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Characterising the Reasons for Smoking and Barriers, Motivators for Smoking Cessation among College Students

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Abstract: ***Aim: To characterise the reasons for smoking initiation, barriers to quitting smoking and motivators for smoking cessation among college students. Background: This study focuses on smoking among Indian college students, a pressing public health concern, with 28.6% of young adults in India using tobacco. It explores the reason for smoking initiation, barriers to quitting, and motivators for cessation. Young adulthood is a critical period for behaviour formation, and successful quitting is more likely at the age of 30 to 35. The findings will guide targeted interventions, including stress management and education programs, to reduce smoking rates among college students and improve their overall health, considering cultural nuances and ethical considerations. Methodology: This study was conducted among 390 college students, which includes 242 smokers, this analytical cross-sectional study obtained ethical clearance before screening participants for smoking behaviour and recording basic demographic profiles. The questionnaire consists of three sections: reasons for smoking initiation, barriers to quitting, and motivators for smoking cessation. After structured health education counselling, we aimed at the motivators for smoking cessation, after which the responses obtained were analysed. Result: The study involved 242 participants with a mean age of 22.57 years. The majority were male (76.4%), unmarried (97.1%), and urban residents (63.2%). Among them, 169 (69.8%) reported regular tobacco usage, while 73 (30.2%) reported occasional usage. Initiators of smoking behaviour cited peer pressure (40.1%) and stress (33.5%) as common factors, with other influences like media (5.4%) and parental influence (21.1%). Despite 96.7% having awareness of the harmful effects of smoking, 33.5% found no compelling reason to quit. Barriers included stress relief (24.8%), pleasure of smoking (20.2%), environmental conditions (14.9%), and lack of confidence (6.6%). Previous motivators for cessation included improving personal relationships (29.8%) and physical fitness (28.5%). After structured counselling, 86.8% felt motivated to enrol in cessation programs. Participants believed that constant motivation, improving quality of life, adopting alternative habits (sports, meditation, yoga), and peer support would aid successful cessation. Conclusion: The survey identified significant associations between smoking behaviour and age, gender, education, marital status, and place of living. Peer pressure and stress influence smoking initiation, while knowledge of harm motivates quitting. Barriers include a liking for smoking and a lack of willpower. Tailored interventions addressing these factors can aid in reducing smoking prevalence.***

Keywords: Smoking prevalence, Smoking cessation, Smoking initiation

1. Introduction

The prevalence of tobacco use among young people is escalating on a global scale, reaching epidemic levels. A significant number of individuals initiate tobacco consumption before turning 18, with estimates suggesting that the majority of users fall within this age group. Statistics reveal that worldwide, approximately 1 in 10 girls and 1 in 5 boys, aged 13 to 15, engage in tobacco use [1] India is the third-largest global producer of tobacco, and almost 50% of its production is used within the country. Smoking involves exposure to over 7,000 chemicals, with around 250 proven to be harmful and nearly 69 identified as carcinogenic [2]. As young adults of India are exploring the artistic, social, practical and personal aspects of smoking addiction, Peer pressure a powerful force driven by the need for social approval, can be a strong motivator to start smoking, live a sedentary lifestyle, join specific social groups, and assert identity within these groups. Advertising texts emphasize these demands, portraying smoking as attractive or disgusting and supporting social attitudes towards light. The stress of academic life and the need to control behaviour in the social environment is another important reason why young people start smoking to find a way to escape the stress they face. To address smoking vulnerability, it is important to identify the brain states that enhance smoking behaviour. Identity exploration, peer motivational influences, attraction seeking, appeal of media coverage and a few myths contribute to the formation of attitudes that promote smoking initiation. Identifying and understanding these complex brain processes is important for developing interventions that target the causes of youth smoking vulnerability. Among individuals attempting to quit smoking, the success rate of abstinence after 6 months is merely 3%–5% for those who attempt self-cessation and ranges from 19%–33% for those who choose pharmacotherapy. Therefore, it is crucial to thoroughly examine and comprehend the multifaceted factors that contribute to the challenges and failures observed in smoking cessation from various angles [3, 4]. Several impediments to smoking cessation have been recognized, encompassing factors such as insufficient knowledge, diminished self-efficacy, prevalent pro-smoking community norms, and perceived inadequacy of willpower. The proposition posits that both financial stress and the social milieu of smokers exert influence on the cessation process. Furthermore, individuals from disadvantaged backgrounds may encounter difficulties in accessing healthcare and securing cessation guidance, thereby facing potential impediments to receiving effective treatment during their efforts to quit smoking [5]. The ability to quit tobacco successfully is influenced by

