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Prevalence and Pattern of Smoking Behaviour among Health Workers in Ibadan

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Abstract
This study is a descriptive survey and utilized purposive and snowball sampling techniques. The modified version of Akinboye (1984). Smoking Behaviour Assessment scale was the instrument used for data collection. Some of the determinants of smoking behaviour reported by the respondents included: to relax, to avoid boredom; to cope with task, and to suppress frustration. Among their major complaints are tiredness, coughing, nervousness and loss of concentration. Out of the 50 respondents who volunteered to participate in this study, about 50 percent were willing to quit smoking and showed intention to enlist in any tobacco cessation or counselling programme. We also found out that religion may have significant influence in tobacco cessation programme for the respondents, as nearly all of them desired divine help. They also believed that they needed social support from their spouses and religious leaders to quit smoking. Based on the findings of this study, there is need for a national tobacco behaviour survey among Nigerians health workers and adolescents. There is also the need for the inauguration of tobacco cessation counselling programme in the country.

Introduction

Health workers are usually looked upon as role models (for life style health practices that promote health). Nevertheless, health workers are like other members of the community and may still exhibit certain health behavioural practices that they themselves may require behavioural modification therapy to jettison such practices. It is against this background that this study sought to find out the prevalence and pattern of smoking behaviour among health workers in Ibadan.

Nicotiana tobacum is the scientific name of tobacco plant and can be grown in almost all parts of the world. The dried leaves of the plant is used in the form of cigarettes or cigar which is more stronger, darker and rolled up in tobacco leaves. (British Medical Association, 1986). Cigarette smoking is a serious but most preventable cause of death and some research findings indicate that one out of every five deaths and one out of three cancer deaths in the United States are related to smoking. It is confusing to see smokers choosing to risk shortening their lives and efforts must be made to move towards a smokeless society (Meeks – Mitchell and Heit, 1987).

Lichtenstein, Wallack and Pechacek (1991) quoting from different sources, noted that thousands of epidemiologic and animal studies revealed significantly that tobacco use predisposes a person to developing cancer at many sites especially at the lung. Smoking is also a proven risk factor for cardiovascular cancer at many sites especially at the lung; smoking is also a proven risk factor for cardiovascular diseases. This stand is so uniformly persuasive that the Surgeon General of the United States that "cigarette smoking is the chief, single avoidable cause of death and the most important public health issue in America. The National Cancer Institute's 'Cancer Control Objectives for the Nation (1985 – 2000)" identified reduction in smoking and use of tobacco as one of the primary objectives in the goal to reduce cancer mortality by 50 percent by the year 2000.

Nicotine is the most dangerous substance in tobacco smoke because it is highly addictive and makes it difficult for smokers to stop smoking. Though governments realize a lot of money from taxes collected on the marketing of cigarettes, most governments of the world have one law or the other against smoking. The Federal Government of Nigeria promulgated the tobacco smoking control Decree Number 20, 1990. Part of the highlights of the decree was that Cigarette advertisements must carry the warning sign "The Federal Ministry of Health Warns that Tobacco Smoking is Dangerous to Health". (Moronkola and Onuoha, 1997). The Nigerian Society looks at cigarette smoking as delightful or pleasurable act and link it with the high class. Huge sum of finance is normally spent on advertisement of various types of cigarette and the

messages passed by such adverts are negation of facts. (Aworh, Uwakwe and Nwagwu 1998).

Tobacco smoking as a gateway/recreational drug use is popular among urban youths in Nigeria. Adolescents usually defend their smoking behaviour that doctors and nurses also smoke and even recommend it for the smokers to keep warm which may be part of incorrect health information shared among peer group. Nevertheless, health workers are usually looked upon as role models (for lifestyle health practices that promote health). Green (1980) documented that it is a basic fact that smoking among parents, siblings, teachers as well as health professionals do subtly encourage youths to smoke.

