

Attitude and Practice of Tobacco Use Among Students in Tertiary Institutions in Kogi State, Nigeria

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Abstract

This paper x-rays the attitude and practice of tobacco use among students in tertiary institutions in Kogi State, Nigeria. Four specific objectives were formulated with two research questions. Two null hypotheses were also postulated to guide the study. Descriptive survey research design was used for the study. The population of the study consisted of 31600 undergraduates in the selected tertiary institutions in Kogi State. The sample size consisted of 395 undergraduate students. Structured questionnaire was the instrument used for data collection. Face validity of the instrument was established by three experts from the Department of Human Kinetics and Health Education, University of Nigeria, Nsukka. Reliability of the instrument was established. Cronbach-alpha statistics was used to determine the reliability of section B on attitude while split-half reliability test (Spearman-Brown correlation formular) was used to establish the reliability index of section C on practice. After computation, a reliability coefficient of .079 was obtained for the instrument and adjudged reliable for use. Statistical package for social sciences version 22 was used for data analysis. Percentage and standard deviation were used in answering the research questions. The t-test and chi-square statistics were used in testing the hypotheses. Results of the study indicate that students in tertiary institutions had negative attitude towards tobacco use (mean score of 2.37); a good proportion (61.3%) of the students in tertiary institutions had practiced tobacco use. Furthermore, no significant difference was found to exist between students of various ages in their attitude ($t\text{-cal} = .0174$, $df = 393$, $p\text{-value} = .0596$) and practice ($\chi^2 = .0981$, $df = 1$, $p\text{-value} = .539$) of tobacco use. Based on the findings, recommendations such education regarding smoking, emphasizing on its negative consequences, should begin early in the primary schools and should be part of the primary school curriculum and students should be taught ways to say “no” to tobacco use, were made.

Keywords: Tobacco Use, Attitude, Practice, Students and Tertiary Institution.

Introduction

Tobacco use has been a global public health issue but appears to be more challenging issue in developing countries especially among the younger population. The World Health Organization (WHO, 2011) attributes approximately four million deaths annually to tobacco consumption, and this estimate is expected to increase to eight million by the year 2030. It accounts for more than 7 million deaths annually with about 10% of these resulting from second-hand smoke; there are around 1.1 billion smokers worldwide and about 80% of these live in low- and middle-income countries (LMICs), where more than two-thirds of smoking-related deaths occur (WHO, 2019). Smoking rate appears to be increasing in the Middle East and Africa (Scoll, and Winstanley, 2018). For example, in sub-Saharan Africa, the consumption of tobacco increased by 57% between 1990 and 2009 (Eriksen, Nyman, and Whitney, 2014). In Nigeria, there are about 13 million smokers in 2012 (WHO, 2015), with over 16,000 deaths attributable to smoking (The Tobacco Atlas, 2018). Though global current smoking rates among adults decreased from 23.5 to 20.7% between 2007 and 2015 (Scollo, and Winstanley, 2018), however, among young people it has been an increasing public health concern. Globally an estimated 82,000 to 99,000 young people start smoking everyday of which many are under the age of 10 and most reside in low- or middle-income countries (Shafey, Eriksen, Ross &

Mackay, 2009). The United States Department of Health and Human Services (USDHHS, 2014) reported that tobacco product use is started and established primarily during adolescence. Nearly 9 out of 10 daily cigarette smokers first try cigarettes by age 18, and 99% first try smoking by age 26 (USDHHS, 2012). Specifically, Adeniji, Bamgboye, van Walbeek (2012) noted a growing use of tobacco products among Nigerian youths. Kale, Olarewaju, Usoro, Ilori, Ogbonna, Ramanandraiibe, and Musa (2012) in their nation-wide survey noted that about two-thirds of Nigerian population started smoking before attaining 20 years. The continued use of tobacco products can predispose young people to prolonged nicotine exposure and subsequently nicotine addiction (USDHHS, 2014) and other risk factors for several chronic diseases associated with smoking.

