

Questionnaire Study on Knowledge, Attitude and Practice on Factors Associated with Initiation and Cessation of Tobacco Among Patients Using Tobacco Products

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Abstract

A study was conducted to assess the knowledge, attitude and practice (KAP) of factors associated with initiation and cessation of tobacco among patients using tobacco products. A KAP study was conducted among patients using tobacco products of various age groups attending the outpatient department in a dental college in Chennai, Tamil Nadu. A self-constructed questionnaire by our team was framed and distributed to 100 subjects. The data collected was then analysed with SPSS software (version 21) statistically to obtain the results.

In this study, predominantly 69% of the subjects started the habit of using tobacco products in the age group of 15-25 years. Most commonly used tobacco product was cigarette (56%) and the frequency of tobacco usage was 5-10 times per day (50%). About 68% of the questioned subjects are aware of passive smoking and 94% are aware of the consequences of using tobacco products. High prevalence of tobacco usage was observed among younger age group. This calls for the need that educational institutions mandate the inclusion of awareness of health hazards of cigarette smoking in their curriculums. This is a much needed intervention to extricate them from this habit.

Keywords: Tobacco, smoking, cessation, awareness, attitude.

Introduction

Out of 5 million deaths annually, tobacco smoking is one of the prominent causes of preventable deaths [1]. More than 1 billion people of current population smoke, with prevalence of 80% of people living in low and middle-income countries [2]. Compared with those who continue to smoke, adults who quit smoking gain 6 to 10 years of life. Furthermore, the mortality risk is decreased by approximately 90% when smoking is quit before the age of 40 years [3]. To describe the course of alcohol and illicit drug use from adolescence to young adulthood, a maturation process has been proposed, whereby transitions in adult social roles such as marriage,

parenthood, and employment, factor significantly in the cessation process [4].

Due to change attributed to the growing awareness of smoking-related illnesses with advancing age, older smokers – over 40 years of age, are more likely to quit than younger smokers [5]. Evidentially, age modifies the relationship between heavy-smoking and quitting, thus making it nonlinear. History of childhood conduct problems and a lifetime history of major depression are other potential factors that could affect cessation of smoking [6]. Development of nicotine dependence has been related to early smoking initiation. Nevertheless, this relationship can be nullified in the age group with a history of conduct problems [7].

Recently, the Centers for Disease Control and Prevention (CDC, USA) found that, only 6.2% of all smokers quit smoking 1 year later, while more than half of adult smokers reported past-year quit attempts [8], with the majority of relapse having occurred within the first

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week after quitting the habit [9]. Effective intervention is one of the challenges that medical researchers and practitioners face. This endeavour, however, provides valuable information on components to consider at a nation's, state's, and local levels for effective tobacco control programs.

Our aim is to assess the knowledge, attitude, and practice (KAP) of factors associated with initiation and cessation of tobacco and its products among patients.

Materials and Methods

- A KAP study was conducted among patients using

tobacco products of various age groups attending the outpatient in a dental college in Chennai, Tamil Nadu.

- A self-constructed questionnaire of 10 questions (Table – 1) were framed and distributed to 100 subjects.

- The questionnaire included information related to the patient's name, age and gender.

- The data collected was then statistically analysed with SPSS software (version 21) to obtain the results.

Table – 1 : Questionnaire

S.NO	QUESTIONS
1.	WHAT MADE YOU TO INITIATE THE HABIT OF TOBACCO?
2.	AT WHAT AGE DID YOU START USING TOBACCO?
3.	WHAT KIND OF TOBACCO PRODUCTS DO YOU USE?
4.	HOW MANY TIMES DO YOU USE TOBACCO PER DAY?
5.	HOW SOON AFTER YOU WAKE UP DO YOU SMOKE YOUR FIRST CIGARETTE
6.	ARE YOU AWARE THAT PASSIVE SMOKING KILLS MILLIONS OF PEOPLE?
7.	ARE YOU AWARE OF THE CONSEQUENCES OF TOBACCO USAGE?
8.	HOW MANY TIMES HAVE YOU TRIED TO QUIT THE HABIT IN THE PAST?
9.	WHAT IS THE LONGEST TIME YOU HAVE GONE WITHOUT USING TOBACCO?
10.	WHAT IS ONE OF THE MOST IMPORTANT REASONS YOU WANT TO QUIT THE HABIT?

Results

The questions in Table – 1 were presented to the test subjects and the responses have been statistically illustrated in this section. The response of the study was 100% out of which 56% of the subjects reported that they started the habit of using tobacco after having been influenced by their favourite actors in entertainment shows, predominantly movies, by fraternizing with friends and social circle which transcend the factors of using tobacco as a coping mechanism and also that initiated due to peer pressure, grouping to 13% and 25% respectively.

