

Research Article

YOUTH SMOKING IN SOUTH WESTERN NIGERIA: AWARENESS OF ANTI-SMOKING EFFORTS, AND THE ADVERSE HEALTH EFFECTS OF CIGARETTE SMOKING

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ABSTRACT

Youth smoking is quite common in Nigerian secondary school students but there are no obvious anti-smoking programmes specifically directed at them. A descriptive cross-sectional study was carried out among 600 final year students of two schools each from Oyo State and Osun State in South Western Nigeria using self-administered questionnaire with core questions from the WHO Global Youth Tobacco survey questionnaire. There were 366 (61.0%) males and 234 (39.0%) females AND most (80.7%) were in the 15-19 years age group. The current smoking rate was 19% with male: female ratio of 3.6:1. More than half of the smokers were unwilling to stop smoking immediately despite the fact that most of the students were aware of the adverse health effects of smoking. Majority (70% and above) were not aware of any anti-smoking efforts in their environment. Friends and classmates were the highest groups of people which might have influenced the initiation of smoking (38.4%). This is closely followed by parents (13.3%).Anti-smoking programmes specially directed towards the youths should be commenced in Nigeria. This should include: continuing anti-smoking health education in school syllabi, discover aging parents and guardians from smoking, legislation against advertisement and sale of cigarettes to youths, increasing the rates of tobacco products thereby increasing the retail price, enforcing anti-smoking laws in public places and initiating smoking cessation programmes in Nigeria. It is high time the already ratified WHO Framework Convention on Tobacco Control (FCTC) became domesticated in Nigeria.

Keywords: Nigerian ,smoking, Cigarette, Anti-smoking

INTRODUCTION

Cigarette smoking is possibly the greatest risk factor for non-communicable diseases worldwide and it also contributes immensely to preventable illness and premature death. More than 80% of tobacco deaths occur in the developing countries (1,2,3). Several studies have been carried out in Nigeria on adolescent smoking (mostly secondary school students) and the prevalence of smoking among this group of people is consistent high ranging from 12.5% (4) to 39.9% (5). Higher figures: 66.1% among student truants (6) and 75% passive smoking rate (7) have also been obtained. The lowest figure of 3.4% was reported from a study in Ibadan (8).

This high tendency towards smoking by young people in Nigeria should not be allowed to continue because it has been estimated that about 5 million children aged < 18 years living today may die prematurely because they began to smoke cigarettes during adolescence (9). According to recent WHO reports, 12% of adolescent boys and 7% of adolescent girls smoke cigarettes, and more than 6 million children might die at an early age due to smoking related diseases (3). Also, once a youth takes up tobacco, he or she is more likely than an adult to become addicted (10). If this trend of high smoking rates among youths continue, the estimate of a doubling of global deaths from smoking (from 5 million per year to about 10 million per year by 2020) might be an underestimation (11).

This study was designed to determine the awareness of final year secondary school students of anti-smoking efforts and the adverse health effects of cigarette smoking.

SUBJECTS AND METHODS

This is a descriptive cross-sectional study. A questionnaire was designed using some core questions obtained from the WHO Global Youth Tobacco Survey questionnaire (12). The contents include:

- Age
- Sex
- Have you ever smoked cigarette?
- Do you still smoke? If yes, you intend to stop smoking? If yes when?
- Who among, these friends/relatives of yours smoke? (Friends, classmates, parents, siblings, spouse, other relatives)
- Are you aware of any person, group or organization involved in anti-smoking campaigns or activities?
- Are you aware of the Nigeria National Tobacco control Bill recently passed by the National Assembly?
- Are you aware of any drug(s) that can be used for smoking cessation?
- Which of the following diseases can be caused by cigarette smoking? (Lung disease, heart disease, stroke, peptic ulcer, cancer, abortion, impotence).

The respondents were final year students of two secondary schools each from Osun State and Oyo State of Nigeria.

Three hundred final year students were studied in each school, constituting 90-95% of the total final year students in each school. They were the ones present in school on the day when the self-administered questionnaire was distributed to them with the assistance of teachers from both schools (a co-ordinator was appointed from each school). The purpose and content of the questionnaire was explained to each class as a group. The collective consent of each class was

obtained and confidentiality assured. The respondents were asked to answer “Yes” or “No” or “I don’t know” to most of the questions, apart from the open-ended questions. All the 600 questionnaires were returned after completion.

