

Effect of religion on the smoking behavior among adolescents: A Quantitative Analysis about smoking perceptions

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Introduction:

One of the causes of mortality and morbidity among people around the world is smoking (Guindon et al., 2003). Their number has increased during the last year and reached 1.3 billion people in which about 80% of the smokers are located in countries that are in the process of developing (Guindon et al., 2003). Smoking causes 5 million deaths every year and is expected to increase to 10 million before we reach the year 2025. One important aspect is that almost 7 million of these smokers live in developing countries and as a result, the mortality and also the morbidity caused by smoking, costs the economy about \$200 billion every year (Lightwood and Glantz,1997). The WorldHealth Organization (WHO) stated that the world holds no less than 1 billion smokers. As a consequence, smoking is the main cause for 6 million people yearly. These statistics include smokers and also people that stopped smoking at about 5 million. Even if they are quitting smoking, every year 600,000 people die from consequences smoking had on their bodies (Lightwood and Glantz,1997).

Poor countries as well as developing countries hold about two thirds of the world's smokers (Lightwood and Glantz,1997). This is a cause of the aggressive publicity and marketing stunts attributed to the large companies that sell tobacco (Ockene Ira and Miller, 1997). One of the consequences of smoking is premature death and it can become a great impediment on the economy and on the smoker's family that usually occur in developing countries that struggle with resources (Lightwood and Glantz,1997). Smokers are exposed 12 times more to lung cancer than a normal person is, as well as coronary heart disease that is four times more frequent in these cases. Stokes is also two times more frequent and an alarming number is that 10 times more people tend to die due to chronic obstructive lung disease (Ockene Ira and Miller, 1997; World Bank, 1999).

With almost 190 million people, Pakistan, is one of the most

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populous country on Earth (World Bank, 1999). Here, only one third of the population is situated in urban areas. Recent research shows that half of the people in Pakistan will live in the urban area in 2030 due to the high migration. The numbers are dangerous as 22.3% represent the poverty line in Pakistan and the amount the government is spending on health is extremely low 2.6% (World Bank, 1999). Pakistan is exposed to a high risk of both communicable diseases, but also non communicable diseases that we will now call NCD. A study has shown that 54.9% of the deaths in Pakistan are due to NCDs (Zaman et al., 2002). In 2004, Pakistan signed the Framework Convention for Tobacco Control in order to prevent the risk of deaths. Scientist from Pakistan tried to discover what determines people to smoke, but are not specific enough as they only focused on some parts of society (Murray et al., 1983; Chassin et al., 1986; Tyas and Pederson, 1998; Conrad et al., 1992) . The numbers shown are provided by the National Health Survey of Pakistan, gathered between 1990 and 1994 and also from World Health Survey from 2002 to 2003 (Flay and Petraitis, 1994; Leatherdale et al., 2005). The World Health Survey showed that 19.9% of smokers are adults, 33.5% are represented by males and 6,2% by females (Leatherdale et al., 2005). The most used type of tobacco is through conventional cigarettes, but these are not the only ways. There are forms such as naswar or hookah or even tobacco in paan and not least, gutka (Jackson et al., 1998; Pomrehn et al., 1995). It has been recommended by the WHO that all the types of tobacco have to be monitored even if no new information have been added in since the WHO Report from 2011, as the survey from 2002 an 2003 has shown (Shaikh and Kamal, 2004). Pakistan has managed not to take place in the Global Adult Tobacco Survey also calls GATS that showed that smoking appear as soon s 14 years old in the middle countries that strive to be developed. But Pakistan should be integrated in Wave 3 very soon (Farkas et al., 2000). As previously stated, in Pakistan the prevalence of smoking has reached 36% of males and almost 9% in females. Other studies have shown that most young people in Pakistan that are constant smokers are university students at about 15% and most of them are males (Zaman et al., 2002; Shaikh and Kamal, 2004).

An extremely worrying fact is that 1200 children take on smoking every single day (WHO, 2005). This fact is alarming as it determines highly costs in the economic department and also it will lead to a more sickly workforce in the future, a sector that already is struggling. One of the young people justification for smoking is a multi-dimensional and a complex factor of genetics to psychological as well as economic and social. Most of the time they invoke social and also environmental issues

such as parents that smoke or friends or people around them (Zaman et al., 2002; Jackson et al., 1998; Chassin et al., 1986).

