

## Research Article

# The Factors that Influence Smoking Initiation

## Sigaraya Başlama Nedenleri

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### Abstract

The first thing that should be done in the fight against smoking is to prevent smoking initiation, especially in children and young people. The aim of this survey is to determine the factors that are effective in smoking initiation. The study included 200 smokers who were admitted to the pulmonary diseases and smoking cessation outpatient clinics. Of the 200 cases, 135 (67.5%) were men. The most frequent reasons for start of smoking were being influenced by friends (80%) and curiosity (78.5%). The incidence rates of the following reasons were higher in men: curiosity, emulating to smokers, inducement of friends, wanting to prove oneself to the surroundings, and effect of cigarette advertisements ( $p=0.027$ ,  $p=0.001$ ,  $p=0.011$ ,  $p=0.001$ , and  $p=0.045$ , respectively). In women, the presence of a smoking spouse or partner and psychological problems were more effective ( $p=0.003$  and  $p=0.026$ , respectively). As a result, many of our cases started smoking in their youth because of their friends' effects and out of curiosity. Surrounding influence and psychological and social factors were also effective. Therefore, preventive measures can be planned to keep young people away from smoking by considering the reasons regarding age and gender that lead to smoking.

### Keywords

Smoking initiation • Reasons of smoking • Effect of friends • Curiosity

### Öz

Sigaraya karşı mücadelede yapılması gereken ilk şey, özellikle çocuklarda ve gençlerde sigara içilmesinin önlenmesidir. Bu araştırmanın amacı sigaraya başlamada etkili olan faktörleri belirlemektir. Çalışmaya Göğüs Hastalıkları ve Sigara Bırakma polikliniklerine başvuran 200 sigara içicisi dahil edildi. 200 olgunun 135'i (%67,5) erkekti. Sigaraya başlamanın en sık nedenleri arkadaş etkisi (%80) ve merakı (%78,5). Erkeklerde merak, sigara içenlere özenme, arkadaşların etkisi, kendini çevreye kanıtama isteği ve sigara reklamlarının etkisinin oranları daha yüksekti ( $p=0,027$ ,  $p=0,001$ ,  $p=0,011$ ,  $p=0,001$  ve  $p=0,045$ ). Kadınlarda ise sigara içen eş ve psikolojik problemlerin varlığı daha etkili idi (sırasıyla  $p=0,003$  ve  $p=0,026$ ). Sonuç olarak,

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olgularımızın çoğu arkadaş etkisi ve meraktan dolayı gençliklerinde sigara içmeye başladı. Ayrıca, çevresel, psikolojik ve sosyal faktörler de etkili olmuştur. Bu nedenle, gençleri sigaradan korumak için özellikle yaş ve cinsiyete özgü nedenleri göz önünde bulundurarak önleyici tedbirler planlanabilir.

#### Anahtar Kelimeler

Sigara kullanımı • Sigara içme nedenleri • Arkadaşların etkisi • Merak

## Introduction

Cigarette smoking is the most important preventable cause of death and disability and a very common health problem worldwide (Centers for Disease Control and Prevention (CDC), 2014). Nevertheless, smoking rate is still high both in our country and in the world. Worldwide, there are a total of 1.1 billion adults who smoke and 6 million deaths owing to smoking annually (World Health Organization (WHO), 2018). In our country, although a slight decrease in the rate of cigarette use has been observed owing to the smoke-free air zone law at the beginning, there was again an increase with 29.2% of individuals aged 15 years and over, 40.4% of men, and 18.2% of women continue to smoke in society (T.C. Ministry of Health General Directorate of Primary Health Care, 2010; T.C. Ministry of Health, 2017). Smoking rates in the 10–14 age group were at 3.7% in boys and 1.82% in girls (Drope & Schluger, 2018).

Preventing smoking addiction is one of the most effective ways in saving lives and improving overall well-being. Cigarette smoke is a deadly mixture of more than 7000 toxic chemicals that can damage almost any organ system in the human body. The risk of death and illness owing to smoking increases with the number of cigarettes smoked, but the damage starts with only a very few cigarettes. In addition, exposure to second-hand or environmental tobacco smoke increases the risks of cancer and heart disease (Drope & Schluger, 2018). Nevertheless, smoking cessation leads to a reduction in these risks over time (Bilir, 2007).

