



Correlates of attempting to quit smoking among adults in Bangladesh

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ARTICLE INFO

Keywords:

Smoking
Cessation
Quit attempt
GATS
Bangladesh

ABSTRACT

Background: Quit attempts are very essential in population-based smoking cessation. Little is known about the correlates of making a quit attempt of smoking in Bangladesh. We aimed to examine correlates of making a quit attempt of smoking among adults in Bangladesh.

Methods: We used data from the 2009 Global Adult Tobacco Survey, Bangladesh. A total of 2217 adult current smokers (2141 males and 76 females) aged 15 years and older who participated in the survey were included. We compared socio-demographic, behavioral, motivational, knowledge and attitudes towards smoking, quitting methods utilized, use of social media to quit smoking, and environmental characteristics of current smokers who made an attempt to quit with those who made no quit attempt during the previous 12 months of the survey. We applied multivariable logistic regression models for analyzing the data.

Results: Among the 2217 current smokers, 1058 (47.72%) made attempt to quit. We found respondents who smoked their first cigarette within 6 to 30 min of waking up were more likely to make an attempt to quit than those who smoked their first cigarette within 5 min of waking. Moreover, among daily current smokers who smoked 10–19 manufactured cigarettes per day were less likely to make a quit attempt. We also found intention to quit smoking, smoking rules inside the home, and exposure to anti-smoking advertisements as significant correlates of making a quit attempt of smoking among adults in Bangladesh.

Conclusions: Policymakers should consider our findings when implementing tobacco control programs in Bangladesh.

1. Introduction

The tobacco epidemic is bigger than most other public health disasters the world has ever confronted (Mia et al., 2017). Nearly 6 million people have killed annually due to tobacco use (Jha, 2011). Unless proper steps are taken by 2030, tobacco will kill > 8 million people per year globally (World Health Organization, 2017a; Hakim, Chowdhury, & Uddin, 2017). Although smoking rate is decreasing in most developed countries, it is increasing in developing countries including Bangladesh (Giovino et al., 2012). Because of the rapid rise of smoking in developing countries, by 2030, 7 million deaths will occur annually in these countries (Abdullah & Husten, 2004). Countries in Asia, especially, South East Asia (SEA) region, are responsive to smoking epidemic (Rao, Aslam, Zaheer, & Shafique, 2014). Approximately, 400 million tobacco users live in this region, which results in 1.2 million deaths annually (Sreeramareddy, Pradhan, Mir, & Sin, 2014). Therefore, increasing smoking cessation can have a substantial effect in reducing the tobacco-attributable deaths (Abdullah & Husten, 2004).

Bangladesh is one of the ten heaviest smoking countries in the world

(Abdullah, Driezen, Quah, Nargis, & Fong, 2015). Bangladesh has a high smoking prevalence of 23.0% of adults who smoke which approximates to 21.9 million adults currently smoke tobacco (World Health Organization, 2017b; Hakim et al., 2017). The general smoking prevalence increased from 20.9% in 2004–05 to 22.0% in 2010 (Abdullah et al., 2015). Moreover, Bangladesh is one of the 15 countries in the world that have a greater burden of tobacco-associated illness (World Health Organization, 2017b; Hakim et al., 2017). In 2004, World Health Organization (WHO) showed that tobacco use was responsible for nearly 57,000 deaths and 1.2 million tobacco-attributable illness annually in Bangladesh (Nargis et al., 2015). Another study conducted in Bangladesh using 2010 data observed that smoking was responsible for 42,000 deaths of men (aged 25 to 69 years) (Alam et al., 2013). This study also showed that each smoker waste average 7 years of life due to smoking. Because of the high rate of tobacco-induced deaths, the health and economic burden are increasing rapidly (Nargis et al., 2015). To tackle this epidemic, there is crying need to reduce the use of tobacco, which will need preventing initiation of tobacco use and encouraging smoking cessation among smokers (Abdullah et al., 2015).

