

ORIGINAL ARTICLES

## Intention to quit smoking and influencing factors among current smokers aged 15 and over in Ba Ria - Vung Tau in 2024

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### ABSTRACT

**Objective:** To determine the current status of intention to quit smoking and influencing factors among current smokers aged 15 and over in Ba Ria - Vung Tau province in 2024.

**Methods:** This study employed a cross-sectional design, utilizing mixed quantitative and qualitative methods. The quantitative study used secondary data from the Vung Tau Provincial Global Adult Tobacco Survey (PGATS 2024), which included 2,400 individuals aged 15 and above. The qualitative study conducted 16 in-depth interviews with health workers and current smokers who had participated in the original PGATS 2024 study. Data were analyzed using SPSS version 20.0 software. Univariate and multivariate logistic regression analysis were performed to determine factors associated with intention to quit smoking (with statistical significance level  $p < 0.05$ ).

**Results:** 52.4% of current smokers intended to quit smoking. In multivariate analysis, those who had attempted to quit in the past 12 months had an intention to quit 8.8 times (95% CI: 4.6–16.5). Factors such as indoor smoking bans, exposure to  $\geq 3$  media channels, and exposure to health warnings on cigarette packs remained statistically significant after adjustment ( $p < 0.05$ ). Support from family had a positive influence, while cigarette price and tax policies have not created enough financial pressure to motivate smokers to quit.

**Conclusions:** It is necessary to increase support for smoking cessation measures and promote the use of diverse media channels (including social networks and the internet). At the same time, it is necessary to strengthen the implementation of smoke-free environments and maintain and promote the effectiveness of health warning images on cigarette packs to increase the intention to quit smoking in the smoking community. Adjusting tobacco prices and taxes to a high enough level to create financial pressure is also a measure to promote the intention to quit smoking.

**Keywords:** *intention to quit smoking, current smokers, influencing factors, PGATS 2024, Ba Ria - Vung Tau.*

### INTRODUCTION

According to the World Health Organization, smoking is the leading cause of diseases, with over 8 million deaths each year related to tobacco-related diseases, and this number is expected to increase to 10 million by 2030 (1).

Currently, there are about 1.3 billion smokers worldwide (2). According to the Global Adult Tobacco Survey (GATS) in Vietnam, the proportion of people aged 15 and over who smoke has decreased from 22.5% in 2015 to 20.2% in 2022–2023; however, the smoking rate among men remained high at 38.9% (3-5).



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Quitting smoking is considered the most important measure to reduce the burden of diseases and premature deaths caused by tobacco. WHO recommends that assessing intention to quit smoking is an essential first step in developing effective smoking cessation interventions (6). In Vietnam, according to the PGATS 2020, the percentage of adult smokers who intended to quit smoking was 50.3% (7), but this rate fluctuated significantly between provinces and cities, from 18.5% to 62% (8) (9). Several factors influencing the intention to quit smoking have been mentioned, such as in those with higher educational levels (9-13), married (7, 11, 14), have tried to quit smoking (10, 15, 16), or receiving anti-tobacco messages through mass media, warnings in health newspapers on cigarette packs/packages (7, 13, 17) have higher intention to quit smoking. Conversely, people who were more dependent on nicotine were less likely to have the intention to quit smoking (11, 14).

In Ba Ria - Vung Tau province, tobacco harm prevention work has been promoted in recent years, contributing to reducing the smoking rate among adults from 24.7% in 2018 to 20% in 2022, and the smoking rate among men from 46.8% in 2018 to 38.9% in 2022 (18, 19). In 2024, within the framework of the PGATS 2024 implemented by the Vietnam Tobacco Control Fund in collaboration with the Hanoi University of Public Health, data in Ba Ria - Vung Tau has not been analyzed in depth on the intention to quit smoking. Therefore, we conducted this study to describe the current status of intention to quit smoking and identify influencing factors among current smokers aged 15 and over in Ba Ria - Vung Tau province in 2024. The research results were expected to provide

scientific evidence to serve the development and implementation of appropriate and effective smoking cessation support activities in Ba Ria - Vung Tau.

## METHODS

**Research design:** Cross-sectional design. This was a mixed method study combined quantitative and qualitative methods. The quantitative part aimed to describe the current status of intention to quit smoking and identify factors related to the intention to quit smoking, while the qualitative part was conducted to supplement and clarify the results of the quantitative analysis.

