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SMOKING PREVALENCE AND INTERACTING FACTORS IN A SEMI-URBAN COMMUNITY IN NIGER DELTA REGION OF NIGERIA

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ABSTRACT

Smoking of tobacco has become a public Health concern due to its effect on humans. This survey was aimed at evaluating the prevalence and awareness of the menace of smoking in Sabagreia/Okoloba community in Bayelsa State, South-South of Nigeria. 253 questionnaires were self-administered randomly after seeking consent and explaining the objective of the study. Data were analyzed using SPSS.20. 76.3% of respondents were male to 23.7% female. Most of the respondents' smoking age was in the range 18-30 years with an annual income of 50,000-100,000. 84.6% were Christians and 67.6% of the respondents were from Ijaw tribe. 56.5% of respondents indicated they ever smoked, mostly at age 16-25 years. 53.2% knew the content of what they were smoking; 86.2% were aware that smokers are liable to die young. 50.5% always smoked to relax. Smokers were mostly influenced by friends. Respondents strongly agreed on policies to restrict smoking in public places. Antismoking campaigns should be encouraged.

Key Words: Smoking of tobacco, Public Health.

INTRODUCTION

Cigarette smokers are exposed to illness and eventually death which can be averted. This has caused 400,000 deaths annually in the United States of America, whereas, about 100,000 in the United Kingdom. In the world today smoking has led to 5 million deaths [1].

The use of tobacco in Nigeria is on the increase despite the potential hazard it can cause to humans. The prevalence of smoking in Nigeria is on the increase with about 8.9%. Another study conducted in Calabar established the prevalence of smoking as 6.4%. This may be prompted by parent sending children to buy cigarette since the restrictions are not enforced here in Nigeria. It has resulted to increase in the number of morbidity and mortality [2, 3]. About half of the users die due to cigarette smoking. This has threatened about 1 million people globally and it was ranked six out of the eight leading causes of death by World Health Organization (WHO) in

2008 [4]. Despite the effect of smoking the prevalence of smoking is still on the increase due to the growing population in the world mostly in developing countries like those in Africa. Studies have shown that most of the smokers are aged 15 and above. If urgent steps are not taken to reduce prevalence of smoking, the number of deaths will increase due to smoking by 2030 and about 80% prevalence will be recorded in developing countries where Nigeria is also implicated. This will be eminent and pronounced, if the Nigerian Government does not respond to it by allowing excessive expansion of tobacco company activities due to the tax benefit and down - playing the burden of cigarette related disease on Health [3, 5]. The effect of cigarette smoking is slow and cumulates over a period of time before it causes health hazards. Family, friends, media are factors that influence smoking. Quitting of smoking is difficult, regardless of the smoker's intention [3].

Cigarette smoke contains more than 400 chemicals. Out of the 400, 60 are known to cause cancer. Other diseases linked with inhalation of cigarette smoke are chronic obstructive lung disease, [chronic bronchitis

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and emphysema], ischaemic heart disease, bladder cancer, lung cancer, pancreatic cancer and upper respiratory tract cancer. The nicotine and harmaline as a monoamine oxidase (MAO) inhibitor have stimulant and euphoric effects [1, 5].

WHO has advocated some policies for controlling tobacco use such as provision of smoke free environment, support programmes for tobacco users who want to stop, health warnings on tobacco packs, higher taxation of tobacco and banning of advertisement and promotion of tobacco. This is fraught with a lot of challenges as less than 5% of the world implements this policy. Hence, smoking prevalence is on the rise globally [6]. The most affected are the developing countries, Nigeria inclusive.

This survey was aimed at evaluating the prevalence and awareness of the menace of smoking in Sabagrea/Okoloba community in Bayelsa State, South-South of Nigeria.

METHODS

Study population

This study was carried out in Sabagrea/ Okoloba, a community under Kolokuma/Opokuma Local Government Area of Bayelsa State, South-South region of Nigeria with a population of about 10,000.

Study Design and Sample

260 questionnaires were administered randomly to respondents that agreed to participate after they were made to understand the full details of the study. The sample size was calculated using the formula for evaluating the sample size population [7]. The questionnaire captured demographic data, prevalence/ pattern of smoking and factors that influenced smoking.

Data Analysis

SPSS version 20 was utilized for data analysis. A t-test was also conducted using one way ANOVA.

