

NAFIS SALAAM BASELINE SURVEY OF 21 STAKEHOLDERS:

IMAMS, SERVICE PROVIDERS AND OTHER COMMUNITY LEADERS

New York City

March 2009

Contents:

P. 2-4 Stakeholders Demographics

P. 4-10 Perception of Scope or Problem: Diverse Smoking Rates

P. 11-13 Understanding of Religious and Health Implications

P. 13-18 Comparative Levels of Concern Regarding Smoking

P. 18-24 Community Education: Levels of Knowledge and Support for Initiatives

STAKEHOLDERS DEMOGRAPHICS--INTRO

In early 2009 Nafis Salaam conducted a survey to collect data from diverse Muslim leaders and service providers in New York City regarding their perceptions around tobacco use, specifically smoking among Muslim New Yorkers. Respondents were chosen to represent diverse age groups, gender and ethnic identity, and professional affiliation.

The survey also determined that almost 45% admitted to having smoked at one time, with nearly 30 percent having quit the habit and 15 percent still smoking. With religious prohibitions against smoking, it is not surprising that such a percentage among those working to provide religious or social services to fellow Muslims should be low.

However, over 62 % of stakeholders admitted that family members still smoke: 30 percent report their father or both parents smoking; 30% a brother or “sibling”; 11% a son or daughter; still others referred to cousins. Only one reported “everyone” in the family still smokes.

Among close Muslim colleagues, mainly at the workplace, stakeholders report that 85% have Muslim smokers around them regularly. In some cases, stakeholders work with or socialize with only men; with 32% knowing less than 5 male Muslim smokers, 11% knowing more than five male smokers, and 5% knowing more than 10 male smokers. Others report relations with male and female Muslim smokers; with 11% knowing less than five, 22% more than five, and 5% more than ten male and female Muslim smokers. In addition to these reports, two stakeholders volunteered that 90 percent of those they work with smoke.

A sizable percentage of stakeholders (84%) do not tolerate smoking around them, because of discomfort related to the smoke and because of health concerns. The 16% that do tolerate it are not the same 15% who still smoke; rather, this seems to reflect the philosophy or personal comfort level of the respondents.

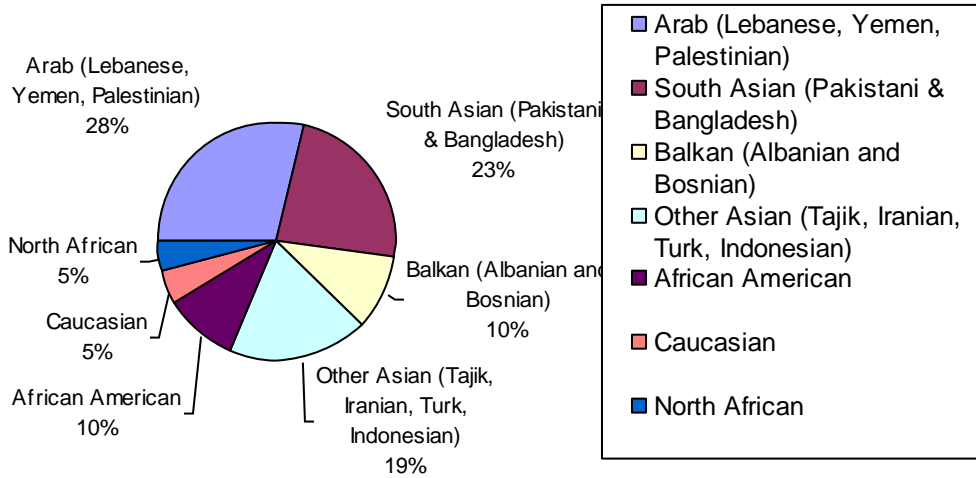
Asked about the trendy practice of smoking water pipes (shisha) a surprising 73% declared them very harmful, and a further 26% saw them as moderately harmful, with only 5 percent seeing this practice as “a little harmful.” Interestingly, several respondents volunteered that our survey should specifically include shisha throughout the survey since many Muslims who use it do not consider themselves as smokers.

Nevertheless, 47 percent of stakeholders saw smoking as “Haraam” (absolutely forbidden) and 26 percent saw it as “makruh” (strongly discouraged). Among imams and employees of Islamic Foundations there was a difference of opinion on this matter, reflecting various ethnic and sectarian backgrounds (Indonesian, Arab, Pakistani, African American, Sunni and Shia). Interestingly three stakeholders mentioned that they had changed their views on the matter, in part due to influence of other respected scholars. At the same time, a fairly large percentage (27%) of Stakeholders did not know how to categorize smoking religiously, or specified neither category, which might suggest either a more secular understanding of the issue, or simple uncertainty.

Just over 50% reported offering advice to co-workers regarding how to smoke. Those in religious roles reported using a combination of practical reasoning, psychological approaches and religious parables. However, very few (16%) of the stakeholders thought that Imams provided such services and few (21%) thought that mosques were currently able to help with cessation and prevention. However, most (84%) thought that this would be possible with significant effort—11% did not know and 5% was unsure.

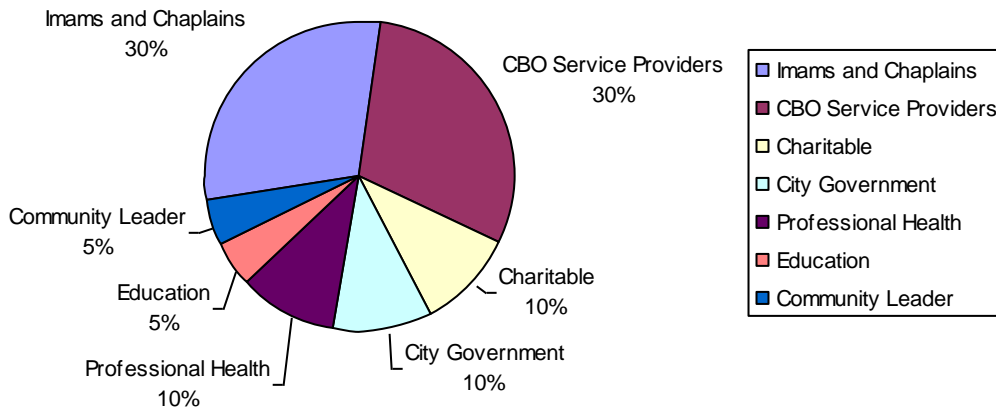
The following pages indicate the diversity of Muslim Stakeholders taking part in the survey:

Ethnicities of Stakeholders

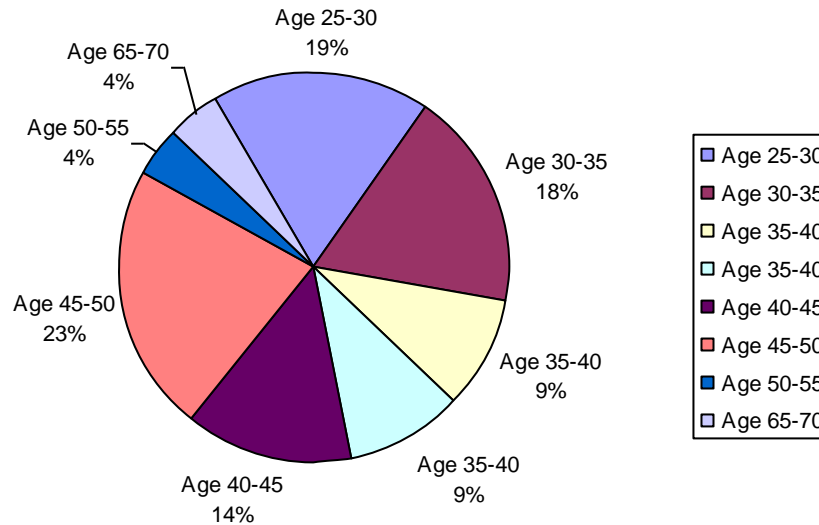


Nafis Salaam staff endeavored to reach out to diverse NYC Muslim leaders to elicit their perceptions of smoking behaviors, risks and alternatives. As the pie charts indicate, participants were active representatives of key sectors, professions & ethnicities. While not identical to actual ethnic percentages (immigrants are somewhat over-represented over indigenous—mainly African American—Muslims in this survey) the group is inclusive of a wide range of ethnicities and age groups, with a slight preference for younger Muslim leadership, with 55% between age 25-40, matching our demographic target of younger adults.

Professional Categories of Stakeholders



Age Range of Stakeholders in Survey



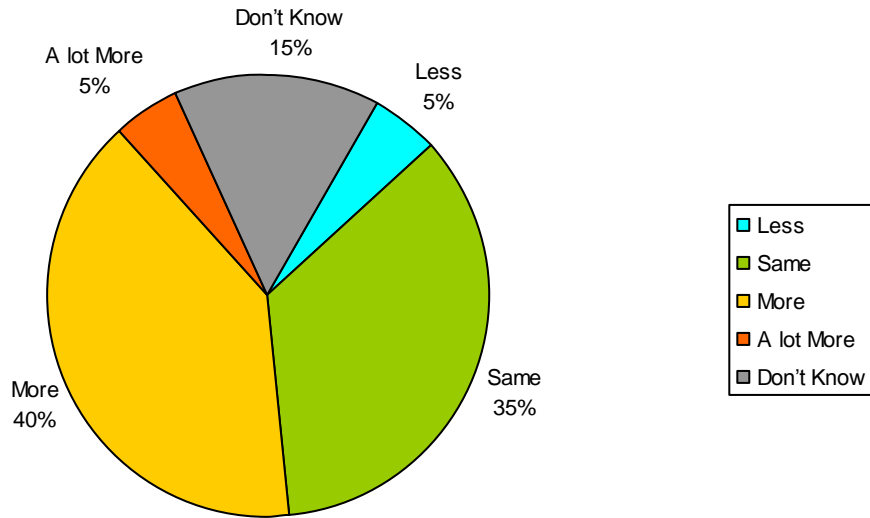
Procedure: Our original plan was to reach out to 15 diverse leaders, but staff decided to increase the sample size. The first 15 leaders were fairly easy to reach out to. However, after this, leaders with whom we had less prior interaction with (ie Albanian Imam in Staten Island) and some whom were busy (ie Taxi Workers Alliance people) eluded us despite multiple calls and friendly but short conversations. Because of the small size of the survey, we did not reach out to their colleagues in order to maintain our planned demographic breakdown. In the 21 final surveys, we did not seek to reach gender parity in Muslim leadership roles, but made sure to include at least one third female participants.

