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Smoking Pattern, Reasons, Effects and Other Correlates of Smoking in Yenagoa Council Area of Bayelsa State



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Abstract

Cigarette smoking induced deaths may likely increase from 5 million in 2010 to 10 million in a decade. In the 20th century about 100 million deaths from tobacco was reported. If the current trends of smoking persist, tobacco will kill about 1 billion people this century, mostly in low- and middle-income countries. This study was set out to evaluate perceived causes, reasons of smoking, pattern of smoking and factors that influenced smoking. About 1,182 respondents agreed to participate after they were made to understand the full details of the study. The questionnaire captured demographic data, reasons for smoking, pattern of smoking and factors that influenced smoking.

77.2% of respondents were male; within the age of 18- 30 years; 2.5% of respondents had tertiary education; with an annual income of 501,000-1, 000000; 57.8% were from Ijaw and 73.7% were Christians. 53.4% reported that they smoked to relieve stress; 57.5% to feel relaxed; 36.9% sometimes to increase sexual performance; 47.7% sometimes smoked to increase work output; 33.2% sometime smoked to be awake/alert; 52.1% often smoked to enjoy with friends. 72% reported coughing; 64.3% reported chest pain; 33.6% experienced difficulties in sleeping; 27% had headache; 16.7% reported vomiting; 22.6% had hyperexcitement;17.6% had hand shaking; 44.2% had general body pains; 42.7% had running nose and 33.2% reported sleepiness due to smoking. 41.2% of respondents reported that they smoked 6-10 sticks of cigarette at a sitting; 55.3% smoked 6-10 sticks a day within 15-30minutes interval. Benson and Hedges was the most favorite brand; 48.9% sometimes smoked in the company of friends. Gender; marital status; annual income and age group were not correlated with smoking prevalence. There is urgent need for antismoking campaign in the council area in conjunction with appropriate stakeholders.

Keywords: Cigarette smoking; Pattern; Yenagoa Bayelsa State

Introduction

Cigarette smoking is now a public health problem. The effects of smoking are known to smokers, still the rate at which people smoke increases on daily basis. Reason for the increased rate of smoking and addiction is said to be due to influence by friends or community member. Some studies have shown that young ones just start smoking by tasting it and get addicted and turn to regular smokers [1,2]. Cigarette contains about 700 chemicals in it. Studies have shown that about 250 out of the 700 chemicals are harmful. These include cyanide, carbon monoxide, ammonia and hydrogen. About 69 of the harmful chemicals are causative agents of cancer. They are Benzene, Beryllium, Butadiene and Cadmium Formaldehyde and Toluene etc [1,3].

The United State Surgeon General in 2014 reported that cigarette smoking is estimated to cause about 480,000 deaths

each year in the United States. Smoking induced deaths may likely increase from 5 million in 2010 and more than 10 million in a decade. In the 20th century about 100 million deaths from tobacco was reported. If the current trends of smoking persist, tobacco will kill about 1 billion people this century, mostly in low- and middle-income countries [4]. This figure of the mortality burden of smoking may be an underestimate, because it considers deaths only from the 21 diseases [5,6].

At age 14 to 18 years, which are the youths, they are mostly affected with smoking habit and become addicted for the rest of their life. This age is where the youths make choices for their life style and prepare for their future. This is the age where the inspiration is at the maximum, stress, attention disorder, psychological pressures and conflicts from parents play vital

role in impacting the individual life styles [1,7]. In this study we intend to evaluate the perceived causes, reasons of smoking/pattern of smoking and factors that influenced smoking.

Method

Study population

This study was carried out in Yenagoa council Area of Bayelsa State, South- South region of Nigeria with a population 266,008 at the 2006 census [8].

Study Design and Sample

A total of 1,300 questionnaires were given, but only 1, 182 respondents 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 [9]. The questionnaire captured demographic data, reasons for smoking/ 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.

