Perceptions Related To Tobacco Cessation Among Health Professionals, Policy Makers And Patients In Ahmedabad, Gujarat

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Abstract: Background: Tobacco usage is a global concern and it is essential to curb its usage and increase awareness among patients. Health professionals' contribution in tobacco cessation will definitely make a stark difference. Aims: To assess the perception of tobacco cessation activities among health professionals, policy makers and patients. Material And Methods: A mixed method study was conducted. A total of 250 patients from Gujarat Cancer and Research Institute, Ahmedabad were interviewed using structured questionnaire. The questionnaire comprised of demographic characteristics, tobacco usage and patient's response about tobacco cessation activities. An in-depth interview for the health professionals and policy maker was carried out. Result: Out of 250 participants, 50.4% of them were found to be belonging to the age group of 25-44 years and 94.4% of them being males. Majority of the patients used gutka (34.8%), pan masala (34%), bidis (14%) and cigarettes (9.2%).Patients had positive attitude towards tobacco cessation activities. Policy makers perceive lack of follow up leading to non compliance of the treatment as one of the barrier in successful implementation of tobacco control policy and program. Inadequate time, lack of training on tobacco cessation activities in the curriculum, non compliance to follow up by the patients, lack of support and motivation from their own family members and fear of losing the patient due to counselling were the important barriers faced by health professionals. Conclusion: Based on the findings above, it is seen that patients are comfortable with receiving advice about quitting tobacco use, from the health professionals. There is also evidence that health professionals can successfully assist individuals to quit tobacco use. Likewise, integrating the tobacco control program into broader national health plans will be done. [Joseph S Natl J Integr Res Med, 2020; 11(3):58-64]

Key Words: perception, tobacco cessation, health professional, policy maker, patients, barrier.

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Introduction: Tobacco is a global epidemic which kills approximately half of its users and is a source of ever-growing tax revenues. Tobacco has varied range of effects right from its production to its consumption and attributes to 6 million deaths each year worldwide.[1] The countries of the South East Asia Region, which have scarce resources for health and still suffer from the burden of communicable diseases, will not be able to afford to treat a population suffering from the consequences of tobacco consumption. Certain forms of smoked and smokeless tobacco are most prevalent in countries in South-East Asia.[2]

Tobacco use, a human-made epidemic, kills about 5.4 million people a year globally. The prevalence of smoking ranges from 29.8% to 63.1% among men and 0.4% to 15% among women in the South-East Asia Region (SEAR). The practice of tobacco chewing also needs attention. Smokeless tobacco use ranges from 1.3% to 38% among men and 4.6% to 27.9% among women.[3] Tobacco use is one of the single most preventable cause of morbidity and death, and the World Bank predicts that in the next 50 years there will be 450 million deaths due to tobacco use, if the present scenario remains the same.[4] The high prevalence of head and neck cancers in India is mainly because of tobacco use.[5,6] With less than 2% quit rate, the value of tobacco cessation service in India is much undermined and its resultant benefit is yet to be realized.

In the global scenario, the Indian sub-continent accounts for one-third of the world's burden for oral cancer. It is the eleventh most common cancer worldwide with over 300,000 new cases annually. Whereas in India, oral cancer is the most common cancer; as 4 in 10 of all cancers are oral cancers. Annually 130,000 people die due to oral cancer in India which means there are approximately 14 deaths per hour.[7] Gujarat has become the breeding ground for oral cancers as over 1.3 crore people in Gujarat are addicted to tobacco consumption and hence they contribute to 0.9% of tobacco addiction among the entire Indian population.[8] Ahmedabad is known as the oral cancer capital of India with prevalence of tobacco related cancer reaching 55 per cent.[9]

