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Smoking Cessation: Factors that Determine Cigarette Smokers Lived Experiences to Quit

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This is to certify that the doctoral dissertation by

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has been found to be complete and satisfactory in all respects,
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Abstract

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by

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MS, Purdue University, 2011

BS, Purdue University, 2003

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

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Abstract

Smoking is a serious public health problem because of its close link to health conditions such as lung cancer. Smoking cessation has received significant attention in research that contributes to successful quitting, but not much is known about smokers' reasons for and experiences of quit attempts. This qualitative phenomenological study explored factors that contribute to failed quit attempt experiences among adults 18–40 years old. The researcher recruited 30 participants, 22 males, and eight females, who had participated in a cessation program with the Indiana Department of Health, but failed to quit, or had successfully quit but who had returned to smoking and were recruited. Participants responded by email to a series of open-ended questions aligned with the Transtheoretical Model. Thematic analysis of the data revealed that most participants recognized the significance of a smoking cessation program in their journey to quitting. However, all participants also reported other critical factors to successful cessation, including willpower, commitment, the support of friends and family, and stress as a cause of unsuccessful quit attempts. Since tobacco use is a social behavior associated with relational and symbolic benefits, effective intervention programs should focus on the group dynamic to encourage smokers to quit and address the psychological and physical consequences of smoking.

The results emphasize the importance of an approach to quitting that includes deep commitment, adequate support, and stress management. The study's positive social change implications for smoking cessation programs that effectively engage participants can lead to meaningful behavioral and attitudinal changes that result in quitting.

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Chapter 1: Introduction to the Study

Smoking is a serious public health problem because of its close link to other health conditions such as lung cancer. According to the Centers for Disease Control and Prevention (CDC, 2019), 90% of regular smokers begin smoking before they reach age 18. Although the United States (U.S.) has made considerable progress in addressing the tobacco use problem, many young people continue to smoke (Office of the Surgeon General, 2017). According to the CDC (2019), over three million (23.3%) Americans and 600,000 (6.7%) young people smoke cigarettes. Smoking causes one in five deaths in the U.S. each day, and at least two youths under 18 in the U.S. become regular smokers (Office of the Surgeon General, 2017).

Background

Cigarette smoking is the leading cause of preventable chronic disease death and disability and is responsible for around eight million deaths each year globally. Koo and Kang (2017) noted that by 2030, smoking will be directly related to the deaths of one in every six adults around the world. Maglione et al. (2017) attributed many expected deaths to chronic obstructive pulmonary disease (COPD), heart disease, and cancers. Smoking's impact on mortality and quality of life is directly responsible for 480,000 deaths in the U.S. annually (Singh et al., 2016).

The CDC (2019) showed that preventing these deaths and discouraging cigarette use could save the healthcare system $225 billion USD in direct medical care and the economy an additional $156 billion USD in lost productivity due to smoking-related

illnesses. This, coupled with the health impact of cigarette use's health impact, points to the need for effective programs to help smokers to quit.

Various government organizations have made significant attempts to sensitize the public on tobacco's effects to reduce its use and encourage healthy lifestyles. However, the Food and Drug Administration (FDA, 2022) noted that knowledge of smoking's negative health impacts could be helpful for quitting. Many people do not quit on their first attempt and require several attempts before they are successful. It is important to understand the lived experience of quitting from the perspective of those 18 and 40 years old who successfully quit and those who were unsuccessful. This can play an important role in informing the strategies that various smoking cessation programs and policy makers employ in attempting to reduce smoking's effects on society.

According to Gabble et al. (2015), young smokers have difficulty quitting and only 4% of smokers under 20 years old successfully quit smoking annually. Young people have a very high relapse rate and relapse within several days or weeks after stopping smoking (Gabble et al., 2015). However, most adult smokers want to quit; in 2015, 68% (22.7 million) said they wanted to quit (CDC, 2022). Additionally, more than half of adult smokers reported trying to quit in the past year but fewer than one in ten adults successfully quit smoking each year (CDC, 2022). The U.S. Department of Health and Human Services (2020) also revealed that four in every nine adult smokers who visited a health professional did not receive advice to quit. Even brief quitting advice of less than three minutes from a physician improves cessation rates and is cost-effective. For instance, 57.2% (18.8 million) adult smokers who visited a health professional

reported receiving quitting advice. Additionally, it is important to note that nearly two-thirds of youth reported wanting to quit, and the same proportion also reported trying to quit in the past year; 65.3% of youth smokers reported seriously considering quitting (U.S. Department of Health and Human Services, 2020).

In comparison, 60.2% reported they stopped smoking cigarettes for a day or longer because they were trying to quit (CDC, 2022). Nonetheless, less than one-third of adult smokers used Food and Drug Administration-approved medications or cessation counseling when trying to quit (CDC, 2022). According to the U.S. Department of Health and Human Services, 31.2% (7.6 million) of adult smokers reported using medication or counseling when attempting to quit: 29% (7.1 million) reported using medication, 6.8% (1.7 million) reported employing counseling, and 4.7% (1.1 million) reported employing both medication and counseling. Therefore, there is a need to find an effective strategy and intervention to help those young adults attempting to quit to achieve their goals successfully.

Problem Statement

According to the CDC (2018), cigarette smoking has a higher mortality rate than alcohol or cocaine consumption. The Office of the Surgeon General (2017) said that 90% of smokers began smoking at 18. Smoking is associated with various health challenges, such as irreversible lung problems that facilitate chronic obstructive pulmonary diseases. Discoloration of the lungs and increased lung cancer risk are also associated with smoking cigarettes. There is a great need to understand young cigarette smokers' smoking experiences and quit attempts.

Policymakers championed the use of cessation programs that would help mitigate health challenges. The American Lung Association (2017) said the “No to Tobacco (NOT)” program aided in mitigating the American population’s tobacco use. This program offers information and strategies to quit smoking. The goal of smoking cessation programs is to help smokers to quit. However, smoking cessation programs’ success in targeting young adults is low, highlighting the need for tobacco control programs to take a comprehensive approach.

According to Koo and Kang (2017), higher nicotine dependence levels lower cessation success rates. There is little literature or transparent and systematic research indicating why programs fail and how their effects can be enhanced. For instance, Chean et al. (2019) noted that smokers’ social environment significantly hinders cessation success. Therefore, there is a need to understand smokers’ challenges and success factors among those who tried and succeeded and those who tried and failed to quit to better inform cessation programs’ interventions and strategies. Little is known about the reasons for and experiences of failed quit attempts.

According to Shaheen et al. (2018), approximately 50% of smokers in the United States attempt to quit smoking at least once, with an annual success rate of 3–5% for unaided quit attempts. The difference in the number of people willing to quit and those who succeed in quitting shows a gap in effective interventions to successfully quit. Numerous qualitative and epidemiological researchers attempted to understand this gap by identifying factors that contribute to unsuccessful and successful quitting. Various researchers identified factors such as health status, socioeconomic status, older age,

quitting intentions, quitting history, awareness and use of assistance, and higher taxation as the factors that determine successful quitting (Shaheen et al., 2018). However, these factors are systematic not based on individuals and could explain smoking cessation programs' low success rates. Therefore, exploring the lived experience of both successful and unsuccessful quitters can offer more insight to inform effective cessation programs tailored to individual needs.

Purpose of the Study

The researcher used a qualitative phenomenological approach to explore the smoking cessation experiences of participants 18–40 years old. The phenomenological approach involved capturing the factors that contribute to and hinder quitting from the participants' perspectives. The study explored participants' smoking cessation experiences and their challenges of overcoming addiction. This study is important for understanding experiences involving quit attempts. Participants' age, gender, ethnicity, and socioeconomic status are included in this study. The study's main purpose is to understand the lived experience of participants 18–40 years old in quitting smoking to get a glimpse of the challenges and success factors that affect the population.

Research Questions

The following research questions drove this study:

RQ1: What are the lived experiences of smokers 18–40 years old concerning quitting smoking?

RQ2: What factors contribute to smoking cessation programs' success from the perspective of smokers 18–40 years old?

RQ3: What is the knowledge of smoking-related health hazards and how do long-term effects influence smoking cessation behavior?

Conceptual Framework

The researcher applied the trans-theoretical model (TTM) of change to the study. Quitting smoking is a behavioral change that progresses through a series of stages. TTM was used to describe the quitting process. Knowledge of how different programs influenced the behavior change process helped to plan interventions. Change occurs in six stages: pre-contemplation, contemplation, preparation, action, maintenance, and relapse prevention (Friman et al., 2017). Environmental factors—e.g., social and family support systems, access to quality healthcare and education, affordable housing, law enforcement presence, and criminal activity—determine an individual's attitudes and disposition towards smoking. With the right attitudes and social environment, cessation interventions can effectively motivate young people to identify the need to change and find appropriate strategies for positive outcomes.

The researcher employed TTM to better understand the process involved in successful smoking cessation and factors that contributed to unsuccessful attempts. The model will inform effective strategies and interventions targeting smoking among young adults from the study participants' views and experiences. Participants' social environment, views, and how effectively they address specific issues or contexts exacerbated smoking success. Since individuals' behaviors toward change influence their willingness to move from one stage to the next, the researcher used TTM to address the research questions by assessing factors that influence smokers' quitting decisions. The

model was effective; it elicited how participants' smoking cessation perceptions and behaviors influenced their success.

Nature of the Study

The researcher employed a qualitative phenomenological approach using interviews as the data collection method, which is effective for exploring the selected population's lived experience. The researcher conducted the study by mail. Collected data were descriptive and involved participants' lived experiences of smoking and quit attempts. The process also involved multiple open-ended questions directed to respondents and follow-up questions based on those responses. Follow-up questions ensured more in-depth insight into the problem and clarified information.

Definitions

Knowledge of smoking: Awareness of the hazards associated with tobacco smoking (CDC, 2016).

Socioeconomic status: Individuals' economic and social education and income level characteristics (CDC, 2016).

Thematic analysis: A research technique for identifying, analyzing, and reporting patterns, i.e., themes, within empirically collected data. Thematic analysis organizes and minimally describes the data set in detail and interprets aspects of the topic of interest (Creswell & Creswell, 2018).

Trans-theoretical model (TTM): A behavioral change model that fundamentally posits change processes through which individuals' course in a sequence of six distinct

changes: precontemplation, contemplation, preparation, action, maintenance, and termination (Prochaska et al., 2015).

Scope and Delimitations

The study was limited to participants 18–40 years old who quit and those who tried to quit but were unsuccessful. A total of 30 participants enrolled in the study. The researcher recruited participants from the Indiana Tobacco Prevention and Cessation Program of the Indiana Department of Health. The study focused on this area and program because it offers a wide pool of readily available participants. Individuals in this population are also more likely to have diverse experiences and views of smoking. The researcher invited all participants to volunteer by mail and sent consent forms by mail.