factors such as a higher socioeconomic status, older age, overall health condition, past quitting experiences, intentions to quit, the presence of supportive assistance, and increased awareness, as well as the implementation of high taxation [6]. Health education counselling programs that remove the stigma associated with smoking and highlight its health risks and social responsibility can play an important role in changing attitudes and preventing smoking cessation. The journey to quit smoking is challenging, hindered by societal approval, particularly potent in creative circles, acting as a barrier to productivity. Peer pressure and the fear of non-acceptance impede decision-making, fostering an environment that restricts freedom from smoking. Nicotine's addictive nature exacerbates the issue, leading to physical dependence and withdrawal symptoms. Inadequate attention to health decisions related to smoking, especially among the uninformed youth, further complicates cessation efforts. Understanding smoking motivations is crucial for effective interventions. Increased awareness of smoking dangers has prompted the medical community to actively advocate for cessation.[7] Educational programs highlighting the benefits of quitting can motivate those hesitant to change. Combining financial considerations with a solid foundation and social change strengthens the resolve to quit. Recognizing the challenges faced by young people in India, addressing vulnerability requires comprehensive interventions targeting the unique dynamics of this population, encompassing public health, education, policy, and social support.[8] The goal is to empower informed decision-making, fostering healthy and safe lifestyles for future generations.

2. Methodology

In this exhaustive analytical cross-sectional study, a methodical investigation was undertaken to scrutinize the smoking habits and cessation considerations among a cohort of 390 college students. Of particular note was the detailed examination of 242 individuals who identified as smokers, shedding light on their behaviours and attitudes towards smoking habits. The underpinning principle of this study was a steadfast commitment to ethical standards, exemplified by ethical clearance obtained before initiating research activities.

The research design adopted a holistic approach, incorporating a detailed exploration of basic demographic profiles to gain a comprehensive understanding of the diverse characteristics within the study population. Initial data collection centred on obtaining crucial background information, providing a robust foundation for contextualizing the research. A major component of this study was the conduct of a detailed interview, a qualitative method aimed at extracting in-depth responses from participants. Concurrently, a meticulously crafted questionnaire, covering a broad spectrum of topics, served as a pivotal tool in analysing smoking behaviour and associated factors among college students.

Before the administration of the questionnaire, participants' smoking profiles were meticulously recorded. This involved assessing the number of cigarettes consumed per week, the duration of their smoking habits in terms of years, and the age at which they initiated smoking. Such granular data collection aimed to provide a nuanced understanding of the temporal and quantitative dimensions of participants' smoking habits. Furthermore, an evaluation of participants' knowledge about the harmful effects of smoking served as a critical aspect, forming the basis for comprehending the cognitive dimensions of their smoking behaviour.

The questionnaire itself was thoughtfully structured into three main sections, each addressing distinct facets of smoking behaviour. The first two sections were dedicated to unravelling the reasons behind individuals initiating smoking as a habit and the barriers encountered during attempts to quit. These sections were pivotal in uncovering the motivational and inhibiting factors influencing smoking behaviour among the participants.

Following these initial sections, participants underwent a health education counselling session, a unique feature that added depth to this study. This component provided participants with a comprehensive understanding of the detrimental effects of smoking, spanning bodily consequences, socioeconomic risks, and mental health-related issues. The counselling session aimed to empower participants with knowledge that could potentially influence their attitudes towards smoking and cessation.

Post-counselling, participants were presented with the final set of questions, honing in on motivators for smoking cessation. This segment sought to extract information on the factors that individuals believed could serve as major motivators for quitting smoking. The comprehensive nature of this approach aimed to capture not only the quantitative aspects of smoking behaviour but also the qualitative nuances that influence participants' decisions regarding smoking cessation.