Smoking parents are an important factor in the education of young children as they can be perceived as an example in future smoking habitual actions (Tyas and Pederson, 1998; Conrad et al., 1992). Studies have shown that a child with a least one smoking parent is more likely to become a smoker (Jackson et al., 1998). Also, some studies have highlighted that children that come from families with parents that smoke, tend to smoke more than children that don't have parents that smoke (Murray et al., 1983). As well as the parents, friends can be a great influence as studies show that children that have friends that smoke are more likely to start smoking as children that have non smoker friends will less likely start smoking in the near future (Flay and Petraitis, 1994; Leatherdale et al., 2005).

Most people start having smoking habits during the college period. This has been linked to the fact that young adults are more exposed to different social situations which they might meet and be around many smokers that will influence them into starting to smoke as well. The purpose of this paper is to examine student perception about smoking and effect of religion on the smoking behavior of young adolescents.

Islamic Prospective of smoking:

Islam emphasized cleanliness and hygiene to the extent that it has been considered as part Iman (Faith). It is known fact that research smoker mouth is unclean and smells like a cigarette ash tray Accordint to Quran says:

"And forbids them what is bad" The Qur'an, Surah Al-'Araf, 7: 157

"O ye who believe! Intoxicants and gambling are an abomination of Satan's handiwork. Eschew such abominations that ye may prosper"
The Quran, Surah Al Ma'idah, 5: 93

Quran further adds that smoking is nothing but a form of slow suicide. The Qur'an says:

"And slay not the life which Allah hath forbidden" The Quran, Surah, Al-Isra, 17: 33

"And make not your own hands contribute to your destruction" The Quran, Surah, Al-Baqara, 2: 195

"Nor kill or destroy yourselves for verily Allah hath been to you most merciful." The Quran, Surah, An-Nisa, 4: 29

According to Rhoads (2012), it is estimated that a smoker spent about Two Hundred Dollars in a period of 30 years excluding the money which an average smoker spent on his health care activities. As Quran mentioned:

"But squander not your wealth in the manner of a spend thrift, verily spendthrifts are brothers of evils" The Quran, Surah, Al-Isra, 17: 26, 27

Hence, Islam prohibit all those kind of activities (smoking and drugs), which pollute, injure or destroy human body.

Methods:

Participants:

Data was collected from children and adolescents of intermediate, undergraduate and graduate students. In order to ensure the representation of diverse socio-economic background, all selected schools, colleges and universities were from metropolitan region. Prior permission from school administration and parents were taken. Table-1 shows the demographic details about respondents, mother and father education, sibling and history of smoking etc.

Instrument:

A survey questionnaire on tobacco use was created utilizing beforehand approved surveys. Classification and secrecy of respondents were kept under consideration. The survey questionnaire divided in to three parts. First part entails demographic information, while the second and third parts determine respondents perception of effect of religion on smoking behavior and general opinion of respondents towards smoking practices. The survey language was English and data was collected from school, colleges and university students.

Sampling:

Data was collected using simple random sampling from children and adolescents having age range from 18 to 25 years. Data was only collected male respondents. In total, 250 questionnaires were distributed, about 23 questionnaires were discarded due to incomplete information. About 227 final questionnaires were considered for analysis. In order to ensure the data reliability, data collection was administered in the same way between school, colleges and universities. Moreover, trained research assistants administered questionnaires to students in their respective classrooms in a group format. Initial items were read aloud and the research assistants were available for questions throughout the administration

Results

Demographics

Table 1 shows the results of demographics. Besides demographics, other questions were asked including general perception about smoking. Demographic information includes age, education, father education, mother education, siblings, history of smoking among family members. Moreover, respondents were asked about current frequency of smoking

daily, number of cigarette smoke daily, number of cigarette advertisements seen in last 30 days, starting age of smoking, types of smoking and expenses on smoking per week are considered control variables in the study.

The measures for control variables are as follow: age as an interval scale (1=18-20, 2=21-22, 3=22-25, 4=25 and above); education as categorical variable (1= Intermediate, 2=Under Graduate, 3=Graduate); father and mother education as categorical variable (1=Primary/Middle, 2=Matric/Intermediate, 3=Bachelor, 4=Master & above); sibling as four point scale ranging from 1 (0) to 4 (8 and above); history of smoking among family members as categorical variable (1= Parents Smoke, 2=Brothers Smoke, 3=Grandparents Smoke, 4=Cousin Smoke); current frequency of smoking daily as four point scale ranging from 1 (once a week) to 4 (not at all); number of cigarette smoke daily as four point scale ranging from 1 (<1) to 4 (5 & above); number of cigarette advertisements seen in last 30 days as categorical variable (1=none, 2=few, 3=many); starting age of smoking as four point scale ranging from 1 (10 years) to 4 (<10 years); who motivated you to start smoking as categorical variable (1=friends, 2=media, 3=family); Expenses on smoking per week (in rupees) as 3 point scale ranging from 1(100-500) to 3 (500-1000); and types of smoking as categorical variable (1=Cigarette, 2=Shisha / Water Paper, 3=E- Cigarette).

