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EDITORIAL COMMENTS

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PREVALENCE OF SMOKING BEHAVIOUR AMONG ADOLESCENTS IN IBADAN SOUTH-EAST LOCAL GOVERNMENT, NIGERIA

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Abstract

The study investigated the prevalence of smoking among the adolescents in Ibadan South-East (Local Government, Nigeria.) In all, 500 (253 males and 247 females) adolescents were sampled. They were all senior secondary school students randomly selected from nineteen public senior secondary schools in Ibadan South East, Nigeria. Their ages ranged from 14-19 years ($\bar{X} = 16.58$; $S. D = 1.45$). Using both descriptive (frequency count and percentages) and inferential (Pearson correlation and chi-square at $P < 0.05$) statistics it was observed that; more males than females indicated that they do smoke; smoking cuts across the ages sampled; adolescents from separated homes tend to engage in smoking more than their colleagues from intact homes; and adolescents from homes whose parents were in the high socio-economic stratum tend to engage in smoking more than adolescents from homes whose parents were in the low

socio-economic stratum. The study points to the fact that more aggressive counseling should be put in place in schools and married couples need to be counseled against divorce.

Key words

Smoking behaviour, tobacco smoking, adolescents, Ibadan South East.

Introduction

Adolescence is incontrovertibly a delicate and difficult stage in the developmental stages of human beings from childhood to adulthood. This period has been aptly described by psychoanalytical writers with such phrases as "period of storm and stress", this is because adolescents are faced with a lot of challenges often without much guidance and knowledge of the best way to face those challenges.

Krupp (1987) believed that adolescence by its bio-psychosocial nature is doomed to be tumultuous. He maintained that in these tumultuous years, a young

person experiences much growth and joy as well as doubt and confusion. Relationship with peers and family members take on new meanings to him or her. These changes invariably create feelings of ambivalence and vagueness as to what the future holds for him or her as he or she embarks on a prolonged search for the pathways to promising adulthood.

Emeke (1997) in corroborating the views of Krupp (1987) identified that the adolescent period is laden with crisis of identity and that if the needed pivoted support which are significant to the child's search for identity is lacking, the adolescent finds it traumatic passing from almost dependent childhood to the threshold of independent adulthood.

Although some young people appear to show the ability of managing this transformation, but in reality, a sizeable proportion of young people do experience difficulties and consequent upon these tumultuous and stressful situations they find themselves engaging in behaviours that place their well being at risks. Although, clear cut and reliable statistics are lacking in many third world countries including Nigeria, but there is an overwhelming evidence from secondary data sources (such as hospital records, seizures and arrests by law enforcement agencies - Nigerian Police Force, The Nigeria Army, The National Drug Law Enforcement Agency, among others) that there is a dramatic increase in violence, cultism, delinquency, school dropouts, vandalism, drug abuse including smoking of tobacco, cocaine and marijuana among adolescents which is likely to grow

into epidemic proportions, if nothing is done to suppress its incidence and intensity.

Adolescents and Smoking

Smoking according to the Oxford, Advanced Learners Dictionary (1989) is the habit of sucking in smoke through tobacco or cigarettes. However sucking in of smoke is not limited to tobacco only, other drugs such as Indian hemp, cocaine and heroine are also being smoked as well.

The habit of smoking among the adolescents is no more a hidden phenomenon, as teenagers can be seen smoking along the streets and street corners in most of our towns and cities. A casual visit to schools and colleges will confirm the rate at which young boys and girls consume sticks of cigarettes most especially in the evenings. Young persons can be conspicuously seen smoking tobacco and even Indian hemp at night parties and it appears smoking cuts across both sexes. Despite the fact that smoking is a primary preventable cause of death and psychoneurosis, more and more adolescents become smokers by the day. Studies have shown that many adult smokers began this deadly habit when they were under the age of 14, that is, when they were still minors (Costello, Erkani, Federman & Angold, 1999). Despite the enforcement by the Nigerian government that tobacco companies must include in their advertisement, the slogan that smoking is injurious to health more and more young people become smokers daily. It would appear this maladaptive behaviour has come to stay unless something drastic is urgently done to stem its tide.

