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The social context of tobacco products use among adolescents in Lebanon (MedSPAD-Lebanon)

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KEYWORDS

Cigarettes; Water pipe; Narguileh; Arabs; Addiction **Abstract** *Background:* Current data from the Middle East suggest a rapid increase in the incidence of smoking water-pipes (narguileh in Lebanon) in parallel with cigarettes. The social context in which these two behaviors are initiated and associated has not been studied.

Methods: Data from a standardized questionnaire to measure the prevalence and practices related to cigarettes and narguileh consumption in a representative sample of 1097 children in grade 9 were extracted and analyzed for elements of the social context in which consumption occurs.

Results and discussion: Among surveyed children (mean age 14.6), 3.9% were "frequent" cigarette smokers (more than nine times ever). Presence of parents and/or siblings who smoke is a key factor for initiation. Narguileh use is a social phenomenon, rarely smoked alone (<4%) with 19% of the surveyed children being "frequent" narguileh smokers (more than nine times ever). Almost half of these students (42%) have all their friends smoking narguileh.

Conclusions: Further analysis confirmed that narguileh use is now an accepted familial and social phenomenon, with restrictions apparently decreasing. These results necessitate drawing strategies to address this public health concern that is becoming more prevalent in Lebanon and elsewhere in the Middle East.

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1. Introduction

1.1. Rationale and background

Despite global efforts for control and prevention, the use of different tobacco products remains an important subject in developing countries. In parallel with the relatively high incidence of cigarette

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16 N. Bejjani et al.

initiation among adolescents [1], use of other tobacco products is growing rapidly. Specific to the Middle Eastern cultural context is the use of the water-pipe, often referred to as shisha or narguileh (in Lebanon) [2]. With the increase of tobacco use among the young generations and its well-known impact on public health, many Lebanese researchers have attempted recently to measure the magnitude of tobacco initiation in all its forms and define its parameters [3-5]. The health risks of narguileh use are always underestimated, although it presents a danger at least as important as cigarette smoking [6]. The volume of smoke inhaled during a one-hour session of narguileh is believed to equal the heavy metals and other components of as many as 100 cigarettes. Sharing the same narguileh with others may pose a risk of transmitting serious infections, such as hepatitis and tuberculosis. Less harsh and fragranced brands of narguileh tobacco make its use even more attractive to adolescents of both genders [7].

Several recent studies have documented an increase in narguileh use faster than that of cigarettes, whose uptake appears to be stabilizing in adolescents. As early as 2002, a non-representative Rapid Survey Assessment (RSA) conducted in Lebanon under the auspices of the United Nations Office on Drugs and Crime (UNODC) did not consider the use of the narguileh as a behavior worthy of assessment [8]. However, a subsequent study conducted between 2003 and 2004 among 2443 secondary and complementary students from 10 private and three public schools in Beirut revealed the uptake gap with a prevalence of cigarette smoking at 11.4% and that of narguileh use at 29.6%. With regard to differences in gender, boys smoked cigarettes significantly more than girls, whereas there were no gender differences in narguileh use. Public schoolchildren were 3.2 times and 1.7 times more likely to be smokers of cigarettes and of narguileh, respectively, compared with those from private schools [5]. This trend was further confirmed in the Global Youth Tobacco Survey 2005 [1] with respect to adolescents 13-15 years old. GYTS-2005 noted that among approximately 3400 students, 10% were cigarette smokers compared with nearly 59% who were narguileh smokers. The prevalence of narguileh smoking among adolescents was higher than previously found between 2001 and 2002 in 1400 teenagers (average age 15) from the socially-deprived southern suburbs of Beirut; that earlier study had shown that 24% of participants smoked a narguileh at least once a week. The average age of initiation was 13 years, and 28% had smoked their first narguileh with a member of the immediate family [4]. This last result indicated the larger social acceptance for adolescents' narguileh use which is not found with regard to cigarette smoking.

1.2. Objectives

A need was found to better understand the social context in which smoking cigarettes and narguileh use were initiated among Lebanese adolescents, and to measure the degree to which these two behaviors were associated. Secondly, data could be updated and completed at a national level regarding narguileh and cigarette use in schoolchildren in the final year of the "complementary" educational cycle (grade 9).

2. Methods

2.1. Target population

The target population consisted of all schoolchildren in grade 9 in Lebanon. The reasons for this choice are two-fold:

- A considerable proportion of students completing the complementary cycle subsequently join technical/ occupational schools or enter the job market, making grade 9 more representative of all adolescents than secondary classes.
- While exposure to tobacco starts early in Lebanon, running a survey among relatively older children was seen as avoiding the social reluctance to address ''non-normal'' behaviors in younger children.

The number of students in the primary and complementary cycles is estimated yearly at 115,000 children [10], distributed in nine grades, for about 12,000 per grade. The schoolchildren's distribution is about 60% in the public school system and 40% in private schools. Regionally, 10% are found in the province (*mohafazat*) of Beirut, 40% in Mount-Lebanon, 20% in North-Lebanon, 20% in South-Lebanon, and 10% in the province of Bekaa [3].

2.2. Sample size

The sample size needed for this survey was calculated based on an estimation of 11% of direct or indirect contact with drugs and/or alcohol among schoolchildren [8,11]. The alpha error tolerated was 0.05 and the projected sampling error was 2%. With these figures, the needed number of children for this survey was 940. Since children were to be drawn from all five districts of the country, it was decided that an equal number of 200 participants would be selected from each, and prevalence rates would be weighted for proportional

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