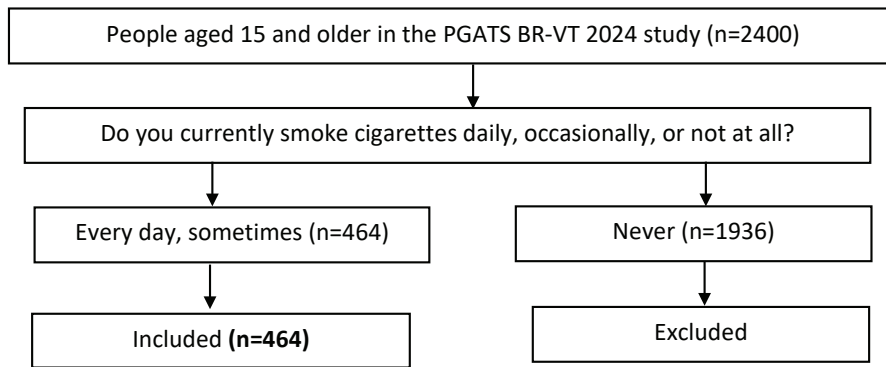
**Data source:** Quantitative data were exploited from a secondary data set on the status of tobacco use among people aged 15 and over in Ba Ria - Vung Tau province in 2024 (PGATS BR-VT). This dataset was part of the national PGATS 2024 study conducted in 37 provinces and cities.

**Research location and time:** The study was conducted in Ba Ria - Vung Tau province, including: Vung Tau Regional Medical Center, Long Dien area and Xuyen Moc area. The study was conducted from December 2024 to September 2025.

**Research subjects:** People aged 15 and over who were smoking, tobacco control management staff present at the time of the study, and agreeing to participate in the study.

### Sample size and sampling procedure:

*Quantitative:* From the PGATS BR-VT 2024 dataset, people aged 15 years and older who were currently smoking were screened for analysis, as follows:



**Qualitative:** Purposive sampling method to select four health workers in charge of tobacco control work for in-depth interviews. Purposively select 12 smokers aged 15 and over who participated in the quantitative interview in the original study for in-depth interviews to further explore factors related to the intention to quit smoking.

### Variables, research topics

**Quantitative variables:** General information: age group, gender, place of residence, education level, marital status, occupation, smoking frequency, number of cigarettes smoked per day, time after waking up to smoke the first cigarette, family prohibited smoking inside the house, access to media channels on tobacco control, awareness of the harmful health effects of smoking, receiving advice to quit smoking from health workers, places to buy cigarettes, hearing about the Tobacco Control Law, seeing health warnings on cigarette packs. Intention to quit smoking: intention to quit smoking, intended time to quit smoking, intended method to quit smoking.

**Qualitative topics:** Reasons for intending to quit smoking, difficulties in quitting smoking, family factors, environmental factors, access to smoking cessation counseling, places to buy cigarettes, policy factors affecting intention to quit smoking.

### Data collection and analysis:

The PGATS 2024 interview questionnaire and the list of sampled households and household members were integrated into the REDCap software installed on smartphones or ipads. Data collection was carried out by interviewers who had access to the community, were knowledgeable about the research problem, had interviewing skills, and were trained before implementation.

Intention to quit smoking in this study was coded from the question “In the past 12 months, did you intend to quit?” Respondents who answered “Intend to quit in the next month”, “Intend to quit in the next 12 months” or “Will quit someday” were considered to have an intention to quit smoking. Respondents who answered “Not interested” or “Don’t know” were considered to have no intention to quit smoking.

Quantitative data were analyzed using SPSS 20.0 software. Descriptive statistics were used: Frequency (n) and proportion (%) to describe quantitative variables. Chi-square test was used to compare differences in the distribution of intention to quit smoking between demographic groups. Univariate logistic regression was applied to determine factors related to intention to quit smoking, with a statistical significance level of  $p < 0.05$ . Odds ratio (OR) and 95% confidence interval (CI) were used to measure the strength of the association. For qualitative data, recordings and minutes of in-depth interviews were

transcribed and coded. Thematic analysis was performed, and the contents were extracted in accordance with the research objectives.