Adolescent drug users including smokers of tobacco, marijuana and cocaine can be classified into three different categories (Adegoke 2003). These are (i) experimenters (ii) the compulsive users and (iii) the floaters. The floaters typically, alternate between experimenting with drugs (marijuanas and tobacco) and being compulsive users. The experimenters typically smoke tobacco, cocaine or marijuana or all of them in very small quantity and they do so only occasionally. They usually do this out of boredom, curiosity or in response to peer pressure. Unlucky experimenters however become, compulsive smokers especially if they are from impoverished and broken homes, or from drug functional families or they attend poor schools in bad neighbourhood (Stanton, Lowe, Gillespe 1996; Azevedo, 1999). The compulsive smokers are those who have become hooked on to the drugs. They are addicted and for them, smoking is the only way of escape.

The indulgence of adolescents in smoking has been of great concern to the whole world in recent years. Psychologists across cultures consistently remind the society of grave dangers inherent in this adolescents' maladaptive behaviour. The effects on the physical, psychological, health and socio-economic potential of adolescents in particular and the society at large are quite enormous, bearing in mind that adolescents constitute a great percentage of the total population of any given society and they are also the society's most virile and potential productive sectors.

The effect of smoking on the smoker's health and the consequences in terms of

sudden termination of brilliant careers by neuropsychosis, wastage of talents and fatal destruction of life have prompted several researchers, psychoanalytical writers and educationists across cultures to investigate into the prevalence of smoking behaviour amongst adolescents and the implications for prevention. For example Starcevic (1998) in his study of Smoking in secondary school students in Zagreb (Serbo-Croatia) found that between 31% to 45% of the 637 pupils he sampled smoked. The different trends he observed in boys' and girls' smoking behaviour were noted and he observed that the prevalence in boys from families of a higher parental education is 28% while those from families of lower parental education is 42% (at $P < 0.02$). He emphasized that prevalence of smoking behaviour in girls surpassed that of boys and that higher frequency of smoking was observed in smoking families. According to Starcevic (1998) majority of smokers began smoking in the last grade of primary school, mostly because of peer group pressure and curiosity. He suggested that to reduce smoking among adolescents it is necessary to create negative attitude towards smoking and impact social-resistance skills in the pupils especially during the last stages of primary school education.

These findings together with those of other researchers, clinical and educational psychologists converge to suggest that smoking is a maladaptive behaviour among the adolescents that must be totally eradicated if the future of nations is to be guaranteed (Perez & Perez, 1996; Peters, Hedley, Lam, Betson & Wong, 1997; Poulin & Elliot, 1997; AzevMo, Machado

& Barros, 1999; Reader, Williamson, McGree, & Glasgow, 1999).

It has been argued that the prevalence of smoking was significantly associated with variables such as age (less than 13) years; having parents who had attended schools for less than 4 years; having a mother, sibling, father or friend who smoked, parents' low economic status; gender; home type, socio-economic background of parents and consumption of coffee, alcohol or other illicit drugs (Alem, Kebede & Kullgren, 1999; Reeder, Williams, McGree, Glasgow, 1999; Smith, 1999; Thorndike, 1999). It is against this background that the present study sought to investigate the prevalence of smoking among the adolescents in Ibadan South East, Nigeria and determine the association if any which exists between smoking and such variables as gender, home type and family background of the adolescents.

Research Questions

In order to set the study in proper perspective five research questions were generated for which answers were sought.

Research Questions

Is there any significant difference in the prevalence of smoking behaviour amongst the adolescents in Ibadan South East, Nigeria on the basis of

Q1: Gender?

Q2: Parents' educational status?

Q3: Parents' socio-economic status'?

Q4: Home type?

Q5: Age distribution?

Methodology

(a) **Sample:** Subjects were 600 adolescents

(253 males and 247 females) drawn randomly from nineteen public senior secondary schools in Ibadan South East, Nigeria. Three of the schools are girls only, two were boys only while the remaining are coeducational. In five of the schools a large majority of parents of the students are senior civil servants, business men, top politicians and company executives, while in the remaining fourteen schools, a large majority of parents of the students are intermediate and junior civil servants, teachers, petty traders and workers in industry and commerce. The ages of the students ranged from 14 to 19 years with a mean age of 16.58 years and standard deviation of 1.45.

(b) Instrument, Data Collection and Analysis

A highly valid and reliable questionnaire developed by the authors was used for the study. The reliability index of the questionnaire was 0.79 using Cronbach Coefficient Alpha. It is divided into two sections: A (Demographic section-age, gender, parents' level of schooling and occupation; type of home background (intact or broken) section B with twenty statements placed on 2-point scale of Yes/No designed to elicit information from the students on the pattern of their smoking behaviour. Examples of such statements include "smoking is part of my life"; "I derive joy from smoking"; "I have never smoked in my life"; "smokers can never be my friend"; "smoking is not as bad as people take it to be". The respondents under the guidance, of the researchers completed the questionnaire. Actual numbers and percentages were computed for responses to each of the twenty statements to obtain

an overall picture of the students' smoking behavioural pattern. To find whether any group differences existed, the Pearson's chi-square statistics at $P < 0.05$ was used.