Analysis of the questionnaire was carried out using the SPSS version II.

RESULTS

A total of 600 students were studied from both schools; 366 (61.0%) males and 234 (39.0%) females. Seventeen (2.8%) were in the 10-14 age group while 484 (80.7%) and 99 (16.5%) were in the 15-19 years age group and above 20 years respectively (Table 1).

Two hundred and seventy eight (46.3%) had ever smoked cigarettes out of whom 114 (41%) were current smokers giving a prevalence rate of 19.0% (males 14.8% and females 4.2%, hence male: female ratio of 3.6:1. (Table 2)

Table 2 also shows the responses of the students to some of the closed-ended questions asked. The questions and the respective answers were as follows:-

- Do you intend to stop smoking? Yes 54 (47.3%), No 39(34.4%), I don’t know 21 (18.3%).
- Are you aware of any person, group or organization involved in anti-smoking campaigns or activities? Yes 112 (18.7%), No 416 (69.3%), I don’t know 72 (12.0%).
- Are you aware of the Nigeria National Tobacco Control Bill recently passed by the National Assembly? Yes 64 (10.7%), No 462 (77.0%), I don’t know 74 (12.3%).
- Are you aware of any drug(s) that can be used for smoking cessation? Yes 118 (19.7%), No 438 (73.0%), I don’t know 44 (7.3%).

When the current smokers were asked when they intend to stop smoking, the following responses were obtained: Now 55(48.4%), Six months later 18(16.1%), one year later 14 (11.8%), After One year later 5(4.3%), No response 22 (19.3%); Table 3.

On Table 4 is shown the friends/relatives of the respondents who smoked. Friends constituted 154(25.7%), parents 80 (13.3%), classmates 76 (12.7%), spouse 3 (0.5%), siblings 3 (0.5%), and none 284 (47.3%).

When asked about diseases that can be caused by cigarette smoking, the responses were as shown on Table 5 viz:

- Lung disease: Yes 466 (77.7%), No 60 (10.0%), I don’t know 74 (12.3%).
- Heart disease: Yes 417 (69.5%), No 120 (20.0%), I don’t know 63 (10.5%).
- Stroke: Yes 445 (74.2%), No 106 (17.7%), I don’t know 49 (8.3%).
- Peptic ulcer: Yes 372 (62.0%), No 176 (29.3%), I don’t know 52 (8.7%)
- Cancer: Yes 381 (63.5%), 149 (24.8%), I don’t know 70 (11.7%).
- Abortion: Yes 532 (88.7%), No 42 (7.0%), I don’t know 26 (4.3%).
- Impotence: Yes 361 (60.2%), No 163 (27.2%), I don’t know 76 (12.7%).

TABLE 1- Age and Sex distribution**Age distribution**

Age (Years)	No (%)
10-14	17 (2.8)
15-19	484 (80.7)
>20	99 (16.5)
Total	600 (100.0)

Sex distribution

Sex	No (%)
Male	366 (61.0)
Female	234 (39.0)
Total	600 (100.0)

TABLE 2 – Questions asked

Questions	Yes No (%)	No (No (%))	I don't know No (%)	Total
Have you ever smoked cigarette	278 (46.3)	302(50.3)	20(3.3)	600
Do you still smoke?	114 (41.0)	145(52.0)	19(6.9)	278
Do you intend to stop smoking?	54 (47.3)	39(34.4)	21(18.3)	114
Are you aware of any person, group or organization involved in anti-smoking campaigns or activities	112(18.7)	416(69.3)	72(12.0)	600
Are you aware of the Nigeria National tobacco Control/Bill recently passed by the National Assembly?	64(10.7)	462(77.0)	74(12.3)	600
Are you aware of any drug(s) that can be used for smoking cessation?	118(19.7)	438(73.0)	44(7.3)	600

TABLE 3**When do you intend to stop smoking?**

Time	No (%)
Now	55 (48.4)
6 months later	18 (16.1)
1 year later	14(11.8)
>1 year	5(4.3)
No response	22(19.3)
Total	114 (100)