Smoking is recognized as an important risk factor for several diseases and disorders and is the main modifiable factor for many oral conditions, including periodontal disease, potentially malignant disorders, and oral cancer (Musskopf, Fiorini, Haddad, Susin, 2014). Mackay and Ericksen (2002) opined that tobacco kills half of all life time users, half die in middle age between 35 and 69 years old. According to them, no other consumer product is as dangerous as tobacco. They further stated that tobacco is the only legally available consumer product which kills people when it is entirely used as intended. Furthermore, they maintained that while the most serious effects of tobacco use normally occur after decades of smoking, there are also immediate negative health effects for younger smokers. The authors added that most smokers especially teenagers are already addicted during adolescence and that the younger a person is when he or she begins to smoke, the greater the risk of eventually contracting smoking related diseases such as cancer, or other heart diseases. WHO (2002) stated that tobacco affects adolescents in a number of ways; that active smoking by young people is associated with significant health problems. The report further stated that as with alcohol, adolescents' cigarette smoking is strongly associated with illicit drug use. Youths who consistently smoke throughout adolescents are at significant greater risk of marijuana and drug abuse and dependency. A number of factors could be linked to tobacco use among young people. Factors associated with youth tobacco product use include social and physical environment, biological and genetic factors, mental health, personal views (USDHHS, 2012; 2014 and Centres for Disease Control and Prevention, CDCP, 2016) among other associated factors. Oyewole, Animasahun and Chapman (2018) outlined the most common risk factors for tobacco use to include: peer influence, family conditions, psychosocial factors and male gender; also, concomitant substance abuse, media advertisements and increasing age.

The habit of cigarette smoking was introduced into Nigeria around 1902 by European traders and that local manufacturing of cigarette started in 1935 suggesting that tobacco use has gained firm root in Nigeria already (Ewuzie, 2005). Tobacco, according to Ewuzie (2005) is an herb which has been smoked, chewed, and or sniffed for more than five hundred years. Tobacco can be consumed, used as an organic pesticide and in the form of nicotine tartrate, used in medicine. Tobacco is a nervous system stimulant that triggers complex biochemical and neurotransmitter disruptions (Basic Facts about Drugs, 2010). It elevates heart rate and blood pressure, constricts vessels, irritates lung tissue, and diminishes one's ability to taste and smell. Basic Facts about Drugs (2010) stated that tobacco is a plant that comes in two varieties, *nicotiana tabaccum* and *nicotiana rustica*. The latter is the most cultivated of the two and the source of the entire tobacco produced world over including Nigeria. This study adopts the definition of tobacco given by Basic Facts about Drugs (2010). When people use tobacco in any form, it is referred to as tobacco use.

Tobacco use has been described by Mackay and Ericksen (2002) as the consumption of tobacco product by burning, chewing, inhalation, sniffing, and sucking. Tobacco can be processed, dried, rolled and smoked as cigarettes, cigars, bidis (thin-rolled cigarettes imported from South East Asia) and clove cigarettes. Another form is Kreteks (cigarettes imported from Indonesia that contain cloves and other addictive). Loose-leaf tobacco can be smoked in pipes and hookahs (an Asian smoking pipe with a long tube that passes through an urn of water). The two most common forms of smokeless tobacco are chewing tobacco and snuff (finely ground tobacco placed between the gum and lip). The use of each form depends largely on the user's disposition. This innate disposition of tobacco users towards the form of tobacco to use is referred to as attitude.

Attitude is what a person feels towards an object and situations around. Umeh (2015) defined attitude as a disposition towards an issue, a person or an object which makes an individual act in a certain way towards that issue, person or object. The author further posited that attitude includes one's thought towards a person, issue or objects that directs the person's reactions toward that person, issue

or object. Attitude is the various ways students in tertiary institutions feel or respond to tobacco use which can either be favourable or unfavourable, negative or positive. Park, Al Agili, and Bartolucci (2012) conducted a study in which students expressed negative attitude towards tobacco use. Similarly, Musmar (2012) and Halidur (2018) carried out a study among undergraduate student and found out that respondents demonstrated negative attitude towards tobacco smoking. Contrarily, Shariff (2016) study showed that students expressed positive attitude towards tobacco use. Attitude of students in tertiary institutions have towards tobacco and its use can influence their tobacco use practice. Ogbu and Akintoye (2017) findings showed that the majority (74.0%) of respondents agreed that students' sometimes practice tobacco use. Tobacco use can also be associated with age. Age is a variable that has attracted research concern even in the study of tobacco use. Mahfouz, Alsanosy, Gaffar and Makeen (2014) found that 58.8% of the smokers started smoking between the ages of 15–19 years. Dania, Ozoh, and Bandele (2015) found a significant difference in attitude and practice of tobacco use among medical students based on age.