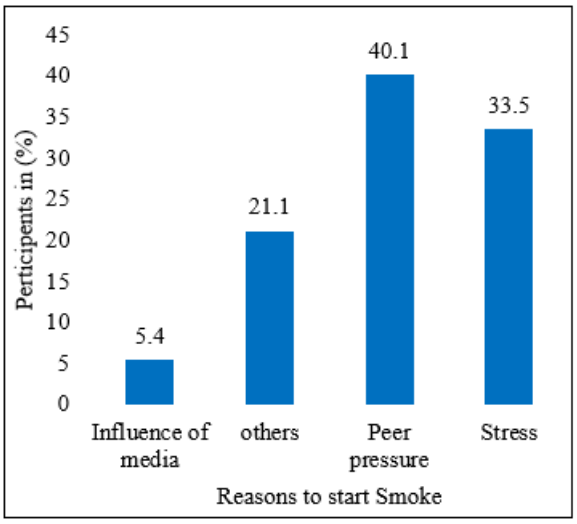
The responses collected from participants, spanning both qualitative and quantitative data, underwent a rigorous statistical analysis. This analytical phase served as a robust foundation for interpreting the complex interplay of factors influencing smoking habits and cessation considerations among the college student population. The integration of statistical analyses adds a layer of credibility to the findings, enhancing the robustness and generalizability of the study's outcomes.

The significance of this study transcends the mere documentation of smoking behaviours among college students; it lies in its comprehensive examination, incorporating ethical standards, demographic profiling, in-depth interviews, and a meticulous questionnaire. This research contributes valuable insights into the multifaceted aspects of smoking habits and cessation among college students, serving as a valuable resource for future discussions, interventions, and policy considerations in educational settings. The comprehensive nature of the study not only adds depth to the existing literature but also offers a holistic perspective on the challenges and opportunities associated with understanding and addressing smoking behaviour among college students.

3. Results

A total of 242 participants who met the inclusion criteria participated in this study. The majority of the participants were male [185(76.4%)] with a mean age of 22.57(SD = 2.68) years ranging from a minimum of 17 to a maximum of 30 years. The majority of the participants were unmarried [235(97.1%)] and majorly from urban areas [153(63.2%)] and the majority of the people were regular smokers [169(69.8%)]. Among the regular smoker's majority of the people started to smoke at the age of 18 – 20 [112(46.3%)] years with an average of 10 cigarettes per week with a minimum of 2 cigarettes per week to 50 cigarettes per week and the majority of the people who smoke knows the harmful effects of smoking [234(96.7%)].

Reasons for smoking:
Among the participants who responded, the majority of the participants admitted a response which the factors contributing initiation of smoking behaviour were peer pressure [97(40.1%)], one-third of the total population smoked due to a loss of way to handle stress [81(33.5%)], one-fifth of the total population due to other reasons such as seeking attention in front of opposite gender, parental influence, listening to few myths [i.e. nicotine increases brain function, increases testosterone, decreases stress, etc.] [51(21.1%)] and few people from media influence [13(5.4%)].



Peer influence on smoking (40.1%):
Almost 40.1% of the participants stated that peer influence was the major reason for them to initiate smoking. Peers exert a formidable influence on individuals' smoking habits, particularly during the pivotal adolescent phase. The desire to fit in and be part of a peer group often propels many individuals to adopt smoking as a behaviour aligned with perceived social norms. The sense of belonging and camaraderie within a smoking peer group frequently eclipses concerns about health risks, making peer influence a major catalyst in both initiating and sustaining smoking habits. This phenomenon underscores the significance of social dynamics in shaping behaviours. Strengthening resilience, promoting positive alternatives, and fostering a supportive environment are crucial elements in equipping individuals with the tools to resist peer-influenced smoking and make healthier choices.

Lose of way to handle stress (33.5%):
Stress, a significant factor accounting for about one-third of smoking trigger from the total participated population which drives individuals to adopt cigarettes as a coping mechanism for life's pressures. The perceived stress-relieving effects of smoking, though temporary, establish a habitual response to stressors, contributing to persistent smoking behaviours. Beyond psychological relief, the physiological impact of nicotine sustains this habit. Recognizing the multifaceted nature of stress and smoking, effective interventions should address both aspects. Implementing targeted stress management strategies alongside support for smoking cessation enhances the likelihood of success. Encouraging healthier coping mechanisms and fostering resilience equips individuals with sustainable alternatives, promoting overall well-being and breaking the cycle of stress-induced smoking.