Results

Research Question One

Is there any significant difference in the prevalence of smoking behaviour amongst the adolescents in Ibadan South East, Nigeria on the basis of gender?

Contingency Table 1

Gender-Group differences in Prevalence of Smoking behaviour among the respondents

Variable	Smokers	Non- smokers	Total	df	X ² cal.	X ² tab	Remark
Gender							
Male	164(109.8)	89(143.2)	253	1	121.2	3.8	Sig
Female	53(107.2)	194(139.6)	247				
Total	217	283	500				

Number in parentheses represent theoretical frequencies.

From contingency Table 1, there were statistically significant gender group differences in the prevalence of smoking behaviour amongst adolescents in Ibadan South East, Nigeria ($X^2 = 121.2 > X^2_{tab} = 3.8$; $df = 1$; at $P < 0.05$). A greater proportion of males 164 (32.8% of total adolescents sampled (164/500) indicated that they are smokers, whereas only 53 females (10.6% of total adolescents sampled (53/500) indicated that they are smokers. Therefore it appears more male adolescents do engage in smoking than female adolescents.

Research Question Two

Is there any significant difference in the prevalence of smoking behaviour amongst the adolescents in Ibadan South East, Nigeria on the basis of parents' educational status?

Contingency Table 2

Parents' educational status - Group Differences of prevalence of smoking behaviour amongst respondents

Variable: Parents' Educational Status	Smokers	Non-Smokers	Total	df	X ² cal.	X ² tab	Remark
Educated Parents	102(101.6)	132 (132.4)	234	1	0.006	3.8	Not Sig.
Non Educated Parents	115 (115.4)	151 (150.6)	266				
Total	217	283	500				

Numbers in parentheses represent theoretical frequencies.

From contingency table 2, there was no statistically significant difference in the prevalence of smoking behaviour amongst the adolescents in Ibadan South East, Nigeria on the basis of level of schooling of their parents ($X^2_{cal} = 0.006 < X^2 = 3.8$; $df = 1$; $P > 0.05$).

Although 115 adolescents (23% of total :adolescents sampled (115/500) whose parent's level of schooling are low (11 years) and 102 adolescents (20.4% of total adolescents sampled (102/500) whose parents' level of schooling are high >11 years) indicated that they are smokers, nevertheless the difference is not statistically significant.

Research Question Three

Is there any significant difference in the prevalence of smoking behaviour amongst the adolescents in Ibadan South East, Nigeria on the basis of their parents' socio economic status.

Contingency Table 3

Socio-economic status of parents - Group Difference in Prevalence of Smoking behaviour amongst respondents.

Variable: Parents' Socio-Economic Status	Smokers	Non-Smokers	Total	df	X ² cal.	X ² tab	Remark
High S.E.S.	114 (64.7)	35 (84.3)	149	1	122.3	3.8	Sig.
Low S.E.S.	103 (152.3)	248 (198.7)	351				
Total	217	283	500				

Numbers in parentheses represent theoretical frequencies

From contingency Table 3, there was a statistically significant difference in the prevalence of smoking behaviour among the respondents on the basis of the socio-economic status of their parents ($X^2_{cal} = 122.3 > X^2_{tab} = 3.8$ df= 1; $P < 0.05$). As can be seen from contingency. Table 3, 114 respondents (22.8% of total, respondents sampled (517) from families whose socio economic status are high indicated that they are smokers, while 103 respondents (20.6% of total respondents sampled from families whose socio-economic status are low indicated that they are smokers.

This result is not surprising considering the fact that here in Nigeria, cultism among students is associated with parents' affluence. Research evidence as well as statistics of those arrested have shown that drug abuse and the use of illicit drug are strongly associated with cultism. Using simple logic: if $A = 8$ and $8 = C$, therefore $A = C$. Considering the astronomical cost of tobacco, cocaine and Indian hemp, one is tempted to say that it is only the children of the well to do that can easily afford the price of these commodities especially in these days of economic crunch; hence the higher the socio-economic status of parents, the more likely the adolescent tends to use drug including smoking of such drugs as cocaine, marijuana and of course tobacco.

Research Question Four

Is there any significant difference in the prevalence of smoking among the adolescents in Ibadan South East Nigeria on the basis of type of homes they come from?

