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Original Article

Educational intervention program to reduce the risks associated with smoking

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SUMMARY

Smoking is a major health problem worldwide, and in Cuba it shows an increasing trend in incidence, especially among adolescents. An intervention study was conducted at Medical Office No. 1 of the "René Vallejo Ortiz" University Polyclinic in the municipality of



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Manzanillo, from January to July 2023, with the objective of evaluating the results of implementing an educational intervention program to reduce the risks associated with smoking. The sample consisted of 114 smoking patients in the area, a sample of 50 selected by simple random sampling. The variables studied were age, sex, educational level, age at which smoking began, diseases associated with the habit of smoking, and level of knowledge. The study was dominated by males between the ages of 45 and 59, with a secondary education level completed. Adolescence was identified as the age at which they began smoking. The predominant pathology associated with smoking was high blood pressure. With the implementation of the educational program, awareness of the risks of smoking and how to reduce them increased. Most patients were motivated to quit smoking, demonstrating the positive impact of the research on the community studied.

Keywords Risk factors; Promotion; Prevention; Smoking.

Abstract

Smoking constitutes a health problem of great magnitude worldwide, and in Cuba it shows a tendency to increase its incidence, especially in adolescence. An intervention study was carried out in the Medical Office No. 1 of the René Vallejo Ortiz University Polyclinic, in the municipality of Manzanillo, from January to July 2023, with the objective of evaluating the results of the application of an educational intervention program to reduce the risks associated with smoking. The universe consisted of 114 smoking patients in the area, with a sample of 50 patients selected by simple random sampling. The following variables were studied: age, sex, educational level, age of smoking onset, pathologies associated with smoking, level of knowledge. In the study, the predominant age group was male, between 45 and 59 years old, with secondary education level completed; adolescence was identified as the age at which they started smoking. The predominant pathology associated with smoking was arterial hypertension. With the application of the educational program, the level of knowledge about the risks of smoking and how to



reduce them increased, most of the patients were motivated to quit smoking, demonstrating the positive impact of the research in the community studied.

Keywords: Risk factors; Promotion; Prevention; Tuxedo.

SUMMARY

Tobaccoism is a health problem of great magnitude throughout the world, and in Cuba there is a tendency to increase its incidence, especially in adolescence. An intervention study was carried out in Medical Clinic No. 1 of the "René Vallejo Ortiz" University Policlínica, in the municipality of Manzanillo, in the period from January to July 2023, with the objective of evaluating the result of the application of an educational intervention program to reduce the risks associated with tobacco use. The universe was composed of 114 smoking patients in the area, and a sample of 50 patients was selected by simple random sampling. The following variables are studied: age, sex, schooling, age of initiation of smoking, skills associated with smoking, and level of knowledge. I did not study, predominantly male, aged between 45 and 59 years, with full secondary education, and adolescence was identified as an age who started smoking. The pathology predominantly associated with smoking was arterial hypertension. With the application of the educational program, the level of knowledge about the risks of smoking and how to reduce the increase, most of the patients were motivated to stop smoking, demonstrating the positive impact of the research in the studied community.

Keywords: Cliff factors; Promotion; Prevention; Tobaccoism.

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Introduction

Smoking is one of the greatest threats to public health the world has ever faced. It is considered a chronic disease caused by tobacco addiction, primarily caused by one of its active components, nicotine. The action of this substance ultimately leads to abuse. Any person who, as a result of repeated consumption of any tobacco product, has developed a dependency syndrome, which can produce physical and psychological alterations, will be diagnosed with smoking. (1)

Worldwide, tobacco causes a much higher mortality rate than alcohol and illegal drug use combined. In 2000, tobacco killed nearly 5 million people worldwide and can be a common gateway drug that introduces young people to other drugs. The World Health Organization (WHO) has predicted that the number of smokers will reach around 1.6 billion by 2025. In Cuba, in recent years, indicators of cigarette and tobacco use among the population have shown a gradual and steady increase, with more and more people starting to smoke at an early age. (2,3)

The epidemic character attributed to smoking becomes even more serious in Cuba, our context, given how deeply rooted the smoking habit is among the population due to its status as a producer country. Studies show that "Cubans consider themselves a people of smokers" and the habit of smoking is closely linked to traditions, folklore, and even sociopolitical struggles. (4)

