Sociological analysis of hookah/shisha usage in Hyderabad

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Abstract

The aim of study was to investigate the perception of sheesha (hooka) users about usage of shisha . This is exploratory type of study. A questionnaire was carefully designed including socio-demographic profile to know the socio-economic causes of shisha usage. Data was collected from 174 respondents who were the regular users of shisha at shisha café, through snowball sampling technique. Obtained data was analyzed through SPSS verion 17.0Research indicates that majority of shisha users belongs to 19-25 age group and mostly shisha users represent upper socio-economic class. They are well educated and know the negative impacts of shisha on health. Majority of the respondents were of the view that use of shisha gives them relaxation and it is also related with group acceptance.

Key words: shisha, socio-economics, perceptions

Introduction

Shisha also known as Hookah, Water Pipe or Narghile is known to mankind for over 300 years. Shisha is different from traditional Hookah in the sense that instead of plain tobacco it is used mixed with certain flavors and aromatic substance. (Javaid D. , 2013)

Smoking Hookah is very common nowadays. It comes in a category of style or fashion. If we talk about Sindh, especially it is smoked in Hyderabad and Karachi. Especially young generation is involved in smoking hookah or shisha. Many of the hookah lounges are available in Hyderabad and Karachi. Few of the names of these Hookah lounges are Al fakhir and Arabian nights and in Hyderabad the most famous Hookah lounges are Gravity, Lamoosh, Junkyard, Roxen, and Rocky. Both boys and girls smoke Hookah or shisha and they can sit beside each other and smoke Hookah or shisha.

Many of the times, it was banned by the police in Hyderabad and these Hookah lounges were closed but now with the passage of time these hookah lounges were reopened. Mostly, peer group is the reason behind this. For the first it's not an easy task for a newcomer to smoke Hookah very easily. It directly affects throat and eventually leads to cough. The cost of Hookah is according to the facilities provided by hookah lounges. The best Hookah is between 500 to 1000rs.

Nowadays, many of the Hookah smokers buy the hookah and smoke it at home. Young boys and girls prefer to make hookah by themselves and majority of them know the process of making hookah (ward). A packet of flavor, Magic coals, Foil papers and cool water is used in this process. It is also used for hospitality. Many of the hookah smokers capture their photos and record videos and then they upload on social networking websites like Facebook. The most interesting thing is making rings and people even challenge each other for that.

Review of Literature

The Hookah frequently called Shisha was made almost five hundred years ago, the origin of Hookah came from the north western province of India along the border of Pakistan and became popular through the Persian kingdom in the beginning Hookah was popular among the upper class and intellectual but now it is popular in all categories. In India Hookah became more popular during the Mughal period and made its way from the Persian empire.

In the middle east and Arab world people used to Hookah as the part of their culture and tradition and offered to smoke Hookah to their guest.In Pakistan smoking hookahs has become very popular in the cosmopolitancities (Aslam). In many traditional cities of Pakistan offering hookah smoking to their guests. In big cities Karachi, Lahore, Hyderabad cafes and restaurant offered hookah and get charged. (Javaid D. , 2013) (wikipedia, 2014)

Currently, In Pakistan, researchers are conducting research on many topics but we really don't find many research articles on a topic like smoking Hookah conducted in Pakistan. But recently, Professor Dr. Javaid Khan conducted a research on this topic. Dr. Javaid is a professor and consultant chest physician in department of medicine at Agha Khan University Karachi, Pakistan.

It has been claimed that more than 100 million people worldwide smoke shisha daily. It is a common practice in the Middle East, Turkey, India, Pakistan, Bangladesh, and some Parts of China. In some parts of Middle East, Shisha use is more prevalent than cigarette smoking. Among Arab women in many countries, there is less of a stigma associated with Shisha than with cigarette smoking and therefore more and more women are taking up this habit as a fashion.

Scientific studies done to see the adverse health consequences of shisha smoking point to dangers that are similar to those associated with cigarette smoking. The research conducted on Shisha use has clearly shown that it has particularly serious health consequences on 2 vital organs of body namely the lungs and heart. Lung Cancer, Cancers of the Food Pipe, Chronic Obstructive Lung Disease, Emphysema, low birth weight, precipitation of Asthma attacks and pneumonia are some of the health hazards associated with shisha smoking. Additional dangers not encountered with cigarette smoking are infectious diseases resulting from pipe sharing and the frequent addition of alcohol or psychoactive drugs to the tobacco (Mazzaiak).

