

SMOKING CESSATION EXPERIENCE IN A SAMPLE OF MALE EVER SMOKERS IN ERBIL CITY

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ABSTRACT

Background

In 2015, around 1.1 billion people were smokers, constituting 14.9% of the world population. Worldwide more than six million peoples die from the direct effects of tobacco. Smoking is still the most important preventable cause of illness and premature death. According to World Health Organization, smoking in Iraq was 25.8% among males and 2.5% among females.

Objectives

To find out the proportion of ex-smokers in the studied sample, the ways of quitting smoking among ex-smokers, the quitting smoking experience among smokers, and the cause (s) of return back to smoking.

Methods

A cross-sectional study was carried out in Erbil city, including 500 male employees of the headquarters of three ministries, Health, Education and Planning. All of them were either smokers or ex-smokers. Data was collected by direct interview with participants, using a questionnaire designed by the researchers. SPSS version 18 was used for data entry and analysis. The Chi-square test of association was used to compare proportions. P values of ≤ 0.05 were considered statistically significant.

Results

The mean age \pm SD was 39.2 ± 11.6 years, ranging from 19 to 64 years. The proportion of those who quit successfully (ex-smokers) was 18 %. The majority (97.2%) of the studied sample had tried to quit smoking at least once in their life. The main reason behind quitting was anticipated health risks (66.3%). The majority (92.2%) stopped smoking suddenly. More than one third (38.5%) of those who ever tried to quit smoking had eagerness for cigarettes after quitting.

Conclusion

A considerable proportion of the studied sample have quit smoking, and the majority of them stopped smoking suddenly without the need for any intervention.

Keywords: *Ex-smokers, Male employees, Smoking cessation, Erbil, Iraq.*

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INTRODUCTION

Cigarette smoking remains the most common type of tobacco use worldwide. The prevalence of smoking among men is much higher than that of women worldwide. Data from 2015 showed that approximately 1.1 billion people were smokers, constituting 14.9% of the world population. Although it is declining worldwide and, in many countries, the prevalence of tobacco smoking appears to be increasing in the WHO Eastern Mediterranean Region and the African Region. Worldwide, more than six million people die from tobacco's direct effects, and the tobacco epidemic is one of the world's biggest health threats ever. Tobacco is responsible for 1:10 deaths. Ten million deaths in the 20th century have been recorded; it is expected to reach 8 million deaths per year by 2030^(1,2).

In Iraq, The Smoking Control Committee reports a prevalence of smoking of 40% of males over 16 years and less than 5% of females. Smoking among children under 16 years was reported to be 5% of males and 1% of females. Compared to neighbouring countries, these rates may be underestimated⁽³⁾.

According to the World Health Organization, the prevalence of smoking in Iraq in 2008 was 25.8% among males and 2.5% among females⁽⁴⁾. For many, the experience of quitting smoking is a difficult process, and studies show that more than 60% want to quit at any time, 20–30% try every year, and less than 5% succeed on their own⁽⁵⁾. Other studies have reported that close to 35% of participants remain non-smokers one year after stopping smoking^(6,7).

Researchers have identified numerous variables related to smoking cessation and relapse, including heaviness-of-smoking, quitting history, quit intentions, quit attempts, use of assistance, socioeconomic status, gender, age, and exposure to mass-reach interventions such as mass media campaigns, price increases or retail regulation⁽¹⁾.

The enduring popularity of unassisted cessation persists even in nations advanced in tobacco control where cessation assistance such as nicotine replacement therapy (NRT) and the stop-smoking medications, bupropion and varenicline, are readily available and widely promoted^(7,8). Yet little appears to be known about this population or this self-guided route to cessation success⁽⁹⁾.

There is inconsistency in the literature on whether

smoking causes physical or psychological dependence, and no previous similar study had been done in Kurdistan Region, and this will attempt to fill the gap in the literature, especially in our region. This study was conducted to: (1) determine the proportion of ex-smokers in the studied sample, (2) explore the ways of quitting smoking among them, (3) understand the quitting smoking experience among smokers and the cause (s) of return back to smoking.

METHODS

A cross-sectional study was carried out in Erbil city on 500 male employees of the headquarters of three ministries, Health, Education and Planning. All of them were either smokers or ex-smokers. The reason behind only choosing males is due to cultural issues of our country; the female smokers usually do not smoke in public places and usually deny being a smoker. The study started on Mar 1, 2016, and ended on May 31, 2017 (14 months).

A convenience sample was taken by involving all the available employees during the researcher's visits. None of them refused to participate in the study. Data was collected by direct interview with participants, using a questionnaire designed by the researchers. The questionnaire contained several questions, categorised into different sections (Socio-demographic, smokers, ex-smokers, their daily life with smoking, their idea and feeling toward smoking). It concentrated on the reasons for starting smoking, reasons of continuation, trials to quit, reasons behind trials, and feelings of smokers after they quit.

A pilot study has been done involving 20 employees, and their notes have been taken for the final adjustment of the questionnaire before starting the study.