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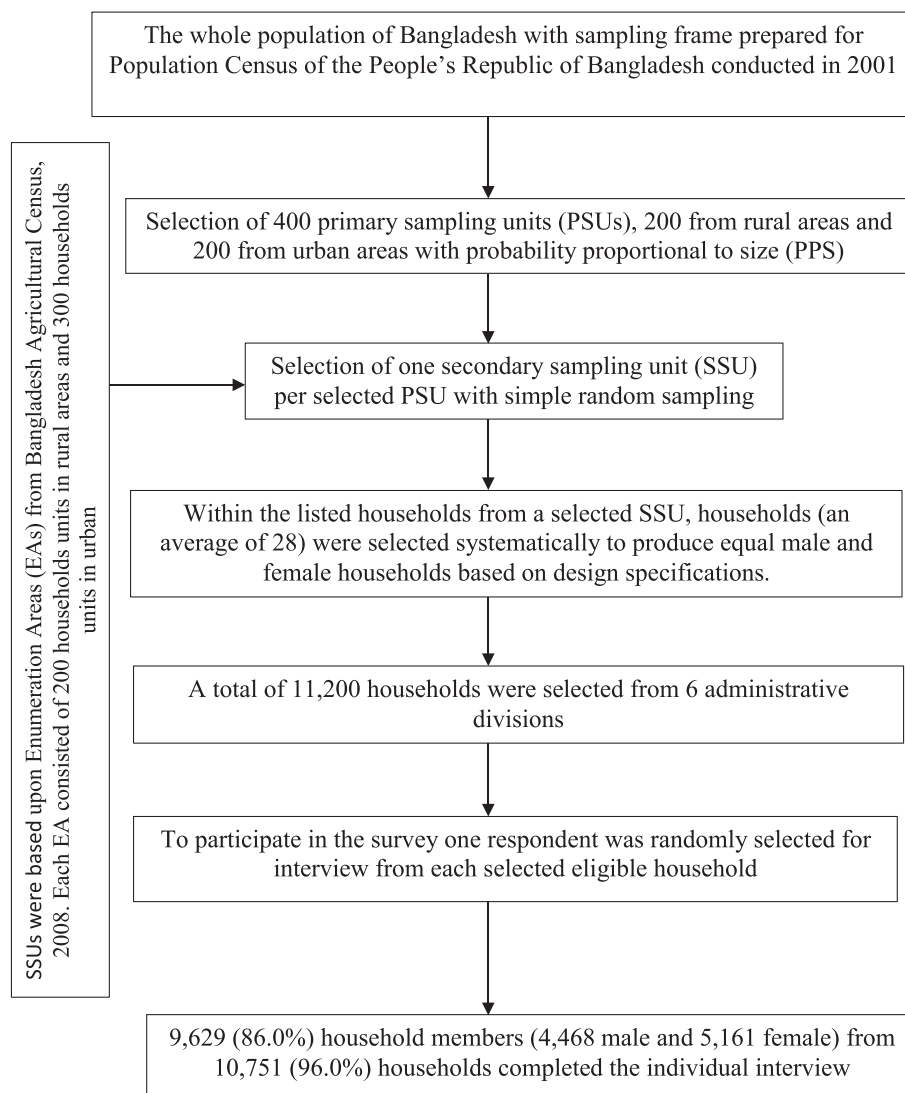


Fig. 1. Study design of Global Adult Tobacco Survey Bangladesh, 2009.

Several previous studies determined the correlates of attempts to quit smoking and smoking habit in Bangladesh. [Flora, Kabir, and Moni \(2017\)](#) identified the social correlates of intention to quit and quitting attempt of smoking in Bangladesh by gender and place of residence ([Flora et al., 2017](#)). This study found that intention to quit smoking was influenced by education, age at starting smoking, type of smokers and number of smoker friends and attempt to quit smoking associated with type of smokers and number of smoker friends. [Driezen, Abdullah, Quah, Nargis, and Fong \(2016\)](#) identified the determinants of intention to quit smoking among adults in Bangladesh ([Driezen et al., 2016](#)). In accordance with this study, intention to quit smoking associated with area of residence, number of cigarettes/bidis smoked per day, attempting to quit in the past year, visiting a doctor in last year, having children at home, perceiving health benefit from quitting, worrying about the health consequences of smoking, knowledge of second-hand smoke (SHS), enjoying smoking, and workplace smoking policy [Flora, Mascie-Taylor, Rahman, and Akter \(2012\)](#) examined the effect of parental smoking on adult Bangladeshis smoking habit ([Flora et al., 2012](#)). This study showed that non-smoker parents had higher chance of having nonsmoker offspring. However, the studies that examined the factors that are associated with quit attempt have been limited to specific populations such as young/adolescents ([Backinger, Fagan, Matthews, & Grana, 2003](#); [Fagan et al., 2007](#)), health center and/or

continually-ill patients ([Bock, Becker, Partridge, & Niaura, 2007](#); [Herlitz, Bengtson, Hjalmarson, & Karlson, 1995](#)), specific ethnic background ([Kahende, Malarcher, Teplinskaya, & Asman, 2011](#); [King, Polednak, Bendel, Vilsaint, & Nahata, 2004](#)), homeless population ([Baggett, Lebrun-Harris, & Rigotti, 2013](#); [Wrighting, Businelle, Kendzor, LeBlanc, & Reitzel, 2016](#)), prisoners ([Frank et al., 2017](#); [Makris, Gourgoulianis, & Hatzoglou, 2012](#)). There are a few studies that identified the correlates of making quit attempt of smoking in general populations ([Abdullah et al., 2015](#); [Ayo-Yusuf & Szymanski, 2010](#); [Kaleta et al., 2012](#)). For example, in a recent study in Bangladesh, making quit attempt was associated with residential areas outside Dhaka, being aged 40 or older, having a monthly income of above BDT10,000 (US\$126) versus below BDT 5000 (US\$63), intention to quit sometime in the future ([Abdullah et al., 2015](#)). In another study in Poland, smokers were more likely to attempt to stop if they were aged 60 years or older, had a high educational qualification, were aware of the harmful effect of smoking ([Kaleta et al., 2012](#)). Moreover, in a study in South African population, female gender, older age, having tertiary education, living in smoke-free homes, smoke > 20 cigarettes per day, or having alcohol dependence in the past were significantly associated with making a quit attempt ([Ayo-Yusuf & Szymanski, 2010](#)).

Quitting smoking is a continuous process and that may involve many failed quit attempts before ultimately succeeding ([Larabie 2005](#);

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