A Survey on Willingness to Quit Smoking among Smokers

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ABSTRACT

INTRODUCTION
Smoking has become the leading cause of preventable morbidity worldwide. India has become home to 12 % of the world's smokers. Tobacco smoking invariably affects each and every part of the body. Smoking even 1 - 4 cigarettes per day can significantly higher the risk of dying from Ischaemic heart disease. Smoking causes ninety percent of all lung cancer deaths in men and 80 % of all lung cancer deaths in women,The Tobacco smoke is known to contain around seven thousand different chemicals. Many of these chemicals are poisonous and over sixty of them are known to be carcinogenic. But once one stops smoking, Lung cancer death risk becomes half of that of a smoker in 10 years, Heart attack risk drops to the same level as that of a non-smoker in 15 years. It all starts with a will to stop. Therefore a strong determination and willingness to quit smoking helps oneself to come out of this most addictive habit.

AIM
The current study aims at assessing the willingness to quit smoking among smokers who live in the locality of chennai and in the provision of a detailed statistical report on the same.

MATERIALS AND METHODOLOGY
A Survey had been conducted among 100 smokers residing in the locality of Chennai. A survey questionnaire had been created and distributed among the survey participants. The survey questionnaire had been filled by the participants themselves in written form. The data were collected and tabulated in the Excel sheet. The data were then sorted and re-entered in SPSS IBM software for descriptive analysis. All the results are interpreted in the form of pictorial graphs and pie charts.

RESULTS
Our results show that the majority of the study population i.e. 54.72 % of them were willing to quit smoking while 45.28 % did not want to quit smoking. When they were asked about their sustenance from smoking after quitting, 52.83 % i.e. majority of the population were very confident about their quitting, 26.42 % were somewhat confident and 20.75 % were not at all confident.

CONCLUSION
From our results we can conclude that Majority of the study population are willing to quit smoking and Majority of them are very confident about their sustenance from withdrawal smoking after quitting. Our study has also found a significant association between the education and ill effects of smoking; and also between Encouragement from family members and willingness to attend tobacco cessation programs. Further, Tobacco cessation programs and Nicotine cessation aids are known to help people quit smoking

KEYWORDS
Smoking, Smokers, Willingness to quit smoking,Innovative tool.