RESULT

Demography

Response rate was 97.3%; 76.3% of respondents were male; most of them were single (63.6%), within the age group of 18-30 (48.2%); 44.3% of respondents had secondary education and 32.8% were civil servants; 39.1% had annual income of 50,000-100,000 Naira ; 48.6% lived in the rural area; 84.6% were Christians and 67.6% were from the Ijaw tribe. See table 1.

Smoking Prevalence and Patterns

56.5% of respondents indicated they ever smoked, mostly at age 16-25; 95.4% drank alcohol as well, most at the age of 16-25; 23.8%, had quit smoking and 86.2% had quit alcohol consumption. See table 2.

Frequency-related Reasons for Smoking and Pattern by Smokers

35(32.1%) of respondents revealed they always smoked to be relieved of stressful situations; 54(49.5%) sometimes smoked to free themselves from stress; 55(50.5%) always smoked to relax while 47(43.1%) sometimes smoked for the purpose of relaxation; 65(59.6%) of respondents sometimes smoked to enhance sexual performance; 59(54.1%) sometimes smoked to improve work out put; 70(64.2%) sometimes smoked to be alert and 73(67.0%) sometimes smoked to enjoy with friends. Also 71(71.0%), 52(47.7%), 65(59.6%), 69(63.3%), 84(77.1%) and 62(56.9%) respectively sometimes smoked to be sociable, under the influence of alcohol, to cool off, while drinking, in the company of friends, and in the company of family and relatives.

Most of the respondents smoked 1-5 cigarette at a sitting (79.8%) and per day (52.3%); 94.5% smoked one stick of cigarette every 15-30minutes; and Benson Hedge of cigarette was the favored brand (59.6%); 64.2% sometimes had their favorite brands available. In the absence of favorite brands, 33% did not smoke while 60% resorted to alcohol drinking. In addition to Cigarette; 67% of respondents also smoked Cannabis; majority (77.1%) smoked at parties. See table 3.

Awareness and Attitude to Smoking and Cessation

Regarding knowledge of content of what they were smoking, 53.2% indicated they knew the content, while 86.2% were aware that smokers are liable to die young; 40% of respondents were willing to stop smoking while 82.5% of respondents had attempted to stop smoking; 47.7% tried thrice to stop smoking. Respectively, 33.9% and 39.4% of respondents reported that friends and temptation to smoke were the reasons for their inability to successfully quit smoking; 40% of respondents actually found it difficult to quit smoking. See table 4.

Supply Sources and Effects of Cost as Reported by Smokers

72.5% of smokers bought cigarettes with their own money, with 53.2% spending an average amount of 50-200 Naira daily; 78.0% spent 1000-5000 naira per month on smoking; 33.0% and 34.9% of respondents respectively indicated that the money spent on smoking had moderate and no effects on them. See table 4.

Influencing Factors

Respondents had Friends (66.8%), Fathers (13.4%), Brothers (21.7%), and Uncles (26.5%) that smoked; 36.8% lived in the same house with relatives that smoked; 31.2% smoked inside the house; 36.8% smoked in closed rooms; 28.5% had colleagues that smoked at the workplace. Ages 10-17 years and 18-20 years were respectively recorded by 26.1% and 33.2% of respondents as the permitted age for buying and smoking in Nigeria. 67.6% were aware that smokers are liable to die young. 58.1% affirmed their religion did not permit smoking and smokers generally were not accepted in the public. Public

reactions to smokers included hostility (22.9%), Aggression (32%), Rejection (7.9%) and Disrespect (26.1%). 62.5% and 55.7% respectively of respondents indicated the desire to advice their friends and relatives to stop smoking. See table 5.

Health Problems Experienced from Smoking Reported by Smokers

Hand tremors (45%), Coughing (25.7%), hyper-excitement (20.2%), Sleepiness (23%), headache (17.4%) Chest pain (16.5%) and Running nose (16.5%) were recorded as the most common side effects by smokers. See figure 1.

Respondents' reported level of Influence of friends and relatives on smoking habits and Self-Image.

41.3% and 33.9% respondents respectively reported that Friends and Relatives had "high influence" on their smoking habits; 29.4% and 33% respectively reported

that Friends and Relatives had no influence on their smoking habits. 30.3%, 27.5% and 36.7% respondents had high, moderate and low Self-Image respectively. See figure 2.

