
PRELIMINARY REPORT

Contributory Factors to the Smoking of Shisha among Teenagers in the Perak City of Ipoh: A Preliminary Qualitative Survey

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ABSTRACT

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Introduction	The purpose of this study is to explore the reasons of Shisha smoking among teenagers in Ipoh, Perak.
Methods	Data was collected using in-depth face to face interview. Purposive convenient sampling was used to select volunteer respondents from one of the Shisha restaurant located at Ipoh. The interviews were conducted for 15-20 minutes, recorded using video tape. The data obtained was transcribed and coded for the purpose of thematic analysis.
Results	All respondents were influenced by peers in their first attempt in Shisha smoking. Other reasons attracting them to continue smoking Shisha include appealing smell and the flavoured taste of Shisha, easy to access, perceived that Shisha was not addictive and its' cheaper price. In terms of perception on health risk, all respondents believed that Shisha was less harmful compared to cigarette smoking
Conclusions	More educational programme, health talk about risk of Shisha should be developed and conducted to rectify the misconception about health risk of Shisha smoking. The target population should be focus on male teenagers who smoke Shisha in order to control the widespread Shisha smoking in Malaysia.
Keywords	Shisha smoking-teenager - factors influencing Shisha - health risk.

INTRODUCTION

“Shisha”, as it is commonly known in Malaysia, has its origins or roots in Egypt, Saudi Arabia^{1,2}. It is also known variously as “narghile”, “nargile” or “arghile” in Israel, Jordan, Lebanon and Syria³⁻⁵, “hookah” in Africa and the Indian subcontinent⁶. It consists of tobacco leaves mixed with a wide variety of fruit flavors, such as strawberry, pineapple, apricot, grape, rose, mint and cappuccino⁷ to sweeten and flavor the smoke. People smoke it by using a stand-up device called water pipe, which consists of a base, pipe, bowl and hose or a mouthpiece. Shisha smoking has become a national and global trend of high prevalence so much so that it has, lately, become the notorious culture of students in the Middle Eastern countries and among the groups of Middle Eastern descendants in Western countries⁸⁻¹⁰.

According to the report from Tobacco Free Organization¹¹, among the common factors associated with the popularity of Shisha smoking worldwide are: the appeal of sweet smell and taste of the Shisha; misconception that it is, healthwise, less risky due to the fact that Shisha smoke is filtered through water; misinterpretation that Shisha is healthier compared to cigarette smoking because of its fruits content; and finally, the wrong believe that Shisha smoking does not contain nicotine, and therefore it is not addictive.

In Malaysia, anecdotal reports suggest that Shisha smoking has already become a culture among the urban teenagers¹². However, literature search found that there is no evidence to substantiate that fact from empirical reports on Shisha smoking in Malaysia. In addition, no previous studies were ever conducted among Malaysian youths as regards the smoking. Therefore, the purpose of this study is to explore the reasons why teenagers smoke Shisha and how they perceive the health risk to be by smoking Shisha. Evidence from this study is expected to provide preliminary information which can be used as a guide to develop strategies to prevent Shisha smoking among Malaysian teenagers.

METHODS

An in-depth, semi-structured, face-to-face interview was employed in this study. This interview method was selected because it is an effective way to explore views from the respondents regarding the objective of the study. Restaurants which provide Shisha smoking services located at Ipoh area were surveyed by researchers a week before the actual study was conducted. Names of the restaurants were listed down, and the researchers randomly selected one of the restaurants to become the target location for this study. After obtaining permission to conduct the study from the research committee of the University, the researchers explained the purpose of this study to the restaurant owner himself in order to obtain his permission to conduct the study at his restaurant.

On the day of data collection, researchers obtained written, informed consent from the respondents who were willing to participate in the study. The participants were briefed that their voices and interview session would be recorded for the purposes of data analysis. They were promised that all the information obtained from them will be kept strictly private and confidential. Only a total of five respondents agreed to participate. Most of the Shisha smokers, who visited the restaurant on the day of data collection, declined to participate because they did not want to give any lengthy interview and were unwilling to be recorded too. Each of the interview sessions took approximately 15-20 minutes. A semi-structured interview questionnaire, which was developed by the researchers, was used during the interview session. The questions that were used to guide the participants in the discussion include: “Why do you smoke Shisha?” and “What do you think about the risk of smoking Shisha on your health?” Probing method was used to obtain additional information and get specific examples from the respondents. All the data obtained from the interview was transcribed, coded and analysed using thematic analysis.