Perceptions of survey: Two stakeholders hesitated to categorize by ethnicity but not by profession. Some stakeholders suggested: 1) include other forms of tobacco, such as paan; also community members may not even think of Hookah as smoking unless it is explicitly included 2) clarify some questions to indicate if we refer only to family in USA or also abroad; ask not only about Muslims in their workplace but others as well; the question on stress levels since 9/11 might indicate if it is only related to the anti Muslim backlash or to other stress causing factors. Also mentioned: that our questions should recognize that mosque-attending youth are much less likely to need such services, and those who need them won't go.

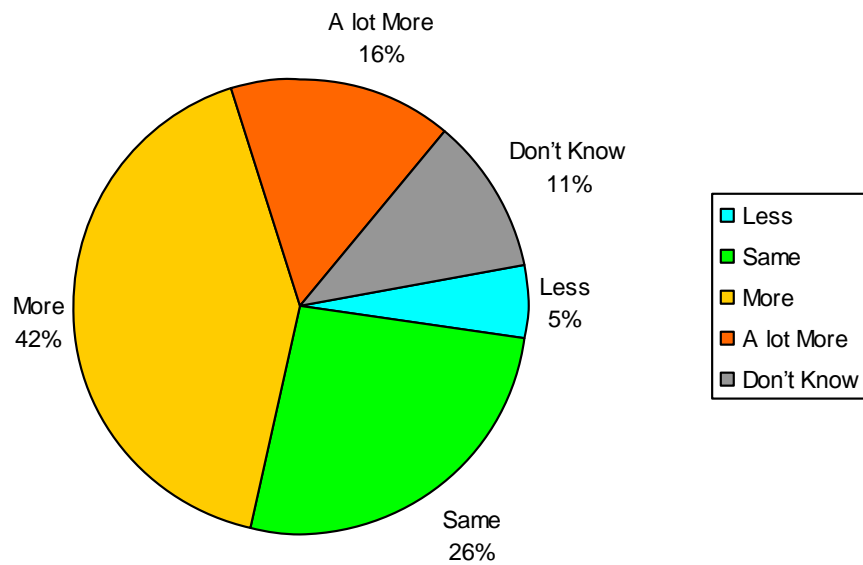
The personal logic behind the community prioritization question was extremely diverse but difficult to capture in a survey. For example, one person put the gap between rich and poor first because response to every other social issue depends on there being a strong middle class.

However, when we asked stakeholders about perceptions of Muslim smoking rates we generally received clearly consistent (and disquieting) responses. For example, 45% believe Arab Americans smoke more or a lot more than "Average Americans" and only 5% say less. While this might also be associated with the visibility of Hookah cafes, 58 % of our stakeholders also see Balkan smoking rates as more or a lot more than average; only 11% don't know and 5% think less. At the same time, 50% say that former CIS (Soviet) peoples smoke more or a lot more; no one says less. And 65% believe Turks smoke more or a lot more; no one thinks less. However in both instances 20% say they do not know. For the most part this response reflects ethnic boundaries within the community. (more comments after this section)

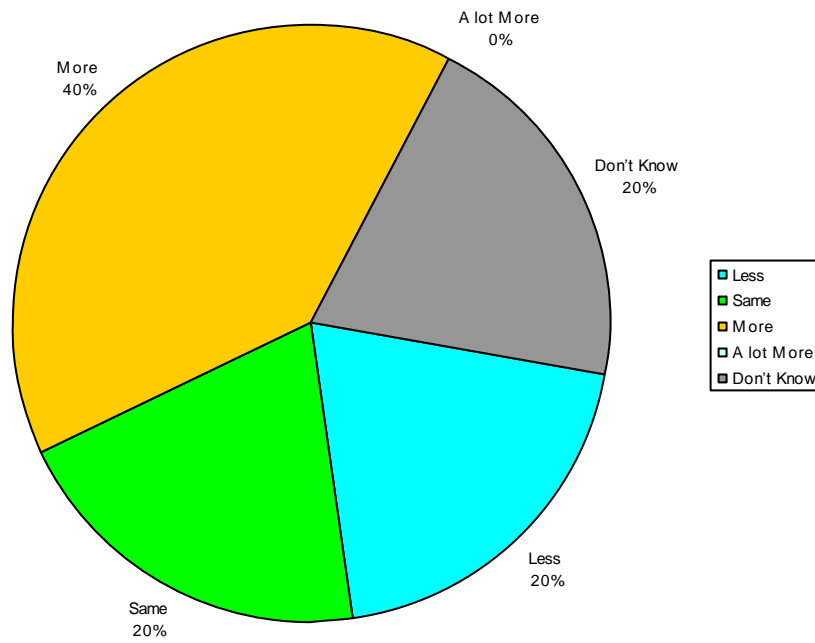
**Muslim stakeholder perceptions of NYC Arab Smoking rates
Compared to Perceived USA Norm**



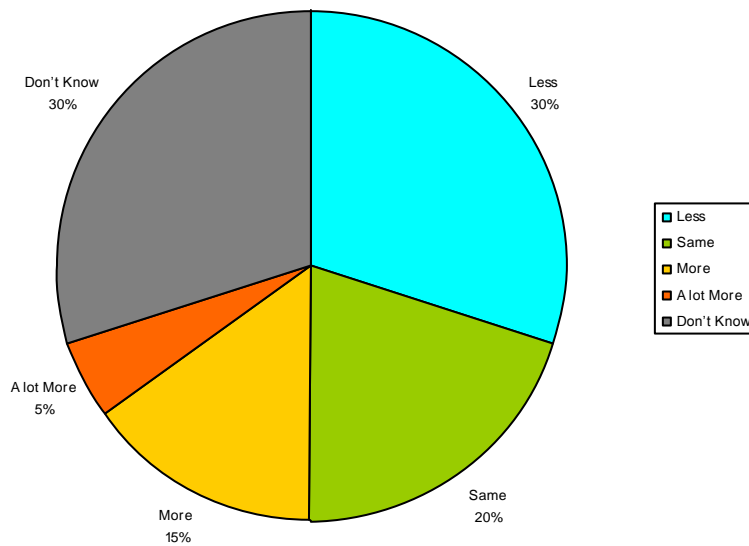
**Stakeholders Perceptions of NYC Balkan Smoking Rates (Albanian, Bosnian)
Compared to Perception of US Norm**



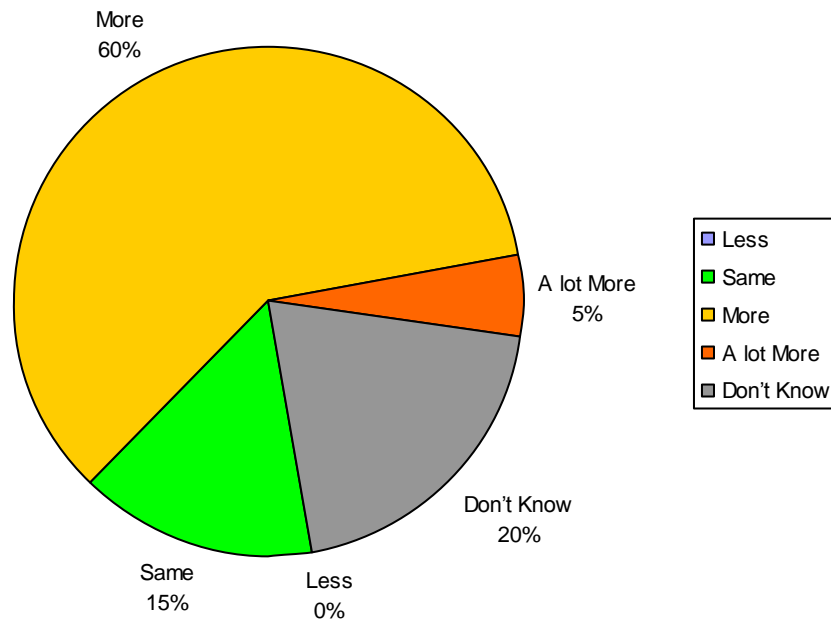
**Stakeholders Perceptions of NYC Pakistani Smoking Rates
Compared to Perception of US Norm**



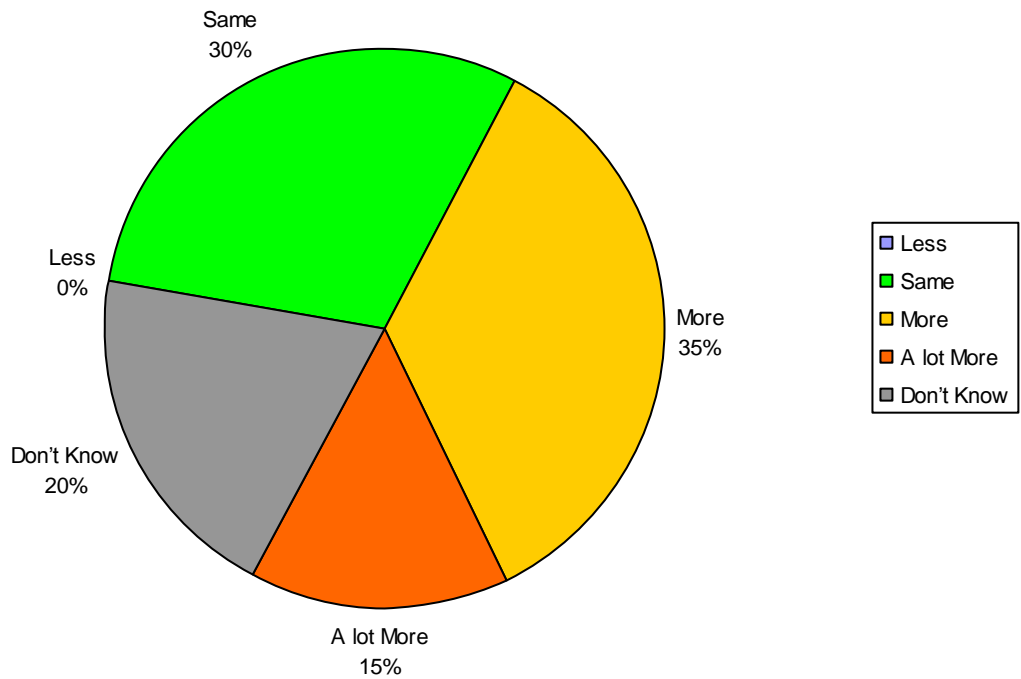
**Stakeholder Perception of NYC Bangladeshi Smoking
Compared to Perception of US Norm**