**Ethical considerations:** The study proposal was approved by the Ethics Committee of the Hanoi University of Public Health under Decision number 97/2025/YTCC-HD3 dated April 8, 2025. The research did not cause any harm to the spirit, health, or life of the research participants. Participants were informed of the purpose, content, procedures, risks, and benefits of the study. Participation in PGATS 2024 was voluntary, and participants could withdraw at any time. All research subjects filled out a voluntary participation form before data collection.

## RESULTS

Table 1 shows the general information of the study subjects. The study subjects were mainly males, accounting for 97.8%. The age group from 25 to 44 years old accounted for the highest proportion (44.3%). Smokers residing in urban areas are 53.4% higher than

those residing in rural areas which is 46.6%. The proportion of people with secondary education was the highest at 34.7% and the lowest was from college or higher at 10.3%. The majority of the study participants were self-employed, accounting for 69.6%, and 84.3% were married. The frequency of smoking among the study subjects was mainly daily, accounting for 82.8%, much higher than the occasional frequency of 17.2%. The proportion of people who had quit smoking in the past 12 months was 27.2%. The majority of the subjects were moderately dependent on nicotine (61.7%) and 1.1% were severely dependent. The study subjects lived in households with regulations prohibiting smoking in the house, accounting for 46.6%. The percentage of people who had access to information about the harmful effects of tobacco from three or more channels was 38.8%, while 33.4% still had no access through any media channel. The majority of people who were aware that tobacco caused dangerous diseases were 78.2% and only 16.2% received advice to quit smoking from health workers. Most people bought cigarettes at small stores, accounting for 77.8%.

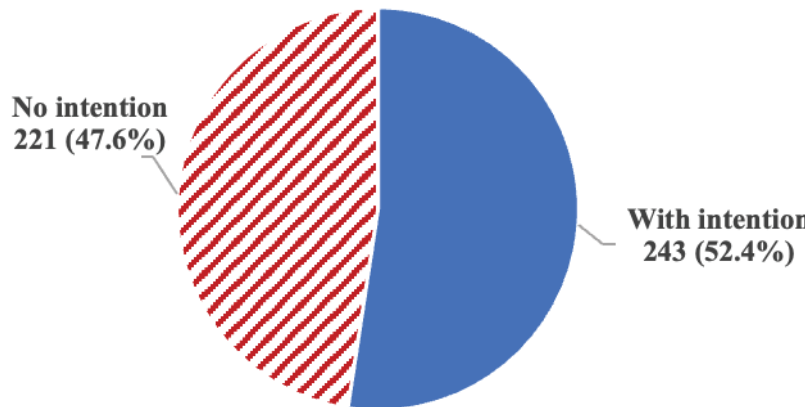
**Table 1. General information about the study subjects (n=464)**

	Characteristics	Frequency (n)	Percentage (%)
Gender	Male	454	97.8
	Female	10	2.2
Age groups	15-24	22	4.7
	25-44	206	44.3
	45-64	191	41.2
	65 and over	45	9.7
Residential areas	Rural	216	46.6
	Urban	248	53.4
Educational levels	Elementary or below	153	33.0
	Junior secondary	161	34.7
	High school	102	22.0
	College or higher	48	10.3

	Characteristics	Frequency (n)	Percentage (%)
Occupations	Government/non-government employee	70	15.1
	Freelance	323	69.6
	Housewife/student/retired/not working	71	15.3
Marital status	Single	54	11.6
	Married	391	84.3
	Divorced/Separated/Widow	19	4.1
Frequency of smoking	Daily	384	82.8
	Occasionally	80	17.2
Level of nicotine dependence (*)	Light	143	37.2
	Medium	237	61.7
	Heavy	4	1.1
Have quit smoking in the past 12 months	Yes	126	27.2
	No	338	72.8
Family has a no-smoking policy in the home	Yes	216	46.6
	No	248	53.4
Number of media channels exposed to the harmful effects of tobacco	3 or more channels	180	38.8
	1-2 channels	129	27.8
	Not received	155	33.4
Awareness of tobacco causing dangerous diseases	Yes	363	78.2
	No	101	21.8
Get advice on quitting smoking from a health professional	Yes	75	16.2
	No	389	83.8
Places to purchase cigarettes	Supermarkets	17	3.7
	Kiots	361	77.8
	Drinks, street vendors	64	13.8
	Duty-free shops	17	2.2