Ideally, the use of substances of any form should be for preventive, diagnostic, curative and therapeutic purposes based on physician's prescription starting from when a person is young. Young people especially undergraduates need not engage in risky behaviours such as sexual experimentation and psychoactive substance use and abuse in order to excel and become relevant contributors to national development. However, literature has shown that university students constitute a high risk group regarding the adoption of risky behavior, such as smoking and illicit substance use (Abdullah, Fielding and Hedley, 2002; Farajat, Hoving and Vries, 2011), and are prone to risk-taking behavior, which has been associated with the underdevelopment of the orbital-frontal cortex (Al-Harathi and Al-Adawi, 2002). Also, during this stage, identity development is a major concern and youth are susceptible to peer pressure (Mandil, Hussein, Omer, Turki and Gaber, 2007).

Findings of study conducted by Ogbu and Akintoye (2017) revealed that substance abuse is having a great negative effect on the academic commitments of undergraduates in Nigerian Universities. This study therefore sought to determine attitude and practice of tobacco use among students in tertiary institutions in Kogi State, Nigeria.

Purpose of the Study

The purpose of this study was to determine tobacco use attitude and practice among students in tertiary institutions in Kogi State, Nigeria. Specifically, the study determined:

1. attitude of students in tertiary institutions towards tobacco use;
2. practice of tobacco use by students in tertiary institutions;
3. attitude of students in tertiary institutions towards tobacco use according to age;
4. practice of tobacco use by students in tertiary institutions according to age;

Research Questions

The following research questions have been posed to guide the study.

1. What is the attitude of the students in tertiary institutions towards tobacco use?
2. What is the practice of tobacco use by students in tertiary institutions?
3. What is the attitude of students in tertiary institutions towards tobacco use according to age?
4. What is the practice of tobacco use of students in tertiary institutions according to age?

Hypotheses

The following null hypotheses were postulated and tested at .05 level of significance:

1. There is no significant difference in tobacco use attitude of the students according to age.
2. There is no significant difference in tobacco use practice of the student according to age

Method

The Descriptive survey research design was used in this study. The population for the study consisted of 31,600 undergraduate students in the selected tertiary institutions in Kogi State, Nigeria. The sample size consisted of 395 undergraduate students in the selected tertiary institutions. The instrument for data collection was a 26-item structured questionnaire titled Tobacco Use Attitude and Practice Questionnaire (TUAPQ). The questionnaire was comprised of four sections (A - C). Section A consists of socio-demographic and smoking-related information (4 items). Section B consists of 12 attitudinal statements on tobacco use, while section C has 10 items on tobacco use practice. The 12 items attitudinal statements used a four-point rating scale that indicates degrees of agreement or

disagreement (strongly agree, agree, disagree and strongly disagree). Furthermore, the questions inquiring about tobacco use practice by the students, the respondents were required to respond "Yes" or "No" attached to each of the items. "Yes" is attached to a practice that has taken place while "No" is attached to an action that the individual does not take. Face validity of the instrument was established by five experts, four of them were from the Department of Human Kinetics and Health Education and one from the Department of Statistics, all of the University of Nigeria, Nsukka. The reliability of instrument was established using cron-bach Alpha statistic for section B and spearman-brown correlation formular for section C. After computation, a reliability coefficient of .079 was obtained for the instrument and was considered reliable for the study.

The researchers administered 395 copies of the instrument on the respondents by hand and collected on the spot. This ensured 100% return rate. The returned copies of the instrument were read through to check that they were properly filled out. All the returned 395 copies of the instrument were properly filled out and used for analysis. The responses obtained from the questionnaire were analyzed using the Statistical Package for Social Sciences SPSS version 22. The data were analyzed using percentages, mean and standard deviation to answer the research questions. t-Test and chi-square statistics were used in testing the hypotheses. In determining the respondents' attitude towards tobacco use, the four-point response options of SA, A, D, SD were assigned values as follows...4, 3, 2,1. These values were summed and divided by the total number of responses to get the criterion mean which was used for interpretation.

$$\text{Thus } \frac{4 + 3 + 2 + 1}{4} = \frac{10}{4} = 2.5$$

Therefore, items that had a mean value less than 2.5 is considered negative attitude while items that had a mean value greater than 2.5 is considered as positive attitude.

