

## **IMPACT OF RELIGIOUS RULINGS (FATWA) ON SMOKING**

**By**  
**GHADA N. RADWAN<sup>1,2</sup>, EBENEZER ISRAEL<sup>1,5</sup>,  
MAGED EL-SETOUHY<sup>1,3</sup>, FATMA ABDEL-AZIZ<sup>4</sup>,  
NABIEL MIKHAIL<sup>1,6</sup>, AND MOSTAFA K.  
MOHAMED<sup>1,3</sup>**

Egyptian Smoking Prevention Research Institute (ESPRI)  
<sup>1</sup>, Cairo University, School of Medicine<sup>2</sup>, Ain Shams  
University, School of Medicine<sup>3</sup>, Center for Applied  
Research (CFAR)<sup>4</sup>, University of Maryland in Baltimore,  
School of Medicine<sup>5</sup> and Assuit University<sup>6</sup>.

### **Abstract**

An interview survey was carried out in a rural village and two nearby schools in Qalyubia Governorate to assess the pattern of smoking and knowledge about religious ruling (Fatwa) and its impact on the quit attempts. Also, a similar survey was conducted in 6 Shisha cafés in Cairo. The results showed that the majority of respondents (81% among rural adults, 83.2% among Shisha café patrons, 73.3% among rural youth and 81.4% among rural students) knew about the Fatwa on smoking. Higher proportions of all participants thought that smoking is a sin (97.3% among rural adults, 80.8% among Shisha café patrons, 94.4% among rural youth and 98.4% among rural students). There was a significantly higher knowledge about Fatwa on smoking among men than women. This indicates a successful outreach program targeted mainly to men through mosques. Knowledge about Fatwa on smoking increased significantly with increased exposure to antismoking messages from religious leader. Knowledge about the Fatwa on smoking or belief that smoking is a sin had no significant effect on quit attempts. Our results point to the need for intensive

efforts on the part of religious leaders to translate the current belief that smoking is a sin into quitting among smokers. Better results may be achieved through personal interactions in small groups rather than in mosque settings.

## **Introduction**

Despite the continuing devastation caused by infectious diseases, tobacco consumption remains the leading cause of preventable deaths and disability in adults globally (WHO, 2001). With current smoking patterns, 500 million people alive today will eventually be killed by tobacco use. More than half of these are children and teenagers (Jha and Chaloupka, 1999). Smoking is a common and widely practiced social habit in the Middle East, especially among adolescents and even children. In all Muslim countries in the Eastern Mediterranean Region cigarette consumption has increased by 224 percent between 1963 and 1990 (Islam and AL-Khateeb, 1995). Tobacco use is a social problem and controlling it requires real change in social beliefs and norms. One thing that has worked successfully in this regard throughout centuries in the Eastern Mediterranean states is Religion (Al-Awa, 2001). Religion has a strong influence and is a part of the daily life of individuals in this Region.

In 1988, WHO regional office for the Eastern Mediterranean issued a publication entitled "Health education through religion-Islamic ruling on smoking" and the publication cites all the Fatwas; a religious opinion given by highly esteemed religious scholars with respect to smoking. These Fatwas state that smoking in any form and by whichever means cause extensive health and financial damage to smokers. It also causes a variety of diseases. Consequently, and on this evidence alone, smoking would be forbidden and should in no way be carried out by Muslims. Furthermore, the Muslim obligation to preserve one's health and wealth as well as that of the society as a whole and the medical evidence now available on the dangers of smoking, support this view. In 1999, the Islamic ruling on smoking has been defined by major Muslim scholars working from the Koran and the prophetic traditions. One of the basic tenets of Islam is

the protection of the mental and physical integrity of individuals. For this reason, the harmful health effects of tobacco make its consumption a contraindication of Islamic teaching (WHO report, 1999). Dr Farid Wasil 1999, the Grand Mufti of Egypt declared that smoking is Haram (forbidden) in Islam because of its damaging effects to human health.

The overall aim of this study was to assess the pattern of smoking and knowledge about Fatwa in the studied groups and to determine its impact on the quit attempts.

## **Materials and Methods**

Data on Fatwa on smoking was obtained from a study in rural village in Qalyubia governorate. All the households in this village were enumerated and a systematic random sample was chosen (330 households). A total of 305 households 12 years or older were interviewed. Informed consent was initially obtained from the head of the households and then from all participants individually. A total of 1161 adults and 322 youth were interviewed anonymously in this study.