Results

Demography

About 1,300 questionnaires were given; 1,182 were retrieved (90.9% response rate). A total of 77.2% of respondents were male; married (43.4%); mostly within the age (39.2%) of 18-30 years. 62.5% of respondents had tertiary education; 49.7% were civil servants; with an annual income (43.5%) of 501,000-1, 000000. 71.3% of the respondents lived in the urban city; I jaws were 57.8% and 73.7% were Christians (Table 1).

Table 1: Bio-socio-characteristics of respondents.

Variable	Frequency	Percent			
N=1182					
	Sex				
Male	912	77.2			
Female	270	22.8			
	Marital status				
Single	476	40.3			
Married	513	43.4			
Widowed	193	16.3			
	Age group				
18-30	463	39.2			
31-45	317	26.8			
46-60	283	23.9			
61 and above	119	10.1			
Education					
Primary	97	8.2			

Secondary	289	24.5		
Tertiary	739	62.5		
Others	57	4.8		
	Occupation			
Civil servants*	587	49.7		
Military	142	12.0		
Students	149 12.6			
Unemployed/retired	268	22.7		
Others**	36	3.0		
	Annual income (#)			
50,000-100,000	128	10.8		
101,000-500,000	145	12.3		
501,000-1,000000	514	43.5		
1,000000-<2,000000	194	16.4		
2,000000 and above	93	7.9		
No response	108	9.1		
I	Place of residence			
Urban	843	71.3		
Rural	104	8.8		
Semi-urban	235	19.9		
	Religion			
Christianity	871	73.7		
Islam	207	17.5		
Traditional	58	4.9		
Others	46	3.9		
Tribe				
Ijaw	683	57.8		
Nembe	200	16.9		
Ogbia	134	11.3		
Igbo	30	2.5		
Others***	135	11.4		

- a. including lecturers and school teachers
- b. including farmers, artisans, drivers traders/business owners and contractors
- c. including Urhobo, Isoko, Itsekiri and Yoruba

Reasons for Smoking

A total of 53.4% respondents reported that they smoked often to relieve stress; 57.5% to feel relaxed; 36.9% sometimes to increase sexual performance; 47.7% sometimes smoked to increase work output; 33.2% sometime smoked to be awake/alert; 52.1% often smoked to enjoy with friends; 46.5% sometimes smoked to be social; 45.4% often smoked due to alcohol influence; 48.8% sometimes smoked to cool off; 41.4% and 48.7% often smoked when drinking and drink when smoking respectively.

Pattern of Smoking

A total of 48.9% respondents sometimes smoked in the company of friends while 16.3% sometimes smoked in the company of family/relatives and 33.3% sometimes smoked in the company of work mates (Table 2).

Table 2: Frequency-related reasons for smoking and pattern of smoking reported by smokers.

Frequency (percent)			
	Always	Sometimes	Never
To relieve stress	504 (53.4)	359 (38.1)	80 (8.5)
To feel relaxed	542 (57.5)	333 (35.3)	68 (7.2)
To increases sexual performance	302 (32.0)	348 (36.9)	274 (29.1)
To increase work output	195 (20.7)	450 (47.7)	298 (31.6)
To stay awake/alert	202 (21.4)	313 (33.2)	428 (45.4)
To enjoy with my friends	491 (52.1)	403 (42.7)	49 (5.2)
In order to be sociable	365 (38.7)	438 (46.5)	139 (14.7)
Influenced by alcohol drinking	428 (45.4)	359 (38.1)	156 (16.5)
To cool off	348 (36.9)	460 (48.8)	135 (14.3)
Smoke when drinking	390 (41.4)	342 (36.3)	210 (22.3)
Drink when smoking	459 (48.7)	385 (40.8)	99 (10.5)
In the company of friends when smoking	312 (33.1)	461 (48.9)	170 (18.0)
In the company of family/relatives when smoking	107 (11.3)	154 (16.3)	683 (72.4)
In the company of work mates when smoking	209 (22.2)	314 (33.3)	420(44.5)