Results in table-1 shows that most of the respondents were between the age of 21-25 (about 73 percent) and their qualification is undergraduate (81 percent). Among parents, father education level (Matric/Intermediate= 48.5 percent) is high than that of mother (Matric/Intermediate = 38.8 percent). About 53 percent of respondent were have 4-7 siblings, shows larger family size. Results revealed that most of the respondents started smoking inspired from their cousins (45.4 percent); and not from their parents or grand parents, however, their smoking frequency is low (Once a week= 22 percent) and most of the respondents smokes <1 cigarrete on daily basis (54 percent). Similarly, the percentage of adverts sees is also low (None = 52.4 percent). Amazingly, most of the respondents smoking starting age is between 14 to 17 year (79 percent) and most of them were motivated by their friends (73.1 percent) and they prefer to smoke cigarette (73.6 percent).

Table-1 Demographic Details of Respondents

Variables	Frequency	Percentage
Age		
18-20	53	23.3
21-22	80	35.2

22-25	86	37.9
25+	8	3.5
Education		
Intermediate	3	1.3
Under Graduate	184	81.1
Graduate	40	17.6
Father Education		
Primary/Middle	24	10.6
Matric/Intermediate	110	48.5
Bachelor	52	22.9
Master & Above	41	18.1
Mother Education		
Primary/Middle	89	39.2
Matric/Intermediate	88	38.8
Bachelor	29	12.8
Master & Above	21	9.3
Siblings		
0	1	.4
0-3	83	36.6
4-7	121	53.3
8 and above	22	9.7
History of smoking among family members		
Parents Smoke	48	21.1
Brothers Smoke	39	17.2
Grandparents Smoke	37	16.3
Cousin Smoke	103	45.4
Current frequency of smoking Daily		
Once a week	50	22
Once a month	25	11
Occasionally	43	18.9
Not at all	109	48
Number of cigarette smoke daily		
< 1	123	54.2
1-3	58	25.6
4-6	17	7.5
5 and above	29	12.8
How many cigarette advertisements have you seen in the last 30 days?		
None	119	52.4
Few	69	30.4

Many	39	17.2
Starting age of smoking		
10 Years old	17	7.5
10 – 13 Years	30	13.2
14 – 17 Years	78	34.4
Less than 17 Years	102	44.9
What are who motivated you to start smoking		
Friends	166	73.1
Media	32	14.1
Family	29	12.8
Expenses on smoking per week (in rupees)		
100 – 500	104	45.8
200 – 250	80	35.2
500 - 1000	43	18.9
Type of smoking		
Cigarette	167	73.6
Shisha / Water Paper	46	20.3
E- Cigarette	14	6.2

General Percent about smoking:

Figure-1 shows the general information details about respondent. About 79 percent of respondents claimed that no one ever refused to sell cigarettes to them because of their young age (G1). Most of the respondents family members are using tobacco (57 percent) (G2); about 56 percent of respondents tried smoking in the past 12 months (G3). About 61 percent respondent that they are not currently smoking (G4) and only 61 percent are reading books or any other literary materials as hobby (G5). About 82 percent of respondent play games (indoor or outdoor) (G6) and about 82 percent have access to computer (G7).

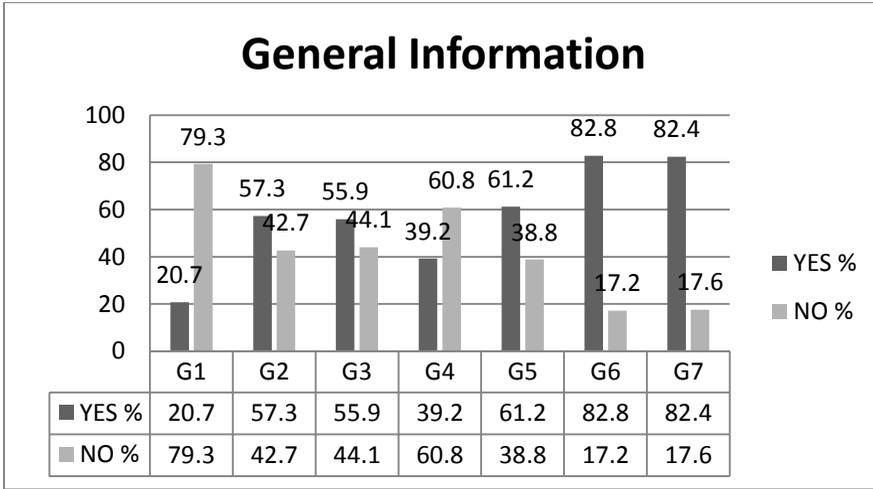


Figure 1 General Information

Religion Effect on Smoking Behavior :