For school surveys, two secondary schools closest to the rural village were included. Anonymous self administered questionnaire was used to collect data. The total number of respondents was 635 and the response rate was 100%.

In the Shisha café survey, 6 Shisha cafés located in the high (2), middle (2) and low (2) socioeconomic areas of Cairo were selected. Once permission was obtained from the owner-/manager to conduct the survey, individual clients were requested to participate. 300 adults over the age of 18 yrs were interviewed.

The surveys collected information on socio-demographic characteristics, (age, sex, marital status, level of education, occupation), smoking behavior (smoking status, age at which smoking started, number of cigarette smoked per day and reasons for a smoking), changing smoking habits after marriage, smoking addiction, quitting behavior, attitudes towards quitting, knowledge about Fatwa on smoking and belief of smoking is a sin, attitudes towards smoking, exposure to environmental

tobacco smoke and knowledge about diseases related to smoking.

Current adult smokers were defined as those who were smoking at the time of the survey and had smoked more than 100 cigarettes in their life time; former smokers if they had smoked more than 100 cigarettes in their life time but no longer smoked; and never smokers if they had never smoked or had smoked fewer than 100 cigarettes in their life time. For youth, CDC definitions were used. Current smokers are defined as those who smoked at least once in the past 30 days preceding the survey and never smokers are those who have never smoked a cigarette (not even a puff).

All data management and analysis were done using SPSS statistical program. Data was analyzed by computing percentages and differences were tested statistically by applying Chi square test and Fisher exact test for comparison between categorical data.

## Results

Adult smoking survey in a rural village: A total of 1161 adults were interviewed. 51% were males and 49 % were females. The mean age of the study participants was 36.4 years  $\pm$ 15.2 SD. A high level of knowledge about Fatwa on smoking (81%) and belief that smoking is a sin (97.3) were observed. Men had a significantly higher level of knowledge about Fatwa on smoking than women (91.4% vs. 70% respectively,  $p < 0.01$ ). A significantly higher proportion of those who knew about the Fatwa thought that smoking is a sin compared to those who were not aware of among both males and females (98.9 % vs. 82% in males and 99.5% vs. 91.2% in females,  $p < 0.01$ ).

Male respondents were classified as current smokers (31.8 %), former smokers (3.1 %) and never smokers (65.1 %). Among females, 98.8 % were never smokers and 0.2 % were former smokers with no current smokers and so females were excluded from further analysis. The level of knowledge increased significantly with increased level of education ( $p < 0.01$ ). For those who have not completed secondary education, the level of knowledge was 88.5 %, the level of

knowledge among those who have completed secondary education was 93 % and the level of knowledge of those who received higher education was 98.8 % (table 1).

A significantly high level of knowledge about Fatwa on smoking and belief that smoking is a sin were observed among married, working and adults  $\geq 25$  yrs of age (table 1). Never smokers had the highest level of knowledge about the Fatwa on smoking (92.4%) followed by current smokers (90.2%) and the lowest level of knowledge is among former smokers (82.4%) (figure 1) . Regarding the influence of knowledge about Fatwa on smoking and belief that smoking is a sin on quitting attempts, there was no statistically significant difference between those who made no attempts to quit smoking and those who tried to quit smoking even a day in the last year (92.6% vs. 86.5%,  $p>0.05$  and 98.1% vs. 94.5%,  $p=0.210$  -Fisher's Exact Test-figure 2).

Knowledge about Fatwa on smoking increased significantly with increased exposure to antismoking messages from religious leaders (  $p< 0.01$ ) and with more reading of religious books and watching or listening to religious programs (table 1).

Table 1: Knowledge about Fatwa on smoking and belief that smoking is a sin by demographic characteristics and exposure to anti smoking messages in adult rural males

