

Reasons for Smoking in a Low-Income Population: A Qualitative Study

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Introduction

There are approximately 46 million adult smokers in the U.S, with smoking accounting for the number one cause of preventable death. Furthermore, adults with less education make up a higher percentage of the smokers in the U.S. and have the lowest rates of quitting. People of lower socioeconomic status are disproportionately affected by tobacco use with 31.1% of people who live below the poverty level being smokers versus 19.4% who live at or above the poverty level being smokers¹. There have been studies done looking at motivations for quitting and reasons for smoking, with the major reasons being social acceptance, addiction, pleasure, and boredom². However, there is limited research on why low income smokers continue to smoke despite well known health effects and high cost. The purpose of this qualitative study was to identify reasons for smoking among a low-income population. By identifying reasons for smoking among a low income population, we may be able to create more effective smoking cessation programs for this population.

Methods

Subjects

A total of 23 individuals were interviewed for this qualitative study. All were recruited during their visit to the Family Medicine Clinic for a regular appointment. Individuals were selected on their current smoking status. Subjects were categorized as low income based on their insurance type.

Questionnaire

An 18-question survey was developed based on previous smoking surveys^{2,3}.

Results

Participant Characteristics

The average age of participants was 44.7 years. The average number of cigarettes smoked per day was 14.8. The majority (52%) of participants were female. Most of the participants were moderately dependent on cigarettes (see Table 1).

Variables	% or average
Gender-Female	52 %
Average age	44.7
Average cigarettes/day	14.8
Dependence (time from waking to first cigarette)	39% within 5 min., 22% within 5-30 min.
Average Readiness to Quit (0-10)	6

Results

Reasons for Smoking

Subjects were also asked a series of yes or no questions based on previously studied themes for smoking ^{2,3}(see Table 2). Addiction and stress were among the most notable reasons.

Themes	% Yes
Addicted	96
Pleasure	78
Stress	65
Uncomfortable if not smoking	65
Boredom	61
Willing to live with health problems	39
Stay Alert	34
Socialize	34
Keep weight down	22
Unaware of health problems	4

Limitations

Some limitations of the study were its small sample size, not identifying the sources of stress among the individuals, and no follow-up survey to identify the impact of the study.

Conclusions

This small scale qualitative study illustrates that low income individuals smoke for the same reasons as the general population, with addiction pleasure and stress as the top reasons. The next most common reasons were feeling uncomfortable if not smoking and boredom. Lack of knowledge among low income subjects did not account for continued smoking as 96% subjects were aware of the health problems caused by smoking. More in-depth and larger scale research will be necessary to expand knowledge and influence public health strategies.

Clinical Implications

By understanding why low income people smoke, despite its deleterious health effects and high personal cost, health care providers can streamline smoking cessation strategies to target those reasons. Although 94% subjects were aware of the health problem, only 39% were willing to live with the possible problem. Physicians could use this type of information to develop discrepancy, which may create cognitive dissonance for the patient. This dissonance may move people to take action.

By diversifying smoking cessation strategies to address, for example, stress reduction and boredom, we may be more successful than emphasizing poor health outcomes alone. By identify highly dependent smokers, who smoke more and within 30 minutes after waking, the physician can utilize both pharmacotherapy and behavioral counseling to improve cessation rates.

References

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