According to the Global Adult Tobacco Survey report in Turkey, through smoking prevention, a total of 54,699 people, including 52,905 men and 1,794 women, could be prevented from death (T.C. Ministry of Health General Directorate of Primary Health Care Services, 2010). To reduce the smoking prevalence in society, long-term struggle is required owing to use of various methods together with effective and conscious support of health workers. Despite the fact that various methods have already been applied, restarting is a common problem. Therefore, in the fight against smoking, the first step is to prevent people from starting to smoke (Urrutia-Pereira, Oliaño, Aranda, Mallol & Solé, 2016; Xu et al., 2016). Previous studies in our country evaluating smoking habits in various age groups revealed that the main reasons for starting to smoke are friends, curiosity, adaptation to the surrounding, feeling good, habit, and smokers in the family (Doğan & Ulukol, 2010; Şahin, Naz, Aksel, Tüksavul & Özsöz, 2015; Telli, Solak, Özol & Sayıner, 2004). By fully understanding

the factors that initiate smoking, approaches can be developed to solve the problem fundamentally. In this study, we aimed to evaluate the reasons why people start to smoke in more detail.

## **Method**

### **Data collection**

The research was conducted between January 2018 and October 2018. It was approved by the local Ethics Committee of Ankara Yıldırım Beyazıt University (Decision no: 19/12/2018-263). First, the aim of the study was explained to the people who applied to our pulmonary diseases and smoking cessation outpatient clinics, and then, their verbal and written consents were obtained. A face-to-face interview was conducted with volunteers by using a structured questionnaire. Demographic characteristics (age, gender, marital status, education level, self-reported annual household incomes as low, moderate, or high), smoking behavior and attitudes (smoking history, smoking cessation history), characteristics of the family in childhood and the environment regarding smoking (whether there are other smokers at home or not, whether the primary school teacher smokes or not), and factors that initiate smoking (curiosity, being influenced by friends, familial problems, psychological problems, economic problems, stress, being influenced by cigarette advertisements, being influenced by a famous person, wanting to lose weight, and others) were obtained. The factors that initiate smoking are classified as “none,” “slight,” “medium,” and “high.”

### **Statistical Analysis**

Statistical Package for Social Sciences version 16.0 package program (SPSS Inc., Chicago, IL, USA) was used to evaluate the data. First, demographic characteristics, smoking history, and reasons of onset were evaluated. Data were exhibited as arithmetic mean, standard deviation values, number, and percentage values. Chi-square test was used to compare the grouped data.  $P < 0.05$  was considered statistically significant.

## **Results**

The study included 200 cases who applied to the Smoking Cessation Polyclinic or Chest Diseases Polyclinic. Demographic characteristics and smoking statuses of the cases are found in Table 1. Of the 200 cases included, 135 (67.5%) were men and 65 (32.5%) were women with a mean age at  $41.99 \pm 12.58$  years. Regarding marital status, 48 (24%) were single and 152 (76%) were married. The education levels were as follows: 79 (39%) attained primary school, 42 (21%) high school, and 79 (39.5%) university level. Regarding educational status of their parents, more than half attained primary education (54% for mothers and 55.5% for fathers).