Figure 1 represents the age of commencement of smoking cited by the subjects. 69% of the subjects have reported that they commenced the habit of tobacco usage between the ages of 15 and 25 years, whereas 15% of them started before the age of 15 years, 14% in the age group of 25-45 years and the least of 2% of the subjects initiated the habit above 40 years of age (fig 1).

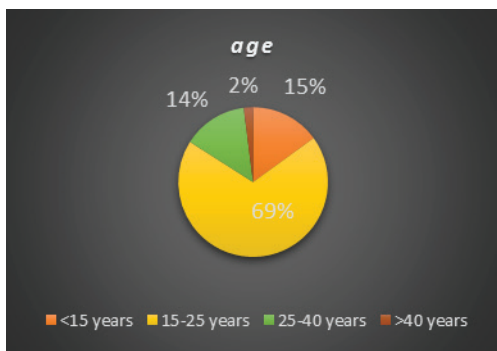


Fig 1

Figures 2 illustrates the type of tobacco product which the subjects used. It was found that cigarette was the most frequently used tobacco product by majority of the patients leading to about 56% of the subjects, usage of beedi was about 27%, gutka was consumed by 13% and snuff by about 4%.

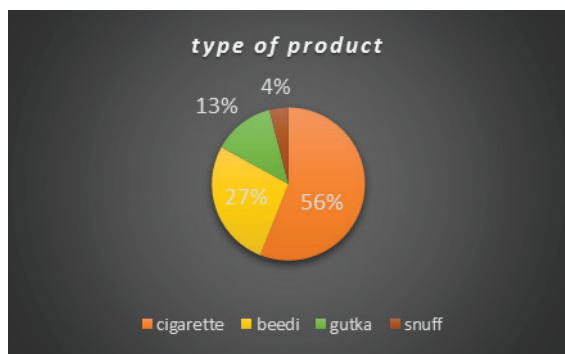


Fig 2

Figure 3 represents the frequency of smoking on a daily basis. Nearly half (50%) of the patients have delineated that they smoke 5-10 times per day, 28% smoke less than 5 times per day, 10-15 times by 17% of the victims and 5% smoke for more than 15 times per day. These details were described by the subjects upon inquiring specific times of using tobacco per day with respect to their hourly activities.

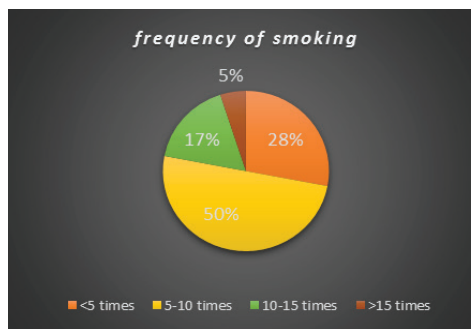


Fig 3

Categorizing the subjects based on the duration between the time they wake up and the first time they consume their tobacco product, majority of 36% of the reported subjects smoke their first cigarette in a day after 1 hour in the morning, 35% smoke after 30 minutes, 16% smoke within the first 30 minutes, whereas 13% smoke after 2 hours of waking up. Figure 4 denotes percentage of the subjects who are aware of the fact that passive smoking kills millions of people, and surprisingly 68% of them are aware of the effects of passive smoking and the rest are unaware of it.

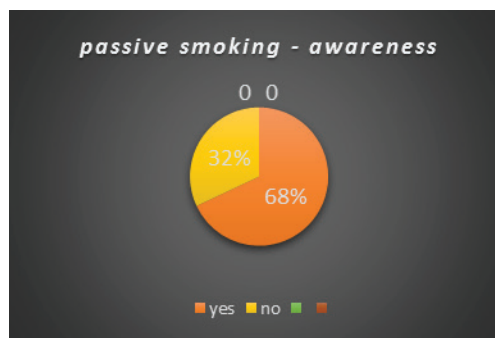


Fig 4

All the subjects were posed with the question if they are aware of the consequences of smoking and reportedly 94% are aware while the rest of the subjects have rarely thought of it as shown in Figure 5.