Other factors/ myths on smoking (21.1%):
Some falsely believe that smoking enhances brain function, boosts testosterone or aids in weight loss are being believed by few people which makes people initiate smoking and continue it as a habit. These myths contribute to the normalization of smoking, creating a false sense of perceived benefits and further entrenching the habit. Dispelling these misconceptions is essential in combating the perpetuation of false beliefs about smoking. Scientifically, smoking is associated with severe health risks, including respiratory issues, cardiovascular diseases, and various cancers. Informing individuals about the actual detrimental effects of smoking is critical for public health initiatives. Moreover, addressing the psychological allure of these myths requires comprehensive educational campaigns, emphasizing accurate information about the negative health consequences associated with smoking. By debunking these myths, public health efforts can effectively challenge the false narratives surrounding smoking, promoting informed decision-making and ultimately reducing the prevalence of this harmful behaviour.

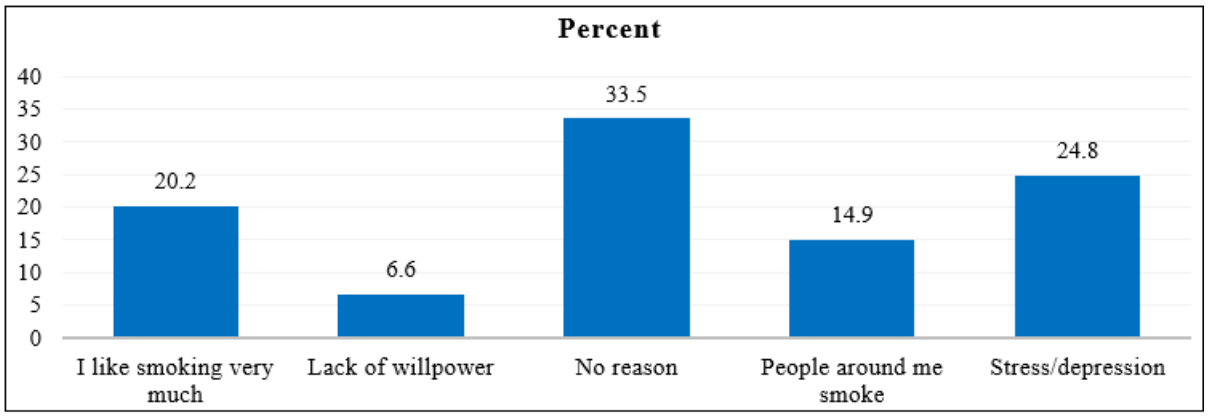
Media influence on smoking (5.4%):
The last factor influencing the prevalence of smoking is media influence, which includes glamorized depictions of smoking in movies, commercials, and social media. People are more likely to start smoking if they are exposed to romanticised pictures and associations of smoking in the media. This is especially true for younger audiences. Developing successful anti-smoking programmes and interventions requires an understanding of and response to the media's influence on public attitudes toward smoking.

Table 1: Correlation between the Reasons for Smoking and demographical variables

Demographical variables	Peers (friends)	The intention of try it	influenced by media	Handle stress?	distinguished in front of the opposite gender	parental influence	reason stated previously	to reduce weight	increases your brain function	before physical relationship
Gender	0.052	-.131*	-0.026	-0.044	0.09	0.025	0.011	0.027	0.025	-0.056
Level of education	-0.067	-0.082	.147*	-0.128	-0.06	-0.05	0.031	.139*	0.014	0.119
Marital status	-.150*	0.052	-.165**	0.073	-0.045	-0.101	-0.078	-0.005	-0.012	-0.006
Place of living	0.093	.223**	0.044	-0.061	.140*	.127*	0.075	0.083	0	0.011
extra-curricular activities	-0.061	-0.06	-.132*	-0.005	-0.082	-0.094	0.089	-.156*	-0.043	-0.093

*** Correlation is significant at the 0.01 level (2-tailed).*
** Correlation is significant at the 0.05 level (2-tailed).*

Barriers to smoking cessation:
After finding the reasons for smoking, we collected the data response to evaluate what the participants felt as a barrier for them to quit smoking. Nearly one-third of the participants [81(33.5%)], reported that they found no compelling reasons to quit smoking, [60(24.8%)] of the total population stated that they have a sense of relief of stress and also fear of getting stressed once they quit smoking, [49(20.2%)] of the participants stated that they enjoy the pleasure of smoking and they don't wish to quit smoking even after knowing the hazards of smoking,[36(14.9%)] of the participants feel environmental factors as a barrier and very least number [16(6.6%)]of chronic smokers finds that they lack will power which they find as a barrier to quit smoking.