Many restaurants in urban areas are now offering Shisha to its customers. Those who use Shisha regularly eventually get hooked

on to tobacco and become regular smokers. Some newly opened restaurants are doing good business by serving this to its customers as it is considered as a modern life style. For youngsters Shisha use is very exciting glamorous, fashionable and an enjoyable act. (Javaid D. k., 2013)

Another most important research was conducted by Zahid, Masood, KhurramSohail, Abdul Rauf, MutayyabaMajeed, Khizer Ashraf and Saba abbas. The objective of the research was to study the perceptions of Shisha smoking among Pakistani Students. The research was conducted from October 2011 to march 2012 at four different public and private sector Universities at Lahore, Rawalpindi, Faisalabad and Gujrat in province of Punjab.

Shisha smoking is injurious to health. It has become a fashion and snobbery among our university students. It has become a status symbol in our society. Our youngsters take it as a fashion, stress reliever and later they become addicted to it. We conclude with the disturbing observation that shisha smoking is highly prevalent among urban university students in Pakistan (zafar). The knowledge of university students regarding the hazards of habitual shisha smoking is alarmingly low and the majority considers the practice to be safer than cigarette smoking. These results not only unlock new avenues for targeted research on the issue but should also serve as an alarm call for the public health authorities in the country. (Zahid Masood, 2011-2012).

Theory

Sheesha using conduct is brought on by a few substantial collections of intra individual and extra individual factors. These areas of control connect to change one another while deciding the surrounding area or nonappearance of a vast variety way of life practices, including drug use. Numerous theories of drug abuse have given significant contribution to the field and are right similarly as they go. Defects in these theories stem less from inaccuracy than from deficiency; they concentrate on one set of strengths to the prohibition of others. Keeping in mind the end goal to give a more complete perspective of drug use than is commonplace, we will go through the model of socio economic resources theory and additionally to decide the execution of practices. Socio-economic assets are a component of the individual's mental status also as different social-framework variables. Financial assets, or status, will likewise have an influence on the individual's mental status.

We trust that the socio economic impact framework is an arrangement of the more significant impacts from the society, including sub cultural standards, models, and socialized influences, for example, advertising. This perspective describes individuals as a group member how he is labeled and group culture is responsible because use of shisha is learned behavior. No one become a user without learning to smoke the in a way which will produce real effects. Learning to enjoy the sensation someone perceives.

Objective of the study

To know the perception of sheesha (hooka) users about usage of sheesha in Hyderbad city of Pakistan

Materials & Methods

Type of the study was exploratory research and snowball sampling was done. To start with, we attempted to discover one or more units from the population we are concentrating on those sheesha users. Discovered only a little number of people willing to participate themselves and join the research was entirely difficult, so the point was to begin with only one unit of sheesha users. Due to the sensitivity of the study, the researcher asked the starting sheesha users who consented to be part of the research to identify other sheesha users that may will to participate. The procedure proceeded until adequate units have been recognized to meet the desired sample size.

In the present research, primary method of research is done and data is collected through questionnaires .Universe of present research is hookah/shisha users living in Hyderabad. It is the second largest city in Pakistan's Sindh province and the fifth largest in the country.   Total area of Hyderabad is 3,198 km2 (1,235 sq mi). Total population of Hyderabad is 5,559,002. (wikipedia, 2014). The most famous areas of Hyderabad are Qasimabad, Hyderabad and Latifabad.   There   are   More   than   ten hookah/shisha lounges in Hyderabad like Gravity, Lamoosh, Roxen, Junkyard, Rocky etc.Procedure of the sampling: purposive male and female strata's. The sample taken from the Universe consists of 116 male and 58 female selected from different areas of Hyderabad with varying level of class, profession, age, and education.   The responses of the questions stated in Questionnaire are given by both Male and Female. Numerically, the sample is as Male 116, female 58, Total: 174 respondents interviewed. SPSS was used to analysis the data.

Results

Table #1

Age	Frequency	Percent
less than 18 years	11	6.3
19 to 25	120	69.0
26 to 40	43	24.7
Total	174	100.0

The above table reflected that respondents under age group of less than 18 years was 6.3% respectively and majority respondents were under the age group 19 to 25 years which was 69% while remaining 24.7% of the respondents belong to the 26 to 40 years age bracket.