Comparative Influencers of Smoking habits

Figure 3 shows the comparative Influencers of Smoking habits; Friends had the highest factor (57.8%); others were Actors/Actresses (9.2%), Sports men/women (7.3%), Relatives (6.4%) and Teachers (6.4%); 12.6% of respondents claimed "Nobody" influenced their smoking habit

Attitudes towards Smoking Policies

Respondents (26%) strongly agreed that smoking policy in public places and restriction of advertisements/manufacture of cigarettes in Nigeria should be enforced while 24% strongly disagreed. See figure 4.

Table1. Bio-socio-characteristics of respondents

Variable	Frequency	Percent
Sex		
Male	193	76.3
Female	60	23.7
Marital status		
Single	161	63.6
Married	86	33.6
Widowed	7	2.8
Age group		
18-30	122	48.2
31-45	90	35.6
46-60	34	13.4
61 and above	7	2.8
Education		
Primary	45	17.8
Secondary	112	44.3
Tertiary	58	22.9
Others	38	15.0
Occupation		
Civil servants*	83	32.8
Military	7	2.3
Students	13	5.1
Unemployed/retired	33	13.1
Others**	117	46.2
Annual income (Naira)		
50,000-100,000	99	39.1
101,000-500,000	42	16.6
501,000-1,000,000	68	26.9
1,000,000-<2,000,000	15	5.9
2,000,000 and above	29	11.5
Place of residence		
Urban	61	24.1

Rural	123	48.6
Semi-urban	69	27.3
Religion (#249)		
Christianity	214	84.6
Islam	7	2.8
Traditional	7	2.8
Others	25	9.9
Tribe (#249)		
Ijaw	171	67.6
Nembe	27	10.7
Ogbia	16	6.3
Igbo	10	4.0
Others***	25	9.8

*including lecturers and school teachers

**including farmers, artisans, drivers traders/business owners and contractors

***including Urhobo, Isoko, Itsekiri and Yoruba

#percent calculated on this

Table 2. Smoking prevalence and patterns

Variable		Frequency	Percent
Ever smoked?	Yes	143	56.5
	No	110	43.5
Age of initiation	10-15	37	25.9
	16-25	75	52.4
	26-35	10	7.0
	36-50	21	14.7
Quitted smoking?	Yes	34	23.8
	No	109	76.2
Alcohol intake (for non quitters)	Yes	104	95.4
	No	5	4.6
Age of initiation	10-15	6	5.5
	16-25	68	62.4
	26-35	15	13.8
	36-50	20	18.3
Quitted alcohol?	Yes	94	86.2
	No	15	13.8

Table 3. Frequency-related reasons for smoking and pattern by smokers

Variables	Frequency (%)		
	Always	Sometimes	Never
To relieve stress	35 (32.1)	54 (49.5)	20 (18.3)
To feel relaxed	55 (50.5)	47 (43.1)	7 (6.4)
To increase sexual performance	24 (22.0)	65 (59.6)	20 (18.3)
To increase work output	29 (26.6)	59 (54.1)	21 (19.3)
To stay awake/alert	18 (16.5)	70 (64.2)	21 (19.3)
To enjoy with my friends	23 (21.9)	73 (67.0)	13 (11.9)
In order to be sociable	23 (23.0)	71 (71.0)	6 (6.0)
Influenced by alcohol drinking	31 (28.4)	52 (47.7)	26 (23.9)
To cool off	24 (22.0)	65 (59.6)	20 (18.3)
Smoke when drinking	14 (12.8)	69 (63.3)	26 (23.9)
Drink when smoking	15 (13.8)	69 (63.9)	25 (22.9)
In company of friends	19 (17.4)	84 (77.1)	6 (5.5)
In company of family/relatives	8 (7.3)	62 (56.9)	39 (35.8)

