

## **Betel Quid Chewing (BQC) Cessation Multi-Country study: Malaysia**

Although oral cancer is not ranked as among the top ten most common cancer among the general population in Malaysia, it is very prevalent among the Indian males and females where it is placed at sixth and fourth most common respectively.

In Malaysia, although the practice of the betel quid chewing habit is on the decline and is now only practiced by specific groups of people, unpublished preliminary data from the Oral Cancer Research & Coordinating Centre (OCRCC), Faculty of Dentistry, University of Malaya showed that betel quid chewing is the most common risk habit practiced (40.5%) among oral cancer patients. In 1993-1994, a nationwide survey conducted on 11,697 adults to obtain baseline data on the prevalence of oral mucosal lesions found that betel quid chewing was detected in 8.2% of the population. Among these, 1.2% had stopped chewing, thus the betel quid chewing prevalence was at 7.0%.

Data from this nationwide survey was also used to obtain preliminary data on the sociodemographic characteristics associated with the commencement and also cessation of the betel quid chewing behaviour among Malaysians (Ghani et al., 2011). In contrast to populations with high prevalence of betel quid chewing such as Taiwan and Sri Lanka, in Malaysia females were found to have a higher prevalence of chewing (10.5%) as compared to males (4.8%). The Indian females are shown to have the highest prevalence (28.9%), followed by the Sabah & Sarawak Indigenous females (28.4%). Current and past history of smoking was also found to significantly increase the likelihood of developing quid chewing habit. It was also found that those who have stopped smoking are significantly more likely to quit the habit. The frequency and type of betel quid chewed also plays a role in the betel quid cessation. Cessation is more likely among those who chew less than 5 quids per day, and less likely among those who included tobacco in their quid.

Considering the high presentation of oral cancer at advanced stages (Doss et al., 2011), data with regards to the practice of this habit such as factors that influence cessation is still lacking. This multi-country study aims to assess the betel quid chewing and cessation habit among Malaysians, and to determine the sociodemographic and behavioural factors influencing the cessation of this habit.

Based on the findings from previous studies, ethnic Indians (from Peninsular Malaysia) and Indigenous people of Sabah and Sarawak (from East Malaysia) were chosen as the sampling frame for this present study. The first phase of data collection started with ethnic Indians. A few study areas in the state of Selangor, particularly the Klang Valley with high density of Indians were selected. The areas sampled were Carey Island, Kuala Selangor and Dengkil. The total number of respondents collected was 432. The second phase of data collection was carried out in Sarawak state. The district of Belaga, an interior part of Sarawak was chosen for data collection due to its high prevalence of betel quid chewing. The areas sampled were Long Amo, Sekapan Panjang, Rumah Aging, Long Segaham and Rumah Kahei where a total of 305 respondents were captured. Third phase of data collection was held in Sabah, at the Kota Belud district with 315 respondents. Thus, the total number of respondents collected is 1052, with 954 (90.7%) current and 98 (9.3%) ex-chewers.

Females make up the majority of this sample (84.1%) with a mean age of 55.0±13.6 years old. Ex-chewers constitute only a small proportion (9.4%). 14.5% and 10.7% of them were also smokers and alcohol consumers. Mean number of years chewing was 27.9±18.2 years, age of initiation was 25.4±12.8 years old and frequency of chewing in this population is 6.1±5.1 times per day. About 9.7% spent more than RM20/day on the habit, and 29.8% of them stated that chewing is of culturally important.

Family's (42.2%) and friend's influence (32.3%) was the strongest factor for initiation. 9.3% of them states that they started chewing as it was available around the house. The most important reasons the respondents keep the chewing habit was because most friend chews (54.7%), like the taste (53.1%), like to have something in the mouth (51.2%) and also because they perceived that it is part of their culture (47.2%). 8.5% of them reported that people does not respect them if they don't chew. About half of them (52.9%) included tobacco in their quid. Chewing was found to be an important event when hanging out with friends (40.5%), at home with family (37.1%) and weddings (33.6%). 20.6% wished that they never started chewing, while 20.3% is not considering quitting. 29.2% think they should quit but feel they are not ready, while 29.3% have reduced on the amount of quid that they chew. The mean times an attempt to quit was made is 2.0±3.2 times. The most common method used to quit is motivation/desire (40.1%) and cold turkey (19.7%). Among ex-chewers, 65.3% were very confident that they will remain a non-chewer, while 31.3% were not sure if they have quit for good. 22.7% of them reported that they will definitely chew again someday. Health concerns were quoted as the main reason for quitting the habit (77.3%).

Significant differences ( $p < 0.005$ ) were seen between current and ex-chewers in a few variables. Among those who included tobacco in their quid, almost all of them were current chewers (96.1%), whereas only 3.9% ex-chewers included tobacco in their quid. Similarly, among those who rated that chewing is a very important event when hanging out with friends, 96.0% were current chewers as compared to only 4.0% ex-chewers. The mean number of years chewing and frequency of chewing per day were also found to be significantly higher among current compared to ex-chewers ( $p < 0.005$ ).

#### References:

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2. Doss JG, Thomson WM, Drummond BK, Raja Latifah RJ. Validity of the FACT-H&N (v 4.0) among Malaysian oral cancer patients. *Oral Oncol*. 2011;47(7):648-52