Adult survey in rural community		Knowledge about Fatwa on smoking		Belief of smoking is a sin	
		NO	%	NO	%
<b>Demographic characteristics</b>					
Age groups	<25 years	138/160	86.3	153/158	96.8
	≥ 25 years	407/436	93.3*	421/432	97.5
Educational level	Below Secondary	276/312	88.5	298/308	96.8
	Secondary	187/201	93	193/198	97.5
	Above secondary	82/83	98.8*	83/84	98.8
Marital status	Single	153/176	86.9	170/175	97.1
	Ever Married	392/420	93.3*	404/415	97.3
Work	Yes	435/466	93.3	448/460	97.4
	No	108/128	84.4*	124/128	96.9
<b>Exposed to anti smoking messages from religious leaders</b>					
	Never	19/30	63.3	25/28	89.3
	Once	84/92	91.3	90/92	97.8
	2-5 times	232/252	92.1	248/251	98.8
	>5	210/222	94.6*	211/219	96.3*
<b>Reading religious books, watch/ listen to religious programs.</b>					
	Yes	453/488	92.8	471/483	97.5
	no	92/108	85.2*	103/107	96.3

\* p< 0.05

Table 2: Knowledge about Fatwa on smoking and belief that smoking is a sin by demographic characteristics and exposure to anti smoking messages in male Shisha smokers.

Shisha cafés survey		Knowledge about Fatwa on smoking		Belief of smoking is a sin	
		NO	%	NO	%
<b>Demographic characteristics</b>					
Age groups	<25 years	73/94	77.7	72/82	87.8
	≥ 25 years	174/203	85.7	134/173	77.5*
Educational level	Below Secondary	74/92	80.4	68/82	82.9
	Secondary	72/93	77.4	71/83	85.5
	Above secondary	101/112	90.2*	67/90	74.4
Marital status	Single	96/123	78	88/106	83
	Ever Married	150/173	86.7	118/149	79.2
Work	Yes	203/237	85.7	165/202	81.7
	No	43/59	72.9*	41/52	78.8

\*p<0.05

Table 3: Knowledge about Fatwa on smoking and belief that smoking is a sin by age groups, work and exposure to anti smoking messages in rural males<18 years.

Village youth survey		Knowledge about Fatwa on smoking		Belief of smoking is a sin	
		NO	%	NO	%
Age groups	12-13 years	29/42	69	40/42	95.2
	14-15 years	46/59	78	55/56	98.2
	≥ 16 years	54/66	81.8	64/64	100
work	Yes	24/29	82.8	26/26	100
	No	105/138	76.1	133/136	97.8
Exposed to anti smoking messages from religious leaders	Never	10/28	35.7	25/26	96.2
	Once	48/59	81.4	59/59	100
	2-5 times	43/50	86	45/47	95.7
	>5	28/30	93.3*	30/30	100
Reading religious books, watch/ listen to religious programs	Yes	118/146	80.8	140/143	97.9
	No	10/20	50*	18/18	100

\*p<0.05

Table 4: Knowledge about Fatwa on smoking and belief that smoking is a sin by age groups, work and exposure to anti smoking messages in male students.

Village school survey		Knowledge about Fatwa on smoking		Belief of smoking is a sin	
		NO	%	NO	%
Age groups	<16 years	173/200	86.5	181/183	98.9
	≥ 16 years	189/213	88.7	189/190	99.5
work	yes	143/164	87.2	148/148	100
	No	219/249	88	221/224	98.7
Exposed to anti smoking messages from religious leaders	Never	28/41	68.3	32/33	97
	Once	66/72	91.7	65/65	100
	2-5 times	122/138	88.4	128/129	99.2
	>5	146/162	90.1*	144/145	99.3
Reading religious books, watch/ listen to religious programs.	Yes	341/383	89	344/344	100
	No	21/30	70*	24/27	88.9*

\*p< 0.05

Figure 1: Knowledge about Fatwa on smoking, belief that smoking is a sin and smoking pattern in males.

