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Prevalence, Prevention, Management and Control of Tobacco Use in Nigeria, Issues and Prospects: A Narrative Review of the Extent of Studies

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Abstract

Background: Tobacco has killed an estimated 100 million people in the 20th century and continues to kill approximately 5.4 million people every year. Globally, nearly all tobacco use begins in childhood and adolescence.

Objective: The study narrative reviewed the extent of studies on tobacco use in Nigeria.

Methods: The study was a narrative review of the prevalence, prevention, management, and control of tobacco use in Nigeria, issues, and prospects from 1970 to 2023.

Results: Majority of the studies were carried out between 2011 -2020; 13.0 (76.5%). Most of the studies sited were observational studies, 13.0 (76.5%). An outstanding characteristic of the populations studied indicated the predominance of youth, particularly those aged between 10 and 30 years in the use of tobacco. Prevalence rates of tobacco use varied significantly among the studies, reflecting the complexity of the issue. Some studies reported very low rates of less than 5%, while others indicated that smoking prevalence could reach as high as 32.5%.

Conclusion: A notable characteristic of the populations studied is the predominance of youth, particularly those aged between 10 and 30 years. The study suggested a predominance of observational studies in this field, pointing to a need for more rigorous experimental studies and systematic reviews. Varying factors, including regional cultural norms, socioeconomic status, and exposure to tobacco marketing, played crucial roles in influencing smoking rates.

Keywords: Tobacco; Review; Utilization Studies; Nigeria

Introduction

Worldwide, cigarette smoking has been noted to contribute to higher morbidity and mortality.1 Cigarette smoking has been implicated in several diseases and is a risk factor for six of the eight leading causes of death in the world. This figure is expected

to rise to 8 million deaths per year by 2030, 80% of which are expected to occur in the developing world [1].

Tobacco use is an important preventable cause of premature death and accounts for the deaths of up to half of its users [2]. In 2017, about 8 million deaths worldwide were attributable to tobacco, mostly from smoked tobacco. If optimal control measures are not implemented, these deaths are projected to reach 10 million by 2030, mostly in low- and middle-income countries where the high burden of tobacco use is due to an ongoing transition from tobacco production to tobacco consumption [3,4].

Africa has become attractive to multinational tobacco companies because of economic and personal income growth, an unsaturated market, weak tobacco-control policies, reduced awareness of the dangers of tobacco use, prioritization of control of infectious disease over noncommunicable diseases, and a young, growing population [4-7]. Tobacco companies have adopted aggressive and uncontrolled marketing and promotional activities on the continent [6]. Worldwide, nearly all tobacco use begins in childhood and adolescence. Globally, 43.8 million (12%) of adolescents aged 13 to 15 years use some form of tobacco [8]. Adolescents in this age group in low- and middle-income countries have average tobacco use prevalence rates that range from 11% to 13% [9,10]. The younger children are when they start smoking, the less likely they are to quit, with prolonged exposure leading to earlier and more pronounced health risks [11,12]. The short-term health consequences of smoking include respiratory effects, such as exacerbation of severe asthma, pneumonia, ear infections, addiction to nicotine, and the risk of other drug use [13,14]. In adults, the cumulative effects of tobacco use manifest as cardiovascular diseases, cancers, chronic respiratory diseases, type 2 diabetes, immune and autoimmune disorders, and eye disease [15]. Early signs of these diseases occur in adolescents who smoke. Early abdominal aortic atherosclerosis, which affects the flow of blood to vital organs, has been found among young smokers. This leads to consequences such as hypertension, ischemic heart disease, and chronic obstructive pulmonary disease later in life [8].

Like other sub-Saharan African countries, Nigeria's young and growing population is attractive to the tobacco industry [16]. Nigeria hosts transnational tobacco companies, including British America Tobacco Nigeria and Japan Tobacco International. Every year, more than 16,100 of Nigeria's population die from tobacco-caused disease; 748,800 Nigerians aged 15 years or older, and more than 25,000 aged 10 to 14 years use tobacco every day [17].