Results

Table 1
Attitude of Students Towards Tobacco Use (n = 395)

S/N	Items	Mean	SD
1	Staying close to people that smoke cigarette is not a problem	2.47 ^{-v}	1.023
2	Tobacco use does not always pose hazards to health	2.26 ^{-v}	1.042
3	It is fashionable to smoke cigarette	2.31 ^{-v}	.978
4	Pregnant women can smoke since it feels good	2.13 ^{-v}	.989
5	Tobacco use is good because it relieves one from boredom and fatigue	2.42 ^{-v}	.980
6	Women who smoke cigarettes are sharp	2.40 ^{-v}	.991
7	Tobacco smoke does not cause harm to eyes	2.23 ^{-v}	.926
8	Adolescents who use tobacco make more friends	2.41 ^{-v}	1.000
9	Tobacco use has some medicinal and beneficial effects	2.53 ^{+v}	1.134
10	Quitting tobacco use is not easy	2.62 ^{+v}	1.105
11	Anti-smoking messages are not acceptable to me	2.28 ^{-v}	.914
12	Tobacco smoking makes one smart	2.38 ^{-v}	.949
Grand mean		2.37^{-v}	

+ve Positive

-ve Negative

Results in Table 1 show an overall attitudinal mean score of 2.37 which is less than the criterion mean of 2.50. This implies that the attitude of the students towards tobacco use was negative. The table also shows that all the individual item mean scores regarding attitude of the students towards tobacco use were less than the criterion mean except in two items. "Tobacco use has some medicinal and beneficial effects" ($\bar{x} = 2.53$), and "quitting tobacco use is not easy" ($\bar{x} = 2.62$). This implies that students had negative attitude to these items except in these two items. The SD which ranges from .914 to 1.134 implied that the responses were close to one another.

Table 2
Students Practice of Tobacco Use (n = 395).

S/N	Items	Yes	%	No	%
13	Have you ever smoked cigarettes or used any other tobacco product even a single puff before now?	242	61.3	153	38.7
14	Do you stop smoking when sick?	163	41.3	232	58.7
15	Do you chew tobacco?	78	19.7	317	80.3
16	Have you ever smoked at home, school or social gathering?	209	52.9	186	47.1
17	Do you smoke up to three sticks of cigarettes in a day?	145	36.7	250	63.33
18	Can you stay throughout a day without smoking cigarettes?	271	68.6	124	31.4
19	Do you usually smoke cigarette during cold weather?	147	37.2	248	62.8
20	Have you ever participated in cigarette smoking competition?	66	16.7	329	83.3
21	Have you ever smoked or use other tobacco products in the presence of your parents?	105	26.6	290	73.4
22	Do you just smoke for pleasure sake?	158	40.0	237	60.0

Table 2 shows that majority of the students reported ever smoked cigarettes or used any other tobacco products (61.3%) and can stay throughout a day without smoking cigarette (68.6%). The Table further shows that slightly above one half (52.9%) of the students smoked at home, school or social gathering while about one third smoked cigarettes during cold weather (37.2%) and 36.7 per cent smoked up to three sticks of cigarette in a day. The Table also shows that more than half of the students smoked when sick while 41.3 per cent, 40 per cent and 26.6 per cent used snuff, smoked for pleasure and in the presence of their parents respectively. The Table also reveals that 19.7 per cent of the students chewed tobacco while 16.7 per cent have participated in cigarette smoking competition.