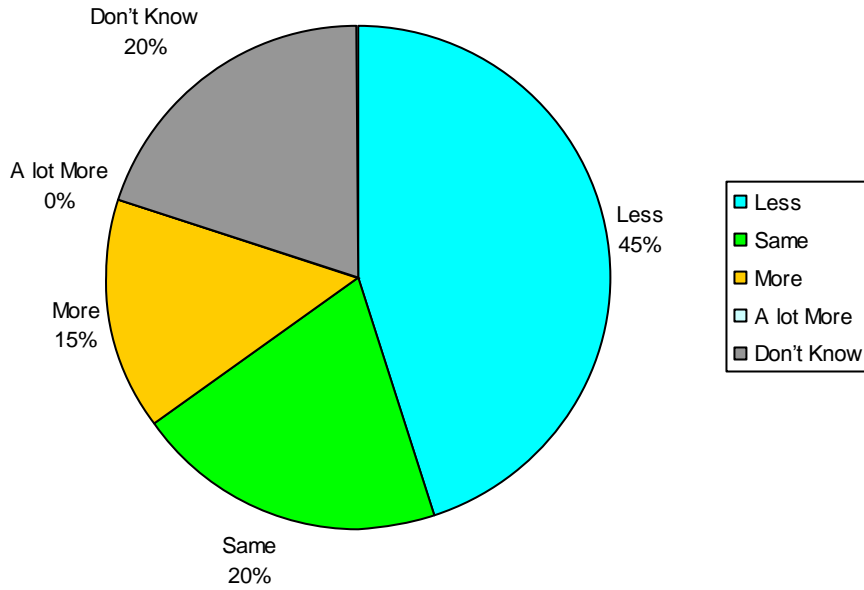
Stakeholders Perceptions of NYC Turkish Smoking Rates Compared to US Norms



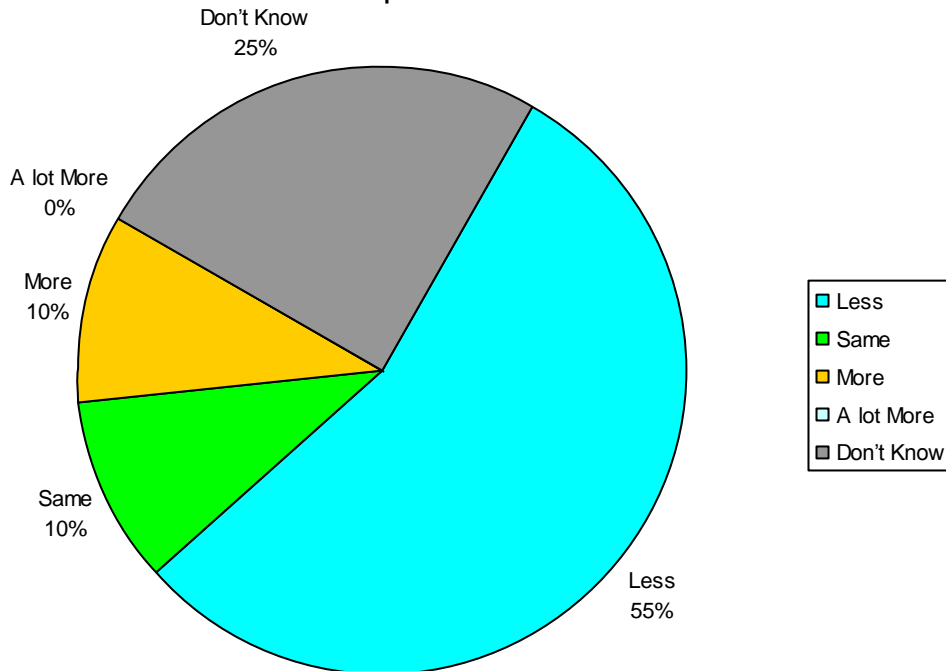
Stakeholders Perceptions of Smoking Rates for NYC Immigrants from Former CIS nations As Compared to perceived USA Norm



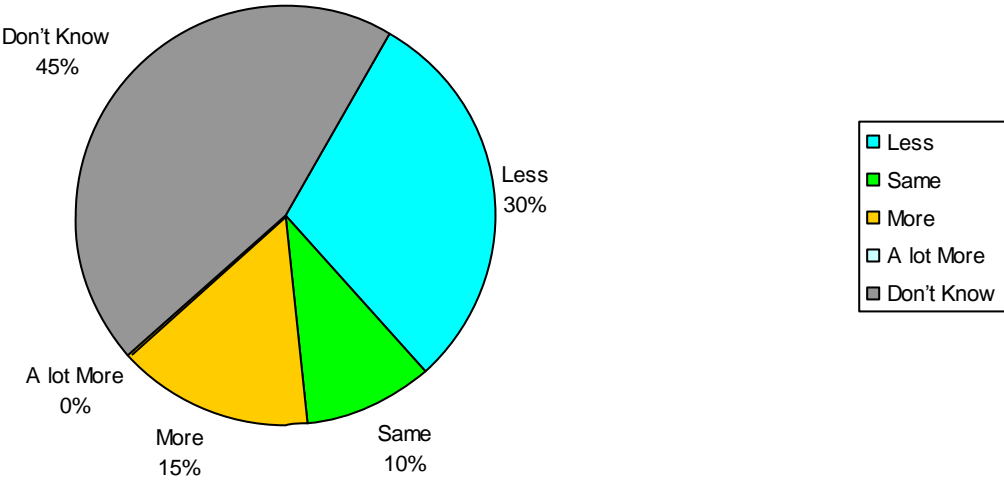
Stakeholders Perceptions of NYC African American Muslim Smoking Rates Compared to "US Norm"



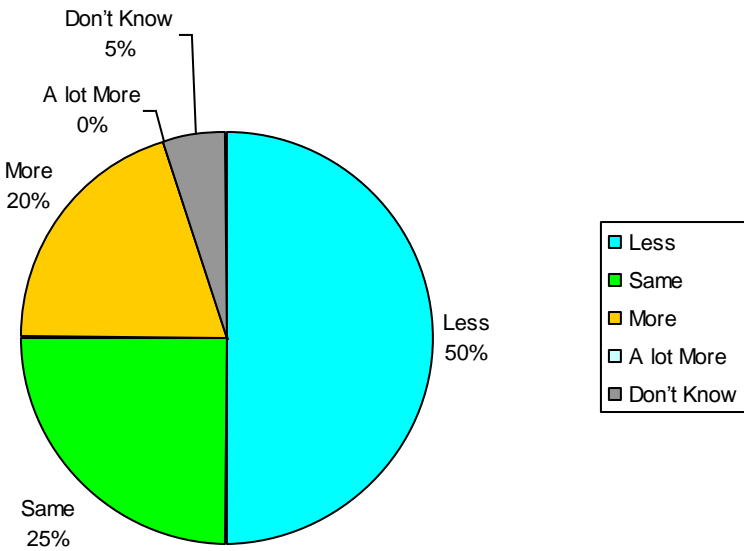
Stakeholders Perceptions of Smoking Rates among NYC African Immigrants Compared to US Norm



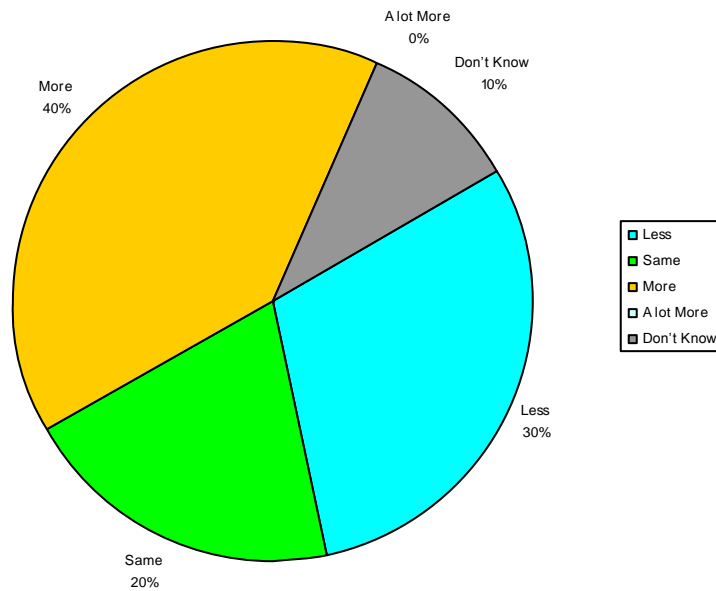
Stakeholders Perceptions of NYC Indonesian Smoking Rates Compared to US Norm



Stakeholders Perceptions of NYC Muslim Young Professionals Smoking Rates Compared to US Norms



**Stakeholders Perceptions of NYC Muslim Students Smoking Rates
Compared to US Norm**



In the minds of our Muslim Community stakeholders, African and African American smoking rates were a great contrast to others'. Of participants, 45 % saw African Americans as smoking less. Only 15% saw them as smoking more. And a full 55% believe that Africans (defined verbally as mainly West African and perhaps Nigerian—ie as the Africans one most likely meets in NYC) are smoking less and only 10 percent thought their rate was higher than average. The association of smoking with some ethnicities was therefore strong; and besides Africans and African Americans, was clearly seen as higher than average across the board.

