

ORIGINAL RESEARCH

Barriers to Smoking Cessation Among Drug-Resistant Tuberculosis Patients in South Africa

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Abstract

BACKGROUND Drug-resistant tuberculosis (DR-TB) remains a significant cause of morbidity and mortality. The long-term health effects of smoking and the risk of adverse TB outcomes, including increased periods of infectiousness, have been reported among DR-TB patients in South Africa.

OBJECTIVES This study aimed to identify the barriers to smoking cessation among DR-TB inpatients at a hospital in Durban, South Africa.

METHODS A qualitative design using in-depth interviews with a purposive sample of 20 DR-TB inpatients was employed. The sample included 15 men and 5 women aged 18-70 years who self-identified as smokers. Open-ended questions were used to explore barriers militating against smoking cessation among this sample. Data were analyzed with the aid of the software QSR NVivo10.

FINDINGS Personal and structural-level barriers (factors) to smoking cessation were identified. Personal factors included addiction and non-addiction-related barriers. Addiction-related barriers included smoking history, cravings for a cigarette, smoking as part of a daily routine, and failed quit attempts. Non-addiction-related barriers included lack of knowledge about quit strategies, psychosocial stress, lack of the willpower to quit smoking, and the influence of peers. Structural barriers included ineffective health education programs, lack of extramural activities when on admission in hospital leading to a lot of spare time, lack of smoking cessation interventions, and access to cigarettes within and around the hospital environment. Patients expressed interest in smoking cessation and conveyed their frustration at the lack of appropriate support to do so.

CONCLUSIONS The findings reiterate the need for smoking cessation intervention to be incorporated as an integral component of DR-TB management in South Africa. Many patients expressed an interest in pharmacological aids and psychological support to help them to quit smoking. Additionally, offering extramural activities and enforcing smoke-free policies in hospital facilities will help to reduce patients' access to cigarettes while at the hospital.

KEY WORDS drug-resistant tuberculosis, smoking cessation, barriers, South Africa

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INTRODUCTION

Among the 12 million recorded cases of tuberculosis (TB) in 2011, there were an estimated 630,000 cases of multidrug-resistant TB (MDR-TB) and extensively drug-resistant TB (XDR-TB) globally.¹ As of 2015, TB was among the top 10 causes of death globally with an estimated 1.4 million deaths.² Among infectious diseases, TB ranks above HIV as the leading cause of death.² In 2011 sub-Saharan Africa reported the greatest proportion of new cases of TB per population, with more than 260 cases per 100,000 population.¹ According to World Health Organization (WHO) reports, in 2010 African countries accounted for 24% of the global TB burden, of which one-quarter were from South Africa.³

Drug-resistant tuberculosis (DR-TB) has become a major public health problem that threatens the progress made in TB care and control worldwide and is increasing at an alarming rate.⁴ MDR-TB is resistant to at least 2 of the best anti-TB drugs—isoniazid and rifampin.³ XDR-TB is a rare type of MDR-TB that involves resistance not only to isoniazid and rifampin but also to any fluoroquinolone and at least 1 of 3 injectable second-line drugs for treating TB.³ Therefore these 2 types of drug-resistant TB are extremely hard to treat.³

South Africa is 1 of 7 countries that reported lower rates of treatment success, with the province of KwaZulu-Natal (KZN) reporting the highest mortality from DR-TB since 2006.⁵ High prevalence of TB in KZN is also exacerbated by its relationship with HIV infection, which is one of the factors that compromise drug-resistant TB patients.

Smoking prevalence has been reported to be high among TB and DR-TB patients in South Africa and elsewhere, which can affect clinical and health outcomes, thereby challenging prevalence and morbidity.⁶ Additionally, recent evidence of high smoking prevalence was reported in a prospective cohort study of MDR-TB patients in 8 countries, including South Africa (KZN).⁷

Risk factors like cigarette smoking have been indicated to adversely affect the clinical outcomes of DR-TB patients.⁸ A study conducted in MDR-TB treatment centers in 5 South Africa provinces, including KZN, recommended that interventions to reduce default from MDR-TB treatment should also center on smoking cessation.⁹ In a study involving 146 South African men

diagnosed with pulmonary TB, 33% of participants were found to be current smokers.¹⁰

Additionally, smoking was reported as a co-exposure that contributes to the poorer survival of DR-TB patients in a retrospective cohort study conducted in South Africa, including those in the KZN province.¹¹ Smoking has been identified as an associated risk factor that reduces the effectiveness of drugs when managing DR-TB patients.¹² Thus, as an important risk factor, regular smoking is associated with recurrent tuberculosis disease and mortality.⁸

Measures to eliminate smoking have been recommended among alternative interventions that could contribute to the success of treatment program for DR-TB patients.¹³ There is, however, limited evidence of the presence of relevant smoking cessation interventions aimed at reducing DR-TB patients in South Africa. The present study, therefore, sought to gain insight into the barriers to smoking cessation among DR-TB inpatients that would guide the development of appropriate interventions at individual and facility levels.

Although smoking cessation-related studies have been undertaken in other TB-endemic settings where smoking prevalence was noted as high, such as Pakistan,¹⁴ India and Indonesia,¹⁵ Malaysia,¹⁶ and Egypt,¹⁷ as well as in South Africa,⁶ there is limited evidence of studies exploring barriers to smoking cessation for DR-TB inpatients.

The WHO Framework Convention on Tobacco Control (FCTC) contains supply-and-demand reduction strategies to facilitate tobacco control globally. Article 14 of the WHO-FCTC addresses demand reduction measures concerning tobacco dependence and cessation and specifically applies to this study.¹⁸

METHODS

Study Design and Setting. Qualitative research design that falls within the constructivist paradigm¹⁹ was adopted for the study in order to answer the research question: what are the barriers to smoking cessation among DR-TB inpatients in South Africa? Qualitative research is designed to produce information-rich data—depth rather than breadth and insight rather than generalization²⁰—hence its use in the study. Because qualitative research is subjective, different perspectives from DR-TB inpatients were accommodated in an attempt to find out how this group of informants perceives smoking and its associated

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