## LETTER to the EDITOR

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# **Refining Tobacco Control Research: Commentary on Smoking Initiation in Jordan**

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#### **Dear Editor**

The article entitled "Factors Associated with Tobacco Smoking Initiation in Jordan: A Cross-Sectional Study," Shalan N et al. [1], in your esteemed journal, the Asian Pacific Journal of Cancer Prevention attracted our attention. It is encouraging to see research in tobacco control in Jordan, a high burden country. While the study presents valuable insights into smoking initiation patterns by age group and gender, there are some areas where methodological accuracy and reporting clarity could be improved to strengthen the findings' impact and reliability.

The population estimates described by the authors under the subheading - "Study site and population" is based on the data from "Ministry of Interior Affairs", which is credible; however, the lack of a citation limits verification of the data source presented by the authors. The data collection seems to be online for the population aged < 45 years and in-person for older adults. However, lack of detailed description of the screening process to segregate these two populations creates ambiguity in the implementation of the survey. Using online and in-person data collection methods to gather responses from younger and older people respectively, can lead to response variability, selection bias, and data comparability that can affect the validity, comparability and generalizability of the study findings. The study could have adapted to the widely recognized instruments, such as Global Adult Tobacco Survey (GATS) [2]. As it could have ensured consistency and comparability with other regional and global studies. The sample size estimation did not consider the design effect which must have been considered as the authors' study design limits the equal chance of participation by the resident population in the study [3, 4]. Therefore, the study has limited generalizability limiting the credibility of the study.

The validity and reliability of the questionnaire was assured through pilot testing with input from health experts which was a thoughtful step, but non-use of statistical parameters such as Content Validity Index and Content Validity Ratio [5], limited the credibility of the study. However, while the sample size was estimated, focusing only on smokers from Al-Salt city, limits its generalizability to the entire Al-Balqa region. Additionally, the results section, while rich in descriptive statistics, does not include confidence intervals for the statistical estimates, limiting the robustness of the presented findings.

A brief glance at the references used for the introduction, suggests that authors have included important and relevant studies. Of the first 10 references, nine references were published between 1992-2012, thereby reducing the contemporary relevance of the information as well as discussion The detailed findings (Table 1) of review of first six references [6-11], found that cited references 1,2, 5 and 6 do not contain the information provided by the authors in the introduction, making it a strong case of plagiarism.

In conclusion, the study on smoking initiation in

| Table 1. Analysis of A | uthors Statement and | Cited References | (First Six) | in the Article |
|------------------------|----------------------|------------------|-------------|----------------|
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| Ref. No. | Statement In the Article   | Title of Referenced Article  | Comment                                     |
|----------|--|--|---|
| 1        | Tobacco smoking is a leading cause of preventable diseases and deaths worldwide. It accounts for 7% of the global disease burden, second only to high blood pressure [1] | Prevalence of smoking and related risk factors<br>among Physical Education and Sports School<br>students at Istanbul University  | No Such information<br>in the cited article |
| 2        | Jordan ranks among the highest globally, with a smoking prevalence of 40.45%, affecting 70.2% of men and 10.7% of women [2].   | A comparative risk assessment of burden of disease and injury attributable to 67 risk factors and risk factor clusters in 21 regions, 1990–2010                                  | No Such information in the cited article    |
| 3        | Smoking in Jordan is widespread in various forms, including cigarettes, water-pipes, and electronic cigarettes [3]   | Beliefs toward smoking and COVID-19, and<br>the pandemic impact on smoking behaviour<br>and quit intention: findings from a community-<br>based cross-sectional study in Jordan. | No comment                                  |
| 4        | These factors fall into three broad categories: personal factors (age, gender, education), family environment  | Age-related differences in factors associated with smoking initiation  | No comment                                  |
| 5        | (parental and sibling smoking, parental education), and<br>socio-economic influences (peer pressure, income, social<br>media) [4-5].                                     | Smoking-related cue-induced brain activation in adolescent light smokers   | No Such information in the cited article    |
| 6        |  | Nicotine addiction   |   |

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Jordan sheds light on a significant public health issue. However, there's room for improvement to enhance its impact and reliability. The study could have incorporated the use of standardized instruments such as GATS, also it could have been conducted across multiple regions, making it generalizable. The integration of recent studies could have ensured the relevance of the discussion and also its alignment with current public health challenges. By addressing these areas, the research could serve as a stronger foundation for efforts to reduce smoking rates and improve health outcomes in Jordan and other similar contexts.

We commend the authors for their dedication to tackling such an important public health issue. We hope these suggestions help enhance the quality and impact of future research efforts in tobacco control and prevention, ultimately contributing to meaningful progress in this critical area.

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