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ORIGINAL INVESTIGATION

Opinions on Smoking and Smoking Cessation: A Qualitative Research

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Abstract

OBJECTIVE: The aim of this research was to determine the views of both smokers and non-smokers on smoking and cessation of smoking.

MATERIAL AND METHODS: This research was the focus group study performed with 33 subjects participating in the Balcova Heart Project (BHP).

RESULTS: The smokers described smoking mostly as a friend whereas non-smokers described smoking as illness and unsoundness and associated with death. The smokers indicated that the causes of cigarette smoking were a way of coping in difficulty and being accepted as friends; however, non-smokers indicated the cause of smoking was "pretension". All of them reported that the basic factor for cessation of smoking is self-control. Smokers signified that service for cessation of smoking should be free, continuous, and applied by experts. Informational meetings should have explanations of methods of cessation of smoking, affectivity in smoking cessation process, and health differences after cessation smoking.

CONCLUSION: Perceptions of smokers and non-smokers on cigarette were different. Services related to cessation of smoking should be free, continuous, and given by experts.

KEY WORDS: Smoking, smoking cessation, qualitative research

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INTRODUCTION

Smoking is the leading preventable cause of morbidity and mortality worldwide. More than five millions of smoking-related early deaths occur every year throughout the world. This number is estimated to reach up to eight millions until 2030 [1]. It is predicted that 80% of the early deaths will occur in developing and underdeveloped countries [1]. The success proven prevention policies should be introduced to control this outbreak. The World Health Organization (WHO) introduced six measures called "MPOWER". These measures include Monitor - tobacco use and prevention policies, Protect - people from tobacco smoke, Offer - help to quit tobacco smoke, Warn - about the dangers of tobacco, Enforce - bans on tobacco advertising, promotion, and sponsorship, Raise - taxes on tobacco [2].

It is important to determine the needs and opinions of smokers in order to achieve a proper and effective way in attempting to quit smoking which is one of those policies against tobacco outbreak. It is also important for the individuals to feel ready for quitting tobacco to benefit effectively from the quit-smoking programs. According to the transtheoretical model (TTM), an individual progresses through a series of stages during quitting smoking; reluctance/pre-awareness, awareness, preparation for action (planning), action (implementation of the plan), maintenance, relapse, and re-entrance to the cycle [3]. This model which has been reported as appropriate for community based interventions has been shown to have high rates of success and maintenance as it allows planning for the needs of individuals [4].

According to the Global Adult Tobacco Survey, 26.5% individuals who used to smoke regularly in a period of their life span quitted smoking. Of the individuals who smoke currently and quitted smoking within the past 12 months, 44.8% had an attempt to quit smoking within the past one year. Of the current smokers, 53% said wanted to quit smoking whereas 10.0% of them planned to quit smoking within the next month [5].

The aim of the present study was to investigate smokers' and non-smokers' opinions on smoking and quitting smoking in order to set up a substructure of the outpatient smoking cessation clinic which will be founded in the context of the Heart of Balcova (HOB) project that has been executed for prevention of cardiovascular diseases in Balcova district of Izmir [6].

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MATERIAL AND METHODS

This was a qualitative study which was performed by making focus group interviews with individuals living in the Balcova district of Izmir.

Participants: The participants were selected among people participating in the BHP project by taking into consideration their smoking status, age group, and education level. Initially, eight groups were identified. After interviewing by five groups, the rest of the interviews were cancelled because the responses were similar. Individuals who smoked at least one cigarette were considered as smokers. Five focus group interviews were performed with 20 smokers and 13 non-smokers. The properties of these five focus groups were as follows;

First group; seven smokers aged between 30 and 45 years and graduated from primary school or secondary school.

Second group; five smokers aged between 30 and 45 years and graduated from high school or university.

Third group; seven non-smokers aged 46 years or above and graduated from primary or secondary school.

Fourth group; eight smokers aged 46 years or above and graduated from primary or secondary school.

Fifth group; six non-smokers aged between 30 and 45 years and graduated from primary or secondary school.

Data collection: Data regarding gender, age, level of education, and smoking status of the participants were obtained from the records of HOB project. The data were achieved through focus group interviews using a semi-structured interview form. The semi-structured interview form was prepared as to cover the issues considered to help to patients in the outpatient smoking cessation clinic and planning the services to be provided. The questions included were as follows;

- What is the first that comes to your mind when somebody says "cigarette".
- Why do you think people smoke?
- What do you think about quitting smoking?
- What should be done to quit smoking?
- What are the factors that make it difficult and easy to quit smoking?
- How should be the services related to smoking cessation?
- What should be the content of the informational meetings?

