

Clinico-Demographic Profile and Barriers to Cessation Among Tobacco Users Attending a Tobacco Cessation Clinic in an Aspirational District of Maharashtra

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Abstract

Background: Tobacco use significantly contributes to global mortality. The present study was aimed to describe the Clinico-demographic profile and to identify the barriers to tobacco cessation among tobacco users attending a tobacco cessation clinic (TCC).

Method & Materials: It was an observational cross sectional descriptive study. It was conducted among all tobacco users attending TCC at Dharashiv district (Osmanabad) for a period of two months i.e. April -May 2025. Out of 345 respondents, 302 gave informed written consent. Total of 302 respondents participated in the study. **Result:** Mean age was 41.2 + 14.2 years. Out of 302 participants majority 98% were male and only 2% were female. Most of subjects (38.4%) had taken secondary education. Majority (53.6%) were unskilled workers. 42.1% of subjects were in Precontemplation stage. Treatment initiated for participants mostly was counselling and Nicotine replacement therapy (NRT) (41.1%), followed by counselling and pharmacotherapy (26.2%). Majority of subjects (67%) reported peer pressure as the barriers to tobacco cessation. **Conclusion:** Most of participants were in precontemplation and contemplation stage. Majority received counselling and NRT together. Peer pressure was most reported barrier to cessation.

Keywords: Aspirational district, change of behaviour stage, tobacco cessation, barriers

Introduction

Tobacco use is responsible for several non-communicable diseases.^[1] These include chronic respiratory illnesses, cardiovascular conditions, and various malignancies.^[1] 7.36 million deaths were attributable to tobacco exposure globally in 2023.^[2] There has been 24.4% increase of tobacco-attributable deaths since 1990.^[2]

In India, tobacco use contributes to approximately 13.5 lakh deaths annually.^[3,4] 28.6% of adults in India aged 15 years and above currently use tobacco in some form. The prevalence of current tobacco use in India was 42.4% among men and 14.2% among women.^[5] The smokeless tobacco products such as masheri, khaini, gutkha, and Zarda, dokta, gudhaku, and gul are consumed across the populations in India. The prevalence of smokeless tobacco use (21.4%) was more than smoking form (10.7%).^[6] In Maharashtra, the prevalence of current tobacco use (any form) was 26.6% of all adults. It was 35.5% among men and 17.0% among women.^[7]

The World Health Assembly (2014) set a global target of 30% relative reduction in the prevalence of tobacco use by 2025.^[8] India has implemented several measures including the National Tobacco Control Programme and the Cigarettes and

Other Tobacco Products Act (COTPA) 2003. The operational guidelines were issued in 2017 to establish TCCs at district hospitals and medical institutions.^[9]

Tobacco cessation clinics (TCCs) offer behavioural counselling, nicotine replacement therapy (NRT), pharmacotherapy and follow-up services.^[10] Literature has consistently highlighted suboptimal quit rates. The Quit ratio of India is lesser compared to the Quit ratio of developed countries.^[11] The barriers to cessation range from a lack of awareness of harm to peer influence and cultural aspects.^[12] The interference from tobacco industry and insufficient enforcement of the COTPA 2003 further adds to the problem.^[13]

The Aspirational Districts Programme (ADP), started in 2018, was aimed to transform 112 most underdeveloped districts in India. Nandurbar, Washim, Gadchiroli and Dharashiv districts are part of this initiative in Maharashtra.^[14] The Tobacco cessation clinic (TCC) started functioning in our Institute on January 26, 2025. Therefore, the present study was undertaken to describe the sociodemographic profile of tobacco users attending a TCC, to assess the stage of behaviour change, its treatment modalities and to identify barriers to the cessation. The evidence from such studies will

equip policymakers with the insights needed to strengthen public health interventions.

Material & Methods

Study design and setting: It was an observational cross-sectional descriptive study. It was conducted at Tobacco cessation clinic in Dharashiv district (Osmanabad), India.