During the past 15 years, a large body of information has accumulated providing strong evidence that physician are effective in helping their parents to quit smoking as an estimate of 70% of cigarette smokers see a physician each year (Coutlas, 1996). Although smokers will depend on health workers to solve their problems, but health workers are like other members of the community who despite their level of health knowledge may still exhibit certain health behavioural practices that they may also require behavioural modification therapy to jettison. Health workers may engage in smoking first because they are humans like other smokers and the fact that they may feel they have knowledge on what to do to neutralize or minimize the effects of smoking on their health status. It is against this background that this study sought to find out the prevalence and pattern of smoking behaviour among health workers in Ibadan.

Methodology

Study Design

This study employed cross – sectional study design.

Population of Study

The population of this study consisted all health workers in Ibadan who are smokers.

Sample and Sampling Technique

Purposive and snowball sampling techniques were employed. All government owned health facilities where nursing students of the Department of Nursing, University of Ibadan and Health Education major B.Ed. 3 and 4 students in the Department of Human Kinetics and Health Education, University of Ibadan during 1998/99 academic session did their field work/practicum course served as sample for the study.

Instrument

The modified version of Akinboye 1988 Smoking Behaviour Assessment scale was the instrument used for data collection. The modified version had reliability of 0.82.

Data Collection

B.Sc. Nursing students and B.Ed. 3 and 4 Health education students of the Department of Human Kinetics and Health Education of the University of Ibadan students were trained as research assistants. They interacted with an administered the research tool, on health professionals who smoked and the smokers were appealed to, to get them introduced to other smokers in the health facilities and they too responded to questionnaire given to them. It should be noted that despite all persuasive efforts, few of the respondents felt it is an act of insubordination and an attempt of the research assistants to pry into their private lives during data collection.

Data Analysis

Percentage was used to analyse the data.

Results

Personal Data

All the 50 (100%) respondents were male 3 (6%) were less than 25 years, 21 (42%) were between 25 and 29 years, 10 (20%) were between 30 and 34 years, 6 (16%) were between 35 and 39 years and 8 (16%) were 40 years and above. 30 (60%) were Christians, 15 (30%) were Muslims, 3 (6%) were free thinkers and 2 (4%) were atheists 30 (60%) were singles, 18 (36%) were currently married, 1 (2%) was divorced and 1 (2%) was separated. Also among the 50 respondents 12

(24%) were medical doctors, 3 (6%) dentists, 1 (2%) nurse/midwife, 1 (2%) Pharmacist 9 (18%) environmental health officers, 4 (8%) Health educators, 5 (10%) Social workers, 1 (2%) Physiotherapist, 3 (6%) medical laboratory scientists 2 (4%) medical record workers and 9 (18%) others e.g. orderlies, ward maids.

Table 1: Prevalence Related Responses
N = 50

Items	Responses
Age of onset of smoking	
15 years of age	18 (36%)
15 – 19 years of age	19 (38%)
20 – 24 years of age	4 (8%)
25 – 29 years of age	6 (12%)
30 years and above	3 (6%)
Brand of Cigarette Smoked	
Benson and Hedges	30 (60%)
Rothmans	10 (20%)
St. Morris	7 (14%)
Gold leaf	2 (4%)
Any leaf	1 (2%)
Having friends (including professional colleagues) who also smoke	
Yes	45 (90%)
No	5 (10%)
Sticks of cigarette smoked per day	
Less than 5	23 (46%)
5 – 9	15 (30%)
10 – 14	6 (12%)
15 and above	6 (12%)

Period of smoking	
Morning	13 (26%)
Afternoon	2 (4%)
Evening	8 (16%)
Night	9 (18%)
Midnight	2 (4%)
Anytime	16 (32%)
Places of smoking	
Office	2 (4%)
Home	13 (26%)
While driving	2 (4%)
Club/party	16 (32%)
Public places	3 (6%)
Alone	2 (4%)
Anywhere	12 (24%)