Study Limitations

Use of a qualitative design meant that findings were not transferrable or generalizable. Sampling involved individuals whose socioeconomic status and demographic characteristics may differ from the average smoker. The researcher recruited all respondents from the same place, which could impact the results' transferability because of diverse social and economic factors. Recognizing that there are different environmental factors in different cities and among different races (and social-economic classes), the narrow sample did not allow deriving findings to capture diversity. Developing neutral research questions and thematic analysis conducted by more than one reviewer allowed the researcher to address these issues.

Significance of the Study

The primary goal for this study was to explore cigarette smokers' lived experiences to quit based on age. The study could be significant in generating awareness about health risks associated with smoking and strategies young adults employ when quitting smoking, coupled with challenges and factors that hinder quitting smoking. Additionally, the study's findings can inform effective strategies that programs can adopt to reduce smoking. Since smoking affects health outcomes throughout the entire life cycle, it is imperative to explore options that could help mitigate addiction and other smoking-related health challenges.

Summary

This study addressed the lived experiences of those 18–40 years old who attempted to or successfully quit smoking. This is attributed to the fact that smoking has emerged as a major public health challenge in the U.S. As such, programs are ineffective regarding ensuring long-term smoking cessation success. Successful and unsuccessful smokers' perspectives on their quit attempts did not inform available interventions, which is crucial for creating effective programs and policies to help reduce tobacco use. TTM was applicable for developing comprehensive interventions. Individuals in charge of developing smoking cessation programs should identify the stages at which they determine how to best be motivated.

Chapter 2 includes a literature review on smoking as a public health concern, factors that promote or prevent smoking, and programs and initiatives' success. The study aims to explore the lived experiences of participants 18–40 years old in quitting smoking.

Chapter 2: Literature Review

The literature showed that smoking is a prevalent problem among adults in the U.S. The problem starts early in life, with individuals most likely to start smoking due to friends and siblings. Smoking cigarettes lead to an increased dependence risk and a lower likelihood of quitting success. Smokers' perceptions of smoking significantly influence their intention to quit. Since smoking is adversely associated with poor health outcomes such as stress and depression, we must consider enhancement of smoking cessation efforts' success.

Literature Search Strategy

The researcher used the following keywords in the literature search: *smoking behavior, determinants, cessation, quit attempts, cessation programs, effectiveness, effect of age, young adults, young people, views, perceptions, experiences, and quitting*. The researcher conducted the search using Google Scholar, PubMed, CINAHL, and Cochrane. The researcher selected these databases because of their articles on healthcare and public health, which offered extensive and relevant literature, making it possible to proceed without using other databases.

Prevalence of Smoking

Smoking and Gender

Around the world, smoking trends correlate with gender. According to the Oral Cancer Foundation (2016), about 1.5 million girls in the U.S. smoke cigarettes and the gender gap in smoking prevalence recently narrowed because many women began smoking at a young age. Notably, men tend to use cigarette products at higher rates than

women, with 16.7% of adult males and 13% of adult females reported as smokers in 2015 (Jamal et al., 2016). This was associated with psychological factors, e.g., women are more likely to respond to environmental clues like peer pressure and are more likely to experience strong cravings (Al'Absi et al., 2015; Ferguson et al., 2015; Wray et al., 2015).

Smoking by Age

According to available statistics, 2,500 individuals younger than 18 years old smoke for the first time every day (CDC, 2017). Statistics show that 34.8% of individuals younger than 18 years old use cigarettes and 12.8% consume more than one cigarette product (e.g., cigars, pipes, and cigarettes) (Oral Cancer Foundation, 2016). Among young people, cigar use was most prevalent followed by smokeless tobacco products (Oral Cancer Foundation, 2016). According to the CDC (2017), the current smoking rate is higher for individuals aged 18–24, 24–44, and 45–64 compared to those 65 and older.

The CDC (2015) noted that 13% of participants 18–24 years old, 17.7% of those 25–44 years old, 17% of those 45–64 years old, and 8.4% of those 65 and older are smokers. Most smokers begin smoking before age 18 (Bach, 2017). Any efforts to reduce cigarette use should reduce experimentation among young people. In the U.S., cigarette smoking is highest in the 25–44 age group at 16.5% and lowest for those aged 18–24 at 7.8% (CDC, 2019). According to the CDC (2020), 31.2% of young people reported using cigarettes in 2020.

Smoking and Preexisting Health Conditions

Pre-existing health conditions such as stress, attention deficit disorder, asthma, and depression complicate youth smoking cessation. Young people who experience depression use cigarettes to relieve symptoms. Likewise, young asthmatic people are more likely to use cigarettes than those without asthma (CDC, 2016). Young people with disabilities are more likely to be smokers at 19%, compared to 13% of young people without disabilities (CDC, 2019). Young people with serious psychological distress are 32% more likely to smoke.

Smoking by Socioeconomic Status

Smoking prevalence also varies by socioeconomic status. The Oral Cancer Foundation (2016) noted that smoking prevalence was 32.3% among young people below the poverty line and 23.5% among those living in poverty. Additionally, the CDC (2017) said smoking rates were higher (26.1%) for individuals living below the poverty line compared to 13.9% of those living above or at this level. In the U.S., smoking is highest among those with basic education at the GED level. According to available statistics, 44.1% of adults with GED certificates are smokers; prevalence decreases with higher education levels (CDC, 2019). Smoking is also highest among people with the lowest education levels. According to the CDC (2019), 21.2% of adults with an annual income below $35,000 are smokers, compared to 7.3% of those with an annual income above $100,000. Tobacco smoking is highest among those divorced, widowed, or separated, followed by those who are single or never married (CDC, 2019).

Smoking by Ethnicity

Cigarette smoking is highest among non-Hispanic Native Americans at 22.6% and people of mixed races at 19.1% (CDC, 2019). Non-Hispanic African Americans and Whites account for 15% each, with 9.8% of Hispanics also smokers (CDC, 2019). According to El-Toukhy et al. (2016), Hispanics are more susceptible to smoking than non-Hispanics. From 2000 to 2009, African Americans were less vulnerable to smoking than non-Hispanic Whites (El-Toukhy et al., 2016). Likewise, Asian Americans were less susceptible to smoking during the same period.

Africans and other Hispanic groups were more prone to smoking between 11 and 13 and 12 and 14, respectively, compared to non-Hispanic Whites (El-Toukhy et al., 2016). Hispanics are more vulnerable to smoking throughout adolescence, especially between ages 12 and 16.5. Ethnic disparities in smoking vulnerability persist among young people ages 11–13 in the U.S. (CDC, 2017; El-Toukhy et al., 2016). There is a need for smoking cessation programs to combat smoking vulnerability.

Smoking Habits

According to the CDC (2019), increased electronic cigarette use among young people led to three million e-cigarette users in 2015. Use of cigarette products such as e-cigarettes, smokeless tobacco, cigarettes, and cigars remained consistent between 2014 and 2015 (Singh et al., 2016).

Since most young people begin smoking before they are 20 years old, a lack of progress in reducing smoking habits among young people leads to concerns about the success of smoking cessation programs such as the Not-on-Tobacco program. In 2019,

among participants 18–40 years old, 5.8% reported cigarette smoking in the past 30 days (CDC, 2019). The cigarette smoking rate was 2.3% and cigar smoking was higher at 7.6%. According to the CDC (2019), 12.5% of participants 18–40 years old reported using different tobacco products.

Purchasing Behavior

Smoking is also associated with cigarettes' availability to young people (Bach, 2017). The 2016 Monitoring the Future Survey showed that cigarette products are easy for those 18–40 years old to obtain (Bach, 2017). According to Bach (2017), the 2015 National Youth Behavior Surveillance Survey established that 12.6% of smokers younger than 18 purchase cigarettes from retailers, stores, and gas stations.

Likewise, the National Survey on Drug Use and Health study of how people ages 12–17 years old access cigarettes found that 53.3% bought their cigarettes directly and 63.3% gave money to others to purchase cigarettes (Bach, 2017). According to Lewis et al. (2015), smokers prefer dominant brands with a market share of at least 15% and are willing to pay $1.31. Brand loyalty is very high at 0.9, with higher price premiums associated with lower quit rates (Lewis et al., 2015).

Dependence, Intention to Quit, and Quit Attempts

Use of multiple cigarette products increases the risk of developing tobacco dependence (Chaiton et al., 2016). Intention to quit can result from the onset of illnesses such as tuberculosis (Aryanpur et al., 2016). Intention to quit is a vital predictor of smokers' quit attempts. Smokers with a past quit attempt lasting at least 30 days are more

likely to have the intention to quit (Chaiton et al., 2016). Many quit attempts are required before an individual is successful.

Knowledge About Smoking

Some essential factors associated with quit attempts include having seen a healthcare provider, known healthcare risks of smoking, and fear about one's future health (Choi et al., 2018; Driezen et al., 2016). Studies showed that in some countries such as Korea, smoking is associated with knowledge, attitude, social support, and self-esteem (Kim et al., 2016).

Correlation of Knowledge, Attitude, and Practices of Smoking Cessation

The literature review revealed only one study that examined knowledge of, and behaviors related to smoking and smoking cessation. Xu et al. (2015) found a significant association between smoking cognition, knowledge, and positive behavior to quit smoking. Basic education and secondary education had Pearson's correlation coefficients 0.42428 and 0.19576, respectively. However, the study did not find a statistically significant correlation between smoking cognition, positive behavior, and quitting smoking in the sample with higher education qualifications. Further, Xu et al. (2015) found that consumer loyalty is not associated with cessation levels. Higher nicotine intake is associated with lower quit rates (Lewis et al., 2015).

Smoking Patterns by Parents, Siblings, and Friends

Having a friend who smokes is negatively associated with non-smoking intentions among both adolescents and adults. Sibling smoking was positively associated with non-smoking intentions for males and negatively associated with non-smoking intentions for

females. Males who live in deprived neighborhoods who have a friend or sibling who smokes are less likely to believe that smoking is harmful (McGee et al., 2015).

Theoretical Foundation: The TTM

The researcher studied TTM and determined its effectiveness in addressing the need for change and the stages people follow in decision making. Factors such as psychological elements, knowledge, and willingness to change significantly influence change stage and long-term success. TTM may be controversial because it presents a multidisciplinary approach and may not indicate clear or direct issues influencing intention to quit and smoking cessation outcomes. Many cigarette smokers start smoking while in high school and middle school. Adolescents present the highest proportion of smokers in the U.S., indicating their relevance as an area of concern in addressing the smoking crisis. Studies such as those by Gabble et al. (2015) and Joly et al. (2017) indicated that smoking cessation programs are relatively poor in producing long-term success. This means they may be ineffective in addressing critical smoking behavior aspects, such as social and psychological factors. Therefore, this approach is meaningful because it assesses causative factors in an in-depth manner.