Association with “Young Professional” or “Student” status was less clear but tended to see young people as smoking less than groups categorized by ethnicity. Fifty percent thought that Young Professionals smoke less, 20 percent more, and 25% the same as the “Average American.” Thirty percent thought that students smoke less and 40% more and 20% same. Response did not correlate to age of stakeholder, though in follow up research there may be social class indicators to explore as well as subjective experience as all participants had been students either here or in countries of origin and this experience may have colored responses.

Knowledge & Perception

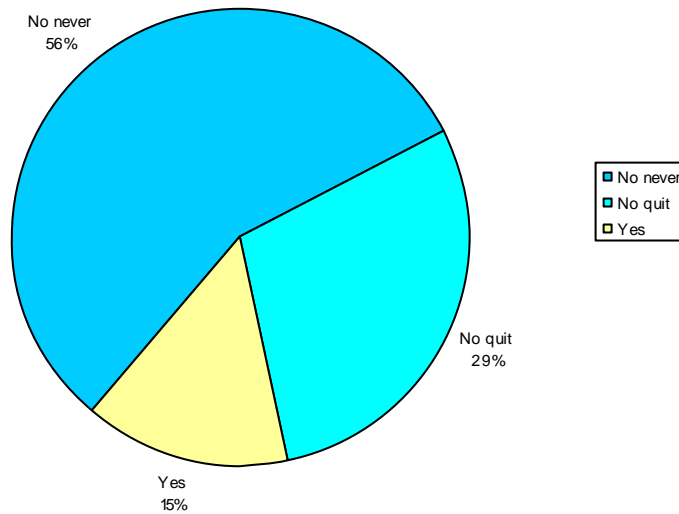
Most responses reflected the reality of high smoking rates in the countries of origin. In responses regarding South Asian smoking rates, however, Bangladeshi smoking was seen as lower than the high rate at home and a full 30% said they did not know. The two Bangladeshi participants saw the Bangladeshi rate as higher. Moreover, a full 45% said they did not know about Indonesian smoking rates, though the Indonesian participant affirmed that it was higher.

The Bangladeshi community is relatively recent, with a six-fold increase in immigration rates in the 1990s. The community seems to include a high percentage of single men in working class professions who smoke. It may be that relatively insularity also has affected perceptions. Staff will look into this issue with partners from service providers working on South Asian health, as well as Bangladeshi CBOs. Moreover, as noted, stakeholders have encouraged us to include other uses of tobacco prevalent in the South Asian community, besides smoking.

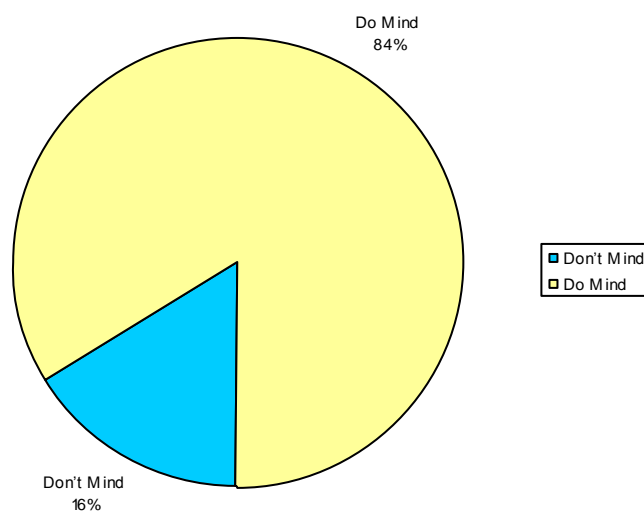
Stakeholders & Smoking:

As indicated below, almost 30% of Muslim community stakeholders had once smoked but quit. Only 15% are current smokers.

Muslim Stakeholders Profile: Smokers?

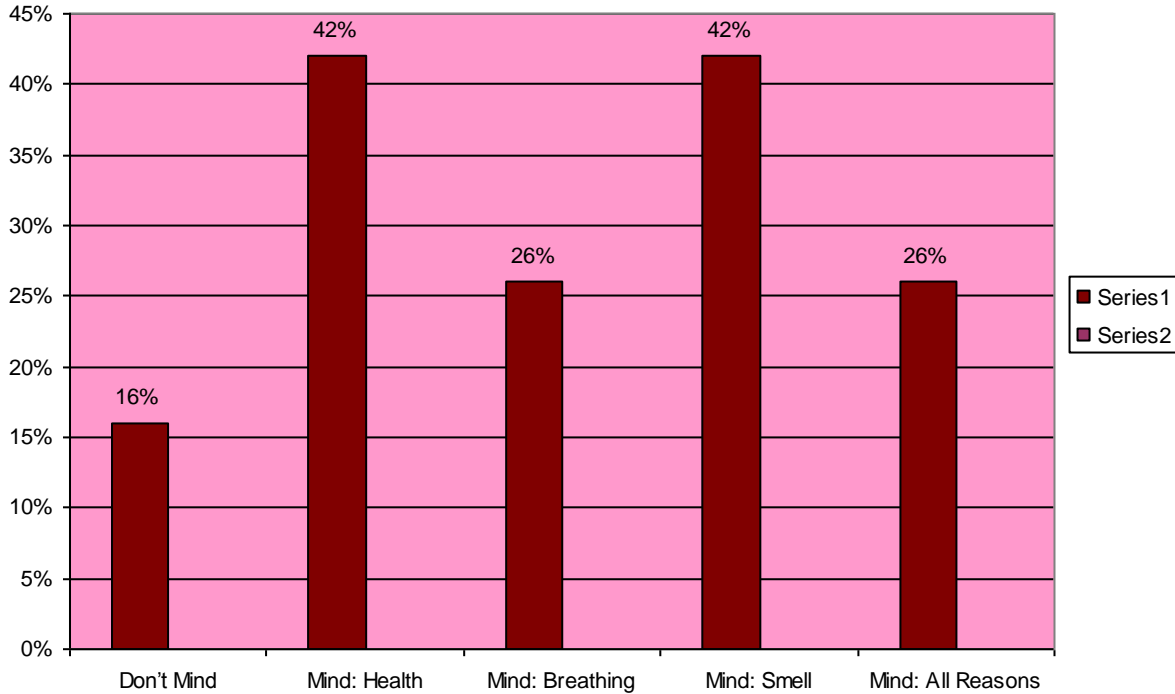


Do you Mind if Others Smoke Around You?

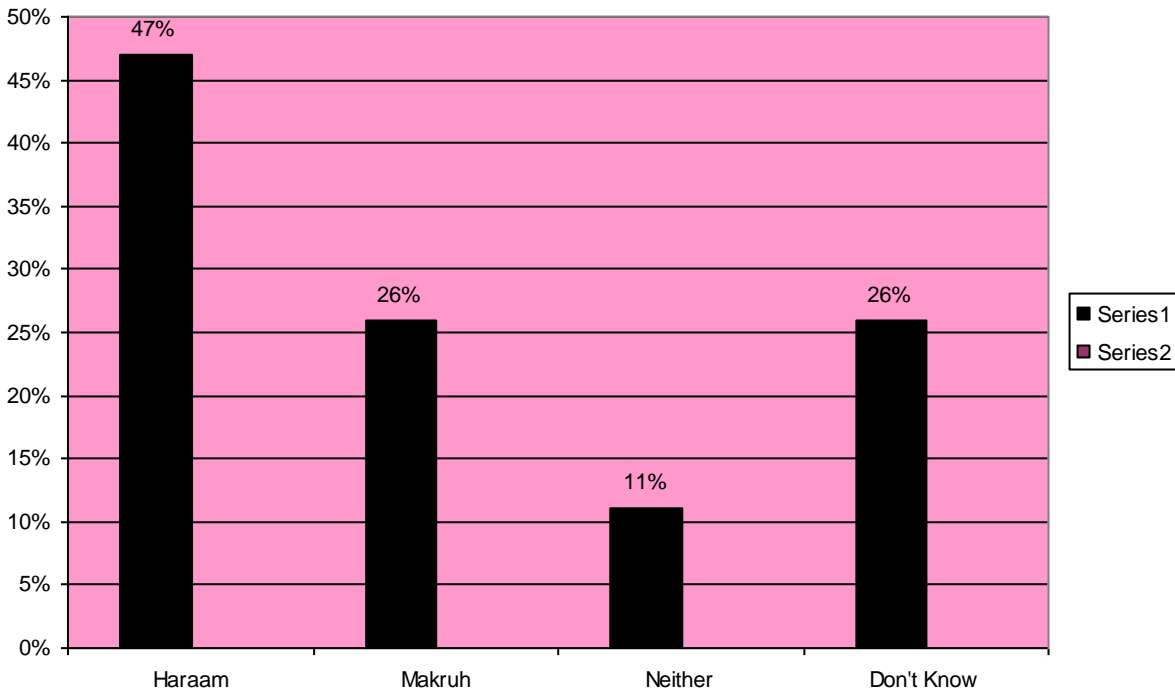


Note: the 16% that do not mind do not correlate to the same 15% respondents who smoke.

Do you mind if others smoke around you? If so, why?

