

## Original Article

# Exploring the Role of Religion in Smoking Cessation

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### **ABSTRACT**

**AIM:** Religiosity has been associated with positive mental health. These activities have important role in promoting positive behaviors. Assessing the relationship religiosity with smoking behavior. **Method:** The Religious Background and Behaviors Questionnaire, Fagerstrom test of Nicotine Dependence and Smoking data sheet were administered on 32 male subjects in the age range of 30 to 60 years. **Results :** Subjects having high tobacco dependence were less likely to involve in religiosity. **Conclusion:** It has implications for involvement of religiosity and its practice in the promotion of positive health behaviors.

**Key words:** Smoking, Religiosity and Positive Health.

### **Introduction**

Faith in religion is beneficial for health and healing because it helps people avoid unhealthy behaviors such as smoking and excessive drinking. Religious persons are less likely to abuse alcohol, cigarette or other habit-forming substances than non-religious persons. Individuals who regularly participate in spiritual worship services or related activities as well as those who feel strongly in spirituality or the presence of a higher being are healthier and possess greater healing capabilities.<sup>1</sup>

In a Cross-sectional analysis of 3968 persons aged 65 years or more revealed that participants who frequently attended religious services were significantly less likely to smoke cigarettes. Elderly people frequently involved in private religious activity were less likely to smoke.<sup>2</sup> National Health Interview Survey, 5,864 persons aged 18 or older reported smoking in the prior 12 months; among these, users of any of 10 mind-body therapies or prayer were compared to nonusers to assess smoking cessation attempts and smoking cessation over a 1-yr. period. Weighted logistic regression showed that the adjusted odds of reporting quit attempts during the year prior to interview or of

reporting no longer smoking at interview were significantly higher in those using prayer alone, any mind-body therapy alone, or both, compared with those who used neither. In the subset of 2,839 persons who reported smoking 12 months prior to interview and attempting to quit during the year prior to interview, the odds of reporting no longer smoking at interview were no greater for those who used prayer, any mind-body therapy, or both, than in those using neither.<sup>3</sup> In a survey to assess the association between religiousness and specific aspects of religiosity/spirituality, among 404 pregnant women receiving prenatal care in three southern obstetrics practices. They were surveyed regarding religiosity/spirituality, other psychosocial characteristics, and recent tobacco use. Participation in organized religious activities and self-rated religiosity were the religious/spiritual measures most strongly associated with lower odds of tobacco use.<sup>4</sup> The role of religion in cigarette smoking was assessed among 115 patients with schizophrenia or schizoaffective disorder in Geneva's public psychiatric facilities. Two-thirds of the total sample considered spirituality as very important or essential in their everyday life. Religiosity was negatively associated with tobacco use. For those who did not

smoke, the support of their faith community was significantly more important and they reported more frequent group religious practices than those who smoke.<sup>5</sup>

There is dearth of work in Indian context to see the role of religion in tobacco cessation. This study was planned to see the relationship of religiosity with smoking behavior. In India where religious activities are part & parcel of daily life, these activities have an important role in enhancing well-being and motivating the individuals to quit smoking.

**Objective:** To assess the relationship of religiosity with smoking behavior.

### Material and Methods

**Sample:** 32 subjects who smoked and were in the age range of 30-60 years selected from the workplace using snow balling method. They had no physical/psychological problems and did not use any substance other than cigarettes co morbid substance use. All the participants were users of tobacco through smoking.

### Tools:

1. **Socio-demographic data sheet:** It was prepared by the investigator to collect information about demographic details. It was used to collect information about the demo-graphic details, pattern of tobacco use, reasons for initiation, maintaining reasons, physical and psychological problems associated and relationship of religiosity with smoking.
2. **Fagerstrom Test for Nicotine Dependence<sup>6</sup>:** This is used to assess the degree of nicotine dependence. It has six items, a score equal to or greater than five indicate degree of nicotine tolerance and predict appearance of withdrawal symptoms. Maximum score is ten. 5 is the average score (Moderate Dependence), Score above 5 indicate high dependence. Below 5 shows low dependence. The scale has a test retest reliability of 0.82.
3. **The Religious Background and Behaviors Questionnaire<sup>7</sup>:** It was used in project MATCH (Mobilising Advanced Technologies for Care at Home) as a brief measure of religious practices. The 13-item scale assesses religious affiliation and frequency of engagement in various religious practices during the past year as well as throughout the participant's life.

