

**KNOWLEDGE ATTITUDE AND PRACTICE OF CIGARETTES SMOKING AMONG
SECONDARY SCHOOL STUDENTS IN AKURE SOUTH LOCAL GOVERNMENT
AREA, ONDO STATE**

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ABSTRACT

According to World Health Report 1999 a considerable number of deaths would be prevented and cigarette related deaths would be halved if most of the adult smokers quit smoking over the next 20 years. People who begin smoking early have a greater risk of lung cancer compound to those who begin smoking at a later age as a result of the cumulative exposure. This study examined knowledge attitude and practice of cigarettes smoking among secondary school students in Akure South Local Government Area of Ondo State. This descriptive cross sectional study was carried out in three secondary school in Akure South Local Government area of Ondo State. Multi-stage sampling method was employed in the selection of the subjects for the study. At stage one, the three schools in Akure South were grouped into six clusters forming three arms of senior secondary school and three arms of junior secondary school. At stage two, simple random technique was then used in selecting 72 students from each of the senior secondary school clusters making up a total of 216 respondents. The instruments used for collection of data was questionnaire. The instrument was validated by the experts and the reliability of was ensure using 22 respondents who are not parts of the study. Cronbach's Alpha method was used to test the internal consistency of the instrument and reliability coefficient of 0.79 was obtained which indicate the instrument can be used to collect necessary data. The analysis was done using frequency counts and simple percentage. The results are tabulated and graphically presented. The study's findings reveal that students possess substantial knowledge about cigarette smoking, including its composition and the various reasons people engage in the habit. While their awareness of smoking could expose them to the practice, the results suggest that their attitudes are generally unfavorable toward smoking. Most respondents recognize the health risks associated with smoking and oppose behaviors such as smoking while driving. Additionally, the majority do not smoke and understand that peer influence and gang associations are key risk factors for smoking initiation. Overall, the study concludes that students' awareness and attitudes serve as protective factors against cigarette smoking. The study recommends that there is a need for investment in tobacco control, including educational campaigns and development of cost-effective smoking cessation services such as counselling in smokers presenting at health care institutions in the study area. Also, effective media campaigns should feature strong emotional images, convey a single clear message, and be delivered by young people themselves.

Keywords: Students, Knowledge, Attitude, Practice of Cigarettes, Smoking.

1. INTRODUCTION

According to World Health Report 1999 a considerable number of deaths would be prevented and cigarette related deaths would be halved if most of the adult smokers quit smoking over the next 20 years. People who begin smoking early have a greater risk of lung cancer compound to those who begin smoking at a later age as a result of the cumulative exposure (Colditz & Hunter 2007). Cigarette is known to be one of the legal consumer products that can cause harm to everyone exposed to it and kills most of those who use it as intended. Cigarette is also considered as the single most preventable cause of death in the world. The use of cigarette is wide spread due to low price, strong marketing, lack of education about its negative effects and poor public policies against its use (World Health Organization 2008).

Cigarette contains many chemicals which are known to cause cancer, Report on Carcinogens 2005. Cigarette kills more than the combination of AIDS, legal drugs, illegal drugs, road accidents, murder and suicide (Mackay & Eriksen, 2002). The easiest way to stop the effects of cigarette is to prevent its initiation (Robin & Sugarman 2001). The burning and smoking of cigarette produces a complex mixture of chemicals which are harmful to health of the people who inhale the smoke. Children are at health risk from smoking and smoking around a pregnant woman poses a health risk to a fetus (Mackay & Eriksen, 2002). The detrimental effects of second hand smoke exposure causes lung cancer (WHO, 2007).

Adolescence is a time when young people undergo physical, psychological, sociocultural and cognitive development (DiClemente, 2009). It is a time when many physical, psychological and when adolescents develop a lot of the habits, behavioral patterns and relationships they will take into their adulthood (Committee on Adolescent Health Care Services and Models of Care for Treatment 2008). Puberty is considered to be the most influential factor in young adolescence (ages 12-14). Adolescents become very concerned with bodily appearance and adopt conformity and peer compliance as defenses against rejection and disapproval. (Sofronoff 2004).