No compelling reasons to quit smoking:
A significant portion of participants (33.5%) expressed that they found no compelling reasons to quit smoking. This perception could stem from a lack of awareness regarding the long-term health risks associated with smoking or a belief that the immediate benefits of smoking outweigh the potential harms. Addressing this barrier may involve providing comprehensive education about the detrimental effects of smoking on health, emphasizing the importance of preventive measures, and highlighting the positive outcomes of quitting.

Stress/ Depression:
Approximately a quarter of participants (24.8%) reported a sense of relief from stress as a factor preventing them from quitting smoking. This group may associate smoking with stress reduction and fear of experiencing heightened stress levels if they were to quit. To address this barrier, interventions could focus on alternative stress management techniques, such as mindfulness, exercise, or counselling, to help individuals cope with stress without relying on smoking.

Enjoying the pleasure of smoking:
A noteworthy portion of participants (20.2%) acknowledged deriving pleasure from smoking and expressed a lack of motivation to quit despite being aware of the associated hazards. This suggests a strong psychological attachment to the act of smoking. Interventions for this group may involve exploring alternative sources of pleasure, implementing behavioural therapies, and emphasizing the immediate and long-term benefits of smoking cessation.

Environmental condition:
For 14.9% of participants, environmental factors were identified as barriers to quitting smoking. These factors might include social influences, workplace culture, or exposure to smoking triggers in their surroundings. Addressing this barrier requires a multi-faceted approach, including creating supportive environments, fostering a culture of non-smoking, and offering resources to manage environmental triggers

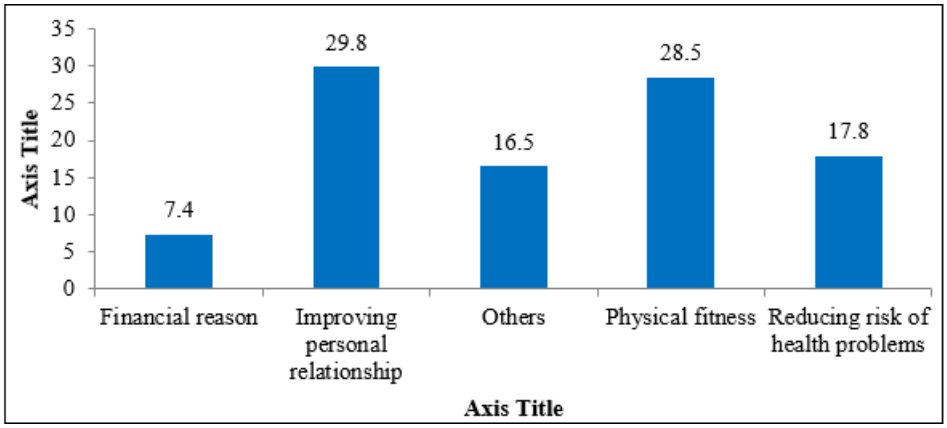
Lack of willpower:
A small proportion of chronic smokers (6.6%) identified a lack of willpower as a barrier to quitting smoking. This group may struggle with self-discipline and motivation to overcome the addictive nature of smoking. Interventions could involve building resilience through counselling, support groups, and personalized strategies to enhance self-control and commitment to the cessation process.

Table 2: Correlation between the Barriers in quitting smoking and personal habits

	What do you think is the reason for not being able to quit smoking?	Do you think that the bodily effects of smoking are a barrier to quitting smoking?	Do you feel that nicotine withdrawal symptoms are a barrier to quitting smoking?	Do you think that the fear of gaining weight after stopping to smoke is a barrier to quitting smoking?
What age you did you start to smoke?	0.07	.163*	0.031	.139*
How many cigarettes do you smoke per week?	0.039	0.028	-0.117	-0.035
What was the reason for you to start smoking?	0.067	0.047	-0.087	-0.038
Do you think you started smoking because of your peers (friends)?	-0.026	-0.001	0.121	.189**
Do you think you started smoking by looking at elders smoking at home (parental influence)?	0.07	.281**	-0.016	.336**