Success of Smoking Cessation Programs

Koo and Kang (2017) evaluated factors affecting smoking cessation programs' success in targeting university students. This study assessed the factors influencing smoking cessation success, hence identifying constructs of interest for this study. Haines-Saah et al. (2015) undertook a qualitative study using digital media and photography to

engage adolescents in smoking cessation programs. They presented the methods and constructs consistent with this study and how it assessed adolescents' outcomes.

Researchers addressed smoking cessation programs' effectiveness by using different measures to highlight success. The key issue in this study was the focus on programs' long-term success by assessing abstinence from smoking over the past 60 days and three months. The study sought to identify the factors affecting cessation success. Koo and Kang (2017) used a quantitative approach, which can be used to clearly evaluate the implemented programs' success. A key weakness is the strategy's ineffectiveness in collecting in-depth data, which qualitative studies that presented the strength of assessing more in-depth interactions between programs and their long-term success addressed.

The concepts were core factors influencing change program participants' behaviors. Tseng et al. (2017) highlighted TTM elements as significant in promoting healthy behaviors. Berlin et al. (2015) indicated that smoking cessation programs impact long-term success. Their study showed how smoking cessation programs' long-term success is evaluated and measured.

Summary

This study on smoking success is significant because smoking is the single most preventable cause of chronic disease and death in the U.S. Main themes in the literature include societal and familial factors that have a significant effect on smoking cessation, knowledge, and perceptions. Familial and societal relations significantly influenced smoking behavior. Success depends on participants' knowledge of quitting smoking.

Chapter 3 will present the methodology used to conduct this study, specifying the study population, data collection, and data analysis methods.

Chapter 3: Research Methodology

Research Design and Rationale

The study addressed the following research questions:

RQ1: What are the lived experiences of participants ages 18–40 years old in quitting smoking?

RQ2: What factors contribute to smoking cessation programs' success from the perspective of participants 18–40 years old?

RQ3: What is participants' knowledge of smoking-related health hazards and how do long-term effects influence smoking cessation behavior?

The central issue in the study was the experiences of participants 18–40 years old in their smoking cessation attempts and highlight successful smoking cessation factors coupled with young adults' challenges in their smoking cessation attempts. Experiences of young people who engage in cigarette smoking should be evaluated to identify why they relapse and the best ways to help them achieve long-term benefits.

The researcher designed this research as a qualitative study focusing on understanding factors contributing to successful quitting. This research involved using individual interviews conducted by mail because of the pandemic. The researcher designed it to identify information about smoking efforts. Knowledge can be subjective and should be defined based on participant-researcher interactions.

Methodology

This study involved using a qualitative approach, which is essential in understanding the complex process of quitting smoking and designing effective and

targeted interventions to help smokers quit. Additionally, qualitative studies and behavioral models such as the theory of seasoned action, health belief model, stages of change model, and social cognitive theory can be used effectively to understand the cessation process. Jesus et al. (2016) illustrated that a phenomenological approach can effectively capture ex-smokers and smokers' lived experiences and elucidate the whole process of quitting smoking. This study used a phenomenological design to examine young adults' lived experiences of quitting smoking.

Population

The study recruited participants 18–40 years old who were either attempting to quit smoking or those who successfully and unsuccessfully stopped smoking. The researcher selected this age bracket by considering the maximum health benefit achieved by quitting smoking before age 40, avoiding more than 90% of health risks.

Sampling

The researcher employed purposive sampling to select participants 18–40 years old from the Indiana Tobacco Prevention and Cessation Program of the Indiana Department of Health using cessation program referrals. The researcher sent letters by postal mail to potential participants requesting them to join the study. The researcher used the initial entry interview to screen participants about their understanding of the complex process of quitting and designing targeted interventions.

The study focused on participants with some experience in quitting smoking. The main issue in sampling was to identify participants as present or former cigarette

smokers. Their friends, colleagues, and peers identified and invited them to participate; The researcher used testimony to establish whether they were current or former smokers.

Data Collection

The researcher used questionnaires to collect data and distributed the questionnaires via mail because of the COVID-19 pandemic restrictions. The initial plan was to conduct face-to-face interviews with participants. However, achieving this goal was infeasible because of the COVID-19 pandemic and associated restrictions on movement and person-to-person contact.

The researcher collected data via mail from 30 participants, 22 males and eight females, who were 18–40 years old who the researcher recruited from the Indiana Tobacco Prevention and Cessation Program of the Indiana Department of Health who failed to quit and successful quitters who currently smoke or smoked in the past. The researcher used data from the sample for all research questions and transcribed and analyzed the data after collection. The questionnaires entailed both open-ended and closed-ended questions to encourage participants to share their experiences and views. Closed-ended questions were used to collect demographic details while open-ended questions encouraged participants to share their experiences and views. Development of open-ended interview questions was sufficient and involved collecting high-quality and detailed data.

Data Analysis Plan

This study involved open-ended questions to conduct interviews via mail. The participants had the freedom to answer questions in their own way. The researcher wrote

questions to lead to open-ended responses that highlighted different themes. The researcher used thematic coding for data analysis. Coding involves identifying codes, categories, and themes, which was important for understanding patterns and trends in participants' responses.

Measures

The researcher treated data confidentially and presented them in a manner that ensured anonymity. The researcher stored data securely on a password-protected computer to ensure no unauthorized access. The researcher kept all notes associated with the study safe and secure.

Threats to Validity

Research credibility and internal validity are major aspects of the study that the researcher addressed through measures that ensured the data's accuracy and effectiveness. The researcher used triangulation as the main strategy to enhance the research's internal validity and data saturation by progressively undertaking each interview's thematic analysis. The researcher used additional themes from interviews to assess data saturation.

The researcher addressed this study's reliability by identifying measures to ensure the results' dependability and accuracy. The researcher identified effective audit trails and used them to show how the data was collected and analyzed. After the transcription, two analysts undertook the thematic analysis, including themes and sub-themes, and presented their results in two notebooks, including conclusions (Mitchell et al., 2018).

The researcher was aware of the potential biases and skewness in the study (Haines-Saah et al., 2015). The researcher applied reflexivity in the research process to ensure confirmability. This is a continual process of challenging the status quo and perceptions of the topic based on knowledge. The researcher constantly re-evaluated the ideas throughout the process to ensure bias elimination (Barrett et al., 2020).

Sample Size

Thirty participants ages 18–40 years old participated in the study; this would provide a relatively large dataset of interview responses to explain cigarette smoking cessation program experiences. The number of participants 22 males and eight females was essential in ensuring that they could be effectively included in the discussion (Creswell & Creswell, 2018). The number of participants was beneficial in permitting the collection of additional data triangulated for more effective analysis (Levitt et al., 2017).

Ethical Procedures

This study involved primary data collection from participants 18–40 years old in quitting smoking. The key ethical procedures the researcher considered were protecting human participants from harm, upholding participants' privacy and confidentiality, and seeking informed consent before participation (Berlin et al., 2015). The researcher did not identify the participants by their names or other unique identifiers; rather, they were identified as participants and numbered consecutively. The researcher also assured participants confidentiality during the interviews, where they engaged individually and gave permission to record the conversations. The researcher provided participants with an

information sheet during their recruitment into the study and they signed an informed consent form to accept the study's terms.

Walden University's Institutional Review Board (IRB) approved the dissertation; the approval number was 07-16-21-0280733. It was essential for participants to give informed consent to participate in the study. Treatment of human participants was a major issue because it involved primary data collection (Nelson, 2017). The researcher undertook the research such that it did not adversely affect participants' independence or confidentiality (Patton, 2015). The IRB required institutional permission to conduct research in its facilities. The recruitment material included an information sheet explaining the different research aspects, including the implemented interventions.

Summary

Critical aspects of qualitative research were used to study the different phases of quitting smoking. The study was qualitative and involved participants 18–40 years old who experienced the phenomenon of interest, quitting smoking. Study participants provided information about their smoking cessation experiences, including factors contributing to their effectiveness. The study's qualitative nature played a major role in identifying the in-depth issues or factors affecting the capacity to promote long-term smoking abstinence. The research focused on triangulation of interview data to enhance dependability.

Chapter 4: Analysis and Results

Introduction

This chapter includes information on the study data collection methods, data analysis, and results. The study employed a qualitative research design for the express purpose of better understanding factors that contribute to smokers' experiences of quitting smoking. The study sought to examine the problem from the perspective of participants ages 18–40 years old with prior or current experience in quitting smoking.

The research questions that guided the study were:

RQ1: What are the lived experiences of smokers 18–40 years old concerning quitting smoking?

RQ2: What factors contribute to smoking cessation programs' success from the perspective of smokers 18–40 years old?

RQ3: What is the knowledge of smoking-related health hazards and how do long-term effects influence smoking cessation behavior?

Setting

Situational factors influenced how the researcher conducted this study. The study focused on participants 18–40 years old. No procedural changes occurred between the proposal, data collection, and analysis stages.

Demographics

The study included participants between 18 and 40 years old who were racially and ethnically diverse. Male participants represented 73% (N=22) of the participants. The median age of the participants was 27.5 years. Additionally, 30.0% (N=9) of the

participants were non-Hispanic White while the remaining were African American (26.7%, N=8), Hispanic/Latino (20%, N=6), Asian (16.7%, N=5), and other (6.7%, N=2). Finally, 63.3% (N=19) were active smokers while the remaining had not smoked for at least three months.

Table 1

Demographic Information of Study Participants

Demographic Information	Research Participants (N=30)
Age Range	
18–25	13 (43.3%)
26–33	9 (30%)
34–40	8 (26.7%)
Gender	
Male	22 (73.3%)
Female	8 (26.7%)
Race/Ethnicity	
Non-Hispanic White	9 (30.0%)
African American	8 (26.7%)
Hispanic/Latino	6 (20.0%)
Asia	5 (16.7%)
Others	2 (6.7%)
Smoking Status	
Active Smokers	19 (63.3%)
Non-Smokers	11 (36.7%)
Currently enrolled in smoking cessation program	
Yes	22 (73.3%)
No	8 (26.7%)

The study enrolled participants ages 18–40 years old and focused on their cigarette smoking experiences. The researcher selected 30 participants, including 22 males and eight females, who attempted to quit, failed, and successfully quit smoking.

Data Collection

The researcher collected data from participants 18–40 years old who were all prior or current smokers when the study was completed, and 30 participants 22 males and eight females enrolled in the study. The researcher recruited all participants from Indiana Prevention and Cessation, a program that is part of the Indiana Department of Health. The researcher invited all participants to volunteer via mail and consent forms were sent via mail.

The researcher did not use the intended interview method due to COVID-19 restrictions. Participants received a document informing them that the interview guide comprised a set number of open-ended questions and that completing it would take no more than 10 minutes. They were also told they would have two weeks to complete and return the completed interview guide by mail (see Appendix A). Because the COVID-19 pandemic prevented conducting in-person interviews, there was no need to record interviews because participants sent written answers by mail. This enabled data storage without recording or transcription.