Number of Sticks smoked and Frequency of Smoking

Regarding number of sticks smokes at a sitting, 36.3% of respondents smoked 1-5 sticks, 41.2% smoked 6-10 sticks, while,55.3% smoked the same quantity in 15-30 minutes. 84.9% smoking in every 15-30 minutes. Benson and Hedges (39.3%) as the most favorite brand and 66.2% reported that their favorite brand was always available and 66.4% will not smoke any other brand except their favorite. 63.2% took kola nut, if their favorite brand is not available. 42.7% reported that they have knowledge of what they are smoking. 87.6% and 65.4% smoked at home and parties respectively. 91.5% reported that they are aware smokers are liable to die young (Table 3).

Table 3: Number of Cigarette sticks smoked.

		Frequency	Percent
Number of cigarette sticks smoked at a sitting	1-5	342	36.3
	6-10	389	41.2
	11-15	155	16.5
	>15	57	6.0
Number of cigarette sticks smoked per day	1-5	273	28.9
	6-10	521	55.3
	>2 packets	149	15.8
Frequency of smoking	A stick/15- 30mins.	801	84.9
	A stick/ half-1hr.	142	15.1
Favourite brand	St. Moris	268	28.4
	Benson and Hedges	371	39.3
	Horis	167	17.7
	Others	137	14.6
Availability of favourite brand	Always	624	66.2
	Sometimes	259	27.5
	Never	59	6.3
When favourite brand is unavailable	Smoke any brand	28	3.0
	Will not smoke	626	66.4
	Take alcohol	289	30.6
Other drugs used	Indian hemp	223	23.6
	Cocaine	25	2.7
	Raw tobacco	444	47.1
	Snuff	367	38.9
	Kola nut	596	63.2
	Monkey tail	234	24.8
	Others	153	16.2
Knowledge of content of cigarette	Yes	40396696	42.7
	No	236	25.1
	Not sure	304	32.2
Smoking setting	At home	826	87.6
	At parties/ ceremonies	617	65.4
	At work place	84	8.9
	Anywhere	116	12.3
Awareness of the cliché "smokers are liable to die young"?	Aware	863	91.5
	Not aware	80	8.5

Barriers to cessation of Smoking

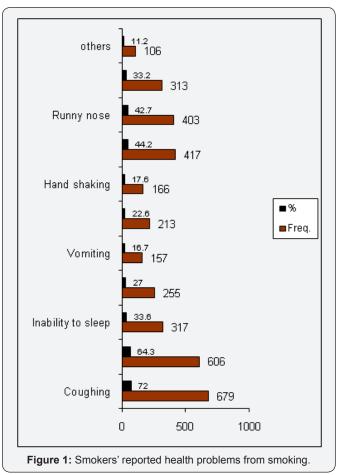
A total of 62.1% of respondents reported that they were addicted to smoking. 78.9% smoked because they did not believe that smokers are liable to die young. 89.8% of respondents that were smokers reported that they were ready to stop smoking. 63.3% reported that they found it difficult to stop smoking. 63.8% reported that they had attempted to stop smoking. 62.7% and 87.1% reported that they tried to stop smoking but failed because of pressure from friends and too much temptation in it (Table 4).

Table 4: Barriers to cessation of Smoking.

Reasons for still smoking	Addicted	586	62.1
	Don't believe smokers are liable to die young	744	78.9
	Pressure from peer group	345	36.6
Would you like to stop smoking?	Yes	847	89.8
	No	96	10.2
Do you find it difficult to stop smoking?	Yes	597	63.3
	No	346	36.7
Have you ever attempted to stop smoking?	Yes	602	63.8
	No	341	36.2
How many times have you tried to stop smoking?	Once	139	14.7
	Twice	172	18.2
	Thrice	232	24.6
	More than thrice	401	42.5
Why did the attempts to stop smoking fail?	Pressure from friends	591	62.7
	Too much temptation	821	87.1
	Pressure from family	69	7.3