This study was approved by the Ethics Committee of the Kurdistan Board of Medical Specialties (KBMS). Participants had been informed about the purpose of the study, and verbal consent was obtained from each participant.

The Statistical Package for Social Sciences software (SPSS, version 18) was used for data entry and analysis. The Chi-square test of association was used to compare proportions. P values of ≤ 0.05 were considered statistically significant.

RESULTS

The total sample of the study was 500 males of three ministries of Erbil city. All of them were either smokers or ex-smokers. The response rate was 100%. The mean age \pm SD was 39.2 ± 11.6 years ranging from 19 to 64 years.

The proportion of ex-smoking and current smoking among male employees was 18% and 82%, respectively (Table 1). Considering the ex-smoker’s group, the mean (\pm SD) duration since quitting smoking was 4.8 ± 3.6 years, ranging from 1 to 15 years, and the median was three years. Furthermore, a significant association was detected between smoking status and car ownership ($P = 0.001$). It clearly showed that ex-smoking prevalence was significantly higher among those who do not possess a car than those who possess it. On the other hand, no significant association was detected between the prevalence of ex-smoking with the other factors (Age, residency, occupation, etc.).

The entire studied sample knew that smoking is harmful. The majority (81%) smokes cigarettes only,

while 19% smoke cigarettes and shisha. More than half (53.2%) of the sample used to smoke more than 30 cigarettes per day. The main reason for starting smoking and continuing smoking was friends smoking. Parents’ smoking was the reason that led 5.8% of the sample to start smoking (Table 2).

The majority (97.2%) of the studied sample had tried to quit smoking at least once in their life. The main reason behind quitting was anticipated health risks (66.3%) (Table 3). The table shows that 92.2% of those who stopped smoking did it suddenly, and 79% faced difficulties after quitting smoking. On the other hand, more than one third (38.5%) of those who ever quit smoking had eagerness for cigarettes after quitting. The other symptoms were nervousness (18.5%), fatigability (21.2%) and inability to concentrate (21.8%).

The majority who had ever experienced quitting smoking mentioned that their physical fitness and appetite had improved after quitting, in addition to the disappearance of skin discolouration. Only 21.6% of them mentioned that they worked better after quitting smoking (Table 4).

Table 1. Prevalence of ex-smoking by some socio-demographic variables.

		Smokers		Ex-smokers		Total	p
		No.	%	No.	%		
Age (years)	< 30	113	86.9	17	13.1	130	0.31
	30-39	111	78.2	31	21.8	142	
	40-49	88	81.5	20	18.5	108	
	≥ 50	98	81.7	22	18.3	120	
Residency	Urban	354	81.2	82	18.8	436	0.22
	Rural	56	87.5	8	12.5	64	
Occupation	Unskilled manual workers	36	85.7	6	14.3	42	0.65
	Skilled manual workers	86	78.9	23	21.1	109	
	Non-manual workers	267	82.2	58	17.8	325	
	High rank	21	87.5	3	12.5	24	
Education	Primary	13	86.7	2	13.3	15	0.61
	Intermediate	45	88.2	6	11.8	51	
	Secondary	165	81.3	38	18.7	203	
	Institute and above	187	81.0	44	19.0	231	
Income	Insufficient	186	81.6	42	18.4	228	0.94
	Sufficient	198	82.2	43	17.8	241	
	Exceed needs	26	83.9	5	16.1	31	
House ownership	Rent and others	160	81.2	37	18.8	197	0.93
	Partially owned	34	82.9	7	17.1	41	
	Owned	216	82.4	46	17.6	262	
Car ownership	No (Not own)	51	67.1	25	32.9	76	0.001
	Yes (Own)	359	84.7	65	15.3	424	
Obesity	Normal	149	78.43	41	21.57	190	0.08
	Over-weight	172	81.91	38	18.09	210	
	Obese	89	89.00	11	11.00	100	
Total		410	82.0	90	18.0	500	

Table 2. Distribution of sample by knowledge about harmful effects of smoking and the pattern of smoking.

Variables	Categories	No.	%
Do you think smoking is harmful?	Yes	500	100
	No	0	0
Types of smoking	Cigarettes	405	81.0
	Cigarettes and shisha	95	19.0
Number of cigarettes per day	1-10	69	13.8
	11-20	87	17.4
	21-30	78	15.6
	31 and more	266	53.2
Reason for starting smoking	Parents smoking	29	5.8
	Friend smoking	356	71.2
	Just wanted to try	115	23.0
Reason for continuity of smoking	Parents smoking	18	3.6
	Friend smoking	388	77.6
	Just wanted to continue	94	18.8
Total		500	100.0

Table 3. Distribution of sample by a pattern of quitting smoking among those who ever tried to quit.