There was one significant variation from the original plan. The study aimed to engage in participant selection through a sampling approach involving initial entry interviews. This was not possible, so the researcher selected participants using a list that Indiana Prevention and Cessation offered, and potential participants received a letter inviting them to volunteer. No unusual circumstances were encountered during the data collection process. Individuals selected for participation in the study were forthright and

reasonable in their responses. All participants completed interviews and returned them within the allotted two-week period.

Data Analysis

The researcher conducted data analysis using thematic coding. The researcher conceptualized codes as brief statements constructed or developed to represent data fragments or portions. Codes are valuable since they aid in data classification, synthesis, and analysis (Creswell, 2016). Codes may vary in abstraction depending on the data type used (e.g., quantitative or qualitative), researcher insights, and research process stage. Through in-depth analysis of participants' responses, thematic codes permitted indexing data into distinct categories. There was no need to record or transcribe participants' responses because they were written and returned by mail.

The thematic coding process led to development of specific categories. Codes included socialization, rebellious spirit, pleasure, stress, awareness, health risks, addiction, motivation, quitting smoking, and aversion. This analysis allowed identification of the following key themes: extrinsic motivation, intrinsic motivation, enjoyment of smoking, smoking as a coping mechanism, normalizing smoking, defying established order, smoking-related health risks, addiction to smoking, challenge of quitting, lifestyle transition, and attitudes towards smoking.

Theme 1: Motivation to Start Smoking

All participants indicated that either extrinsic or intrinsic motivation drove their decision to start smoking. In most cases, curiosity motivated their decisions, although several participants indicated they did it because others, such as family or friends,

influenced them. P5 said, “I remember the first time I smoked. I was 19 years old. I was in my second year of college, and it was a way for me to fit in. Everyone was doing it, so I felt I had to do it.” P17 said, “Both my parents have been lifelong smokers. I remember feeling curious about what it would feel like to smoke growing up, but my parents always told me I should never do it. My curiosity was too strong, and I smoked for the first time when I was 16 years old.”

Theme 2: Positive Characterization of Smoking

All participants indicated positive attitudes towards smoking, either in the past or present. Participants indicated that smoking allowed them to cope with stress, relaxed them, and made them feel good. P1 said, “I have always felt that smoking helps me relax. Whenever I feel stressed, I will light a cigarette and immediately calm down. If anything, I have always felt smoking helps me remain calm and focused.” P20 said, “To be honest, I smoke because I like to smoke. I like the smell of a cigarette when I light it. I like the feeling I get when inhaling the smoke, the lightheadedness it makes me feel. It is just too great a feeling, and I think therefore, I have never been 100% intent on quitting.”

Theme 3: Negative Characterization of Smoking

Most participants recognized the health risks associated with smoking, but they indicated that, in most cases, the risks were insufficient to deter them from smoking. There was also some agreement that smoking is addictive, but even then, only a few participants indicated their need for help or support in quitting. P7 said, “I know that smoking is not good for me. I have heard about heart and lung issues, just to name a few,

but I feel that there are no guarantees that I will not get sick if I quit smoking. For example, there's no guarantee I will not get cancer simply because I quit smoking."

One participant indicated no concern about smoking whatsoever, even dismissing potential health risks. P30 said, "I do not understand what the fuss about smoking is. People can get sick from eating too much, drinking too much, not sleeping enough, or even not exercising. I sometimes feel there is too much fuzz about the health risks associated with smoking, and to be honest, I cannot understand why."

Theme 4: Responsibility for Smoking Behaviors

Most participants acknowledged they were responsible for their smoking behaviors; however, some tried to blame others such as family and friends. One participant mentioned he smoked because he felt the need to rebel against his parents. Others partially blamed their social and family environments for their behaviors. P15 said, "I have attempted to quit smoking. I have bought gum and patches and even participated in three different programs to try and stop. However, I have not been strong enough to stop. Friends and colleagues at work frequently smoke, and when I see them and smell the smoke, I end up smoking." P24 said, "My relationship with my parents is not the best. I think this has played a major factor in my decision to start smoking. No one in my family smokes. They are very outspoken in their rejection of smoking and other behaviors they consider to be vicious. To an extent, I think my decision to smoke is motivated by my inclination to rebel against my parents." Similarly, some respondents indicated they started smoking and found it impossible to stop. They assumed responsibility, but only partially; they also assigned responsibility to their social circles.

Theme 5: Motivations to Quit Smoking

Those participants who indicated an inclination towards quitting, including those who successfully quit, stated they did so because they chose to do it (i.e., intrinsic motivation). Some participants indicated that health concerns drove their desire to quit smoking. P21 said, “I started smoking when I was 20 years old, and I probably would never have seriously considered smoking had it not been for a serious health scare I experienced last year. I suffered a mini heart attack, and the doctors told me I should quit smoking immediately. It was difficult, but I smoked my last cigarette three months ago, and I have not once felt the urge to smoke.”

Conversely, one participant responded that he did not find any real reason to quit, although he did not dismiss the possibility of considering it in the future. P6 said, “I am in perfect health and currently see no reason to quit smoking. However, this does not mean that I may not feel differently in the future. It is not just about health issues. Perhaps marriage and fatherhood will make me feel differently about smoking, but I guess time will tell.”

Theme 6: Smoking and Identity Development

All participants expressed mixed or negative feelings about smoking. Participants expressed negative feelings about themselves when they smoked; this was particularly clear among older participants with families. P11 said, “I have a love-hate relationship with smoking, and I think it is because I sometimes hate myself for doing it. I know it is bad for me. I know my family does not approve, particularly my wife. Whenever I want

to smoke, I must essentially hide, making me feel bad. I think I have reached the point in which I am truly ready to quit."

However, those participants who successfully quit indicated that they did not feel fundamentally different about their identities. P28 said, "I managed to quit smoking seven years ago. It was very hard for me to quit. I felt terrible at first because I did not feel like myself if I was not smoking. However, I now realize that I will always be the same person. Smoking does not define who I am. This realization has made my anxieties about not smoking disappear."

Evidence of Trustworthiness

The data collection and analysis procedures focused on ensuring a high level of trustworthiness. Credibility refers to truth value, transferability refers to applicability, dependability refers to consistency, and confirmability refers to neutrality. Implementation of credibility, transferability, dependability, and confirmability plans was consistent with that proposed in chapter 3.

A challenge with trustworthiness in qualitative research is that, unlike quantitative studies, qualitative studies do not use instruments with established metrics. This means that there is a high chance of interpretive bias. There were clear measures to enhance objectivity and avoid bias. The research's credibility and internal validity are major aspects of the study, addressed through measures that ensured that the researcher accurately collected the data, and the participants effectively answered the questions.

Table 2

The Thematic Framework Generated from Qualitative Data Analysis

Thematic Framework	
Background	Negative Outcomes of Smoking
• Demographic information: Age, gender, race/ethnicity • Smoking characteristics: Smoking status, quit attempts, and involvement in smoking cessation programs	• Awareness about the health-related risks of smoking • Acknowledgement of the need for smoking cessation aids • Addition and need for cessation either acknowledged or denied • Minimizing health risks related to smoking
Initiation of Smoking	Reasons for Smoking Cessation
• Intrinsic and extrinsic motivations to initiate smoking • Factors that promote sustained smoking behavior	• Intrinsic and extrinsic motivators to quit smoking • Health concerns as primary motivators for smoking cessation
Positive Appraisal of Smoking	Process of Smoking Cessation
• Peer pressure • Coping mechanisms • Personal pleasure and satisfaction	• Quitting is challenging and hard • Quitting is easy and practical • Successful quitting requires support • Successful quitting demands commitment
Responsibility for Current/Past Smoking	Smoking and Personal Identity
• Shifting responsibility • Smoking as an embedded norm • Social rebellion	• Lifestyle transition • Regret for initiating smoking • Attitudes/identity unchanged • Dislike of smoking/smokers

Results

The researcher conducted the study using a sample of 30 participants 18–40 years old, all of them recruited from the Indiana Tobacco Prevention and Cessation Program of the Indiana Department of Health who failed to quit and successful quitters who currently

smoke or smoked in the past. The researcher identified all participants and invited them to participate based on their experience of smoking and failing to quit and successful quitters who smoke.

Table 3

Interview Guide Research Questions and Response

Question	Rationale
Q1: What are your reasons for cigarette smoking?	The question identifies cigarette smoking risk factors. Such information is necessary to tailor smoking cessation interventions to each participant's unique needs.
Q2: In what ways do friends influence you to smoke?	Peers play a critical role in either supporting smoking cessation or initiating and sustaining smoking behaviors. Influence of friends is also necessary to inform positive social support systems.
Q3: In what ways does family factor as one of your reasons for cigarette smoking?	The family plays a similar role as peers; they can be either a risk factor or support system. It is imperative to examine the family's influence on smoking.
Q4: Does the performance of teachers and doctors influence your attitudes or behaviors towards cigarette smoking? Why or why not?	Teachers and doctors can serve as crucial resources in smoking cessation programs. They can educate and support those who attempt to quit. This question examines if the role of teachers and doctors is positive or negative.
Q5: Does advertising influence your attitudes or behaviors towards cigarette smoking? Why or why not?	Advertising is one of the profound determinants of smoking behavior. The question examines the extent to which advertising and promotion influence smoking behaviors.
Q6: In your experience, how easy is it to buy cigarettes?	Cigarette accessibility has a direct effect on the scale of smoking. Increased accessibility increases smoking risk and hampers cessation efforts.
Q7: Do you believe that cigarette smoking is bad for your health? Why or why not?	Perceptions about the risk of smoking have a positive effect on cessation. Perceptions of health risks may promote quit intentions. This question will examine the relationship between risk perception and quit attempts.
Q8: Is smoking consumption related to the consumption of alcohol and other drugs? Why or why not?	Cigarette smoking can potentially increase substance use and abuse risks. This question will examine whether participants have other substance use/abuse problems in addition to smoking.
Q9: Please share anything else that may be on your mind regarding cigarette smoking.	The question allows participants to share personal insights into cigarette smoking. The question would be useful in assessing participants' feelings about smoking.

