ORIGINAL ARTICLE

Hookah Use among High School Children in an Indian City in Gwalior, Madhya Pradesh

Vinod Sargaiyan¹, Archana Lanje², Rajat Misurya³, Dinesh Francis Swamy⁴, Anurag Singh Sengar⁵

ABSTRACT

Background: Hookah use and hookah bars areis on the rise among youngsters. A growing body of evidence suggests that these youth are experimenting with this form of tobacco.

Aims: The study was carried out to know the prevalence of hookah use and related factors associated among school students.

Methodology: A cross-sectional survey of 2000 students from high schools was conducted to find hookah users and factors associated with its use.

Results: Hookah users in this study population were 32%. These children believed that hookah was safer and more socially acceptable than cigarettes.

Conclusions: Misconceptions of hookah use among the younger generation are cause for concern. Prevention activities are necessary to prevent this rising public health concern, especially youth.

Keywords: Hookah, High school children, Tobacco

How to cite this article: Sargaiyan V, Lanje A, Misurya R, Swamy DF, Sengar AS. Hookah Use among High School Children in an Indian City in Gwalior, Madhya Pradesh. Int J Oral Care Res 2018;6(2):S69-70.

Source of support: Nil

Conflict of interest: None

INTRODUCTION

Hookah use or water pipe appears to be on the rise among youth in India who smokes tobacco available

¹Reader, ^{2,3}Professor, ⁴Lecturer, ⁵Private Practitioner

⁵Orofacial Cosmetologist and Dental Surgeon, GRIN Dental, Indore, Madhya Pradesh, India

Corresponding Author: Archana Lanje, Professor, Department of Oral Pathology and Microbiology, Maharana Pratap College of Dentistry and Research Centre, Gwalior, Madhya Pradesh, India. e-mail: archanalanje1@rediffmail.com

in a variety of flavors. In recent years, there has been a resurgence of hookah use around the world, most notably among young adults and young professionals.^[1] Similar to cigarettes, hookah is also related to various preventable diseases including coronary heart disease, adverse pulmonary effects, and cancers of the lung, mouth, and bladder. [2-6] In addition, hookah smoke contains many of the same carcinogens and heavy metals as cigarette smoke. A typical 1-h-long hookah smoking session involves inhaling 100-200 times the volume of smoke inhaled from a single cigarette. [7-9] Due to the mode of smoking, including frequency of puffing, depth of inhalation, and length of the smoking session, hookah smokers may absorb higher concentrations of the toxins found in cigarette smoke.^[1] Second-hand smoke from hookahs poses a serious risk for non-smokers, particularly as it contains smoke not only from the tobacco but also from the heat source (e.g., charcoal) used in the hookah. [1,9] Sharing a hookah may increase the risk of transmission of tuberculosis, viruses such as herpes or hepatitis, and other illnesses. [9,10] The Indian Government prohibits the use of tobacco in public places and places of employment. There is an increase in the number of "hookah lounges," which are commercial establishments where individuals may gather to socialize and smoke hookah, usually in the proximity to colleges and universities. [11] Since lifetime tobacco use is frequently established by the age 18,^[12] it is significant to evaluate hookah use among those aged 18 years and younger in more detail. The current study investigates the use of hookah by high school students by examining prevalence estimates and factors associated with it.

METHODOLOGY

Data were collected from a survey of high school students from ten public schools in Gwalior. A cross-sectional survey of 2000 students from high schools was conducted to find hookah users and factors associated with its use. A questionnaire was designed to assess the use of hookah. Specific questions were asked to evaluate a hookah use profile, including initiation/cessation factors and patterns of current hookah use and to determine its relevance to perceptions and behaviors about hookah. [13] All subjects were directly asked about

^{1,2}Department of Oral Pathology and Microbiology, Maharana Pratap College of Dentistry and Research Centre, Gwalior, Madhya Pradesh, India

³Department of Dentistry, Maharani Laxmibai Government Medical College, Jhansi, Uttar Pradesh, India

⁴Department of Pedodontics, Goa Dental College and Hospital, Bambolim, Goa, India

the presence of hookah lounges near their schools and residence allowing for direct measurement of hookah lounge awareness among students. The questionnaire also inquired about the relative harm perception of hookah use.^[13] Participants were personally interviewed and were assured of confidentiality.

