



DETERMINANTS OF CIGARETTE SMOKING AMONG SECONDARY SCHOOL STUDENTS

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ABSTRACT

The number of secondary school students engaging in cigarette smoking is increasing every day and thus contributes to the burden of non-communicable diseases which causes morbidity and mortality among young people and adults. Therefore, the study investigated the determinants of cigarette smoking among secondary school students. A descriptive research design of survey type was used for the study. The population of the study comprises secondary school students in the study area. The target population comprises the secondary school students of the selected schools. Multi-stage sampling technique was adopted for the study. Purposive, proportionate and convenience sampling techniques were used to select two hundred and forty-two (242) respondents who participated in the study. The researcher developed a questionnaire validated by three experts from the related field was used as an instrument for the study. Three hypotheses were developed for the study. The findings indicated that social pressure, stress and school type had significant determinants of cigarette smoking among secondary school students. Based on these findings, the researcher recommends among others that the ministry of education should carry out an enlightenment campaign through mass media on the need for secondary school students to keep away from friends engaging in smoking habits to protect them against health consequences associated with cigarette smoking.

Keywords: Cigarette- smoking; Determinants; Secondary; School; Students

Introduction

Tobacco use is the world's leading cause of preventable death, the burden of tobacco use is greatest in low and middle-income countries that had been targeted by the

tobacco industry with its deadly products and deceptive marketing practices. There are more than one billion smokers in the world. More than 80% of the world's smokers live



in low and middle-income countries. Globally, the number of youth aged 13-15 years who smoke is estimated to be around 24 million and 13 million use smokeless tobacco products. 100 million people died from tobacco use in the 20th century, if current trends continue, one billion people will die from tobacco use in the 21st century. Tobacco-related illnesses account for 1 in 10 adult deaths worldwide. By 2030, 80% of these deaths will be in low and middle-income countries (World Health Organization, 2020).

Alfred (2003), opined that drug use is reinforced by the commercial media such as radio, television, magazines, newspapers and billboard which inundate us with images of substances as appropriate solutions to any life's problems. Most information gathered from media presentations should be considered suspect because of the profit motive that is implicit in all their endeavours. Television and the movie industry are probably the most guilty in this case.

Meg (2015) explained that peer pressure and group entry are one of the factors that influence young people to take tobacco. People who have a great desire to feel accepted socially often use the drug to demonstrate their sameness with other members of their group. People claim to use drugs to feel accepted, to imitate people they admire and to attempt to create an identity or project a specific image. Self-esteem seems to be a vital component. People with high self-esteem see themselves as competent, successful, self-sufficient, accepting, outgoing, and well-rounded. People with low

self-esteem tend to feel joy or self-fulfilment. To overcome these sensations and perceptions, many people turn to drugs.

Meg (2015) opined that teenagers and young people engage in tobacco smoking due to particular reasons or could be a result of stress, social pressures or through advertising. Many young people start using tobacco as a way of coping with stress or uncomfortable feeling such as depression, anger, frustration, boredom, anxiety and nervousness. People start using tobacco to be like someone they admire such as a friend, a parent or a famous person. Most young people start to use tobacco when it is offered to them by a friend and refusing to try it may be difficult. Peer pressure is a very strong force which directs the practice of young people. Tobacco advertisements always show users as healthy, happy, attractive people. The images used by tobacco companies for advertisement imply that if you use tobacco, you will be like those people that are calm, slim, mature, glamorous, sophisticated, rugged, independent or tough. Advertisements of tobacco do not show the health effect of tobacco smoking which include teeth discolouration, prematurely wrinkled skin, stained fingers, heart disease or lung cancer.

Salawu et al., (2009), explained that smoking is a health risk, a pattern of behaviour usually acquired during adolescence. In western countries, 13% to 35% of adolescents smoke. Youth is a time of experimentation and it is estimated that every day between 3000 and 5000 young people try their first cigarette. Tobacco use



in adolescence is associated with a range of health-compromising behaviours, including being involved in fights, carrying weapons, engaging in higher-risk sexual behaviour and using alcohol and other drugs. Smoking can be viewed as a rite of passage from childhood to adulthood. An adolescent's first cigarette is usually obtained from a friend or family member. One-third of adolescents who experiment with cigarettes will become daily smokers. Tobacco smoking is a growing public health problem in the developing world. The health hazards of smoking are well documented, and prevention of smoking has been described as the single greatest opportunity for preventing non-communicable diseases in the world today.