Table 4

Experiences of Smokers in Quitting Smoking a Phenomenological Study

Demographic Information	Participants (N = 30)	Successful Quit Attempts	Unsuccessful Quit Attempts	Comments
Age Range				The highest quit rates were in the 34-40 cohort because of risk perception and susceptibility
18–25	13 (43.3%)	4 (30.8%)	9 (69.2%)	
26–33	9 (30%)	5 (55.6%)	4 (44.4%)	
34–40	8 (26.7%)	6 (75%)	2 (25%)	
Gender				Men were more likely to achieve successful quit attempts than women because of their behavioral and mental dependency
Male	22 (73.3%)	14 (63.6%)	8 (36.4%)	
Female	8 (26.7%)	2 (25%)	6 (75%)	
Race/Ethnicity				Non-Hispanic whites had higher quit rates. Social determinants undermined access to comprehensive, support services for ethnic minorities
Non-Hispanic	9 (30.0%)	7 (77.8%%)	2 (22.2%)	
White	8 (26.7%)	3 (37.5%)	5 (62.5%)	
African American	6 (20.0%)	3 (50%)	3 (50%)	
Hispanic/Latino	5 (16.7%)	3 (60%)	2 (40%)	
Asia	2 (6.7%)	0 (0%)	2 (100%)	
Others				
Smoking/Dependence Status				Light smokers were more successful in their quit attempts than heavy smokers. Heavy smokers lacked self-confidence and self-drive to quit.
Heavy Smokers (≥ 25 cigarettes/day)	19 (63.3%)	8 (42.1%)	11 (57.9%)	
Light Smokers (≤ 15 cigarettes/day)	11 (36.7%)	9 (81.8%)	2 (18.2%)	
Currently enrolled in smoking cessation program				Participants enrolled in a smoking cessation program reported higher quit rates because of the support level they received. Those who attempted to quit on their own were unsuccessful
Yes	22 (73.3%)	16 (72.7%)	6 (27.3%)	
No	8 (26.7%)	2 (25%)	6 (75%)	

Research Question 1

RQ1: What are the lived experiences of smokers 18–40 years old concerning quitting smoking?

Most participants agreed that smoking cessation programs were valuable resources for quitting smoking. There was widespread agreement that these programs helped them to effectively manage their addiction, offering them specific coping mechanisms or strategies. Particular attention was given to the awareness that smoking cessation programs offered, thereby making participants realize that quitting far outweighed the (perceived) benefits of continuing to smoke. P8 said, “To be honest, I had no idea about the risks associated with smoking before participating in a smoking cessation program. The most significant aspect of such programs is the awareness they manage to generate in those who participate. My attitudes towards smoking changed; I decided to quit for my health and family.”

The study also gave attention to the counseling and resource elements integrated into smoking cessation programs. Specifically, participants recognized that in-person counseling was essential for learning coping mechanisms or strategies for whenever they felt the urge to smoke. They also highlighted resources, such as gum and patches, as valuable tools that facilitated quitting and ensured sustainability over time. P14 said, “Counseling was the most important aspect of the cessation program for me. Meeting with a counsellor one-on-one allowed me to open about my personal experiences and emotions regarding smoking. The counsellor offered relatively simple strategies for me to

quit and manage the urge to smoke. The counsellor also taught me about the nicotine patches and chewing gum, which I continue to use today."

Research Question 2

RQ2: What factors contribute to smoking cessation programs' success from the perspective of smokers 18–40 years old?

Participants' results with smoking cessation programs varied. Some found the programs successful while others indicated struggling with quitting due to external factors. The most recurring response involved friends and family's influence, which served to magnify their inherent curiosity or smoking preference. P14 said, "It is hard to quit smoking, even after completing a cessation program. The reality is that smoking is part of society. Most of my friends' smoke, and it is hard to quit something I enjoy doing when everyone around me is doing it."

Regarding those participants who managed to complete cessation programs and never reverted to smoking, the most important consideration was their internal desire to quit. It was not a matter of others smoking around them or pressuring them to smoke, but rather them recognizing the real (and pressing) need to quit. This could be due to serious health concerns or because they no longer found anything positive about smoking. P26 said, "I quit smoking two years ago, and while I do credit the cessation program I completed at the time, I believe what most helped me was my conviction in quitting. Like with any other addiction, a smoker will only benefit from a cessation program if they are truly committed to quitting, regardless of the content or approach that the program takes."

Research Question 3

RQ3: What is the knowledge of smoking-related health hazards and how do long-term effects influence smoking cessation behavior?

Knowledge of the health risks associated with smoking impacted disposition towards smoking, but in many cases, participants did not have sufficient awareness or knowledge to stop smoking. Most participants conceded that they did not seriously consider quitting until they started experiencing associated adverse health impacts. P16 said, “I knew about some of the health risks associated with smoking. However, it was not until I started to personally feel tiredness and shortness of breath that I started to consider quitting seriously.”

Individuals tend to rationalize their smoking behavior and dismiss health risks until they are affected, and their health is compromised. Even in cases in which awareness prompted a desire to quit, other factors were more influential in their smoking behavior, such as enjoyment or addiction to smoking. P4 said, “I recognize the risks involved, and to be honest, I have been trying to quit smoking for the last six months. However, I just cannot bring myself to quit. I just like smoking too much.”

Summary

Smoking is the consequence of a process in which behavioral and social factors intervene, even before the first use, culminating in decades of physical and psychological dependence on cigarettes. Initiation to cigarette use generally occurs during adolescence, with motivations that seem to revolve around fundamental axes, such as personal and social factors, ability to purchase cigarettes, dependence, and addiction. Parental

vigilance, religious beliefs, and increased cigarette prices are protective factors. This research focused on the importance of such factors for the beginning, maintenance, or cessation of smoking from a holistic perspective that allows us to understand the phenomenon, including smokers' and non-smokers' opinions. The participants ultimately decided whether to smoke but their environment influenced them.

The most significant element of beginning smoking appears to be the self-perception of greater security that the individual obtains from smoking, a key element in maintaining emotional control. Self-control and a positive attitude toward the rules were considered protective factors against smoking. There were different motivations for consumption according to gender. For males, group membership prevailed. For females, it helped them to control body weight and begin relationships with the opposite sex.

The study findings indicated six key categories that illustrated why individuals smoke: motivation to start smoking, positive characterization of smoking, negative characterization of smoking, responsibility for smoking behaviors, motivations to quit, and smoking and identity development. Regarding RQ1, participants' lived experiences involving smoking cessation programs were positive. Participants highlighted programs' value, particularly generating knowledge and awareness of health risks and coping mechanisms. Regarding RQ2, extrinsic and intrinsic motivation were the most influential in smoking cessation success or failure. Regarding RQ3, knowledge of the risks associated with smoking was necessary but insufficient for participants to quit. Chapter 5 includes the study results alongside recommendations for action and future research, implications for social change, and conclusions.

Chapter 5: Discussion, Recommendations, and Conclusions

Introduction

This chapter reveals the findings presented in chapter 4 in the context of the literature and discusses the study limitations. This chapter considers relevant social practice, methodology, and implications and recommends further research. The chapter includes a brief conclusion outlining the study's key points.

Interpretation of the Findings

This qualitative phenomenological study aimed to understand factors that contribute to the success of smoking cessation attempts from the perspective of participants 18–40 years old. The researcher used thematic coding to conduct data analysis that revealed six major categories: motivation to start smoking, positive characterization of smoking, negative characterization of smoking, responsibility for smoking behaviors, motivations to quit, and smoking and identity development. The researcher subsequently used these categories to formulate responses to the three research questions. First, participants' lived experiences to quit involving smoking cessation programs were positive, highlighting the perceived value of enhanced knowledge, awareness, and coping mechanisms. Second, extrinsic and intrinsic motivation were most influential in smoking cessation programs' success or failure. Third, smoking-related health hazards were necessary but insufficient reasons for participants to participate in smoking cessation programs.

Dispositions towards smoking and quitting are a function of multiple intrinsic and extrinsic factors. Therefore, for smoking cessation programs to succeed, they must be

tailored to target such factors. Stressing health risks associated with smoking is important but cessation programs must integrate counseling and additional support materials and resources.

The findings confirm and extend prior research. Smoking is often a coping mechanism for youths suffering from stress, anxiety, and depression (CDC, 2016). Participants 18–40 years old also indicated that smoking was a coping mechanism for stress and anxiety. Second, addiction moderates the intention to quit and intrinsic motivation increases the likelihood of successfully quitting, particularly for health risks (Chaiton et al., 2016).

Limitations of the Study

This study had two limitations. One limitation was sample size; despite being a relatively large sample for a qualitative phenomenological study, it was still a relatively small sample. The lack of in-person interviews was a second limitation that significantly increased response bias risk because participants had time to modify their responses at will and because there was the risk of third parties completing interviews for them.

Recommendations for Action

Study findings indicated a review of existing smoking cessation programs to ensure they were well-prepared to motivate participants. It is recommended that public health authorities approach schools, colleges, and universities to develop smoking cessation programs in educational settings. Smoking prevention programs should complement these programs; prevention should focus on any comprehensive program, policy, or initiative intent on disincentivizing and reducing smoking prevalence.

Recommendations for Future Research

This study contained limitations due to its relatively small sample size, increased response bias risk, and the researcher's subjective interpretations. Future research should use in-person interviews, larger samples, and a team of objective third-party reviewers, particularly during thematic coding, which would permit minimizing the response and researcher bias risks. The researcher conceived of this study as a qualitative phenomenological study but did not use statistical analyses. Future research should involve mixed methods research. Finally, case studies and longitudinal studies would be warranted to determine whether specific cessation programs are effective and whether people who quit after completing such programs remain nonsmokers.

Implications for Social Change

This research has several positive implications for social change. The findings imply that smoking cessation programs will more effectively engage participants, leading to meaningful behavioral and attitudinal changes in quitting. Quitting smoking has major implications for improved familial relationships. Cessation programs could help eliminate such conflicts, allowing normalized and improved relationships with family and friends. Finally, this research will lead to opportunities for promoting new public health policies that target awareness, education, and prevention, thereby disincentivizing smoking.

This research underscored qualitative research's value and its importance in exploring social and public health problems. Furthermore, the study prioritized the perspectives of participants 18–40 years old, promoting new research that considered this demographic's attitudes, emotions, preferences, and behaviors. Empowering public

health program beneficiaries and integrating their views and preferences will lead to more engaging and meaningful programs. Cessation programs must equally prioritize counseling, awareness, and support resources.

Conclusion

The researcher conducted this qualitative phenomenological study to better understand the factors that contribute to quit smoking and cessation programs' effectiveness. The researcher formulated three specific research questions and addressed them via thematic coding. Smoking cessation programs work: participant experiences are, by and large, positive regarding enhanced knowledge, awareness, and coping mechanisms. Smokers will only be successful in quitting if they are intrinsically motivated, although participants also acknowledged that extrinsic factors, such as friends and family, may play a role in their decision to quit. It is only partially true that knowledge and awareness of health risks associated with smoking are sufficient to promote quitting. Knowledge and awareness are necessary but insufficient, indicating that effective cessation programs must integrate counseling and support resources to accomplish the goal of quitting.