RESULTS

Of the 2000 subjects surveyed, the mean age of the sample was 14 years. In the total population, 32% were users of both hookahs. Most students first learned about hookah from friends (70%). Gender-wise male users of hookah were two times more in number than female users. It was found that 15% of hookah users were from 9th grade, 20% from 10^{th} grade, 30% from 11^{th} grade, and 35% were from 12th grade. The mean age at initiation of smoking the hookah was 14 years. 25 % of the children had smoked hookah only once, some a few times (46%), and others once in a month (29%). The hookah users reported that they first learned of hookah use from friends (70%) followed by siblings (24%) and relatives (16%). More than 97% knew about the hookah lounges in their locality, and most of them smoked at these lounges (89%). All the hookah users shared the common water pipe. They reported smoking sessions that averaged 30 min. Among them, 96% thought that the use of hookah was socially unacceptable. The study reported that 97% did not know about the tobacco content of hookah. 85% believed that the hookah was significantly safer than the cigarette and was unaware of its harmful effects.

DISCUSSION

Hookahs originated in ancient Persia and India and have been used extensively for approximately 400 years. [13,14] The hookah/water pipe is used to smoke especially made tobacco by indirectly heating the tobacco, usually with burning embers or charcoal. The smoke is filtered through a bowl of water (sometimes mixed with other liquids such as wine) and then drawn through a rubber hose to a mouthpiece. The discovery and popularity of hookahs and establishments that rent hookah pipes have increased greatly in the past 10 years in India. Hookah smoking is commonly viewed as a social activity and is often done in groups who share one pipe and try different flavors. Hookah smoking is seen as a relatively inexpensive way to "get together and have fun." Previous studies of young adults have indicated that subjects believed hookah to be safer than cigarettes because they felt that the water in the hookah pipe filters out harmful substances. Our study also found the use of hookah among minors (under 18 years of age). Therefore, the

legality of hookah lounges in India should be considered, and the future studies of hookah use should incorporate this variable in their questionnaires.

CONCLUSION

Hookah use is increasing among adolescents and young adults who are unaware of the tobacco content of hookah and its harmful effects. This study shows that the hookah is attracting adolescents at a very early age and that they were first introduced to its use because of the presence of hookah lounges in their locality. Prevention activities such as restricting/banning hookah lounges are necessary to prevent this rising public health concern.

REFERENCES

- Knishkowy B, Amitai Y. Water-pipe (Narghile) smoking: An emerging health risk behavior. Pediatrics 2005;116:113-9.
- 2. Jabbour S, El-Roueiheb Z, Sibai A. Nargileh (water-pipe) smoking and incident coronary heart disease: A case-control study. Ann Epidemiol 2003;8:570.
- 3. Al-Fayez SF, Salleh M, Ardawi M, Zahran FM. Effects of sheesha and cigarette smoking on pulmonary function of Saudi males and females. Trop Geogr Med 1988;40:115-23.
- Gupta D, Boffetta P, Gaborieau V, Jindal SK. Risk factors of lung cancer in Chandigarh, India. Ind J Med Res 2001;113:142-50.
- El-Hakim IE, Uthman MA. Squamous cell carcinoma and keratoacanthoma of the lower lip associated with "Goza" and "Shisha" smoking. Int J Dermatol 1999;38:108-10.
- Bedwani R, el-Khwsky F, Renganathan E, Braga C, Seif HH, Azm TA. Epidemiology of bladder cancer in Alexandria, Egypt: Tobacco smoking. Int J Cancer 1997;73:64-7.
- Shihadeh A, Saleh R. Polycyclic aromatic hydrocarbons, carbon monoxide, "tar", and nicotine in the mainstream smoke aerosol of the narghile water pipe. Food Chem Toxicol 2005;43:655-61.
- Eissenberg T, Ward KD, Smith-Simone S, Maziak W. Waterpipe tobacco smoking on a U.S. College campus: Prevalence and correlates. J Adolesc Health 2008;42:526-9.
- World Health Organization. Tobacco Regulation Advisory Note. Water Pipe Tobacco Smoking: Health Effects, Research Needs and Recommended Actions by Regulators. Geneva: World Health Organization, Tobacco Free Initiative; 2005.
- 10. Nuwayhid IA, Yamout B, Azar G, Kambria MA. Narghile (hubble-bubble) smoking, low birth weight and other pregnancy outcomes. Am J Epidemiol 1998;148:375-83.
- 11. Noonan D. Exemptions for hookah bars in clean indoor air legislation: A public health concern. Public Health Nurs 2010;27:49-53.
- 12. Giovino GA. Epidemiology of tobacco use among US adolescents. Nicotine Tob Res 1999;1:31-40.
- Anand NP, Vishal K, Sushma K, Nupur N. Hookah use among high school children in an Indian city. J Indian Soc Pedod Prev Dent 2013;31:180-3.
- 14. Aljarrah K, Ababneh, ZQ, Al-Delaimy WK. Perceptions of hookah smoking harmfulness: Predictors and characteristics among current hookah users.. Tob Induc Dis 2009;5:16.