Letter to the Editor

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Does awareness on health hazards of tobacco use promote quit attempt? An observational study from urban Pondicherry

Sir,

Tobacco use is the most prevalent behavioural risk factors for non-communicable diseases. Globally, 1 billion smokers are estimated to add up to current (2012) 1 billion smokers by 2025 with the current trend of tobacco use (The Tobacco Atlas, 2002). The mortality due to tobacco use is estimated to increase from 6 million in 2015 to nearly 8 million a year by 2030. National level reports from India showed moderate decrease in prevalence of smoking but increase in prevalence of smokeless tobacco use.

Tobacco epidemic can be avoided by making people aware of devastating effects of tobacco use.² People with knowledge on health hazard of tobacco use are less likely to use tobacco. Knowledge on health effects of tobacco use shows positive correlation with intention to quit.³ People who perceive that tobacco is damaging their health are more likely to quit than those who don't perceive that way.⁴

In India, about two third of the tobacco users are aware of health hazards related to tobacco use. ^{5,6} Among the ever tobacco users only 42% made quit attempts and of them only 42% were successful in quitting tobacco. ⁷ According to GATS survey 2009-10, nearly half of the smokers and smokeless tobacco users had made attempt to quit tobacco in Pondicherry but one fifth were able to quit for 3 months or more. About 22% of adult tobacco users in rural Pondicherry were reported to show willingness to quit despite 64% of the tobacco users being aware of harmful nature of tobacco use. ⁸ Hence, this observational study was conducted with the aim to assess the association between awareness on health hazards of tobacco use and quit attempt among the tobacco users attending an urban health centre in Pondicherry.

This observational study was conducted in the Urban Health and Training Centre, Kurusukuppam attached to the Department of Preventive and Social Medicine, JIPMER during the month of June 2015. All the individuals above 15 years of age attending the centre for treatment were screened for current tobacco use (smoke or smokeless or both) after ensuring privacy and confidentiality. Consecutive individuals using tobacco in any form were further interviewed using a semi structure questionnaire after obtaining verbal informed consent. Sociodemographic details, awareness on health hazards of tobacco use, quit attempts and reasons for failed quit

attempt were noted down. Descriptive analysis was done using SPSS Version 16.0. Quit attempt was operationally defined as "No tobacco use in any for consecutive seven days anytime in the past one year".

Out of the total of 90, 56 (62.2%) were male. The mean age of the study population was 43.97 (SD 14.58) years. Majority of the studied population were literate (76%, 68/90), belonged to nuclear family (84%, 76/90) and low socio economic status (80%, 72/90).

Majority (64.4%, 58/90) of the current smokers were aware of health hazards related to tobacco use. However, 3 out of 58 tobacco users could not name any health hazards despite being aware that tobacco is harmful. Most common response on health hazards of tobacco use was cancers followed-by breathlessness. Nearly one third of the tobacco users had attempted tobacco quit. Tobacco quit attempt recorded to be significantly (p value < 0.05) higher among people who were aware of health hazards of tobacco use (50%, 29/58) than the people who were not aware of health hazards (12.5%, 4/32). The reasons cited for failed quit attempt were stress (4 individuals), peer pressure (4 individuals). Others reasons given were craving for tobacco, reeling of head after quitting, feeling uncomfortable and free time.

Garg et al and Naik et al also recorded similar health hazard awareness among tobacco users. ^{5,6} Our study record significantly higher quit attempts among people who were aware of health hazards of tobacco use. Most of the failed quit attempts were related to personal level factors. Hence, creating awareness on health hazards and providing personalized counselling services to address reasons for failed quit attempt will improve the successful quitting of tobacco use.

Thank you.

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