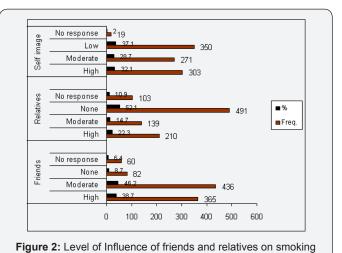
Reported Effect of Smoking

Regarding effects induced by smoking 72% reported coughing; 64.3% reported chest pain; 33.6% experienced difficulties in sleeping; 27% had headache; 16.7% reported vomiting; 22.6% had hyperexcitement;17.6% had hand shaking; 44.2% with general body pains 42.7% had running nose and 33.2% reported sleepiness (Figure 1).



Influence of Friends/Relative on Smoking

38.7% and 46.2% of respondents respectively were highly and moderately influenced into smoking via friends while 22.3% and 14.7% of respondents respectively were highly and moderately influenced into smoking by relatives (Figure 2).



Demography correlation with Smoking Prevalence

habits and self image rating reported by smokers.

Gender, marital status, annual income and age group were not correlated with smoking prevalence (Table 5).

Table 5: Chi-square demographic correlations with smoking prevalence.

Variable		Yes	No	Total	Statistics (P value < 0.05 is significant)	
Gender	Male	808 (88.6)	104 (11.4)	912 (100.0)	X ² =0.488, df=1; p=0.274	
	Female	235 (87.0)	35 (13.0)	270 (100.0)		
Total		1043 (88.2)	139 (11.8)	1182 (100.0)		
Marital status	Single	424 (89.1)	52 (10.9)	476 (100.0)		
	Married	451 (87.9)	62 (12.1)	513 (100.0)	X ² =0.638, df=2; p=0.727	
	Widow(er)	168 (87.0)	25 (13.0)	193 (100.0)		
Total		1043 (88.2)	139 (11.8)	1182 (100.0)		
Education	Primary	85 (87.6)	12 (12.4)	97 (100.0)		
	Secondary	260 (90.0)	29 (10.0)	289 (100.0)	X ² =2.717,df=3; p=0.437	
	Tertiary	651 (88.1)	88 (11.9)	739 (100.0)		
	Others	47 (82.5)	10 (17.5)	57 (100.0)		
Total		1043 (88.2)	139 (11.8)	1182 (100.0)		
Annual income(#)	50-100,000	11 (89.8)	13 (10.2)	128 (100.0)		
	101-500,000	130 (89.7)	15 (10.3)	145 (100.0)		
	501-1,000000	453 (88.1)	61 (11.9)	514 (100.0)	X ² =7.523,df=4; p=0.111	
	1-2,000000	177 (91.2)	17 (8.8)	194 (100.0)		
	>2,000000	75 (80.6)	18 (19.4)	93 (100.0)		
Total		950 (88.5)	124 (11.5)	1074 (100.0)		
Age group(yrs.)	18-30	412 (89.0)	51 (11.0)	463 (100.0)		
	31-45	278 (87.7)	39 (12.3)	317 (100.0)	X ² =0.666,df=3; p=0.881	
	46-60	250 (88.3)	33 (11.7)	283 (100.0)		
	61and above	103 (86.6)	16 (13.4)	119 (100.0)		
Total		1043 (88.2)	129 (11.8)	1182 (100.0)		

Discussion

Demography

The study revealed that more male within the age group of 18-30 years participated. The respondents were more of the literates, working and majority earned 501,000-1, 000000 annually. They were mostly from Izon and were Christians. This is not surprising since Yenagoa council area is where the state capital of Bayelsa is located and it is entirely dominated by the Izon people and of the Christian faith [10].