Study population and duration: The study population comprised all individuals who used any form of tobacco and attended the tobacco cessation clinic for a period of two months i.e. April -May 2025.

Sample size : Of the 345 tobacco users who attended the TCC during the study period, 302 provided informed written consent(response rate: 87.5%). Thus 302 respondents participated in the study.

Inclusion criteria : All individuals who gave written consent.

Exclusion criteria: Individuals having history psychiatric illness.

Study instrument and data collection: The data was collected through one-to-one interviews. The questionnaire was developed based on extensive review of literature, Global Adult Tobacco Survey-3 questionnaire and Transtheoretical Model of behaviour change. It was reviewed by a panel of three subject experts. Prior to main study, it was pilot tested on 30 subjects, which were not included in the final analysis. Internal consistency of the tool was assessed by Cronbach's alpha (0.72). The questionnaire had sections on socio-demographic information, readiness to quit and barriers to cessation. The questions related to barrier assessment were open ended, allowing participants to report multiple responses. Behavioural stages were determined using transtheoretical model (TTM) criteria.^[15]

Statistical analysis: The data were entered in Microsoft excel. It was analysed in Jamovi 2.7.26 version. Mean ± SD, frequencies and percentages were used. The analysis was carried out using Chi-square test.^{x2}.

Ethical considerations: Institutional Ethical Committee approval was taken. (Government Medical College, Dharashiv) (approval no. GMCD/ IEC/18/ 2026) The confidentiality was maintained as per guidelines.

Results

Table No.1 Sociodemographic distribution of study participants (n = 302)

	Variables	Number (n)	Percentage (%)
Age group (years)	≤30	72	23.8%
	31–40	109	36.1%
	41-50	66	21.9%
	>50	55	18.2%
Sex	Male	296	98%
	Female	6	2%
Marital status	Married	266	88.1%
	Unmarried	36	11.9%

Education	Illiterate	41	13.6%
	Primary	48	15.9%
	Secondary	116	38.4%
	Higher secondary	54	17.9%
	Graduate	43	14.2%
Occupation	Unskilled worker	162	53.6%
	Semi-skilled worker	64	21.2%
	Skilled worker	43	14.2%
	Professionals	33	10.9%
Socio-economic status	Upper	28	9.3%
	Upper-middle	40	13.2%
	Middle	104	34.4%
	Lower-middle	93	30.8%
	Lower	37	12.3%

A total of 302 tobacco users participated in this study. (Table No. 1) Majority of the study subjects i.e. 36.1% (n = 109) were in the age group of 31-40 years. It was followed by 23.8% (n = 72) in the age group of ≤30 years. 21.9% (n = 66) in the age group of 41-50 years. Mean age of participants was 41.2 ± 14.2 years. Majority of the subjects in present study were male 98.0% (n = 296), followed by 2.0% (n = 6) of the female participants. 88.1% (n = 266) of the study participants were married and 11.9% (n = 36) were unmarried.

In the study, most of the study subjects i.e. 38.4% (n = 116) had completed secondary education. This was followed by 17.9% (n = 54) of participant. The majority of the study participants 53.6% (n = 162) were unskilled workers. 21.2% (n = 64) were semi-skilled workers and 14.2% (n = 43) were skilled workers and 10.9% (n = 33) were professionals. In the present study, majority of the subjects 34.4% (n = 104), belonged to middle socioeconomic status. It was followed by 30.8% (n = 93) belonging to lower middle Class.

Most of respondents i.e. 39.1% (n=118) in the study reported tobacco use for more than 10 years. It was followed by 35.1% (n=106) of subjects reporting use between 6-10 years, 18.2%(n=55) between 2-5 years and 7.6% (n=23) for less than 2 years. 82.8% (n=250) of participants in the present study used smokeless form of tobacco, while 13.2% (n=40) of participants smoked and 4% (n=12) used combined form.