Table 3
Attitude of Students in Tertiary Institutions Towards Tobacco Use According to Age

S/N	Items	Age groups		18 and above (n = 353)	
		16-17years (n=42)			
		\bar{X}	SD	\bar{X}	SD
1	Staying close to people who smoke cigarette is not a problem	2.36	1.122	2.48	1.012
2	Tobacco does not always pose hazards to health	2.31	1.137	2.25	1.032
3	It is fashionable to smoke cigarette	2.40	1.106	2.30	.963
4	Pregnant women can smoke cigarette since it feels good	2.17	.986	2.12	.991
5	Tobacco use is good because it relives one from boredom and fatigue	2.38	1.081	2.42	.968
6	Women who smoke cigarettes are sharp	2.24	1.008	2.42	.989
7	Tobacco smoke does not cause harm to the eyes	2.19	1.018	2.23	.915
8	Adolescents who use tobacco make more friends	2.31	.950	2.42	1.006
9	Tobacco use has some medicinal and beneficial effects	2.76	1.144	2.50	1.131
10	Quitting tobacco use is not easy	2.60	1.127	2.62	1.104
11	Anti-smoking messages are not acceptable to me	2.21	.976	2.29	.908
12	Tobacco smoking makes one smart	2.24	.958	2.39	.9648
	Mean	2.35	1.051	2.37	.999

Table 3 shows that the overall attitudinal mean score of students aged 18 years and above ($\bar{X} = 2.37$) was slightly higher than those aged 16-17years ($\bar{X} = 2.35$). This implies that the overall attitude of the students towards tobacco use was negative. The SD which range from .950-1.144 (16-17 years) and .908-1.131(18 years and above) indicated that the responses were close to one another.

Table 4
Practice of Tobacco Use According to Age

S/N	Items	Age group (100%)							
		16-17years (n = 42)				18 & above (n = 353)			
		No	%	Yes	%	No	%	Yes	%
1	Have you ever smoked or used any other tobacco products like snuff in the past?	18	42.9	24	57.1	135	38.2	218	61.8
2	Do you stop smoking when sick?	27	64.3	15	35.7	205	58.1	148	41.9
3	Do you chew tobacco?	35	83.3	7	16.7	282	79.9	71	20.1
4	Have you ever smoked at home, school or social gathering?	19	45.2	23	54.8	165	47.3	186	52.7
5	Do you smoke up to three sticky cigarettes in a day?	28	66.7	14	33.3	222	62.9	131	37.1
6	Can you stay throughout a day without smoking cigarettes?	11	26.2	31	73.8	113	32.0	240	68.0
7	Do you usually smoke cigarette during cold weather?	31	73.8	11	26.2	217	61.5	136	38.5
8	Have you ever participated in cigarettes smoking competition?	35	83.3	7	16.7	294	83.3	59	16.7
9	Have you ever smoked or used other tobacco products in the presence of your parents?	37	88.1	5	11.9	253	71.7	100	28.3
10	Do you just smoke for pleasure sake?	26	61.9	16	38.1	211	59.8	142	40.2

Table 4 shows that majority of the students aged 18 years and above (61.8%) than those aged 16-17 years (57.1%) ever smoked cigarettes or used any other tobacco products. The Table also reveals that more students aged 16-17 years (64.3%) than those aged 18 years and above (58.1%) do not stop smoking when sick. The Table also shows that of the students aged 16-17years (54.8%) than those aged 18 years and above (52.7%) have ever smoked at home, school or social gathering. Majority of the students aged 16-17years (73.8%) than those aged 18 years and above (68%) could stay throughout the day without smoking.

Table 5
Summary of t-Test Analysis Testing the Null Hypothesis of No Significant Difference in Tobacco Use Attitude of Students According to Age.

SN	Age groups	Mean	SD	t-cal	df	p-value
1.	16-17 years	2.34	.969	-.0174	393	0.596
2.	18 and above	2.37	.937			

Data in Table 5 indicates the null hypothesis of no significant difference in the students attitude towards tobacco use based on age was not rejected (t-cal = .0174, df =393, p-value = .0596). This implies that attitude of students towards tobacco use was the same irrespective of age.

Table 6
Summary of Chi-square Analysis Testing the Null Hypothesis of No Significant Difference in Tobacco Use Practice of Students According to Age.

SN	Age groups	Yes O(E)	No O(E)	χ^2	df	p-value
1.	16-17 years	26(42)		.0981	1	.539
2.	18 years and above	330(352)				

Table 6 shows that the null hypothesis of no significant difference in the students' practice of tobacco use based on age was not rejected ($\chi^2 = .0981$, $df = 1$, p -value = .539). This implies that practice of tobacco use among students was not different for various age categories.

Discussion

Tobacco use attitude among students in tertiary institutions.