Table 2: Responses on Determinants of Smoking Behaviour
N = 50

Items	Responses
Initiator into smoking/Reasons for smoking	
Advertisement	8 (5.7%)
Friends	28 (20%)
I can't recollect	10 (7.1%)
Family members	2 (1.4%)
Others (devil)	2 (1.4%)
Reasons for smoking	

To relax	10 (9.3%)
Avoid boredom	10 (9.3%)
Cope with task	15 (10.7%)
Suppress frustration	10 (9.3%)
Joy/Happiness	10 (1.4%)
Group loyalty	2 (1.4%)
To feel great	10 (9.3%)
Get over quarrel	(2.1%)
Makes me normal	
Total	140 (100%)

Note: Respondents can tick more than one option

Table 3: Quitting Smoking Behaviour
N = 50

Items	Responses
I wish to quit	27 (54%)
I find it difficult to quit	11 (22%)
I am addicted to smoking	5 (10%)
I need help to quit	5 (10%)
I cannot quit	2 (4%)
Total	50 (100%)

Table 4: Health Consequences Experienced
N = 50

Items	Responses
Feeling Weak	7 (10%)
Easily Tired	7 (10%)
Mouth/Body Odour	17 (24.3%)
Feel like vomiting	4 (5.7%)
Loosing appetite	15 (21.4%)
Coughing	5 (7.1%)
Feeling dizzy	2 (2.8%)
Mouth ulcer	3 (4.3%)
I am avoided due to body odour	4 (5.7%)
Brownish teeth	6 (8.6%)
Total	70 (100%)

Note: Respondents are free to tick more than one option.

Table 5: Characteristics Withdrawal Symptoms

Items	Responses
Getting ill	11 (12.1%)
Afraid of stopping	8 (8.8%)
Dizzy	4 (4.4%)
Nervous	9 (9.9%)
Constant headache	7 (7.7%)
Loose concentration	8 (8.8%)
Miss friends	8 (8.8%)
Irritable	6 (6.6%)
Shy/loose confidence	4 (4.4%)
Cramps in muscle	6 (6.6%)
Sweating	8 (8.8%)

Impatience	4 (4.4%)
Tremor	
Total	91 (100%)

Note: Respondents are free to tick more than one option.

Table 6: N = 50 (Perceived Helpers in Quitting Smoking

Items	Responses
Spouse	14 (28%)
Professional colleague	11 (22%)
Religious leader	25 (50%)
Total	50 (100%)

Table 7: Ways Help is desired to quit smoking
N = 50

Items	Responses
Spouses' persistence cooperation	5 (10%)
Divine/Spiritual Intervention	30 (60%)
Counseling	13 (26%)
Good friends to keep company	2 (4%)
Total	50 (100%)

Table 8: Readiness to Participate in Tobacco Cessation/ Counselling Programme
N = 50

Items	Responses
Ready to participate	43 (86%)
Not ready to participate	7 (14%)
Total	50 (100%)

Discussion

The result of this study is quite revealing. Only 8 (16%) of the respondents were 40 years and above and all the respondents were male which is very consistent with the general opinion that youths smoke more than adults. Also, most of the respondents (see table 1) got initiated to smoking before 20 years. (Carroll, 1989; Aworh, Uwakwe and Uwagwu, 1998 and Contact, 2000). That no female smoker was found among the respondents made the finding inconsistent with the rising increase in women smokers especially in developed countries. 60% of the respondents smoked Benson and Hedges and 20% smoked Rothmans and these two brands are the most advertised cigarettes on Television stations in Nigeria, which also revealed the influence of advertisements in the promotion of negative health practices including smoking.

