

Smokers' Perception of Their Health Status and Health-Seeking Behaviour: A Narrative Review

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ABSTRACT

Background: Smoking has been primarily studied as a public health problem involving mapping continued smoking patterns and interventions designed to decrease smoking prevalence. This paper discusses the available literature on smokers' perception of their health, health-seeking behaviour, and factors influencing their smoking continuity.

Method: Review literature conducted by using databases such as Science Direct, Sage Journals, Wiley, PubMed, and Scopus with the keywords "smoking effect", "smoking cessation", "health perception", "health-seeking behaviour", "health status", and "health screening".

Result: Eighteen articles were selected, reviewed, and summarised. These include six qualitative studies, ten quantitative studies, and two randomised control studies. This review showed that many smokers still believe they are healthy despite their unhealthy smoking habits, influencing their health-seeking behaviour. Social acceptance and cultural and religious belief also highly influenced their smoking behaviour. A personalised related factor may influence their decision to cease smoking more than the general advice of adverse effects of smoking.

Conclusion: Communication of health risks must align with smokers' perception of health risks which they tend to minimise and ignore. Thus, healthcare providers should develop passion, equipped with ordinary skills and aid while intervening with smokers, which might influence and increase their motivation to quit smoking. Future studies should also look at factors that affect smokers' judgement and decisions when a healthcare provider communicates personal health risks.

Keywords: Smoking Effect; Smoking Cessation; Health Perception; Health-seeking Behaviour; Health Status, Health Screening.

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INTRODUCTION

World Health Organization (WHO) reported that 8 million people died due to tobacco-related preventable diseases, which contribute to premature death globally (1). A report on smoking status among Malaysian adults by National Health and Morbidity Survey (NHMS) in 2015 revealed that around 22.8 % of the Malaysian population above 15-year-old are smokers (2). Thus, the figures for smokers and smoking-related diseases are of great concern. Bearing Malaysia has a shorter history of implementing tobacco control measures, smokers continue to smoke and perceive themselves as healthy, despite their smoking habits. The current smoking population leads to a health status risk among smokers in Malaysia. It has been reported that smoking has contributed to 15% percent of hospital admission in Malaysia, and 35% has been reported dead as inpatients in Malaysia Hospital (3).

The Malaysian government has developed campaigns and advertisements to encourage smokers to quit, but the percentage of smokers who stop smoking is still below the target. This situation raised concerns that smokers would continue smoking due to their perception of being healthy despite their smoking habits. Thus, this review paper addressed three questions: What are the smokers' perceptions of being healthy? What are the smokers' health-seeking behaviours? How are smokers' perceived social, cultural, and religious factors influence smoking habits? The findings will help us identify and understand smokers' perceptions and judgment in deciding whether to stop or continue the smoking habit.

METHODS

The search for the relevant articles was conducted using Science Direct, Sage Journals, Wiley, PubMed, and Scopus using the keywords "smoking effect", "health status", "smokers' perception" and "health-seeking behaviour". The inclusion criteria's: 1) studies between 2008-2020, 2) publications reported in English without restricting the study design or countries of origin. The exclusion criteria: 1) not full articles.

RESULTS

Smokers' health status and their perception of being healthy

Health status was defined as the impact of the disease, which includes the manifestation of their diseases, limitation in daily function and quality of life (4). A study on clusters of health risk behaviours among current and ex-smokers revealed that a majority have at least five risk factors from their smoking habit, despite being advised to stop smoking (5). The high-risk behaviours from this cluster, who continue smoking after cessation advice, put them in a high-risk state of health. Also, other studies have shown that smokers who have more than four risks been at a high risk of mortality compared to a person who does have fewer than four risks (6).

Smokers underestimate the effects of smoking on health and overestimate their ability to quit before becoming addicted (7). It was suggested that the communication of risk must be in line with smokers' perception of risks and not health risks alone, which smokers tend to minimise and ignore (8). However, in some social and occupational contexts, the study revealed that smokers perceived smoking still has benefits (9). These included getting work breaks and dealing with stress and boredom. Another study discovered that smokers could retain control over their actions but could not quickly stop having frequent desires to smoke (10). Smoking cessation advice programs have also been studied, and the dropouts from the cessation programs have been linked to smokers' denial of the health risks of their smoking habit. Smokers were ambivalent about stopping smoking and expressed that they were not ready to quit, despite having attended smoking clinics several times (11). It was noted that healthcare providers may have lacked ordinary skills and aid while conducting quit smoking clinics, which reduced smokers' desire to quit smoking (11). Another study found that one-third of smokers did not perform well in evaluating their health status and had an optimistic bias toward their o health assessment compared to non-smokers (12). They need evidence of their risk factors from the healthcare professional more than simply providing information.