Interview: The individuals were informed about the study by calling the phone numbers that were registered in HOB project. The transportation of the individuals who accepted to take part in the study was arranged. The focus group interviews were performed around a table placed in a room by one router and two observers. Before getting started with the interview, the participants were informed about the issue and aim of the study, they agreed recording and gave verbal consent about the study. The interviews were recorded both verbally by using a voice recorder and by two observers. The sessions lasted approximately an hour and a half.

Statistical Analysis

The data were reviewed by two different authors. The digital voice records of five groups and written records of two observers were compared and converted into typed text. The thematic grouping was performed and the opinions were expressed in frequencies within the results section.

RESULTS

The results were presented below six sub-headings based on the questions in data collection form. Twelve out of 20 smokers were females and 8 were males; 9 out of 13 non-smokers were females and 8 were males. The mean age was 44.9±10.1 years (range, 30-65 years) in smokers and 48.8±10.7 years (range, 32-65 years) in non-smokers. The mean duration of smoking was 22.1±9.4 years (range, 5-42 years) in the smokers. The gender (by writing capital initials of genders) and age of the participants were given in brackets at the end of their responses below.

Perception/Concept of Cigarette

For structuring the health services, it is important to identify how cigarette is being perceived. While some of the smokers found cigarette as "*a friend*" (F, 32; M, 45), "*a must*" (M, 32), "*irrevocable*" (M, 41), "*addiction*" (M, 41), "*habituation*" (F, 34), "*a way of struggle against the daily challenges*" (F, 30; M, 45), and "*a sadness reliever*" (M, 65), the others found it as "*a torture*" (M, 52), "*a weakness of will*" (F, 65), "*a problem*" (M, 52); "*a fetid odour*" (F, 63), "*sore throat*" (M,52), "*a dark skin colour*" (M, 45), "*a deep voice in woman*" (E, 42), and "*a weight reducer*" (F, 35). The non-smokers interpreted smoking as "*polluted air*" (F, 44), "*early death*" (M, 44), "*death*" (M, 50), "*cancer*" (F, 65), "*poison*" (F, 60), "*gingival recession*" (F, 58), "*COPD*" (F, 65), and "*illness*" (M, 48). According to these responses, it was remarkable that unsoundness/illness/death were emphasized.

Causes of smoking

The most remarkable emphasis in the answers given by the smokers was that smoking was perceived as "*a friend*". The answers that were given within this context were presented below:

"Smoking is the friend of stress" (F, 38);
"Smoking is a friend of everything" (F, 36)
"Smoking is a friend who is always there; in joy and sorrow, in pleasure, by tea and coffee and in lunch breaks, on vacation and it is everywhere with you (M, 42);
"Cigarette, as a friend, can be always carried around" (K, 63);
"I smoke whenever I cannot get care or love" (F, 65);

The answer that "*smoking is a way of struggling against the daily challenges and problems*" was repeated by the participants frequently. Additionally, it was also mentioned that "*the patriarchal structure*" (M, 52); "*smoking forms a habit*" (F, 32); "*smoking is addictive*" (F, 30; F, 34); "*weakness of will*" (M, 45) were among the causes of smoking. Only one participant indicated smoking as "*a pleasure*" (M, 41).

The most important highlight of the responses of the non-smokers to the question "*why do you think the smokers smoke?*" was "*pretension*". The other responses are as follows:

"The concern of adapting friends and environment" (F, 44);
"The effort of self-actualization" (F, 39);
"The method for gaining self-confidence" (F, 38);
"Smokers used to be regarded as more quality people in the past" (F, 56)
"Smoking was a sign of hospitality" (F, 60);
"The smokers perceive smoking as a guardian" (M, 50);
"The cigarette package is fancy and tempting. One more, there was an advertisement at Konak, the cowboy on horseback. Everyone who saw this advertisement would like to smoke." (M, 65);
"The smokers think that cigarette is a relaxing means for them. My father was given cigarette at the age of five. He became addictive at the age of ten. My father was smoking three packages in a day. He became ill at the age of 42 years. He was hospitalized at Tepecik for five years. He smoked even in the hospital. He was suffering from lung cancer for the last two years. This is why I hate smoking and I did not let my children smoke" (M, 48);

Thoughts about quitting smoking

When the smokers were asked by the question "*Do you think smoking is a problem?*", everyone said that it was a problem whereas only one participant responded as "*I am smoking and it does not pose a problem*" (M, 42). The basic deduction from the responses given to the question "*Do you think it is possible to quit smoking*" was that it was possible. Some of the responses given to this question are as follow;

"Everything is possible in life. Even mom's breast can be quitted, and why not the cigarette" (M, 45);
"We are able to stop smoking in Ramadan, then it may be quitted" (M, 32);
"It can only be quitted with medical help" (F, 36);
"Though it is possible, it is hard to quit" (F, 35);
"It is impossible; I failed quitting though I bet. I can go without food for three days but I cannot stand for two hours without smoking" (M, 45).