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Appendix A: Interview Guide

Thank you for volunteering to participate in this research study. Below you will find a total of nine (9) questions for you to complete. By answering these questions, the intention is for you to share your experiences to quit smoking. Completing the interview guide should take no more than 10 minutes. Please be sure that your responses will not be shared with any third parties; the questionnaires will be deleted upon completion of the research study, and your personal information will not be shared with anyone.

1. What are your reasons for cigarette smoking?
2. In what ways do friends influence you to smoke?
3. In what ways does family factor as one of your reasons for cigarette smoking?
4. Does the performance of teachers and doctors in your attitudes or behaviors towards s cigarette smoking? Why or why not?
5. Does advertising influence your attitudes or behaviors towards cigarette smoking? Why or why not?
6. In your experience, how easy is it to buy cigarette?
7. Do you believe that cigarette smoking is bad for your health? Why or why not?
8. Is smoking consumption related to the consumption of alcohol and other drugs? Why or why not?
9. Please share anything else that may be on your mind regarding cigarette smoking.

Once again, thank you for your time and attention. Have a great day.

Appendix B: TTM

Prochaska et al., (2015) explored the Trans-Theoretical Model (TTM) and change stages.

Trans-Prochaska's Model specifies six stages:

1. Precontemplation - lack of awareness that life can be improved by a change in behavior.

2. Contemplation - recognition of the problem, initial consideration of behavior change, and information gathering about possible solutions and actions.

3. Preparation - introspection about the decision, reaffirmation of the need and desire to change behavior, and completion of final pre-action steps.

4. Action - implementation of the practices needed for successful behavior change (e.g., exercise class attendance).

5. Maintenance - consolidation of the behaviors initiated during the action stage.

6. Termination - former problem behaviors are no longer perceived as desirable (e.g., skipping a run result in frustration rather than pleasure).

Appendix C: Questions and Answers

Appendix C1: Participant 001

Q1	What are your reasons for cigarette smoking?
A	I started smoking when I was in high school to fit in because all my friends were doing it
Q2	In what ways do friends influence you to smoke?
A	My friends taught me how to smoke because they were doing it. I was reluctant at first, but I gave in because I didn't want to lose my friends.
Q3	In what ways does family factor as one of your reasons for cigarette smoking?
A	My father is a heavy smoker. My mother does not like the idea of smoking. My parents are not aware that I smoke.
Q4	Does the performance of teachers and doctors influence your attitudes or behaviors towards cigarette smoking? Why or why not?
A	They don't play any role in my smoking behaviors. I have never been a doctor because of my smoking.
Q5	Does advertising influence your attitudes or behaviors towards cigarette smoking? Why or why not?
A	Yes. I always see new brands on TV, and I want to try them out.
Q6	In your experience, how easy is it to buy cigarettes?

A	It is extremely easy. I cannot buy them because I am not of legal age. The older peers supply them because they can legally buy cigarettes.
Q7	Do you believe that cigarette smoking is bad for your health? Why or why not?
A	Well, I am not certain about that, but I have heard people talk about the health effects of smoking. My grandfather has been smoking before I was born, and I think he is healthy than most people that I know.
Q8	Is smoking consumption related to the consumption of alcohol and other drugs? Why or why not?
A	Yes. I sometimes drink alcohol while smoking. I recently started to experiment with pot
Q9	Please share anything else that may be on your mind regarding cigarette smoking.
A	I have always felt that smoking helps me relax. Whenever I feel stressed, I will just light a cigarette and I will immediately calm down. If anything, I have always felt smoking helps me remain calm and focused.

Appendix C2: Participant 002

Q1	What are your reasons for cigarette smoking?
A	I remember the first time I smoked I was 19 years old. I was in my second year of college, and it was a way for me to fit in. Everyone was doing it, so I felt I had to do it.
Q2	In what ways do friends influence you to smoke?
A	My friends are playing a bigger role in initiating my smoking habits. I remember when I was in college my friend never missed carrying a blunt. We would light it and smoke in the washroom during recess.
Q3	In what ways does family factor as one of your reasons for cigarette smoking?
A	I think I am the only smoker in my family. I once saw my uncle smoking but he would do it in secret to avoid the wrath of my grandfather. I feel like I take over my uncle, sometimes we smoke together when he's around.
Q4	Does the performance of teachers and doctors influence your attitudes or behaviors towards cigarette smoking? Why or why not?
A	My primary care provider has been encouraging me to stop smoking as a health prevention measure. I have been thinking about it, but I am yet to decide.
Q5	Does advertising influence your attitudes or behaviors towards cigarette smoking? Why or why not?
A	Maybe but I don't usually pay attention to TV advertisements. I love to smoke but I don't think that I need someone to convince me to smoke more.

Q6	In your experience, how easy is it to buy a cigarette?
A	I can easily get cigarettes because I am of legal age. Overall, the legal age has not done much to restrict access because the market is now flooded with illegal cigarettes.
Q7	Do you believe that cigarette smoking is bad for your health? Why or why not?
A	Yeah. My doctor has been sharing with me information about the health effects of smoking. I now acknowledge the need of quitting smoking, but I'll do it gradually.
Q8	Is smoking consumption related to the consumption of alcohol and other drugs? Why or why not?
A	I did experiment with pot, but I didn't like the feeling. Most of my friends use other drugs but I'll stick to smoking cigarettes. I also consume alcohol every time that I go out with my friends.
Q9	Please share anything else that may be on your mind regarding cigarette smoking.
A	Smoking makes me feel relaxed. I also feel good whenever I smoke with my friends. Maybe one day I will outgrow smoking, but I don't think I want to do it now.

Appendix C3: Participant 003

Q1	What are your reasons for cigarette smoking?
A	Both my parents have been lifelong smokers. I remember feeling curious about what it would feel like to smoke growing up, but my parents always came down on me, telling me I should never do it. My curiosity was too strong, and I smoked for the first time when I was 16 years old.
Q2	In what ways do friends influence you to smoke?
A	I would credit much of my smoking behaviors to my friends. I started smoking in high school because of peer pressure from my friends. The bad boys used to smoke, and we thought it was cool. Everyone including myself wanted to fit in that social group. before I knew it, I was hooked on smoking.
Q3	In what ways does family factor as one of your reasons for cigarette smoking?
A	I have lived all my life around smokers. Both my parents and grandparents' smoke. There is no way because I was not going to start smoking myself. I think they call it social conditioning or something like that.
Q4	Does the performance of teachers and doctors in your attitudes or behaviors towards cigarette smoking? Why or why not?
A	Our teachers used to share with us the dangers of substance use. Peer pressure was so strong then that we never heeded the advice. I am now getting the same advice from my doctor and that's why I enrolled in the smoking cessation program.

Q5	Does advertising influence your attitudes or behaviors towards cigarette smoking? Why or why not?
A	Advertising was influential when I was a teenager. I now know how advertisements work and play with the minds of users. Advertisements and promotions don't have much influence on my choices about smoking.
Q6	In your experience, how easy is it to buy cigarettes?
A	It is easier to buy cigarettes from my experience. I guess it's easier because of my legal age but again we still had access to cigarettes in high school although we had not yet attained the legal age.
Q7	Do you believe that cigarette smoking is bad for your health? Why or why not?
A	My doctor has told me that smoking is bad for my health, and I believe him. However, I know that the effects are not immediate, and they can take years before they manifest. The doctor's advice informed my decision to attempt quitting.
Q8	Is smoking consumption related to the consumption of alcohol and other drugs? Why or why not?
A	Yes. I always smoke in a group and drinking alcohol is always a part of our socialization. Some of our peers also use drugs. I will argue that smoking increases the odds of drinking and using illicit drugs.
Q9	Please share anything else that may be on your mind regarding cigarette smoking.

A It is much easier to start smoking cigarettes, but quitting is not for the faint-hearted, especially when you are surrounded by chronic smokers. I am hopeful that enrolment in the cessation program will help me to achieve the goal that I have set to quit smoking completely by the end of the year.

Appendix C4: Participant 004

Q1	What are your reasons for cigarette smoking?
A	I had difficult adolescence as I struggled with self-esteem and identity issues. I found solace in friends who were smokers and that's how I started to smoke.
Q2	In what ways do friends influence you to smoke?
A	There is no way you can hang out with smokers and remain sober. It is possible at the beginning, but the peer influence becomes strong in no time, you don't even realize it.
Q3	In what ways does family factor as one of your reasons for cigarette smoking?
A	My family had no influence on my smoking decisions. I will attribute my smoking to peer pressure and stress.
Q4	Does the performance of teachers and doctors in your attitudes or behaviors towards cigarette smoking? Why or why not?
A	Most of the doctors that I have met are always judgmental. I want a person who will encourage and support me to quit smoking rather than judge my actions. I know smoking is bad, but it does not mean that smokers are evil people.
Q5	Does advertising influence your attitudes or behaviors towards cigarette smoking? Why or why not?
A	Yes. I always watch out for advertisements on new cigarette brands. I am the kind of person who likes trying out new things. For me, smoking is like trying out different brands of wine.

Q6	In your experience, how easy is it to buy cigarettes?
A	Buying cigarettes is as easy as buying candy if you are of legal age. I don't think legal age matters a lot since school children can still access cigarettes through their peers, parents, and the black market.
Q7	Do you believe that cigarette smoking is bad for your health? Why or why not?
A	I believe that smoking cigarette is bad for my health, but I have no intention of quitting. Smoking is the only thing that keeps sane. I don't think that I can handle all the things happening in my life without smoking.
Q8	Is smoking consumption related to the consumption of alcohol and other drugs? Why or why not?
A	Obviously, a cigarette smoker is bound to start drinking and using illicit drugs. In my case, I found smoking more enjoyable if taken together with alcohol or pot. Smokers know the difficulty in separating the two, the urge is strong.
Q9	Please share anything else that may be on your mind regarding cigarette smoking.
A	To be honest, I smoke because I like to smoke. I like the smell of a cigarette when I light it. I like the feeling I get when inhaling the smoke, the lightheadedness it makes me feel. It is just too great a feeling, and I think this is the reason I have never been 100% intent on quitting.