Figure 2 depicts the religion effect on smoking behaviour. Religious activities effect smoking practices of children and adolescents. It is indicated in binary form (0=Yes, 1=No). About 61 percent of respondents showed that religion affects their smoking behaviour (RP20); and about 68.3 percent support the fatwa on smoking forbiddances (RP21). Most of respondents believe (RP22) that smoking portrays an act of rebellion and disobedience towards Islam (72.7 percent) and about 84 percent of respondent believe that Islam affects one’s decision to smoke or not (RP23). Importantly, about 72.2 percent (RP24) believe that ‘People who indulge in religious practices have less tendency to smoke’ and about (RP25) 69.2 percent of respondent believe that ‘A smoker is considered as someone who takes religious duties lightly’.

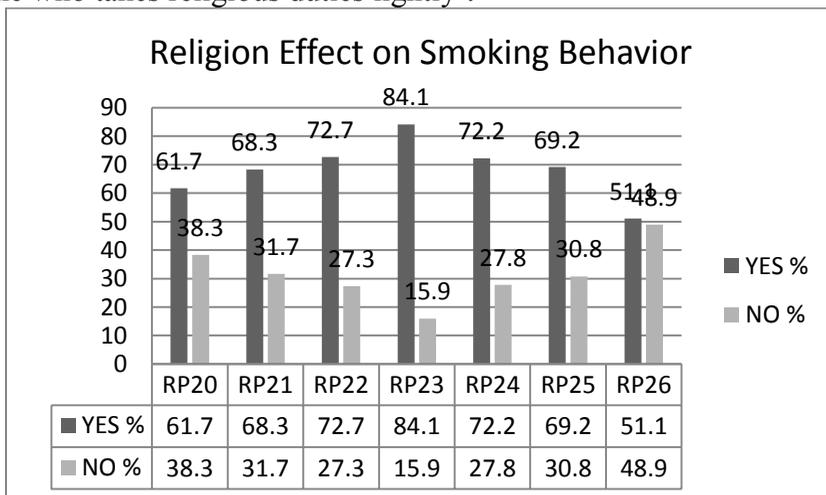


Figure-2 Religion Effect on Smoking Behavior Perceptions about smoking practices

Respondents’ general perceptions about smoking practices are shown in Figure 3. The results show the perception about smoking how children’ and adolescents perceive smoking whether they feel comfortable with smoking or not. Five point Likert scale is used ranging from 1 (strongly disagree) to 5 (strongly agree). The results show that only 27.8 percent of respondents agree that certain types of smoking are safer than others; however 22.8 percent are disagree with this statement.

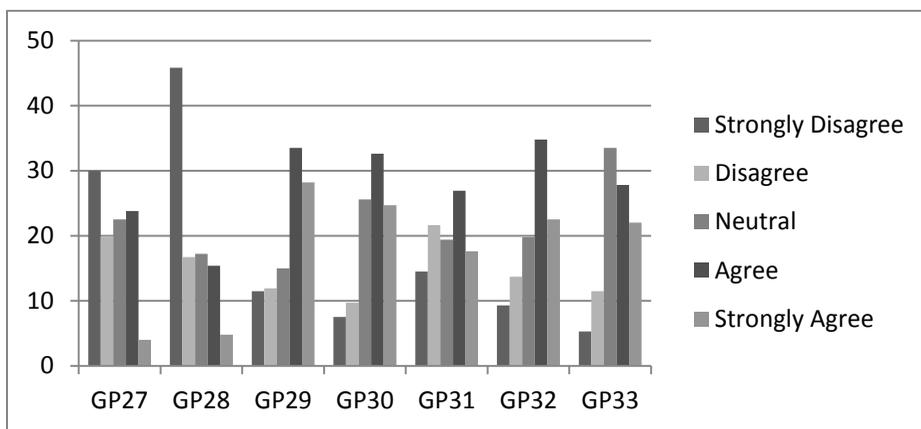


Figure-3 Respondents general perception about smoking practices
 About 20.2 percent of respondents agree that parents’ intervention in smoking decision does not affect respondents’ decisions about smoking although 62.5 percent were not agree as they think it affects smoking decisions. About 61.6 percent response shows that unhealthy behaviors are avoided due to faith in children and adolescents. Religious activities prevent one from smoking with the response rate of 57.3 percent. About 44.5 percent response rate show that respondents’ feel oblivious to the presence of smoker near them. People want to quit smoking but it is difficult to quit due to addiction with the response rate of 57.3 percent. Religious means affect the cessation of smoking with the response rate of 49.8 percent. The above response rates depict the perception of respondents about smoking practices.

