

Cultural Perspectives of Smoking Models: Cigarette Smoking and Waterpipe Smoking

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Abstract: We conducted this study to review the literature about cultural perspectives of smoking models including cigarette smoking and waterpipe smoking. We found that the most surprising factors related to smoking models were being socially accepted and occurred in families and smoking parents are encouraging examples for their children to initiate smoking. Although, most smokers are aware of health hazards of smoking, they are still smoking. Cultural perspectives are the sum of perceptions, attitudes in addition to knowledge. We found that smokers have adapted their own special cultural perspectives towards smoking and have also developed positive attitudes towards smoking. For any anti-smoking programs to success in smoking quitting, cultural perspectives towards smoking have to be taken into account. Values are taken from family, school, friends and community. If smoking is an acceptable pattern of behavior, then it is difficult to be combated. As a conclusion, we have to change our strategies in facing smoking through changing cultural perspectives of smoking.

Key words: Smoking models, cigarette smoking, waterpipe smoking, cultural perspectives, attitudes, community

INTRODUCTION

Tobacco use is one of the chief preventable causes of death in the world (Warren *et al.*, 2000). It has been estimated that about 4 million deaths a year are due to tobacco and this number is expected to double by the year 2020 (Murray and Lopez, 1997; Ezzati and Lopez, 2003).

Several epidemiological studies showed that the majority of death cases occur in developing countries (Warren *et al.*, 2000). In developed countries, smoking is started before the age of 18 years.

Baska *et al.* (2010) conducted a study to determine the role of family background on cigarette smoking among adolescents in Slovakia. Study findings showed that students of families in which at least one parent was smoking were more likely to be smokers. Socio-economic factors of parents including educational level and employment status were not statistically associated with student's smoking status.

The effect of parental smoking has been investigated through various studies that ended with the consideration that siblings repeat the behavior of their parents in the engagement of smoking (Komro *et al.*, 2003; Forrester *et al.*, 2007; Hedman *et al.*, 2007; Fidler *et al.*, 2008; Gilman *et al.*, 2009).

Haddad and Malak (2002) conducted a study to measure several smoking related aspects including prevalence, description of smoking habits, attitudes and practices among a sample of students of Jordan University of Science and Technology (JUST), Irbid, Jordan. Study findings showed that about 29% of students were smoking and higher rates were found among males. The influence of peers was more profound than that of family. Smoking was initiated mostly after 15 years of age. It was found that the cultural effects influenced the place of smoking since males had no problem to smoke in the cafeteria whereas females preferred smoking in the bathroom. According to males, smoking had the advantages in calming down whereas females thought that smoking gives the feeling of independence.

Musmar (2012) conducted a study to explore the rate of and attitudes towards smoking among An-Najah National University students. Study findings showed that about 35% of study participants were smokers. Males were more smokers (52.7%) than females (16.5%). Predictors of smoking were sex, type of college (humanities), older age and higher family income.

Mohammad *et al.* (2015) conducted a study to explore older Greek-Australian's views about socio-cultural influences on their smoking. Study findings

showed that smoking was perceived as the “norm” by older Greek-Australian smokers. It was also found that smoking is supported through family members, friends, the Greek community and physicians. Smoker’s family members (brothers) and friends were identified as facilitators of smoking. From this study, the cultural aspects of smoking encourage, facilitate and celebrate smoking. When knowledge about smoking hazards is concerned, smoking physicians usually become as a barrier.

Two studies have pointed to the difficulty of quitting smoking among older smokers as a matter of tobacco as being highly addictive drug (Appel and Aldrich, 2003; Kerr *et al.*, 2006). Cultural variations among public shape their perceptions, knowledge and attitudes and may lead to misinformation and misconceptions regarding smoking in which quitting is not a must or extremely difficult. A large proportion of smokers believe that smoking cessation in later life does not provide any benefits for them and they also believe that anti-smoking approaches including nicotine-replacement patches are not risk free (Kerr *et al.*, 2004). Some smokers believe that due to smoking for a long time, hazards associated with smoking have already occurred and quitting smoking would not help them (Kerr *et al.*, 2006).

Hussain and Satar (2013) conducted a study to evaluate the prevalence and determinants of tobacco use among Iraqi adolescents. The study results showed that about 22% of Iraqi adolescents were tobacco users and males were more frequently smokers. A number of predictors of tobacco use included gender (male) having current parent smokers having a close smoker friend.

Amin *et al.* (2011) conducted a study to determine the prevalence and determinants of the current smoking status among secondary school students in Al-Hassa, Saudi Arabia. Study findings showed that the prevalence of current smokers was about 22%. Study findings also showed that current smokers have higher frequencies of major depressive and anxiety disorders than non-smokers. Predictors of smoking included sex (male), older age, smoking of close relatives and friends, anxiety disorders and socializing motives.

The increased trend of tobacco use can be explained by several considerations among which are low prices of cigarettes compared with other countries including the United States and Norway (Schultz *et al.*, 1998; Abdalla *et al.*, 2009). It is thought that females, particularly in Saudi Arabia perceive smoking relief from psychological distress resulting from rapid social and cultural transformation (Gelban, 2007).

Maziak *et al.* (2004) conducted a study in view of the consideration that smoking models included cigarette smoking and waterpipe smoking. The study purposed to evaluate the beliefs and attitudes related to waterpipe smoking which are thought to participate in its increased popularity among young people in Syria. Study findings showed that positive perceptions for waterpipe included its smell and taste which its negative perceptions were towards the smoke produced, the pollution and perceived adverse health effects.

Belbeisi *et al.* (2009) conducted a study about smoking in Jordan. They found unacceptable high prevalence of smoking in Jordan ranging from 15-30% among students aged 13-15 years which the smoking prevalence approximated 50% among men. The researchers expressed their opinions in existing opportunities to lower smoking among both youth and adults but this requires partnerships and long-term commitments between both private and public institutions as well as within local communities.

Akl *et al.* (2013) conducted a study to systematically review the medical literature for motives, beliefs and attitudes towards water pipe tobacco smoking. Study findings showed that the main motivating factors for waterpipe tobacco smoking were socializing, relaxation, pleasure and entertainment. Results also showed that peer pressure, fashion and curiosity were additional motives for university and school students while expression of cultural identity was an additional motive for people in the Middle East and for people of Middle Eastern descent in Western countries.

CONCLUSION

Through this study, we found that cultural perspectives associated with smoking make it socially accepted. Families with smoking parents have more chances for the children to be smokers. Males were more smokers than females. While males smoke for calming down, females smoke to feel independence. For smoking quitting programs to success, smoking cultural aspects have to be taken into account.

RECOMMENDATIONS

We recommend that more in depth studies to be conducted that make focus on cultural perspectives of smoking and to have partnerships between various parties of community to develop strategies based on understanding of positive attitudes towards smoking and how to deal with these factors.

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