Appendix C5: Participant 005

Q1	What are your reasons for cigarette smoking?
A	I started to smoke because of peer pressure. I later realized that smoking was an effective coping strategy. Smoking helps me to relax and relieve stress.
Q2	In what ways do friends influence you to smoke?
A	Friends played a bigger role in initiating cigarette smoking. I would not have thought of ever smoking if my cycle of friends were not smokers.
Q3	In what ways does family factor as one of your reasons for cigarette smoking?
A	Stress at home also pushed me to smoke. My parents were always fighting, and I couldn't withstand it. I ended up spending much of my time with peers who later introduced me to smoking.
Q4	Does the performance of teachers and doctors influence your attitudes or behaviors towards cigarette smoking? Why or why not?
A	My primary care provider has been pressing me to quit smoking because he's concerned about my blood pressure. I am not sure if it's smoking increases the pressure. I am positive it's the stress that I have accumulated over the years. Smoking helps me to relieve that stress which is a positive outcome.
Q5	Does advertising influence your attitudes or behaviors towards cigarette smoking? Why or why not?
A	No. Personally, I think that advertising has a greater influence on teenagers and some adults. I never paid attention to advertising and promotion when I was a

	teenager, but I know advertising can have a significant effect on many people who can't separate reality from fantasy.
Q6	In your experience, how easy is it to buy cigarettes?
A	Yes. Cigarettes are easily available to those of legal age. Age restrictions don't matter much because cigarettes are also easily accessible in the black market.
Q7	Do you believe that cigarette smoking is bad for your health? Why or why not?
A	I know that smoking is not good for me. I have heard about heart and lung issues, just to name a few, but I just feel that there are no guarantees that if I quit smoking, I will not get sick. For example, there's no guarantee I will not get cancer simply because I quit smoking.
Q8	Is smoking consumption related to the consumption of alcohol and other drugs? Why or why not?
A	Yes. Smokers are more likely to use other substances. In my case, I smoke both cigarettes and pot. It depends on the kind of people you hang out with.
Q9	Please share anything else that may be on your mind regarding cigarette smoking.
A	People have different experiences with smoking. I know of people in my own family who have smoked for years but they are healthy. So, smoking cessation should be a personal choice and not something forced with threats of severe health outcomes.

Appendix C6: Participant 006

Q1	What are your reasons for cigarette smoking?
A	I smoke because I consider it a lifestyle and a stress reliever. I have been through so much in life and smoking helps me to cope with the challenges that life throws my way.
Q2	In what ways do friends influence you to smoke?
A	Friends played a bigger role in influencing my decision to start smoking. I would not have thought of smoking had I not surrounded myself with friends who smoked.
Q3	In what ways does family factor as one of your reasons for cigarette smoking?
A	The family also socialized me with smoke. Both my parents are smokers, and my father would sometimes share a blunt with me when I reached puberty. I grew up knowing that smoking was a harmless social event.
Q4	Does the performance of teachers and doctors influence your attitudes or behaviors towards cigarette smoking? Why or why not?
A	To some extent. It depends on how they package the message. I remember a teacher who used to discourage users from smoking, but he would smoke in secret. I also know of doctors who smoke, and I have also seen advertisements that use doctors to endorse cigarette brands. Such messaging is conflicting.
Q5	Does advertising influence your attitudes or behaviors towards cigarette smoking? Why or why not?

A	Yes, but the influence was stronger when I was younger. I was hooked to specific brands of cigarettes because of the exposure to advertising and promotional messages. I now don't care much about the brand if I smoke.
Q6	In your experience, how easy is it to buy cigarettes?
A	I have never experienced a problem buying cigarettes. Anyone of legal age is allowed to buy cigarettes. Those who can't buy them in the black market which is abundant in the country.
Q7	Do you believe that cigarette smoking is bad for your health? Why or why not?
A	I do not understand what the fuss about smoking is. People can get sick from eating too much, drinking too much, leaping enough, or even not exercising. I sometimes feel there is too much fuzz about the health risks associated with smoking, and to be honest, I cannot understand why.
Q8	Is smoking consumption related to the consumption of alcohol and other drugs? Why or why not?
A	Yes. The more you smoke, the more you feel the urge of using other substances. I started with alcohol and transitioned into hard drugs. I have now completely cut off hard drugs. I only take alcohol, smoke weed, and cigarettes.
Q9	Please share anything else that may be on your mind regarding cigarette smoking.
A	Smoking cessation should not be forced on people. I know smoking carries health risks, but the outcome is not a guarantee. Some people will experience health risks while others will not. I know of smokers who don't have chronic diseases

and I have also met nonsmokers with multiple chronic diseases. I can't explain this phenomenon and that's the question I always ask my doctor whenever he asks me to quit smoking.

Appendix C7: Participant 007

Q1	What are your reasons for cigarette smoking?
A	I started smoking to rebel against my parents. Smoking also helped to keep calm and keep off my mind from issues at home.
Q2	In what ways do friends influence you to smoke?
A	Friends did not have an influence on my smoking behavior. The influence started from my family.
Q3	In what ways does family factor as one of your reasons for cigarette smoking?
A	My relationship with my parents is not the best. I think this has played a major factor in my decision to start smoking. No one in my family smokes. They are very outspoken in their rejection of smoking and other behaviors they consider to be vicious. To an extent, I think my decision to smoke is motivated by my inclination to rebel against my parents.
Q4	Does the performance of teachers and doctors influence your attitudes or behaviors towards cigarette smoking? Why or why not?
A	To some extent. Teachers and doctors hold positions of authority that allow them to advise and influence behavior change. However, the performance of teachers and doctors depends on how they present the message.
Q5	Does advertising influence your attitudes or behaviors towards cigarette smoking? Why or why not?

A	To some extent. Advertisements and branding carry appealing messages about cigarette brands. I may have outgrown the influence of advertisements, but I always take notice when a new one pops on the TV, especially during the Super Bowl.
Q6	In your experience, how easy is it to buy cigarettes?
A	It is extremely easy to buy cigarettes. The Tobacco 21 legislation restricted the selling of cigarettes to people under 21 years. However, the abundance of black markets makes cigarettes easily accessible.
Q7	Do you believe that cigarette smoking is bad for your health? Why or why not?
A	The common view is that cigarettes are not good for health. I acknowledge this fact, but I feel that the health outcomes depend on the level and years of exposure.
Q8	Is smoking consumption related to the consumption of alcohol and other drugs? Why or why not?
A	Yes. Smoking increases the risk of abusing other drugs. Smokers are more likely to drink or use illicit drugs.
Q9	Please share anything else that may be on your mind regarding cigarette smoking.
A	It is not easy to quit smoking because the addiction is strong, and I speak from personal experience. It is necessary to expand access to supportive services. I have attempted to quit twice without success. I hope that this time I will be successful with the right support.

Appendix C8: Participant 008

Q1	What are your reasons for cigarette smoking?
A	I smoke because of peer pressure and the need to relieve stress. My friends and some of my workmates smoke cigarettes. I also feel relaxed and energized whenever I smoke.
Q2	In what ways do friends influence you to smoke?
A	My friends influence my smoking habits. I always smoke more when I am with my friends than when I am alone at home.
Q3	In what ways does family factor as one of your reasons for cigarette smoking?
A	Family issues pushed me to smoke. I started to smoke to cope with the stress at home.
Q4	Does the performance of teachers and doctors influence your attitudes or behaviors towards cigarette smoking? Why or why not?
A	Yes. I would identify doctors as having a greater influence on smoking habits. A primary care physician would encourage you to quit smoking by highlighting the health risks of smoking and the benefits of smoking cessation.
Q5	Does advertising influence your attitudes or behaviors towards cigarette smoking? Why or why not?
A	Not much. I am not an ardent consumer of advertising and promotional message. I tend to make independent decisions.
Q6	In your experience, how easy is it to buy cigarettes?
A	I have never experienced any challenges in buying cigarettes since I turned 21.

Q7	Do you believe that cigarette smoking is bad for your health? Why or why not?
A	I believe that cigarette smoking can be bad for health depending on the duration and quantity of exposure. The effects are worse if you start smoking at a younger age.
Q8	Is smoking consumption related to the consumption of alcohol and other drugs? Why or why not?
A	Yes. From personal experience, smoking has a way of making someone crave alcohol and other drugs. Peer influence plays a bigger role in this relationship.
Q9	Please share anything else that may be on your mind regarding cigarette smoking.
A	I have attempted to quit smoking. I have bought gum, and patches, and even participated in three different programs to try and stop. However, I have not been strong enough to stop. Friends and colleagues at work frequently smoke, and when I see them and smell the smoke, I end up smoking.

Appendix C9: Participant 009

Q1	What are your reasons for cigarette smoking?
A	I did not smoke cigarettes until I was 20 years. I don't have a specific reason, but I think it was a response to external stress.
Q2	In what ways do friends influence you to smoke?
A	I had friends in high school who would smoke but they did not have a significant influence on my smoking habits.
Q3	In what ways does family factor as one of your reasons for cigarette smoking?
A	I do not have a family factor in my mind. Maybe smoking is hereditary because my father and grandfather smoke. I am not sure of the connection.
Q4	Does the performance of teachers and doctors influence your attitudes or behaviors towards cigarette smoking? Why or why not?
A	I do not understand the question, but I would say that teachers and doctors can shape behavior change in relation to smoking cessation.
Q5	Does advertising influence your attitudes or behaviors towards cigarette smoking? Why or why not?
A	To some extent, yes. Advertising often carries appealing messages for marketing purposes. I cannot quantify the effect that advertising had on my attitudes and behaviors.
Q6	In your experience, how easy is it to buy a cigarette?

A	It is extremely easy to buy cigarettes. All you need is an ID proving that you are 21 years.
Q7	Do you believe that cigarette smoking is bad for your health? Why or why not?
A	Yes. I used to think that it is a hoax until I suffered a heart attack at an early age. It was scary and the doctors explained to me the negative effects of smoking on heart health.
Q8	Is smoking consumption related to the consumption of alcohol and other drugs? Why or why not?
A	Yes. People who smoke are likely to drink alcohol or abuse hard drugs.
Q9	Please share anything else that may be on your mind regarding cigarette smoking.
A	I started smoking when I was 20 years old, and I probably would never have seriously considered smoking had it not been for a serious health scare I experienced last year. I suffered a mini heart attack, and the doctors told me I should quit smoking immediately. It was difficult, but I smoked my last cigarette three months ago, and I have not once felt the urge to smoke.

Appendix C10: Participant 010

Q1	What are your reasons for cigarette smoking?
A	I started smoking as a stress coping strategy after being diagnosed with a chronic disease.
Q2	In what ways do friends influence you to smoke?
A	Friends had no influence on my smoking behaviors.
Q3	In what ways does family factor as one of your reasons for cigarette smoking?
A	I do not have a family factor that informed my decision. However, my family has been supportive in encouraging smoking cessation.
Q4	Does the performance of teachers and doctors influence your attitudes or behaviors towards cigarette smoking? Why or why not?
A	I do not understand the question. Maybe if you are talking about the role, they play in influencing behavior change then I will say that they are influential. My doctor has been supporting and encouraging me to quit smoking.
Q5	Does advertising influence your attitudes or behaviors towards cigarette smoking? Why or why not?
A	Advertisement has had a minimum effect on my smoking attitudes and behaviors. I started smoking because of a health stressor and not what I had seen or heard on TV. Advertisement and promotion messages have a profound influence on other people, especially teenagers.
Q6	In your experience, how easy is it to buy a cigarette?

