

Exploring barriers to continuation of smoking cessation clinic by registered clients and proposed mitigation strategies - A qualitative study in Pejabat Kesihatan Daerah Klang

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ABSTRACT

Introduction: Introduction of Smoking Cessation (SC) programmes in health care centres are remarkable initiatives in addressing the unmet needs of *Berhenti Merokok* services. Despite proven benefits of SC in improving client's quality of life, issues such as non-adherence and poor SC therapy retention rates remained as perturbing "mysteries" at Klang primary health care settings. **Objective:** This study was designed in unearthing client's perception of SC programmes and in identifying a confluence of multi-dimensional barriers faced by SC clients leading to therapy defaults. **Materials and Methods:** Heuristic qualitative study using phenomenological approach. Participants were recruited through purposive and snowball sampling. Data was collected through audio taped, face to face in depth interviews (IDIs), using customised interview guides in adherence to the COREQ-32 item checklist. Study duration was between January 2024 - August 2024 at *Klinik Kesihatan (Bandar Botanik and Meru)* with existing SC program. Saturation of salient themes were achieved with 10 defaulted QSC clients and data was analysed under the six stages of thematic analysis. **Results:** 3 major themes and 13 sub themes significantly emerged as study findings. Initial theme on *T1: Perception towards Nicotine Replacement Therapy (NRT)* displayed mixed reviews, stating that NRT can cause addiction and duration of NRT treatment was insufficient. Second theme vis-à-vis *T2: Drivers to SC non-adherence* were associated with intrapersonal devoid in client's insights on NRT, worsened by the impact of tobacco addiction and lack of self-motivation as supported through the theory of planned behaviour. Gaps due to dysfunctional familial support and peer pressures were commonly reiterated. In terms of NRT, clients admitted that regimens were insufficient to curb their withdrawal symptoms and the choices of NRT are limited especially for high Fagerstrom smokers. Therefore, robust *T3: Mitigation Strategies to Improve SC programmes* were suggested in compliance with the social ecological model of nested intervention planning. **Conclusion:** SC services sustainability can be enhanced by improving client's NRT pharmacotherapy needs, enhanced social care through local initiatives e.g "Kempen Nafas Baru Ramadhan Klinik Kesihatan" and annual review of clinic policy and guidelines in SC services delivery