National Cancer Registry Programme has indicated that Ahmedabad has the highest incidence of oral cancers in the country with 17.1 per 1 lakh population new cases of cancer been registered every year. The 2012-2014 report on national cancer registry shows that 56.3% males (3085) and 19.8% females (817) suffer from tobacco related cancer in Ahmedabad.[10] One of the strategies to reduce morbidity and the number of tobacco-related mortality is to encourage the involvement of health professionals in tobacco cessation counselling. The benefits of cessation are many and starting tobacco cessation clinics in different health settings and training health providers in cessation is the need of the hour, apart from various community awareness and socio-legal initiatives that are aimed at prevention.[11]

Having known the huge burden of the tobacco use it is imperative that the policy statement on tobacco use that has been adopted should be translated into action. This study has been conducted to assess the patient's perceptions towards tobacco cessation activities and also to look into the qualitative aspects of different stakeholders which could lead to significant impact on future policy initiatives.

Material & Methods: A mixed method study was conducted wherein the quantitative component was to assess the patient's perceptions towards tobacco cessation activities and the qualitative component was to assess the tobacco cessation practices and perception among health professionals and policy makers. The study was conducted for duration of 6 months from January 2017 to June 2017 after the necessary ethical clearance from the Institutional Ethics committee, Kasturba Medical College (IEC 769/2016). The participants' i.e. patients with tobacco related cancer, health professionals and policy makers voluntarily confirmed their willingness to participate in the study.

The quantitative data was collected by consecutive sampling from the Gujarat Cancer and Research Institute (GCRI), Ahmedabad where questions asked were based on demographic characteristics, tobacco usage and patient's response about tobacco cessation activities. A total of 250 participants were involved in the study and were interviewed using structured questionnaire.

The qualitative data was collected by convenient sampling technique from the health professionals & policy makers from the city of Ahmedabad registered with the state medical and dental council where 12 in-depth interview was conducted which was audio recorded. The interview guide included questions on Socio-demographic characteristics, health professional and policy makers' practices on tobacco cessation and perceptions of health professionals and policy makers towards tobacco cessation activities. The questionnaire and interview guide were designed and validated.

Quantitative: The structured validated question-naire included the following domains:

1. Demographic characteristics.
2. Tobacco usage.
3. Patient's response about tobacco cessation activities.

Qualitative: The interview guide had the following domains:

1. Socio-demographic data.
2. Health professional and policy makers practices on tobacco cessation.
3. Perceptions of health professionals and policy makers towards tobacco cessation activities.

The quantitative data were then subjected to statistical analysis by using SPSS version 16 (IBM SPSS, Version 16.0. Armonk, NY: IBM Corp) that was descriptively analyzed. Thematic analyses were performed for the qualitative data.

Results: The sample comprised of 94.4% males and 5.6% females. Total of 50.4% participants were in the age category of 25-44 years and 5.2% participants belong to 15-24 years. The educa-tional levels of most of the patients (27.6%) were of primary school certificate and none of them had profession/honors.

Almost (32.8%) of them were clerk, shop-owner, farmer and few of them (3.6%) of them being unemployed. Most of the participants (94.4%) were married and 5.6% participants were single.

Majority of the respondents (56.8%) were in lower class and very few (4%) were in upper middle class. Almost 52% of them resided in urban area and 48% of them in rural area. It was seen that majority of the participants were Hindu (93.2%). [Table 1]