Table 1.  
*Demographic and Clinical Characteristics of the Cases*

	<b>Total (n=200)</b>
<b>Age, mean±SD</b>	41.99±12.58
<b>Gender, n (%)</b>	
Female	65 (32.5)
Male	135 (67.5)
<b>Marital status, n (%)</b>	
Single	48 (24)
Married	152 (76)
<b>Education, n (%)</b>	
Primary school	79 (39.5)
High school	42 (21)
University	79 (39.5)
<b>Education level of mother, n (%)</b>	
No education	62 (31)
Primary education	108 (54)
High school	18 (9)
University	12 (6)
<b>Education level of father, n (%)</b>	
No education	25 (12.5)
Primary education	111 (55.5)
High school	43 (21.5)
University	12 (6)
<b>Self-reported annual household incomes, n (%)</b>	
Low	22 (11)
Moderate	125 (62.5)
High	53 (26.5)
Number of siblings	0–12 (3.83)
Smoking cigarettes per day	17.97±9.22
Duration of smoking (years)	21.84±12.24
First trial age (years)	16.04±5.32
<b>Smoking cessation status, n (%)</b>	
Yes	48 (24)
No	152 (76)
How many years he hasn't smoked	8.81±8.69
<b>Exposure to cigarette smoke as a child, n (%)</b>	
Yes	165 (82.5)
No	35 (17.5)
<b>Mother/father smoking, n (%)</b>	
Mother	34 (17)

Table 1.  
*Demographic and Clinical Characteristics of the Cases (continued)*

	Total (n=200)
Father	110 (55)
<b>Use of hookah, n (%)</b>	
Yes	20 (10)
No	180 (90)

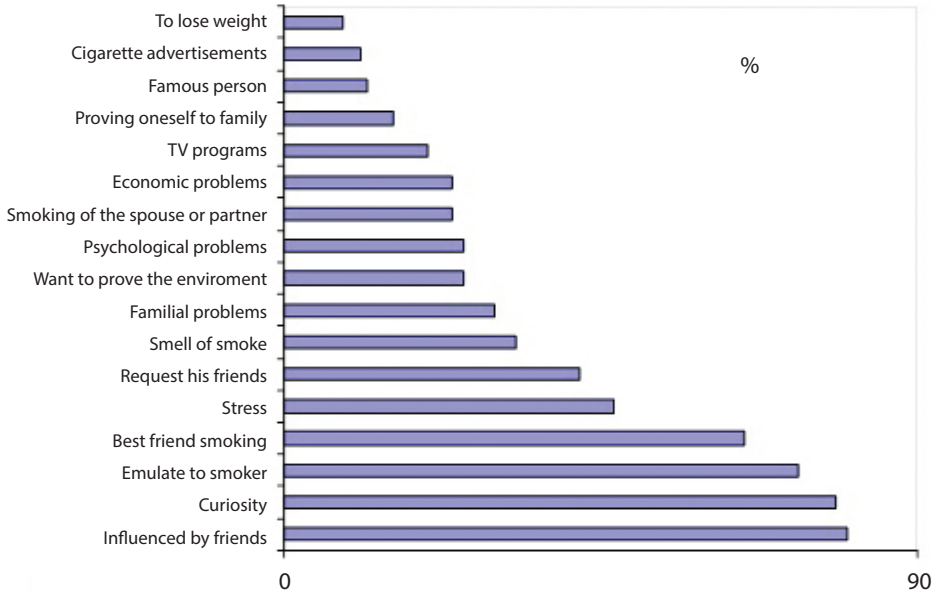
SD: standard deviation.

The mean number of cigarettes smoked per day was  $17.97 \pm 9.22$ ; average smoking per year was  $21.84 \pm 12.24$ ; age of first smoking trial was  $16.04 \pm 5.32$  years. Regarding age of smoking onset with the age of 18 years as limit for prohibition of cigarette sales, 140 (70%) was under 18 years. Only 48 (24%) had quit smoking, and the average quitting year was  $8.81 \pm 8.69$  years. In addition, 152 (76%) were still smoking; 82% were exposed to cigarette smoke in childhood (55% by their fathers and 17% by their mothers); and 20 (10%) had hookah habit.

Among the most common reasons for smoking, 80% of the patients were affected by friends. This was followed by; curiosity (78.5%), emulate to smoker (73%), the best friend smoking (65.5%), stress / distress (47%), request of friends (42%), smell of smoke (33%), familial problems (30%), wanting to prove oneself to the surrounding (25.5%), psychological problems (25.5%), a smoking spouse or partner (24%), economic problems (24%), being affected by television programs (20.5%), wanting to prove oneself to the family (15.5%), being influenced by a famous person (12%), being affected by cigarette advertisements (11%) and wanting to lose weight (8.5%) (Figure 1).