Health and Human Services (2020) opined that numerous factors influence adolescents' decisions to start smoking or to use other tobacco products. These factors include some individual characteristics, such as stress and low self-esteem, but also social characteristics, such as having parents, siblings or friends who smoke. Exposure and susceptibility to tobacco advertising can also affect smoking initiation among adolescents. Approximately 5.6 million adolescents who are currently under the age of 18 will die prematurely due to a smoking-related illness. There are several characteristics and risks associated with tobacco use and with difficulty quitting many of these factors apply not only to adolescents but to all individuals, regardless of age.

From earliest times, for as long as man lives on earth, he has sought substances

that would only sustain and protect him but would also act on his mind to produce various effects, tobacco is one of each substance. Tobacco is a herb which has been smoked, chewed or sniffed for more than five hundred years. Likes any other drug prone to abuse and misuse, tobacco use right from the beginning faced public outcry against the use of tobacco (Meg, 2015).

Shakeel et al., (2016) explain that smoking is the single most important preventable cause of death. The teenage is a critical period in the formation of the smoking habit. Globally, smoking is still on the rise among teenagers. The habit of smoking is considered a true drug addiction and is widespread all over the world. Currently, study outcomes confirm that smoking is a potential risk factor for health, causing increased morbidity and mortality that could be prevented. According to the World Health Organization (WHO), more than 4 million deaths recorded annually worldwide are related to smoking habits. Smoking is associated with several diseases and disorders in humans. Exposure of teenagers to tobacco products can cause a variety of diseases and could influence their psychosocial development. About 4000 children start smoking each day, whereas 1500 of the adolescents aged <18 years are regular smokers. Some 545,000 youngsters become smokers annually and one-third of them are believed to die due to tobacco use. It is common that many people to start smoking at young ages and become long-term addicted to nicotine. There are various determinants of tobacco use among youth. These include cultural and religious norms,



availability of different types of tobacco products, tobacco control policies and strategies, and perhaps most importantly, tobacco industry behaviour to promote tobacco use, and undercut tobacco control strategies. Advertising, promotion, and marketing efforts of the tobacco industry influence adolescent smoking behaviour, often to a greater extent than it influences the behaviour of adults.

(WHO 2011; Abdulsalam et al., 2018) argued that smoking is a leading cause of preventable morbidity and mortality worldwide. Tobacco causes annually 6 million deaths worldwide and is projected to exceed 8 million by 2030, according to statistics from the World Health Organization (WHO). Smoking was identified as the most important cause of preventable morbidity and premature death. This ratio is estimated to increase to 10 million in 20 – 30 years. Due to tobacco use, the morbidity rate is 70% in developing countries, and these countries are the ones in which problems due to epidemic tobacco use are mostly seen. The WHO estimates the number of smoking individuals as 1.1 billion, globally. A total of 700 million male smokers are located in developing countries, and 47% of men and 12% of women smoke a total of 6 trillion cigarettes a year worldwide.

Nega and Aklilu (2019) explain that tobacco smoking is one of the notable public health threats killing more people than HIV/AIDS, tuberculosis, and malaria in the world. It is projected that by the end of 2030, the number of deaths would increase by 8

million per year and could account for 10% of the total global mortality by 2020, killing nearly one billion people. Moreover, in developing countries, tobacco smoking has been responsible for an increasing burden of non-communicable causes of death and diseases. Evidence shows that sustained tobacco use leads to different health consequences due to exposure to nicotine. For instance, major depression, anxiety, periodontal, peripheral, vascular, and heart disease stroke, chronic obstructive pulmonary disease, pneumonia, and lung cancers have been recorded among cigarette smokers. Moreover, smoking also exposed smokers to many risky behaviours, like fighting and unprotected sex. The easy accessibility of tobacco, traditions and moderate pricing, peer and family influence, and tobacco company advertisements and promotional activities are some of the predisposing factors to cigarette smoking among adolescents.

Ali Akbar and Mahmood (2013) explain that smoking is considered an important risk factor contributing to the global burden of diseases, especially in chronic non-communicable diseases such as cardiovascular and respiratory diseases, cancers, and stroke and is the most common preventable cause of mortality in the world. According to estimations of the World Health Organization (WHO), mortality, which results from smoking, will decrease by 9% between 2002 and 2030 in developed countries, while it will double in developing countries.