In company of work mates	21 (19.3)	67 (61.5)	21 (19.3)
		Frequency	Percent
# cigarette sticks smoked at a sitting	1-5	87	79.8
	6-10	13	11.9
	26-30	9	8.3
# cigarette sticks smoked per day	1-5	57	52.3
	6-10	46	42.2
	>2 packets	6	5.5
Frequency of smoking	A stick/15-30mins.	103	94.5
	A stick/half-1hr.	6	5.5
Favorite brand	St. Morris	33	30.3
	Benson and Hedges	65	59.6
	Horis	5	4.6
	Others	6	5.5
Availability of favorite brand	Always	31	28.4
	Sometimes	70	64.2
	Never	8	7.3
When favorite brand is unavailable	Smoke any brand	7	7.0
	Will not smoke	33	33.0
Other drugs used	Take alcohol	60	60.0
	Indian hemp	73	67.0
	Cocaine	6	5.5
	Raw tobacco	6	5.5
	Snuff	13	11.9
	Kola nut	21	19.3
	Monkey tail	6	5.5
	Others	14	12.8
Smoking setting	At home	39	35.8
	At parties/ceremonies	84	77.1
	At work place	15	13.8
	Anywhere	28	25.7

Table 4. Awareness and Attitude to Smoking and Cessation

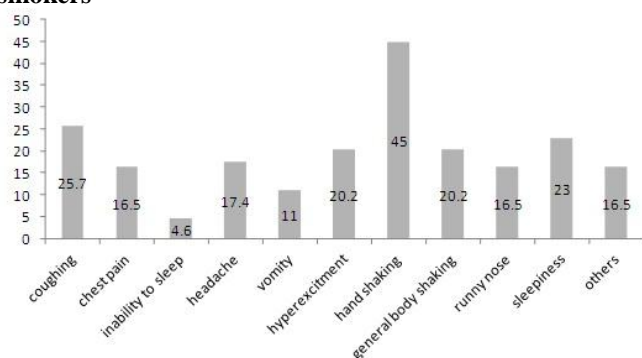
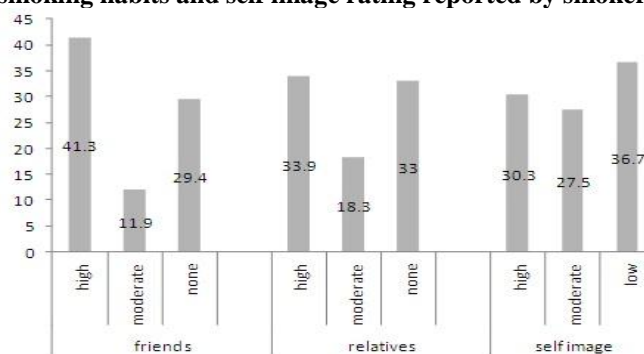
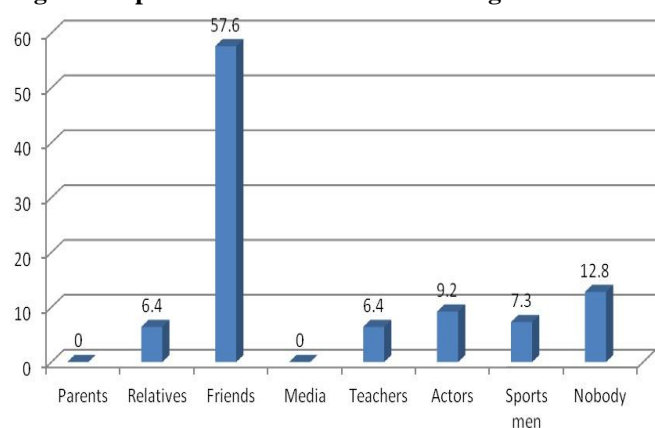
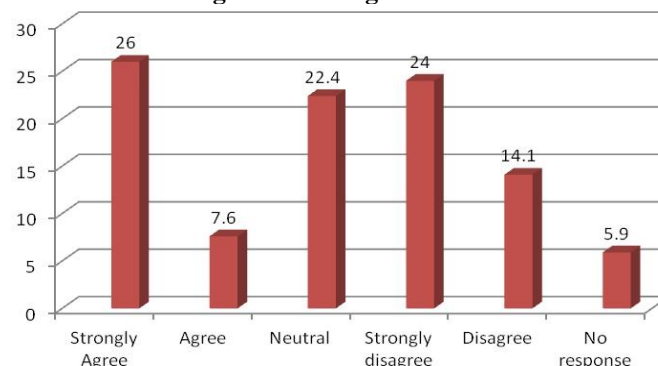
Variables		Frequency	%
Awareness of content of Cigarette Awareness of the cliché “smokers are liable to die young”?	Yes	58	53.2
	No	43	39.4
	Not Sure	8	7.3
	Yes	94	86.2
Reason for still smoking?	No	6	5.5
	Addicted	39	35.7
	Don't believe it	16	14.7
	Pressure from peer group	39	35.8
Would you like to stop smoking?	Yes	100	100.0
	No	0	0.00
Do you find it difficult to stop smoking?	Yes	44	40.0
	No	59	54.1
Have you ever attempted to stop smoking?	Yes	85	82.5
	No	18	17.5
How many times have you tried to stop smoking?	Once	25	23.0
	Twice	7	6.4
	Thrice	52	47.7
	Months	11	10.1
Why did the attempts to stop smoking fail?	Pressure from friends	37	33.9
	Too much temptation	43	39.4
	Pressure from family	8	7.3