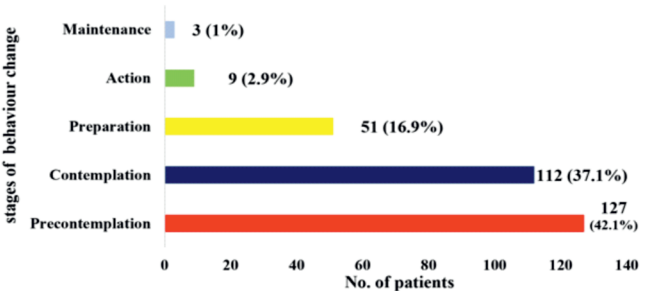


Figure No. 1 Distribution according to stages of behaviour change (n = 302)

The readiness of the subjects to quit tobacco was assessed using the Transtheoretical Model (TTM) of behaviour change (Figure No. 1). In this study, the majority of the study subjects 42.1% (n = 127) were in the Precontemplation stage. It was

followed by 37.1% (n = 112) of the subjects who were in the Contemplation stage. The Preparation stage was noted in 16.9% (n = 51) of the participants.

Table No. 2. Association between sociodemographic variables and stage of behaviour change among study participants (n = 302)

Particulars	Not currently attempting to Quit (Precontemplation + Contemplation) n (%)	Currently attempting or have Quit (Preparation + Action + Maintenance) n(%)	Test statistic
Age group (years)			
<30	62 (86.1%)	10 (13.9%)	$\chi^2 = 2.97$ df=3 p>0.05
31–40	83 (76.1%)	26 (23.9%)	
41-50	52 (78.8%)	14 (21.2%)	
>50	42 (76.4%)	13 (23.6%)	
Sex			
Male	235 (79.4%)	61 (20.6%)	p>0.05*
Female	4 (66.7%)	2 (33.3%)	
Marital status			
Married	205 (77.1%)	61 (22.9%)	$\chi^2 = 5.800$ df = 1 p<0.05
Unmarried	34 (94.4%)	2 (5.6%)	
Education			
Illiterate	37 (90.2%)	4 (9.8%)	$\chi^2 = 13.529$ df= 4, p <0.01
Primary	40 (83.3%)	8 (16.7%)	
Secondary	95 (81.9%)	21 (18.1%)	
Higher secondary	41 (75.9%)	13 (24.1%)	
Graduate	26 (60.5%)	17 (39.5%)	
Occupation			
Unskilled worker	140 (86.4%)	22 (13.6%)	$\chi^2 = 19.591$ df = 3 p < 0.001
Semi-skilled worker	51 (79.7%)	13 (20.3%)	
Skilled worker	30 (69.8%)	13 (30.2%)	
Professionals	18 (54.5%)	15 (45.5%)	
Socioeconomic status			
Upper	19 (67.9%)	9 (32.1%)	$\chi^2 = 7.511$ df = 4 p>0.05
Upper-middle	27 (67.5%)	13 (32.5%)	
Middle	86 (82.7%)	18 (17.3%)	
Lower-middle	78 (83.9%)	15 (16.1%)	
Lower	29 (78.4%)	8 (21.6%)	
*Fisher exact test			

The association between sociodemographic factors and the stage of behaviour change is given in Table No. 2. The stage of behaviour change was categorized into Not currently attempting to Quit (Precontemplation and Contemplation) and currently attempting or have quit tobacco use (Preparation, Action, and Maintenance) for analysis purpose.

In the study, majority of study subjects (86.1%, n=62), in Not currently attempting to Quit belonged to the age group ≤30 years. 23.9% of subjects belonging to 31-40 years were in currently attempting or have quit stage. No significant

association was found between age, sex and stage of behaviour change (p>0.05). It was found in the study that 79.4% (n=235) male subjects and 66.7% (n=4) of female subjects were in not currently attempting to Quit. While 33.3% (n=2) of female subjects followed by 20.6% (n=61) of male subjects were currently attempting or have quit.

