

**An exploratory study on willingness to change smoking practice  
of urban males, Dagon Township, Yangon Division**

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Smoking is rising in developing world but falling in developed countries. In Myanmar, number of current smokers in urban is higher than those in rural areas. Since little is known about changes in future attitudes of smoking practice, the present study attempted to explore willingness to change smoking practice of urban males. A longitudinal cohort study was conducted in Dagon Township, Yangon Division. Thirty-nine male adult current smokers, who were literate involved voluntarily. Self-administered questionnaire was used 3 times to explore changing process of smoking; May, June and August 2007. To know their instantaneous perceptions of practice, second time was one month apart from the first time and to explore their gradual perceptions, the last time was made 2 months later. Out of 39 smokers, we could follow 30 and 22 smokers at the second and last times respectively. Their mean age was 29.4 years. The majority started smoking at the age between 16 to 20 years since their friends urged them to smoke for experience. At the last time, among 22 smokers, 13 were still smoking, 7 started quitting/reducing and 2 had stopped smoking. However, among 22 smokers, half of them had a plan to quit/reduce smoking in future. Factors relating to changes in smoking practice explored from this study like personal feeling, self-control and environment, will be useful in developing IEC materials for quitting smoking programme in our country.

## INTRODUCTION

Smoking is on the rise in the developing world but falling in developed countries. In Myanmar, various smoking prevalence studies carried out between 1991 and 2005 showed overall community prevalence of smoking ranged from 38% to over 50% [1, 2]. Among adult population, prevalence of male smokers was higher than females, both in urban and rural areas (ranged from 58% to 74% for males and from 11% to 46% for females). Since little is known about changes in future attitudes towards smoking practices, the present study attempted to explore willingness to change smoking practice of urban males.

## MATERIALS AND METHODS

A longitudinal cohort study was conducted in Dagon Township, Yangon Division. We aimed to study the cohort of respondents, who were current smokers, 18 years and above and literates for more than once. It was not possible to collect a list of current smokers who met with such criteria from the entire township due to time and budget limitations. Hence, through township medical officer and local authority person of the selected township we recruited study respondents for participating in the study voluntarily. Thirty-nine male adult current smokers, who were literate involved voluntarily. Pre-tested semi-structured self-administered

questionnaire was used 3 times to explore changing process of smoking; May, June and August 2007. To explore their instantaneous perceptions of practice, second time was one month apart from the first time and to know their gradual perceptions the last time was made 2 months later. First, we obtained verbal informed consent from study respondents and explained about study's nature and how to fill the semi-structured self-administered questionnaire. They were also asked to write down about family history of smoking, reasons for smoking, attempts to quit smoking or reduce the number of cigarettes/cigars, reasons for (not) quitting or reducing. We assisted them filling the questionnaire when necessary.

## RESULTS

### *At the first time*

Most of the respondents were aged between 15 and 25 years with the mean age of 29.4 years (Table 1). The majority was unmarried (61.5%) and had passed at least middle school level (92.3%). Most were employees of non health-related job (51.3%).

Table 1. Socio-demographic characteristics of study respondents (n = 39)

Characteristics of the study respondents							
Age gr Yrs	%	Marital status	%	Education	%	Occupation	%
15-25	48.7	Married	35.9	Lower level	7.7	Employee from non health-related job	51.3
26-35	28.2	Un-married	61.5	Middle level	20.5	Employee of health-related job	15.4
36-45	7.7	Un-known	2.6	Higher level	51.3	Dependent/ student	15.4
46-55	15.4			College/graduate Unknown	15.4	Others	18.0
					5.1		

Most had family history of smoking (64.1%), especially grand parents (40%) and/or their fathers (68%). The majority of their friends were smokers (94.9%), of whom; their close friends were the largest (72.9%). The majority of their colleagues at work places were also smokers (93.9%). The

majority (69.2%) started smoking at the age between 16 to 20 years and one respondent started smoking at the age of six. Most were cigarette smokers: 41% smoked cigarettes only and 54% smoked both cigarettes and cheroots. The majority (70.3%) smoked 1 to 5 cigarettes (range 1-20) and 65.2% smoked 1 to 3 cheroots (range 1-6) a day respectively. The main reasons of start smoking were persuasion of their friends (59%) that they used to sit at coffee shops where cigarettes were easily available and wanting new experience or fun (12.8%).

### *Between first and second time*

Among 39 smokers, 30 respondents were able to follow at the second time. Between first and second times, the majority (73%) had attempted to quit smoking and reduce the numbers of cigarette/cheroot rolls and about 27% did not try to quit and reduce (Table 2). At Time 2, the majority was still smoking (63.3%), some started quitting/reducing (20%) and a few said they stopped smoking (16.7%). Because of health problems and bad consequences of smoking, they tried to stop and start quitting/ reducing.

