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A qualitative study on tobacco smoking and betel quid use among Burmese refugees in Australia

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Abstract

Anecdotal evidence suggests that there are high rates of smoking among Burmese men in Wollongong, Australia. A qualitative study was undertaken to explore the beliefs and experiences of Burmese refugees in Wollongong on smoking to guide the development of smoking cessation interventions. Three focus groups were conducted with Burmese refugees. Ten semi-structured interviews were conducted with service providers involved with Burmese refugees. Qualitative content analysis was used to categorise responses to the questions. Participants were aware of the health effects of tobacco smoking but had little knowledge of support for quitting. Many participants chewed betel quid and were unaware of the health consequences. Service providers noted the lack of resources on smoking and betel quid use for Burmese people. Smoking cessation interventions for Burmese people should consider the co-related use of betel quid due to the possibility of inadvertently encouraging use of betel nut as an alternative to tobacco.

Keywords

burmese, among, quid, betel, australia, smoking, refugees, tobacco, study, qualitative

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An exploratory study on tobacco smoking and betel quid use among Burmese refugees in Australia

ABSTRACT

Anecdotal evidence suggests that there are high rates of smoking among Burmese men in Wollongong, Australia. A qualitative study was undertaken to explore the beliefs and experiences of Burmese refugees in Wollongong on smoking to guide the development of smoking cessation interventions. Three focus groups were conducted with Burmese refugees. Ten semi-structured interviews were conducted with service providers involved with Burmese refugees. Qualitative content analysis was used to categorise responses to the questions. Participants were aware of the health effects of tobacco smoking but had little knowledge of support for quitting. Many participants chewed betel quid and were unaware of the health consequences. Service providers noted the lack of resources on smoking and betel quid use for Burmese people. Smoking cessation interventions for Burmese people should consider the co-related use of betel quid due to the possibility of inadvertently encouraging use of betel nut as an alternative to tobacco.

Keywords: smoking; betel quid; Burmese refugees.

INTRODUCTION

Burmese refugees have been settling in Wollongong since 2007 under Australia's Refugee and Humanitarian Program. Burmese refugees in Australia are vulnerable to health issues such as mental stress [1], infectious diseases and nutritional deficiencies [2]. Anecdotal evidence from a non-government organisation that supports refugees (Strategic Community Assistance to Refugee Families (SCARF)) suggested that there are high rates of smoking among Burmese men in Wollongong. However, there is scant information on smoking rates or on smoking cessation interventions for Burmese refugees in Australia. The aim of this study was to explore the beliefs and experiences of Burmese refugees in Wollongong on smoking to guide the development of smoking cessation interventions.

METHODS

Burmese adults were invited to focus groups by the Program Coordinator of SCARF and a multicultural health worker. Three focus groups and one face-to-face interview (due to lack of participants available at that time) were conducted with Burmese refugees residing in Wollongong. The interview guide for the focus groups included questions on knowledge of the health effects of tobacco and the support they needed to quit smoking, but was widened to include issues related to betel nut use after the close association between tobacco smoking and chewing betel quid became apparent during the first focus group (Table 1). One of the researchers facilitated the discussions and notes were taken by two other researchers. The focus groups ran between 60-90 minutes and an interpreter assisted with translating, except for the focus group with the Burmese community leaders who spoke English well. Participants were given a \$20 gift voucher for participating. Three of the

researchers conducted independent initial coding of the data, identifying a number of potential themes inherent in the data. The researchers, as a group, then reviewed and revised these tentative themes to generate consensus on a list of key themes, and then recoded the interview data together to categorise it under these themes. This researcher triangulation allowed a consensus on the key themes arising in the data, increasing the dependability of the analysis.

Ten semi-structured face-to-face or telephone interviews were conducted with service providers (eg English language teachers, general practitioners, multicultural health workers, dental nurse) involved with refugees in Wollongong. The interviews included questions about the Burmese refugees' smoking behaviour and betel quid use; and suggestions on ways to promote smoking cessation. Notes were taken during the interviews which lasted 20 to 30 minutes.

Ethical approval was obtained from the University of Wollongong/ Illawarra Shoalhaven Local Health District Human Research Ethics Committee (HE 11/497).

RESULTS

Findings from focus groups

There was a total of 31 participants (19 males and 12 females). The first focus group was with six male Burmese community leaders; the second and third focus groups were with 12 participants each (a mix of female and males); and there was one face-to-face interview with a woman. Participants were mostly from Karenni or Chin ethnic groups. Participants' age ranged from 19 to 65 years.

Health consequences of smoking and support for quitting

Participants knew about the health consequences of smoking and its addictive nature. In response to the question on support to quit smoking, participants were unaware of available services and suggested the provision of information in classes and groups that they attend. Participants also thought that advice on quitting smoking from their doctor would be most beneficial.