Quitting smoking is a process in which smokers must be aware of their personal and social responsibility for their health, with the goal of overcoming their addictive behavior. It is possible to reduce the damage caused by smoking to health, as it is a modifiable risk factor, thereby improving the quality of life of people with this condition. (5)

Promoting systematic anti-smoking education still requires great efforts that contribute to its reduction and/or abolition by all people who in one way or another consume the toxic substance or live with smokers, since in order to face the situations that arise from this period, the creation or strengthening of effective resources is necessary. (4)



Among the most effective actions to avoid smoking is prevention, which can begin at an early age and thus prepare adolescents with knowledge and promote attitudes that counteract the smoking habit. (6)

The problem of tobacco use was identified through home visits and discussions with adolescents, young people, and adults, whether smokers or non-smokers, at Family Medical Office No. 1 of the René Vallejo Ortiz University Polyclinic III in Manzanillo. It was found that smokers lacked knowledge about the risks associated with smoking.

This study aimed to evaluate an educational program on risk factors associated with smoking habits at Family Medical Office No. 1 of the René Vallejo Ortiz University Polyclinic III in the municipality of Manzanillo.

Methods

An intervention study was conducted on at-risk smoking patients from Family Medical Office No. 1 of the René Vallejo Ortiz University Polyclinic III in the municipality of Manzanillo, from January to July 2023.

Study population and sample.

The study population consisted of 114 smoking patients living in the health area. A random sample of 50 patients was taken from the population, who were at risk for smoking.

Inclusion criteria:

Voluntary participation in the study.

Ability of patients to cooperate with the information and activities necessary to conduct the research.

Stay in the health area during the investigation.

Exclusion criteria:

Death of the smoker during the study.



Abandonment of health area during the investigation.

Ethical procedures

At the beginning of the research, participants were informed about the characteristics of the study, the respect for the information they provided and their privacy; the beneficial and usefulness of the study, which did not require putting their lives at risk or performing invasive procedures; and their willingness to participate was required, which was recorded in writing. (Annex 1)

Research methods

The following research methods were used to carry out the study.

Theoretical methods

Analysis and synthesis:for the bibliographic review, to know the current status of the problem, to study the phenomenon and to know its particularities while leading to the establishment of general characteristics.

Historical-logical:in the study of the object and its field to reveal the regularities and tendencies that have manifested themselves in them.

Inductive-deductive:in the study of the theoretical aspects that served as a basis for the research.

Systemic and structural functional:In adapting the program by determining its components and the relationships between them, creating a new concept for managing smoking habits to prevent conditions such as high blood pressure, cancer, ischemic heart disease, sexual dysfunction, infertility, among others.

Empirical methods

The observation:It allows us to appreciate the systematic and evolving behavior of the level of knowledge of adult smokers regarding the risks associated with this harmful habit.



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The interview:It allows a qualitative evaluation of smokers' perception of how healthy it is to quit smoking.

The survey:to identify the behavior of the main variables, as well as the level of knowledge of smokers regarding the risks associated with smoking.

Expert Criterion:To evaluate the conception of the program of activities developed, as well as to obtain critical judgments on the possible effectiveness of putting the educational program into practice, through a survey of specialists.

Operationalization of variables

I. Age: is a continuous discrete quantitative variable, years completed by identity card were analyzed, it was divided as follows:

under 20 years old.

- 21 to 30 years old.
- 31 to 40 years old.
- 41 to 50 years old.
- 51 years and older.

II. Sex:male and female. According to biological sex. Nominal dichotomous qualitative variable.

III. Educational level: ordinal qualitative, according to the grade completed, was divided into:

Illiterate: those who have not received academic studies.

Primary: meaning those who have completed studies up to the sixth grade.

Basic Secondary School: meaning those who have completed studies up to the 9th grade.

Pre-university: those who have completed studies up to twelfth grade.

University students: those who have completed their university studies.

IV. Age of initiation of consumption:refers to the age at which the patients under study began to smoke, a discrete quantitative variable, divided into:



-
- less than 20 years old.
 - 21 to 25 years old.
 - 26 years and older.

V. Pathologies associated with smoking habits in the patients studied: The diseases associated with and in turn conditioned by smoking were defined. A polytomous nominal qualitative variable, it was divided into:

- High Blood Pressure.
- Coronary artery disease.
- Cerebrovascular disease.
- Cancer of any location.
- Sexual dysfunction.
- Infertility.