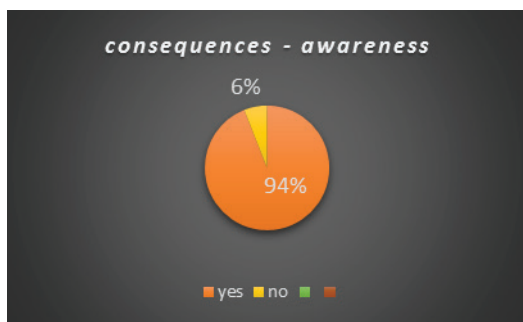


Fig 5

In order to quantitatively measure the persistence of attempts to quit the habit of using tobacco, inquiry of the subjects revealed that 40% of them have tried quitting the habit during some times and later stopped attempting, among others who are still trying to quit (29%), have tried many times (19%), or never tried to quit (12%).

The longest periods of abstinence lasted mostly for days and months, compassing about 40% and 35% of the questioned subjects respectively, compared to periods lasting for several hours or years grouping around 21% and 4% of the subjects respectively. The final and most significant question factors the motivation to quit use of tobacco, whereby the reason for quitting in 36% of the subjects is health issues, while 30% wanted to quit the habit bearing social acceptability in mind, 25% wanted to quit due to pressure or obligations due to family circumstances and 9% citing excessive and saveable expenditure towards purchase of tobacco.

Discussion

Transitions are complex between smoking states and increasingly unstable, that ultimately dictate the public health impact of cigarette smoking behaviour requiring a holistic, population-based perspective to understand the stocks and flows of smoking [10].

This study presents information regarding the knowledge, attitude and practice of initiation and cessation of tobacco among patients who use tobacco products. More than half of the respondents of this study reported that they had initiated smoking of cigarettes predominantly due to the influence of friends/peers and/or their favourite contemporary film stars' ostentatious smoking movie scenes. This result indicates that cigarette smoking is mostly induced by socialization. More than half of the participants (69%) in our study have also stated that they succumbed to this habit in the age group of 15-25 years. Similar results were seen in a study done

by Kelkar et al where the prevalence increased with rise in age from 2.1% at <14 years to 9.8% at 18-20 years of age [11]. This probably is due to the encouragement from other adolescents to smoke as they grow older.

Our study shows that the most commonly used tobacco product is cigarettes (56%). Similar study conducted by Helena Koprivnikar et al in which 15-year-old students reported cigarette (93%) was the main tobacco product used among their fellow group [12].

The frequency of using tobacco was 50% in our study which was 5-10 times per day, whereas a study conducted by Meysami et al have shown that the frequency of using tobacco was 95% among their participants [13].

Non-users of tobacco products are also affected via passive smoking. Existing studies suggest that active and passive smoking might equally increase the risk of certain diseases, such as allergic rhinitis, allergic dermatitis, food allergies [14], breast cancer in females [15], to name a few. Smoke is considered a toxic agent to the foetus during pregnancy and an established, important and independent risk factor for low birth weight which is associated with neonatal and foetal mortality and morbidity, cognitive development and inhibited growth, and risk of chronic diseases in later life [16].

More than half of the participants (68%) of our study are aware of passive smoking. Similarly, a study conducted by Savvas et al [17] according to The International Tobacco Control Four Country Survey has reported that 40% of the participants have rarely thought of it.

Majority of the participants (94%) in this study are aware of the consequences of tobacco smoking. Similarly, a study conducted by Muhammad Ashraf Nazir et al states more than 69.9% of participants were aware of the adverse effects of tobacco consumption on oral health which included poor oral hygiene, bad taste and breath, periodontal disease, dental caries, oral ulcers, and oral cancers [18].

Young adolescents tend to take up smoking influenced by closely associated older relatives such as siblings or older students in schools, colleges, sport clubs, or neighbourhood residential communities. To refrain from picking up the habit, repeated educative sessions in different creative forms might help adolescents.

Reinforcing the necessity of quitting smoking and repeated consultation is important at every clinical visit [19]. Furthermore, counselling provided by health workers increases quit rates [20]. This intervention is relatively cost-effective, which is used by the majority of smokers as it is part of the existing health care services.

The habit of using tobacco products is increasing rapidly as a fashion and a way of socialization among young generation. Clinical and social intervention should be organized keeping in mind about the toxic and addictive behaviour of using tobacco products.

Conclusion

From a study of tobacco initiation and cessation among 100 subjects, statistics show that high prevalence of tobacco usage was observed among the younger age group – attending an educational institution. This demonstrates that the curriculum in school and college should include the awareness of health hazards of cigarette smoking which is needed as an intervention to extricate them from this habit. Dental professionals should be trained in tobacco cessation intervention to treat tobacco dependence.

Conflict of Interest:– Nil –

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Ethical Clearance: Obtained from Institutional Review Board (IRB), Dr. M.G.R. Educational and Research Institute

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