### Procedure

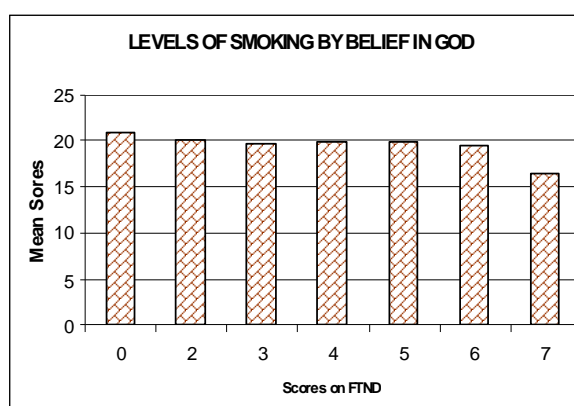
Patients informed consent was taken prior to the administration of tools. Socio-demographic data sheet, Fagerström test of nicotine dependence and The Religious Background and Behaviors Questionnaire were administered on 32 male smokers.

**Data Analysis:** Data analysis was carried out using mean and standard deviation tests and percentage scores.

**Table-1. Demographic details of 32 male smokers and in the age range from 30 to 45 years**

Demographic Variables	%
<b>Education</b>	
Upto 12th	7
Graduate	45
Postgraduate	48
<b>Occupation</b>	
Private	14
Government	86
<b>Involvement in religious activities</b>	
All reported to be religious	100
<b>Reason for initiation of smoking</b>	
Peer pressure	64
Curiosity	10
Others	26
<b>Maintaining factors for smoking</b>	
Feeling of well being	92
Others	8

**Table 2: Mean level of smoking by belief in God**



**Table 3: Mean level of Smoking by formal practice of religious**

Practice of Religious Activities (Prayers)	Mean level of Smoking		
	Mean	SD	N
No	12.4063	8.266	04
Yes	14.0227	7.34	28

### Results and Discussion

Majority of the participants reported reduction in smoking during religious activity/days. 93% had graduate to post graduate level; 86% held government job; peer pressure was the initiating factor for 64% those who smoked and “to have the feeling of well being” was the maintaining reason for 92% of those who smoked (Table 1) Fagerstrom test of Nicotine dependence score revealed that 21% had low dependence, 15 % had moderate dependence, 6% had high level of dependence and 3% very high dependence. 56% people believed in God and reported involvement in religious practices. Mean score value (Table 2) reflected that who had low score on Fagerstrom Test of Nicotine dependence were more religious in comparison to those who had high scores. Religiosity acts as a protective factor and do provide feeling of well being to the person. Similar results in the study of smoking among Iranian students. They found that religious activities acts as protective factor against cigarette smoking and documented the relationship between higher level of stress and greater use of negative coping methods among current smokers than in experimenters and never smokers was also documented in another study<sup>8</sup> The present study showed that 87 % people do pray regularly. Those who pray daily, had significantly less cigarette or bidi use. (Table 3, difference of mean score). 43% of the sample believed in God but not the practice of religion. The role of public religiosity was also associated within reduction and cessation of smoking among adolescent smokers<sup>9</sup>. Positive association has also been seen between praying and smoking behavior<sup>3</sup>.

It has been seen that people who indulged in religious practices had low tobacco dependence or less chance of smoking<sup>2</sup>. These people are found to be healthier and possess greater healing capabilities.

Researchers contemplated on using of religious/spiritual means for quitting smoking. It has been seen that integrating behavioral intervention with smoking cessation enhances the quitting rate.<sup>1</sup> For some people quitting in the long run is always a difficult process. If their self efficacy to sustain or initiate smoking cessation can be enhanced by using religious, it will have significant effect on the outcome of treatment<sup>10</sup>.

The present study indicates religiosity can act as a protective factor for smoking behavior. The efficacy of using religiosity as a means of quitting smoking has to be assessed on a larger sample size. The relationship of religiosity with, personality variables, coping behavior and motivation to quit smoking needs be assessed. Religious beliefs and practices can be used to promote the mental health of people.

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