



Social norms and attitudes linked to waterpipe use in the Eastern Mediterranean Region



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ABSTRACT

Waterpipe tobacco smoking (WTS) is on the rise globally, particularly among vulnerable populations such as youth and women. Increasing knowledge about toxicant yield from waterpipe tobacco and deleterious health effects points to the potential for a health epidemic. WTS is often viewed as a safe alternative to cigarette smoking. Though the original objective of the research was to explore the social norms and attitudes that lead to waterpipe being a more acceptable form of tobacco smoking for women than cigarettes in the Eastern Mediterranean Region, the use of a qualitative research methodology resulted in rich data that helped to understand more generally the phenomenon of waterpipe smoking. Both focus group discussions (FGDs) and key informant interviews were used. Participants were recruited to represent genders, various age groups, socioeconomic status, waterpipe smoking status, and residents of urban and rural areas. A total of 81 FGDs and 38 in-depth interviews were conducted in 2007. Thematic analysis was used to analyze the transcripts. A total of ten themes emerged: socio-cultural norms, gender differences, motivation to smoke, sensory characteristics of waterpipe, metaphors, consumerism, indicators of dependence, comparison between cigarettes and waterpipe, health effect of smoking, and intervention. Results indicated that WTS has socio-cultural dynamics associated with it that are far more pronounced than health considerations. An increased socio-cultural acceptability, the perceived reduced harm and the advent of the fruity Moassel tobacco are among the many reasons for WTS acceptability. Findings point to the need for a unified strategy to address this health issue at all levels of the ecological framework and have important implications for future policy and practice.

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Introduction

The prevalence of waterpipe tobacco smoking (WTS) in the Eastern Mediterranean region (EMR) is alarmingly high and increasing, especially among youth populations where it is surpassing cigarette smoking (Akl et al., 2011; Maziak, 2008). The Global Youth Tobacco Survey measures tobacco use rates among 13–15 year olds and indicated that in all 17 countries of the region, use of other tobacco products (most likely referring to the waterpipe) was more common than use of cigarettes; with this trend increasing in seven countries and unchanging in 8 countries over

time (Warren et al., 2009). Similarly, waterpipe use seems to be on the rise among women (Tamim et al., 2003) and is perceived to be more acceptable than cigarettes (Dar-Odeh & Abu-Hammad, 2011; Maziak, Eissenberg, et al., 2004; Maziak, Rastam, et al., 2004).

WTS is not a safe alternative to cigarettes; and research suggests health effects equal to or worse than those of cigarettes (Al Rashidi, Shihadeh, & Saliba, 2008; Cobb, Ward, Maziak, Shihadeh, & Eissenberg, 2010; Maziak, Eissenberg, et al., 2004; Radwan, Hecht, Carmella, & Loffredo, 2013; Sepetdjian et al., 2013; Shihadeh & Saleh, 2005). Studies using smoking machines to test toxicant yields in lab environments found that waterpipe tobacco smoke contains carbon monoxide, polyhydrocarbons, formaldehyde, nitrogen, nitric acid, nicotine (Rastam, Ward, Eissenberg, & Maziak, 2004; Shihadeh & Saleh, 2005) and other toxicants such as arsenic, chromium, lead and volatile aldehydes (Al Rashidi et al.,

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2008), as well as phenols and phenol derivatives – chemicals that promote DNA mutations and cardiovascular diseases (Sepetdjian et al., 2013). Human laboratory studies have also indicated disease-related physiologic responses and carcinogens in body fluids as a result of WTS (Eissenberg & Shihadeh, 2009; Maziak et al., 2009; Radwan et al., 2013). Reviews have identified cancers and other chronic diseases as associated health risks, as well as the spread of infectious diseases, such as tuberculosis, due to sharing waterpipes (Akl et al., 2010; Maziak, Ward, et al., 2004; World Health Organization, 2005). The health risks of WTS remain largely unrecognized by the smokers (Cobb et al., 2010; Maziak, 2008). For example, a qualitative study in Syria reported people's views of waterpipe smoking as a pleasurable pastime among friends with no regard to health consequences (Hammal, Mock, Ward, Eissenberg, & Maziak, 2008). Increasing use may also be attributed to the misconception that the water in the waterpipe apparatus through which the smoke passes, cleans the toxic substances. In a study conducted with female university students recruited in waterpipe cafés in Cairo, Egypt, the majority preferred smoking waterpipe because it is perceived to be less harmful than cigarettes (Labib et al., 2007).