Table 1: Distribution Of The Participants Based On Demographic Characteristics

Variable	Category	Frequency
Age(Years)	15-24	13 (5.2%)
	25-44	126 (50.4%)
	45-64	105 (42%)
	65+	6 (2.4%)
Gender	Male	236 (94.4%)
	Female	14 (5.6%)
Education	Graduate/ Post Graduate	60 (24%)
	Intermediate/ Post High School Diploma	3 (1.2%)
	High School Certificate	35 (14%)
	Middle School Certificate	65 (26%)
	Primary School Certificate	69 (27.6%)
	Illiterate	18 (7.2%)
Occupation	Profession	24 (9.6%)
	Semi Profession	33 (13.2%)
	Clerical, Shop-Owner, Farmer	82 (32.8%)
	Skilled Worker	68 (27.2%)
	Semi-Skilled Worker	22 (8.8%)
	Unskilled Worker	12 (4.8%)
	Unemployed	9 (3.6%)
Marital Status	Single	14 (5.6%)
	Married	236 (94.4%)
Socio Economic Status	Lower Class	142 (56.8%)
	Upper Lower Class	62 (24.8%)
	Lower Middle Class	36 (14.4%)
	Upper Middle Class	10 (4%)
Residence	Urban	130 (52%)
	Rural	120 (48%)
Religion	Hindu	233 (93.2%)
	Muslim	14 (5.6%)
	Christian	1 (0.4%)

When the tobacco usage of the patients was assessed it was found that majority of them used the smokeless tobacco on a daily basis as they had been habituated to tobacco use. However they were willing to quit tobacco. (Table No. 2)

Table 2: Distribution Of The Participants Based On Tobacco Usage (N=250)

Variable	Category	Frequency (%)
Type Of Tobacco Used	Cigarettes	23 (9.2%)
	Bidis	35 (14.0%)
	Pan Masala	85 (34%)
	Betel Quid	7 (2.8%)
	Areca Nut	9 (3.6%)
	Gutka	87 (34.8%)
	Snuff	3 (1.2%)
Frequency Of Tobacco Use	Daily	244 (97.6%)
	Weekly	6 (2.4%)
Tobacco Use Status	Current Tobacco User	5 (2%))
	Former Tobacco User	245 (98%)
Reasons For Using Tobacco	Habitual	213 (85.2%)
	Familial	4 (1.6%)
	Emotional	33 (13.2%)
Readiness To Quit Tobacco	Yes	236 (94.4%)
	No	14 (5.6%)
Tobacco Quit Attempt In Past 12 Months	Yes	232 (92.8%)
	No	18 (7.2%)
Duration For Which Tobacco Quit Attempt Lasted	Not Applicable	16 (6.4%)
	6 Or More Months	21 (8.4%)
	Less Than 6 Months	48 (19.2%)
	1-6 Months	38 (15.2%)
	Weeks	49 (19.5%)
	Days	46 (18.4%)
	Less Than 24 Hours	32 (12.8 %)
Reasons To Quit Tobacco	Self Motivated	155 (62%)
	Family Pressure	56 (22.4%)
	Received Counselling From Doctor	39 (15.6%)
Reasons To Not Quit Tobacco	Addiction	171 (68.4%)
	Withdrawal Symptoms	57 (22.8%)
	Peer Pressure	22 (8.8%)

In the present study all of the participants were aware that tobacco is harmful to health and agreed that doctor should offer tobacco cessation services. (Table 3)

Table 3: Distribution Of The Participants Based On Response About Tobacco Cessation Activities (N=250)

Variable	Category	Frequency (%)
Tobacco Is Harmful To Health	Yes	249 (99.6%)
	No	1 (0.4%)
Should Doctor Ask About Tobacco Usage	Yes	250 (100%)
Should Doctor Tell About The Harm By Tobacco	Yes	250 (100%)
Should Doctor Advise To Quit Tobacco	Yes	250 (100%)
Should Doctor Offer Quit Tobacco Assistance And Services	Yes	250 (100%)
Comfortable Receiving Advice From Doctor	Yes	250 (100%)
Have Received Tobacco Cessation Services	Yes	250 (100%)
Services Provided By The Doctor To Quit The Habit	Behavioural Intervention	43 (17.2%)
	Other Pharmaco -Therapy	110 (44.0%)
	Behavioural Intervention & Other Pharmaco -Therapy	97 (38.8%)

B. Qualitative:

Socio-Demographic Data: Majority of the patients used gutka (34.8%), pan masala (34%) and few used bidis (14%), cigarette (9.2%) which complemented the responses obtained from the health professionals. Almost all the health professionals said that in Ahmedabad, Gujarat the most predominantly used form of tobacco is the smokeless form, that is gutka and pan masala and few of them use the smoking form which includes bidis and cigarette.