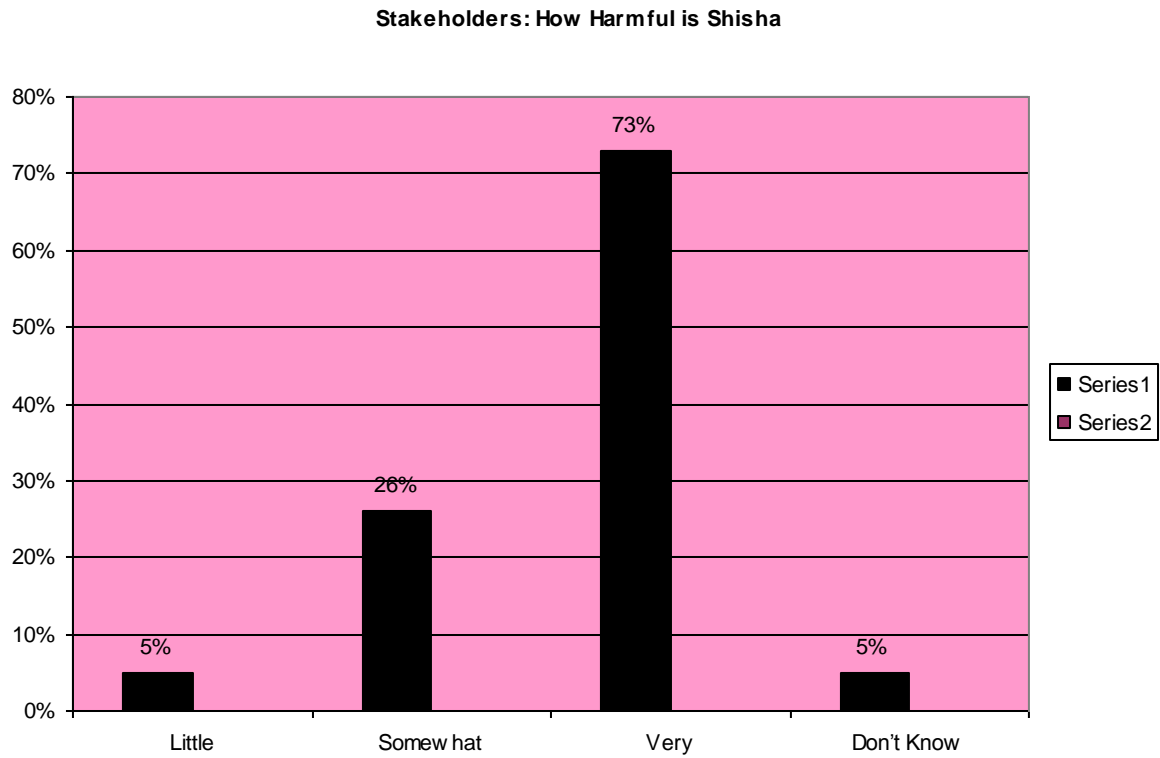


How Forbidden is Smoking in Islam



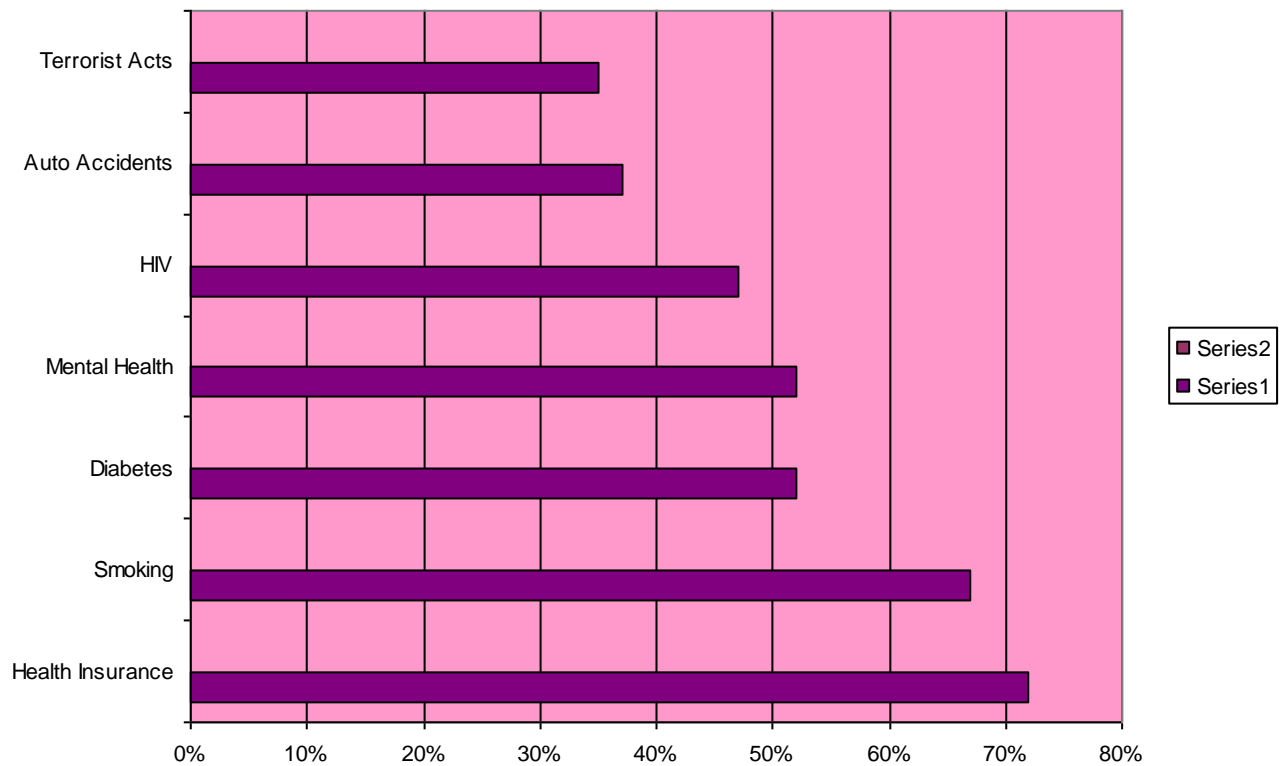
Islamic religious leaders do differ on the classification of smoking—whether disagreeable or prohibited. Several respondents (Shia and Sunni) indicated that their views had, influenced by an imam’s views, shifted over time, mainly towards seeing smoking as completely forbidden, or “haraam”. More secular, or less observant Muslims did not know or answered, “neither.” One imam offered a ruling midway between the two classifications, “Makruh Tahriman.”

Stakeholders overwhelmingly see Hookah smoking as harmful and problematical:



Stakeholders rank their concern about smoking only second to health insurance, and above many other health and social issues. It is possible that this high rate is because the question comes in a survey about smoking—and can be tested against other surveys when they are done. These responses contrast with the community priorities later in the survey (see below).

Stakeholders: Rates of High Concern:



Stake Holders' Priorities & Potential for Action:

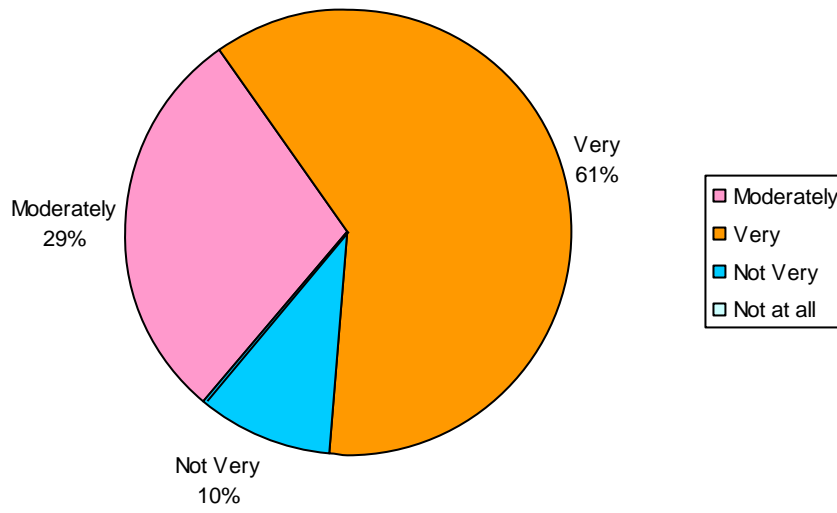
Breaking down these priorities in the next section, Stakeholders indicate that only 10% are “not very concerned about smoking”—as befits something that is Haraam or Makruh and is yet seen as quite widespread. As below, 61% are very concerned and 29% moderately concerned.

By clear contrast, issues of much less of concern are: Auto Accidents (29% Not Very Concerned, 5% Not at All) and HIV (24% Not Very Concerned) and Terror Attacks (a remarkable 40% Not Very Concerned and 10% Not At All).

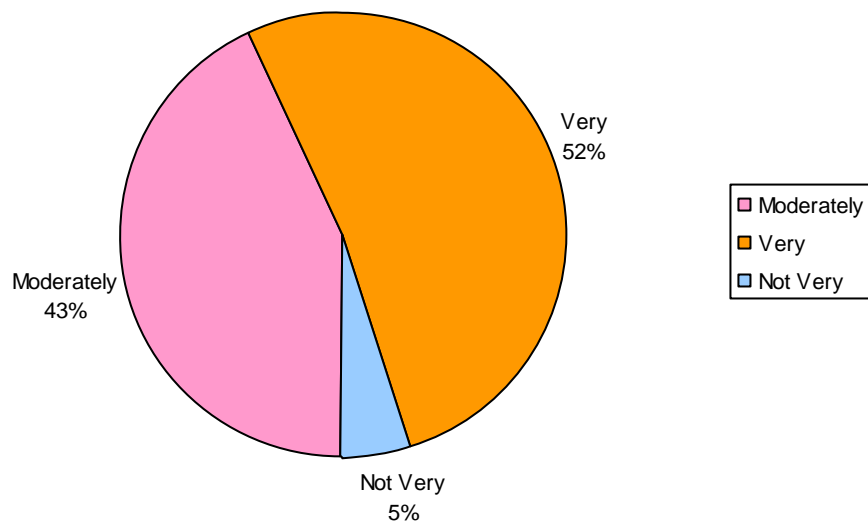
While the pie charts do reflect divergences in the stakeholders' amount of concern on these issues, here is a clear recognition of the issue of stress as well as smoking. A full 89% are moderately or very concerned about Stress and Mental Health.

These responses, perhaps reflecting stakeholders' various advocacy and care giving roles, do clearly indicate the potential of stakeholders to become involved on smoking cessation and prevention. Moreover, later questions indicate that 85 % have in the past promoted other health through information events, health fairs and services, and 90% express willingness to give out Nafis Salaam information about smoking prevention & cessation.