Smoking and betel quid usage

Betel quid comprised a betel nut (also called areca nut), limestone paste and tobacco and was used by men and women. Participants talked about the relationship between smoking and betel quid chewing. One participant said "...if Burmese quit smoking they chew betel quid". One man said "You never hear about people who chew betel quid going to hospital but you hear about people going to hospital from smoking". One man said "...smoking is expensive and easier to get diseases than chewing betel quid". A Burmese community leader said that about 85% of the Burmese families in Wollongong use betel quid, however it appeared to be used only by adults. Several participants talked about how they now spit betel quid into bottles rather than on the ground as they thought that this would be unacceptable in Australia.

Health consequences of betel quid usage

Participants had a range of ideas on the health consequences of betel quid, such as cancer. One person said that it causes toothache and destroys teeth; while another person said that ... "it keeps teeth strong and help with toothaches". In general, betel quid was viewed as a more benign habit than smoking, with one participant

commenting that his wife had given up smoking and instead chewed betel quid during her pregnancy.

Use of betel quid at ceremonial and social events

Participants described how betel quid was used at ceremonies (weddings, funerals) and social get-togethers. One participant said “I make more friends with people who chew betel quid”. However one woman said “...feel shy using betel quid in public as it gives a dirty appearance”.

Findings from interviews with service providers

Participants noted the lack of resources on smoking and betel quid use for Burmese people and suggested the following: an audio-visual tool for health professionals with information on smoking and betel quid that could be downloaded for their clients; a poster that could be used in general practitioners' surgeries; and fact sheets in Burmese and English. Due to some Burmese refugees' low literacy, it was suggested that information be disseminated verbally via health professionals, religious leaders, existing programs that Burmese people attend, and visual social media (eg YouTube).

DISCUSSION

The present study has highlighted the need for a public health program on tobacco smoking and betel quid cessation for Burmese refugees in Australia. While Burmese refugees in our study were aware that smoking and betel quid use affected their health, there was the perception that betel quid chewing was not as detrimental as

smoking despite tobacco being one of the components of betel quid. A study of Cambodian refugees in USA reported that participants thought betel quid usage was benign however were aware of the health effects of smoking [3]. Participants had limited knowledge on the negative health risks of betel quid chewing, such as oral cancer [4]; adverse pregnancy outcomes [5]; cardiovascular disease and all-cause mortality [6]. Our findings support other research which found a close relationship between smoking and betel quid use [7]. The present study had several limitations. The use of a translator stifled the flow of discussion between the researchers and the participants. The complexity of recruiting people and the relatively small number of Burmese refugees in Wollongong made it difficult to conduct separate focus groups with men and women, and different age groups which may have limited the findings. As Burma is a culturally diverse country, conducting focus groups with separate ethnic groups may have allowed for a more in-depth understanding of the needs of different ethnic groups.

As betel nut is used by 600 million people worldwide [8], health professionals who work in the field of tobacco cessation in Australia need to be cognisant of the potential use of betel quid by immigrants and refugees from countries where betel quid is commonly used and be able to provide interventions to address both drugs. A study of tobacco and drug use among culturally diverse communities in Australia reported the need for tailored programs for specific communities [9]. Due to scant educational resources on tobacco smoking and betel quid use for Burmese people, there is a need to develop resources that can be used by health professionals and can be incorporated into existing programs like English language courses. Health professionals who provide interventions on smoking cessation for Burmese people

also need to provide information on the health consequences of betel quid use to avoid the possibility of their clients increasing their use of betel quid when attempting to quit tobacco smoking. Due to low literacy of some Burmese people [1], interventions on smoking and betel quid cessation need to be available in both verbal and written formats. Interventions on betel quid cessation need to be delivered at primary medical and dental care, and community sites; and be developed in close collaboration with local communities taking into account the social and ceremonial roles that betel quid chewing plays in Burmese people's lives [10]. The findings from the current study support the need for further research on interventions that address smoking and betel quid use by Burmese refugees.

Table 1: Questions asked to Burmese refugees

<p>Questions asked to Burmese Community Leaders</p> <ol style="list-style-type: none">1. Could you tell me about the use of tobacco in the Burmese Community?2. Is smoking a concern for the Burmese community?3. Do you think that most people know about the health consequences of smoking?4. Do you know where people can get support to quit smoking?5. We would like to provide assistance to people who are interested in quitting or cutting down on the number of cigarettes they have each day. Do you have any suggestions on what we could do to help?6. What is the best way to recruit Burmese people to a group discussion?7. Do you think the provision of child minding would assist participation in group discussions?
<p>Questions asked to Burmese refugees (not Community Leaders)</p> <ol style="list-style-type: none">1. How do you think smoking tobacco affects health?2. Do you think anyone in the Burmese community wants to give up smoking?3. Do you think people are addicted to smoking?4. What do you think stops people from quitting smoking?5. Do you know where people can get help to quit smoking?6. Do Burmese people smoke inside their homes?7. Do you think the cost of cigarettes is a concern for Burmese people?8. There are a lot of different ways we could provide information to the Burmese community on smoking cessation; for example, written materials, group discussions or talking with a doctor. What do you think would suit your community?9. Could you tell us about betel quid use in the Illawarra?10. Why do people use betel quid?11. How does chewing betel quid affect your health?12. Do you think people are addicted to chewing betel quid?

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