Health Professional And Policy Makers Practices On Tobacco Cessation: The participants in the study felt that doctors should enquire about tobacco usage. Six of the health professionals shared that they enquire about tobacco usage from the patients. It was seen that majority of the health professionals explain to their patients on a scientific and emotional aspect about the harmful effects caused by tobacco. Scientific explanation about the harmful effect of tobacco use is provided by explaining the way tobacco works to cause the harm. However two of them felt that there is no point in asking about tobacco usage to their patients, as most come in contact with the health professionals at a very advanced stage of cancer and they invariably had the habit of tobacco which led to their present condition.

But, few health professionals also said that presence of clinical lesions compels them to ask their patients about tobacco use. According to one of the health professionals the patients don't like being questioned about the personal habits, they go into denial mode and hence the doctors don't prefer to ask about any habits to such patients.

The state program officer of the non communicable disease cell, said that initially tobacco cessation centre were set up in only two districts and only 30 or 40 patients were visiting the tobacco cessation centre in the district but currently the tobacco cessation centre has been set up in 14 districts and now monthly 480 patients come to tobacco cessation centre.

He also added that the awareness among the patients have increased, because initially the participants were ignorant about the NCD cell but now the patient flow has improved over the years and there is a good response from the patients. This progress is attributed to the fact that the Information education communication (IEC) activity done under the National Tobacco Control Program (NTCP) is very well planned and the public are made aware of the tobacco cessation services through the IEC activity. The tobacco cessation counselling centre is functioning well according to the policy maker.

At the state level the counsellors and psychologists are trained from National Institute of Mental Health and Neuro Sciences (NIMHANS) and hence have expertise in the field of counselling.

As per the responses of the patients, majority of them have been provided other pharmacotherapy (44.0%) and behavioural intervention and other pharmacotherapy (38.8%) and no nicotine replacement therapy. The response obtained from the policy maker also reflects a similar picture.

Perceptions Of Health Professionals And Policy Makers Towards Tobacco Cessation Activities: As per the responses of the patients, all of them said that doctor should advise and offer quit tobacco assistance and services to them. The health professionals shared a similar opinion. Majority of the health professionals interviewed had an opinion that tobacco cessation counselling services should be provided at the hospitals and institutions. According to them counselling services should not only be a part of cancer institute but also cardiac institutes, kidney institute and even dental institute because tobacco not only causes cancer but also affects heart, kidney and other organs.

However one health professional shared a completely different opinion, and said that "I feel it's more of social than doctors, more of social tobacco cessation should be, because doctors can only be for treatment...ah! I mean doctors are there, they are more skilful then other people. Why there skill should be unused? There are many social people roaming around on the streets. They do so many works for other causes then why not for tobacco cessation that is my feeling, there are lot of other people who says they don't have anything to do, why don't they do something for social cause. Doctors are in need for other purpose also .They can guide you, they can tell you that this is because of this, but where there is time to do all this."

The policy maker also expressed a similar opinion that when a patient comes in contact with the doctor, it is the responsibility of a doctor to make use of this opportunity to counsel each and every patient who has history of tobacco usage. The health professionals, disclosed that lack of time, insufficient training on tobacco cessation activities in the curriculum, non compliance to follow up are the barriers faced by them. According to the policy maker inability to carry out regular follow up due to a large number of patients is the most common barrier faced at a Non-Communicable Disease cell.

Discussion: The present study attempted to shed light on perceptions related to tobacco cessation among health professionals, policy makers and patients in Ahmedabad, Gujarat. Total 250 patients were included in the study along with 12 stakeholders. Majority of the participants belonged to lower class. Out of the 250 participants, majority of the patients used gutka (34.8%) and pan masala (34%) and few used bidis (14%) and cigarette (9.2%) on a daily basis (97.6%). Almost 98% of the respondents reported that they were former tobacco users and had got habituated to tobacco use (85.2%).