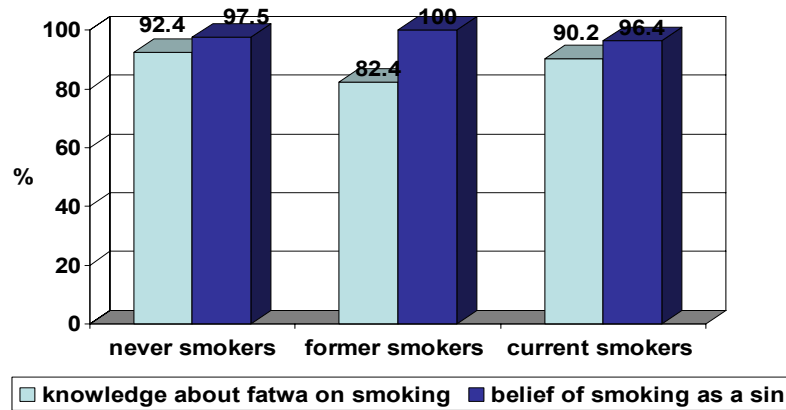
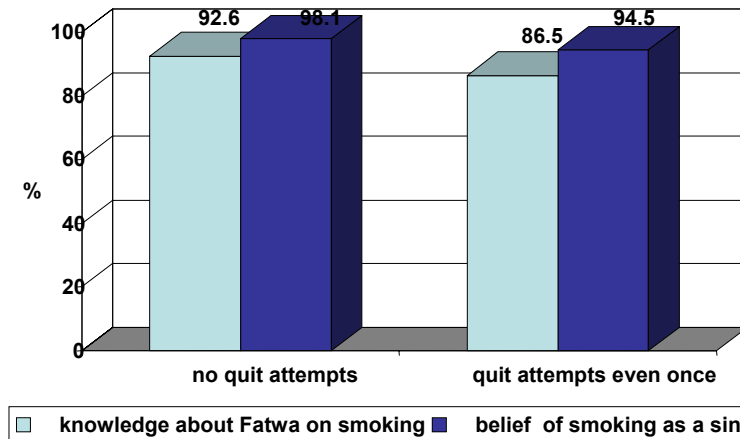


Figure 2: Knowledge about Fatwa on smoking, belief that smoking is a sin and quit attempts in males



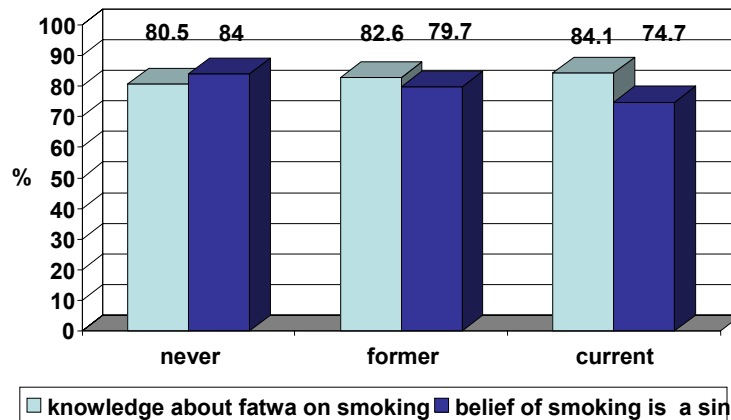


Shisha smoking survey in Shisha cafés in Cairo, Egypt: All 300 Shisha smokers invited, agreed to participate in this study. Due to the extremely small number of females (3) reported in the study, the analysis was restricted only to the 297 males who participated in the survey. The mean age of the studied participants is 33.17 years  $\pm$  12.25 SD. One third of Shisha patrons were current cigarette smokers (33.7%), one third were former smokers (33%) and one third were never smokers (33.3%).

High level of knowledge about Fatwa on smoking and belief that smoking is a sin were observed in all Shisha patrons (83.2% and 80.8% respectively). A significantly higher proportion of those who knew about the Fatwa also thought that smoking is a sin as compared to those who do not know about the Fatwa. (83.1 % vs. 66.7%,  $p < 0.05$ ). A significant difference in the level of knowledge about Fatwa on smoking was observed among the different levels of education with the highest level of knowledge observed among those with a high level of education (90.2%)(table 2). A high level of knowledge about Fatwa on smoking and belief that smoking is a sin was observed among working adults  $\geq$  25 yrs of age (table 2).

Significantly more current cigarette smokers knew about the Fatwa on smoking (84.1%) but had the lowest belief that smoking is a sin (74.7%) (figure3). Regarding the influence of knowledge about Fatwa on smoking and belief that smoking is a sin on quitting attempts, there was no statistically significant difference between those who made no attempts to quit smoking and those who tried to quit smoking even a day in the last year (100% vs. 84.7%,  $p = 1$ -Fisher's Exact Test- and 50% vs. 83.5%,  $p = 0.313$ -Fisher's Exact Test).

Figure 3: Knowledge on Fatwa about smoking, belief that smoking is a sin and smoking pattern in male Shisha smokers.



Youth survey in rural community: A total of 322 youth (< 18 years) were interviewed in the rural village and 52.2 % were males. The mean age of the study participants was 14.86 years  $\pm$  1.59 SD. High levels of knowledge about Fatwa on smoking and belief that smoking is a sin were observed (73.3% and 94.4% respectively). Males have higher level of knowledge on Fatwa than females (77.2%, 69.3% respectively), but the difference was not statistically significant.

