“Too often, individuals are given health information and directions without consideration of their culture, values, belief, and preferences. In order for professionals in the field of Nursing to provide effective treatment, guidance, and support, they must determine what factors contribute to the adoption of high risk behaviors – such as tobacco use – what ‘works’ best to change them, and what can be done to avoid their adoption in special populations.”

— Dr. Virginia Rice, professor of Nursing and professor of Oncology in the Karmanos Cancer Institute, School of Medicine
Tobacco Use Among Arab-American Teens

by Sarah James

While conducting research for a project on cardiovascular risks in the Arab American communities in metropolitan Detroit over a decade ago, Dr. Virginia Rice, a clinical nurse specialist in heart disease at Wayne State University and a long-time researcher in patient teaching and health promotion, discovered tobacco use among adult Arab American metro-Detroiters was disproportionately higher compared to Michigan tobacco-users as a whole. Michigan has the 14th highest smoking rate in the nation, according to a report by the Centers for Disease Control, and Arab American smokers add to this statistic. Dr. Rice explains, “Many Arab Americans come from or have ancestors in countries where tobacco use is an important part of the culture and the economy and is a means to show hospitality and maturity. In that part of the world, health promotion, in terms of smoking prevention and cessation, has been virtually nonexistent.”

This awareness prompted Dr. Rice to meet with leaders of the Arab American Health Council in Dearborn, Michigan to brainstorm creative solutions for tobacco use prevention and interventions tailored for these particular communities. According to the Arab American Institute, southeastern Michigan is home to the highest concentration of Arabs outside the Middle East with an estimated population of 490,000, 10 percent of whom live in the Detroit suburb of Dearborn. Since her first meeting with the Arab American Health Council some twelve years ago, Dr. Rice has served as a member of the Council and has been working closely with the ever-growing Arab American immigrant community on a variety of health issues.

The Arab American Institute reports almost 4 million people of Arab descent in the USA. Census 2000 showed a 38 percent increase since 1990, doubling the number in 1980 when the Census first began tracking ancestry. The majority live in five states: California, New York, Michigan, Florida and New Jersey. Arab Americans descend from Arabs of the Middle East, North Africa, and the Arabian Peninsula and share a common heritage and Arabic language. In the Middle East, most are Muslims, but the majority in America are Christians. Arab Americans in southeastern Michigan are principally from Lebanon, Palestine, and Yemen, although the number of Iraqi immigrants has been on the rise in the last decade.

Targeting teens

Researchers, including Dr. Rice, have studied the smoking habits of Arab American adults, but data were lacking on the smoking behavior of Arab American youth. Given that the Arab American community in metro-Detroit is a very young community – 25 percent of the population is 25 years or younger according to the Office of Minority Health – the gap in research data on tobacco use was very significant. Particularly since cigarette smoking experimentation often begins during the teenage years, creating a lifetime habit, this absence of information motivated Dr. Rice to focus her efforts on tobacco control in Arab American teens, 14 to 18 years. She expounds, “If the current generation of Arab American youth can be helped to stop smoking and/or to
avoid tobacco use altogether, the 40 plus smoking-related health problems identified by the Surgeon General could be avoided in this population. It is also possible that adolescents who choose to stop smoking or to avoid tobacco use can positively influence their friends and family members to do the same."

According to Dr. Rice, cigarette smoking is the chief avoidable cause of death and disease in Michigan, the United States, and the world. And, of growing concern, Dr. Rice notes, is the use by adolescents of more than one tobacco product. In the Arab American culture, in addition to cigarette smoking, tobacco can be used through the narghile, also referred to colloquially as a “water pipe,” “hookah,” “shisha,” or “hubble bubble.” An integral part of Middle Eastern history and culture, the narghile is a glass or metal water vessel that has a platform atop its open end on which a bed of charcoal is placed and ignited under a ball of tobacco. The tobacco often is mixed with molasses or other flavorings. The smoke is then inhaled through long tubes after traveling through the vessel. Narghile use is very popular in the Middle East and among immigrant populations, and is a growing phenomenon in the United States among non Arab Americans, especially young adults, through its availability in many cafes across the country. According to Dr. Rice, it is not unusual for Arab American parents to direct their children away from cigarette smoking, but narghile use is viewed differently. If the family is using the narghile in the home, it is acceptable for kids to use it, even at a very young age.

