

ABSTRACT

Waterpipe smoking (WPS) is a global epidemic. The prevalence of WPS threatens to surpass cigarette smoking in certain parts of the world. Although current WPS interventions have had some effect in creating awareness of the dangers of WPS, these interventions alone have not succeeded in reducing WPS among university students, despite them knowing the harmful effects of WPS. Since WPS is seen to be a social event, a more holistic perspective of reducing WPS through linking health psychology with social factors encountered such as emphasizing the influences of the collective group and social connections on individual smoking behavior. Thus, social capital is a useful concept, which focuses our attention on an important set of resources inherent in relationships, networks, associations and their norms; all of which have been given insufficient priority in the health literature. The aim of this research was to examine what cognitive and structural bonding social capital factors contributed towards the understanding of WPS behaviors. Thus, this study explored three questions: How has exposure to previous WPS campaigns and/ or interventions influenced participants behavior towards WPS? What was the association between structural factors of WPS and bonding social capital among university students in relation to WPS? What was the association between cognitive factors of WPS and bonding social capital among university students in relation to WPS? A qualitative evaluation using three focus group interviews were used to answer the questions. The study design followed an abductive approach. The data was analyzed using thematic content analysis. Results from the study suggested that even though there have been numerous health interventions to reduce WPS, such as education in schools, posters at the university and TV documentaries, people continue to smoke the waterpipe, despite knowledge of the dangers of WPS smoking. Instead, participants attributed their frequent smoking behavior to groups collectively influencing each other to smoke. Factors of hygiene, homogenous group composition (in terms of race, age and/ or education) and the

type of organizational setting (familiar vs. unfamiliar), played a role in the way social relations and interactions influence permeability and mobility of WPS groups, reinforcing structural bonding social capital. Factors of cognitive bonding social capital were also highlighted, where prior contact and gender played a role in setting out conditions of exclusion. Cognitive bonding social capital, along with the structural aspects, is a useful way to understand how these connections may be linked to population health, especially in WPS. Thus, health promoters need to invest more energy into developing programs and policies that take into consideration the social dimensions within the broader context of the university, which social capital may have to offer, contributing to a more critical approach to health psychology when designing interventions and cessation programs.