Consumption of tobacco among smokers also contributes to the risk of cancer. A high daily tobacco intake can lead to multiple risks of having vulnerable diseases that cannot be detected early and a silent killer for smokers. Some smokers believed that consuming at least one cigarette per day could lead them to cancer, and they were at high risk for cancer because of their smoking habit (13). A population study was conducted involving smokers and non-smokers over the age of 45, with most participants agreeing and believing that smoking beyond the age of 40 can lead to a 25% likelihood of lung cancer compared to non-smokers. A randomised controlled trial study found that patients who quit smoking or are non-smokers are more aware of their health status regarding the effect of continuing smoking than current smokers (14).

Smokers' health-seeking behaviour

Despite anti-smoking programs emphasising the dangers of smoking, smokers appear to be less concerned about the need to quit. There is a need to delve deeper into why smokers do not attend quit-smoking clinics, and the effort carried out by healthcare providers to assist smokers in making quitting attempts is still not known (3). Smoking rates might be reduced if smokers understood the risks of smoking, which were more accurate as evidenced by a medical check-up and held to the beliefs on smoking-related risks that led to their firm decision to stop smoking. Health-seeking behaviour also has been influenced by the smokers' perception and health conditions that prevail on them to retain an opinion regarding their health status.

A cross-sectional study on Tobacco Screening and Counselling among smokers in the United States of America has shown different polar among active smokers' behaviour in seeking health screening (15). This study revealed that smokers with mental health problems tended to attend tobacco screening and cessation programs compared to smokers without mental health problems and substance use. The significant tendency to attend screening and cessation programs among smokers with mental health problems was influenced by the high frequency of attending health services and various opportunities for screening programs among mental health problems compared to

smokers without mental health problems (15). Another randomised controlled trial among smokers between two groups (interventional and control groups) above 35 years old in assessing patients' lung function test (lung age) using spirometry has shown a reduction of the smoking rate by 7.2 % among participants in both groups (14). This study concluded that revealing their lung age has significantly improved the quitting rates among participants in both groups, even though the effect of the intervention mechanism is still unclear (16). Another RCT pilot study among active smokers at an outpatient medical clinic regarding the effect of motivational lung age feedback on short-term quit rates in smokers seeking intensive group treatment (16). Despite the few similarities in scores on variables, the control group had a lower self-rated confident level to quit smoking after screening compared to the interventional groups (16). Active smokers also seek health screening and preferential treatments in multiple ways to ensure they feel reassured during their treatment journey. It has been shown in the empirical finding that colonoscopy screenings can increase patients' factual determination to quit smoking (17).

However, several barriers to smokers' participation in health screening have been identified. Smokers perceived lung cancer screening as beneficial to them, but there are a few factors that contributed to their concern., Such factors include being smokers, being concerned about their results, unaware of the availability of the test, and concerned about being blamed because of smoking which contributes to lung cancer (18). A study on cross-validation of the prognostic and diagnostic utility of tobacco craving of treatment-seeking smokers among pregnant women showed that pregnant smokers undoubtedly have a high prevalence of abstinence after the 2-week study, which suggests the likelihood of them quitting smoking (19). A study on oral cancer screening among smokers and non-smokers in Kuwait reported that seeking health screening was low among smokers compared to non-smokers, and the result could be due to their level of education (20). This study also revealed that only 36.6% of the selected participants knew the importance of oral cancer screening for smokers. No significant difference was found between smokers' and non-smokers' direct

knowledge regarding the specific need for oral cancer screening. This study also revealed that Kuwait smokers' oral cancer screening is widely low. Perhaps due to an apparent lack of awareness regarding the disease, evidenced by the fact that the population with high education levels has greater fear regarding the effect of smoking on their health than people with low education levels (20).