RESULTS

Background of the respondents

The structured interview sample involved five male teenagers. All the participants had completed their secondary education and were working at the material time. Their ages ranged from 21 to 24 years; their mean age was 23. Three of them started smoking Shisha at the age of 18, while another two started at the age of 20. All of them are cigarette smokers. They are also regular Shisha users as they smoked Shisha more than once a day¹³.

Contributing factors to Shisha smoking:

The role of peer influence

All the participants reported that they began smoking Shisha due to the strong influence from their friends. One of them said:

“...my friends always invite me to join them”;

“...my friend from the university recommended me to try Shisha”;

“...I just want to have fun and hang out with my friends”;

“....I won't smoke Shisha alone....my friends had always invited me to join them...I began to enjoy the session more (Shisha smoking session)”.

Three of the participants said they began smoking Shisha as they perceived Shisha smoking to give them good time to socialize with their friends.

Attracted by the appealing sweet smell and taste of Shisha

Shisha and health risk

Besides being influenced by friends, four out of the five had agreed that they had chosen Shisha because they were attracted to the varieties of tasty and sweet Shisha flavors. They reported that:

“...if we smoke cigarette, we can taste the bitter taste of the smoke, but Shisha offers sweet flavors...”;
“...Shisha is not the same as a cigarette; it has better taste than a cigarette...”;

On the possibility of increasing Shisha flavors by mixing different flavors together, one of the respondents mentioned:

“...if you want a more delicious flavor, you can mix different fruit flavors ...peach with mint...”.

Accessibility

One of the respondents said:

“...there are many Shisha outlets here...we can always go.....(he recommends a few places);

One of them stated that he preferred to choose a place which is not crowded with people:

“...there are many people in the restaurant at around 8-9pm; people do not smoke Shisha earlier than that; they smoke usually around 10-1 am midnight as there will be more people...”;

However, two of the respondents, on top of smoking Shisha at the Shisha restaurants, also smoked Shisha at home, because they had the devices available at home.

Other reasons

Besides the common reasons given by the majority of the respondents, one of the respondents said he preferred Shisha smoking compared to cigarette smoking because it is not addictive.

“.....Shisha is not as addictive as cigarette”;

Participants also felt that cost for Shisha smoking is much cheaper than cigarette smoking, because it can be shared among friends:

“.....Shisha is more expensive than cigarette smoking, but Shisha can be shared together...so it becomes cheaper”.

Perception about health risk

All the respondents mentioned that they did not know about the potential health risk of Shisha smoking when researchers asked, “Do you know Shisha smoking has health risk?”

Their responses were mainly:

“...I never knew Shisha smoking is dangerous to health”;

“I cannot believe that Shisha smoking is more harmful than cigarette smoking”;

When respondents were further asked why they believed that Shisha is harmless, the following reasons were given by the respondents:

“...no advertisement about it (dangerous)”;

“...I don't think so, because no warning on labels”;

Some said that Shisha is harmless because they did not feel any harmful effects:

“.....actually I do not know any danger thing about Shisha, because when I smoke Shisha, there is no effect (dizziness)”;

One of the respondents said that Shisha is not dangerous because carcinogen chemical is filtered away by the water pipe:

“....Dangerous? I think not...because it has a water filter...”

One of the respondent believes that if Shisha is dangerous, cigarette smoking will be much more dangerous:

“...smoking cigarettes causes more dizziness; cigarettes is more dangerous to health”

DISCUSSION

The findings from this study suggest that the most common reason for teenagers to smoke Shisha is peer influence. All the respondents said that it was their friends who first encouraged them to try Shisha. This may be due to the norm that ‘if you don't smoke, you are not part of our culture’. This finding also shares similar view with previous findings which stated that teenagers viewed that smoking with friends as an affordable and relaxing novelty^{9,14,15}. Peer influence is also strengthened by the increase of social networking used by Malaysian teenagers. This is because teenagers are the dominant user groups for one of the popular networking, namely Facebook in Malaysia¹⁶, and the teenagers tend to share their Shisha consumption experiences and practices through this social networking. Nevertheless, after the first trial of Shisha, sweetened flavor became the main attraction for them to continue smoking. Various fruit flavors seem to mask the toxic substances in the tobacco and this makes it less irritating, thus motivating them further to smoke¹⁷⁻¹⁹.

