

A Study on the Awareness of Tobacco Cessation Services and Efforts to Quit Smoking among the Urban Males in an Urban Locality

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Abstract

Aim of the study: To study the awareness about tobacco cessation services, and attempts to quit smoking in young urban males. Method of Study: 60 subjects were selected from urban population for the study with age group ranging from 15 to 40 yrs. Results: A total of 8 subjects were aware and 12 subjects were not aware in the age group of 15 to 20 yrs, 10 each were aware and not aware of the services in the age group of 21 to 30 yrs, and in the age group of 31 to 40 yrs there were 14 who were aware and 6 who were not aware. Results of attempting to quit the habit of smoking once was 10, 11, and 13 in the age group of 15 - 20, 21 - 30, and 31 - 40 respectively constituting a total of 34 people. Subjects trying to quit the habit more than two times were 1, 2, 1 in the age group of 15 - 20, 21 - 30, and 31 - 40 respectively, constituting a total of 4 people. Conclusion: Tobacco usage as smoking form is more prevalent in male and awareness about tobacco cessation services needs to be emphasized in the community.

Key Words: Tobacco cessation service, Quitting tobacco, Motivation.

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Introduction

Tobacco cessation is essential to reduce mortality and morbidity related to tobacco use. It has been projected that by 2050, if the focus is only on prevention of initiation and not cessation, the result will be an additional 160 million deaths among smokers. Tobacco cessation interventions are clinically effective and cost-effective, relative to other commonly used disease prevention interventions and medical treatments. Cost effectiveness analyses have shown that smoking cessation treatment compares favourably with routine medical interventions. Tobacco cessation will provide the most immediate benefits of tobacco control and maximize the advantage in quitting the habit. It is also established that a majority of smokers (>70%) desire to quit, but only 30% actually try each year and only 3-5% actually succeed in quitting.¹

World Health Organisation initiated Tobacco cessation clinics project in developing countries including India. These clinics started functioning in 13 centres across India on the 31st of May, 2002 on World No Tobacco Day. Understanding the importance of tobacco control in India, the Union government took first concrete step to Tobacco control by passing the first tobacco control act at the national level named The Cigarettes and Other Tobacco Products Act (COTPA) in the year 2003 was passed by Govt of India.²

Influencing behaviours to change them in a manner that reduces risks is a necessary step to promote health in smokers who want to quit the tobacco use. A number of influential models of behaviour change have been proposed and evaluated. These models provide a framework to show how behaviours can be changed to achieve better health and social practices.³

Based on current trends, some 30-40% of the 2.3 billion children and teenagers in the world would become

smokers in early adult life.⁴ Health behaviour change is a complex process and is guided by various empirical constructs and theories.⁵ The three modalities used in tobacco cessation clinics are Behavioural intervention, Pharmacotherapy - Nicotine replacement therapy and Other Pharmacotherapy - Bupropion hydrochloride and Varenicline tartrate.⁶

The aim of the present study was to elicit the young males in urban population's awareness of tobacco cessation services and their attempts at quitting smoking in Pammal locality.

Materials and Methods

Sixty urban subjects (young males) in 15-40 age group were selected from various localities of Pammal, Pallavaram in Tamil Nadu state for the study. Population group belonged to middle and low income groups. They were divided into 3 age groups namely: - 15 to 20 yrs, 21 to 30 yrs, and 31 to 40 yrs respectively. Details regarding the awareness of tobacco cessation services and quitting smoking among youth males in urban population were collected by providing questionnaire to the subjects. Questionnaire was distributed among the age group of 15 - 40 yrs which included the type of tobacco (smoking) used were recorded. To know at which age they started smoking the ages where given the options so that the duration of the smoking habit can be assessed. To know the severity or level of addiction, questions related to how many packs of smoking form of tobacco is used by the subjects was recorded. To know the history of acquiring this habit of smoking like how they developed this habit, the number of people (friends or family members) around them with smoking habit was recorded. The reasons for why they have decided to quit the habit of smoking, was recorded by giving options which suits them like health, money, family, time, smells bad, to be smoke free, social acceptability.