VI. Level of knowledge: It is defined as the correct scientific information available on the topic. This variable was used to compare the results on the level of knowledge before and after the implementation of the educational program on the risk factors associated with smoking, considering:

Adequate: all questions are rated as good or three are rated as good and one is rated as average.

Inadequate: when three questions are rated as average or two as average and one as poor or more than three questions are rated as poor.

A survey consisting of four questions written in language accessible to smokers was administered. (Annex 2)

The following conditions were taken into account for the application of the survey:

Afternoon schedule (more suitable for respondents and the researcher).

Environment free of aggressive or distracting factors to the application of the instrument and with privacy conditions (classroom of a community school).



Possibility of answering the questions directly, or through the interviewer (who collected/recorded the answers if necessary in the cases detailed in the Technique and Procedures section).

Educational program

As it was an educational intervention study, it consisted of 4 stages:

- Informative.
- Diagnostic.
- Intervention itself.
- Evaluative.

During the informational phase, materials were collected, articles and bibliographic references were reviewed, and the variables studied were reviewed and compared with theoretical references to obtain all the necessary documentation for the intervention.

In the diagnostic stage, the assessment instrument developed by the authors was applied to determine the level of knowledge about risks associated with smoking before and after the educational program was implemented, in order to evaluate the level of understanding of the program by modifying knowledge.

For its application the following was taken into account:

That it was in a suitable, quiet place.

A language accessible to the interlocutor was used.

Criteria for assessing patient knowledge.

Intervention stage

During this stage, and in order to achieve the research objective, after administering the first survey, the researchers conducted work sessions, lasting two hours per week for each subgroup. The sessions took place in a designated space in the community and were scheduled for participants from 3 to 4 p.m. The group consisted of 50 smokers. They were



divided into two subgroups of 25 patients each to facilitate the work, taking into account that the patients did not have physical or mental disabilities and could travel to the location where the activities were held.

During these activities, educational topics were developed and participatory techniques were applied at the beginning, during, and at the end of each activity. The premise was to create spaces for group reflection and exchange, and various discussions served as motivation. The group was positioned as the main agent of change, in this case, to acquire adequate knowledge about the risks associated with smoking.

The evaluation stage was carried out in the last session of the program using a questionnaire response evaluation technique (see Annex 2), where the effectiveness of the educational program was determined, the work sessions were carried out and the level of knowledge achieved by the smokers was evaluated.

Educational Program

General objective

Promote the development of an educational program to raise awareness about the risks associated with smoking.

Specific Objectives.

1. Promote awareness among smokers of the complications that smoking can cause.
2. Understand the importance of quitting smoking as soon as possible.

Program structure

- Duration: 16 hours.
- Sessions: 6.
- Topics: 1 per session with 5 activities each, except the sixth session which will be dedicated to closing the program.



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- Participants: groups of 25 smokers.
 - Frequency: every 7 days.
 - Time: afternoon session (1 hour starting at 3:00 pm).
 - Location: Family Doctor's Office No. 1.

Effectiveness: It is defined as the degree to which the intervention managed to positively modify the level of knowledge about the risks associated with smoking, determined by the percentage difference between the adequate level of knowledge before and after the application of said educational program.

Techniques and procedures

A four-question survey (See Annex 2) was administered in language accessible to smokers at risk for conditions such as cancer, high blood pressure, coronary artery disease, cerebrovascular disease, sexual dysfunction, infertility, and others. Family medical records were reviewed from the health department to obtain the information.

The survey provided information regarding adults' knowledge of the risks associated with smoking. The survey and educational program were developed and approved based on the opinions of twenty experts, including specialists in General Medicine, Internal Medicine, Psychiatry, Sociology, Psychopedagogy, and Psychology.

The procedure for applying the survey, as well as the family functioning test (FF-SIL), was prepared directly by the respondent, or by the researcher if the respondent had any impediment to completing the form (low cultural level, illiterate, injuries, deficiencies that prevented this action).

Statistical processing of the information was carried out using absolute numbers, percentages and indices.

To conduct this study, information was obtained from family medical histories and from a questionnaire developed for this purpose, conducting a broad bibliographic review of the topics to be analyzed and discussed in this work.



To determine the impact of the educational program, the McNemar test was used using Epistat software with a significance level of 0.05. The results were finally presented in statistical tables using the aforementioned measures.