Because there were multiple causes in the same case, the effect of causes of smoking onset was classified as “none,” “slight,” “medium,” and “high.” The influences of friends and the presence of a smoking best friend affect people “highly,” at 31% and 28%, respectively. Other “highly” affecting reasons were emulation to a smoker at 22% and curiosity at 21% of the cases. Wanting to lose weight, being affected by cigarette advertisements, and being influenced by famous person were among the least influential reasons.

When the factors that initiate smoking were evaluated regarding gender, the effects of curiosity, emulation to smokers, insistence of friends, wanting to prove oneself to the surrounding, and being affected by cigarette advertisements were higher in males than females with statistically significant differences ( $p=0.027$ ,  $p=0.001$ ,  $p=0.011$ ,  $p=0.001$ , and  $p=0.045$ , respectively). Presence of a smoking spouse or partner and psychological problems were also more effective in women than men ( $p=0.003$  and  $p=0.026$ , respectively). The difference between the age of smoking onset and the



**Figure 1.** The factors that initiate smoking of the cases included in the study.

reasons for start to smoke (<18 and  $\geq$ 18 years), rate of curiosity, emulation to smokers, and proving oneself to the surrounding was quite high among those who started smoking under 18 years ( $p=0.000$ ,  $p=0.000$ , and  $p=0.021$ , respectively). Nevertheless, there was no statistically remarkable difference between other causes of onset regarding age (Table 2).

The risk of smoking among people exposed to cigarette smoke in childhood was high owing to the presence of a smoking best friend ( $p=0.023$ ), being affected by television programs ( $p=0.037$ ), being influenced by a famous person ( $p=0.036$ ), and being affected by cigarette advertisements ( $p=0.003$ ) (Table 2). The effect of smoking spouse or partner was more effective in starting cigarette smoking and in people whose mother, brother, or sister smoked during their childhood ( $p=0.041$  and  $p=0.005$ , respectively). Smoking frequency was higher owing to psychological problems among smokers whose mothers smoked while they were kids ( $p=0.009$ ). In the presence of a smoker brother or sister during childhood, the presence of a smoking best friend was more effective to initiate smoking ( $p=0.016$ ). Furthermore, individuals with low annual income reported economic problems as the cause of increase of smoking ( $p=0.004$ ) (Table 2). In addition, there was no significant difference between the effect of the presence of a smoking and a non-smoking primary school teacher ( $p>0.05$ ).

In comparing education level and reasons for start of smoking, only primary and high school graduates were more likely to start smoking because of econom-

Table 2.  
Factors that Initiate Smoking According to Gender, First Trial Age, and Exposure to Cigarette Smoke in Childhood