All of the non-smokers said that smoking cessation is possible. Responses of two current non-smokers were given below;

"My father died of lung cancer at the age of 58 years. I also used to smoke, I could not breathe. It was also harmful for my budget. I could not want my son to buy when I finished the package. I decided to quit by myself. The event should be finished in brain. I have never smoked for five years. I got my health. I am very well and very happy" (F, 65).
"My husband leaves me, still does not stop smoking. He yells at me when he does not smoke; thus, I say "smoke but do not yell at me". His father also died of lung cancer. Too bad if the mom smokes" (F, 60).

Requirements to quit smoking

The factor both the smokers and non-smokers pointed out to be needed to quit smoking was "*will*". According to the participants, the leading factors that makes it easy to quit smoking were that "*individuals are to find activities for themselves*" (F, 35; F, 36; F, 58; M, 50) and "*those around are to be non-smokers*" (F, 58; F, 32; M, 41). Some of the responses given were as follows:

"The stress experienced" (F, 58; F, 44);
"Financial difficulty" (F, 36);
"Problems" (M, 45; M, 42; M, 41).
"The presence of smokers around" (F, 58; F, 32; M, 41).
"Everything should be prohibited to achieve quitting. It must be something like the Nazi implementation or smoker should be left to a desert island (M, 65);
"Smokers' lungs should be showed at the hospital" (F, 50);
"Doctors should not smoke, at least ahead of us" (F, 46);

Thoughts on services related to smoking cessation

The responses given by the smokers about the services were as follows;
"The smoking cessation services should be free of charge including the medications" (M, 65);
"The services should be implemented in groups" (F, 65; F, 30);
"The treatments should be performed by experts" (F, 50; F, 46; M, 41);
"Trainings may also be performed at home by trained persons" (F, 34);
"The therapies and training should be performed in a comfortable environment" (M, 45);
"It is important to provide a periodic phone-based support but non-oppressive" (M, 32);
"If follow-up is performed in certain intervals, quitting will be easier because the individual will feel responsibility" (M, 41);
Some responses of the non-smokers were as follows;
"Continuous meetings should be performed" (F, 58);
"It may be effective to arrange events or therapies that bring smokers and non-smokers or those who quitted smoking together" (F, 47);
"Video shows on hazards of smoking and quit-smoking may be performed also in events not-related with smoking" (F, 49);
"The services should necessarily be free of charge" (M, 50; F, 58, M, 44; F, 38);

Thoughts on the content of the informational meetings

When the question that "*how the content of the informational meetings should be*" was asked, the most remarkable result was that the majority responded as "*we no longer want to hear about the hazards of smoking*". The responses given regarding the content of the informational meetings were as follows;
"Methods of quit-smoking" (F, 32; F, 38; M, 45; M, 41);
"The problems encountered during cessation of smoking and ways to cope" (F, 35);
"The differences in health that evolve after cessation of smoking" (F, 30);
"The content of the cigarette" (M, 32; M, 52; F, 48);
"The financial problems posed by smoking" (F, 36);

DISCUSSION

In the present study, the results of five focus interviews which included a total of 33 participants were presented. The smokers were on the opinions of that smoking was a friend, irrevocable or a way of struggling against daily challenges; whereas, non-smokers associated smoking with unsoundness. The reasons for smoking that were mentioned by the participants included perception of smoking as a friend and a way of struggling against the daily challenges, the patriar-

chal structure, habituation, and pretension. In the study of Hendricks et al [7], only one of the focus group participants defined smoking as an acquaintance and a relaxing friend which was the most frequent finding in our study. This difference might be due to social differences or characteristics of the participants. It was shown in non-qualitative studies that the efforts made for the purpose of gaining adult personality, adapting patriarchal structure, and pretension to other smokers have affected smoking or starting smoking [8-12]. Arbak et al. [13] identified that stress was the most important reason for high school students to continue smoking.

