Waterpipe Smoking among Somali and Oromo Immigrants in Twin Cities: Knowledge, Attitudes, and Beliefs

By Erick Marigi, Abdi Jibril, and Janet Thomas

Abstract: The Twin Cities are home to a large community of Somali and Oromo, most of whom are new immigrants from East Africa. Waterpipe smoking, also known as shisha or hookah smoking, is widespread among the adult East African population, but the practice is also gaining popularity among young people. This article describes research into the knowledge, attitudes, and beliefs about waterpipe usage among new Somali and Oromo immigrants through a series of “listening circles” (informal focus groups) composed of Somali and Oromo community members. The authors found that the use of waterpipe smoking among Somali and Oromo community members in Minnesota is socially accepted by both young adults and elders, in both public and private social settings. Study participants reported that they believed that waterpipe smoking is less harmful and therefore more acceptable than cigarette use. These results suggest that the Twin Cities have a great need to provide culturally sensitive prevention and cessation efforts to address this emerging trend in tobacco use among the Somali/Oromo people. The research upon which this article is based received support from CURA as a New Initiative.

The Twin Cities are home to a large community of East African (Somali and Oromo) new immigrants, estimated to include approximately 30,000 Somalis and 12,000 Oromos. Somalis currently compose the largest African refugee group living in the United States, with more than 10,330 new arrivals in fiscal year 2006 alone.1 Results of a 2005 study indicate that adult cigarette-smoking rates among East Africans in Minnesota may be as high as 50%. In addition, the study documented widespread use of waterpipe smoking, also known as shisha or hookah smoking, in this new immigrant community.2

Waterpipe smoking, which originated in ancient Persia and India, is a centuries-old traditional method of tobacco use originally confined to older men. Today, smoking tobacco from a waterpipe has gained popularity around the globe, including the United States, predominantly among young people.3 It is estimated that 10–20% of U.S. college students smoke waterpipe, often smoking in hookah bars, lounges, and at home.4 A typical session involves smoking for 45–60 minutes, and is typically a social event practiced in groups with the same mouthpiece passed from person to person.5

A limited number of studies have examined the composition of


waterpipe smoke. Shihadeh and Saleh used a smoking simulation device to approximate the puffing profiles of waterpipe smokers in Lebanon to increase understanding of the tobacco toxins consumed during an average hookah smoking session. They found that waterpipe tobacco produced substantially more tar (100-fold), nicotine (4-fold), carbon monoxide (11-fold), and polycyclic aromatic hydrocarbons (2–5-fold) than that produced from a single cigarette. Generally, waterpipe smokers believe that the hose and water-bowl system serve as an effective filter of tobacco toxicants. Although it is true that the water filter system in the hookah pipe may filter out some tobacco-specific carcinogens (i.e., cancer-causing agents), waterpipe smoke contains many of the same additional toxicants as cigarette smoke, including those that cause cardiovascular disease, lung disease, and cancer. Although it is tempting to compare the dangers of hookah smoking to that of cigarette smoking, the waterpipe delivery system, combustible materials, puff volume, and tobacco constituents are so different from cigarette smoking that data on smoke composition and toxicity cannot be extrapolated, one to the other.

Contrary to popular assumptions, waterpipe smoke can lead to nicotine dependence. Similar to the cravings for nicotine seen among cigarette smokers, frequent users of waterpipe may experience cravings, inability to quit despite repeated attempts, and abstinence-induced nicotine withdrawal symptoms that can be suppressed by subsequent waterpipe use. In a 2005 study, 13% of current waterpipe users acknowledged that they are “hooked on waterpipe,” and 28% indicated an interest in quitting.

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In the Twin Cities, waterpipe smoking has become a norm in Minnesota Somali and Oromo communities among both the young and old, and is commonly used at social gatherings in homes with both family and friends.

Figure 1. Results of Listening Circles among Somali and Oromo Elders: Major Themes

<table>
<thead>
<tr>
<th>Similarities</th>
<th>Differences</th>
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<tbody>
<tr>
<td>Waterpipe smoking (WPS) is very popular in both communities</td>
<td>Cultural issues such as language barriers between youth and elders make it very challenging to monitor youth behavior</td>
</tr>
<tr>
<td>It is bad for their community as a whole</td>
<td>WPS is not a traditional part of Somali culture, it is new</td>
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<tr>
<td>There is a need for people to be informed and educated about the dangers of WPS</td>
<td></td>
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<tr>
<td>WPS is very popular among the youth in their community</td>
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<tr>
<td>Concern exists about WPS being a gateway drug to other drugs</td>
<td></td>
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<tr>
<td>There is awareness that WPS is addictive and dangerous to one’s health</td>
<td></td>
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<tr>
<td>Gratitude was expressed for the attention being brought to the issue of WPS</td>
<td></td>
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<tr>
<td>WPS is against Islamic beliefs</td>
<td></td>
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<tr>
<td>When smoked in homes, nonsmokers, even children, are exposed to the second-hand smoke</td>
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<tr>
<td>WPS is more popular among women than men</td>
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<tr>
<td>Concern that tobacco may be mixed with other substances, like khat</td>
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This article describes our research group’s investigation into the knowledge, attitudes, and beliefs about waterpipe use among this community through a series of “listening circles” (informal focus groups) composed of Somali and Oromo young adults and elders.
Smokers’ source of knowledge is from friends/family or own experiences with WPS in hookah bars is “the latest fad,” associated with social popularity. It is more socially acceptable for men to engage in WPS. Islamic/Muslim traditional beliefs state that any substance that may alter an individual’s state of mind should be avoided. Cultural perspectives on WPS: ▶ Culturally, WPS is considered more permissible than cigarettes ▶ Parents are generally less concerned about their children’s use of WPS but are concerned about cigarette use. Islamic perspective on WPS: ▶ Islamic/Muslim traditional beliefs state that any substance that may alter an individual’s state of mind should be avoided. Gender differences in WPS: ▶ It is more socially acceptable for men to engage in WPS ▶ Women are less likely to engage in WPS in public settings. No age differences in the prevalence of WPS: ▶ WPS use exists among teenagers through elders ▶ Younger men are more likely to smoke at hookah lounges (ads on Facebook) while elders and women usually smoke at home. Political perspectives on WPS ▶ Nonsmokers suggest that WPS should be regulated like other forms of tobacco to inform perspective users of its dangers (health effects) and to curb spread among teens/young adults.
Summary

