

SMOKING and HEALTH

Young Lebanese University Women (*)

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Success in the prevention of diseases caused by smoking can be achieved, but only if the attack is effectively organized and made on many fronts. The goal is the preservation of the lives and health of thousands of smokers who would otherwise continue year after year to become ill and die before time.
(Pitman, 1971)

According to a study by the American Cancer Society, more than one-third of all regular smokers will be killed by the habit; about half of those killed will be middle-aged, each of these people losing around 24 years of life.⁽¹⁾ The present cost of smoking is as significant as the "opportunity cost" of the years wasted. Heart attacks, hypertension, strokes, bronchitis, cancers of the mouth, esophagus, larynx, and others are potentially fatal draw backs of tobacco.

Despite societies' growing awareness of the consequences of cigarette use, adolescents continue to pick up smoking while many adults have difficulties giving it up. This behavior costs society financial and physical strain on public health care, sick leave, disability benefits and lost productivity.

Daily contacts with women's social, health, and cultural issues and observations of the effect smoking on human beings and especially on young people have inspired me to conduct this pilot study on smoking patterns among young Lebanese university women, to assess their degree of awareness towards the health hazards of smoking, the underlying motivation of the smokers, the family



interrelationships, the attitude of parents towards this "habit", etc.

The Study

The study population consists of university students. Questionnaires were distributed to 200 young women currently enrolled in four institutions of higher learning in Lebanon. (The American University of Beirut, The Beirut University College, The Haigazian College, The Saint-Joseph University).

The hypothesis of this study is that smoking patterns among young Lebanese university women are influenced by the degree of awareness in the community about smoking hazards. The broader the knowledge about health hazards in general and smoking in particular, the greater the number of nonsmokers or the better the health condition of the people.

With Smoking as the dependent variable, the independent variables are: age, parents' marital status, parents' smoking behavior, attitude of parents towards this habit, social level, the degree of awareness, type of relationships in the family, age at which they started to smoke, number of cigarettes smoked per day and possibility of women to smoke.

Description of the Sample

The sample consists of single women. The majority belong to the age group 18-20.

Out of 200 women, 45 (22.5%) are smokers. Out of the 45, 43 are conscious of the dangerous consequences of smoking while only 2 women lack this awareness.

Some of these women are heavy smokers (20-40 cig./day), others are

average smokers (10-20 cig./day) and some light smokers (less than 10 cig./day). The light smokers form 2% of the total number of smokers.

The age at which these women picked up smoking varies between 12 and 21. However, the majority (12%) started between 18 and 20 which may warrant the impact university life and peer pressure have on an individual's behavior. The second highest majority (7.5%) shows that a considerable number of them started to smoke between the ages of 15-17, i.e. when they were still minors and attending highschool. It seems that not only do variables related to peer pressure interfere but familial and societal factors as well, such as the influence of parents, their smoking behavior, public awareness towards the health hazards smoking entails, etc.

Another interesting finding is the parents' smoking status. Out of 200 women, 107 (53.5%) have parents (one or both) who smoke. The attitude of the parents towards their daughters' smoking habit varies between anger (6.5%), indifference (5.5%) or feeling

sorry for them (8%). With respect to the type of relationships in the family, 90.5% of the families have very warm or warm relationships compared to 9.5% who either do not have any or have distant ones only.

The data indicate that 60% of the women belong to the upper middle class while 22.5% consider themselves as part of the lower middle class. However, only one person classified herself as belonging to the lower class. The findings also show that the majority of the sample (142) belongs to the upper and upper middle classes.

Finally when asked whether they had stopped smoking and started again, 30 women acknowledged the fact that they had but succumbed to the need and therefore restarted.

Analysis of Results

One of the variables studied was *Reasons for Smoking*. As shown in table 1, 22 out of 45 smoke for pleasure whereas 18 feel that smoking helps relieve their frustrations and nervousness. Another interesting

Table 1.
Reasons for Smoking.

Reasons	Rank	No. of Students
Just for pleasure	1	22
Frustration/Nervousness	2	18
Boredom	3	10
Tried once & became dependent	4	9
Dieting	5	7
Other	6	6
Peer pressure	7	5
Anxiety/Lack of self-confidence	8	3
To feel more important	9	2
Influence of parents	10	1

The total exceed the sample of smokers of 45 because respondents were asked to check more than one reason if applicable.

finding is that 9 women *have tried it once and became dependent* on nicotine. There seems to be a link between dependency and pleasure and dependency and frustration. The motive that one gives, i.e. *smoking for pleasure* or to *relieve pressure* could be the result of the association made by the "dependency degree" and the person's state of mind.

Another variable was the *possibility of women to smoke*. 128 (64%) students felt that women should not smoke because of the harmful effects of tobacco on health. The awareness of most of the women about the drawbacks of tobacco supports, including the smokers, the hypothesis of this study.