To assess for how long the subjects were able to stop smoking habit, questions regarding attempting to quit the habit like once or twice if they have tired and how many of them were able to quit the habit on their self-decision and those subjects who have not attempted to quit the smoking habit, the duration of time they were able to maintain complete abstinence like for how many weeks or months and if it had occurred then the time period was also recorded. To assess the techniques which helped them quitting the habit - exercise, self-motivation and change in habits, patch, gum, hypnosis, acupuncture, counselling and medicine was also asked from the subjects. To know the changes that the subject wants to bring about for tobacco free life like personal habit changes, life style, diet and exercise were also noted. To record who will help them in leading a tobacco free life like family, spouse, friend or everybody and to assess the level of relapse, the main features like self-determination, to be smoke free, support, attitude change, and stress relievers were recorded. The fears in quitting process like mood changes, weight gain, loss of control, poor self-esteem, failure, tense and the major stressors which made them smoke - work, family, money, school, own health, time, relationship, family's health and any method to overcome them like hobbies, sleep, drink, relaxation, prayer, music etc. were recorded. To know the awareness of availability of tobacco cessation services among the subjects questionnaire also included whether they are aware about the service available and if they under gone any treatment. Finally the awareness of tobacco cessation services and quitting smoking among youth males in urban population was studied.

Questionnaire

Name (Optional) -
 Age / Sex - Education -
 Occupation - Income -

Which of the following do you use: (Check all that apply)
 Cigarettes Cigars Pipe Chew Snuff Other

How old were you when you first used tobacco? (Check one box)
 0-12 13-14 15-18 19-22 23-30 31-40

How many packs per day do you currently smoke? (Check one box)
 0-½ ½-1 1-1½ 2-3 3+ < 10 cigarettes a week

How many people are living with you that use tobacco?
 0 1 2 3 or more

Does your spouse/significant other use tobacco?
 Yes No Not Applicable

Why do you want to quit? (Check all that apply)
 Health Money Family Time Smells Bad
 To Be Smoke-Free Social Acceptability Other

What is the longest time that you have gone without using tobacco?
 (Check one box)
 0-1 week 2-3 weeks 1-6 months 7-11 months
 1-3 years 4-6 years 6+ years

When did this occur? (Month, Year, etc.) From _____ To _____
 How many times have you tried to quit in the past?
 Once >2 times

What worked for you in the past? What helped you with your success?
 Exercise Self-Motivation Change in Habits Patch Gum
 Nothing Don't Know Hypnosis Acupuncture
 Individual Counseling Group Counseling Medicine
 Not Applicable Other:

What are you willing to change to become tobacco-free?
 Anything Personal Habits Lifestyle Diet
 Exercise routine

Results

The awareness of tobacco cessation services available was studied and the results showed that 8 subjects were aware and 12 were not aware of the cessation services in the age group of 15 to 20 yrs, 10 subjects each were aware and not aware of the cessation services in the age group of 21 to 30 yrs, and in the age group of 31 to 40 yrs there were 14 subjects who were aware and 6 subjects who were not aware as shown in Table 1, Graph 1. Survey also included questions to assess peoples motivation towards quitting of usage of tobacco products (smoking form) which shows results of attempting to quit tobacco use. Subjects who tried to quit the habit once was 10, 11, and 13 in the age group of 15 - 20, 21 - 30, and 31 - 40 respectively constituting a total of 34 people as shown in Table 2, Graph 2.