Results from our listening circles indicate that the use of waterpipe smoking among Somali and Oromo community members in Minnesota is socially accepted by both young adults and elders, in both public and private social settings and is very common. Study participants reported that they believed that waterpipe smoking is less harmful than cigarettes and more culturally acceptable. These results suggest that the provision of culturally sensitive prevention and cessation efforts are needed to address this emerging trend in tobacco use among the Somali and Oromo new immigrant communities.

The information gleaned from these listening circles led to the development of a detailed quantitative survey. Our research group in the Department of Medicine at the University of Minnesota, in collaboration with CURA, is currently recruiting young adult college students to complete this survey to further enhance our understanding of hookah use and nicotine dependence among Somali and Oromo young-adult college students in the Twin Cities area. The overall aim of this program of research is to inform the development of a culturally appropriate intervention to increase awareness about the health impacts of waterpipe smoking in these underrepresented communities.

Erick Marigi is an undergraduate senior student at St. Olaf College, where he is pursuing a double major in biology and math. He worked on this report under the mentorship of Janet Thomas while an intern in the Program in Health Disparities Research in Summer 2012. He is a member of the Minnesota Future Doctors organization and is applying to medical school. Abdi Jibril graduated from the University of Minnesota in May 2012 with a degree in physiology. He began work in the area of hookah smoking among the Oromo and Somali communities while a summer research student in the Program in Health Disparities Research in 2011. He is a member of the Minnesota Future Doctors organization and is currently applying to medical school. Janet Thomas, Ph.D., is associate professor in the Department of Medicine at the University of Minnesota. She is a behavioral scientist targeting tobacco control and a licensed psychologist specializing in the treatment of anxiety disorders. Her primary research interest is tobacco control efforts among underserved populations including African American, Native American and East African communities.

The research upon which this article is based received support from CURA as a New Initiative. Such grants provide support for projects that are initiated by faculty, community organizations, government agencies, or students and that fall outside CURA’s existing program areas. Additional funding was provided by a grant from the Department of Medicine at the University of Minnesota.

Project Assistance Available from CURA

The Center for Urban and Regional Affairs supports research and technical assistance through a number of individual programs, each with their own deadlines and application procedures.

- The Community Assistantship Program (CAP) matches community-based nonprofit organizations, citizen groups, and government agencies in Greater Minnesota with students who can provide research assistance. Eligible organizations define a research project, submit an application, and, if accepted, are matched with a qualified student to carry out the research. The application deadline for spring semester 2014 assistantships (January through May 2014) is October 30, 2013. For more information, to discuss potential projects, or for assistance with data needs, contact CAP coordinator Will Craig at 612-625-3321 or wcraig@umn.edu, or visit www.cura.umn.edu/cap.

- The Community Geographic Information Systems (CGIS) program provides technical assistance in mapping, data analysis, and GIS to community-based organizations and nonprofits in the Twin Cities metropolitan area. Staff at the CGIS program specialize in parcel-level mapping, demographic analysis, and Internet-based GIS technologies. The CGIS program has no formal application process or deadline to apply. Project requests can be made by phone, e-mail, or online at z.umn.edu/cgis/help, and generally can be turned around within two weeks. For more information, to discuss potential projects, or for assistance with data needs, contact CGIS program coordinator Jeff Matson at 612-625-0081 or jmatson@umn.edu, or visit www.cura.umn.edu/cgis.

- The Kris Nelson Community-Based Research Program (the Nelson Program) provides student research assistance to community and neighborhood-based organizations and suburban government agencies in the Twin Cities seven-county metropolitan area. Priority is given to groups serving diverse communities. Projects may include any issue relevant to a neighborhood or community’s needs and interests, including planning, program development, or program evaluation. Applications from organizations collaborating on a project are encouraged. The application deadline for spring semester 2014 assistantships (January through May 2014) is October 30, 2013. For more information, contact CURA community programs assistant Jeff Corn at 612-625-0744 or curnelp@umn.edu, or visit www.cura.umn.edu/nelson-program.

- The Minnesota Center for Neighborhood Organizing (MCNO) trains people to work effectively in organizing and staffing neighborhood organizations. It trains new organizers and increases the skills of existing neighborhood staff, leaders, and volunteers through internships, workshops, and other programs. For more information about MCNO and the training opportunities available, contact Jay Clark at 612-625-2513 or clark037@umn.edu, or Ned Moore at 612-625-5805 or nedmoore@umn.edu, or visit www.cura.umn.edu/mcno.