Trends of Tobacco Smoking Among Physicians, Journalists & Teachers in Bahrain

By Mohamed Al-Khateeb*

ABSTRACT

In the summer of 1985 a self-administered questionnaire containing 38 items was mailed to 1000 individuals (all physicians, journalists, intermediate and secondary school teachers) in Bahrain. All questions were close-ended and printed in the Arabic and English languages. The total respondents were 492 (49.2%) of the sample which consisted of 301 physicians, 93 journalists and 98 teachers. The response rate among them was 66%, 63% and 49% respectively. The percentage of smokers among them were 60.1%, 77.4% and 80.6% respectively. Among the smokers, it was found that 89.8% smoke cigarettes, 8.7% smoke cigars and 1.5% smoke a pipe. Among these who smoke cigarettes there were 53.4% who smoke between (10-19) cigarettes per day and 44.9% smoke cigarettes which contain less tar and nicotine. There were more smokers among non-Bahrainis 77.7% (P<0.001), among males (71.1% (P<0.001) and among single individuals 90.8% (P<0.001).

In all countries physicians, mass media people, and teachers are looked upon as a source of information for positive health, in addition, they should play an exampler role in promoting nonsmoking attitudes among others, their staff and the public at large. Statistical data about the prevalence of smoking among these groups of population is usually insufficient and inefficient. However, in the last five years, intensive attempts were made to collect from different reliable sources, data which may help in the better understanding of the extent of smoking habits among certain sections of the population in Bahrain. In spite of the intensive health education programmes against smoking, four

smoking control workshops in the Gulf States and the Gulf Joint Anti-smoking Law the increase in cigarette consumption around the Gulf was alarming in the last few years.

Bahrain's import of cigarettes was increased, ^{3,4,5} in 1982 it went up by 20.6% compared to 1981 and in 1983 the imports went up by 29.3% compared to 1982 (Table 1).

In Saudi Arabia, imports hit \$243 million in 1983 compared to \$165 million the year before.

In UAE imports rose to \$56 million in 1983 against \$31 million in 1982. Qatar's imports went up by 50 percent and Kuwait's by 17 percent⁶. The annual increase of imported cigarettes in the Gulf States means that we are facing a new epidemic and from the health education point of view, it is essential to study beliefs, attitudes and behaviour of different sections of the population related to smoking, to enable us to prepare an antismoking campaign accordingly.

This survey studied the smoking behaviour of three leading groups in the Bahrain community. It was carried out among physicians, journalists and teachers in Bahrain.

METHODS

In May 1985, 1000 questionnaires were mailed to all physicians, journalists, intermediate and secondary school teachers in Bahrain. Each questionnaire consisted of 38 questions. All questions were closeended and designed to fit the recommended sizes for the mail out and return envelopes. A pre-test was done to find any problem in the questions and then it was printed in the Arabic and English languages. After six weeks there were 492 respondents which consisted of 301 physicians, 93 journalists and 98 teachers. Data processing was done by the computer and statistical analysis was made by chi-square test⁷.

^{*}Chief of Health Education Section

Ministry of Health
State of Bahrain
(A member of WHO expert Advisory
Panel on Smoking & Health)