TABLE 4 – Friends/Relatives who Smoke

Friends/Relatives	No (%)
Friends	154(25.7)
Parents	80 (13.3)
Classmates	76 (12.7)
Spouse	3 (0.5)
Siblings	3 (0.5)
None	284 (47.3)
Total	600 (100.0)

TABLE 5 – Diseases that can be caused by cigarette smoking

Disease	Yes No (%)	No (No (%))	I don't know No (%)	Total
Lung disease	466 (77.7%)	60(10.0)	74(12.3)	600
Heart disease	417 (69.5)	120(20.0)	63(10.5)	600
Stroke	445(74.2)	106(17.7)	49(8.2)	600
Peptic ulcer	372(62.0)	176(29.0)	52(8.7)	600
Cancer	381(63.5)	149(24.8)	70(11.7)	600
Abortion	532(88.7)	42(7.0)	26(4.3)	600
Impotence	361(60.2)	163(27.2)	76(12.7)	600

DISCUSSION

The current cigarette smoking rate of 19 per cent among final year secondary school students (mostly adolescents) from this study falls within the earlier mentioned range obtained from previous studies in Nigeria (4,5). The male preponderance of smokers in this study also agrees with the previous studies (2,4,5). The high rate of ever-smokers in this study is of great concern.

Less than a half of current smokers indicate their willingness to stop smoking. Less than a half of them want to stop now, and about a fifth gave no response at all. These findings are of great concern because the respondents are pre-university students who may continue with the habit when they enter the university or any other tertiary institution. In a previous study in Nigeria, 30% and 21% of male and female students respectively of tertiary institutions smoked cigarettes (13). In South Africa, 26% of students of tertiary institutions are smokers (14). To curb this increase in smoking rate among students in tertiary institutions (who are majorly adults), concerted efforts should be directed toward anti-smoking campaigns and activities in our secondary schools. Most of the students in this study are not aware of anti-smoking campaigns or activities, they are not aware of the Nigeria National Tobacco Control Bill awaiting presidential assent, and are not aware of drug(s) that can be used for smoking cessation. The implication of this is that meaningful anti-smoking activities have not really started in Nigerian secondary schools. The time is therefore now for all stakeholders to join hands in promoting anti-smoking activities in schools.

Friends and classmates (peer groups) are the highest category of people who could have influenced the initiation of smoking among the respondents in this study. This is in agreement with previous studies. For example, peer group influence was identified by 80.7% of respondents as their basis for taking up smoking in the study by Adeyeye (4). Results from other similar

studies indicate as follows: Owodunni 73% (6), Ayankogbe 75% (15), Osibogun et al 67.4% (16), Awotedu et al 61% (14), Yang et al 44% (17). Parental smoking is also a major predicting influence in the initiation of childhood smoking as shown in this study and others (1,4,16,18,19,20). Peer groups and parents are therefore the most important people to consider under any anti-smoking programme for children and adolescents. They should be encouraged to be good anti-smoking role models.

This study shows that even though most of the students are aware of the diseases that can be caused by cigarette smoking, yet majority of them are not willing to quit the habit. This is consistent with findings by other workers (5,14). Continuous and persistent anti-smoking health education needs to be placed in school curricula in this regard.

In conclusion, the findings from this study show that most youths who smoke in secondary schools in Nigeria are unwilling to stop the habit despite their awareness of the many adverse health effects of smoking. Most of them are also unaware of any anti-smoking efforts in their environment. Concerted efforts should therefore be directed towards anti-smoking programmes in our secondary schools. Such efforts should include: continuing anti-smoking health education and counseling in their syllabi, parents and guardians also need anti-smoking counseling so that they can be good role models to the youths, legislation to curtail the manufacture, advertisement and sale of cigarettes to youths, increase in taxes of tobacco products thereby increasing the retail price. Anti-smoking laws in public places need to be enforced, while smoking cessation programmes need to be commenced in Nigeria. The necessity for the domestication of the WHO Framework Convention on Tobacco Control (FCTC) which was ratified by Nigeria is urgent (21).

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