Reasons for Smoking

Regarding reasons for smoking, various reasons were given by respondents for smoking always such as to relieve stress, relax, enjoy with friends and alcohol influence. This is similar to other studies [4,11,12]. Whereas, some smokers smoked sometimes to increase sexual performance, increase work output, to be alert/awake, to be social and to cool off. In reduction of stress; this rather causes craving for smoking, but

is not linked with increase in smoking habit. This has further pointed out that smoking does not reduce stress rather increase the threshold of existing stress or initiate stress to the user. Hence, smokers were more stressed than non-smokers [12]. For increased sexual performance, respondents misinterpreted its effect as sex booster, rather smoking decreases sex. Studies have shown that smoking cessation enhances sexual performance. In the same vein other studies have reported no significant difference between smokers and non-smokers in connection to sexual performance [13,14].

Regarding increase of work output, other studies have shown that smoking decreases physical activity, which contradicts claims of current smokers in this survey [14]. Smoking resulting to being awake or alert; this may be linked to the euphoric effect inherited from cigarette smoking. Some of the respondents sometimes smoked to enjoy with friends. This may be centred on the youths. Reasons may be just to be social with friends and to be active in their daily activities. However, the perceived reasons

may be untrue rather it is the euphoric effect that gives them that feeling which is likely to be temporary without a reload of the content.

Pattern of Smoking

Regarding pattern of smoking, close to half of the respondents smoked in the company of their friends; whereas, only few family/relatives smoked in the company of workmates. Similar reports have shown that friend's smoked mostly in the company of their friends than relatives [15,16]. This may be a pointer to the fact that older adults always caution and are against youth smoking. The resultant effect is that youths concealed their smoking status to their family; especially parent and guardians. Whereas, friends and workmates have a lot of common character and attitude they share together [17,18].

Number of Stick smoked and Frequency of Smoking

Most of the respondents smoked 1-5 cigarettes at a sitting and they smoked every 15-30minutes interval. About half of respondents that were smokers reported that they smoked 6-10 sticks of cigarette at a sitting. While 55.3% smoked 6-10 sticks a day within 15-30minutes interval. This is on a high side. However, other studies have reported 1-4 sticks a day [19]. Light smokers and heavy smokers (6-10 sticks) are still exposed to the negative effect of smoking [20]. 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 [21].

This is also similar with the report of Million Women survey stating that smoking more than 10 cigarettes a day is likely for the smokers to die prematurely, compared to a non-smoker [20]. Benson and Hedges was the most favorite brand and most of the respondents reported that it was always available. However, respondents addicted to it do not smoke when the favorite brand was not available. Most of respondents that are smokers also took kola nut. In the absence of their favorite brand, kola nut may be used as remedy to suppress the craving effect for cigarette smoking.

Barriers to cessation of smoking

Majority of the smokers were aware of content of what they smoked. However, the awareness did not deter them from smoking because they were addicted to it. Also majority of them did not believe that smokers are liable to die young which is contrary to other studies [22]. This might have encouraged their smoking habit. Almost all the smokers were willing to stop smoking; a few tried but failed. Their reasons were basically addiction and influence of peer pressure. This is similar to other studies [15,23].

Reported Effect of Smoking

Regarding effects induced by smoking, most of the respondents reported coughing. This might be due to weakening of the lungs from accumulation of toxins in the respiratory system [24]. Also more than half of the respondents reported

chest pain, experience difficulties in sleeping, had headache; few of the respondents reported that they experienced vomiting, hyperexcitement, hand shaking, with general body pains, running nose and sleepiness. A study in Bayelsa state earlier also reported the aforementioned side effects due to smoking. Most of these side-effects initially presented are temporal in nature, but later results to deleterious chronic effects with high rate of morbidity and mortality known from cigarette smoking [25]. Tobacco smokers are often associated with several hazards that can eventually lead to reduction of the smokers' and second-hand smokers' life span.