In this study, the majority of tobacco users were considering or trying to quit. In general, patients who used tobacco were positive in their perceptions towards the delivery of tobacco cessation services by the health professionals. The majority agreed that their health professionals, should ask about tobacco use, discuss the harmful health effects of tobacco use, advise tobacco users to quit, and offer quit tobacco information and assistance to those who want to quit. When compared to a study done in United States among the dental patients showed that 72% of tobacco users agreed that the student dentist should ask patients about tobacco usage, 67% agreed that they should be advised to quit the habit, 89% agreed that quit tobacco information to patients who want to quit should be offered.[12]

These findings are in consistent with the study conducted in Ahmedabad who believes that it is their responsibility to educate the patients regarding the risk associated with the tobacco use and encourage the patients to quit the tobacco.[13]In the present study almost all the health professionals advise their patients and suggest methods to quit tobacco. However a study showed that most dentists in India did not ask for or suggest methods to quit tobacco.[14] The common strategies for tobacco cessation as shared by health professionals included discussing health hazards of tobacco use, discussing the benefits of discontinuing the use of tobacco, follow-ups, referring to patients to tobacco cessation clinic, and very few used health

education materials such as brochure, posters, and videos in their clinical practice. This finding was consistent with the survey conducted in Ahmedabad.[13] In the present study most of the health professionals interviewed, had not received any formal training to provide tobacco cessation services, reason being most of the health professionals in this study never attended any tobacco cessation training programmes in the past and had no formal training regarding tobacco cessation in their curriculum. A contrasting result was seen in a study in Bengaluru which showed that most of the respondents had good knowledge regarding tobacco cessation, reason being more and constant exposure to tobacco cessation programmes conducted in the recent years.[14]

Inadequate time, lack of training on tobacco cessation activities in the curriculum, non compliance to follow up by the patients, lack of support and motivation from their own family members and fear of losing the patient due to counselling were the important barriers faced by health professionals in the present study. The study done in Bengaluru among dental health professionals also showed that lack of training and not having separate tobacco intervention topics in the dental curriculum were the barriers faced by the health professionals.[15] In the present study most of the health professionals reported that they were not taught tobacco cessation strategies neither didactically or clinically during their education in medical and dental institutions.

About 17% of US dental schools had tobacco cessation teaching incorporated in some dental subject curriculum and did not devote separate teaching hours for tobacco cessation, while approximately 33% of these schools did not have a tobacco cessation curriculum. Medical and dental institutions should include tobacco cessation in the curriculum, both theoretical and the practical components so that young professionals have the requisite competency to fight this deadly addiction. The findings on the barriers faced by the health professionals in the present study is found to be consistent with the findings of the study conducted in Chhattisgarh among the dentists.[16] 76% were not confident in TCC, 48% did not assume TCC to be their responsibility, 17% considered that it might have a negative impact on their clinical practice, whereas 24% considered it might take away precious time from their practice, 25% considered TCC by dentists to be effective to a considerable extent and 80% considered TCC activities are not effective due to lack of formal training, 69% considered dental clinics as an appropriate place for TCC but 82% thought there must be separate TCC centre and 100% of the dentists wanted TCC training to be a part of practice and that it should be included in dental curriculum.

Conclusion: This study shows that tobacco use has a devastating effect on general health and a significant negative impact on oral health too. The health professionals can successfully assist individuals to quit tobacco use. In addition, this study shows that patients expects and are comfortable with receiving advice about quitting tobacco use, from the health professionals. When these three pieces of information on health impact, efficacy of health professional to provide services, and public expectations are considered together, the logical conclusion is that health professional must play an important role in tobacco cessation. It is time to make tobacco use cessation and prevention services an integral part of health services.

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