



**ASSESSMENT OF HOOKAH AMONG PREGNANT WOMEN IN BAGHDAD**

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**ABSTRACT**

**Background:** Hookah smoking has gained popularity in many communities, especially among young adults and students. **Aims:** To identify the knowledge of mothers toward hookah in Baghdad. **Methodology:** A cross-sectional study was conducted in medical city, Baghdad teaching hospital / Baghdad. A non-probability convenient sample was used for this purpose. The sample size was 100 cases. The data collected from the participant who attended the hospital for investigation by using the questionnaire prepared for this purpose. The statistical procedure which were applied for the data analysis and assessment of the result by descriptive statistics. **Results:** Highest percentage of samples 44% still in the age groups 20-35 years old, followed by 34% in the age groups >35. Highest percentage of samples 59% were housewives, employee was 24% and 17% were student. 71% of cases were single and 29% were married. 31% had a history of smoking. **Conclusion:** Female had secondary education level. Female were smoking, also, they had complication when they are using the hookah during pregnancy. **Recommendation:** We need to establish educational programs in schools, universities and government institutions to identify the dangers for using the hookah especially the youngest people.

**KEYWORDS:** Smoking, assess, Hookah, Pregnant.

**INTRODUCTION**

For four centuries the hookah has been used for smoking tobacco, by people in Asia and Africa.<sup>[1]</sup> The origins of the hookah are from ancient Iran and India.<sup>[2]</sup> Hookah smoking has gained popularity in many communities, especially among young adults and students.<sup>[3]</sup> Hookah smoking in the eastern Mediterranean is mainly a social activity which happens mostly in groups.<sup>[2]</sup> In some public places such as cafés, the traditional restaurant or the teahouse, flavoured hookah is being served, and families usually have no negative attitude towards it.<sup>[3,4]</sup> The increase in popularity of hookah smoking is due to various reasons, such as the social context of its usage (among friends and in public places), the appeal of fruity flavors and a misconception that it is less harmful than cigarettes.<sup>[3,5]</sup> One of the most important reasons for the daily increase of hookah smoking, and its popularity among youths is its flavored tobacco, which is produced in Bahrain and Egypt<sup>[6]</sup>, and has spread throughout the eastern Mediterranean region since 1990. These tobaccos contain flavored ingredients that create mild and scented smoke which covers the offensive smell of smoke.<sup>[7,8]</sup> Many hookah smokers think that hookah is less addictive and has less nicotine compared to cigarettes<sup>[3,9,10]</sup>, whereas it has more smoke and nicotine. The amount of blood nicotine of daily hookah smokers is equivalent to people who smoke ten cigarettes a day.<sup>[11]</sup> The World Health Organization, in a statement has declared that

hookah smoking is a new challenge in public health.<sup>[12]</sup> The smoke from tobacco contains a high level of toxic chemicals such as carbon monoxide, heavy metals, and carcinogens<sup>[13]</sup> which are associated with diseases such as lung cancer, respiratory diseases, cardiovascular diseases as well as low weight of newborn babies.<sup>[14]</sup> Also, a shared hookah mouthpiece can cause the spread of infectious diseases such as tuberculosis, herpes, flu and hepatitis.<sup>[10]</sup> The highest rate of hookah smoking is in the eastern Mediterranean region and southeast of Asia.<sup>[15]</sup> According to a study performed in the eastern Mediterranean region, the prevalence of hookah smoking among youths in this region has increased more than cigarettes.<sup>[16,17]</sup>

In addition to the eastern Mediterranean region, the prevalence of hookah smoking has also increased in other regions such as the United States and European countries.<sup>[18,19]</sup> This study aimed to identify the knowledge of pregnant mothers toward hookah in Baghdad.

**METHOD**

A cross sectional study designed to study shisha smoking among pregnant women who attend the Baghdad teaching hospital, the period of data collection from December 2018 to May 2019. The study was conducted by simple random sampling by randomly distributing

self-administered questionnaires to them. The protocol of this study was approved by the MOH. The sample of this study was 100 pregnant women were included in the sample through interviewing them for the purpose of the study. The Statistical Package for Social Science (SPSS), Version16 was utilized for the purpose of statistical analysis of the data. The statistical measures were in form of means, frequencies, percentages.