Statement of The Problem

The increasing incidence of cigarette smoking among secondary school students in Akure South Local Government Area of Ondo State has become a significant public health and social concern. Despite widespread awareness campaigns on the dangers of tobacco use, many students continue to engage in smoking, exposing themselves to severe health risks such as respiratory diseases, cardiovascular complications, and addiction. This alarming trend not only affects their academic performance but also contributes to delinquent behaviors, peer pressure, and potential involvement in substance abuse. Given the long-term consequences of early tobacco use, it is imperative to explore the underlying factors such as knowledge, attitude and practice of cigarette smoking among secondary school students and propose practical solutions to mitigate its prevalence and harmful effects.

Purpose of the Study

The main purpose of this study is to investigate knowledge attitude and practice of cigarettes smoking among secondary school students in Akure Sourh Local Government Area, Ondo state

1. To investigate whether knowledge of cigarettes smoking will lead to cigarettes smoking.
2. To determine student attitude towards the knowledge of cigarettes smoking.
3. To determine whether student attitude leads to the practices of cigarettes smoking.

Research Questions

1. Will student knowledge of cigarettes smoke lead to cigarettes smoking?
2. What attitude do student put up after knowing about cigarettes smoking?
3. Does the attitude lead to practice of cigarettes smoke?

2. REVIEW OF RELATED LITERATURE

Cigarette has been found to cause many chronic and acute respiratory diseases such as pneumonia and influenza, and a number of persistent respiratory symptoms such as wheezing and cough (Colditz & Hunter 2000). Research suggests that the risk of death from lung cancer may rise with amount of cigarettes smoked and duration of smoking. (Report on Carcinogens, 2011). Many are of the belief that young people are picking up the habit of a smoking due to ignorance about risks associated with smoking and also that it is a part of adolescent rebelliousness (Dawn, 2006). Cigarette smokers have been found to have lower levels of lung function compared to non smokers. The rate of lung growth can also be reduced by smoking. Smoking is known to affect the athletic capabilities of young people. Regular smoking may lead to coughs and worsen respiratory diseases among young people. Adolescent smokers experience shortness of breath at higher rates compared to non smoking adolescents and produce phlegm more often than those who do not smoke (Alters & Schiff, 2009).

Smoking causes damage to different parts of the body such as mouth, teeth, skin, fingernails and hair. Cigarette products contains elements and compounds such as arsenic, carbon monoxide, nicotine and formaldehyde which may cause wrinkles, discoloration of skin complexion and yellowing of fingernails when they enter the bloodstream. Secondhand smoke may also result in cosmetic damage when it gets in contact with the body. The harm caused by smoking on a person's appearance may be cumulative and may take several years of smoking to create observable effects. Smokers who give up the habit can prevent further damage to their physical features but in most cases the years of damage may require cosmetic surgery. Damage caused internally and externally by smoking leads to many changes in a person's appearance. Smoking makes people seem older than they actually are (McCay et al, 2009).

Women who are smokers or who stay with a smoker are prone to health effects associated with reproductive health such as problems associated with pregnancy, use of oral contraceptive, menstrual function, and cancers of the cervix and bladder. Smoking may also lead to irregular menstrual cycle and increased menstrual discomfort. Women who are smokers may also have earlier menopause, which increases chances of getting osteoporosis, heart disease and other conditions for which estrogen provides a protective effect. The risk of sudden infant death syndrome may also increase when a pregnant woman smokes (Alters & Schiff, 2009).

Cigarette smoking can have negative effects on the oral cavity such as bad breath, stained teeth and life-threatening conditions such as oral cancer. Also tobacco users often develop gum disease, (Alters & Schiff, 2009). Cigarettes use compromises the health of both the smoker and non-smokers exposed to tobacco smoke. Treating of cigarette-related diseases requires a number of medical services, such as hospital stays, physician services, other health practitioners' services, prescription drugs, home care, and nursing home care. Healthcare in many advanced countries is catered for by private insurance and socialized health care systems whereas patients in many developing countries pay for medical care costs themselves (Research for International Cigarette Control 2003).