Table#2

Sr. No.	Statement	Age	Mean Rank	Significant Value
1	Do you agree that smoking/shisha badly effects your health?	less than 18 years	48.50	0.000
		19 to 25 years	81.25	
		26 to 40 years	114.92	
2	Do you agree that smoking hookah/shisha makes you an addict?	less than 18 years	77.00	0.004
		19 to 25 years	94.36	
		26 to 40 years	71.05	
3	Do you agree that people smoke hookah/shisha for their entertainment?	less than 18 years	97.00	0.668
		19 to 25 years	86.64	
		26 to 40 years	87.47	
4	Do you agree that Smoking hookah/shisha helps you to be relaxed?	less than 18 years	53.50	0.000
		19 to 25 years	82.51	
		26 to 40 years	110.12	

Ordinal variables had been taken as Independent & test variables which were (Age & Smoking Shisha or Hookah) for this research. The Kruskal-Wallis test had been used for findings because both variables were nonparametric, this test had compared three or more unparalleled groups, it can be seen that there was a significant difference between age bracket about health issue because significant value was less than 0.05 and mean rank also change which showed the responses were not same among different age groups. Similarly about addiction and relaxation the perception of age bracket was different; here also significant value was less than 0.05 and the rank average of 26 to 40 was more than the rest of age brackets in health issue because mature people are more concerned of their health rather than young adults or teenagers and when we talk about addiction, younger people are more concerned about it as compared to rest of them, but on the other hand p-value or significant value is greater than the significant level in the case of entertainment, it means entertainment was same for every age brackets.

Table #4

Profession	Frequency	Percent
Government Employee	17	9.8
Student	121	69.5
Business	17	9.8
Private	19	10.9
Total	174	100.0

Above table showed the profession of the respondents. It was observed that 9.8% respondents were government employees and majority of the 69.5% respondents were students and remaining 9.8% were in business and 10.9% were in private sectors respectively. The total respondents were 174 and approximate 70% were students, the reason was that they have more time and respond deliberately than other people belonging to other professions in this research.

Table #5

Sr. No.	Statement	Profession	Mean Rank	Significant Value
1	Do you agree that smoking/shisha badly effects your health?	Government Employee	92.97	0.000
		Student	76.81	
		Business	107.79	
		Private	132.50	
2	Do you agree that smoking hookah/shisha makes you an addict?	Government Employee	83.82	0.035
		Student	91.31	
		Business	60.47	
		Private	90.71	
3	Do you agree that people smoke hookah/shisha for their entertainment?	Government Employee	87.35	0.356
		Student	88.08	
		Business	97.00	
		Private	75.42	
4	Do you agree that Smoking hookah/shisha helps you to be relaxed?	Government Employee	86.91	0.408
		Student	87.57	
		Business	73.68	
		Private	99.92	

Ordinal variables also had been taken as a test variable which was (Smoking Shisha or Hookah). Here also both variables were nonparametric, the same test applied to find out the results. There were four categories in profession, the mean value of four categories were totally different and p-value was also less than criteria, the government employees, students, business men, & private employees thought were different when they were asked that smoking shisha badly effect your health and also about addiction the mean values were change and significant value is less than 0.05, it showed profession wise the agreement level of smoking shisha addiction were different suggestion. And the mean rank value of private people was more than rest of them and students were more concern in addiction among rest them.   But if we talk about entertainment and relaxation the significant value is greater than level criterion which was less than 0.05. So there was no difference among the profession categories about entertainment and relaxation. Thus it can be stated that not all four groups come from the same distribution. And the mean rank values of both the cases were almost equal so that it can be said that if anybody want entertainment or relaxation, it doesn't matter his/her profession because we found no difference in mean rank values among the profession wise.

Table#6

Family Type	Frequency	Percent
Nuclear	122	70.1
Joint	52	29.9
Total	174	100.0

In the above table one demographic variable (Family Type) had been investigated, there were two options one was nuclear family and second one was joint family, 70.1% respondents were belonging nuclear family and only 29.9% were respondents belonging the joint family. The majority of the respondents or it can be said that the ratio of nuclear family was higher than the joint family.