*** Correlation is significant at the 0.01 level (2-tailed).*
** Correlation is significant at the 0.05 level (2-tailed).*

Motivators for smoking cessation:
We enquired about past quitting attempts of smoking, where [210(86.8%)] of the participants had a previous quit attempt which was a failure. Most of the participants [72(29.8%)] stated that they attempted to improve their relationship with their partners whereas almost equal number [69(28.5%)] of the participants stated they attempted to maintain or to improve their physical fitness, few people [43(17.8%)] responded that they attempted to quit for reducing their risk of health-related problems, few other people [40(16.5%)] stated other personal reasons such as they had the self-interest to quit, they assessed themselves for nicotine dependence, parents pressure, etc. very few chronic smokers [18(7.4%)] stated financial crises as reason for the previous quit attempt.



After the survey, the participants were provided a structured health education program on smoking cessation which was followed by the last set of questionnaires.

With the last set of questionnaires, we analysed the motivators which they felt could help them in smoking cessation and the responses obtained were almost [210(86.8%)] of the participants felt motivated to initiate and enrol under smoking cessation programs and they also reported that enrolling in smoking cessation programs with constant motivation to increase the quality of life, incorporating alternative activities such as sports, meditation, yoga, etc. and getting peer support, family motivation and group support would be a great motivating factor for them to achieve successful smoking cessation.

Enrolling in Smoking cessation program:
The overwhelming majority of participants (86.8%) expressed a strong motivation to initiate and enrol in smoking cessation programs. This motivation could be attributed to the structured support and guidance offered by such programs. These programs often provide evidence-based interventions, counselling, and medical assistance, creating a comprehensive approach to quitting smoking. Participants may recognize the effectiveness of these programs in addressing both the physical and psychological aspects of addiction, increasing their confidence in successfully quitting.

Quality of life improvement:
Participants indicated that the motivation to enhance the quality of life was a significant factor in their journey toward smoking cessation. This motivation suggests a recognition of the detrimental impact of smoking on overall well-being. Smoking cessation is associated with numerous health benefits, such as improved lung function, reduced risk of chronic diseases, and enhanced mental health. The desire for an improved quality of life can serve as a powerful motivator for individuals to commit to the challenges of quitting smoking.

Incorporating in alternative activities:

The inclusion of alternative activities like sports, meditation, and yoga as motivators for smoking cessation reflects a desire for positive lifestyle changes. Engaging in these activities not only serves as a distraction from smoking but also contributes to overall health and well-being. Physical activities can help manage stress, and mindfulness practices like meditation and yoga offer effective coping mechanisms. Participants recognize that adopting healthier alternatives provides a constructive way to replace smoking and enhance their overall life satisfaction.

Peer support, family motivation and group support:

The strong endorsement of peer support, family motivation, and group support (86.8%) highlights the importance of social connections in the journey to quit smoking. Quitting smoking can be a challenging process, and having a supportive network plays a crucial role. Peer support and group dynamics create a sense of accountability, shared experiences, and encouragement. Family motivation adds a personal touch, as the desire to lead a healthier life is often intertwined with a commitment to loved ones. The collective strength of social support enhances the likelihood of successful smoking cessation by providing encouragement and understanding throughout the process.

Table 3: Correlation between the hazards from quitting smoking and motivates

Motivators	Cigarettes per Week	Hazards form quitting smoking
Have you ever attempted to quit smoking in the past	-.152*	0.109
What motivated the previous quit attempt?	-.158*	-0.086
Do you perceive the impact of quitting smoking on your overall well-being and quality of life?	0.025	-0.012
Do you think that incorporating alternative activities or habits like yoga, meditation, and sports activities will encourage you to quit smoking?	.171**	-0.073
Do you think your knowledge on health benefits of quitting smoking is a factor for motivating you to quit smoking?	.164*	-0.021
Do you think the cost of cigarettes plays a role in motivating you to quit or reduce smoking habits?	.199**	0.042
Do you think that your social supporters (family, friends, relationship, etc.) will play an important role in quitting smoking?	0.043	.176**
Do you think that involving friends in your quitting process would enhance your motivation and chance of success?	0.103	0.103
Do you believe that engaging in a smoking cessation programme or support group would enhance your motivation to quit?	-0.003	0.073
Do you believe that one's personal willpower is important in smoking cessation?	-0.081	-0.118
Do you believe that you smoke for recreational purposes and that makes it easier to quit once you decide to quit smoking?	0.023	-0.007