According to Alters & Schiff (2009), since cigarette smoking has negative effects on the respiratory system a smoker who quits may notice that it is easier to breathe. Smoking cessation reduces the occurrence of symptoms such as cough, mucus production, and wheezing. Smoking Cessation may also reduce the occurrence of respiratory infections such as bronchitis and pneumonia (Alters & Schiff, 2009). This study aimed at finding the reasons why adolescent start smoking. Articles of Can et al (2009), weiss et al. (2008), Damiana Ki et al.(2008); DiNapoli (2009), Hayes & Plow field (2007); Kulbok et al. (2008) were systematically selected to answer the research question. The result showed that friends are an important influence in the smoking behavior of adolescents. From the study it was found that adolescents whose friends did not smoke is not likely to smoke. This is consistent with studies by Kobus (2003) and Harakeh (2007) who found that adolescents who had best friends who smoked cigarettes were more susceptible to smoking.

According to Parna (2003), having a friend who smoked was one of the major and strongest factors associated with smoking. Also smoking rates were higher among popular students in schools with high smoking prevalence in a study by Alexander et al (2001) this supported by a study by valente et al. (2005) which also found that popular middle school students were more likely to become smokers compared to their less popular peers. Hayes & Plowfield (2007) found peer pressure to be the greatest contributing factor for starting to smoke. According to brook et al (2005) adolescents with cigarette-prone personalities tend to associate with cigarette using and deviant peers and also having friends who smoke was linked with adolescent having cigarette -prone personality traits.

The role played by the family in adolescent smoking initiation was also discussed. Most of the articles touched on the influence of sibling smoking. The articles simply talked about sibling influence without clarifying whether it was the younger or older sibling that influenced the adolescent smoking. Study by Harakeh et al (2007) explained sibling influence using the Social Learning Theory. According to Harakeh (2007) the older sibling may be seen as a role model by the younger sibling. The younger sibling may think of the older sibling as more competent and knowledgeable and as such may look up to him or her for support in many areas. Therefore the younger sibling may copy the behavior of older sibling especially when they spend a lot time together. Also adolescents with parents who smoke were found to be more at risk than adolescents with nonsmoking parents.

Availability of cigarette products to adolescents may be a contributing factor to smoking initiation (Robin & Sugarman 2001). According to Alexander, et al (1995), becoming exposed to parents or other family members who use cigarette may arouse curiosity.

Psychological factors were also found to contribute to adolescent smoking initiation. Weiss et al (2008), symptoms, and were bully-victims. 194) found association between anxiety, hostility and increased risk of smoking. Adolescents, who were more worried and nervous, having troubles in regulating anger, feeling sad and lonely, were more likely to have tried smoking weiss (2008) According MacDonald (2004) poverty may result in stress, anxiety and depression and poor people are more likely to smoke. This is also consistent with a study Weiss et al (2011) found a longitudinal relationship between smoking initiation and psychological characteristics. In the study by weiss et al. (2011) the risk of smoking initiation was higher among students who scored higher on hostility and depressive

Adolescents who are less interested in their health, who have self image and who have low confidence are also bound to start smoking. This is consistent with study by Hayes & Plow field

(2007) a study by Song et al (2009) found that the perception of risks and benefits has an effect on smoking initiation. According to DiNapoli (2009) poor academic abilities and low feelings of emotional wellbeing are associated with low ego development. According to DiNapoli (2009) sociostructural variables within the family and L.G.A may also effect ego development DiNapoli (2009) in the study by DiNapoli (2009) early initiation of cigarette smoking was more likely in person with low self-esteem, who reported being victimized.

Some risk groups were identified in a number of articles. High smoking prevalence among adolescents in their last grades of high school was recorded in the study by Damianki et al (2008) this indicates that adolescents in their last grades are a risk group. Also adolescents with those with goods grades (Can et al, 2009), DiNapoli (2009). Adolescents with body piercings and tattoos can also be considered a risk group because they have the tendency to engage in risky smoking prevalence. A study by Alexander et al (2001) found that popular students in schools with high smoking rates are more likely to be cigarette smokers compared to their less popular counterparts. The role played by the media in smoking initiation was not discussed in the selected articles. However, a number of studies have found that television and movies play a crucial role in the smoking behavior of adolescents. Those who watched a lot of televisions a day were more likely to initiate smoking than those who spent lesser time on television. Weight concerns among adolescent girls may also be contributing factors to adolescent smoking (Austin & Gortmaker (2001) French et al. (1994). This is also supported by Cawley et al. (2004) found that females who have a high body mass index, who report that they are trying to lose weight, and describe themselves as overweight are more likely to initiate smoking than other females.