Smokers' perceptions of social, cultural, and religious that influence smoking habits

A study among parents who are smokers showed that many believe in the effect of thirdhand smoke and that smoking can harm their children's health and affect their daily life (21). Among them, around 54% described that smoking would interfere with their daily roles in parenting their children. Despite knowing their smoking habits would harm their children, there was no significant evidence that it influenced them to stop smoking, even though they knew quitting smoking would benefit their children and their health (21).

Teenagers' perceptions of smoking have also been studied among secondary school students to understand their smoking habits and behaviours (22). In that study, it was shown that smoking among male teenagers is widely practised and accepted as part of a social norm. Smoking initiation among teenagers was influenced by the male adults who introduced them to smoking (22). Meanwhile, a study on gender differences in smoking perception among adolescents has shown different perspectives of both genders (23). Male has shown significant dominance in all variables, including negative consequence, positive reinforcement, negative reinforcement, and appetite-weight control, compared to females. It has been shown that male smokers are more common compared to females. Different perceptions showed females claiming that smoking is unpleasant and does not taste good. In comparison, male smokers expressed their views that smoking is pleasant and enjoy the taste of cigarettes on their tongues and lips. Overall this study indicated that gender differences in smoking are more influenced by social and positive perceptions regarding smoking (23).

A study comparing Thai Buddhists and Malaysian Muslims showed that 90% of respondents from two religious groups were influenced by their spiritual guides, influencing their daily smoking behaviour (24). Malaysian Muslims who participated in this study showed a strong relationship with Islam, leading them to avoid smoking daily. In each group, 79% of Muslims and 88% of Buddhists believe their religious teachings discourage smoking. This study also concluded that religions and religious authorities have a crucial role in influencing their choices regarding smoking. However, these do not guarantee that they will choose to stop their smoking habit. Other studies have found that religious leaders are highly influential in establishing religious rules of smoking prohibition (25).

DISCUSSION

The intention to quit smoking in Malaysia is showing a fluctuating trend. A study showed that awareness and knowledge of smoking risks are the key indicators preventing oneself from smoking. Exposure to multiple educational programs and advertisements about healthy lifestyle and smoking risks lead them to stop smoking (26). Being aware and afraid of health complications related to smoking has reminded them to avoid smoking (26). It was suggested that the communication of health risks must be in line with smokers' perception of risks, which smokers tend to deny and ignore. Health-seeking behaviour also has been influenced by the smokers' health conditions, culture, religion, and society that prevail on them to retain an opinion regarding their health status. The challenge is that smokers could retain control over their smoking actions but could not quickly stop having frequent desires to smoke.

On the other hand, The National Health and Morbidity survey reported that smokers claimed that they were not aware of the availability of evidence-based treatment for smoking cessation (2). This claim is disturbing, but far more disturbing was that 25% of current smokers who visited healthcare services were not advised to stop smoking by any healthcare professional (2). Previous data suggested that only 3% of the national quit line services have been used by smokers who sought support to

stop smoking (27). Poorly equipped healthcare providers may play a role in this predicament. Thus, healthcare providers should be more passionate and equipped with ordinary skills and aid while intervening with smokers in the hope that it might increase their motivation to quit smoking.

The main argument in the existing literature is that smokers would continue smoking due to their perception of being healthy despite their smoking habits. At the same time, it can be argued that this perception could change its meaning over time. As this review has shown, the smokers' most significant concerns when expressing the need to continue their smoking habit and their misconception regarding the side effects of smoking. Perhaps, this misconception could be corrected to improve their health perception. Smoking rates might be reduced if smokers understood the risks of smoking, which were more accurate as evidenced by a medical check-up and held to the beliefs on smoking-related risks that led to their firm decision to stop smoking.

The quality assessment of the selected literature was not conducted, thus leading to the limitation of this review. Furthermore, the review was narratively reported based on the findings related to the topic of interest.

CONCLUSION

From the papers we reviewed, we can conclude that smokers perceive that they are healthy and thus continue their smoking habit despite knowing its side effects. Their continuity in smoking habits was also influenced by various factors such as social, cultural, and religious. Most studies found a lack of health-seeking behaviour and a misunderstanding about the tobacco effect. This review has shown a need to educate and assist smokers in breaking their continuous smoking habit. Further study should be explored to understand how smokers seek alternatives to taking care of their health while their smoking habit continues. The need to alarm smokers for fully taking charge of their health should be emphasised more.

CONFLICT OF INTEREST

The authors declare no conflict of interest.

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