In our study, marital status was significantly associated with the stage of behaviour change (p<0.05). Most of subjects who were in not currently attempting to Quit belonged to the unmarried group (94.4%, n=34). 22.9% (n=61) of married subjects and 5.6% of unmarried were currently attempting or have quit tobacco use.

In the present study, educational status found a highly significant association with behaviour change (p<0.01). Most of the study participants (90.2%, n=37) who were in stage not currently attempting to Quit were illiterates. 39.5% (n= 17) of graduates were currently attempting or have quit tobacco use. In the study Occupation has shown highly significant association with stage of behaviour change (p <0.001). 86.4% (n=140) of unskilled workers were not currently attempting to quit. 45.5% (n=15) of professionals were currently attempting or have quit tobacco use.

In our study the association between socioeconomic factors and stage of behaviour change was not statistically significant (p >0.05). 83.9% (n=78) of subjects belonging to lower middle socioeconomic status were not currently attempting to quit. While, most of respondents (32.5%, n=13) belonging to upper-middle SES were in currently attempting or have quit tobacco stage.

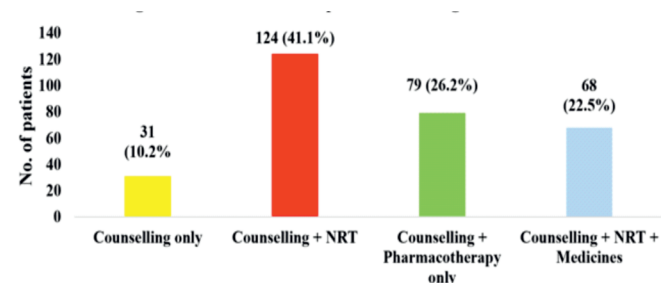


Figure 2: Distribution of patients according treatment modalities

The distribution of the study participants as per the treatment modality adopted for tobacco cessation (Figure No. 2). All the study participants received counselling as a modality for tobacco cessation. In this study, 41.1% (n =124) received counselling and NRT together. It was followed by 26.2% (n=79) receiving counselling combined with pharmacotherapy alone (without NRT), and 22.5% (n=68) were recommended with a combination of counselling, NRT, and pharmacotherapy. 10.2% (n =31) of the study subjects received was counselling (behavioural intervention) only.

Table No. 3 Distribution of barriers to tobacco cessation among study participants (n = 302)*

Barrier	Frequency (n)	Percentage (%)
Peer pressure	202	67%
Stress	154	51%
Need for passing stool	97	32%
Need for day-to-day activities	78	26%

* Multiple responses

The present study assessed the barriers to tobacco cessation among the participants and were summarised in Table 3. Multiple responses were noted in the study. 67.0% (n = 202) of the study participants reported peer pressure as the barrier to tobacco cessation. It was followed by stress, identified by 51.0% (n = 154) of the subjects. The need for passing stool was reported as a barrier by 32.0% (n = 97) of the participants, while 26% (n = 78) of the study subjects reported need for day-to-day activities as a barrier.

Discussion

In this study, mean age of respondents was 41.2 ± 14.2 years. Mean age in the study done by Agarwal et al.^[16] was 41.2 ± 12.1 years. It was 40.04 ± 12.92 years in the study by Dias et al.^[17]

In the study, majority (36.1%) were in the age group of 31-40 years. Saravanan et al.^[18] had found most of the tobacco users (i.e. 30.4%) were in the age group of 31-40. The study by Basha et al.^[19] reported that most of people (28.81%) were from the age group 31-40 years.

Majority of participants (98%) in the present study were male while females were only 2%. 97% of subjects were male in the study by D'Souza et al.^[20] Chaudhary et al.^[9] reported 96% of male and 4% of female participants. 88.1% of the participants were married in this study. The finding is supported by D'Souza et al.^[20] with 88% married subjects. The contrary to these findings was in the community based study by Sawant et al.^[21] that observed 43% participants were married. Majority of married individuals attending TCC may be due to increased familial responsibility.