(\*) Level of nicotine dependence based on daily cigarette smokers

The rate of intention to quit smoking of the research subjects was 52.4% (Figure 1). In which, the main reason for intending to quit smoking was the impact on health, such as cough, sore throat, gastric reflux, or cardiovascular diseases: “I intend to quit smoking because I see the impact on my health, I see that I cough less” (In-depth interview\_Male\_ 64 years old\_XM). “When I smoke too much, I often have gastric reflux, usually when I drink alcohol or smoke a lot, the next morning I often have...” (In-depth interview\_Male\_ 31 years old\_VT). “The first reason for intending to quit smoking is because I have heart disease” (In-depth interview\_Male\_ 50 years old\_VT).



**Figure 1. Rate of intention to quit smoking among research subjects (n = 464)**

The results of Table 2 show that 67.5% of people aged 15 and over who were smoking intended to quit smoking but not in the next 12 months, 18.1% of the subjects intended to quit in the next 12 months, only 14.4% intended to quit in the next month. The most commonly intended smoking cessation method was trying to quit without any support (39.4%), followed by using regular nicotine-free chewing

gum (38.9%). Through in-depth interviews, many smokers shared that they chose to quit smoking without support because they believed that quitting smoking depends mainly on personal will: “...I think those counseling places probably only say some general things, basically you have determination, the important thing is still up to you” (Indepth interview\_Male\_56 years old\_LD).

**Table 2. Time and smoking cessation methods intended to be used by participants**

Time and smoking cessation methods	Frequency (n)	Prevalence (%)
<b>Planned time to quit smoking</b>		
Next month	35	14.4
In the next 12 months	44	18.1
Quit but not in the next 12 months	164	67.5
<b>Intended smoking cessation measures</b>		
Direct advice from a health staff	23	18.1
Nicotine replacement therapy	7	5.5
Nicotine-free chewing gum	49	38.9
Attempting to quit smoking without support	50	39.4

The results in Table 3 show that people aged 45-64 years had a 2.4 times higher intention to quit smoking than people aged 15-24 years (95% CI: 1.2-4.7). People with occupations such as housewives/students/retired/not working had a 1.8 times higher intention to quit

smoking than people who were government/non-government employees (95% CI: 1.0-3.1). People who smoked occasionally had a 2.1 times higher intention to quit smoking than people who smoked daily (95% CI: 1.2-3.5). People who have tried to quit smoking

in the past 12 months had a 11.5 times higher intention to quit smoking than people who have not tried to quit smoking (95% CI: 6.4-20.6). People living in households with a smoking ban in the home were 3.1 times more likely to intend to quit than those living in households without a smoking ban (95% CI: 2.1-4.5). People who had access to  $\geq 3$  media channels were 3.6 times more likely to intend to quit than those who had access to  $< 3$  channels (95% CI: 2.3-7.4). People who

received advice to quit smoking from health workers were 4.1 times more likely to intend to quit than those who did not receive advice (95% CI: 2.3-7.4). People who heard about the Tobacco Control Law were 1.7 times more likely to intend to quit than those who did not (95% CI: 1.1-2.5). People who saw health warnings on cigarette packs were 1.9 times more likely to intend to quit smoking than those who did not see these warnings (95% CI: 1.1-3.2).

**Table 3. Association between some factors and intention to quit smoking**

Factors	Intention to quit smoking		OR (95% CI)
	Yes	No	
<b>Age groups</b>			
15-24	11 (50.0)	11 (50.0)	1
25-44	93 (45.1)	113 (54.9)	2 (0.7-5.6)
45-64	109 (57.1)	82 (42.9)	2.4 (1.2-4.7)
$\geq 65$	30 (66.7)	15 (33.3)	1.5 (0.7-2.9)
<b>Occupation</b>			
Government/non-government employee	37 (52.9)	33 (47.1)	1
Freelance	160 (49.5)	163 (50.5)	1.6 (0.8-3.2)
Housewife/student/retired/not working	46 (64.8)	25 (35.2)	1.8 (1.0-3.1)
<b>Frequency of smoking</b>			
Daily	189 (49.2)	195 (50.8)	1
Occasionally	54 (67.5)	26 (32.5)	2.1 (1.2-3.5)
<b>Tried to quit smoking in the past 12 months</b>			
No	132 (39.1)	206 (60.9)	1
Yes	111 (88.1)	15 (11.9)	11.5 (6.4-20.6)
<b>The family has a rule prohibiting smoking in the house</b>			
No	98 (39.5)	150 (60.5)	1
Yes	145 (67.1)	71 (32.9)	3.1 (2.1-4.5)
<b>Number of media channels accessed about the harmful effects of tobacco</b>			
Less than 3 channels	115 (40.5)	169 (59.5)	1
$\geq 3$ channels	128 (71.1)	52 (28.9)	3.6 (2.3-5.4)
<b>Get advice on quitting smoking from a health professional</b>			
No	184 (47.3)	205 (52.7)	1
Yes	59 (78.7)	16 (21.3)	4.1 (2.3-7.4)