Subjects attempting to quit the habit for more than two times were 1, 2, 1 in the age group of 15 - 20, 21 - 30, and 31 - 40 respectively, constituting a total of 4 people as shown in Table 2, Graph 2. Subjects who have quit the tobacco use were 7, 6, 4 in the age group of 15 - 20, 21 - 30, and 31 - 40 yrs respectively constituting a total of 17 people as shown in Table 2, Graph 2. Subjects who have not attempted to quit the tobacco use were 2, 1, 2 in the age group of 15 - 20, 21 - 30, and 31 - 40 respectively constituting a total of 5 people as shown in Table 2, Graph 2.

Table 1 - Awareness of Tobacco Cessations Services Available

AGE GROUP	YES	NO
15 - 20	8	12
21 - 30	10	10
31 - 40	14	6
TOTAL	32	28

Graph1 - Awareness of Tobacco Cessations Services Available

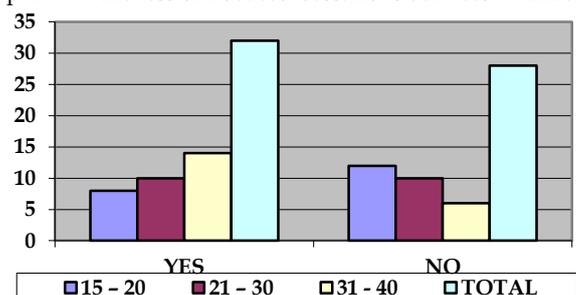
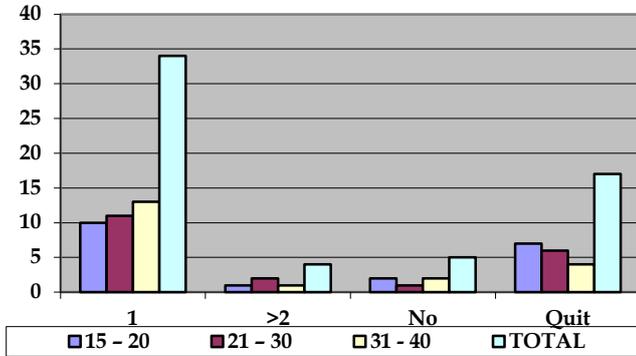


Table 2 - Attempts to Quit Smoking among Youth Males

AGE GROUP	ONE TIME	> TWO TIME	NO ATTEMPT	QUITTED
15 - 20	10	1	2	7
21 - 30	11	2	1	6
31 - 40	13	1	2	4
TOTAL	34	4	5	17

Graph 2 - Attempts to Quit Smoking among Youth Males



Discussion

Tobacco usage predominantly in the form of smoking cigarettes is strongly correlated with several adverse health consequences. Main cause of high mortality in the most of the countries are due to cancer especially lung cancer, cardiovascular disease and chronic obstructive pulmonary disease. So if smoking is causing these complications or diseases then quitting this adverse habit will ameliorate it and there is growing evidence that various cessation protocols especially for tobacco is available in various treatment strategies. Systematic review of randomised control trials shows that the most effective way in the improving the smoking cessation protocol is by a simple advice from the doctor to stop smoking. This is a comparatively easy method to accomplish and takes a little time in our practice. ⁷ So the study was conducted among 60 young males in urban subjects to assess the amount of awareness about tobacco cessation services and attempts in quitting smoking in the given population. Subjects were divided into 3 age groups of 15 - 20 yrs, 21 - 30 yrs, and 31 - 40 yrs. The subjects belonged to middle and low income groups. The awareness of the tobacco cessation services that are available for the community was high in the age group of 31 to 40 yrs followed by considerable response from subjects in the age group of 21 - 30 yrs.

The response regarding the awareness of the tobacco cessation services available from the age group of 15 - 20 yrs showed that the awareness of cessation services needs to be spread thorough campaigns, lectures and also the ill effects of tobacco use both on health and economic status of an individual needs to be emphasized so that these tobacco use habits can be controlled at the initial stages (Table 1, Graph 1).