Tobacco use has become a rapidly growing problem worldwide as well as in many developing countries. It is projected that over the next 50 years close to 450 million deaths will be caused by tobacco use [18]. While it has been established that many smokers start before the age of 18 years, of serious concern, is the increasing trend in smoking prevalence among youths and the likelihood that many of these young people who begin to smoke at an early age, will continue to do so throughout adulthood [19,20]. Furthermore, the years of potential life lost attributable to tobacco-related diseases will continue to increase if we do not target interventions to prevent smoking initiation among youths.

Factors associated with increasing uptake of smoking behavior among youths include low self-esteem, stressful life events, friends who smoke, advertisements, and living with a smoker [21-23]. The patterns of tobacco use however vary from region to region and interventions for tobacco control also differ. In developed countries, systematic data collection procedures are available for documenting the prevalence and pattern of tobacco use but these procedures are sub-optimal in developing countries [24]. Hence, there is a lack of adequate research to guide policy and interventions. Although studies examining smoking among youths have been documented in Nigeria, these are skewed towards describing patterns of use amongst in-school youths in urban areas. However, many of the factors associated with adverse health behaviors which may include smoking initiation and persistence are known to be common amongst out-of-school youth because of their aggregation in areas lacking adult supervision. The study narrative reviewed the extent of studies on tobacco use in Nigeria.

Study Methods

Study area

The study covered cases of tobacco use carried out in Nigeria.

Study population and types of studies included

All studies that passed the inclusion criteria and were published on MEDLINE, AJOL, and Google Scholar were utilized for the study. A manual search was also conducted for studies that met the inclusion criteria. This ensured the retrieval of relevant studies while focusing on the study objectives.

Eligibility Criteria

Inclusion criteria

1. Peer-reviewed studies published in English Language
2. Studies conducted on the prevalence of tobacco use in Nigeria irrespective of the region and setting between 1970 and 2023
3. Studies with no conflict of interest stated
4. Studies that provided other information that may help to understand the subject of review
5. Studies with clearly stated and defined research methods and design
6. Exclusion criteria
7. Studies conducted on the prevalence of tobacco use in Nigeria irrespective of the region between 1970 and 2023 without clearly defined period, duration, sample size, and location were

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excluded

8. Studies with methodological flaws

9. Studies with incomplete and inconclusive data or information

Study Design

The study was a narrative review of the prevalence, prevention, management, and control of tobacco use in Nigeria, issues, and prospects from 1970 to 2023.

Search Strategy

A comprehensive search was conducted for relevant articles, exploring three key databases: Google Scholar, MEDLINE, and the African Journals Online (AJOL) platform. The search began with Google Scholar, entering a combination of keywords pertinent to the review topic and applying Boolean operators to refine the search-using quotation marks for exact phrases and the minus sign to eliminate irrelevant terms. This approach yielded a wide array of scholarly articles. Furthermore, MEDLINE was utilized for further search, this was done by utilizing the PubMed interface. An advanced search with Medical Subject Headings (MeSH) to precisely locate peer-reviewed articles relevant to the study. Filters were applied for publication dates and article types to focus on the most relevant research. Finally, AJOL was accessed, which focuses on African academic research. The search was done using topic-specific keywords and filtered results by language and publication date. This multifaceted strategy across these three platforms enabled a compilation of a robust set of articles, providing a solid foundation for the research. (Figure 1) (Tables 1-3) [19-35].

Table 1: Characteristics distribution of selected studies (Evidence-Based Table).

