	School or university students	Sample size	Mean (±SD) age	Last year hookah use (Ever user)	Last year hookah use(Ever user)	Last month hookah use (Current user)
Monirpoor(2013)(125)	Iran	WC	University	1053	22.5	Both: 41.3		
Sohrabi (2006)(126)	Iran	WC	University	8373	22.5	Both: 30.0	Both:21.0	Both:13.0

a: NW&W= North West and West, S= South, E & SE= East and South East, C= Tehran and Central Region WC=Whole country

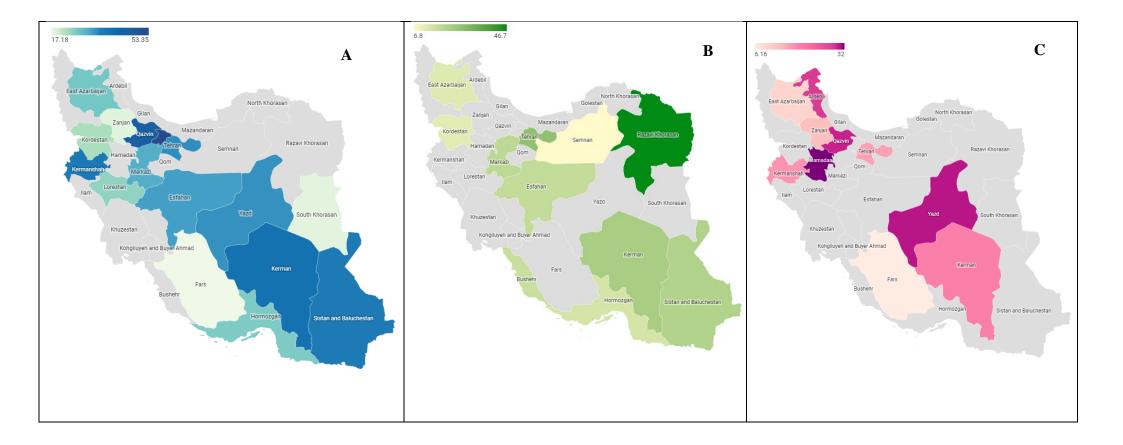


Figure 6: Geographical distribution of lifetime (A), last year (B), and last month(C) prevalence of water pipe smoking among Iranian school students (Colorless in the map is not reported)

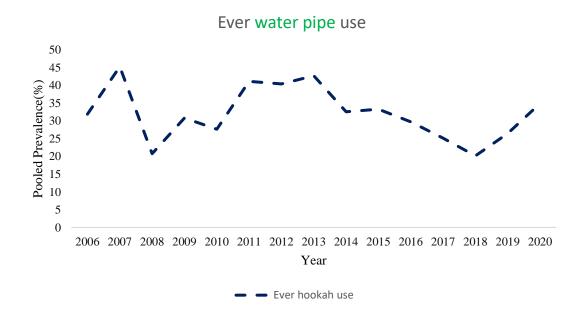


Figure 7: Timeline prevalence of ever water pipe smoking among Iranian school students