Ramesh Kumar et al (2011) showed that the prevalence of tobacco usage was more and the awareness of harmful effects of tobacco was less. The study emphasized on carrying out immediate and quick measures in creating awareness at the school level targeting the young people so that they will well educated about the health hazards due to usage of tobacco products and also can educate the peers and family member about this deleterious products. ⁸

Gboyega E. Abikoye et al (2013) study showed that young people are influenced by peers, mass media and other influences in starting the smoking habit and such influences should be the focus in the preventive intervention of the young peoples. The study also showed that 80 % subjects admitted difficulty in quitting smoking, 72 % of subjects had unsuccessful attempts to quit smoking and 91 % of subjects realized that they would require help to quit smoking.⁹ As people try to quit the habit of tobacco use for various reasons, some attempt to do it on their own will power and succeed but some are not able to do because they lack will power and proper guidance. Our study showed that 10, 11,13 number of subjects in the age group of 15 - 20, 21 - 30 , and 31 - 40 yrs have tried once to quit the habit of smoking , 1, 2, 1 number of subjects in the age group of 15 - 20, 21 - 30, and 31 - 40 yrs have tried to quit the habit of smoking more than two times and 7, 6, 4 in the age group of 15 - 20, 21 - 30, and 31 - 40 yrs who have quit the smoking habit. Those subjects who have not attempted to quit smoking were 2, 1, 2 subjects in the age group of 15 - 20, 21 - 30, and 31 - 40 respectively. The present study also showed a higher proportion of subjects who were not able to quit tobacco successfully or lack knowledge and guidance in quitting. The results were similar to the study of Gboyega E. Abikoye et al (2013).

In order to facilitate the implementation of Tobacco control laws, to bring about greater awareness of the harmful effects of tobacco, and to fulfill the obligations under the WHO - Framework convention on Tobacco control, Govt of India has launched a new National Tobacco Control Programme in the 11th Five year plan whose main components were Public awareness/ mass media campaigns, establishment of tobacco product testing laboratories, mainstreaming the programme components as a part of the health delivery mechanism under National Rural Health Mission (NRHM) framework, mainstream research and training on alternate crops and livelihood, monitoring and evaluation, dedicated tobacco control cells, training of health and social workers, school programme and provision of tobacco cessation facilities. ¹⁰

For persons who express willingness to try and quit tobacco use are advised about changes in life style like small changes in daily routine, especially at the crucial times or situations linked to tobacco use, add exercise or yoga routine, and stop alcohol and caffeinated drinks, drink lots of water and eat plenty of fruits and vegetables.¹¹ A large majority of smokers have fear of weight gain (average of 2 - 3 kg) over the first few months of post cessation, but many lose much weight. Physical exercise would prevent weight gain and is part of a healthy living pattern that the smoker should be encouraged to adopt.¹² Main components of the behavioral intervention that are followed in the tobacco cessation programmes are Habit analysis, craving management, withdrawal management, relapse prevention.¹³ Most of the researchers and medical professionals who expand the strategies for tobacco control and implement various awareness and prevention programme generally focus on young people as they are the risk group. But venturing in developing newer intervention techniques needs to be carried out apart from focusing on tobacco related health risks.¹⁴

Conclusion

The present study reveals that the adult subjects had better awareness on cessation services than the younger age group which forms the future generation. The study also reveals that only smaller number of subjects were able to quit the smoking habit. Motivation towards quitting the habit of smoking was tried only once by maximum number of subjects and were not able to get rid of the habit.

Among young males smoking habit is more prevalent than chewing tobacco usage. Prevention of tobacco consumption as shown in the literature starts with educating our children and providing programs that make our children aware of the risks at an early age. A wide range of facilities can be used to emphasise the ill effects of tobacco and its ill effects among younger population groups who constitute the future generation. Awareness campaigns and motivating lectures are needed much among all levels to quit using tobacco and particularly important at the school and college level so that the first instant of tobacco usage itself can be prevented. Since the present study involved only a small sample of population a wider study including larger sample size in different localities is needed to assess the awareness on tobacco cessation services and motivation in quitting tobacco use.

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