Table 5. Supply sources and effects of cost as reported by smokers

Variable		Frequency	Percent
Means of obtaining cigarette	I buy with my money	79	72.5
	Family members	16	14.7
	Colleagues at work	8	7.3
Quantity readily affordable?	Yes	95	87.2
	No	8	7.3
Average amount spent on smoking/day (Naira)	50-200	58	53.2
	201-500	19	17.4
	Above 200	26	23.9
Average amount spent on smoking/month (Naira)	1000-5000	85	678.0
	5001-10,000	10	9.2
	10,001-15,000	8	7.3
Effect of cost on quantity smoked	Moderate	36	33.0
	Minimal	29	26.6
	No effect	38	34.9

Table 6. Smokers and non-smokers

Variable		Frequency	Percent
Have friends that smoke	Yes	169	66.8
Have relatives that smoke	Father	34	13.4
	Mother	30	11.9
	Brother	55	21.7
	Uncle	67	26.5
	Aunt	12	4.7
	Sister	19	7.5
	Husband	11	4.3
	Others	27	10.7
Live with relatives that smoke	Yes	93	36.8
Do they smoke in the house?	Yes	79	31.2
Colleagues at work smoke?	Yes	72	28.5
Smoking environment	In closed room	93	36.8
	Outside closed room	124	49.0
Permitted age for buying and smoking cigarette in Nigeria	10-17 years	66	26.1
	18-20 years	84	33.2
	21-25 years	48	19.0
	>30 years	27	10.7
Aware of the cliché “smokers are liable to die young”?	Yes	171	67.6
	No	64	25.3
Does your religion permit smoking?	Yes	88	34.8
	No	147	58.1
Are smokers generally accepted in the public?	Yes	88	34.8
	No	147	58.1
Public reactions smokers attract	Hostility	58	22.9
	Aggression	81	32.0
	Isolation	14	5.5
	Rejection	20	7.9
	Warm welcome	8	3.2
	Respect	42	16.6
	Disrespect	66	26.1
Are you willing to advice your friend to stop smoking?	Yes	8	3.2
	Others	8	3.2
Are you willing to advice your relative to stop smoking?	Yes	158	62.5
	No	77	30.4
Are you willing to advice your relative to stop smoking?	Yes	141	55.7
	No	86	34.0

Fig 1. Health problems from smoking reported by smokers**Fig 2. Level of Influence of friends and relatives on smoking habits and self image rating reported by smokers****Fig 3. Comparative Influencers of Smoking habits****Fig 4. Respondents' opinions about non-smoking policy in public places and restriction of advertisements/manufacture of cigarettes in Nigeria**

DISCUSSION

The study aimed at evaluating the smoking practices, influencing factors and other prevailing contexts among the Sabagrea/Okoloba people in Bayelsa state, south- south of Nigeria.

There were more of male compared to the female. This is not farfetched from the Nigeria National census in 2006 [8]. Most of them were single; it may not be the true reflection of the community. The gender difference is subject to those who were ready to take part in the study. The literacy level was significantly high. Likewise the respondents indicated that majority of them lived below an average life with low level of income. 84.6% of respondents were Christians and 67.6% were from Ijaw tribe. This is not surprising since Christianity is the dominant religion in the south-south of Nigeria. In the same vein, more Ijaw people were expected since Sabagrea/Okoloba is an Ijaw community [9]. However, there were few of other tribes such as the Igbo, Hausa, Yoruba who were business men and women residing in the community.

