Perceived barriers for participating in areca (betel) nut cessation

Abstract

Background: Areca (betel) nut is a known carcinogenic substance consumed by 11% of the population in Guam. To address this rising public health concern, a cessation program was piloted for chewers. Results of the pilot were used to inform the delivery of the Betel Nut Intervention Trial (ClinicalTrials.gov ID: NCT02942745). Despite the intent of the program to help individuals overcome a potentially harmful behavior, recruiting betel nut chewers is difficult. Therefore, the purpose of this study is to explore the perception of betel nut among chewers and non-chewers in Guam, and to identify the factors preventing a chewer from wanting to quit and from wanting to join the cessation program.

Design: Individual and group discussions were facilitated, utilizing questions designed to elicit responses relevant to perception of betel nut. Questions were adjusted to accommodate both chewer and non-chewer participants. Recurrent themes were extracted from the interviews and categorized into reasons associated with quitting and with joining a cessation program.

Results: Nine interviews were facilitated with 17 chewer and nonchewer residents in Guam, with mean age = 36.4 years (standard deviation = 12.4). Results yielded 5 general categories, aggregated by chewer and non-chewer responses. Subcategories were further extracted to determine barriers for quitting (e.g. addiction, sociocultural importance, betel nut is harmless), and barriers to joining a cessation program (e.g. time, transportation, hypocrisy).

Conclusions: Factors associated with reasons not to quit chewing and not to participate in a cessation program are variable. Current findings highlight a lack of available information regarding the harmful effects of betel nut consumption (i.e. carcinogenicity). The social and cultural construct within Guam’s community may be a highly contributing factor to the overall acceptability of betel nut consumption practices, and for the lack of expressed need to quit. In addition, the findings also suggest that a cessation program designed for betel nut chewers should be mobilized to accommodate a chewers time and transportation restraints. Future considerations include the implementation of betel nut health outcomes into a youth curriculum, and the development of a cessation program both convenient to chewers, as well as specific to young betel nut chewers.

Keywords: areca (betel) nut, cessation program, barriers