Table#7

Sr. No.	Statement	Family Type	Mean Rank	Sum of Ranks	Significant Value
1	Do you agree that smoking/shisha badly effects your health?	Nuclear	85.57	10439.00	0.378
		Joint	92.04	4786.00	
2	Do you agree that smoking hookah/shisha makes you an addict?	Nuclear	84.93	10361.00	0.207
		Joint	93.54	4864.00	
3	Do you agree that people smoke hookah/shisha for their entertainment?	Nuclear	91.03	11106.00	0.051
		Joint	79.21	4119.00	
4	Do you agree that Smoking hookah/shisha helps you to be relaxed?	Nuclear	79.69	9722.50	0.001
		Joint	105.82	5502.50	

The above shows that the results of the Mann Whitney U test applied to the family type because we had two groups one was nuclear and second was joint, and both the variables family type and smoking shisha were non parametric. It was observed that the grouping variable statistically insignificant difference at the level of $p > 0.05$ with the test variables (Health, Addiction & Entertainment). The rank average of family type and health were 85.57 & 92.04, family type and addict were 84.93 & 93.54 & similarly family type and entertainment were 91.03 & 79.21 respectively. But in last test variable which was relaxation statistically significant difference because significant value is less than 0.05. This table had shown only one test variable significant difference with the group variable. Joint family more agreed smoking hookah/shisha helps you to be relaxed than nuclear family.

Table#8

Educational Level	Frequency	Percent
Illiterate/Primary	3	1.7
Higher Secondary	13	7.5
BA/Above	158	90.8
Total	174	100.0

The above table reflected that respondent's educational level, there were three categories of education illiterate/primary, higher secondary and the last one BA/above It was observed that 90.8% respondents had BA or higher degree, 7.5% respondents had

higher secondary education and only 1.7%   respondents were illiterate.

Table#9

Sr. No.	Statement	Educational Level	Mean Rank	Significant Value
1	Do you agree that smoking/shisha badly effects your health?	Illiterate/Primary	132.50	0.001
		Higher Secondary	48.50	
		BA/Above	89.85	
2	Do you agree that smoking hookah/shisha makes you an addict?	Illiterate/Primary	155.50	0.011
		Higher Secondary	77.00	
		BA/Above	87.07	
3	Do you agree that people smoke hookah/shisha for their entertainment?	Illiterate/Primary	15.00	0.002
		Higher Secondary	97.00	
		BA/Above	88.09	
4	Do you agree that Smoking hookah/shisha helps you to be relaxed?	Illiterate/Primary	53.50	0.269
		Higher Secondary	75.96	
		BA/Above	89.09	

Here also used Ordinal variables as a test variable as well as Independent variable, here also both variables were nonparametric, the non parametric test has been applied to investigate the results. There were only three categories in level of education, there were three test variables had statistically significant with education level, which were health, addict, & entertainment. The results were very interesting, the mean rank value of illiterate/primary education respondents were very high as compare to other education, similarly smoking shisha make you as an addict was also significant on the basis sig. value because it was less than 0.05, and also illiterate/primary education respondents mean rank value is greater than rest of them. But when we talk about entertainment, it was also statistically significant difference but here higher secondary and BA/above education respondents had high mean rank value as compare to illiterate, it means the people who had high education, they got entertain with smoking shisha. Only one test variable was no difference with education level wise, it was relaxation.

Table#10

Monthly Family income	Frequency	Percent
above 10000 to 30000	48	27.6
above 30000	126	72.4
Total	174	100.0

In this table, the monthly family income has been mentioned, this one also demographic variable, there were three categories but respondents family income was lying between these categories one was above 10,

000 to 30, 000 and last one above 30, 000, 27.6% respondents monthly family income was between 10, 000 to 30, 000 and rest of

respondents had monthly family income above 30, 000.

Table#11

Sr. No.	Statement	Monthly Family Income	Mean Rank	Sum of Ranks	Significant Value
1	Do you agree that smoking/shisha badly effects your health?	above 10000 to 30000	62.29	2990.00	0.000
		above 30000	97.10	12235.00	
2	Do you agree that smoking hookah/shisha makes you an addict?	above 10000 to 30000	82.43	3956.50	0.316
		above 30000	89.43	11268.50	
3	Do you agree that people smoke hookah/shisha for their entertainment?	above 10000 to 30000	87.71	4210.00	0.963
		above 30000	87.42	11015.00	
4	Do you agree that Smoking hookah/shisha helps you to be relaxed?	above 10000 to 30000	66.73	3203.00	0.000
		above 30000	95.41	12022.00	

After applying Mann Whitney U test, there is a significant difference between monthly family income wise for those who smoked hookah/shisha and they agreed this activity badly effect health, the mean rank value of above 30, 000 was more than 10,000 to 30, 000 it means the family who had more monthly income were more concern about health. The group variable monthly family income was also statistical significant the significant value is < 0.05 and mean rank value of above 30, 000 was more than rest of one. Similarly sum of rank of above 30,000 was also higher than 10, 000 to 30, 000. The significant value of addiction and entertainment was found to be 0.316 and 0.963, which was insignificant so there was no difference monthly family income with addiction and entertainment. While their

mean rank also slightly difference. It was observed that whatever monthly income family had, they got entertainment with smoking shisha.