There was no statistically significant difference in the belief that smoking is a sin between those who know about the Fatwa and those who were not aware of the Fatwa among males (97.7% vs.100%,  $p=1$ (Fisher's Exact Test)). Among females, knowledge of Fatwa was significantly associated with the belief that smoking was a sin (100% vs.93.2% -Fisher's Exact Test  $p=0.026$ ). Among males, 92.3 % were never smokers and 7.7% current smokers in contrast to the female respondents who were all never smokers (100%). Given the fact that all female respondents were never smokers, further analysis on youth and the Fatwa was restricted to males only.

The knowledge about Fatwa increased with age and among working respondents. There was no significant difference in the knowledge about the fatwa on smoking observed between current and never smokers (79% vs. 75%,  $p>0.05$ ). Knowledge about Fatwa on smoking increased significantly with increased exposure to antismoking messages from religious leaders and reading more religious books and watching or listening to religious programs ( $p<0.01$ ) (Table 3).

The knowledge about Fatwa on smoking did not significantly increase the attempts to quit smoking. (100% vs. 57.1%,  $p=0.205$  -Fisher's Exact Test).

School survey in rural community: The total number of secondary school students who participated in the study was 635. 65.5% were males and 34.5 % were females. The mean age of the study participants was 15.5 years  $\pm 0.9$  SD.

High levels of knowledge about Fatwa on smoking and belief that smoking is a sin were observed (81.4% and 98.4%). Male students had significantly higher level of knowledge on Fatwa than female students (87.4% and 69.9 respectively,  $p<0.01$ ). There was a statistically significant difference in the belief that smoking is a sin between those who know about the Fatwa and those who are not aware of the Fatwa among both male and female students (99.7% vs.94.3%,  $p=0.024$ -Fisher's Exact Test- and 98.5% vs.91.5%,  $p=0.039$ -Fisher's Exact Test ).

Male students were classified as current smokers (16.7 %) and never smokers (83.3 %). Since none of the female students were current smokers, they were excluded from further analysis. No significant difference in the knowledge about the Fatwa on smoking and belief that smoking is a sin were observed between current and never smokers in male students (83% vs. 84.9%  $p>0.05$ , 100% vs. 99.1%  $p=1$  -Fisher's Exact Test).

Knowledge about Fatwa on smoking increased significantly with increased exposure to antismoking messages from religious leaders, reading of religious books and watching or listening to religious programs( $p<0.01$ ) (Table 4). Regarding the influence of knowledge about Fatwa on smoking and belief that smoking is a sin on quitting attempts, there was no statistically significant difference between those who made no attempts to quit smoking and those who tried to quit smoking even for a day

in the past year (83.3% vs. 89.7%,  $p>0.05$  and 100% vs. 97.9%,  $p=1$ -Fisher's Exact Test).

## Discussion

Cigarette smoking has long been recognized as a major public health problem and the single most preventable cause of death (Chen & Millar, 1998). With current smoking patterns, about 500 million people alive today will eventually be killed by tobacco. For most of these deaths to be avoided, a substantial proportion of adult smokers will have to quit and children will need to avoid taking up the habit (Peto *et al.*, 1994). Health education is one of the most effective measure to tackle the tobacco epidemic. additionally religion in many societies has played a key role in education, which creates additional opportunities for improved health education.

Many studies in relation to diabetes and heart disease have found that religion plays an important but contested role in influencing attitudes and behavior (Bush *et al.*, 2003). Also in AIDS campaigns, the researchers have found that religious leaders have tremendous influence throughout Africa particularly at the community level, where they have the moral authority to advocate for compassionate care and support for those who are HIV positive. They also claimed that When religious leaders work together on a major issue such as AIDS, they not only improve their own capacity to respond, but are in a better position to leverage increased commitment from other leaders (Children and AIDS: African Religious Leaders Convene Historic Meeting to Launch Continent-Wide AIDS Campaign, 2002).

Regarding smoking, Bush *et al.*, 2003 claimed that gender, age, religion, and tradition are the four dominant, highly inter-related themes that have an important influence on smoking attitudes and behavior. it was also found that in some developing countries, health professionals, educators, and religious leaders have been effective in decreasing smoking among community members (WHO, 1983, CDC, 1989).