As mentioned by one of the participants, a new Shisha flavor can be created by mixing two of more flavors, therefore, the scope for flavor choices is very wide. This makes the teenagers not easily bored, rather, more excited to try different Shisha flavor, hence, increasing their retention towards Shisha smoking. Besides that, Shisha restaurants, which provide Shisha smoking facility, are easier to found in Ipoh and this easy accessibility has also become one of the reasons associated with increase in Shisha smoking. This easy accessibility to restaurants is convenient to Shisha smokers who do not have any Shisha devices at home. If Shisha smokers have any such devices at home, they would prefer to smoke at home because it was cheaper and more convenient than going out¹⁵.

However, if an impending ban of Shisha were to be carried out in Ipoh, researchers believe that it can significantly reduce the number of Shisha smokers smoking it. Furthermore, this study had discovered and

explored a new point that encouraged teenagers to try Shisha: Cheaper price due to sharing. According to the participants, they can share a Shisha session with their friends, thus indirectly reducing their expenses in buying cigarettes. By using prediction from cigarettes consumption, an increase in Malaysian ringgit (RM) 1.60 to 2.00 per pack would reduce cigarette consumption in Malaysia by 3.37%²⁰. Therefore, the researchers believe that one of the most effective ways to prevent and reduce Shisha smoking is through the raising of prices of Shisha.

In terms of the perceived health risk, all respondents believe that Shisha is harmless and not addictive, compared to cigarette smoking. This pattern is in line with same previous studies^{7,21,22} done. In reality, the Shisha smoke is just as dangerous as cigarette smoke¹⁷. Water does not filter out cancer-causing chemicals in Shisha tobacco. Moreover, the sweet flavor is only able to mask the irritating smell and taste of Shisha, but it does not get rid of its cancer-causing chemicals and nicotine. As compared to a single cigarette, Shisha smoke contains even higher level of metals such as arsenic, lead, and nickel, 36 times more tar, 15 times more carbon monoxide and nicotine. Hence, smoking Shisha exposes a smoker to a variety of diseases, such as lung, bladder, and oral cancers,^{23,24} and increases the risk of transmitting tuberculosis, viruses such as herpes or hepatitis, and other illnesses.^{17,25,26}

Furthermore, perception that smoking Shisha is not as addictive as smoking cigarette is proven to be wrong. The more someone smokes, the more he is likely to be addicted and it is not easy to quit¹⁹. This can be evidenced from previous studies which revealed that approximately half of the respondents still returned to smoking it after trying to quit^{9,14} it. Based on the interview feedback, the researchers believe two of the Shisha respondents had already been addicted. They have shown initial marker of addiction: starting to switch from social smoking to smoking alone. This finding suggests that there is a tendency for a Shisha smoker not to be aware that he had already been hooked on to Shisha smoking.

These misconceptions about the health risk of Shisha are believed to be strengthened by the lack of information provided by Government such as lack of warning label for Shisha tobacco pack and accessories²⁵, no advertisements from mass media as well as no age restriction laws against buying or smoking Shisha in restaurants²⁷. Although campaigns to ban Shisha had already been started in a few states in Malaysia, for example in Malacca, Kota Baru and Kelantan, this has not been fully implemented yet the whole of Malaysia. The policy related to Shisha use is still weak and lagging behind, therefore, strict enforcement of current law on Shisha smoking is highly recommended. For example, by displaying the health warnings and health information in Bahasa Malaysia and English on the Shisha packaging and also

on restaurants that provide Shisha services; banning the smoking of Shisha in all states in Malaysia as implemented in Malacca, Kota Baru and Kelantan; carrying out campaigns on Shisha in schools or colleges. Without a comprehensive preventive action to correct inaccurate belief towards Shisha smoking, and a blanket ban to Shisha smoking in public, the consumption of Shisha smoking is expected to increase in the forth coming years.

CONCLUSION

From this study, a variety of reasons which causes the popularity of Shisha smoking to increase among teenagers had been identified. These reasons include peer influences, appealing flavor, lower cost, easy access and misconception about the health risk. This study had shown that the common reasons and the misconceptions towards Shisha smoking are no different compared to other countries where Shisha smoking had widely been practised. Hence, the same phenomenon in other countries might also happen in Malaysia in future, if no further action is taken immediately. A policy in the direction of Shisha smoking prevention and control should be formulated in order to control the widespread of abuse of Shisha smoking among Malaysian teenagers. However, in order a policy to be formulated, statistical facts and research documentation of findings are required. Therefore, the researchers believe that more scientific studies related the Shisha usage in Malaysia should be conducted.

RECOMMENDATION

In the future study, some intervention on the health risk of Shisha smoking should be developed and conducted in order to correct the misconceptions. The target population should be male teenagers.

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