Variables	Categories	No.	%
Did you ever tried to quit smoking	No	14	2.8
	Yes	486	97.2
	Total	500	100.0
The reason behind trying to quit (n=486)	Family pressure	163	33.5
	Health risks	322	66.3
	Disease	1	0.2
Ways of trying to quit (486)	Sudden	448	92.2
	Gradual	38	7.8
Difficulties after quitting smoking (486)	No	102	21.0
	Yes	384	79.0
Feeling after quitting smoking (486)	Nervousness	90	18.5
	Fatigability	103	21.2
	Eager for cigarettes	187	38.5
	Inability to concentrate	106	21.8

Table 4. Distribution of sample by benefits gained after quitting smoking among those who tried to quit (n=486).

Benefits	No.	%
Improved physical fitness	467	96.1
Increased appetite	465	95.7
The disappearance of skin discolouration	454	93.4
Social benefits	403	82.9
Economic benefit	158	32.5
Working better	105	21.6

DISCUSSION

The present survey revealed clearly that the ex-smokers feel good about their smoke-free periods. An essential finding of this study is the crucial role of social norms in governing people's behaviour. Initially, the friends and social pressure made the persons start smoking, and in the end, that was also what made them stop smoking.

The prevalence of ex-smoking among those who ever smoked was 18 %, the majority stopped smoking suddenly. The main reason to return to smoking was the smokers' friends. Compared to a study done in 2012 in Sweden, the prevalence of ex-smoking was 11.3%.¹⁰ Results of a study done in the United States of America in 2004 showed that smoking rates among working adults fell from 27.8% in 1987 to 24.5% in 1997-2004.¹¹

Smoking is a significant public health problem that shows apparent socioeconomic differences. However, few previous studies have analysed socioeconomic differences in smoking by simultaneously taking several different socioeconomic position indicators into account. In this study, we examined socioeconomic differences between Ex-smokers with those still smoking by using indicators like age, occupation, education, income status, house ownership, car ownership and obesity. When studied individually, all socioeconomic indicators showed no significant association with smoking. The only exception was those who do not own cars; smoking cessation was more successful.

In other studies, various explanations for the socioeconomic differences in smoking have been put forward. These include lack of knowledge, scarce material resources and psychosocial stress due to an unfavourable social position and poor material conditions^(12, 13). These explanations may relate differently to the various indicators that have been used to measure socioeconomic position. Education, occupational status and income, as well as other measures of living conditions, have all been found to be inversely associated with smoking^(5,12,13). While each of these indicators is likely to reflect one's position in the socioeconomic hierarchy⁽¹⁴⁾.

This study has examined the association of ex-smokers with some socio-demographic variables to study the effect of these factors on quitting smoking; other studies contribute to the research on the socioeconomic pattern of smoking by examining education and occupational status, describing the essential structural position

in socioeconomic hierarchy; family income, car ownership and housing ownership measures relation of quitting smoking according to the economic difficulties and economic satisfaction⁽¹⁵⁾. The associations between socioeconomic indicators and smoking were broadly similar among most categories

The entire studied sample believes that smoking is harmful. The large majority of ex-smokers (69.3%) in a study done in Norway reported feeling happier than when they were smokers, and only a tiny minority (3.3%) reported feeling less happy⁽¹⁶⁾.

All participants agreed that smoking is harmful. However, Ex-smokers clearly stated that their fear of contracting the disease prevents them from smoking again. Moreover, making it difficult to smoke makes ex-smokers avoid returning to their smoking habit.

The main reason for starting smoking and continuing smoking was friends smoking. Parents' smoking was the reason that led 5.8% of the sample to start smoking.

The restrictions and the use of designated smoking areas will make the smokers more visible, and thus they become visible as 'those who smoke', will lead to a feeling of being stigmatised and looking down upon; a feeling will be so unpleasant that it will affect their wish for, and later success in, smoking cessation. Arguably, the restrictions and stigmatisation contributed to the feeling of social pressure, which serves as a kind of motivation. They went so far as to say that they were 'happy about the restrictions'⁽¹⁷⁾.

The majority (97.2%) of the studied sample had tried to quit smoking at least once in their life. While in a United States study, 68.8% wanted to quit, 52.4% attempted to quit, and 6.2% were among new quitters⁽¹⁰⁾. The majority who had ever experienced quitting smoking mentioned that their physical fitness and appetite had improved after quitting, in addition to the disappearance of skin discolouration. Working better is mentioned only by 21.6% of ex-smokers after quitting smoking.

In contrast, other studies⁽¹⁸⁾, show that perceived stigma did not contribute to smoking cessation. The literature is thus divided when it comes to the benefits⁽¹⁹⁾. In addition to being influenced by society's restrictions and social norms, the ex-smokers also complied with relatives' wishes to quit smoking, especially the younger generations⁽¹⁷⁾.

This study had some limitations, including the involvement of the employees only, and MoH employees have more opportunities for health education against smoking than others, so the study results are not generalisable.

CONCLUSION

A considerable proportion of the studied sample have quit smoking, and the majority of them stopped smoking suddenly without any intervention. This could be attributed to the anticipated health risks of smoking, as the entire studied sample believes that smoking is harmful.

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