In their fourth year of a five-year clinical trial funded by the National Institute for Child Health and Human Development, Dr. Rice and her culturally diverse research team has been examining the cultural, personal, social, and environmental forces that contribute to tobacco use (including the narghile) among Arab American adolescents. Further, through this project, the research team has been testing the effects of a culturally tailored smoking prevention/cessation program for teens aimed at long-term quitting and/or avoidance of smoking initiation. Specifically, investigators have been focused on determining the prevalence of tobacco use in 14- to 18-year-old Arab American youth, identifying tobacco use predictors in this particular population compared to those in non Arab Americans, and evaluating long term tobacco use behavior outcomes after intervention.

At the outset of this project, Dr. Rice and her research team collected data from the teens at the Arab Community Center for Economic and Social Services (ACCESS) teen health clinic, located in Dearborn, Michigan. Two local high schools with large populations of Arab American students, (one with a 96 percent Arab American student body and the other with 40 percent), learned of the project and invited Dr. Rice to
include their students in the study. Project researchers have gathered prevalence data from almost 3000 Arab American and 900 non-Arab American teens at these three sites and have implemented their intervention program with more than 1500 ninth-graders. Data gathering and analysis is still in progress, but Dr. Rice offers some of their findings to date.

Of the study population, almost 28 percent of the Arab American youths had tried smoking a cigarette, 7.3 percent smoked in the last 30 days, and 3.8 percent were regular smokers. In the non-Arab American participants, 42.5 percent had ever smoked, 22.8 percent had smoked in the last month, and 13.4 percent were regular users. Narghile use among the Arab Americans was 45 percent ever tried, 18.7 percent had smoked in last 30 days, and 13.4 percent were regular smokers compared to 18.7 percent, 7.5 percent, and 2.8 percent, respectively in non Arab Americans. Data from the whole study sample support daily cigarette smoking increasing with age, jumping from approximately 10 percent of ninth-graders to 23 percent of twelfth-graders. Narghile ‘ever use’ also grew with age, from 42 percent in ninth-graders to 54 percent in twelfth-graders.

Multi-cultural research team

In putting together a research team, Dr. Rice considered cultural diversity a priority, particularly including investigators from the Arab American community. Half of the research team comes from the community being studied and the researchers represent a wide variety of disciplines and organizations. Adnan Hammad, Ph.D., director of ACCESS, as well as three additional ACCESS health professionals, are members of the research team. WSU investigators include College of Nursing Assistant Professor Linda Weglicki, Ph.D., R.N., Research Associate Professor Thomas Templin, Ph.D., and Hikmet Jamil, M.D. from the Department of Occupational Medicine. Anahid Kulwicki, DNSc, Professor at Oakland University and now Director of the Wayne County Health Department, was an early investigator on the project. Three College of Nursing doctoral students from Jordan served as bi-lingual health educators and a doctoral student from Egypt contributed as part of the statistical analysis team. All four have successfully completed their doctorates.

Ethnic backgrounds and heritages represented on the research team include Armenian, Lebanese, Palestinian, Iraqi, Jordanian, Egyptian, Scottish, Irish, Polish, French and English.

Kicking the habit

The research team used as their intervention a successful four-week smoking cessation program originally developed in California for Asian American and Mexican American ninth-graders. Investigators modified the program substantially to create, in the end, a bilingual program that addresses and respects Arab culture and values, and takes into account the cultural, personal, social and environmental factors at play in teen tobacco use learned from results in their own pilot study. Based on their finding that showed depression as more prevalent in teen tobacco users, as well as lower self-esteem, the research team fashioned their program to address self-image issues and to coach the development of self-management skills. The intervention involves dispensing