Study Reference	Study Design	Study Location	Study Publication	Sample Size	Population Characteristics	Key Findings	Study instrument
[18]	Descriptive cross-sectional study	Ibadan, South-west	2023	3,199	The average age of the respondents was 14.1 years, ranging from 11 to 18. Most participants (70.5%) were aged 13 to 15, with slightly more females (54.4%) than males (45.6%)	The prevalence of tobacco use was less than 5%. Boys were three times more likely to use tobacco than girls. Those with smoking friends were also three times more likely to use tobacco. Respondents not exposed to anti-tobacco messages were less likely to use tobacco.	Questionnaire
[19]	Descriptive cross-sectional survey	Calabar, South-south	2009	853	The age of the respondents ranged from 19-60 years. Respondents were within the 18- and 34-year-old age category. Over 90% of the respondents had at least secondary education and 435 (54.5%) were single. Non-commissioned officers constituted 97% of the total respondents.	One hundred and seventy-three respondents (20.3%) out of 853 respondents smoked. About three-quarters of them started smoking in the army. Derivation of pleasure and relaxation (24.9%), allaying anxiety (21.4%), and peer influence (34.1%) were the most frequent reasons for smoking. The majority (92.7%) of all the respondents have never had anti-smoking sensitization while in the army.	A self-administered pre-tested semi-structured questionnaire

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[20]	Descriptive cross-sectional study	Oyo State, South-west	2010	215	Most respondents were within the 15-19 years age groups while males accounted for a little over half of the respondents. Almost all (93.5%) were single/unmarried. Close to two-thirds (64.2%) of the respondents have multiple and unstable sources of income.	Males were 53% and females 47%. Only 20.5% had ever used tobacco while 11.6% were current users. Males accounted for 60% of current users compared to 40% of females. The study showed that peer influence is an important source of introduction to tobacco use. We advocate for a theory-based approach to designing an appropriate health education intervention targeted at assisting adolescents in appreciating the harmful nature of tobacco use in this locality.	Questionnaire
[21]	Cross-sectional study	Osogbo, South-west	2013	759	The mean age was 42.1 ± 12.5 years. There were 364 (48%) males and 395 (52%) females.	About 22% had ever smoked while 8.7% were current smokers, smoking an average of 22.9 ± 10.1 cigarettes per day. Males constituted most current smokers. Most smokers (71%) were introduced to smoking by friends and ill health was the most often reported reason for quitting	Questionnaire
[22]	Descriptive cross-sectional study	Lagos, South-west	2016	402	The mean age of the respondents was 16.4±1.65years. Most of the respondents were males (63.4%), unmarried (95%), Christians (53%), Yoruba by tribe (75.4%), and had a minimum of secondary school education (89.3%)	The prevalence of current smokers in this study is 14.7%. Less than one-third (24.9%) of the respondents had ever smoked tobacco cigarettes while 14.7% were current cigarette smokers. Peer influence (21.9%) was the strongest predictor of smoking	A pre-tested, structured, interviewer-administered questionnaire
[23]	Descriptive cross-sectional study	Ilorin, South-west	2011	1754	There were 1148 (65.5%) males and 606 (34.5%) females with a mean age of 21.6 ± 3.1 years.	The smoking prevalence rate was 5.7%, with peer pressure being a significant influence. Despite the low prevalence, many were unwilling to quit due to a low perception of smoking's negative effects. Urgent anti-smoking campaigns are needed among university undergraduates in Nigeria.	Questionnaire

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[24]	Cross sectional	Enugu, South-east	2008	714	There were 377 male and 337 female respondents who wereagedbetween18and35yearsofage. The majority 595(83.3%) were single, 684(95.9%) had completedatleastaprimaryeducationand391(54.8%) were schooling in either a secondary or tertiary educational institution	The current cigarette smoking prevalence among respondents was (21.0%). 35.4% in males and 5.0% in females	questionnaire-based
[25]	Cross-sectional mixed methods descriptive study design.	Kebbi, North-west	2018	342	Adolescents aged 10-19 in Birnin Kebbi who have never been to school or have been out of school for at least 6 months were surveyed. The majority (71.1%) were aged 15-19, with a mean age of 15.9 ± 2.4 years. Most (88.6%) were male.	The prevalence of cigarette smoking was statistically significantly higher among the 15-19-year-olds when compared to the 10-14-year-olds and among the males when compared to females.	Questionnaire
[26]	Descriptive cross-sectional study	Lagos, South-west	2013	989	Respondents' ages ranged from 10-21 years with a mean of 14.2±2 years. There were slightly more males (52.9%) than females (47.1%)	Those with parents and friends who are smokers were 3.47 and 2.26 times more likely to have initiated smoking. Peers not only influence smoking initiation but also influence smoking susceptibility among youth in this African setting. Prevention programs designed to reduce tobacco use among in-school youth should consider these factors.	questionnaire
[27]	Cross-sectional study	Delta state, South-south	2015	400	The majority (97%) of the respondents fell within the age group of 11-20 years; males (52%); Christians (95%) and 77% lived with both parents.	The smoking prevalence rate was 7% with more male students being involved. The initiation age was 12-15 years (66%); 50% were current smokers; 64% smoked at weekends. Popular venues for smoking were at parties (68%), in the bush (43%), and home of friends (25%). The majority (46%) smoked 1 stick of cigarette per day. Relief of stress (65%) was the major reason for indulgence. Although smoking prevalence seems low, school-based preventive awareness programs are strongly recommended to reverse the trend.	structured questionnaire