Frances et al., (1999) argued that tobacco companies address young people directly because they must attract children and young teenagers to replace the more than 2 million adult smokers who die each year would wide from lung cancer and other smoking-related illnesses. The industry knows that a person who does not become a smoker during the tee years is most unlikely to take up the habit later on. Eighty-two per cent of adults with a history of smoking took their first cigarette before age 18. Statistics on smoking are disturbing. Each day, 5,000 children light up for the first time where some of them only seven or eight years old. More than 3,000 teenagers become regular smokers each day and if the current rate of tobacco use by young people continues, 5 million of today's children will die of smoking-related illnesses in their later years.

Aristidis et al., (2011) explained that the mass media and the internet appear to have an important role in increasing the smoking habits of the population. Encouragement of individuals to smoke is achieved through advertisements which hide the negative smoking effects, displaying pictures of health, psycho-emotional balance and feelings of independence and social acceptance. The recipients of this kind of message are mainly adolescents who are more susceptible to being influenced by developing smoking habits.

Statement of the Problem

For everyone who smokes, there must be a reason for it, these reasons are either consciously expressed or results from imitation or just a feeling. The reason may be pure a learned behaviour or a desire to get psychological rewards. For many years, the tobacco industry used highly effective models in their advertisements will motivate teenagers and young people to take a cigarette. Cigarette adverts usually produce by happy, successful and healthy people through mass media and this makes teenagers neglect the risk warning provided at the end of each advert.

Tobacco use has been recognized as one of the prominent preventable causes of death worldwide. This has resulted in colossal loss of lives and disability. Unfortunately, young people have been reported as ardent users of tobacco in Nigerian communities. There are numerous reasons why people smoke. It is influenced by factors such as genetics, social environment, culture, age, gender accessibility, exposure and personality (Ikponmwosa et al., 2014). For many years, the tobacco industry used highly effective models in their advertisements which motivate teenagers and young people to take a cigarette. Cigarette adverts usually produce by happy, successful and healthy people through mass media and this makes teenagers neglect the risk warning provided at the end of each advert. The objectives of the study were as follows: (i) To investigate if Social pressure is not significantly a determinant of cigarette smoking among secondary school students, (ii) To explore if



Stress is not significantly a determinant of cigarette smoking among secondary school students, and (iii) To examine if there is no significant difference on the determinant of cigarette smoking among secondary school students based on school type.

Research Hypotheses

The research hypotheses formulated for the study were as follows:

Materials and Methods

The study was conducted at Okeho in the kajola Local Government Area of Oyo State. Okeho, as a community, has been renowned to be a part of the history of colonial and post-colonial Nigeria. Certain factors showed that we are a very crucial part of the politics of Oyo State. The area was first known as the Okeho/Iganna district council, which was created in 1955 with thirty-six

Research Design

To achieve the objectives of this study, the descriptive research design of survey type was adopted for the study. The population of the study comprised all secondary school students in Okeho Local Government Area of Oyo State, Nigeria. A multi-stage sampling technique was used to select respondents who participated in the study. Stage one, the purposive sampling technique was used to choose one secondary school from private schools and one from public schools which had the highest number of students; Al-Balaqh model college Okeho was selected from private secondary school with a population of 192 students while Ismog Community Grammar School Okeho

HO₁: Social pressure is not significantly a determinant of cigarette smoking among secondary school students

HO₂: Stress is not significantly a determinant of cigarette smoking among secondary school students

HO₃: There is no significant difference in the determinant of cigarette smoking among secondary school students based on school type

Description of the Study Area

wards in the defunct western region of Nigeria. In 1976, Kajola's local government was created, with headquarters at Okeho as a result of the local government reforms. The local government is one of the thirty-three (33) local governments in Oyo State, the major towns in Kajola LG are Ilero, Ilua, Ayetoro-oke, Isemi ile, Iwere-oke, Ilaji-oke and other hamlets (Blueprint, 2020).

was selected from public secondary schools with the student's population of 1021. In stage two, a proportionate sampling technique was used to select 20% of students from each of the selected secondary schools. 20% of students selected from Al-Balaqh Model College were 38 while 20% of students selected from Ismog Community Grammar School were 204. Stage three, the convenience sampling technique was used to select the number of students required from each of the selected schools based on the outcome of proportionate and two hundred and forty-two (242) respondents participated in the study.