Factors	Intention to quit smoking		OR (95% CI)
	Yes	No	
<b>Heard about the Law on Tobacco Harm Prevention</b>			
No	77 (43.8)	99 (56.2)	1
Yes	166 (57.6)	122 (42.4)	1.7 (1.1-2.5)
<b>See health warnings on cigarette packs</b>			
No	29 (38.7)	46 (61.3)	1
Yes	214 (55.0)	175 (45.0)	1.9 (1.1-3.2)

The results of the in-depth interview also showed that support from the family has a positive impact in helping smokers consciously reduce the frequency of smoking and intend to quit: “My wife reminds me not to smoke too much, to reduce it, to smoke less, to smoke one cigarette every 2-3 hours” (In-depth interview\_Male\_64 years old\_XM). “Every time the cigarette smoke comes out, my wife and children say “just quit”. That makes my conscience a little uneasy when I smoke, but I will gradually quit, probably not long now, probably one year later” (In-depth interview\_Male\_48 years old\_XM). The price of cigarettes has not created enough financial pressure to be a driving force for smokers to quit: “Cigarettes are still so cheap now. Buying a pack of cigarettes costs about 15-20 thousand Dong, smoking a pack a day is less than 500 thousand Dong a month. Compared to other living expenses, it is not much” (In-depth interview\_Male\_32 years old\_LD). Increasing tobacco tax can be a factor affecting the intention to quit smoking, but only when the increase is large enough and creates obvious financial pressure: “If the increase is too high, then people will likely to quit,... if the increase is too small, it will not

affect people’s ability to buy cigarettes... For example, I am smoking a pack of cigarettes for 15,000 VND, if it increases to 20,000 VND - 25,000 VND, I can still smoke, but if it increases to 100,000 VND - 200,000 VND, I will have to reconsider” (In-depth interview\_Male\_50 years old\_VT).

The results of multivariate logistic regression analysis in Table 4 show that there were four factors that were statistically significantly associated with smokers’ intention to quit smoking. Specifically, those who had tried to quit smoking in the past 12 months were 8.8 times more likely to intend to quit than those who had never tried (95% CI: 4.6–16.5). Those living in households with prohibition of smoking indoors were 2.7 times more likely to intend to quit than those without such a prohibition (95% CI: 1.7–4.3). Access to information about the harmful effects of tobacco from three or more media channels increased the likelihood of intending to quit smoking by 2.8 times compared to those exposed to less than three channels (95% CI: 1.8–4.5). Additionally, those who noticed health warnings on cigarette packs were 2.9 times more likely to intend to quit than those who did not see warnings (95% CI: 1.5–5.7).

**Table 4. Multivariate regression model identifying some factors associated with intention to quit smoking**

Related factors	Regression coefficient (B)	Standard error (SE)	OR 95% CI
<b>Tried to quit smoking in the past 12 months</b>			
No			1
Yes	2.17	0.32	8.8 (4.6-16.5)
<b>Regulations prohibiting smoking indoors</b>			
No			1
Yes	0.99	0.24	2.7 (1.7-4.3)
<b>Number of media channels accessed about the harmful effects of tobacco</b>			
<3 channels			1
>= 3 channels	1.05	0.24	2.8 (1.8-4.5)
<b>Noticed health warnings on cigarette packs</b>			
No			1
Yes	1.09	0.33	2.9 (1.5-5.7)