	Gender, n (%)		First trial age, n (%)			Exposure to cigarette smoke in childhood, n (%)		p
	Female (n=65, 32.5%)	Male (n=135, 67.5%)	<18 years (n=140, 70%)	≥18 years (n=60, 30%)	Yes (n=165, 82.5%)	No (n=35, 17.5%)		
Curiosity	45 (69.2)	112 (83)	120 (76.4)	37 (23.6)	129 (78.2)	28 (80)	0.000	0.811
Emulate to smoker	38 (58.5)	108 (80)	114 (78.1)	32 (21.9)	123 (74.5)	23 (65.7)	0.000	0.294
Affected by friends	52 (80)	108 (80)	115 (71.9)	45 (28.1)	133 (80.6)	27 (77.1)	0.254	0.646
Smoking of the best friend	38 (58.5)	93 (68.9)	96 (73.3)	35 (26.7)	114 (69.1)	17 (48.6)	0.166	0.023
Smoking of the spouse or partner	24 (36.9)	24 (17.8)	31 (64.6)	17 (35.4)	41 (24.8)	7 (20)	0.353	0.535
Request of his friends	19 (29.2)	65 (48.1)	65 (77.4)	19 (22.6)	74 (44.8)	10 (28.6)	0.050	0.071
Familial problems	24 (36.9)	36 (26.7)	40 (66.7)	20 (33.3)	53 (88.3)	7 (20)	0.503	0.143
Psychological problems	23 (35.4)	28 (20.7)	36 (70.6)	15 (29.4)	40 (24.2)	11 (31.4)	0.915	0.384
Economic problems	15 (23.1)	33 (24.4)	32 (66.7)	16 (33.3)	42 (25.5)	6 (17.1)	0.566	0.281
Want to prove to the surrounding	5 (7.7)	46 (34.1)	42 (82.4)	9 (17.6)	45 (27.3)	6 (17.1)	0.021	0.196
Proving oneself to the family	6 (9.2)	25 (18.5)	25 (80.6)	6 (19.4)	29 (17.6)	2 (5.7)	0.145	0.052
Smell of smoke	20 (30.8)	46 (34.1)	47 (71.2)	19 (28.8)	54 (32.7)	12 (34.3)	0.793	0.859
Affected by television programs	9 (13.8)	32 (23.7)	31 (75.6)	10 (24.4)	38 (23)	3 (8.6)	0.372	0.037
Influenced by famous person	5 (7.7)	19 (14.1)	19 (79.2)	5 (20.8)	23 (13.9)	1 (2.9)	0.282	0.036
Stress	31 (47.7)	63 (46.7)	63 (67)	31 (33)	76 (46.1)	18 (51.4)	0.387	0.564
To lose weight	7 (10.8)	10 (7.4)	13 (76.5)	4 (23.5)	16 (9.7)	1 (2.9)	0.534	0.140
Cigarette advertisements	3 (4.6)	19 (14.1)	16 (72.7)	6 (27.3)	22 (13.3)	0 (0)	0.765	0.003

Table 3.  
Factors that Initiate Smoking According to Education Level and Annual Income

	Education level, n (%)			Self-reported annual household income, n (%)			P
	Primary school (n=79, 39.5%)	High school (n=42, 21%)	University (n=79, 39.5%)	Low (n=22, 11%)	Moderate (n=152, 62.5%)	High (n=53, 26.5%)	
Curiosity	60 (75.9)	31 (73.8)	66 (83.5)	17 (77.3)	99 (79.2)	41 (77.4)	0.903
Emulate to smoker	56 (70.9)	32 (76.2)	58 (73.4)	16 (72.7)	93 (74.4)	37 (69.8)	0.821
Affected by friends	63 (79.7)	32 (76.2)	65 (82.3)	17 (77.3)	101 (80.8)	42 (79.2)	0.897
Smoking of the best friend	52 (65.8)	27 (64.3)	52 (65.8)	12 (54.5)	89 (71.2)	30 (56.6)	0.092
Smoking of the spouse or partner	21 (26.6)	7 (16.7)	20 (25.3)	3 (13.6)	31 (24.8)	14 (26.4)	0.433
Request of his friends	32 (40.5)	20 (47.6)	32 (40.5)	8 (36.4)	56 (44.8)	20 (37.7)	0.580
Familial problems	23 (29.1)	17 (40.5)	20 (25.3)	7 (31.8)	37 (29.6)	16 (30.2)	0.978
Psychological problems	20 (25.3)	11 (26.2)	20 (25.3)	6 (27.3)	32 (25.6)	13 (24.5)	0.969
Economic problems	23 (29.1)	15 (35.7)	10 (12.7)	9 (40.9)	34 (27.2)	5 (9.4)	0.004
Want to prove to the surrounding	22 (27.8)	14 (33.3)	15 (19)	7 (31.8)	34 (27.2)	10 (18.9)	0.380
Proving oneself to the family	17 (21.5)	7 (16.7)	7 (8.9)	2 (9.1)	21 (16.8)	8 (15.1)	0.768
Smell of smoke	27 (34.2)	12 (28.6)	27 (34.2)	5 (22.7)	46 (36.8)	15 (28.3)	0.291
Affected by television programs	19 (24.1)	5 (11.9)	17 (21.5)	5 (22.7)	28 (22.4)	8 (15.1)	0.525
Influenced by famous person	13 (16.5)	2 (4.8)	9 (11.4)	2 (9.1)	17 (13.6)	5 (9.4)	0.760
Stress	34 (43)	22 (52.4)	38 (48.1)	14 (63.6)	55 (44)	25 (47.2)	0.233
To lose weight	6 (7.6)	2 (4.8)	9 (11.4)	1 (4.5)	12 (9.6)	4 (7.5)	0.803
Cigarette advertisements	11 (13.9)	2 (4.8)	9 (11.4)	2 (9.1)	17 (13.6)	3 (5.7)	0.319