Ethical aspects. The research was carried out in compliance with the ethical principles for medical research in humans, established in the Declaration of Helsinki, and will also be governed by the precepts of ethics and medical deontology, as well as the state regulations in force in the Republic of Cuba for the conduct of biological studies. (7)

It was endorsed by the institution's Ethics Committee, submitted for consideration and approved by the Scientific Council of the "René Vallejo Ortiz" University Polyclinic.

Results

Table 1 shows the distribution of smokers by age and sex groups, observing a predominance of the 51 and over age group with 23 smokers, representing 46% of the total sample studied, followed by the stratum grouped between 41 and 50 years with 10 patients representing 20%. Those under 20 years of age and those from 31 to 40 years of age with 7 smokers for 14% and then those between 21 and 30 years of age with 3 patients for 6%. With a predominance of males with 37 smokers representing 74%, and females with 26% of the total.

Table 1. Distribution of patients by age and sex.

Age range	Sex				Total	
	Female		Male			
	No	%	No	%	No	%
Under 20 years old	1	2	6	12	7	14
21-30	1	2	2	4	3	6
31-40	3	6	4	8	7	14
41-50	1	2	9	18	10	20



51 and over	7	14	16	32	23	46
Total	13	26	37	74	50	100

Table 2 shows the distribution of patients according to their educational level: 2 patients were illiterate (4%), 8 had completed primary school (16%); 9 smokers (18%) were studied with completed secondary school; 24 completed pre-university (48%) and 7 reached university level (14%).

Table 2. Distribution of patients according to educational level.

Educational level	Total	
	No	%
Illiterate	2	4
Primary	8	16
Secondary	9	18
Pre-university	24	48
University	7	14
Total	50	100

Table 3 shows the age at which smokers started consuming cigarettes and/or tobacco, observing that 34 of them (68%) started smoking before the age of 20, 9 (18%) started smoking cigarettes between the ages of 21 and 25, and 7 smoked for the first time after the age of 26 (14%).

Table 3. Distribution of patients according to age at which they started using cigarettes and/or tobacco.

Age at which consumption began	Total	
	No	%
Less than 20 years	34	68
21 to 25 years old	9	18
26 years and older	7	14
Total	50	100

Table 4 shows the distribution of smokers according to pathologies associated with smoking, with 29 of them presenting arterial hypertension, representing 58%, 12 had coronary artery disease (24%), 6 had a history of cerebrovascular disease (12%), 1 infertility (2%) and 2 with sexual dysfunction (4%).

Table 4 Distribution of smokers according to smoking-related pathologies.

Pathologies associated with the habit	No	%
High Blood Pressure	29	58
Coronary artery disease	12	24
Cerebrovascular Disease	6	12
Infertility	1	2
Sexual Dysfunction	2	4
Total	50	100

Table 5, when comparing the level of knowledge about the risks associated with smoking, showed that before the study, there was an inadequate level of knowledge in 39 smokers, representing 78%, and 11 smokers demonstrated an adequate level of knowledge (22%). Once the educational program was implemented, an adequate level of knowledge predominated, with 43 cases representing 86% and 7 smokers, representing 14%, who maintained an inadequate level of knowledge.

Table 5. Level of knowledge about the risks associated with smoking.

Level of knowledge	Before		After	
	No	%	No	%
Appropriate	11	22	43	86
Inappropriate	39	78	7	14
Total	50	100	50	100

Discussion

Regarding the relationship between age and sex with the smoking habit described in the study, the result coincides with that of other authors in their research, in which the male sex predominates in the age group between 45 and 55 years. (8)

The predominance of men in the research is similar to that found by Elmo Fernández and Zenaida Carbonell in their studies. (5,9)

According to sex, the results collected correspond to those obtained in the research developed in Cienfuegos by Dr. Pérez Martínez, where 65% of the smokers were men. (10) Similar results to those found in this study are shown in the research carried out by Moraima Martell, demonstrating that in the population studied, the pre-university degree was the most prevalent, at 64%. (7)

The present study differs from the results of the research carried out by Pérez Martínez where the level of education that prevailed in smokers was secondary, with 16 patients for 35.6%, followed by pre-university level with 24.4% and Ledesma Valdés, who in his study "Psychosocial characteristics of smoking patients in the municipality of La Palma" shows that 57.4% of the smokers studied reached a primary school level. (10,11)

Similar results to this research were obtained by Plá and collaborators in the studies carried out which show that at least 70% of smokers started with this habit before the age of 19. (12)