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INTRODUCTION

Smoking is the deadliest habit that is prevalent all over the world. It has become the leading cause of preventable morbidity worldwide. India has become home to 12 % of the world's smokers. According to a research study by Global Burden of Diseases 2015, about 7 million people worldwide die every year because of this toxic habit. If the current trends continue to persist, the morbidity rate is expected to increase by 1 million at the end of 2030. It has once been rightly said that "A Cigarette a day keeps the doctor in pay". Accordingly, Tobacco smoking invariably affects each and every part of the body. Smoking even 1 - 4 cigarettes per day can significantly increase the risk of dying from Ischaemic heart disease. Smoking causes ninety percent of all lung cancer deaths in men and 80 % of all lung cancer deaths in women. Tobacco smoke is known to cause cataracts and macular degeneration. Smoking also causes swollen and tender gums, bleeding when brushing, loose and sensitive teeth. People may experience prematurely aged wrinkled skin, hair loss and balding. The Tobacco smoke is known to contain around seven thousand different chemicals. Many of these chemicals are poisonous and over sixty of them are known to be carcinogenic. These Toxins, heavy metals and carcinogens enter the bloodstream of the consumer on each and every puff he takes. Several of them are enlisted below. Benzene which is found in high levels in cigarettes is an ingredient that is also found in pesticides and kerosene. Vinyl chloride found in cigarettes is a manmade chemical that is used in making plastics. Arsenic and cadmium are the commonly found heavy toxic metals in cigarettes. Arsenic is a common ingredient of rat poison and Cadmium is used in the manufacture of batteries. Smokers contain twice the amount of cadmium found in non-smokers.[1] Other poisonous toxins include Ammonia, Carbon monoxide and Hydrogen cyanide. The carcinogens in cigarette smoke belong to multiple chemical classes, including polycyclic aromatic hydrocarbons (PAHs), N-nitrosamines, aromatic amines, aldehydes, volatile organic hydrocarbons, and metals. Therefore Smoking can cause cancers of the mouth and throat, pharynx, esophagus, stomach, kidney, pancreas, liver, bladder, cervix, colon and rectum, and can also cause acute myeloid leukemia. There is a common misconception prevalent among people that Bidi cigarettes are less harmful to commercial cigarettes. Bidis are known to contain about four to five times more nicotine than usual cigarettes. It also contains more quantities of Carbon monoxide and Tar than the commercial cigarettes. Bidi cigarettes don't have chemicals that help in the combustion process. Therefore Bidi smokers tend to take in more quantities of toxins than the cigarette smokers. Therefore, Bidi cigarettes are way more harmful than the commercial cigarettes. Among the different components of a tobacco product, nicotine is the most important one and is the key ingredient of all tobacco products. Nicotine is a dangerous chemical that makes one addicted to the habit. When nicotine is smoked in, it enters the bloodstream and reaches the brain faster than drugs that enter the body through veins. Nicotine releases epinephrine and dopamine. Epinephrine causes an increase in blood pressure and heart rate, thereby making breathing difficult. On the other hand, Dopamine is responsible for the pleasure sensation produced during smoking such as relaxation, a buzz, and relief of tension. When the smoker smokes for the first time, he smokes adept to the level that creates the desired pleasure effects. But when it becomes a habit, the human body creates more nicotinic receptors and the body becomes tolerant to nicotine and requires a greater amount of the same to produce the desired effects. In that way one becomes addicted to the habit.The smoker becomes physically and psychologically dependent on nicotine. A will to withdraw from the habit may cause a set of symptoms called withdrawal symptoms which may include intense cravings for nicotine, anxiety, depression, weight gain, headaches, problems concentrating, drowsiness or trouble sleeping, and feeling tense, restless, or frustrated. Quitting smoking without nicotine cessation aids is known as cold turkey strategy. Institute of Medicine, Board on Population Health and Public Health Practice and Committee on Secondhand Smoke Exposure. People who use the cold turkey approach may begin to feel withdrawal symptoms as soon as two hours after their last cigarette. The smoking cessation aids are found to be useful in that aspect.[2-10] According to the Centers for Disease Control and Prevention Trusted Source, there are five types of cessation aids that specifically help with nicotine withdrawal namely Nicotine patches, Nicotine gums, lozenges, inhalers and nasal spray. Where there is a will, there is a way. When one stops smoking, pulse returns to normal in twenty minutes, circulation improves in two to twelve weeks, coughing and weezing is reduced in three to nine months, Lung cancer death risk becomes half of that of a smoker in 10 years, Heart attack risk drops to the same level as that of a non-smoker in 15 years. It all starts with a will to stop. So, the current study aims at assessing the

willingness to quit smoking among smokers who live in the locality of chennai and in the provision of a detailed statistical report on the same. Our team has extensive knowledge and research experience that has translate into high quality publications

MATERIALS AND METHODOLOGY

A Survey had been conducted among 100 smokers residing in the locality of Chennai. A Survey questionnaire had been created and was made available in English and Tamil languages, as it would be easier for the native people to answer. The questionnaire contained two sections. The First section aimed at collecting the demographic details of the participants and the second section aimed at assessing the willingness to quit smoking. The survey questionnaire had been filled by the participants themselves in written form. The data were collected and tabulated in the Excel sheet. The data were then sorted and re-entered in SPSS IBM software and descriptive analysis was formed. All the results are interpreted in the form of pictorial graphs and pie charts.[11-20]

RESULTS

All the survey participants were Men. The Majority of the Survey population i.e. 81.13 % were educated and 18.8 7% people were not educated. When the participants were asked about the type of smoke they take, it was found that 69.81% were Cigarette smokers, 9.43 % were Bidi smokers and 20.75 % smoked both Bidi and Cigarette. 94. 34 % of the survey population i.e, majority of them had Awareness on the ill effects of smoking. Only 5.66 % of people did not know the adverse effects of smoking. When the participants were asked about their Willingness to quit smoking, Majority of them i.e. 54.72 % of the study population wanted to quit smoking and 45.28 % people were not willing to quit smoking. In our study, we had also found an association between the Education of the population and Awareness on ill effects of smoking. The association was found to be statistically significant with chi square value 0.029. We had also found another association between Encouragement from family members and Willingness to attend Tobacco cessation programs. This association was also found to be statistically significant with chi square value 0.020.[21-30]