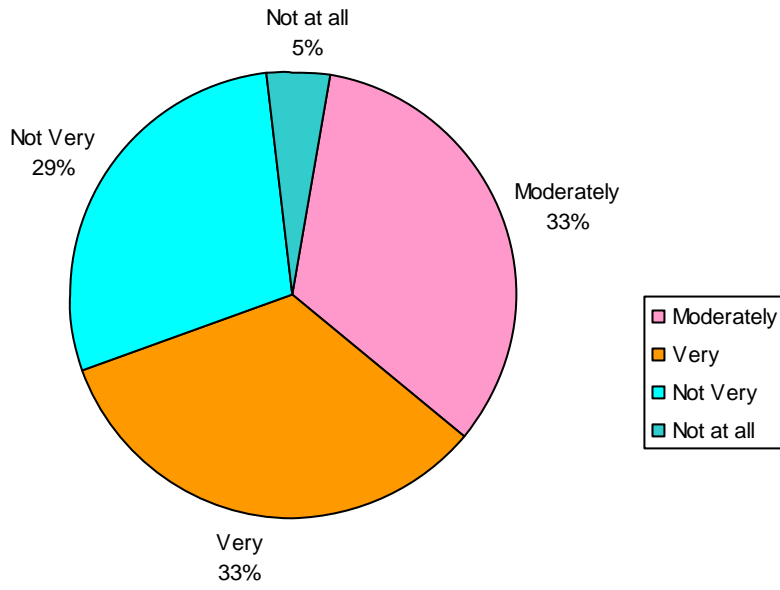
Stakeholders: How Concerned: Smoking



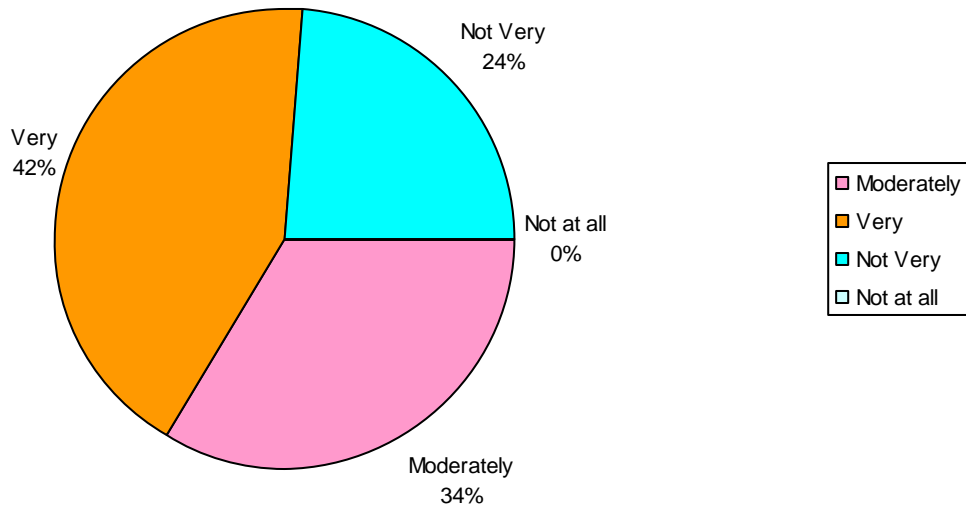
HOW CONCERNED: DIABETES



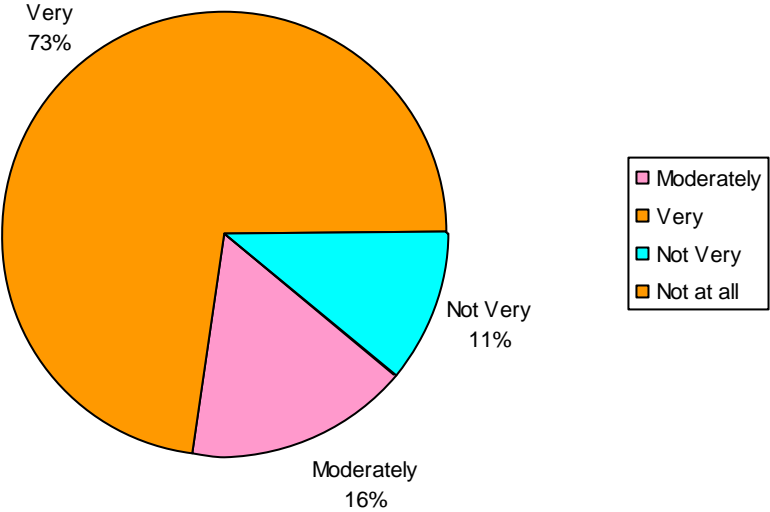
How Concerned: Auto Accidents



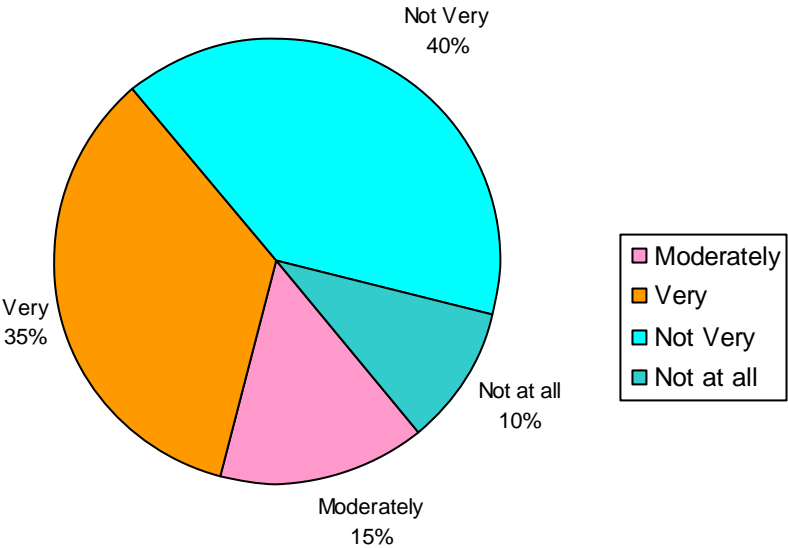
How Concerned: HIV



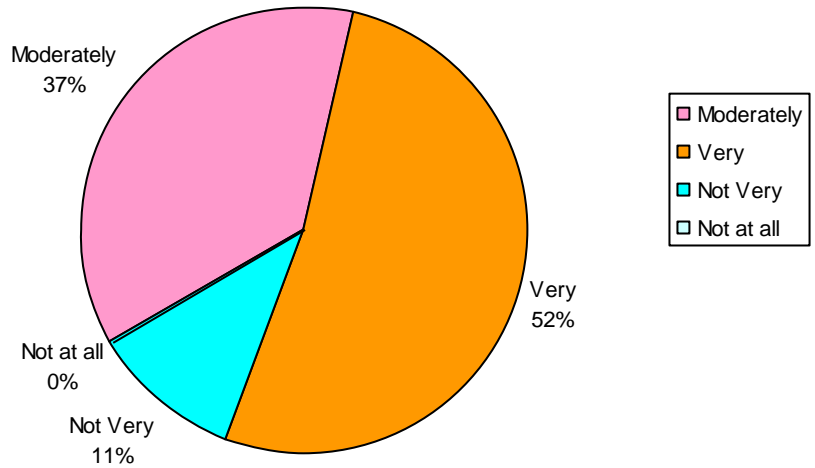
How Concerned: Health Insurance



How Concerned: Terror Threats

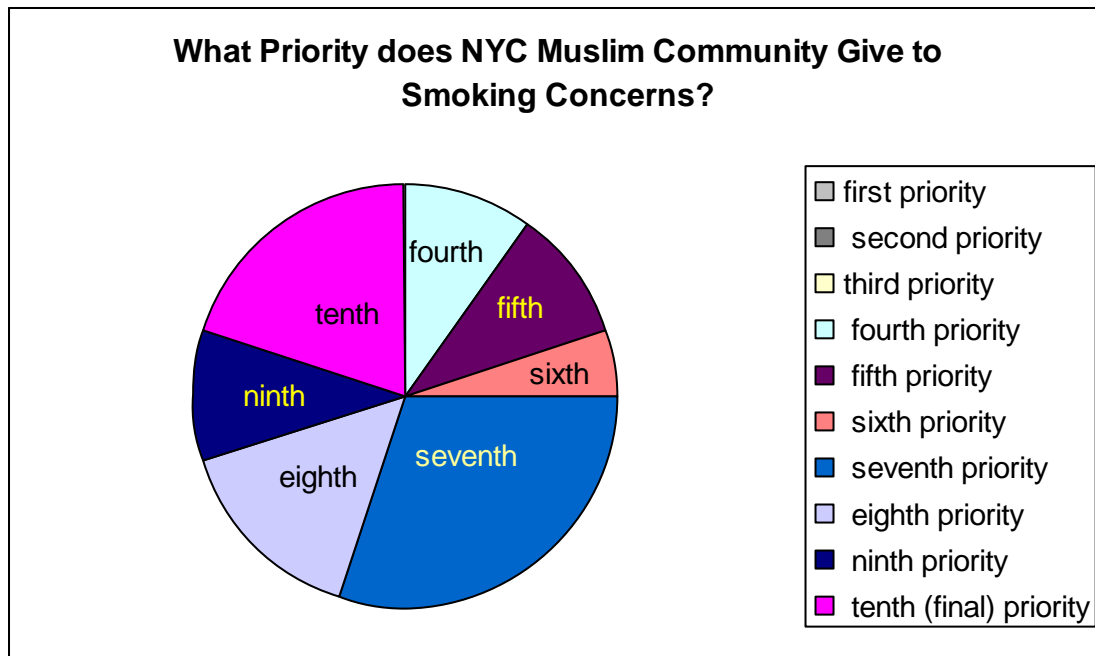


How Concerned: Mental Health & Stress

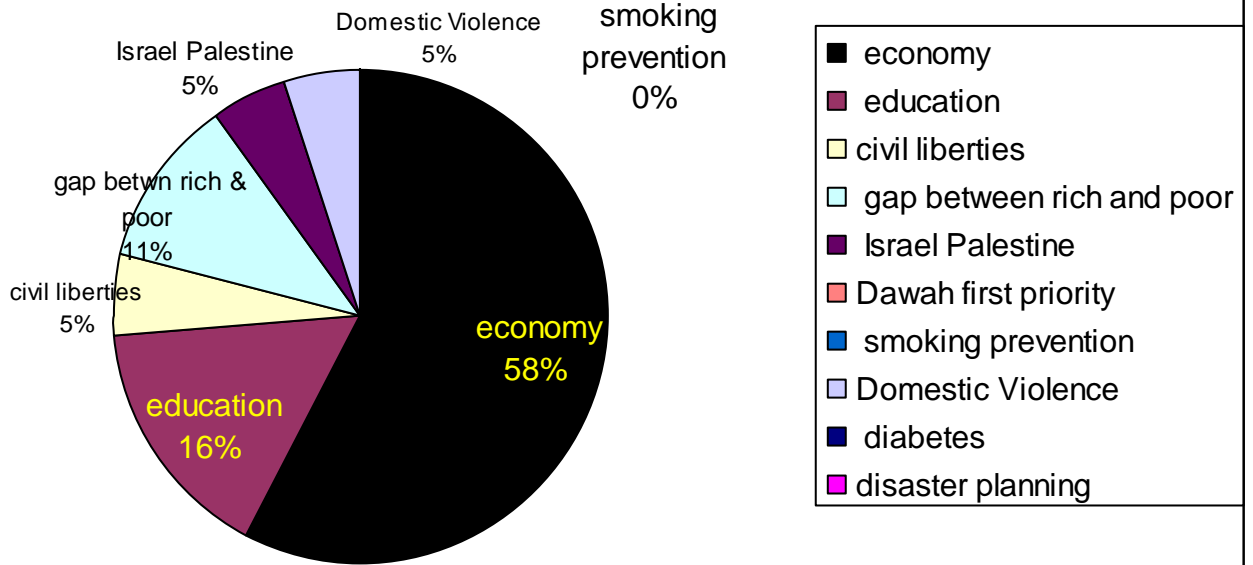


Larger Community Perceptions:

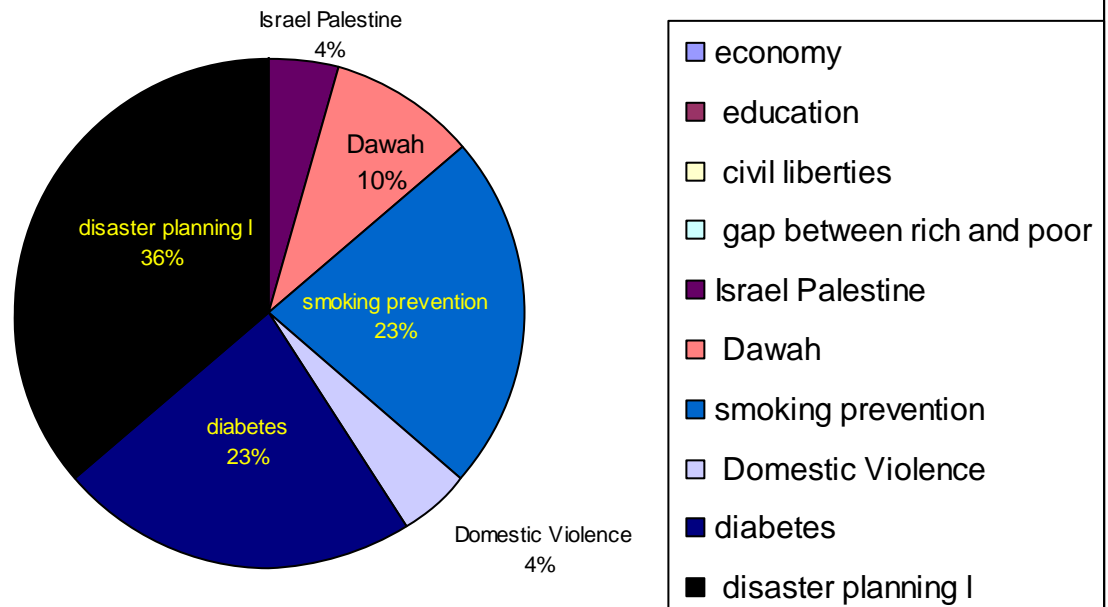
Though indications are highly favorable for leadership support, stakeholders also indicate below that at this time they believe the Muslim community does not give this issue a high priority. It seems likely that strong media and community support will be needed to shift this.