## RESULTS

**Table (1):-** in this table shows that the highest percentage of samples 44% in the age groups 20-35, followed by 34% in the age groups >35, while the lowest percentage was 22% in the age groups <20 years.

**Table (1): Distribution of studied samples according to age groups.**

Age groups years	No.	%
<20	22	22
20-35	44	44
>35	34	34
Total	100	100

**Table (2):-** in this table shows the highest percentage of samples were housewives 59% while the employed was 24% and 17% were student.

**Table (2): Distribution of samples according to occupation.**

occupation	No.	%
Employee	24	24
Housewife	59	59
Student	17	17
Total	100	100

**Table (3):-** in this table shows that, 34% has university education level, 42% has secondary and 24% has primary and intermediate education level.

**Table (3): Distribution of samples according to education.**

Education	Frequency	Percent
Primary and intermediate	24	24
Secondary	42	42
Collage	34	34
Total	100	100

**Table (4):-** in this table shows that the history of smoking, the highest percentage was 69% who didn't has history of smoking while 31% have it.

**Table (4): Distribution of samples according to history of smoking.**

Smoking	Frequency	%
Yes	31	31
No	69	69
Total	100	100

**Table (5):-** in this table shows that the disease or complication from using the hookah, the highest percentage was 46% who had disease and complication from using while 54% was not.

**Table (5): Distribution of samples according to disease or complication from using the hookah.**

You have any disease or complication from using the hookah	Frequency	%
Yes	46	46
No	54	54
Total	100	100

**Table (6):-** in this table shows that the disadvantage of hookah, only 11% of samples know that but 89% was not.

**Table (6): Distribution of samples according to disadvantage of hookah.**

You know the disadvantage for using the hookah	Frequency	%
Yes	11	11
No	89	89
Total	100	100

## DISCUSSION

The age distribution for females in this study revealed that 44% in the age groups (20-35) years old, other study in Baghdad<sup>[6]</sup>, he found that all the cases was male and the most of them with the age 13-15 years. This may be due to the different time to did this research and because the open mind of the youngest people. Regarding the occupation for females, in this study we found that the highest percentage of studied sample were housewives (59%), the same findings were observed in Syria<sup>[4]</sup>, this refer to same tradition and customers between the countries. In this study we found that the most female had secondary education 42% while the other results in Pakistan<sup>[22]</sup>, he found that the most participant in the collage and in US<sup>[18]</sup> This difference is due to the different customs and traditions between the two countries. Also, in this study, shows that the 31% of studied sample are smoker, while in another study in the India (53) was not, this difference is because of absence of religious and cultural awareness and the deterioration of the health situation. 46% of studied sample has a complication when she's use the hookah, other result in US<sup>[8]</sup> and in Iran<sup>[20]</sup>, The reason for the difference is due to the lack of possibilities of training and development in the health field, which led to the country's lack of the most basic elements of health.

## CONCLUSION

Majority of cases still in the age groups 20-35 years. Most of cases were housewives, had a secondary education level, smoking, also, they had a complication when they are using the hookah. We need awareness programs about the disadvantage for using the hookah and educate people about ways and methods to avoid it.

Also, need to establish educational programs in schools, universities and government institutions to identify the dangers for using the hookah especially the youngest people.