DISCUSSION

All the participants in our survey were Men and there were no female participants. This shows that Smoking is a common habit among Males and smoking is still an uncommon habit among Females as there were no Female participants. 81.13 % i.e. majority of the people in our survey were educated while 18.87 % were uneducated (Figure 1). The Educational status of the participants became important to analyse the correlation between Education and various other important factors such as Awareness on ill effects of smoking, Willingness to quit smoking and Willingness to attend Tobacco cessation programs which will be discussed subsequently later in the paragraph. It has been found that the majority of the survey population smoked Cigarettes which accounts to about 69.81 %, similarly 9.43 % smoked Bidis and 20.75 % smoked both Cigarettes and Bidis (Figure 2). From this we can say that Cigarettes are smoked more than Bidis. There is a common misconception among people that Bidis are not harmful as they are natural. But instead it is bidis that are more harmful than cigarettes. Bidis are more toxic than cigarettes as we intake more toxins while smoking as there are no chemicals to support the combustion process. Studies show that Bidis have a greater tendency to cause cancers than Cigarettes. Almost the entire population i.e 94.34 % had Awareness on the ill effects of smoking while 5.66 % population had no awareness on the ill effects of smoking (Figure 3). This shows that people are addicted to the substance though they knew about the adverse health effects of smoking. So when formulating a quitting plan, it is necessary to look into the addictive nature of the substance smoked which could prevent the withdrawal symptoms. When asked about their previous attempts of quitting smoking, it is found that only 39.62 % of the population had previous attempts of quitting smoking (Figure 4). 54.72 % of the study population i.e. Majority of them was willing to quit smoking while 45.28 % were not ready to quit smoking (Figure 5). Though the majority of the participants wanted to quit smoking, it is seen that the margin of difference between both is less with 9.44 %. When they were asked about their sustenance from smoking after quitting, 52.83 % i.e majority of the population were very confident about their quitting, 26.42 % were somewhat confident and 20.75 % were not at all confident (Figure 6).[31-35]

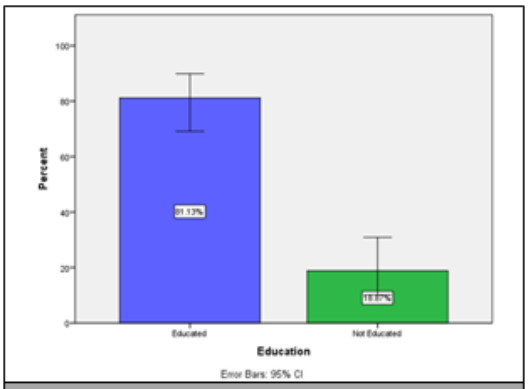

Figure 1. Shows the Educational status of the study population. X axis shows the status of education and Y axis shows the percentage. The Blue bar shows the percentage of people who are educated and the green bar shows the percentage of the people who are not educated. It is seen that 81.13% people are educated and 18.87% are not educated.

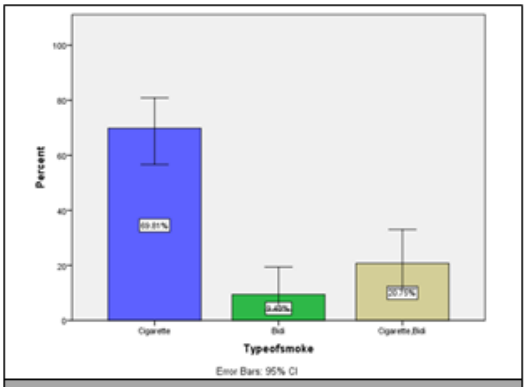

Figure 2. Shows the type of smoke material used by the people. X axis shows the type of smokers and Y axis shows the percentage. The Blue bar represents the cigarette smokers, the green bar the bide smokers and the yellow bar represents people who are both cigarette and bide smokers. It is seen that 69.81% of the people are cigarette smokers, 9.43% are bide smokers and 20.75% of the people are both cigarette and bide smokers.