Reason why the smoker finds it hard to quit, due to the reinforcing effect, most smokers may find it difficult to stop smoking; cigarette smoking can be described as a physical and psychological addiction. (Becket 2004). Withdrawal symptoms of nicotine include anxiety, sleep disturbances, depression, increased appetite, irritability, cognitive and attention deficits although withdrawal is associated with the pharmacological effects of nicotine, many behavioral factors can also contribute to the intensity of withdrawal symptoms. Some smokers claim that the smell, and the Meer sight of a cigarette and he ritual of obtaining, lighting, handling and smoking the cigarette are all linked to the pleasurable effects of smoking and may worsen withdrawal or cravings National Institute on Drug Abuse (2009) Nicotine causes reliance by providing centrally mediated reinforcing effects, by controlling elements such as body weight and mood in a manner that is considered useful or pleasing by the tobacco user and by causing a physical reliance such that abstinence may result in unpleasant symptoms (Jiloha, 2008).

3. METHODOLOGY

The reseach design used in this study is descriptive cross sectional survey. Multi-stage sampling method was employed in the selection of the subjects for the study. At stage one, the three schools in Akure South were grouped into six clusters forming three arms of senior secondary school and three arms of junior secondary school. At stage two, simple random technique was then used in selecting 72 students from each of the senior secondary school clusters making up a total of 216 respondents. The instruments used for collection of data were questionnaires and interviews of the secondary school students in selected area. The questionnaire was administered to students and all were filled and return. The instrument was validated by the experts and the reliability of was ensure using 22 respondents who are not parts of the study. Cronbach's Alpha method was used to test the internal consistency of the instrument and reliability coefficient of 0.79 was obtained which

indicate the instrument can be used to collect necessary data. The analysis was done using frequency counts and simple percentage. The results are tabulated and graphically presented.

4. RESULTS

Research Question 1: Will student knowledge of cigarettes smoke lead to cigarettes smoking?

Table 1: Awareness About Cigarette Smoking Among Students

Heard of Cigarette Smoking	Frequency	Percentage
Yes	196	98.0
No	4	2.0
Total	200	100.0

Majority, 196 (98.0%) of the students have heard about cigarette before now and the remaining 4 (2.0%) have not heard about it before.

Table 2: Respondents Sources of Information About Cigarette Smoking

Sources of Information	Frequency	Percentage
Television	95	47.5
Radio	79	39.5
School	26	13.0
Total	200	100.0

Out of the 200 that have heard about cigarette before, close to half of the respondents 95 (47.5%) got their information from the television set while 79 (39.5%) sourced their information from the radio and the remaining 26 (13.0%) got to know in the school.

Table 3: Definition of Cigarette by Respondents

Definition of Cigarette	Frequency	Percentage
A leaf	39	19.5
Dry leaf grounded and wrapped in paper	106	53.0
It's a chemical	55	27.5
Total	200	100.0

More than half 106 (53.0%) of the respondents define cigarette as grounded dry leaf wrapped in paper. On the other hand, 39 (19.5%) simply define it as leaf and some 55 (27.5%) define it as a chemical

Table 4: Reasons Why People Smoke

Reasons for Smoking	Frequency	Percentage
For pleasure	66	33.0
To indulge in strenuous activities	78	39.0
Show of Civilization	56	28.0
Total	200	100.0

Some 66 (33.0%) believe that people get themselves involved in smoking for pleasure and 78 (39.0%) say it is for indulging in strenuous activities and 56 (28.0%) say it is a mean of showing of civilization.

Based on the results in Table 1-4, it indicates that the students have knowledge of cigarettes smoking. Also, their knowledge can lead them to cigarettes smoking because many of them could define cigarettes as dry leaf grounded and wrapped in paper and they also know different reasons why people smoke.