The religious leaders are respected by the people who follow them. If the religious leaders were to inform and advise people in general, and those coming to the mosques in particular, about the status of tobacco from the religious point of view, the true believers would not be able to continue smoking or take up the habit (Islam and Al-Khateeb1995).

In Thailand, a study was done in 1991 to assess the influence of religious leaders on smoking cessation in a rural population. The results of this study suggested that health-education and health-promotion efforts by religious leaders in one community in Thailand may have contributed to a higher proportion of quit attempts and maintenance of abstinence in the intervention village. These efforts also may have increased awareness of the health consequences of smoking in the village. They also reported that religious leaders may play an important role in community-based smoking cessation in developing countries such as Thailand.

The role of the religious leaders in changing the knowledge of the community was clearly shown in our study since we found that there was a significant increase in the knowledge about fatwa on smoking with increased exposure to antismoking messages from religious leaders. This confirms the important role of religious leaders in combating the tobacco epidemic. The religious leaders can cover almost the entire population. If they are motivated and mobilized for tobacco-control programs, the outcome is most likely to be highly satisfactory

The present results showed a high level of knowledge about fatwa on smoking and belief that smoking is a sin. Higher level of knowledge was observed among men indicating a successful outreach program targeted mostly to men through the mosques. These findings are at variance with Bush et al., 2003 who found that opinions differ whether Muslim religion allows smoking. Their participants held conflicting perspectives on how religiously acceptable is for men to smoke and to what degree smoking is permitted in the Muslim religion.

The present study also demonstrated that there is an increase in the level of knowledge about fatwa on smoking with increased level of education and among married males. An overall high level of knowledge about fatwa was observed

among all smoking categories with no statistically significant difference observed among those categories but a high level of knowledge about fatwa on smoking did not influence the quit attempts. So we conclude that knowledge about fatwa on smoking alone does not influence the smoking behavior in the studied groups.

This points to the need for intensive efforts from the religious leaders to translate the current belief that smoking is a sin among Muslims into quitting among smokers. Better results may be achieved through personal interactions in small groups rather than in large mosque settings by the religious leaders who are highly respected by the public.

### **Acknowledgement**

This report was funded by the Fogarty International Center, National Institutes of Health grant number TW0594401

### **References**

**Al-Awa, F. (2001):** Regional Workshop on Enhancing the Role of the Media in Tobacco Control (Cairo, Egypt) WHO-EMRO Tobacco Free Initiative-TFI on the move.htm.

**Bush J. White M. Kai J. Rankin J. Bhopal R. and Usher B. (2003):** Understanding influences on smoking in Bangladeshi and Pakistani adults: community based, qualitative study. *BMJ* 326: 962.

**CDC. (1989):** Reducing the health consequences of smoking: 25 years of progress, a report of the Surgeon General. Rockville, Maryland: US Department of Health and Human Services, Public Health Service, CDC, DHHS Publication no. (CDC) 89-8411.

**Chen, J. and Millar, W.J. (1998):** Age of smoking initiation: Implications for quitting. *Health Reports*, 9.

**Children and AIDS (2000):** African Religious Leaders Convene Historic Meeting to Launch Continent-Wide AIDS Campaign . Press Release.

**Health education through religion-Islamic rulings on smoking (1988):** [In Arabic]. Alexandria, Egypt, EMRO/WHO 1988.

**Influence of Religious Leaders on Smoking Cessation in a Rural Population-Thailand, 1991 MMWR May 21, 1993 / 42(19): 367-369**

International Tobacco And Health Research And Capacity Building Program Release Date: June 25, 2001

**Islam, N. and Al-Khateeb, M. (1995):** Challenges and opportunities for tobacco control in the Islamic countries-a case-study from Bangladesh. EMHJ 1(2): 230:234.

**Peto, R.; Lopez, A.D.; Boreham, J.; Health, C. and Thun, M. (1994):** Mortality from smoking in developed countries 1950–2000. New York, Oxford University Press.

**THE WORLD BANK. (1999):** Development In Practice: Curbing the Epidemic: Governments and the Economics of Tobacco Control.

**Tobacco Free Initiative (1999):** Meeting on Tobacco and Religion, Meeting Report, Geneva Switzerland.

**WHO (1983):** Smoking control strategies in developing countries: report of a WHO expert committee. Geneva: World Health Organization, (Tech. Rept. Ser.N. 695).