Discussion:

The majority of the students in current study started smoking at the age of 16–22 years, which is in accordance to other published studies (Koenig et al. 1998). It was observed that a large number of smokers were aware of the fatwa for forbidding smoking practice, yet a low proportion of the smokers supported it. The likely reason of this finding could be due to their beliefs that smoking is not harmful and should not be considered forbidden in Islam. This argument is supported by another finding of this study that showed that fewer number of smokers think that smoking is prohibited in Islam because of its potential harm than non-smokers (Yong et al. 2009).

In case of perception about religion, religious practices significantly predicted smoking behavior. Students who practiced Islam (that is, students who answered affirmatively questions about reading Quran, reciting Quran, performing prayers at the Mosque, maintaining the five daily prayers, giving to charity, and faithful status) were less likely to smoke. These findings are compatible with (McFadden et al., 2011) who noted that an increasingly higher proportion of the non-religious used tobacco. The Quran prohibits physically harmful behaviors, and tobacco use is considered haram (unlawful) in Islam. Because Pakistan is an overwhelmingly Islamic country and Pakistani people readily accept teachings that reference principles found in the Quran, it is recommended that religious principles be included in smoking prevention programs for use in Pakistan.

The influence of peers' smoking behaviors has been well documented (Mahabee-Gittens et al. 2013; Park et al. 2012, Villanti et al. 2011). Clearly, results showed that smoking behavior in this was significantly predicted by the peers' smoking behaviors. The respondents intention towards smoking increased substantially as the number of friends who smoked increased.

These results demonstrated that knowledge about the danger of smoking was a predictor of smoking behavior. Risk awareness alone seems insufficient to deter smoking (Hamner and Stumpfa 2001). To be acceptable to the public in general, any educational program to reduce

smoking behavior will need to include a section on knowledge of danger, because that is what the public expects. The contribution of knowledge to behavior change, although significant in this study, was very small. The results of this study suggest that the prevalence of smoking among college students is higher than previously reported. The need for prevention program to reduce smoking related morbidity and mortality is supported. Prevention program at the college level or earlier is needed in Paksitan, if the rates of smoking are to decline. Prevention programs will need to include education and changes in public policy. More research is needed to develop prevention plans.

This research suggest that effective prevention program will need to address three of the four factors studied in this research: religion, peer' attitudes, peers' behaviors, and knowledge. Unless a prevention program in Pakistan is multidimensional and addresses these factors and probably other, it will likely fail. Without a full understanding of how these factors interact and a better understanding of the behavior change of quitting and taking up smoking, it will be difficult to design effective prevention programs. Based on the results of other research (Mahabee-Gittens et al. 2013; Villanti et al. 2011; Kong et al. 2012; Luk et al. 2010), it is likely that prevention programs also will need to include the involvement of parents.

The most significant finding of this study is the importance of the interaction with cousin develops intention toward smoking on the smoking behavior of adolescents. There is a clear need to more fully understand the dynamics of peer relationships, if prevention programs. To better understand peer dynamics among male Pakistani youth, it is likely that qualitative research methods will yield the most valuable data. Knowing about the dynamics of relationships with relatives, as seen by the young people themselves, will be necessary first step in developing more sophisticated quantitative measures. Individual interviews with young men and focus groups with young men, both carefully planned and carried out with trained researchers, should generate valuable data for developing both more sophisticated measures of peer dynamics and educational programs to help young men manage peer pressure.

This study confined itself to studying males in few colleges and universities therefore, the generalizability of the results is limited. Therefore, it is likely that the finding of this study generalize to other male college and university students. There is little research about adolescent smoking behavior in Pakistan. There is a need for: (1) studies exploring further the dynamics of peer/relatives relationships, (2) basic descriptive research of smoking behaviors among non-college young people and among women in metropolition cities (3) increased research in each of the areas explored in this research, (4) detailed studies of cigarette smoking, following the pattern used for sheesha research, (5) studies of the effects of the government's policies on tobacco marketing on adolescent smoking rates, and (6) studies that carefully evaluate the effectiveness of prototype smoking prevention programs.

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