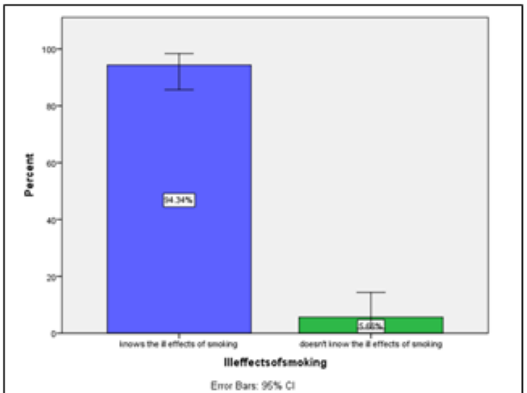

Figure 3. Shows the knowledge of people on ill effects of smoking. X axis represents the response to the ill effects of smoking and y axis represents the percentage. The blue bar represents people who had knowledge and awareness on ill effects of smoking whereas the green bar represents people who did not have knowledge and awareness on ill effects of smoking. The percentage of people who had knowledge and awareness is 94.34% and the percentage of people who did not have knowledge and awareness is 5.66%.

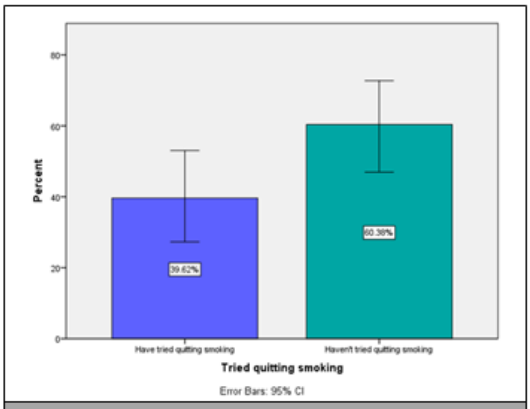

Figure 4. Bar Graph shows the previous attempts on quitting smoking made by the people axis represents the response to the effect of trying to quit smoking and Y axis shows the percentage of the responses. The Blue bar represents people who had previous attempts of quitting smoking which is found to be about 39.62%. The Green bar represents people who did not have any quitting attempts which are found to be about 60.38%.

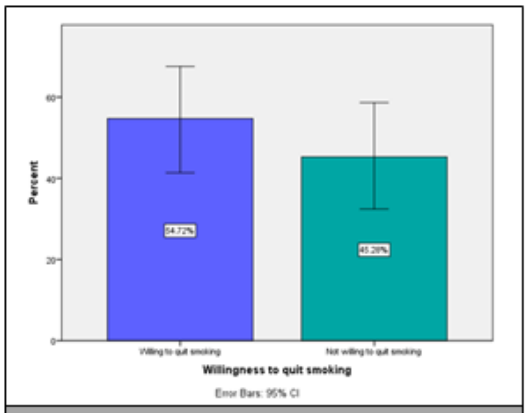

Figure 5. Bar Graph shows the willingness of people to quit smoking. X axis represents the response to the willingness to quit smoking and Y axis shows the percentage of the responses. The Blue bar represents people who wish to quit smoking which is found to be about 54.72% and the green bar people who do not want to quit smoking which is found to be about 45.28%.

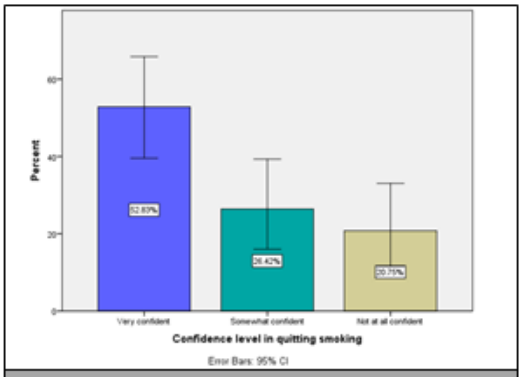

Figure 6. Shows the confidence level of quitting smoking. X axis represents the response to the willingness to quit smoking and Y axis shows the percentage of the responses. The blue zone represents people who are very confident about quitting smoking, the green zone represents people who are somewhat confident and the yellow zone represents people who are not at all confident. The Frequency percentages are 52.83%, 26.42% and 20.75% respectively.