What is NYC Muslim Community's First Priority



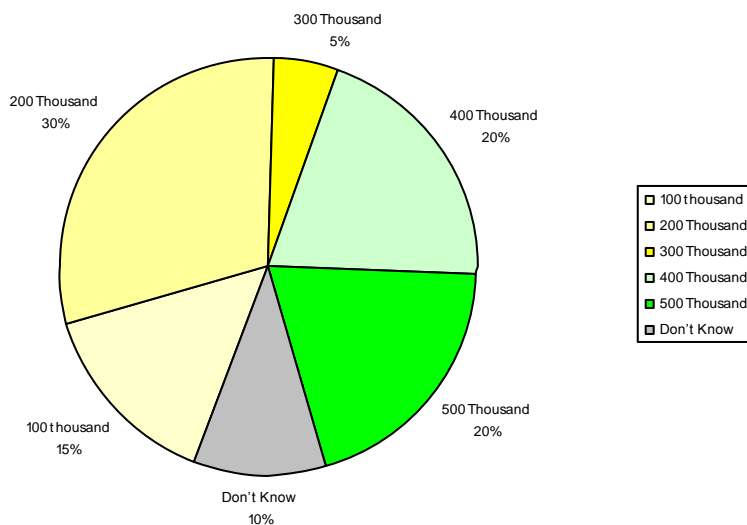
What is NYC Muslim Community's Last Priority?



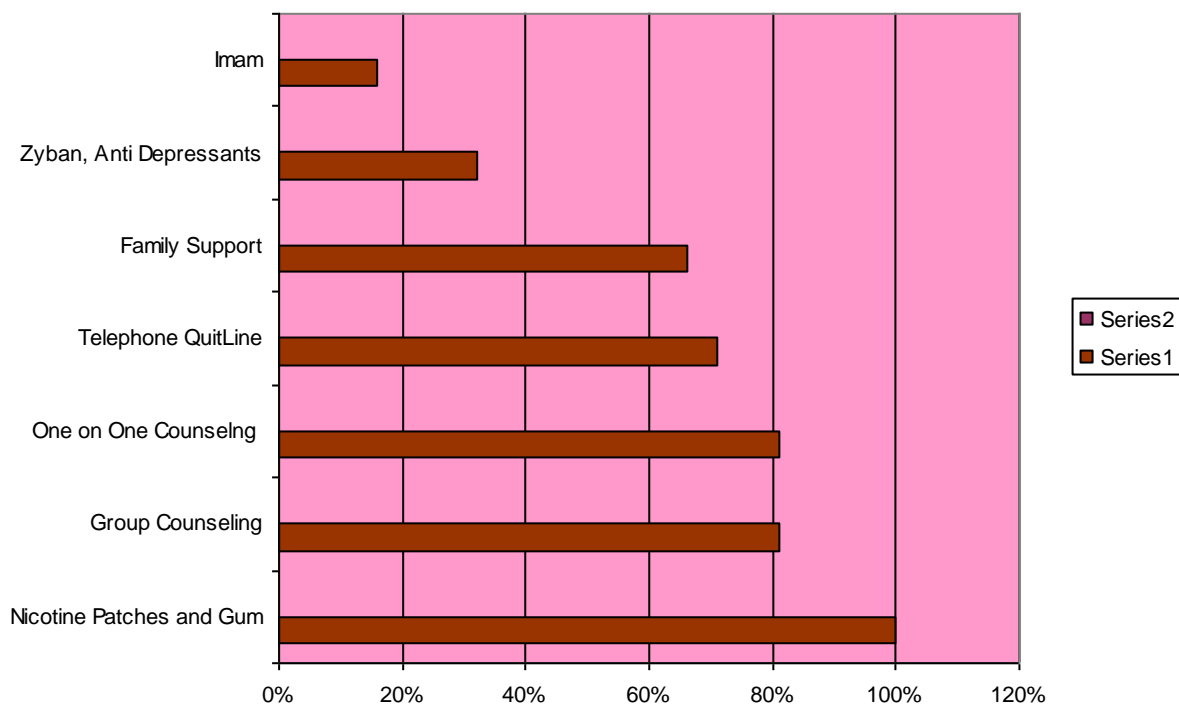
How Informed is Leadership? Awareness of Resources:

Though as a group they are concerned about smoking, fifty percent of S takeholders underestimate the number of smoking related deaths in the USA each year.

**How Stakeholders Estimate Total Deaths Related to Smoking Per Year
(Correct number is at least 400,000)**



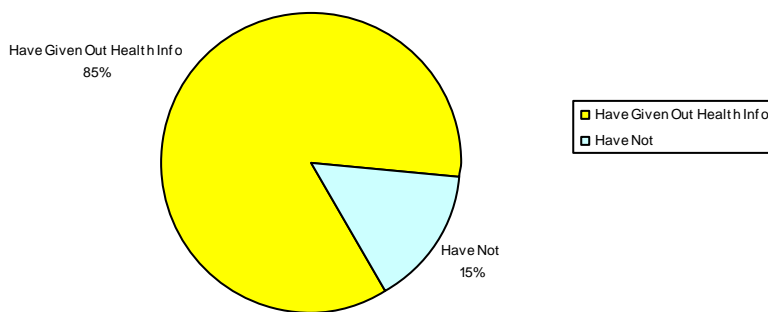
Stakeholders Aware of these as Resources for Quitting?



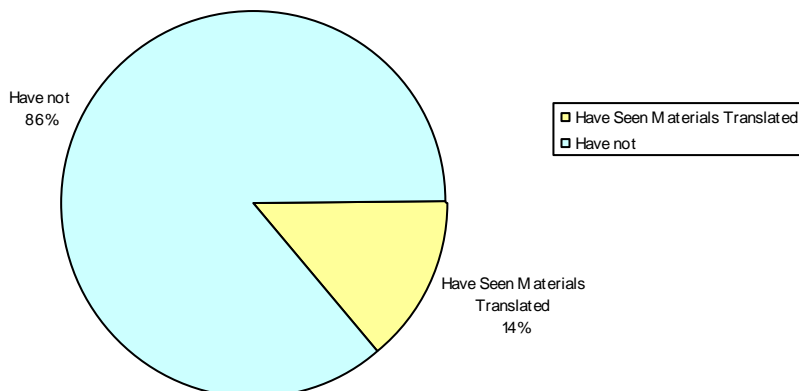
A full 86 percent have never seen any prevention or cessation information in their language. Combined with perception of high rates, and with potential for action, this statistic clearly indicates a significantly unmet need.