Friends/Relative influence on Smoking

About half of smokers in Yenagoa council area reported that they were influenced by friends, This is in conformity with several studies [26-30]. This is not surprising, as most smokers are always associated with friends that also smoked. This is followed with some respondents indicating family relatives as a major factor that influenced their smoking habits. Respondents linked factors that influenced smoking as friends; implicating them as a major factor that influenced their smoking habits. This survey shows that family and relatives were a major factor that influenced their smoking habits. This is in conformity with other studies [30].

In Japan a study carried out have equally pointed out that smoking habit is linked with mothers' smoking history, school teachers that smoke and with very close friends that are smokers [30]. Beside this, parents that are smokers expose their children as second hand smokers that are equally prone to adverse health consequences, economic loss and the chances of such becoming smokers is inevitable.

Demography correlation with Smoking Prevalence

Gender; marital status; annual income and age group were not correlated with smoking prevalence.

Conclusion

The study revealed that more male within the age group of 18-30 years participated. Their annual income fell between 501,000-1, 000000. The respondents were mostly from I jaw and Christian worshippers. Respondents gave various reasons for smoking; most of them, reasons for smoking were to relieve them of stress, relax, enjoy with friends and alcohol influence.

About close to half of the respondents smoked in the company of their friends. Only 16.3% of respondents smoked in the company of their family/relatives and 33.3% smoked in the company of workmates. Half of the respondents smoked 6-10 sticks of cigarette at a sitting. 55.3% smoked 6-10 sticks a day within 15-30 minutes interval. Benson and Hedges was the most favorite brand and was always available. Regarding effects induced by smoking, several effects were reported but coughing was the highest effect experienced by smokers. This was closely followed by chest pain, difficulties in sleeping, headache,

vomiting, hyper excitement, hand shaking, general body pains, running nose and sleepiness. Friends were reported to be the highest influencers that initiate smoking. Gender; marital status; annual income and age group were not correlated with smoking prevalence.

References

- Khurshid F, Urusa Ansari U (2012) Causes of Smoking Habit among the Teenagers. Interdisciplinary Journal of Current Research in Business 3(9): 848.
- Balabanova D, Bobak M, McKee M (1998) Patterns of smoking in Bulgaria. Tob Control 7(4): 383-385.
- Ng M, Freeman MK, Fleming TD, Robinson M, Dwyer-Lindgren L, et al. (2014) Smoking Prevalence and Cigarette Consumption in 187 Countries, 1980-2012. JAMA 311(2): 183-192.
- 4. US Surgeon General (2010) How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease.
- Carter BD, Abnet CC, Feskanich D, Freedman ND, Hartge P, et al. (2015)
 Smoking and Mortality Beyond Established Causes. N Engl J Med 372: 631-640.
- Prabhat Jha, Richard Peto (2014) Global Effects of Smoking, of Quitting, and of Taxing Tobacco. N Engl J Med 370: 60-68.
- Lugo A, Vecchia C, Boccia S, Murisic B, Gallus S (2013) Patterns of Smoking Prevalence among the Elderly in Europe. Int J Environ Res Public Health 10(9): 4418-4431.
- 8. Wikipedia 2009, Nigeria 2006 census.
- Araoye MO (2003) Research methodology with statistics for health and social sciences. Nathadex Publishers Ilorin 117-118.
- 10. Wikipedia. Ijaw People.
- 11. Frobisher C, Winter DL, Lancashire ER, Reulen RC, Taylor AJ, et al. (2008) Extent of Smoking and Age at Initiation of Smoking Among Adult Survivors of Childhood Cancer in Britain. J Natl Cancer Inst 100(15): 1068-1081.
- 12. Owonaro AP and Eniojukan JF (2016) Smoking Prevalence and interacting factors in a Semi Urban Community in Niger Delta Region of Nigeria. International Journal of Preclinical & Pharmaceutical Research 7(1): 1-10.
- 13. Pirie K, Peto R, Reeves GK, Green J, Beral V (2013) The 21st century hazards of smoking and benefits of stopping: a prospective study of one million women in the UK. Lancet 381(9861): 133-141.
- Efroymsona D, Ahmedb S, Townsendc J, Alamb S, Dharb B (2010)
 Hungry for tobacco: an analysis of the economic impact of tobacco consumption on the poor in Bangladesh. Tob Control 10(3): 212-217.
- 15. Saari AJ, Kentala J, Mattila KJ (2014) The smoking habit of a close friend or family member—how deep is the impact? A cross-sectional study. BMJ Open 4(2): e003218.

