

Socioeconomic variations in tobacco consumption, intention to quit, and self-efficacy to quit among male smokers in Thailand and Malaysia: Results from the ITC-SEA Survey

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Tobacco control in Thailand

Thailand has been at the forefront of progressive tobacco control policies in Asia. It was among the first countries in the world to introduce comprehensive restrictions on advertising and promotion. Price of tobacco is periodically increased.

There is a great amount of publicity about the harms of smoking. At the time of this study, Thailand had prominent black and white warnings, slightly greater than the minimum required by the WHO Framework Convention on Tobacco Control (FCTC).

Graphic warning labels on cigarette packaging and banning display of cigarette products at the point of sale have been implemented since this survey was completed.

Smoking is banned in air-conditioned restaurants, hospitals, schools, public transportation, indoor workplaces and offices.

The prevalence of smoking among men aged 15 years and older in Thailand is 37% (2% among women).

Tobacco control in Malaysia

Compared to Thailand, Malaysia has a more tobacco-friendly environment. While tobacco advertising and promotion were notionally banned from the beginning of 2005 there has been weak enforcement and clear violation of regulations in many instances.

Cigarette packs carry the general warning 'Smoking is dangerous to health' on the side of the pack, without special background to distinguish it from the rest of the pack design, and with no reference to specific health effects of smoking.

While graphic warnings have not been introduced yet, relevant regulations have been drafted and are scheduled to be tabled in 2007.

Smoking is banned in some public places; however, enforcement is generally weak.

The prevalence of smoking among men aged 15 years and older in Malaysia is 45% (2.5% among women).

Aim

Nicotine dependence, self-efficacy, and intention to quit are strong predictors of the propensity to quit and/or successful cessation. Many studies have reported the association of these variables with socioeconomic position (SEP) in high-income countries.

The aim of this research was to examine the association of socioeconomic position with cigarette consumption, intention to quit and self-efficacy to quit among men in Thailand and Malaysia.

Methods

Data

The data were based on a survey of adult smokers conducted in early 2005 in Thailand (n=1846 men and 154 women) and Malaysia (n=1906 men and 98 women) as part of the International Tobacco Control South-East Asia (ITC-SEA) project.

Outcomes

Cigarette consumption: Number of cigarettes smoked per day.

Intention to quit: “Are you planning to quit smoking: within the next month? Within the next 6 months? Sometime in the future, beyond 6 months? Or not planning to quit.” Those who were not planning to quit were distinguished from others.

Self-efficacy: “If you decided to give up smoking completely in the next 6 months, how sure are you that you would succeed?”. Respondents who said “not at all sure” were distinguished from others as having low self-efficacy.

Socio-economic predictors

Education consisted of three categories: no schooling and lower and upper elementary; lower and upper secondary; and post-secondary.

Income was categorized into three groups: 10,000 or less, between 10,001 and 30,000, and above 30,000 Ringgits in Malaysia; and 70,000 or less, between 70,001 and 195,749, and above 195,749 Bahts in Thailand.

Employment status consisted of three categories: employed full-time or part-time; unemployed; and other, including retired/pensioner, full-time student, and home duties.

Other covariates

Age, religion, region, type of cigarette, and having had a past quit attempt.

Multivariable results

Higher income in **Thailand** was associated with higher cigarette consumption ($p=0.030$), having no intention to quit ($p=0.030$) and low self-efficacy ($p=0.044$). Being employed in Malaysia was associated with higher cigarette consumptions ($p=0.001$).

In **Malaysia**, being non-Moslem was associated with higher cigarette consumption ($p=0.040$).

In **both countries** smoking factory made versus roll-your own cigarettes was associated with higher consumption ($p=0.023$ in Thailand and $P < 0.001$ in Malaysia).

In **both countries** having made a quit attempt was associated with higher self-efficacy and planning to quit in the future ($p < 0.001$).

Discussion

To date, little research has been conducted on determinants of smoking behaviour in low-income countries. The pattern, among smokers in high income countries (such as the USA, UK, Australia and Canada), that higher socio-economic status is associated with lower tobacco consumption, having an intention to quit and high self-efficacy does not appear to hold in Thailand and Malaysia.

Thus, the existing knowledge gained from research in high-income countries about socio-economic disparities in smoking behaviour should not be readily generalized to other countries. Social and cultural conditions, as well as tobacco control policies and tobacco industry activities, shape the determinants of smoking behaviour and beliefs.

More needs to be learned about the determinants of these outcomes in low-income countries. The outcome of such studies will be useful in guiding tobacco control policies and cessation programs within these countries.

International Tobacco Control Policy Evaluation Project

<http://www.itcproject.org>
<http://www.roswelltturc.org>



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