RESULTS

67.5% of the population sample were smokers. 89.9% of them smoke cigarettes, 8.7% smoke cigars and 1.5% smoke a pipe. A significantly higher proportion of non-Bahrainis were smokers 77.7% (P<0.0001). At higher proportion of smokers (53.4%) smoke between (20-29) cigarettes per day (Table 2). A significantly higher proportion were single (90.8%)P<0.0001) (Table 3) and were males (71.1%) compared to (20%) female smokers (Table 4). When the type of cigarettes they smoke was considered, it was found that 44.9% smoke cigarettes medium in tar and nicotine and 27.4% smoke cigarettes high in tar and nicotine. When the age of smokers was considered it was found out that a high proportion of smokers (70%) were of the younger age groups between (25-34 yrs) (Table 5). When the nationality and occupation of smokers were considered it was found that 60.1% of smokers were physicians, among them 12.2% Bahrainis. 77.4% were journalists, among them 29.2% were Bahrainis, and 80.6% were teachers, among them 39.2% were Bahrainis (Figure I). Among physicians, there was a high proportion of smokers from non-governmental hospitals (47%) compared to 34.6% and 18.2% working in health centres and Salmaniva Medical Centre respectively (Figure II). Among non-smokers, a low proportion were ex-smokers (24.3%) and a high proportion of physicians were non-smokers (75%) compared to 13.1% and 11.9% among journalists and teachers respectively (Table 6). When the attitudes of smokers was considered we found that 91.3% made a serious attempt to stop smoking and 36.4% stayed off tobacco for about one month before relapse and 93.9% strongly agree that smoking is harmful to their health.

TABLE 1

Amount of cigarettes consumed in Bahrain by Kgm and value during (1981-1983)

Year	Weight (Kg)	Value BD	Percentage of increase
1981	671,360	3,950,177	
1982	809,956	4,413,281	20.6%
1983	1,047,834	5,478,948	29.3%

TABLE 2
Percentage of smokers according
to the number of cigarettes
smoked per day

No. of cigarettes smoked/day	No. of smokers	Percentage of smokers	
1 - 9	33	11.1%	
10 - 19	159	53.4%	
20 - 29	98	32.9%	
30 - 39	7	2.3%	
40>	1	0.3%	
Total	298	100%	

TABLE 3
Distribution of smokers and non-smokers according to their marital status

Smo	Smokers		Non-Smokers	
No.	%	No.	%	
70	35.2	129	64.8	199
216	90.8	22	9.2	238
3	75	1	25	4
43	84.3	8	15.7	51
332	67.5	160	32.5	492
	No. 70 216 3 43	No. % 70 35.2 216 90.8 3 75 43 84.3	No. % No. 70 35.2 129 216 90.8 22 3 75 1 43 84.3 8	No. % No. % 70 35.2 129 64.8 216 90.8 22 9.2 3 75 1 25 43 84.3 8 15.7

TABLE 4
Percentage of smokers and non-smokers according to their sex

	Sme	Smokers		Non-Smokers	
	No.	%	No.	%	
Male	325	71.1%	132	28.9	457
Female	7	20%	28	80	35
Total	332	67.5	160	32.5	492

TABLE 5
Age distribution of smokers and non-smokers

Age Group	Smokers		Non-smokers		Total
25 – 34	126	70%	54	30%	180
35 - 44	192	66.4%	97	33.6%	289
45>	14	60.9%	9	39.1%	23
	332		160		492

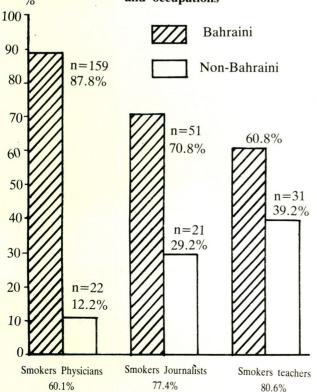
 $X^2 = 1.29$ dF = 1 P< 0.5

TABLE 6
Percentage of ex-smokers and other non-smokers according to occupation

	Ex-smokers		s No	Non-smokers		
	No.	%	No.	%	No. %	
Physicians	26	21.6	94	78.4	120 75%	
Journalists	6	28.6	15	71.1	21 13.1	
Teachers	7	36.8	12	63.2	19 11.9	
Total	39	243	121	75.7	160	

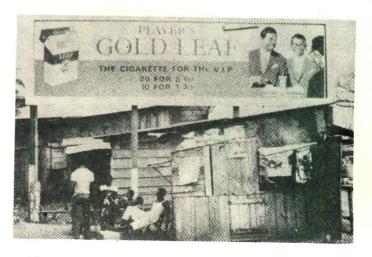
 $X^2 = 2.47$ dF = 2 P< 0.2

Percentage of smokers according to nationality and occupations





Cigars and cigarettes made of chocolate — an insidious way of teaching children to regard smoking as an initiation to the adult world. These products have been completely banned in Bahrain since 1981.