Results in Table 1 show an overall attitudinal mean score of 2.37 which is less than the criterion mean of 2.50. This implies that the attitude of the students towards tobacco use was negative. This finding was anticipated and thus not a surprise because tobacco use is a risky behavior and literature has shown that university students constitute a high-risk group regarding the adoption of risky behavior, such as smoking and illicit substance use (Abdullah, Fielding and Hedley, 2002; Farajat, Hoving and deVries, 2011). Also, during this stage, identity development is a major concern and youth are susceptible to peer pressure (Mandil, Hussein, Omer, Turki and Gaber, 2007). This finding is in line with the findings of Musmar (2012); Park, Al Agili, and Bartolucci (2012) and Halidur (2018) in which students expressed negative attitude towards tobacco use. However, the study finding contradicts the findings of Amorha, Jiburu, Nduka and Okonta (2017) in which majority of the students had positive attitude towards smoking. Also, Data in Table 5 indicates that the null hypothesis of no significant difference in the students' attitude towards tobacco use based on age was accepted (t -cal = .0174, $df = 393$, p -value = .0596). This implies that attitude of students towards tobacco use was the same irrespective of age. This finding was expected and therefore not surprising because students' at all ages are exposed to same different information and advertisements on tobacco use. This finding contradicts the finding of Omoseye (2017) in which there was a significant difference in students' attitude towards smoking based on age and also the findings of Dania, Ozoh, and Bandele (2015) found a significant difference in attitude and practice of tobacco use among medical students based on age.

Tobacco use practice of students in tertiary institutions.

Result in Table 2 indicated that majority of students in tertiary institutions practiced tobacco use. This finding was expected and therefore not surprising because literature has shown that university students constitute a high risk group regarding the adoption of risky behavior, such as smoking and illicit substance use (Abdullah, Fielding and Hedley, 2002; Farajat, Hoving and Vries, 2011), and are prone to risk-taking behavior, which has been associated with the underdevelopment of the orbital-frontal cortex (Al-Harathi and Al-Adawi, 2002). Also, during this stage, identity development is a major concern and youth are susceptible to peer pressure (Mandil, Hussein, Omer, Turki and Gaber, 2007). The findings of the study agree with Ogbu and Akintoye (2017) findings which showed that the majority of respondents agreed that students' sometimes practice tobacco use.

Result in Table 4 revealed that majority of the students aged 18 years and above (57.1%) had practiced tobacco use. This finding is however, surprising and not expected. This is sequel to the fact that students of both age groups had negative attitude towards tobacco use. This finding however, is in conformity with that of Von Ah, et al, (2004) in which majority of students who had smoked a whole cigarette or used other tobacco products did so at 16 years of age or younger.

Data in table 6 shows no significant difference in the students' practice of tobacco use based on age. This finding agrees with Dania, Ozoh, and Bandele (2015) finding that revealed a significant difference in attitude and practice of tobacco use among medical students based on age.

Conclusions

Students in tertiary institutions in Kogi State expressed negative attitude towards tobacco use and majority practiced tobacco use. Also, there was no significant difference in tobacco use attitude and practice of the students in tertiary institutions according to age. Therefore, health educational programmes should be carried out within higher institutions to create awareness on adverse health implications of tobacco use and encourage non-smokers to stay tobacco free.

Recommendations

Based on the findings of the study, the following recommendations were made:

1. This study showed that all age groups of students in tertiary institutions (16-17years and 18years and above) had practice tobacco use. This indicates that education regarding smoking, emphasizing on its negative consequences, should begin early in the primary schools. It should be part of the primary school curriculum and students should be taught ways to say “no” to tobacco use.
2. The students who started tobacco use at earlier age may have done so due to earlier exposure to tobacco environment either at home, school or other social gathering. Electronic media, for example television and movies also have great influence on children. Therefore, it is the responsibility of the parents, teachers and other adults to supervise and educate children that smoking is an unfavourable habit which should not be attempted.
3. Smoking is a great concern among students in tertiary institutions as it is related to many chronic diseases and mortality which become evident only after two or three decades of tobacco use. It is also associated with other risky behaviours such as other drug abuse, truancy and physical fighting. Therefore, anti-smoking campaign of the government has to be intensified so as to prevent adolescents from taking up this habit. Also, health care providers are to do all things possible to discourage smoking habit during treatment of victim and counseling.

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