In our study, Majority of participants (37.7%) had completed secondary education. Similarly, majority of subjects (39%) had done secondary education as reported in the study by Marzo et al.^[22] Study by D'Souza et al.^[20] had found majority of subjects (29%) had 1-8 years of schooling.

Most of participants (53.6%) in present study were unskilled workers. In study done by Dias et al.^[17] two thirds i.e. 64.3% of the participants were unskilled workers. It is almost similar to our findings. In this study, most of subjects (34.4%) belonged to middle class of SES, followed by lower-middle (30.8%, n=93). In

study done by Sawant et al.^[21] most of participants (45.0%) were in Upper middle class. Dias et al.^[17] reported, 42.8% were in lower middle and lower SES. These differences may be due to social and economic differences of sample population.

In the study, most of respondents (39.1%) reported tobacco use for more than 10 years. The study by Marzo et al.^[22] have found majority of subjects reporting use between 1-5 years of duration. The majority of subjects 82.8% (n=250) in the present study used smokeless form of tobacco. The study by Chaudhary et al.^[9] found majority of participants (50%) using smokeless form. While the study by Saravanan et al.^[18] reported majority of subjects (78.1%) used smoking forms. The variations in findings suggest different usage pattern across geographies.

In our study, the association between sociodemographic variables and stage of behaviour change was determined. In this study, age, sex and socioeconomic status were not significantly associated with the stage of behaviour change. Alasmari et al.^[23] found association between age and monthly income with longest cessation period. In our study, marital status had significant association with the stage of behaviour change ($p < 0.05$). Being married was the only variable associated with quit attempt in the study by Bokoro et al.^[24] Alasmari et al.^[23] reported significant association of marital status with the longest cessation period. In this study, educational status ($p < 0.01$) and occupation ($p < 0.001$) have shown highly significant association. This is supported by Srivastava et al.^[25] In the present study, professionals were more likely to have quit or be attempting to quit. Higher education often correlates with better health literacy and a greater understanding of the harmful effects of tobacco. The study done by Sarkar et al.^[26] had found higher probability of making a quit attempt among non-agricultural labourer.

In the study, majority participants (42%) were in the Precontemplation stage. It was followed by 37.1% of the subjects who were in the Contemplation stage and 16.9% were in preparation stage. The study by Choudhary et al.^[9] found that 39% of patients were in the Precontemplation stage. This differs from D'Souza et al.,^[20] who reported only 14% in Precontemplation and a majority (48%) in the Contemplation stage. This variation is likely due to 95% of patients in study by D'Souza et al.^[20] were referral patients from other departments of the hospital.

Regarding treatment modalities, the majority (41.1%) received counselling and NRT together, followed by 26.2% received counselling combined with pharmacotherapy alone. D'Souza et al.^[20] found counselling alone for 41% and NRT alone for (34%).

Peer pressure was identified as the predominant barrier, affecting 67% of the participants, followed by stress in 51%, need for passing stool in 32% and need for day-to-day activities in 26%. Mixed-method study by Dias et al.^[17] have concluded peer pressure, dependence on day-to-day activities and passage of stools as common barriers. The study by Bokoro et al.^[24] revealed stress (37.43%) and cravings (33.49%) as the most reported barriers. Basha et al.^[19] found 39.55% of the patients reporting addiction as the main barrier, followed by 29.38% reporting stress as barrier.

Limitation: It was a hospital-based study. The respondents were from a single tobacco cessation clinic and data were collected over a period of two months only. Therefore, the findings of the study cannot be generalised. Follow up studies are needed.

Conclusion

The study highlights stages of behaviour change along with barriers to tobacco cessation. Most of participants were in precontemplation and contemplation stages. Peer pressure and stress were reported as major barriers to tobacco cessation. It is essential to adopt holistic approach towards the cessation. In addition to this, there has to be focus on increasing awareness in the community about harms of tobacco use. The involvement of youth clubs and college students will have positive impact on awareness activities. The strengthening of dialogue between the public and service providers is also the need of hour.

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