All stakeholders are aware of nicotine patches and gum to assist quitting. However, very few— 16 %-- are aware of any imams providing cessation or prevention support services. Imams and service providers differed little in this response. The penultimate graph in this section indicates that 89% have never heard of a Muslim program doing what Nafis Salaam seeks to do. Though 73% do not think mosques are currently organized to provide such services, 94% think this is possible.

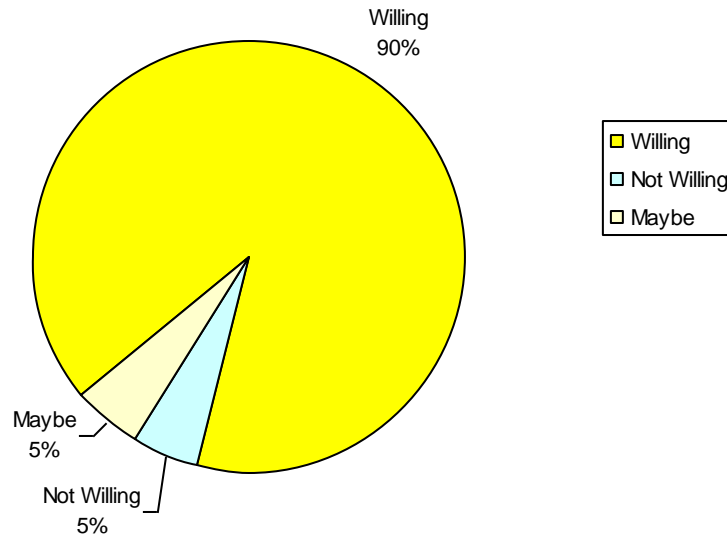
Have You Given Out Health Information Before?



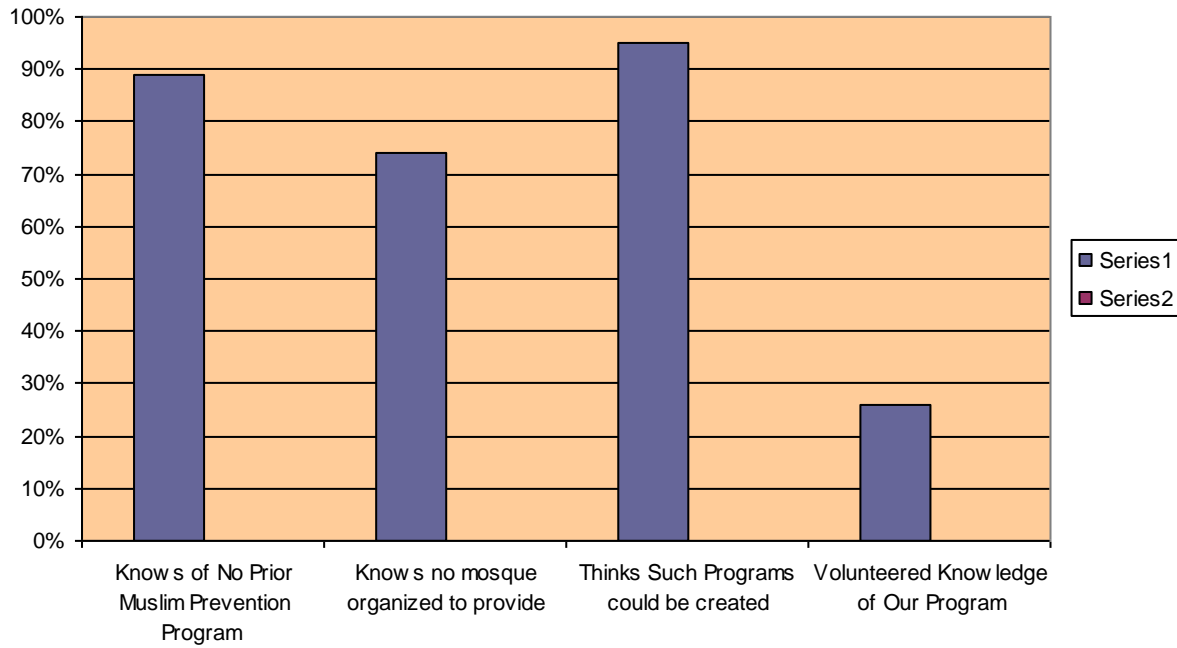
Have Seen Cessation Materials in Translation Relevant to Community



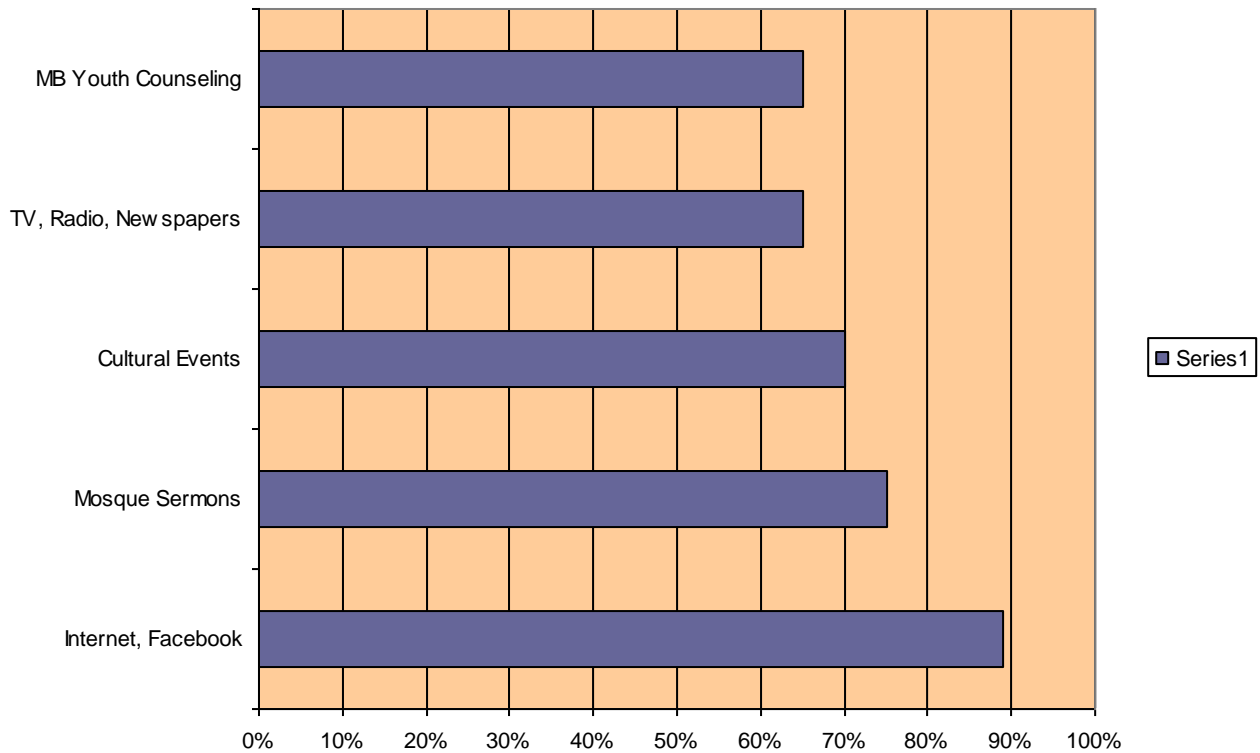
Are Stakeholders Willing to Give out Nafis Materials?



Do Stakeholders Know of Islamic Smoking Prevention & Cessation Programs?



Prevention & Cessation Strategies Rated Helpful or Very Helpful



Strategies:

Together with results of a recent verbal survey of over 90 students of classes 5-9 of the Al Iman Islamic School in Jamaica, NY, indicating that 85% have family members who smoke, the results of this survey point to a health problem of troubling scope and a health education challenge.

Many spoke about family members: **“My grandfather lived up to age 86 and had worked in a tobacco factory in Bosnia but never smoked. However, my father, uncle, two aunts were all heavy smokers and died from cancer –I could not kiss father while I grew up. Brother also has followed the smoker’s path – seems there are two kinds of people, smokers and non-smokers. Some friends of mine proved they are not really smokers. But some are addictive personalities – my brother tried so many times—he is strong in all other things but not in this. A famous writer once said quitting smoking was the easiest thing –he did it a thousand times.”**

Perceptions of how to address the smoking problem varied by religiosity. Some imams shared teaching stories they used with congregants. One young imam asserted **“Mosque administration would need to acknowledge that mosques in pluralistic societies needs to address a wider set of needs and go beyond providing prayers for Asr and address the socialization or re-socialization of congregants. Also qualified staff would need to be hired; a cardiologist is not the same as a counselor.”**

Those less mosque-focused down played the work that mosques services and sermons could do, especially for young people seeking their own way. Others were more optimistic. Almost 90 percent agreed that young people could be found through internet and Facebook, and our Nafis Salaam campaign will be developing its interactive web-based presence accordingly.

Summary:

Responses indicate **good potential for leadership involvement** but also the need for tools to reach a struggling community with many other concerns. There seems to be a large gap between leadership and community norms, especially in immigrant communities.

In contrast, one participant from the African American community asserted that in his community, influenced both by Nation of Islam's strict practices and the strong leadership of the civil rights movement, was much less likely to smoke, even including those vulnerable communities in prison. It seems clear that the need is generally greater among other ethnic groups.

As culturally tailored health education materials are developed to serve the highly diverse Muslim community, the gap between leadership and congregations will need to be addressed, as well as the gap between mosque and larger Muslim American community. A wide array of outreach and education strategies is indicated.