Prevalence

The prevalence of smoking in Sabagrea/Okoloba was 31.9%. This is in the same range with other studies [10, 11, 12]. A lower prevalence rate of smoking has been

recorded in south-south and south-east of Nigeria [3, 4]. In 2012, GATS stated that the smoking prevalence in Nigeria was 5.6% compared to 20% for Australia and England [13-15]

Owing to the fact that the population of the aforementioned community is about ten thousand, the smoking prevalence is high and the citizens are at risks; mostly the young ones are more involved. The prevalence of cigarette smoking between countries, states, and communities differs [16]. Adult tobacco survey of 19 States in the US in 2003-2007 showed that 13.3%-25.4% of adults smoked cigarettes (median: 19.2%). If one recalls that most of the lung cancer cases of smokers is induced by cigarette smoking [17], then, there is the need to ignite antismoking/antisocial behavior campaigns.

Age of Initiation

This was mostly at age 16-25 years (52.4%) which depicts that the youths predominantly engaged in smoking in this community. This is supported by other studies done in Nigeria [3,1,12,18,19]. But a study by Frobishe et al., implicated smoking initiation age as 10--14 [20]. This is slightly below the findings in this study. In the developed countries in United State and Europe the initiation age of smoking is about 14 years [21]. This may be due to the extent of freedom given to the youths and less

religious emphasis on their daily life style, compared to developing countries like Nigeria with a lot of restrictions on youth moral conducts, coupled with a lot of emphasis on religion as a Christian community.

Reasons for Smoking

The respondents enumerated various reasons for smoking always such as to increase work out put, increase sexual performance, cool off, feel relaxed and to relieve stress. This is supported by other studies [22, 21]. While some sometimes smoked to be social, to cool off, while drinking, in the company of friends, family and relatives.

For reduction of stress by smokers, this is supported by other studies stating that stress can cause craving for smoking but does not increase smoking. Researchers and Health professionals have made it clear that smoking does not reduce stress rather it causes or increases stress. Thus, current smokers are found to be more stressed than non- smokers [23, 24].

Also multiple studies have hinted on the effect of smoking as it can increase anxiety due to the changes in the brain and alteration of neurotransmitters [25].

Regarding enhancement of sexual performance, the evidence is farfetched. Several studies have shown that smoking cessation enhances sexual performance not the other way round. However, few studies have also shown that there was no difference between a smoker's and non-smokers' sexual performance [26, 27].

For increase of work output, studies have shown that smoking reduces physical activity, which contradicts the claims of smokers in this study [27].

Some respondents recorded that they sometimes smoked to be alert; this may be due to the euphoric effect. More than average number of the respondents sometimes smoked to enjoy with friends. Smoking among friends is mostly connected to the young ones. Reasons may be just to be social with friends and to be active in their daily activities. This perceived effect may not be true rather it is the euphoric effect that gives them that feeling which is just temporary.

Concurrent Smoking and Alcohol Consumption

Almost all the respondents that smoked took alcohol as well whenever they smoked. This trend has been demonstrated in several studies implicating smokers taking alcohol whenever they smoked; they even took more drinks than non- smokers [21]. The excessive consumption of alcohol also triggers excessive smoking habit [21].

Smokers taking alcohol as well will have a synergy effect on their body since both are injurious to the body. For instance, progression of cancer will be faster since the patient is consuming both chemicals that can aggravate the clinical presentations [22].

Rate of Smoking

Most of the respondents smoked 1-5 cigarettes at a sitting and they smoked every 15-30minutes interval. This is in conformity with other studies indicating number of sticks smoked per day to be 1-4 [24]. This, however, does not differentiate the health risks between the smokers and light smokers [25]. A survey recorded that people who smoked up to four cigarettes a day were about 50 per cent more likely to die prematurely than non-smokers [24]. The Million Women study found that women who smoked up to 10 cigarettes a day were twice as likely to die prematurely as non-smokers [25]. The favoured brand, Benson and Hedges, was always available. In the absence of favourite brand, respondents indicated that they took alcohol as substitute. This is an unacceptable escape-route.

Knowledge of the Content of tobacco and its effects

Regarding knowledge of content of what they smoked, more than half of the respondents indicated that they had knowledge of the content; this showed that more than average of the respondents had knowledge of what they were taking. Non- smokers' knowledge of the content and negative effects of cigarette smoking is high among respondents [10].