ic problems with a statistically significant difference ( $p=0.006$ ) (Table 3). Also, lack of education or presence of a primary school graduated mother increased the risk of smoking owing to being affected by friends ( $p=0.024$ ), economic problems ( $p=0.010$ ), and wanting to prove oneself to the surrounding ( $p=0.004$ ). Those whose fathers graduated from primary school had an increased risk of smoking owing to economic problems ( $p=0.001$ ) and wanting to prove themselves to the surrounding ( $p=0.026$ ).

### Discussion

The main success in the fight against smoking will be gained by preventing the start of smoking. Hence, the question of why individuals start smoking should be answered first. The answer to this question has long been investigated in several studies (Klitzke, Irwin, Lombardo & Christoff, 1990; Nil, 1991; Tate, Pomerleau & Pomerleau, 1994). Knowing the reasons that initiate smoking, identifying the risky groups in the society, and supporting and guiding these identified groups particularly may reduce smoking.

In this study, the age of onset of smoking in the cases included was  $16.04\pm 5.32$  years. According to the Turkey Global Adult Tobacco Survey (GATS) 2008 data, when the age of onset of smoking in the 18–34 age group was evaluated, the highest rate (32.9%) was found in the 15–17 age range. Our data are close to these values too. Also, 70% of our cases started smoking before 18 years. Nevertheless, as is known in our country, the law No. 4207 on the “Prevention of Damages of Tobacco Products” prohibits offer or sale of cigarettes to individuals under 18 years (Turkish Statistical Institute, 2008; T.C. Ministry of Health Public Health Agency, 2012). With a more controlled enforcement of the law, even with increasing age, the rate of starting smoking can be reduced.

Starting smoking is a result of a complex interaction of social, environmental, psychological, and biological factors (Doku, Acacio-Claro, Koivusilta & Rimpelä., 2019). The subjects included in our study had started smoking because they were mostly affected by their friends. Our results were consistent with those found in our country and other countries (Doğan & Ulukol, 2010; Şahin et al., 2015; Telli et al., 2004; Weinberger et al., 2019). The second and third reasons were curiosity and emulation to smokers. The other factors that initiate smoking were stress, request of friends, smell of smoke, family problems, wanting to prove oneself to the surrounding, psychological problems, presence of a smoking spouse or partner, and economic problems.

In this study, we found a remarkable gender difference in the effect of environmental factors on starting to smoke. The effects of emulation to a smoker, incitement

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of friends, and wanting to prove oneself to the surrounding were higher in men than women. In addition, the effects of curiosity and advertising were greater in men. Presence of a smoking spouse or partner seemed more effective in starting smoking in women. These results indicate that the high smoking rate of men in our country increases the tendency of women to start smoking. In addition, herein, more female than male cases began to smoke owing to psychological problems, which is consistent with those of previous studies (Fleming, Mason, Mazza, Abbott & Catalano, 2008; Kandel, Hu, Griesler & Schaffran, 2007).

Similar to other addictive behaviors, smoking starts usually at adolescence or young age. Those who smoke for the first time in childhood have a high risk of smoking addiction. Although young people know that smoking is wrong, they smoke for various reasons, such as communicating more successfully and conveniently, feeling more comfortable, showing that they share the same pleasure and values with their friends, relieving boredom, and demonstrating themselves (Doğan & Ulukol, 2010). In our study, the number of those who started smoking under 18 years, curiosity, emulation to smokers, and demonstrating oneself to their surroundings were very high. Studies investigating the causes of smoking onset, including ours, also found that effect of friends and curiosity were the most common factors. Therefore, we believe that implementation of peer education and training seminars, especially in schools, can reverse the influence of friends. In addition, establishment of anti-smoking teams in schools will increase the effectiveness of both programs.