A	I have never experienced any issues when buying cigarettes since I started smoking. The only condition is that you must be 21 years.
Q7	Do you believe that cigarette smoking is bad for your health? Why or why not?
A	Yes. I now understand the negative health implications of smoking cigarettes. I am now working hard to beat the addiction to improve my heart health.
Q8	Is smoking consumption related to the consumption of alcohol and other drugs? Why or why not?
A	In most cases, smokers will also consume alcohol or abuse drugs. I started consuming large amounts of alcohol after initiating smoking, but the experience is different for different people.
Q9	Please share anything else that may be on your mind regarding cigarette smoking.
A	I don't have much to say but I feel that smokers who are willing to quit should receive a lot of support. Quitting smoking is an extreme sport. It is not as easy as some people think.

Appendix C11: Participant 011

Q1	What are your reasons for cigarette smoking?
A	I started smoking for social reasons. Specifically, I found pleasure in smoking with peers.
Q2	In what ways do friends influence you to smoke?
A	My friends have had a significant influence on my smoking habits. I smoke more when I am with my peers. In fact, it is my best friend who taught me to smoke.
Q3	In what ways does family factor as one of your reasons for cigarette smoking?
A	Not much influence. Maybe the difficult situation at home pushed me to smoke. Smoking sometimes became an outlet. I always tend to smoke after arguing with my family.
Q4	Does the performance of teachers and doctors in your attitudes or behaviors towards cigarette smoking? Why or why not?
A	Yes. Teachers and doctors model behavior that influences smoking cessation.
Q5	Does advertising influence your attitudes or behaviors towards cigarette smoking? Why or why not?
A	Yes. The influence was great when I was a teenager. Advertisements and promotional messages made us believe that smoking was a cool practice.
Q6	In your experience, how easy is it to buy cigarettes?
A	It is easy to buy cigarettes if you are 21 years. Cigarettes are also available in the black market for those who cannot access them because of age restrictions.

Q7	Do you believe that cigarette smoking is bad for your health? Why or why not?
A	It depends on how you look at it. Some people smoke but they are never sick. Others do not smoke but have multiple diseases. I don't quite understand this situation.
Q8	Is smoking consumption related to the consumption of alcohol and other drugs? Why or why not?
A	It depends on individual cases. Some people will only smoke while others will smoke and abuse other drugs, including alcohol.
Q9	Please share anything else that may be on your mind regarding cigarette smoking.
A	I am in perfect health and currently see no reason to quit smoking. However, this does not mean that in the future I may not feel differently. It is not just about health issues. Perhaps marriage and fatherhood will make me feel differently about smoking, but I guess time will tell

Appendix C12: Participant 012

Q1	What are your reasons for cigarette smoking?
A	Peer pressure made me do so many things that I don't want to recall. I had problems with my self-image, and I wanted to fit in. I ended up interacting with the wrong people.
Q2	In what ways do friends influence you to smoke?
A	I was a member of a sorority in high school and college. The group had a profound influence on my smoking behaviors.
Q3	In what ways does family factor as one of your reasons for cigarette smoking?
A	My family also influenced my decision to smoke. My parents often considered me the black sheep of the house and I think it got into me. I decided to become rebellious to prove a point, but I ended up messing up my life.
Q4	Does the performance of teachers and doctors in your attitudes or behaviors towards cigarette smoking? Why or why not?
A	I never liked my teachers because I thought they were overly strict and hypocritical. Nurses were the worst. The ones I've met have been judgmental and unsupportive. I will choose social workers; they are helpful and understanding.
Q5	Does advertising influence your attitudes or behaviors towards cigarette smoking? Why or why not?
A	Not at all ever since I learned that advertising distorts reality. It's all about selling falseness for some profit, that's capitalism for you.

Q6	In your experience, how easy is it to buy a cigarette?
A	I don't even see the need for legislation considering that cigarettes are readily available even in protected places like schools.
Q7	Do you believe that cigarette smoking is bad for your health? Why or why not?
A	Yes, and I regret that I learned this fact late in life. My journey to smoking cessation started when I was diagnosed with emphysema. I ended up developing chronic COPD because I didn't heed the advice to stop smoking.
Q8	Is smoking consumption related to the consumption of alcohol and other drugs? Why or why not?
A	Yes. Smoking has a way of increasing the craving for alcohol and illicit drugs. It's just a messy situation. You won't even know when things spiral from worse to worst.
Q9	Please share anything else that may be on your mind regarding cigarette smoking.
A	I managed to quit smoking 7 years ago. It was very hard for me to quit. I felt terrible at first because I did not feel like myself if I was not smoking. However, I now realize that I will always be the same person. Smoking does not define who I am. This realization has made my anxieties about not smoking disappear.

Appendix C13: Participant 013

Q1	What are your reasons for cigarette smoking?
A	I started smoking when I was a high school senior. Peer pressure played a greater role in influencing my decision to start smoking.
Q2	In what ways do friends influence you to smoke?
A	Friends sustain my smoking behavior because they are also smokers. As I said, peer pressure had a profound influence on my behavior and attitudes about smoking.
Q3	In what ways does family factor as one of your reasons for cigarette smoking?
A	My family did not influence my decision to start smoking. On the contrary, family members have been encouraging me to quit smoking because I am the only one who smokes in the family.
Q4	Does the performance of teachers and doctors in your attitudes or behaviors towards cigarette smoking? Why or why not?
A	Teachers and healthcare professionals play a leading role in modeling good behavior and encouraging smoking cessation.
Q5	Does advertising influence your attitudes or behaviors towards cigarette smoking? Why or why not?
A	Advertising has a profound effect on smoking attitudes and behaviors for some people. Advertising affected me when I was younger, but I now don’t pay attention because I can tell reality from fantasy.

Q6	In your experience, how easy is it to buy a cigarette?
A	It is extremely easy to buy a cigarette. All you need is an ID confirming your age, especially for adolescents. I also know of the existence of black markets, but I have limited knowledge of the same.
Q7	Do you believe that cigarette smoking is bad for your health? Why or why not?
A	I am aware that smoking cigarettes are bad for my health based on official reports and research findings.
Q8	Is smoking consumption related to the consumption of alcohol and other drugs? Why or why not?
A	Yes. Most people who smoke will report higher cases of substance abuse, but we cannot generalize the findings because of diverse personal experiences.
Q9	Please share anything else that may be on your mind regarding cigarette smoking.
A	I have a love-hate relationship with smoking, and I think it is because I sometimes hate myself for doing it. I know it is bad for me. I know my family does not approve, particularly my wife. Whenever I want to smoke, I must essentially hide, and this makes me feel bad. I think I have reached the point in which I am truly ready to quit.

Appendix C14: Participant 014

Q1	What are your reasons for cigarette smoking?
A	I don't remember how I started smoking. All I know is that I was a rebellious teenager who liked experimenting. I guess smoking is one such experiment.
Q2	In what ways do friends influence you to smoke?
A	I was a member of a gang during my teenage years. We used to do all manner of things. Smoking cigarettes was one of them, and that's how I got hooked on smoking. Friends also influence my smoking habits because I would always smoke whenever we met no matter how much I resisted. The smell of cigarette smoke would evoke fond memories that drew me back to smoking.
Q3	In what ways does family factor as one of your reasons for cigarette smoking?
A	My father was violent and that's why I ended up joining a gang to find identity and a sense of belonging. However, my father and I are on good terms, and we are now best of friends.
Q4	Does the performance of teachers and doctors influence your attitudes or behaviors towards cigarette smoking? Why or why not?
A	The question is a bit challenging, but I'll give a general answer. Teachers advise students about the dangers of smoking and model good behavior. Doctors and other healthcare professionals support the implementation of smoking cessation programs.

Q5	Does advertising influence your attitudes or behaviors towards cigarette smoking? Why or why not?
A	Advertising no longer influences my attitudes or behaviors toward cigarette smoking. I am longer interested in TV and media advertising and the promotion of smoking because I am now keen on quitting.
Q6	In your experience, how easy is it to buy cigarettes?
A	I have never faced any barriers to buying cigarettes. In fact, cigarettes have been readily available throughout the period that I have been smoking.
Q7	Do you believe that cigarette smoking is bad for your health? Why or why not?
A	Yes. Participation in the smoking cessation program exposed me to the reality of the adverse health effects of smoking. I am now aware of the relationship between smoking and cardiovascular health.
Q8	Is smoking consumption related to the consumption of alcohol and other drugs? Why or why not?
A	Yes, for most of the people that I know. Smokers usually have a co-existing substance abuse problem. however, I do not know the mechanisms that underlie this relationship.
Q9	Please share anything else that may be on your mind regarding cigarette smoking.
A	To be honest, I had no idea about the different risks associated with smoking before participating in a smoking cessation program. I believe that the most significant aspect of such programs is the awareness they manage to generate in

those who participate. My attitude towards smoking changed; I decided to quit for my health and my family.

Appendix C15: Participant 015

Q1	What are your reasons for cigarette smoking?
A	I started to smoke because of peer pressure but I think the need for peace of mind was a greater reason I started smoking. The need to relieve stress exposed to a group of friends who ended up initiating me into smoking.
Q2	In what ways do friends influence you to smoke?
A	Friends socialized me to smoke through peer pressure, but the influence was not significant.
Q3	In what ways does family factor as one of your reasons for cigarette smoking?
A	I can’t recall any family factor that influenced my cigarette smoking behavior.
Q4	Does the performance of teachers and doctors influence your attitudes or behaviors towards cigarette smoking? Why or why not?
A	I am not sure of what you mean by performance but personally, I think that teachers and doctors can play a crucial role in influencing behavior change. the role of the two differs depending on the setting. Teachers can promote smoking cessation by teaching students about the dangers of initiating smoking at a younger age. The role of doctors and nurses in promoting smoking cessation is indispensable.
Q5	Does advertising influence your attitudes or behaviors towards cigarette smoking? Why or why not?

A	Not so much because I am no longer a teenager who cannot differentiate falsehood from reality. However, there are some adults who start smoking based on what they see on TV.
Q6	In your experience, how easy is it to buy a cigarette?
A	It is easy to buy a cigarette, but accessibility varies across states depending on the existing laws and regulations.
Q7	Do you believe that cigarette smoking is bad for your health? Why or why not?
A	I have always known the negative health effects of smoking, but I never paid close attention until I started to experience some of them, such as tiredness and shortness of breath. I decided to enroll in the smoking cessation program.
Q8	Is smoking consumption related to the consumption of alcohol and other drugs? Why or why not?
A	Yes. Smoking increases the possibility of consuming alcohol and other drugs. I don’t know the reason behind this situation. However, I have witnessed how people who smoke also start drinking alcohol and abusing other drugs.
Q9	Please share anything else that may be on your mind regarding cigarette smoking.
A	It is hard to quit smoking, even after completing a cessation program. The reality is that smoking is part of society. Most of my friends’ smoke, and for me, it is hard to quit something I enjoy doing when everyone around me is doing it.