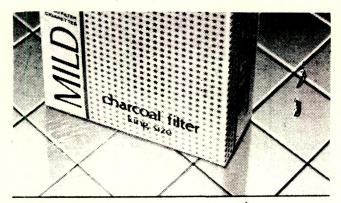
This type of billboard which illustrates the promotional techniques of the tobacco industry in Third World Countries has been completely banned in Bahrain since 1981.

Bahrain Medical Bulletin April 1986, Vol. 8, No. 1 21



MADE IN ENGLAND

Government Warning: Smoking is a major cause of cancer and diseases of the lungs, heart and arteries.



تحذيرحكومي: التدخين سَبَبَ رَئيسي للسرطان وَأُمرَاض الرئة وَأُمرَاض القلبُ وَالشرايين

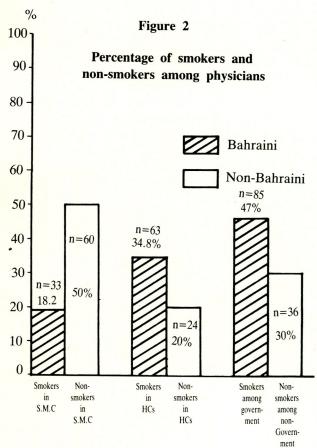
In Bahrain there are advertisements for cigarettes in the newspapers but the warning sentence should be one tenth of the size of the advertisement.

DISCUSSION

It has been shown that the prevalence of smoking among the three leading groups in Bahrain was high, some surveys in different countries indicated a similar pattern^{8,9}.

Our study has also shown that smokers were more likely to smoke cigarettes than cigars or a pipe. A similar pattern was also found in some other surveys¹⁰. A significantly high proportion of smokers were among non-Bahrainis, and they smoke between (20-29) cigarettes per day. No surveys have

yet been conducted in the Gulf States to show the prevalence of smoking among non-Bahrainis, but there is an article that indicated the same finding. The study has also shown that physicians were less likely to smoke. Our results are similar to one study conducted in the Faculty of Medicine (Al-Fateh University Tripoli).



CONCLUSION

Smoking prevalence is still high among some professional groups in Bahrain, specifically non-Bahrainis, and this needs an increase in the awareness of tobacco-problem among them by making extensive use of modern mass communication techniques.

Anti-smoking programmes should now concentrate on "How" to stop smoking rather than "Why".

Smoking withdrawal clinics are recommended to help smokers to quit smoking.

REFERENCES

- 1. Report of a WHO meeting held in Winnipeg, Canada 7-9 July 1983:4-5.
- 2. Unpublished report: Smoking in primary schools in Bahrain. 1979.
- 3. Foreign trade statistics for 1981 (State of Bahrain): 15.
- 4. Foreign trade statistics for 1982 (State of Bahrain: 142.
- 5. Foreign trade statistics for 1983 (State of Bahrain): 94.
- 6. Anonymous. First blood to the firms in the smoking war. Al-Khaleej Times 1984: 22,27.

- 7. Pearson, Hartely. Statistical methods. 2nd ed. London: J A Churchill, 1968;123.
- 8. Smoking and health in On tarios need for balance. A report for the On tario Council of Health. On tario 1982. WHO/SMO Middle East Office, 85:2:15.
- 9. Rankin D W. Hospitals challenged to restrict smoking. Hospitals Magazine 1982; March 16:20.
- 10. Bornks M H, et al. Adolescent attitudes towards smoking. World Smoking and Health 1981;6:3:6-7.
- 11. Duggirala S B. Medical students smoking behaviour and social responsibility. World Smoking and Health 1981;6:3:42-44.