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[28]	Descriptive cross-sectional study	Sokoto, North-west	2017	213	Less than half 92 (43.2%) of the respondents were between the ages of 10 – 13 years. The mean age of the respondents was 14.7 ± 2.5 years. The majority 188 (88.3%) of the respondents were males, Muslim 208 (97.7%) Hausas 171 (80.3%).	The majority of the respondents knew that cigarette smoking could lead to lung cancer 176 (82.6%) and heart disease 159 (74.6%). Less than half of the respondents knew that cigarette smoking could lead to PUD 115 (54.0%) and that pregnant women who smoke cigarettes were likely to lose their pregnancy 114 (53.5%). Sustained anti-smoking campaigns targeting out-of-school adolescents may go a long way in reducing cigarette use among this group of adolescents.	Questionnaire
[29]	Cross-sectional study	Lagos, South-west	2011	1,174	There were 588 males (51.9%) and 544(48.1%) females. The ages of the respondents ranged from eleven to twenty years with a mean age of 16±1.8 years.	140 current smokers were given a smoking prevalence of 12.5% among the students. More males 88 (16.1%) smoked compared with females 36 (7.1%). The reasons given for starting cigarette smoking were peer group influence.	Questionnaire
[30]	Cross-sectional survey	Lagos and three geographical regions	2009	436	The mean age of the physicians was 30.6 ± 4.1 years and the mean number of years of practice was 3.5 ± 2.7. Three hundred and thirty (75.7%) of the physicians were male, and 106 (24.3%) were female.	292 (67.0%) were aware of smoking cessation, but only 132 (30.3%) showed good knowledge of this topic. The prevalence of smoking among the physicians was 17.7%. The results of this study highlight the lack of knowledge among physicians in Nigeria in terms of smoking cessation, as well as their failure to apply appropriate practices.	Self-administered structured questionnaire
[31]	Cross-sectional study	Benue State, North-central	2012	536		"Ever use" prevalence of cigarette smoking was 27.4% while "current use" was 19.4%	Questionnaire