In the study carried out by Elmo Fernandez it was shown that adolescence has been the starting point for smoking indiscriminately, without measuring its consequences, without taking into account how harmful it is to inhale cigarette or tobacco smoke, not only for the person who does it irresponsibly, but for everyone around them. (13)

Fernández et al., in their study "Smoking and its relationship with cardiovascular diseases," suggest that risk modification can reduce cardiovascular events. (5)



Regarding smoking-related diseases, our results coincided with those obtained by José Guerra in his research, in which high blood pressure was present in 45.6% of cases, followed by ischemic heart disease, which represented 21.1% of cases. (1)

The results of the study are similar to those of research conducted by María Corvalán at a University in Chile, and those found by Ana María Quinzán in her study at the "Argenis Burgos" Basic Secondary School. (14,8)

Studies carried out by Peña in the Medical Council on the problem of smoking in Mexico and in an Argentine University found oral, laryngeal and lung cancer as pathologies associated with smoking, which do not coincide with the results of this investigation, which does not mean that it was not taken into account, but rather that active research should be directed towards the search for hidden morbidity of these entities that claim many lives in the world today. (15)

Liems Renda, in his research, showed that the level of knowledge in the subjects studied is high in the particular aspects of the smoking habit. (16)

Similarly, the indicator of good or adequate was the most representative with 49.3% in the study carried out by Moraima Martell, an aspect that shows that the harmful act of smoking is known by the population group studied. (7)

In the study, it was considered that the low perception and lack of knowledge of the risk factors associated with the harmfulness of cigarette and/or tobacco consumption are responsible for the results found.

Smoking is a chemical addiction that is not easy to overcome, but if the person accepts help from health professionals, the results can be more beneficial. It is said that 3% of smokers quit smoking spontaneously, but if they receive professional help this can increase up to 3 times. (17)

Finally, the authors believe that controlling smoking and its consequences is a task for all health professionals and requires an intersectoral and community approach that promotes lifestyle changes.



Conclusions

The study showed a predominance of males aged 45 to 59, with a secondary education. Adolescence was identified as the age at which they began smoking. The most common disease associated with smoking was high blood pressure. Furthermore, the implementation of the educational program increased their level of knowledge.

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ANNEXES

ANNEX 1

Informed consent.

I _____, a smoking patient belonging to CMF No. 1. Polyclinic 3, have been duly informed by the researchers about the characteristics of the study Educational intervention to reduce the risks associated with smoking.

I declare in full exercise of my faculties that I agree to:

- participate in it, once its characteristics are known.
- that the information I provide will be used exclusively for investigative purposes for my own benefit and that of the community and will not be improperly disclosed.
- that the procedures to be used do not entail any risk or possibility of harm to health and do entail harm to charity.

And for the record, I sign this document.



Signature.

ANNEX 2

Survey

Dear Participant: The researchers conducting this study thank you in advance for your honest and accurate response to the following survey.

Thank you.

Personal Data

Age: _____ years Sex as appropriate _____ (F) (M).

Level of education. Mark with a cross (x) the one that applies.

_____ Illiterate _____ Pre-university

_____ Elementary School _____ University School

_____ Basic Secondary School

1- At what age did you start smoking cigarettes?

_____ 10 to 20 years old _____ 21 to 25 years old _____ 26 to 60 years old

2- Please answer whether you suffer from any of the chronic illnesses listed below:

_____ High Blood Pressure



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____ Cardiovascular Disease

Cerebrovascular Disease

____ Sexual dysfunction

____ Infertility

3- Mention other diseases (3) that are caused by the habit of smoking.

4- Through what media or people do you receive information about the harm that cigarette consumption can cause?

Conflict of interest

The authors declare no conflict of interest.

Authorship contribution

Galia Rafaela Porro Cruz: conceptualization, formal analysis, supervision and research.

Damaris Nilvia Castillo Alarcón and Rafael Gutiérrez Núñez: data curation, validation, visualization and methodology.

Galia Rafaela Porro Cruz and Damaris Nilvia Castillo Alarcón: Original draft.

Damaris Nilvia Castillo Alarcón and Eliecer Cesar Hernández Palomo: writing, review and editing.

I, Galia Rafaela Porro Cruz, declare the veracity of the content of the article: Educational intervention program to reduce the risks associated with smoking.



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