

# Misconceptions of Young Males Regarding Shisha Smoking

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## ABSTRACT

This study was intended to assess the misconceptions about contents and hazards of shisha (water pipe) smoking as well as practices of shisha smokers. Sixty young males between 16 to 26 years of age, smoking shisha regularly or occasionally were interviewed through a questionnaire based performa. The level of misconceptions regarding contents and harms of shisha smoking was high as majority (76%) perceived shisha very safe and insisted for its contents to be fruit flavors only while forty (66.6%) considered it absolutely harmless. Thirty two percent became active cigarettes smokers after starting shisha smoking and there was minimal parental inhibition towards shisha smoking. It is concluded that there is high level of misconceptions and poor information about the traumatic effects of shisha smoking among young urban males in Lahore.

**Key words:** Shisha, smoking, tobacco, water pipe, young males.

## INTRODUCTION

A shisha (hookah) is a water pipe used to smoke tobacco through cooled water. The tobacco mixed with various flavors is heated in the bowl at the top of the shisha and the smoke is filtered through the water in the base of the shisha. The hookah tradition, dating back at least 500 years was originated in the Middle East regions of the world. Countries cited for the first use include Egypt, India, and Turkey and now being a new fashion the shisha cafeterias are gaining popularity across the globe including the United States.<sup>1</sup> Tobacco use is a growing threat to global health and the most important causes of smoking-related mortality are atherosclerotic cardiovascular disease, lung cancer, and COPD.<sup>2</sup> Shisha smoking is a disguise of real tobacco available in a variety of flavors, such as apple, mint, cherry, chocolate, coconut, licorice, cappuccino, and watermelon which is quite attractive for the youth. The myths associated with shisha are providing escalation to its use as many people misconceive it to be safe and misbelieve that as shisha smoke is filtered through water so it filters

out any harmful ingredients and as shisha tobacco contains fruit, so is healthier than regular tobacco. The real facts are quite bitter as it can cause all harms as are associated with any form of tobacco smoking.<sup>3</sup> Each hookah session typically lasts more than 40 minutes, and consists of 50 to 200 inhalations that each range from 0.15 to 0.50 liters of smoke. Compared to a single cigarette, hookah smoke is known to contain higher levels of arsenic, lead, and nickel, 36 times more tar and 15 times more carbon monoxide.<sup>4</sup> Smoking a hookah requires taking longer and harder drags, increasing levels of inhaled nicotine and carcinogens in the lungs. The quantity of nicotine depends upon the duration of hookah smoking. In a 45 to 60 minute hookah session exposes the smoker to approximately the same amount of tar and nicotine as one pack of cigarettes.<sup>5</sup>

There are a few studies that have shown that a high proportion of Pakistani university students including medical and dental students who regularly smoke shisha and are least aware about its health costs.<sup>6,7</sup>

This cross sectional survey was conducted to

assess the existing level of misconceptions, knowledge about contents and harms and practices of shisha smoker males in Lahore.

### MATERIAL AND METHODS

A cross-sectional survey of sample of 60 young males who admitted to smoke shisha regularly or occasionally was carried out when they came to medical attention at the time of attending pulmonary OPD due to symptoms attributed to a respiratory infection as well as those who accompanied a patient attending hospital. They were included after they consented to participate in the study and thus enrolled by using convenient sampling. The survey was conducted from 1<sup>st</sup> January to 31<sup>st</sup> May 2009. A specifically designed questionnaire performa was filled during interview with the respondents. All participants were having education level between matriculation and graduation. The survey instrument was designed to assess the misconceptions about shisha (water pipe) smoking contents and hazards as well as practices of regular or occasional/social shisha smokers. The one-page questionnaire included ten items; a short, simple format was maintained in the interest of reducing respondent burden and confidentiality of responses was assured. The 10 questions in the study performa consisted of; age and duration of starting shisha smoking, telling contents of shisha, option to choose its contents as; tobacco mixed with fruit flavors versus fruit flavors only, perception of any health harm, concomitant use of cigarettes, use of cigarettes before start of shisha smoking, started to smoke cigarettes regularly after starting shisha smoking, parental allowance for shisha smoking and the frequency of shisha smoking having four options: daily, week ends, monthly or occasionally.

### RESULTS

A total of 60 questionnaires were filled after interviewing young males between 16 to 26 years of age attending pulmonary OPD or accompanying indoor or outdoor patients. Most of the participants were smoking shisha for 3 to 5 years and the mean age at starting shisha smoking was 16±1.8 years. All participants could not precisely tell about the

contents of shisha. The level of misconceptions about the contents and hazards of shisha were high (Fig. 1). Majority (76%) perceived shisha very safe and insisted for its contents to be fruit flavors only while remaining 24% mentioned for the presence of tobacco inhaled with various flavors. Forty participants (66.6%) considered it to have no harm on health while remaining attributed it towards health hazards on respiratory and cardiovascular systems only. Forty eight percent were active smokers before they started to smoke shisha and thirty two percent agreed they started to smoke cigarettes after they started inhaling shisha smoke and were now regular cigarette smokers. Strangely, it was seen that parental allowance for shisha smoking was high (72%) probably they also perceived it safer. The frequency of shisha smoking (Fig. 2) among the respondents was at week ends (20%), daily (4%), monthly (66%) and occasionally (10%).