About 86.2% was aware that smokers are liable to die young. This implies that almost all the respondents were aware of the consequence of smoking but this did not have effect on the relative high prevalence of smoking; another clear indication that knowledge does not always translate into action.

Financial Implications of Smoking

72.5% of smokers bought it with their money. This implies that majority of the respondents used their hard earned money to buy cigarette. However, the fact still remains that most of the respondents did not have a white collar job with prospects of experiencing epileptic income. The average amount spent by 53.2% of smokers was 50-200 naira daily. This is in conformity with other studies with average expenditure of cigarette per week to be greater or equal to 20 dollars. Further, 78.0% of smokers spent 1000-5000 naira per month in conformity with a study done in Bangladeshis, where the poorest smokers, spent 24 dollars monthly and the wealthy spent 118 dollars [26]. Few of respondents indicated that the money spent had moderate effect on them; a few number of respondents recorded no effect on their finances. No doubt, for these low-income earners, expenditure on smoking would further impoverish them leading to malnutrition for them and their families [26].

Willingness to Quit Smoking

Almost all smokers had at one time or the other attempted to stop smoking due to the adverse effects or financial difficulties. Their inability to stop smoking may be due to addiction and influence by peer groups and relatives [21].

Family/ Peer Influence on Smoking

Respondents linked factors that influenced smoking as friends with 41.3% implicating friends as a major factor that influenced their smoking habits. This may be linked to the number of friends they had that also smoked. This is followed with 33.9% of respondent indicating family relatives as a major factor that influenced their smoking habits. Other studies have likewise supported the influence of smoking by friends and relatives [23].

A study in Japan have reported that smoking habit is linked with mothers' smoking history, school teachers that smokes and with very close friends that are smokers [24]

Secondly parents that smoke make their children as secondhand smokers that are equally prone to adverse health consequences, economic loss and the chances of such becoming smokers [25]

Approved Age for Smoking

Age 18-20 was recorded as the permitted age of buying cigarettes and smoking in Nigeria. This is in conformity with purchasing of cigarettes but there is no specific age limit for smoking [9]. This may have led to the high prevalence of smoking among the young ones.

Environmental Tobacco Smoke

Few of the respondents recorded that they lived together with smokers in the same houses and they smoked inside the living houses. Hence, majority of respondents were affected by peer group and family influences and were secondhand or passive smokers due to their environment. Passive smoking has been implicated as a major cause of cancer for non-smokers [31].

Studies have shown that people that never smoked have their risk of lung cancer increased by around a quarter by always staying around spouse, workmate and relatives that smoked [48, 49]. Studies have also shown that even when you open the windows, levels can dangerously affect the non- smokers [30]. This has led to several injurious health hazards to the second-hand smokers as reported by other studies. This should be discouraged by enlightenment programmes and enforcing existing prohibitions [28].

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Smoker's Public Image, knowledge of early death, side-effects experienced

Few of respondents recorded that smokers face hostility and aggressiveness by the public. This is a pointer to the fact that above average of respondents clearly expressed that smokers were not accepted in the public. Most respondents also claimed that their religion does not encourage smoking as well. This is in conformity with other studies that smokers are not accepted among nonsmokers

Above an average proportion of the respondents were aware that smokers are liable to die young. Multiple of studies have established this fact [31].

Hand shaking (tremors) was recorded as the most common side effect by smokers. Likewise, few implicated sleepiness, general body shaking and hyper-excitement as adverse effects of smoking which they experienced. This may be due to central nervous system effects of nicotine. Their experience of cough may be as a result of weakening of the lungs secondary to accumulation of toxin in the respiratory system and respiratory tract infection [25, 31].

CONCLUSION AND RECOMMENDATIONS

From the foregoing, it is clear that tobacco smokers in this community were predisposed to a lot of hazards that can eventually lead to the earlier death of active and passive smokers alike. Hence, there is need to implement antismoking campaigns and also enforce policies restricting smoking in public places, vehicles, workplaces and living homes.

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Authors' Contributions

JFE: Concept; Instrument design; draft and final manuscript

OPA: Concept; data collection/analysis; review of draft manuscript.

CONFLICT OF INTEREST

The authors declare that they have no conflict of interest.

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