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[32]	A random effects meta-analysis and meta-regression epidemiologic model	3 (10.0%) studies were nationally representative, with respondents from southern and northern Nigeria. The remaining studies (90.0%) were city-specific. About 76.7% were conducted in southern Nigeria and 13.3% in northern Nigeria	2018	30	Of the total 30 studies, the sample sizes ranged from 128 to 2,408, and the cumulative sample total was 26,709.	Of the total 30 studies, prevalence rates of tobacco smoking ranged between 0.2% and 32.5%. Smoking prevalence was higher among males than females. The most common risk factors for tobacco use included peer influence, family conditions, psychosocial factors, and male gender. Additional risk factors included concomitant substance abuse, media advertisements, and increasing age.	Existing literature
[33]	Intervention study	Ilorin, South-west	2011	280	The mean age of respondents in the study group was 23.3 + 3.2 years and that of the control group was 23.7 +3.8 years, the modal age was 23 years. Most of the respondents were within the 19-26 age group.	In both groups, most respondents knew about the link between lung cancer and smoking (67.9% in the study group, and 64.2% in the control group). Fewer were aware of the connection between high blood pressure and lung cancer (9.6% in the study group, 12.9% in the control group).	Self-administered questionnaire
[34]	Descriptive cross-sectional study	Ado-Ekiti, South-west	2012	300	They were students of university of Ado-Ekiti, Ekiti State, Nigeria within the age range of 18-30 years. 98 of the students (37.7%) were in the 18-20 age group, 183 (61.0%) were in the 21-25 age group while 19 (6.3%) were in the 26-30 age group	Peer influence is a very important source of cigarette smoking among the youths.	Questionnaire
[35]	Cross-sectional	Nationwide	2019	64	A total of 1474 records were retrieved from the databases	Pooled crude prevalence of current smokers in Nigeria was 10.4% (9.0-11.7) and 17.7% (15.2–20.2) for ever smokers. There was considerable variation across geopolitical zones, ranging from 5.4% (North-west) to 32.1% (North-east) for current smokers, and 10.5% (South-east) to 43.6% (North-east) for ever smokers. Urban and rural dwellers had relatively similar rates of current smokers (10.7 and 9.1%), and ever smokers (18.1 and 17.0%).	

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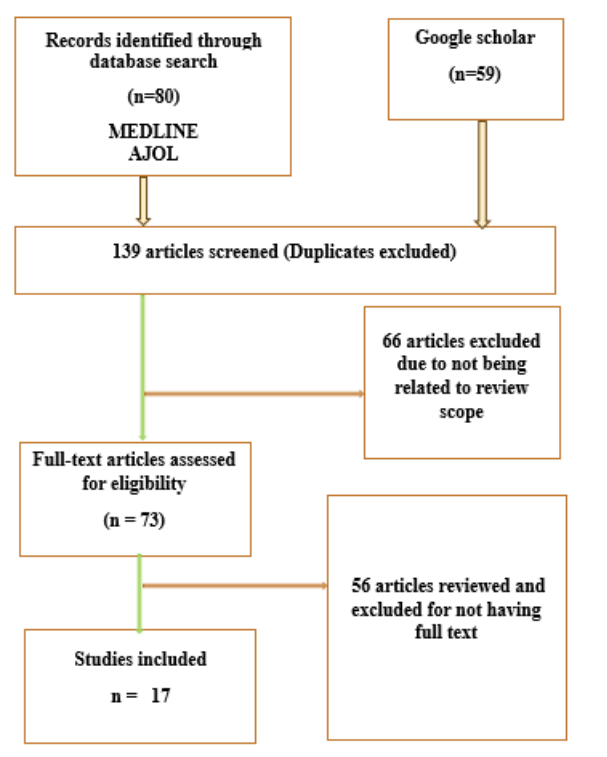

Figure 1: Flow chart of selection of studies on tobacco smoking in Nigeria.

Table 2: Periodic distribution of Tobacco use articles in Nigeria.

S/n	Period of publication of the study	n (%)
1	< 2000	0.0 (0.0)
2	2001 – 2010	3.0 (17.6)
3	2011 – 2020	13.0 (76.5)
4	2021 – 2023	1.0 (5.9)
	TOTAL	17.0 (100)

Table 3: The Distribution the hierarchy of studies on tobacco use in Nigeria.

S/N	Study types according to the hierarchy	n (%)
1	Systematic review and Meta-analysis	2.0 (11.8)
2	Randomized Controlled Trials	0.0 (0.0)
3	Nonrandomized intervention studies	2.0 (11.8%)
4	Observational studies	13.0 (76.5%)
5	Non-experimental studies	0.0 (0.0)
6	Expert opinion	0.0 (0.0)
	TOTAL	17.0 (100.0)

Discussion

The studies outlined in the table provide valuable insights into the prevalence and factors influencing tobacco use across various populations in Nigeria. Most of these studies utilize descriptive cross-sectional designs, which are effective for capturing a snapshot of tobacco use patterns at a specific point in time. By conducting research in diverse locations spanning from Ibadan to Sokoto-these studies highlight the geographical variations in smoking behaviors, influenced by cultural and socio-economic factors.