Other non-health related reasons, such as lack of social constraints on waterpipe smoking, the introduction of new flavoured and aromatic waterpipe tobacco (*Moassel*), and the effect of media on marketing waterpipe as socially acceptable, are also provided for smoking the waterpipe (Chaaya Awwad, Campbell, Sibai, & Kaddour, 2003; Dar-Odeh & Abu-Hammad, 2011; Hammal et al., 2008; Khalil et al., 2013; Labib et al., 2007; Maziak, Eissenberg, et al., 2004; Maziak, Rastam, et al., 2004; Yegenoglu, Aslan, Evren Erdener, Acar, & Bilir, 2006). The rise in use of waterpipe may also be fuelled by economic motivations of business owners on one hand and lack of policy regulatory frameworks on the other (Nakkash, Khalil, & Afifi, 2011).

Our understanding of the reasons for using waterpipe comes mainly from quantitative surveys. Though these provide important information on prevalence and scope of use, as well as reasons for use, they often lack in-depth understanding of the emic nature of a particular experience. A more thorough understanding of patterns and reasons for use is important for the development of interventions to prevent use of waterpipe. The current research aims to expand our knowledge about the personal, social, and community factors contributing to the rise in WTS using qualitative methods, among four countries of the region.

Methods

The main research question was: what are the social norms and attitudes that lead to waterpipe being a more acceptable form of tobacco smoking for women than cigarettes in the Eastern Mediterranean Region? Both focus group discussions (FGD) and key informant interviews were used. Whenever possible, FGDs occurred in their natural setting (natural group discussions) allowing the researcher to capture the social and cultural dynamics of WTS such as waterpipe smokers' interaction with each other, and with their surrounding environment (Frey & Fontana, 1991). Interviews supplemented the FGDs; they were mainly conducted with persons who were identified as heavy waterpipe smokers, i.e., smoking more than 6 waterpipes per week (Salameh, Waked, & Aoun, 2008), for a deeper understanding of their experience and their unique reasons for smoking waterpipe.

The study was conducted in four Eastern Mediterranean countries, namely Egypt, Syria, Lebanon and Palestine, where WTS is widespread. The first three each have Centres for the study of

tobacco use (Egyptian Smoking Prevention Research Institute, the Syrian Centre for Tobacco Studies, and the American University of Beirut Tobacco Control Research Group). As for Palestine, it was chosen out of convenience as a qualitative researcher was affiliated with the research centre in Lebanon and was qualified to conduct the study in Palestine.

Participants and recruitment

One urban area and one rural area were included within each country. Focus group discussion and interview participants were recruited to represent both genders and various age groups (18–25, 26–35, 36–65, 65+ years old). Purposeful sampling was followed to include participants with diverse socio-economic status, professional and religious backgrounds, as well as different marital status. Separate FGDs were conducted by gender and waterpipe smoking status. Table 1 is an example of the distribution of FGDs and interviews conducted in urban areas in Beirut, Lebanon.

Although the main focus of the research was on understanding women's attitudes and behaviours, the Ecological Model of Health Promotion (McLeroy, Bibeau, Steckler, & Glanz, 1988) suggests that behaviours are influenced by a variety of factors other than individual knowledge and attitudes. These include the interpersonal relationships of individuals, the organizations they are surrounded by, the community they live in, and national and international policies. Perhaps particularly in a patriarchal society, men's opinions influence women's attitudes and behaviours. An understanding of women's waterpipe behaviour would not have been possible without also including men.

Participants were recruited from cafés, universities, through home visits, and other public places, following a snowball technique, where one person would put us in contact with his/her friends who are either smokers or non smokers of the waterpipe. Data collection stopped when data/descriptive saturation was reached, meaning once no new information was being provided (Walker, 2012).

A total of 81 FGDs of 8–10 people per group and 38 in-depth interviews were conducted in Lebanon, Syria, Palestine and Egypt during the summer (July) and the month of Ramadan (mid September – mid October) in 2007. Table 2 shows the total number of FGDs and interviews conducted in the four countries.

Table 1

Example of distribution of interviews and focus group discussions in urban areas in Beirut, Lebanon.

Region	Age groups				Other characteristics	
	18–25 years	26–35 years	36–65 years	65+ years		
Beirut	Women smokers	Area A 1 FGD	Area D 1 interview	Area F 1 interview	Area I 1 interview	- Marital status - Employment
	Women non-smokers	Area B 1 FGD	Area D 1 FGD	Area G 1 FGD Area F 1 FGD	Area F 1 interview	- Religion - SES
Urban regions	Men smokers	Area C 1 FGD	Area E 1 FGD Area E 1 FGD	Area H 1 FGD Area H 1 FGD Area I 1 interview	Area I 1 interview	
	Men non-smokers	Area B 1 FGD	Area C 1 FGD Area B 1 interview	Area E 1 FGD	Area G 1 FGD	

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