Seventy nine (39.5%) believe that women and men have equal rights to smoke, as opposed to some traditional contentions that women should not smoke because it is unfitting and/or unfeminine. Eleven (5.5%) students believe that *women are not equal to men but they can smoke if they want to*. This finding implies that there are young women who do not believe in the equality of sexes, even among the new generation. On the one hand, this is understandable due to the social and

cultural values existing in the country whereby women are forbidden and/or discouraged to smoke because of its unfeminine image. On the other hand, it leads you to question the reliability of the students' answers and the degree to which they are influenced by the norms.

The chi-square test implies a high significance level ($0.0000 < 0.005$). Seventy one percent, 71.2% (32 x 100/45) of the smokers are aware of the health hazards and yet they continue to smoke. This implies that smokers's dependency on nicotine is stronger than their will power and dedication towards health awareness.

It does not contradict the hypothesis because 155 women out of 200 do not smoke including 98 who refrain because of their conviction in the harm caused by tobacco.

The test shows that the women smokers are affected by their parents' attitude towards their smoking behavior and that the age at which they picked up the habit is related to that attitude. Hence, almost half of the smokers (24) started to smoke between the ages of 18 and 20. Among them, 8 women had parents who *felt sorry for*

them, 7 had *indifferent* parents and 6 had to face *angry* and worried parents, however, none of them stopped smoking.

The findings are satisfying because they indicate a high rate of awareness among the young women about the health hazards of smoking. The hypothesis is accepted. However, based on these findings, the rate of 22.5% of smokers among young women university students is small and, therefore, does not justify conducting another study with a larger sample.

To determine the extent of the *epidemic* and to develop action plans against the consumption of tobacco by women, not only standardized epidemiological data are necessary but also behavioral studies to increase understanding of the factors that influence smoking and smoking behavior in different populations.

An analysis of the factors encouraging or preventing women from smoking in different economic and sociocultural settings is important for health programs and socioeconomic research at national and regional levels and universities should be encouraged to undertake such research. (2)

Table 2.
Smoking and awareness

Awareness of consequences by smokers

Smoking	Inapplicable	Yes	I do not care	I am not aware of	Other	Total
Yes	-	32 100%	11 100%	1 100%	1 100%	45 22.5%
No	155 100%	-	-	-	-	155 77.5%
Total	155 77.5%	32 16%	1 5.5%	1 0.5%	1 0.5%	200 100%

Table 3.
Age at which they started to smoke and Family Attitude.

Age started smoking	Family Attitude					Total
	Inapplicable	Indifference	Anger	Feel sorry	Other	
Inapplicable	155 77.5%	-	-	-	-	155 77.5%
12 - 14	-	-	1 7.7%	-	-	1 0.5%
15 - 17	-	4 36.4%	3 21.43%	7 43.8%	1 25%	15 7.5%
18 - 20	-	7 63.6%	6 42.85%	8 50%	3 75%	24 12%
21 and above	-	-	4 28.58%	1 6.39%	-	5 2.5%
Total	155 77.5%	11 5.5%	14 7%	16 8%	4 2%	200 100%

"Prevention is better than cure" can be a motto for the awareness campaigns and health education in general. However, much remains to be done to ensure that preventive measures like school health education, public information through the media, promotion of a tobacco-free image, restrictions on the availability of

tobacco and other means are used effectively.

Human behavior and life-styles are the essence of a healthier life. It is imperative to use the knowledge we possess about prevention of diseases, because if we wait for proofs and become more permissive the consequences can be grave and we

would have passed the preventive stage.

References

- (*) Further details are found in the original study which is at the Institute for Women's Studies in the Arab World, BUC.
 (1) Hal Kane. " Putting Out Cigarettes ". WORLD WATCH. Sept. - Oct.1992.
 (2) Ibid

Tips to help women give up smoking

(taken from the WHO manual on Women and Smoking).

* If you smoke to distance yourself from others who depend on you (children, elderly relatives, partners, friends,etc.), try to find another way of doing this.

* If you smoke to control your emotions, experiment with other methods of releasing your feelings; e.g. writing down your thoughts, discussing issues with the people in your life, meditation or exercise.

* Try to enlist support for quitting smoking from your partner, family and friends, particularly during the first few weeks as you break your dependence on nicotine.

* Get someone to look after your children, or to relieve you of other responsibilities, even for a few hours, as you begin to learn to live without tobacco.

* Plan what you will eat and drink when you decide to quit, as opposed to concentrating on what

you cannot eat. This way, you can control your food intake, and control your weight.

* Consider giving up alcohol and coffee for the first month or so, as these often serve as "triggers" for social smoking.

* Change your daily routine for a while to avoid the situations where you would normally smoke, and incorporate exercise into your life instead of smoking. This will not only make you feel better, but will prevent some weight gain as well.

* Make your immediate environment smoke-free, and remove all cigarettes and other tobacco products from your home. Ask others not to smoke in your presence during the first few weeks of quitting.

* If you relapse, and have a cigarette, do not lose confidence in your ability to quit. Consider it a learning experience, and remain committed to stopping smoking.