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A notable characteristic of the populations studied is the predominance of youth, particularly those aged between 10 and 30 years. This focus is critical, as tobacco use often begins in adolescence. The gender distribution across these studies consistently shows a higher prevalence among males, aligning with global trends where men are more likely to smoke than women. For example, one study reported that males accounted for a significant proportion of current smokers, further emphasizing the need for targeted interventions that address the specific dynamics of male smoking behaviors.

Prevalence rates of tobacco use varied significantly among the studies, reflecting the complexity of the issue. Some studies reported very low rates of less than 5%, while others indicated that smoking prevalence could reach as high as 32.5%. This discrepancy suggests that various factors, including regional cultural norms, socioeconomic status, and exposure to tobacco marketing, play crucial roles in influencing smoking rates. Additionally, a consistent finding across multiple studies is the strong influence of peer pressure on smoking initiation, with many respondents indicating that friends who smoke significantly impacted their decision to start.

Awareness of the health risks associated with smoking is generally high among respondents, yet gaps remain, particularly regarding the connection between smoking and certain diseases like hypertension and lung cancer. For instance, while many participants knew that smoking could lead to lung cancer, fewer were aware of its relationship with other serious health conditions. This highlights the importance of educational campaigns that inform and empower individuals with knowledge about the risks associated with tobacco use.

The findings underscore a pressing need for comprehensive anti-tobacco campaigns, especially targeted toward youth. Studies call for urgent interventions in university settings and among out-of-school adolescents, as these groups often underestimate the dangers of smoking. Peer-led initiatives may be particularly effective, as they can reshape social norms around smoking. Moreover, strengthening tobacco control policies, such as restricting advertising and implementing public smoking bans, is essential for reducing tobacco use and protecting public health.

Furthermore, the study provides a breakdown of various study types according to their hierarchy in research methods. It reflected the compositions of a set of 17 studies. A prominent finding is the overwhelming prevalence of observational studies, which constitute 76.5% of the total. This suggests that most of the research relies on descriptive or correlational data, which can provide valuable insights into trends and associations but may lack the rigor of experimental designs in establishing causal relationships.

Within the hierarchy, systematic reviews and meta-analyses, which synthesize findings from multiple studies to draw broader conclusions, are represented by only 2.0% of the total. This limited presence indicates a gap in comprehensive analyses that aggregate existing research, which could enhance the understanding of tobacco use dynamics and inform public health strategies more effectively. Additionally, the absence of randomized controlled trials (RCTs) and non-experimental studies highlights a lack of robust experimental evidence, which is critical for establishing causal links between interventions and outcomes. Non-randomize intervention studies also make up 11.8% of the total, suggesting some attempts to assess the effectiveness of interventions aimed at reducing tobacco use. However, the lack of RCTs limits the ability to draw definitive conclusions about the efficacy of these interventions, as RCTs are considered the gold standard for evaluating causal effects.

Overall, it underscored the predominance of observational studies in this field, pointing to a need for more rigorous experimental studies and systematic reviews. Expanding the variety of study designs employed could provide a more comprehensive understanding of tobacco use behaviors and facilitate the development of effective interventions in public health. This emphasis on diverse research methodologies is essential for advancing knowledge and improving strategies to combat tobacco use and its associated health risks

Conclusion

The studies examined here illustrates the multifaceted nature of tobacco use in Nigeria, shaped by age, gender, and social influences. A notable characteristic of the populations studied is the predominance of youth, particularly those aged between 10 and 30 years. The study suggested a predominance of observational studies in this field, pointing to a need for more rigorous experimental studies and systematic reviews. Varying factors, including regional cultural norms, socioeconomic status, and exposure to tobacco marketing, played crucial roles in influencing smoking rates. Additionally, a consistent finding across multiple studies is the strong influence of peer pressure on smoking initiation. Addressing this public health challenge requires coordinated efforts that include education, policy reform, and community engagement to effectively reduce smoking rates and promote healthier lifestyles among vulnerable populations.

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