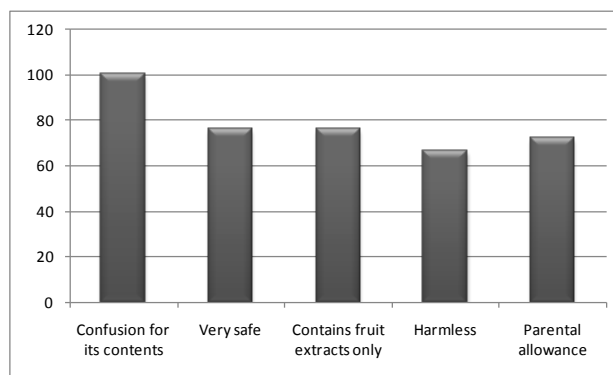


Fig. 1: Showing percentage of misconceptions among shisha smokers.

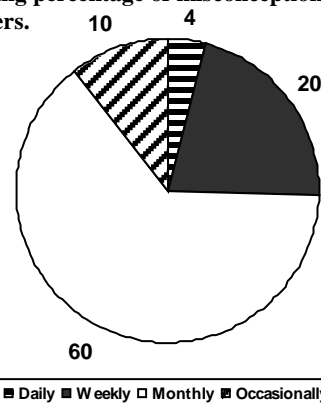


Fig. 2: Showing frequency percentage of shisha smoking among young shisha smokers.

## **DISCUSSION**

It is observed in the developed world that the consumers face a multitude of risks in their daily lives and the most prominent of them was cigarette smoking, which has been the object of required hazard warnings, partial advertising bans, annual surgeon general's reports, restrictions on public smoking, and widespread adverse publicity.<sup>8</sup> Surveys from major cities of Pakistan showed that high proportion of younger individuals are attracted to shisha smoking and possess minimal knowledge about the health risks associated with its use.<sup>6,7,8</sup>

The first reflection from the results of the present study is an important finding that individuals who smoke are quite young with a mean age at starting shisha smoking being  $17 \pm 1.8$  years. This is because of poor perception among the young generation regarding the harms as is also illustrated by the other segments of the study where majority (76%) perceive the contents of shisha to be composed of fruit extracts/flavors. Most of the individuals also underestimated the harms associated with shisha use as 66% considered it absolutely harmless. The similar results were also seen in other surveys conducted in our country.<sup>6,7</sup> A survey of Saudi medical students have shown that although most students agreed that smoking tobacco was harmful, approximately 9.5% believed that smoking a water pipe was not hazardous.<sup>9</sup> A US survey showed contradictory results showing majority of respondents who participated in the survey considered hookah smoking to be harmful to their health (88%), yet 52% had no intention of quitting reflective of better awareness but different attitude in that part of the world.<sup>10</sup>

The present study showed 48% of the participants were active smokers before they started to smoke shisha but 32% became addicted to nicotine after they started smoking shisha and ultimately became regular cigarette smokers. This point is quite valid in perspective of preventing tobacco addiction if our youth is conveyed the message about shisha smoking potential of producing nicotine urges and thus addiction.

Another highlight of this present study is high level of parental acceptance (72%) and allowance for shisha smoking reflective of poor knowledge of

shisha contents and hazards among the senior generation. The frequency of shisha smoking among the respondents was at week ends (20%), daily (4%), monthly (66%) and occasionally (10%). Most of the individuals were smoking it on the monthly basis because of the cost and time constraints. This was also seen in the Karachi study by Anjum Q et al. that revealed that shisha smoking was more prevalent among the high socioeconomic group, which might be because of the cost, accessibility and availability.

The main limitation of our study is the small sample size. This is because the study was hospital based having poor access to the younger generation who smoke shisha and rarely visits the hospital as they are generally in good health unlike elderly tobacco smokers who are frequent visitors in the hospital. The best will be to conduct larger surveys at the colleges and the university levels. The ideal scenario will be to collect information from individuals visiting the shisha cafeterias but that is almost impossible as the owners of these cafeterias have constraints of losing their clientele if medical community approaches smokers sitting in their cafeterias. A recent meta-analysis of water pipe smoking has shown it to be as harmful as cigarette smoking.<sup>11</sup> Further larger studies are needed to assess the level of knowledge about contents and hazards of shisha smoking in our general population.

## **CONCLUSION**

Shisha smoking, a newer tobacco trend of 21<sup>st</sup> century and an unhealthy pandemic has also influenced Pakistan. The results of this study are red signals reflecting the height of misconceptions, meager knowledge of health hazards, and inappropriate practices at the end of our youth enjoying shisha smoking as a fashion. The health community, media, governmental and private organizations should take steps ahead to curb down the rising shisha epidemic with special emphasis on younger generation.

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