

SUCCESS STORY

PILOT PROGRAM ENCOURAGES TOBACCO CESSATION DURING RAMADAN FOR NEWCOMER REFUGEES

By Anne Saw, PhD

SUMMARY

Tobacco use is common among Rohingya refugees from Myanmar, where many men smoke cigarettes and chew tobacco-added betel quid on a daily basis. The Rohingya Culture Center is a Chicago community-based organization founded by and serving Rohingya Refugees. They partnered with Dr. Anne Saw, an assistant professor clinical community psychology at DePaul University, to pilot a group-based cessation program for smokers and betel quid users during Ramadan. The overall response was positive, with participants reporting the program's helpfulness.

CHALLENGE

32% of men in Myanmar smoke daily.¹ The harms of smoking and secondhand smoke exposure are well known, including lung cancer, heart disease, and stroke. 31% of men in Myanmar use both cigarettes and tobacco-added betel quid.² Betel quid is a type of smokeless tobacco that is composed of areca nut (a fruit carcinogenic to humans), slaked lime, and various spices and sweeteners wrapped in betel leaf. The betel quid is chewed, acting as a stimulant. Tobacco is often added to the mixture, and variations of this product are consumed across many Asian and Pacific Island cultures. The health effects of chewing betel quid are well known, including oral, pharyngeal, and esophageal cancers.³



Homemade betel quid prepared by a community member.

APPROACH

A culturally and linguistically appropriate program was adapted from previous group cessation interventions used for other Asian immigrant communities. The program was piloted during the Islamic holy month of Ramadan, a time where tobacco users abstain from use for much of the day. Participants were recruited through word of mouth and weekly sessions were held following the iftar meal. The program consisted of education about health harms of tobacco use and secondhand smoke exposure, challenging cultural beliefs about tobacco use and cessation, provision of nicotine replacement therapy, and developing a quit-plan.

RESULTS

Tobacco users from the Chicago Rohingya community participated in at least one of the four pilot program sessions. Participant feedback was positive, as individuals noted their enjoyment and perceived usefulness of the program. Some indicated their desire to continue on a path towards cessation after the program.

SUSTAINABLE SUCCESS



This program was the first of its kind within the Chicago Rohingya refugee community. The Rohingya Culture Center and Dr. Anne Saw plan to continue the program with interested tobacco users to help encourage positive behavior change. In addition, they plan to encourage community members, particularly youth, to engage in grassroots tobacco policy change. Community-engaged research will help tailor the program to meet the unique needs of the community.

YOUR KEY INVOLVEMENT

Betel quid ingredients, most notably the carcinogenic areca nut, are not well regulated in the United States and can be easily purchased.⁴ You can get involved by educating your city or town about the harms of chewing tobacco-added betel quid.

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