In this study, primary and high school graduates started smoking more frequently owing to economic problems. In cases where the mother is uneducated or a primary school graduate, the main reasons for start to smoke were influence of friends, economic problems, and wanting to prove oneself to the surrounding. When the father was a primary school graduate, the factors that increased smoking rate owed to economic problems and wanting to prove oneself to the surrounding. These results indicate that socioeconomic conditions are important factors in the development of cigarette dependence.

As is known, exposure of children and adolescents to passive cigarette smoke is an important factor that increases their risk of starting smoking (CDC 2010; McGrath, Racicot, Okoli, Hammond & O'Loughlin, 2018). In our study, many (82%) were exposed to cigarette smoke as a child and mostly reported their father's smoking as the cause (55%). Also, 39% of their primary school teachers, who could be role models for the children, have smoked. It has been reported that presence of non-smoking teachers and their behavior and attitudes toward smoking are more effective than the information given in the lessons about smoking in the prevention of starting to smoke in students (Nutbeam, 1987).

People who were exposed to cigarette smoke in childhood started to smoke owing to the presence of a smoking best friend, being influenced by television programs, being influenced by a famous person, and being affected by cigarette advertisements. Smokers whose mothers, brothers, sisters smoked in their childhood were more affected by the spouse or partner's smoking. The family's maintained attitude in the development of the child plays an important role in the development of observed behavioral disorders in childhood. Changes in family's social life also cause changes in children. Therefore, smoking parents increase the risk of smoking twice among young people (Baykan & Naçar, 2014). In addition, smoking frequency was quite high in the families of smokers.

Although this study is based on a personal perception of the factors that initiate smoking, the obtained findings seem to be consistent with the results of many studies investigating the factors that initiate smoking. Particularly, smoking is reported to be a spread-oriented behavior, because the risk of starting to smoke depends on the extent to which adolescents come into contact with important smokers, such as peers or parents (Dobbie et al., 2018).

Our findings revealed that the most important reason for the smokers to start smoking was the effect of their friends. This makes us think that these people are more influenced by their friends at school and in their social environment. As a result, especially the implementation of the ban on smoking with strict controls can stop smoking indoors, in the school yard, and the surroundings. In addition, it will also be effective to understand that smoking is not a normal behavior; therefore, it is necessary to recognize the social pressures and to develop the ability to resist them by providing skills training and by building self-confidence through education and family environment (Sims et al., 2017).

This study has limitations. We evaluated the main reasons why people started smoking with the survey in our research. Nevertheless, as we know, to start smoking necessitates a series of developmental stages (Sharp & Chen, 2018). In addition, social, psychological, and biological factors play a role in different stages of the development of smoking or smoking addiction (Andrade et al., 2017). In our study, although some participants may have expressed the reason for smoking, others may have explained why they started smoking regularly. Another limitation is that the questionnaires were conducted in a certain period under the hospital environment conditions. Wrong answers might have been obtained owing to incomplete recall of the participants.

In conclusion, this study reveals the complex interaction among sociodemographic characteristics and the factors that initiate smoking. Age, gender, educational background, family's socioeconomic characteristics, and environmental factors play

major roles in smoking, and the factors that initiate smoking vary on the basis of these factors. Therefore, children, adolescents, young people, and adult women and men should be considered in different categories in developing policies to prevent smoking, and different plans and measures should be taken for factors that initiate smoking. In particular, joint studies of the Universities and Ministries of Education, Family and Social Policies, and Health will enable us to move forward in the solution of this very important social problem.

**Ethics Committee Approval:** Ethics committee approval was received for this study from the Ethics Committee of Ankara Yıldırım Beyazıt University (Decision no: 19/12/2018-263).

**Informed Consent:** Written and verbal informed consent was obtained from the patients who participated in this study.

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