## DISCUSSION

### *Intention to quit smoking*

The rate of intention to quit smoking among current smokers aged 15 and over in Ba Ria - Vung Tau province in 2024 was 52.4%. This result was higher than some studies by Phan Van Sang et al. (2021) in Thuy Van commune, Huong Thuy town, Thua Thien Hue province, where 18.5% of adult men intended to quit smoking (8), a study from PGATS 2020 in Vietnam in people aged 15 and over showed the rate of intention to quit smoking was 50.3% (4). However, this result was lower than Nguyen Thanh Huong's study in Ha Tinh City, which had a rate of 62% (9). In Ba Ria - Vung Tau province, the rate of current smokers intending to quit smoking has shown a clear increasing trend in the period 2018-2024, from 26.5% in 2018 (19) to 52.4% in 2024. This result shows the initial effectiveness of tobacco control activities implemented in the province. The increase in the rate of intention to quit smoking

proves that communication programs to raise awareness and counseling on smoking cessation have gradually impacted people's behavior and awareness of the harmful effects of tobacco.

### *Factors influencing smoking intention*

The results of the multivariate regression model identified four factors associated with smokers' intention to quit smoking.

The factor of history of trying to quit smoking and intention to quit smoking was also noted in the study of Nguyen Thi Ngoc Phuong (2018) in Hanoi (20), and the study in Lebanon by Dina Farran and colleagues (2022) (21). In addition, the family environment also plays a big role, especially in people living in families with regulations prohibiting smoking indoors, making smokers feel reminded frequently and find it difficult to maintain the habit. This result was consistent with the study of Tran Quang Duc conducted in Dong Da district (Hanoi) (13) and the study of Y Nan and XB Di (2018) in China, which showed that the rate of trying to

quit smoking was significantly higher in people living in families with regulations prohibiting smoking partially or completely indoors (15). Access to information from multiple media channels strengthens motivation to quit smoking, because it provides knowledge and creates repetition and resonance of messages, helping smokers increase awareness and confidence in their ability to quit. This finding is consistent with the PGATS study (2020) in Vietnam, which showed that smokers who access six or more media channels had a 1.7 times higher intention to quit than those who did not access any information (7). Seeing health warnings printed on cigarette packs has a positive effect on the intention to quit smoking. This factor has been demonstrated by the research results of Le Tu Hoang in PGATS 2020, which recorded a 1.7 times higher rate of intention to quit smoking in the group of people who pay attention to warnings on cigarette packs (7). In Hanoi, a study by Nguyen Thi Ngoc Phuong (2018) showed that the group affected by warning images had a 2.6 times higher intention to quit than the unaffected group (20). Similarly, a study by Kecheng et al. in China (2024) showed that warnings about the risk of cardiovascular, digestive, respiratory and reproductive health diseases all contributed to increasing the intention to quit smoking in smokers (22). Support from family, especially wives and children, had a positive impact on reducing smoking frequency and promoting the intention to quit. This result also had a similar trend to a qualitative study on awareness of mindfulness and text messaging for smoking cessation in Vietnam in 2020, which showed that encouragement from family members, especially wives and children, was considered a motivating factor for many smokers to quit, regardless of their stage of change (23).

The study has several limitations. First, intention to quit was measured by a single question, which may not fully reflect motivation and readiness to

quit. Second, self-reported data may be affected by social desirability bias. Third, some variables related to behavior in the previous 30 days - 12 months may be subject to recall bias.

## CONCLUSIONS

The study results showed that 52.4% of current smokers intended to quit smoking. Factors influencing the intention to quit smoking identified in the multivariate analysis model included: people who had tried to quit smoking in the past 12 months were 8.8 times more likely to intend to quit than those who had never tried (95% CI: 4.6–16.5); other factors such as indoor smoking bans, access to  $\geq 3$  media channels and seeing health warnings on cigarette packs remained statistically significant after adjustment. Family support had a positive effect, while tobacco price and tax policies did not create enough financial pressure to motivate smokers to quit. It is necessary to increase support for smoking cessation measures and promote the use of diverse media channels (including social networks and the internet). At the same time, it is necessary to strengthen the implementation of smoke-free environments and maintain and promote the effectiveness of health warning images on cigarette packs to increase the intention to quit smoking in the smoking community. Adjusting tobacco prices and taxes to a high enough level to create financial pressure is also a measure to promote the intention to quit smoking. The research results can be used as a basis for developing and implementing communication programs, interventions and policies to support smoking cessation in Ba Ria - Vung Tau province.

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