Measures and Procedures

The permission to carry out the study was received through the consent form filled out by the respondents. The researcher developed a questionnaire which had been validated by three experts in the relevant field and was used as an instrument for the

study. The test-retest method was used to establish the reliability of the instrument used for the study. Pearson Product Moment Correlation (PPMC) was used to ascertain the reliability of the instrument and the result of 0.85r coefficient was obtained.

Data Analysis

The data accrued had been sorted, collated, coded and subjected to suitable statistical analysis. The three formulated null

hypotheses had been analyzed with the use of inferential statistics of chi-square and t-test at 0.05 alpha level of significance.

Presentation of Results

Hypotheses Testing

The results obtained from the three hypotheses used for the study are shown in Table 1, Table 2 and Table 3.

HO₁: Social pressure is not significantly a determinant of cigarette smoking among secondary school students

Table 1: Social pressure as a determinant of cigarette smoking among secondary school students

S/N	ITEMS	SA	A	D	SD	ROW TOTAL	DF	CAL VALU E	P- VALUE	RE- MARKS
1.	Some people start smoking due to advice from friends	80 33.0%	120 49.6%	20 8.3%	22 9.1%	242				
2.	Some people start smoking as a result of imitating their	90 37.2%	80 33.0%	52 21.5%	20 8.3%	242				
3.	A friend of mine start smoking due to imitate the family members that engage in a smoking habit	65 26.9%	102 42.1%	26 10.7%	49 20.2%	242	9	247.01	0.000	H ₀₁ Rejected



4. Some people take cigarettes due to advice received from members of the youth club	84	72	26	60	242
	34.7%	29.8%	10.7%	24.8%	
TOTAL	319	374	124	151	968
	33.0%	38.6%	12.8%	15.6%	100.0%

@ 0.05 level of significance

Table 1 shows the calculated chi-square value of 247.01 and p-value of 0.000 with 9 degrees of freedom at a 0.05 level of significance. Since the p-value of 0.000 is less than 0.05, therefore, hypothesis one is not accepted. This indicates that social

pressure is a determinant of cigarette smoking among secondary school students.

HO₂: Stress is not significantly a determinant of cigarette smoking among secondary school students

Table 2: Stress as a determinant of cigarette smoking among secondary school students

S/N	ITEMS	SA	A	D	SD	ROW TOTAL	DF	CAL VALUE	P-VALUE	RE-MARKS
1.	Friend of my start smoking cigarette due to stressful condition experience at home	90 37.2%	100 41.3%	20 8.3%	32 13.2%	242				
2.	Friend of my commence smoking habit as a result of his poor academic performance	70 28.7%	80 33.0%	42 17.4%	50 20.7%	242		152.89	0.002	H ₀₂ Rejected
3.	Some people start cigarette smoking due to the death of their breadwinner	74 30.6%	82 33.9%	40 16.5%	46 19.0%	242	9			

4.	friend of my start smoking due to problem encounter for school fees and other educational needs	78 32.2%	88 36.4%	40 16.5%	36 14.9%	242
	TOTAL	312 32.2%	350 36.2%	142 14.7%	164 16.9%	968 100%

@0.05 level of significance

Table 2 shows the calculated chi-square value of 152.89 and p-value of 0.002 with 9 degrees of freedom at a 0.05 level of significance. Since the p-value of 0.002 is less than 0.05, therefore, hypothesis two is not accepted. This implies that stress is a

determinant of cigarette smoking among secondary school students

H0₃: There is no significant difference in the determinant of cigarette smoking among secondary school students based on school type

Table 3: One sample t-test analysis on the determinant of cigarette smoking among secondary school students based on school type

Variable	No	Mean	Sd	df	t-value	P-value
Private	89	2.26	1.057	240	13.194	.000
Public	204	2.06	1.029			

p<0.05

The result of table 3 shows a t-value of 13.194 and a p-value of 0.000 with 240 degrees of freedom at a 0.05 level of significance. Since the p-value of 0.000 is less than 0.05, therefore, hypothesis three is

not accepted. This indicates that differences exist in the determinant of cigarette smoking among secondary school students based on school type.