Our Research had also analysed the correlation between the Education of the population and Awareness on ill effects of smoking. The association was found to be statistically significant with chi square value 0.029 (Figure 7). This shows that educated people had more awareness on the ill effects of smoking than people who are not educated. But when we tried analysing the correlation between the Educational status of the participants and their willingness to quit smoking, there was not a statistically significant association. The chi square value was found to be 0.082 similarly there was not a statistically significant correlation between the Education and willingness to attend tobacco cessation programs among people and the chi square value was about 0.541. This shows that Education plays only fewer roles in the willingness to quit smoking among smokers, only will power has.[36-43] We had also found another association between Encouragement from family members and Willingness to attend Tobacco cessation programs. This association was also found to be statistically significant with chi square value 0.020 (Figure 8). From this we can say that Encouragement from family members may play an indirect role in helping people quit smoking by attending Tobacco cessation programs.

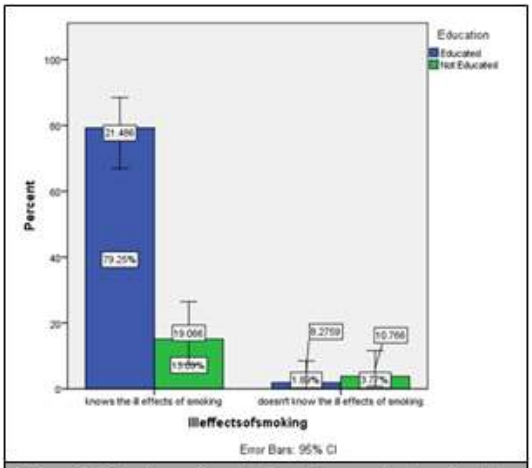

Figure 7. The above is a clustered bar graph showing the awareness percentage of the ill effects of smoking among the educated and uneducated patients. X axis represents the response to the effects of smoking and Y axis represents the percentage of the respondents. The association was found to be statistically significant with chi square value 0.029.

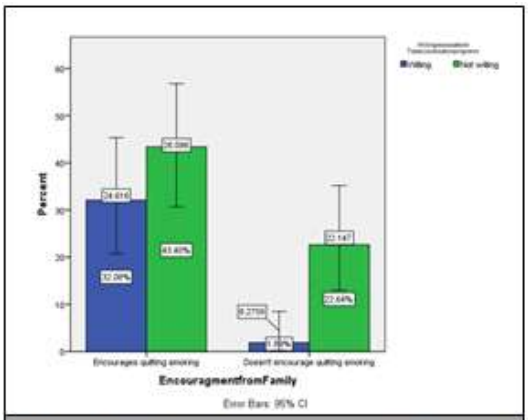

Figure 8. The above is a clustered bar graph showing the encouragement from the family versus willingness to attend the tobacco cessation programs. . X axis represents the response and Y axis represents the percentage of the respondents the association was found to be statistically significant with chi square value 0.020

Similar studies had been done across the globe by different researchers worldwide. A study by Sitanshu et al. shows that 50.9 % of their study population were willing to quit smoking. These results highly correlate with our study which shows the same to be about 54.72 %. A study by, showed that only 39.4 % of their survey population were ready to quit smoking. A similar study conducted in Western Nigerian state had also produced similar results with 39 % of their survey population willing to quit smoking. A study conducted in Piotrkowski district shows that about 33.29 % of their study population reported to quit smoking. Gavarasana et al. states that when ignorant, uneducated village people were encouraged to quit smoking, 83.6 % of them were ready to quit smoking.

The limitations of the study include the smaller sample size of the study population. Our Research study forms the basis for the future studies with a higher population. Future analytical studies need to be done with these limitations kept in mind.

CONCLUSION

Within the limitations of the study, it is concluded that Majority of the study population i.e. 54.72 % of them were willing to quit smoking and 52.83 % of them were very confident about quitting smoking. This shows that People have the willpower to quit smoking. Tobacco cessation programs and Nicotine cessation aids are known to help people quit smoking. Our study had also found a statistically significant correlation between education and the awareness of ill effects of smoking. There was also a statistically significant association between the encouragement from family members and willingness to attend tobacco cessation programs. Therefore an Encouragement from family members

may play an indirect role in helping people quit smoking by attending Tobacco cessation programs.

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