Table#12

Personal monthly income/pocket money	Frequency	Percent
less than 10000	122	70.1
above 10000 to 30000	50	28.7
above 30000	2	1.1
Total	174	100.0

In this table, the Personal monthly income or pocket money variable was used as a demographic variable, there were three categories one was less than 10, 000, above

10, 000 to 30, 000 and last one above 30, 000, majority of the respondents had monthly income of individual or pocket money less than 10, 000 which was 70.1%

and only 28.7 & 1.1% respondents had personal monthly income/pocket money 10,000 to 30, 000 and above 30, 000.

Table#13

Sr. No.	Statement	Personal monthly income/pocket money	Mean Rank	Significant Value
1	Do you agree that smoking/shisha badly effects your health?	less than 10000	86.30	0.336
		above 10000 to 30000	88.62	
		above 30000	132.50	
2	Do you agree that smoking hookah/shisha makes you an addict?	less than 10000	89.26	0.013
		above 10000 to 30000	86.60	
		above 30000	2.50	
3	Do you agree that people smoke hookah/shisha for their entertainment?	less than 10000	87.59	0.928
		above 10000 to 30000	86.90	
		above 30000	97.00	
4	Do you agree that Smoking hookah/shisha helps you to be relaxed?	less than 10000	91.48	0.163
		above 10000 to 30000	79.14	
		above 30000	53.50	

The non parametric test had been also applied to find out the results. There were only three categories (less than 10, 000, above 10, 000 to 30, 000 & above 30, 000) in the variable of personal monthly income or pocket money. The observed differences were in favor of only addiction, p-value or significant value was less than 0.05. It can be said that different personal monthly income had different consideration on

Discussion

This study explored characteristics and perceptions of shisha users, majority of respondents were under the age group 19 to 25 years which was 69% . Mature people are more concerned of their health rather than

addiction. The less personal income or pocket money had more average rank than others. The others test variables like health, entertainment & relaxation were statistically insignificant, the sig. value or p-value is greater than 0.05 so the respondents were same among three test variables. There was no significant difference among three categories on health, entertainment & relaxation on the basis of sig. value.

young adults or teenagers and when we talk about addiction. The total respondents were 174 and approximate 70% were students, the reason was that they have more time and respond deliberately than other people belonging to other professions in this

research. it can be said that if anybody want entertainment or relaxation, it doesn't matter his/her profession because we found no difference in mean rank values among the profession wise.

The majority of the respondents or it can be said that the ratio of nuclear family was higher than the joint family. Joint family more agreed smoking hookah/shisha helps you to be relaxed than nuclear family. People who had high education, they got entertain with smoking shisha. Only one test variable was no difference with education level wise, it was relaxation.

It was observed that whatever monthly income family had, they got entertainment with smoking shisha. Majority of the respondents had monthly income of individual or pocket money less than 10, 000 which was 70.1%. It can be said that different personal monthly income had different consideration on addiction. The less personal income or pocket money had more average rank than others. There was no significant difference among three categories on health, entertainment & relaxation on the basis of sig. value.

Conclusion

In conclusion, we discovered a concerning pattern of developing utilization of hookah and in spite of the conviction that it is unsafe for wellbeing. A large portion of the hookah clients has a place with well of families. Youth between the 19 to 25 years age group is most vulnerable and for the most part they are students. The fascinating, social and group nature of this tendency is engaging youth. Sindhi ethnicity is by all accounts the most vulnerable group for hookah use and they are with advanced education. Socially focused on general wellbeing effort to teach and spread to the more youth population about the destructive impacts of hookah are critically required. Wellbeing strategy activities ought to be defined to counteract advertising and permitting of hookah tobacco items and stuff in nearby markets and shops. Government should introduce policies to engage youth in positive activities as well as for entertainment opportunities especially for youth group.

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