Contingency Table 4

Home type - Group Differences in prevalence of smoking behaviour amongst the respondents.

Variable: Home type	Smokers	Non- Smokers	Total	df	X^2 cal.	X^2 tab	Remark
Intact Home	58 (142.3)	270 (177.1)	328				
Separated Home	159 (74.6)	13 (97.4)	172	1	745.5	3.8	Not Sig.
Total	217	283	500				

Numbers in parentheses represent theoretical frequencies

From contingency Table 4, there was a statistically significant difference in the prevalence of smoking behaviour amongst the respondents on the basis of families' home.

type ($X^2_{cal} = 747.5 > X^2_{tab} = 3.8$ $df = 1$; $P < 0.05$). As can be seen from contingency Table 4, 58 respondents (11.6% of total respondents sampled) indicated that they are smokers while 159 respondents (31.8% of total respondents sampled) indicated that they are non smokers. Therefore one can safely say that home type plays a significant role in the moulding of individuals. As the findings of the study show, more adolescents from homes that are “broken” (father and mother living apart) tend to engage in smoking habit than adolescents whose parents are staying together (intact home).

Research Question Five

Is there any significant difference in the prevalence of smoking behaviour amongst the adolescents in Ibadan South East, Nigeria on the basis of age distribution?

Contingency Table 5

Age Distribution - Group Differences in prevalence of smoking behaviour amongst the respondents.

Variable: Age (years) distribution	Smokers	Non-smokers	Total	df	X ² cal.	X ² tab	Remark
14 -16	98(102.5)	139(134.1)	237	1	0.528	3.8	Not Sig.
17-19	119(114.1)	144(148.9)	263				
Total	217	283	500				

Numbers in parentheses represent theoretical frequencies

From contingency Table 5, there was no statistically significant difference in the prevalence of smoking behaviour amongst the respondents ($X^2_{cal} = 0.528 < X^2_{tab} = 3.8$; $df = 1$; $P < 0.05$). The results as presented in Table 5, however show that smoking behaviour among adolescents starts as early as age 14 and this trend increases as the age increases towards the range 17-19. It is quite interesting that minors can engage themselves in such deadly acts despite the devastating effect of smoking on health and future careers of smokers. It appears the slogan that “smoking is dangerous to health” has not produced the desired effect on the adolescents as this study shows. Therefore government needs to carry this message to schools in a more zealous manner.

Discussion

The study has established the fact that adolescents in Ibadan South East Local Government, Nigeria do use such drugs as marijuana, cocaine, tobacco and heroine. By ages 14 to 16, 98 adolescents (about 19% of the total adolescents sampled) indicated that they do smoke, while 119 adolescents between the ages 17-19 which is about 23 % of the total respondent indicate that they do smoke. The results of this study are in line with those of earlier researchers like Adegoke (2003) Smith and Fiore (1999).

Overall more than 40% of the adolescents sampled indicated that they are regular smokers out of this, 105 respondents are compulsive smokers, 84 are floaters while only 18 are experimenters. It appears the teenagers do not view the devastating effect of smoking on health as something that is serious as most of the respondents see nothing bad in having smokers as friends. This trends appears to cut across the gender.

Family influence on adolescents' life styles can not be over emphasized as this study shows that the type of home the teenagers come from plays a significant role in their smoking behaviour. The prevalence of smoking was higher among adolescents from broken homes than those from intact homes. Ibadan South East Local Government is one of the areas where many indigenes of Ibadan appear to be concentrated and findings have shown that the rate of divorce is quite high. From the experience of the writers as school teachers of over fifteen years, the number of students from broken homes are daily on the increase and more and more of the products of these homes are known to have engaged in one maladaptive behaviour in the school system or another.

With the results of this study, the authors believe that smoking is

multifactorially determined with psychological, family and social circumstances ranking high. Therefore the problem of tobacco, Indian hemp and even cocaine use among adolescents should be addressed from a multidisciplinary point of view which would enable the society to cover the broad range of factors that influence this pattern of behaviour. There is an urgent need for school-based smoking prevention programmes. To reduce smoking among adolescents, it is necessary to create negative attitude towards smoking, impact and social resistance skills during later primary school education as well as early junior secondary school education in the school children as it appears smoking behaviour clearly manifests during the early part of junior secondary school days. It is also strongly recommended that the current efforts of non-governmental organisations in health education and other life skills education programmes in public schools need be intensified and encouraged. It is high time the government introduced life planning education programmes in schools and such topics as drug abuse and related issues be introduced into the school Biology and Integrated Science curriculum at both primary and Secondary school levels.

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