The participants in the present study mentioned that the willpower was the basic factor in cessation of smoking. This may implicate that smoking has not yet been adequately understood as a brain disease requiring therapy. The participants highlighted the willpower instead of a therapy against addiction and change in life-style; they thought that smoking can be quitted by a strong willpower alone. The fact that people define their failed attempts to quit smoking as weakness of willpower may negatively affect their wills to live a smoke-free life and it may also cause generalisation of the thought that they will never quit smoking. It should be highlighted in trainings that smoking is not only an addiction but also a chronic brain disease having a relapsing course with bio-psychosocial properties. Understanding the addiction and recognizing the disease will make the individuals more effective in struggling against smoking. The participants mentioned that the facilitative factors in cessation of smoking were finding activities, absence of smokers around, medical support, presence of health problems, prohibitions, and kids' pressure. On the other hand, stress, presence of smokers around, health problems, hyperirritability during the course of quitting, and fear of gaining weight were mentioned as the complicating factors in cessation of smoking. It was remarked that the presence of health problems was both facilitating and complicating factor in cessation of smoking. With the beginning of the health problems, the individual may be motivated to quit smoking for the purpose of preventing the further growth of the problem, whereas making him/her think he/she had already been damaged, these problems may also supress the wills of the individual to quit smoking and cause to keep on. Many studies have emphasized that the presence of smokers around and in family has a negative impact on achieving cessation of smoking [14-17]. Exposure to the stimuli (such as being in smoking environments, smell of smoke, lighter, and package of cigarette) that are related with the addictive substance may cause excessive demand and trigger recurrence during cessation period. In the previous studies, the first reason for smoking cessation has been reported as health problems [18, 19]. It has been reported that cessation of smoking is negatively affected by several factors including symptoms evolved during the course of cessation or weight gaining, lack of any activity substituting for smoking, environmental pressure to start smoking again, and on-going consumption of alcohol [7]. In a qualitative study where the expectations of smokers from smoking were taken into consideration, the most commonly remarked expectations were occurrence of the pharmacological and withdrawal symptoms, decrease in financial expenses, and regaining physical functioning. The additional expectations were weight gain, increase in attraction and self-esteem, health benefits in long-term, and having losses in relationships [7]. Supporting the individual who was on changing behaviour and identifying his/her needs and complicating factors will positively affect life-style changes.

In the present study, participants mentioned that it would be effective if the services were provided free of charge, continuous and regular follow-ups were constituted, therapies were provided by experts, and the events were arranged as to bring smokers and non-smokers together. Previous studies have indicated that decisiveness to quit smoking, personal trainings and counselling or motivational support by experts/physicians, and the periodic one-to-one or group interviews and phone conversations increase the success of cessation of smoking [19, 23]. A qualitative research performed on disadvantageous groups has showed that the perception that smoking cessation services are expensive is hampering the success of smoking cessation [24]. Although it is known that even short course trainings regarding smoking cessation are effective, the physicians do not perform any routine evaluation and treatment for cessation of smoking [25]. The causes of this fact include lack of clinical or institutional support, time limitation, inadequate training of physicians about the interventions for cessation of smoking, non-coverage of smoking cessation therapies by insurance [25]. Another qualitative study has concluded that the physicians' prohibitive manner will fail to achieve quit-smoking; however, an advisory manner instead may create an opportunity when the patients presented to receive health care [26]. Another study has reported that the most important obstacle that is confronted by the general practitioners while giving smoking cessation consultation is the patients' lack of interest and motivation. The same study has also concluded that lack of reimbursement and uncertainty in strategies regarding cessation of smoking are also hampering the success [27]. It will be important that the physicians and health care givers are educated about this issue. In the present study, it was a remarkable finding that the participants did not want to hear about the harms of smoking in informational meetings. The strength of the qualitative studies, the present study as well, depends on the fact that the participants have the opportunity to tell about their opinions on their own problems. The effectiveness of the trainings will be improved if they are prepared according to the needs of individuals such as methods for cessation of smoking, negative impacts of smoking cessation and ways to cope, differences in health status after cessation of smoking, contents of cigarette, and smoking related financial difficulties.

In conclusion, important tips were obtained for achieving success in smoking cessation interventions and services owing to the opinions of the participants about smoking and cessation of smoking. It is important to teach smokers that smoking is not a habit but an illness and make them learn more about this illness and the ways of struggling against it. It is necessary to support the individual who is on changing behaviour by trained physicians and health care professionals and to identify his/her needs and complicating factors during smoking cessation period. A success in smoking cessation can be achieved if all smoking cessation services are free of charge and include regular periodic follow-ups.

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