Discussions of Findings

The three hypotheses raised for the study were rejected. It seems there are similarities in the result of the findings with those of some other researchers. The finding agreed with the result of a study conducted by Shakeel et al, (2016) among 384 teenagers of

age 14-17 years in Vikarabad town, Telegana in India to assess their views regarding the reasons for the smoking habit. The result of the study revealed that the majority of 76.4% of the study subjects agreed that smoking habit gives psychological pleasure, 77.5% of



the respondents agreed that they start smoking because of friends, and 65.7% felt that they start smoking as an inspiration for outlook and personality. Various psychological factors, personal factors and social factors are attached to the smoking habit. Meg (2015) explained that peer pressure and group entry are one of the factors that influence young people to take tobacco. People who have a great desire to feel accepted socially often use drugs to demonstrate their sameness with other members of their group. People claim to use drugs to feel accepted, to imitate people they admire and to attempt to create an identity or project a specific image. Self-esteem seems to be a vital component. People with high self-esteem see themselves as competent, successful, self-sufficient, accepting, outgoing and well-rounded. People with low self-esteem tend to feel isolated, and unloved and have a reduced capacity for joy or self-fulfilment. To overcome these sensations and perceptions, many people turn to drugs.

Health and human service (2020) opined that experiencing highly stressful events in childhood is linked with a greater risk of starting smoking by age 14 and with ever smoking. Among these stressors are being a witness or victim of abuse, experiencing parental separation or growing up in a household in which a family member is mentally ill or incarcerated. Also, the result of the finding is in line with the view of Healthline (2019) which opined that many smokers are more likely to increase their cigarette use when they're under pressure. Certain events, such as holidays, job

changes, and life transitions, can trigger certain habits, including smoking. The following can increase the pressure felt by an individual; new circumstances, heightened expectations, financial obligations, and lengthened lists of things to do. The first reaction for some people when feeling stressed may be to reach for a pack and a lighter, but smoking can leave you feeling more stressed. Many people who smoke do so because they believe it calms them down. This is because nicotine is a mood-altering drug and it seems to smoulder feelings of frustration, anger, and anxiety when it's inhaled. Smoking may make men think they feel calm; it increases the level of stress in your body and causes the following negative reactions such as an increase in blood pressure, an increased in heart rate, tensed muscles, constricted blood vessels and a decrease in oxygen available to the brain and body to facilitate healthy coping skills. In addition, smoking ultimately causes more stress. It takes a toll on your respiratory system and contributes to serious illness. These physical ailments may compound your feelings of stress. Nicotine damages blood vessels, causing your skin to wrinkle and appear lifeless. It also causes oxygen starvation, which makes your lungs function poorly. Plaque buildup in your arteries has been linked to nicotine, which leads to heart disease. Nicotine may increase lung and breast tumour growth, and the more cigarettes you smoke, the more harmful effects you'll experience. Also, the result of the finding supports the outcome of the finding conducted by Rahman et al, (2014) on 6877 students in Bangladesh which



comprise both government and private secondary school students. The outcomes of the finding indicated that class grade, peer pressure, offering a free cigarette, parental

smoking and type of schools appeared to be significant factors for smoking initiation among respondents who participated in the study.

Conclusions

The followings were the conclusions derived from the study; the pressure experienced by secondary school students from friends, and family members as well as those received during social activities contributed to tobacco smoking initiation, the inability of secondary school students to manage stress

condition experience at home and in the school lead to engaging in cigarette smoking. On school type, differences exist in the determinant of cigarette smoking between students from private with those from the public as a result of differences in their exposure and background

management techniques into the compulsory subject for secondary school students to enable them to know the positive measure for manage stress issues experience either at home or in the school, the federal government should formulate a law that billboard advertisement contains tobacco smoking should not be closer than 2000 feet to secondary school location and the federal government should discourage secondary school students from smoking by increasing taxes on tobacco products.

Recommendations

The following recommendations arose from the findings of the study; the ministry of education should carry out an enlightenment campaign through mass media on the need for secondary school students to keep away from friends who engage in smoking habit to protect them against health consequences associated with cigarette smoking, the ministry of education should include stress

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Conflict of Interest

The authors declare no conflict of interest.

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