## REFERENCES

1. Chattopadhyay A. Emperor Akbar as a healer and his eminent physicians. *Bull Indian Inst Hist Med Hyderabad*, 2000; 30(2): 151–7. [PubMed]
2. Chaaya M, El Roueihb Z, Chemaitelly H, Azar G, Nasr J, Al-Sahab B. Argileh smoking among university students: a new tobacco epidemic. *Nicotine Tob Res.*, 2004; 6(3): 457–63.
3. Ward KD, Eissenberg T, Gray JN, Srinivas V, Wilson N, Maziak W. Characteristics of US waterpipe users: a preliminary report. *Nicotine Tob Res.*, 2007; 9(12): 1339–46.
4. Maziak W, Fouad FM, Asfar T, Hammal F, Bachir EM, Rastam S, et al. Prevalence and characteristics of narghile smoking among university students in Syria. *Int J Tuberc Lung Dis.*, 2004; 8(7): 882–9. [PubMed]
5. Chan A, Murin S. Up in smoke: the fallacy of the harmless Hookah. *Chest.*, 2011; 139(4): 737–8.
6. Jasim S, Kadhim L, El-Awa F, Fouad H, Warren C, Lee J, et al. Tobacco use among students aged 13–15 years-Baghdad, Iraq, 2008.
7. Morbidity and Mortality Weekly Report, 2009; 58(12): 305–8. [PubMed]
8. Rastam S, Ward KD, Eissenberg T, Maziak W. Estimating the beginning of the waterpipe epidemic in Syria. *BMC public Health*, 2004; 4: 32. doi: 10.1186/1471-2458-4-32. [PMC free article] [PubMed] [Cross Ref]
9. Maziak W. The waterpipe: time for action. *Addiction*, 2008; 103(11): 1763–7.
10. Primack BA, Sidani J, Agarwal AA, Shadel WG, Donny EC, Eissenberg TE. Prevalence of and associations with waterpipe tobacco smoking among US university students. *Ann Behav Med*, 2008; 36(1): 81–6.
11. Neergaard J, Singh P, Job J, Montgomery S. Waterpipe smoking and nicotine exposure: a review of the current evidence. *Nicotine Tob Res.*, 2007; 9(10): 987–94.
12. Organization WH, Regulation WSGoTP. Advisory note: waterpipe tobacco smoking: health effects, research needs and recommended actions by regulators. 2<sup>nd</sup> ed. World Health Organization, 2015.
13. Maziak W, Ward KD, Afifi Soweid RA, Eissenberg T. Tobacco smoking using a waterpipe: a re-emerging strain in a global epidemic. *Tob Control*, 2004; 13(4): 327–33.
14. Knishkowsky B, Amitai Y. Water-pipe (narghile) smoking: an emerging health risk behavior. *Pediatrics*, 2005; 116(1): e113–e9. [PubMed]
15. Shihadeh A, Azar S, Antonios C, Haddad A. Towards a topographical model of narghile water-pipe café smoking: a pilot study in a high socioeconomic status neighborhood of Beirut, Lebanon. *Pharmacol Biochem Behav*, 2004; 79(1): 75–82.
16. Elawa F, Warren C, Jones N. Changes in tobacco use among 13–15-year-olds between 1999 and 2007: findings from the Eastern Mediterranean Region, 2010; 16(3) [PubMed]
17. Warren CW, Lea V, Lee J, Jones NR, Asma S, McKenna M. Change in tobacco use among 13–15 year olds between 1999 and 2008: findings from the Global Youth Tobacco Survey. *Glob Health Promot*, 2009; 16(2 suppl): 38–90.
18. Shafagoj YA, Mohammed FI. Levels of maximum end-expiratory carbon monoxide and certain cardiovascular parameters following hubble-bubble smoking. *Saudi Med J.*, 2002; 23(8): 953–8. [PubMed]
19. Cobb CO, Khader Y, Nasim A, Eissenberg T. A multiyear survey of waterpipe and cigarette smoking on a US university campus. *J Am Coll Health*, 2012; 60(7): 521–7.
20. Primack BA, Shensa A, Kim KH, Carroll MV, Hoban MT, Leino EV, et al. Waterpipe smoking among US university students. *Nicotine Tob Res.*, 2013; 15(1): 29–35.
21. Momenan A, Sarbandi ZF, Etemadi A, Azizi F. Pattern of waterpipe (ghalyan) use among intermediate and high school students: a cross-sectional study in Tehran, Iran. *Payesh*, 2007; 6(2): 135–44.
22. Roohafza H, Sadeghi M, Shahnam M, Bahonar A, Sarafzadegan N. Perceived factors related to cigarette and waterpipe (ghelyan) initiation and maintenance in university students of Iran. *Int J Public Health*, 2011; 56(2): 175–80.