- 16. Jarvie JA (2008) Smoke Exposure in Private Homes and Cars: An Ethical Analysis. Am J Public Health 98(12): 2140-2145.
- 17. Owonaro PA, Eniojukan JF (2015) The Prevalence and Contextual Correlates of Smoking in Opokuma Clan of Bayelsa State, Nigeria. IJAPBC 4(3).
- 18. Cronk NJ, Harris KJ, Harrar SW, Conway K, Catley D (2011) Analysis of smoking patterns and contexts among college student smokers. Subst Use Misuse 46(8): 1015-1022.
- Bjartveit K, A Tverdal A (2005) Health consequences of smoking 1-4 cigarettes per day. Tob Control 14(5): 315-320.
- 20. Frobisher C, Winter DL, Lancashire ER, Reulen RC, Taylor AJ, et al. (2008) Extent of Smoking and Age at Initiation of Smoking Among Adult Survivors of Childhood Cancer in Britain. J Natl Cancer Inst 100(15): 1068-1081.
- 21. Onongha GI (2013) Influence of Cigarette Warning Label on Smoking Behaviour among Education Students of Osun State University, Osogbo. Nigeria. J of Education and Practice 4(5).
- 22. McGee CE, Trigwell J, Fairclough SJ, Murphy RC, Lorna Porcellato L, et al. (2015) Influence of family and friend smoking on intentions to smoke and smoking-related attitudes and refusal self-efficacy among 9-10 year old children from deprived neighbourhoods: a cross-sectional study. BMC Public Health 15: 225.
- 23. Dania MG, Ozoh B, Bandele EO (2015) Smoking habits, awareness of risks, and attitude towards tobacco control policies among medical students in Lagos, Nigeria. Ann Afr Med 14(1): 1-7.
- 24. Emily Banks, Grace Joshy, Marianne F Weber, Bette Liu, Robert Grenfell, et al. (2015) Tobacco smoking and all-cause mortality in a large Australian cohort study: findings from a mature epidemic with current low smoking prevalence. BMC Medicine 13(38): 15-281.
- 25. França LR, Dautzenberg B, Falissard B, Reynaud M (2009) Are social norms associated with smoking in French university students? A survey report on smoking correlates. Subst Abuse Treat Prev Policy 4(4): 1747.
- 26. Naito T, Miyaki K, Naito M, Yoneda M, SuzukiN, et al. (2009) Parental Smoking and Smoking Status of Japanese Dental Hygiene Students: A Pilot Survey at a Dental Hygiene School in Japan. Int. J. Environ. Res. Public Health 6(1): 321-328
- 27. Adeyeye 00 (2011) Cigarette smoking habits among senior secondary school students in Lagos, south west Nigeria. Int J Biol Med Res 2(4): 1047-1050.
- 28. Ukwayi JK, Eja OF, Unwanede CC (2012) Peer Pressure and Tobacco Smoking among Undergraduate Students of the University of Calabar, Cross River State. Higher Education Studies 2(3): 92-101.
- 29. Nargiso JE, Becker SJ, Wolff JC, Uhl KM, Simon V, et al. (2012) Psychological, Peer, and Family Influence on Smoking Among an Adolescent Psychiatric Sample. J Subst Abuse Treat 42(3): 310-318.
- 30. Surgeon General (2010) How Tobacco Smoke Causes Disease : The Biology and Behavioral Basis for Smoking-Attributable Disease.



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