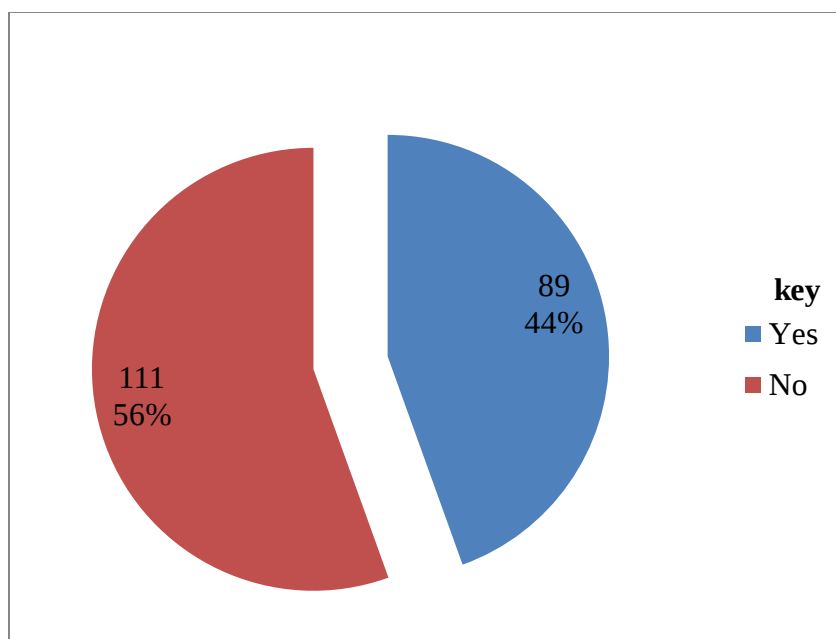


Figure 3: A Pie Chart Showing Smokers and Non Smokers Seen by Respondents

From the figure above, 111 (56.0%) have had a close contact with a smoker before while 89 (44.0%) have not.

Research Question 2: What attitude do student put up after knowing about cigarettes smoking?

Table 5: Responses On Smoking and Driving

Smoking is good while driving	Frequency	Percentage
Yes	17	8.5
No	183	91.5
Total	200	100.0

A very few of the students 17 (8.5%) feels that smoking can be good while driving while majority 183 (91.5%) do not agree with driving and smoking.

Table 6: Responses On Health Risk

Smoking cigarettes has serious health risks, and I am less likely to try it after learning about its effects	Frequency	Percentage
Yes	190	95.0
No	10	5.0
Total	200	100.0

The results show that 95% of survey respondents recognise the grave health repercussions of smoking, leading to a decreased likelihood of engaging in smoking behaviours following the

dissemination of educational information; nevertheless, 5% exhibit no change in response to the information presented.

As a result of the findings, it is evident that the respondents are not likely to exhibit unfavourable attitudes because they are aware of the health dangers that are linked with smoking. In addition to that, they were against driving while smoking.

Research Question 3: Does the attitude lead to practice of cigarettes smoke?

Table 7: Respondents Who Smoke

Smokers	Frequency	Percentage
Yes	13	6.5
No	187	93.5
Total	200	100.0

Only 13 (6.5%) of the students do smoke or have ever smoke while many of them 187 (93.5) have never smoke before the administration of these questionnaires

Table 8: Introduction to Cigarette Smoking

Response	Frequency	Percentage
Through bad gangs	59	29.5
Through peer group	26	13.0
All of the above	115	57.5
Total	200	100.0

Fifty-nine of the respondents (29.5%) responded that they were introduced to smoking through bad gang and 26 (13.0%) is through peer groups while more than half of the respondents 115 (57.5%) agree to both options.

The findings indicate that the respondents' attitudes may not make them more likely to engage in the practice of smoking cigarettes. This is due to the fact that the majority of them did not smoke cigarettes, and they are aware that the only way they could be exposed to smoking is through negative peer groups and gangs.

5. DISCUSSION

Nearly (98.0%) all the respondents were aware of cigarette smoking and their major source of information was television (47.5%). This is similar to studies done by Austin and Gortmaker (2001) French et al. However, a number of studies have found that television and movies play a crucial role in the smoking behavior of adolescents who watched a lot of televisions a day were more likely to initiate smoking than those who spent lesser time on television. This is also similar to study done by Tafawa and Viswanath (2012) with 48.5% of the respondents getting their information from television. Fifty – three percent correctly defined cigarette as a dry leaf grounded and wrapped in paper which is similar to study done in north - east Nigeria by Desalu and Olokoba et al (2011).