*** Correlation is significant at the 0.01 level (2-tailed).*
** Correlation is significant at the 0.05 level (2-tailed).*

4. Discussion

The study's findings underscore the imperative need for the development and implementation of precisely targeted smoking cessation interventions, acknowledging the distinctive demographic characteristics reason for smoking initiation, barriers and motivators for smoking cessation inherent within the study population. A substantial 40.1% of participants attributing their initiation of smoking to peer pressure necessitates a clear call for the integration of peer-led anti-smoking campaigns and educational programs. Engaging individuals within their peer groups to disseminate information and foster a supportive environment for quitting could prove instrumental in mitigating the impact of social influences on smoking initiation. Equally critical is the imperative to address stress management strategies, given that a significant proportion of participants resorted to smoking as a coping mechanism to handle stress.

Interventions that equip individuals with alternative, healthier coping mechanisms for stress could play a pivotal role in diminishing the reliance on smoking. The incorporation of stress reduction techniques, mindfulness practices, and counseling services into smoking cessation programs can provide valuable support tailored to the needs of those who turn to smoking as a means of alleviating stress. The recognition of diverse barriers to smoking cessation emphasizes the necessity for interventions finely tuned to individual challenges. The perception among 33.5% of participants that they lack compelling reasons to quit smoking underscores the importance of personalized counseling. Addressing this barrier requires a nuanced approach that not only outlines the immediate and long-term benefits of cessation but also considers the unique motivations and circumstances of each participant. Customized counseling sessions can explore and emphasize the personal health gains, financial savings, and improved quality of life associated with quitting.

Furthermore, debunking myths associated with smoking is crucial for countering misconceptions that may contribute to initiation and hinder cessation. The 21.1% of participants who initiated smoking due to various myths, such as beliefs about nicotine enhancing brain function or decreasing stress, present an opportunity for targeted education. Smoking cessation programs can incorporate educational modules that dispel these myths, providing participants with accurate information about the risks and consequences of smoking. By addressing misconceptions head-on, interventions can empower individuals to make informed decisions about their health.

Motivators for smoking cessation, including the desire to improve relationships and physical fitness, offer valuable insights for the development of targeted interventions.[9,10] Recognizing the interconnectedness of personal well-being

with the motivation to overcome nicotine dependence, smoking cessation programs can integrate relationship-building and physical fitness components. Tailoring interventions to align with individual motivations enhances their effectiveness, making them more relatable and compelling for participants. Additionally, acknowledging financial constraints as a barrier to quitting suggests a potential avenue for innovative solutions.

Incorporating economic incentives into smoking cessation initiatives could provide an extra layer of motivation for individuals facing financial challenges.[11] Such incentives might include subsidies for nicotine replacement therapies, financial rewards for successful cessation milestones, or reduced healthcare premiums for non-smokers. By addressing the financial aspect, interventions can remove a significant hurdle for those who may be deterred from quitting due to economic considerations. In conclusion, the study's comprehensive examination of smoking behavior, from initiation to cessation, provides valuable insights for the design of effective interventions.[12,13]

Tailoring programs to address the specific needs, motivations, and challenges identified in the study population enables public health initiatives to better combat the pervasive issue of smoking. Peer-led campaigns, stress management strategies, personalized counseling, myth debunking, and targeted motivators all contribute to a multifaceted approach that recognizes the complexity of smoking behavior and facilitates more successful cessation outcomes.

5. Conclusion

In this study, a survey conducted on smoking behaviour revealed that younger individuals, males, unmarried individuals, those living in urban areas, and those who do not engage in extra-curricular activities are more likely to smoke. Peer pressure, stress, and lack of awareness regarding the harmful effects of smoking are common reasons for initiating smoking, while improving overall well-being, incorporating alternative activities, and knowledge of health benefits act as motivators for smoking cessation. Liking for smoking, lack of willpower, and stress/depression are identified as barriers to quitting smoking.

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