Table 2. Attempts of smoking practice between Time 1 & 2 by smoking status at Time 2

Attempted to quit/ reduce between Time 1 & Time 2	Smoking status at Time 2			
	Still smoking no. (%)	Start quitting/ reducing no. (%)	Stop smoking no. (%)	Total no. (%)
Either quitted or reduced	11 (57.9)	6 (100)	5 (100)	22 (73.3)
Neither quitted nor reduced	8 (42.1)	0	0	8 (26.7)
Total	19 (63.3)	6 (16.7)	5 (20)	30

### *Between second and third time*

Out of 30 respondents, 22 smokers were able to contact at the last time. Among them, while the majority had tried to quit/ reduce during second and third time (86.4%), only a few had neither tried to quit nor reduce (13.6%) (Table 3). At the last time, 13 respondents (59.1%) were still smoking with reasons of meeting with friends at coffee shops, unable to avoid smoking and depression. Two respondents (9.1%) said

they had stopped smoking because of health problems. Seven respondents (31.8%) had started to quit/ reduce and their reasons were health problems, bad consequences of smoking and to stop smoking completely. During the period of quitting and reducing, they got help from their parents, friends and their senior colleagues. A few said they tried by themselves.

Table 3. Attempt of smoking practice between Time 2 & 3 by smoking status at Time 3

Attempted to quit/ reduce between Time 2 & Time 3	Smoking status at Time 3			Total no. (%)
	Still smoking no. (%)	Start quitting/ reducing no. (%)	Stop smoking no. (%)	
Either quitted or reduced	10 (76.9)	7 (100)	2 (100)	19 (86.4)
Neither quitted nor reduced	3 (23.1)	0	0	3 (13.6)
Total	13 (59.1)	7 (31.8)	2 (9.1)	22

#### After third time

When 22 respondents were asked their smoking plan in future (i.e., after the study was completed), 31.8% had intention to quit or reduce in future because of health problem, 2.9% had already stopped and 27.3% had at the process of stop smoking. One third of respondents did not have a plan to quit or reduce after the study (Table 4).

Table 4. Smoking plan after Time 3 by smoking condition at Time 3

Smoking plan after Time 3	Smoking condition at Time 3			Total n = 22 (%)
	Still smoking n = 13 (%)	Start quitting /reducing n = 7 (%)	Stop smoking n = 2 (%)	
Plan to either quit or reduce	6 (46.2)	1 (14.3)	0	7 (31.8)
Plan to neither quit nor reduce	7 (53.8)	0	0	7 (31.8)
Already stopped smoking at Time 3	0	0	2 (100)	2 (9.1)
Process of stop smoking at Time 3	0	6 (85.7)	0	6 (27.3)

Statements expressed in the questionnaire showed their different attitudes toward changes in smoking practices as follows:

*When I felt unhappy, cigarette is my only good companion. People are not trustable. One by one, they left me. But cigarettes never left me and it is the truth. I will neither quit nor reduce in future. I will smoke until I die or the price of cigarette will increase, say 2000 Kyats per roll of cigarette.*

25 years old, 9<sup>th</sup> grade, single, employee of private business

*Previously, I tried once to quit and three times to reduce because I play football. I could not play well and felt tired easily due to smoking. With my own decision I tried as much as possible to avoid sitting at coffee shop with my friends who are smokers. At first, I thought I would be able to quit by reducing the number of rolls gradually. However, after about one week, I could not resist smoking, especially after lunch. I substituted sweets and gum for the cigarette but felt sour in mouth, so I smoked again. But I am very fond of playing football, thus I have determined to quit smoking.*

19 years old, 10<sup>th</sup> grade, single, employee of private business

*Quitting was not an easy task. I could stay without cigarette for only three days. During which, I felt sour in mouth and my parents told me to chew gums and betel. However, I remembered cigarette after lunch, while sleeping at night and while toileting. I thus smoked again. Now, I began to stop smoking with a lot of efforts to overcome my desire to smoke.*

29 years old, 10<sup>th</sup> grade, single, supervisor of private business

## DISCUSSION

This exploratory study indicated that, although the sample size was not large, the study respondents had positive intention to some extent in changing their smoking practice. Health problems and bad

consequences of smoking were the main reasons to stop and start quitting/reducing. Similarly, health reasons and cost were among the causes to quit smoking of the Malay and Korean smokers [3, 4]. We found that those who had tried to quit, reduce and stop smoking were higher after one month of study began. It gradually decreased after one month. Most could not continue their changed practice - quitting and/or reducing the rolls of cigarettes. It reflected the human nature of wanting to try new message or experience within a short period when it was introduced [5].

Though they could not maintain the changed practice, they received support and advice from their family members, friends and senior colleagues during their quitting/reducing attempts. Other studies done in Korea, East Java and Taiwan also reported that parents and peers were the main sources for protecting teenaged smokers from smoking [4, 6, 7].

However, during the study period, majority of the respondents had not only started to quit/reduce and stopped smoking, but also were willing to quit, reduce and give up smoking in future. Findings revealed that whether they wanted to quit, reduce or smoke, this did not depend on their socio-demographic characteristics, but on their health problems, personal feeling, self-control, environment and easy accessibility to cigarettes.

In conclusion, the study highlights the need of expansion of health dissemination of school-based smoking programme, particularly on quitting methods for the public and to publicise the message widely.

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