More than half of the respondents (56.0%) had close contact with smokers; this is high when compared studies done cross the country with (28.0%) and two cities in Nigeria with (40.0%) by Warren (2006) and [Desalu](#) et al (2011) respectively. Cigarettes use comprises the health of both the smoker and nonsmokers exposed to tobacco smoke. Research for International Cigarette Control (2003).

To indulge in strenuous activities was the major reason (39.0%) for smoking in this study, while other reason include for pleasure (33.0%) and Show of Civilization (28.0%) these findings were in contracts to other studies done. The result from other study showed that friends are an important influence in the smoking behaviour of adolescents. From the study it was found that adolescents whose friends did not smoke. This is consistent with studies by Kobus (2003) and Harakeh (2007) who found that adolescents who had best friends who smoked cigarettes were more susceptible to smoking. According to Parna (2003) having a friend who smoked was one of the major and strongest factors associated with smoking. Also smoking rates were higher among popular students in schools with high smoking prevalence in a study by Alexander et al (2001) this supported by a study by valente et al. (2005) which also found that popular middle school students were more likely to become smokers compared to their less popular peers. Hayes and Plowfield (2007) found peer pressure to be the greatest contributing factor for starting to smoke. According to brook et al (2005) adolescents with cigarette-prone personalities tend to associate with cigarette using and deviant peers and also having friends who smoke was linked with adolescent having cigarette - prone personality traits. But findings in this study, was similar to study done by Desalu and Olokoba et al (2011) where pleasure and civilization where the major reasons.

Majority (72.5%) of the respondents believed that group of people involved in smoking were mostly youth. This is similar to other studies done. Adolescents who are less interested in their health, who have self image and who have low confidence are also bound to start smoking. This is consistent with study by Hayes & Plowfield (2007) a study by Song et al (2009) found that the perception of risks and benefits has an effect on smoking initiation.

Some risk groups were identified in a number of articles. High smoking prevalence among adolescents in their last grades of high grades of high school was recorded in the study by Damianki et al (2008) this indicates that adolescents in their last grades are a risk group. Also adolescents with those with goods grades Can et al (2009), DiNapoli (2009) Adolescents with body piercings and tattoos can also be considered a risk group because they have the tendency to engage in risky smoking prevalence can also be considered a risk for smoking. A study by Alexander et al (2001) found that popular students in schools with high smoking rates are more likely to be cigarette smokers compared to their less popular counterparts. Findings in this study are also similar to study done in Lagos by Oluwakemi and Kofoworola (2013) where young people were mostly involved in smoking.

Only 6.5% of the respondents' smoke and of most the respondents were either initiated by bad gang or peer group. This is very small when compared to similar study done in Lagos by Oluwole et.al (.2013). where (36.1%) of the respondents' smoke. The low percentage in this study can be attributed to the environmental factor and lack of parental initiation among respondents. More than half (65.0%) of the respondents agreed that cigarette smoking can affect nonsmoker.

6. CONCLUSION

The study's findings reveal that students possess substantial knowledge about cigarette smoking, including its composition and the various reasons people engage in the habit. While their awareness of smoking could expose them to the practice, the results suggest that their attitudes are generally unfavorable toward smoking. Most respondents recognize the health risks associated with smoking and oppose behaviors such as smoking while driving. Additionally, the majority do not smoke and understand that peer influence and gang associations are key risk factors for

smoking initiation. Overall, the study concludes that students' awareness and attitudes serve as protective factors against cigarette smoking

7. RECOMMENDATIONS

1. There is a need for investment in tobacco control, including educational campaigns and development of cost-effective smoking cessation services such as counselling in smokers presenting at health care institutions in the study area.
2. Effective media campaigns should feature strong emotional images, convey a single clear message, and be delivered by young people themselves.
3. There should be family intervention which is only effective when the focus is on multiple risk and protective factors and the cultural background of the families is taken into consideration
4. Government and stakeholders need to draw up a comprehensive tobacco control policy that will discourage the use of not only cigarette smoking, but all forms of tobacco use.
5. Government and stakeholders needs to draft a tobacco control policy adaptable to Nigeria and targeted at the adolescents and at risk groups to reduce tobacco related morbidity and mortality

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