90% of the respondents also have friends who smoked. Majority of the smokers smoked anytime. The researchers also found out (see table 2) that some significant determinants of smoking behaviour among health workers are similar to the ones in similar literatures; influence of friends, advertisement, need for relaxation, to avoid boredom, to feel sense of joy/happiness, to demonstrate group loyalty and get over quarrel (Senah, 1980; Moronkola, 1995 and Moronkola and Onuoha, 1997). However, majority (54%) of the respondents desired to quit smoking and many of them reported that they usually loose appetite, have had body/mouth odour, get weak and tired easily. They reported varying withdrawal symptoms like, getting ill, afraid of stopping, nervousness, loose concentration, loss of concentration, sweating, muscle cramps, constant headache and these are consistent with what had been documented in

literature (Carrol, 1989; Moronkola, 1993; Moronkola and Onuoha; 1997 and Contact, 2000). It is quite interesting to find out that 50% of the respondents believed their religious leaders, 28% believed their spouses and only 22% believed their professional colleagues can help them to quit smoking and this in line with their responses in table 7 that ways they desired to get off smoking in descending order are; divine/spiritual intervention, counselling, spouses' persistent cooperation and good friends to keep company. This finding is consistent with the notion that for any drug education/counselling programmed to be successful; team approach is the answer (Carrol, 1989 and Moronkola, 1993). Also, 86% of the respondents were wiiiing to participate in tobacco cessation/counselling programme whenever they have opportunity to get one. In conclusion, based on our findings in this study, we are recommending that:

(i) A countrywide tobacco smoking behaviour survey among Nigerian health workers and adolescents.
(ii) Inauguration of tobacco cessation counselling programme in the country to offer cessation, prevention, reduction, control programmes as well as train school health education teachers, school counsellors, religious leaders and health professionals in the act of tobacco smoking cessation programme.
(iii) Health education teaching (incorporating tobacco education) at all levels of education in Nigeria.
(iv) Inauguration of an advocacy organization to "fight" the large scale media advertisement of cigarettes in Nigeria.

References

Aworh, T. Uwakwe, C.B.U. & Nwagwu, H.O. (1998). Analysis of psychosocial precursors of smoking behaviour among some adults *Nigerian Professionals Nigeria School Health Journal*. Vol. 10 Nos. 1 & 2 89 – 104.

British Medical Association (1986). *The facts about drugs.* Plymouth: Latimer TrendX Company Ltd.

Carroll, C.R. (1989). *Drugs in modern society.* Dubuque: Wm. C. Brown Publishers.

Contact No. 168 January – March 2000 – Tobacco – A global Problem requires a global response.

Coutlas, D.B. (1996). Tobacco use in R.H. Rubinm C. Voss, D.J. Derksen, A. Gately & R.W. Quenzer (Eds.) *Medicine a primary care approach.* Philadelphia: W.B. Saunders Company.

Green, D.E. (1980). Teenage smoking behaviour In F.F. Scarptit & S.K. Datesman (Ed.) *Drugs and youth culture.* Beverly Hills: Sage Publication.

Lichtenstein, E. Wallack, L and Peechacck, T. F. (1991). Introduction to the community intervention trial for smoking cessation (Commit). *International Quarterly Journal of Health Education.* Vol. 2, No. 3 173 – 185.

Meeks – Mitchel, L. and Heit, P. (1987). *Health: A wellness approach* Columbus: A Bell and Howell Company.

Moronkola, O.A. (1993). Drug education: Team approach is the answer. *Nigerian School Health Journal.* Vol. 8, No. 1 14 – 19.

Moronkola, O.A. (1995). *Knowledge, attitude and abuse of psychoactive – substances among selected University Students in Nigeria.* Unpublished Ph.D. Thesis, University of Ibadan, Ibadan.

Moronkola, O.A. and Onuoha, P.N. (1997). Knowledge about the effects of smoking and awareness of health warnings cigarette advertisements among male University Students smokers. *Nigerian School Health Journal.* Vol. 9 Nos 1 & 2 39 – 45.

Senah, K.A. (1980). *A study on problems associated with the use of drugs and drug education.* United Nations Education Scientific and Cultural Organisation.