

**EFFECT OF TOBACCO SMOKING AMONG MALE STUDENTS
OF COLLEGE OF EDUCATION TECHNICAL,
UMUNZE ORUMBA NORTH L.G.A, ANAMBRA STATE, NIGERIA**

by

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Abstract

The study was a descriptive survey of effect of tobacco smoking among male students of College of Education Technical Umunze in Orumba North Local Government Area of Anambra State, Nigeria. It has a population of 3,566 male students from the college which 200 samples were drawn using purposive sampling. Three research questions were formulated and addressed. Data were collected through the use of self -structured questionnaire. The questionnaire (instrument) was face validated by three veteran researchers in Health and Physical Education Department. It was tested for reliability using test-retest techniques. Calculation of Pearson Product Moment Co-efficient of reliability(r) gave a value of 0.88 for which the researcher adopted the instrument as reliability mean and standard deviation with decision point of 2.50 was taken. The result revealed that smokers have lower grade point, lower individual performance, usually drop-out and makes students behave abnormal to academic activities. The finding also reveals tobacco smoking has some health consequences on male students of College of Education Technical Umunze which include among others mental disorder, heart attack, lung cancer, brain drain and others. Finally, the study reveals that tobacco smoking has a lot of social effects to male students of College of Education Technical, Umunze. Recommendations were made which include among others educating the students on the health and environmental effect of tobacco smoking and government providing law that prohibits smoking of tobacco among the male students.

Keywords: Tobacco, Smoking and Male Students.

Introduction

Tobacco is a plant within the genus *Nicotiana* of the Solanaceae (nightshade) family, while there are more than 70 species of tobacco, the chief commercial crop is *Nicotiana tabacum*. The more potent species *Nicotiana rustica* is also widely used around the world. Dried tobacco leaves are mainly smoked in cigarettes, cigars, pipe tobacco

and flavored shisha tobacco. They are also consumed as snuff, chewing tobacco and dipping tobacco. Tobacco contains the alkaloid nicotine, a stimulant. Tobacco use is a risk factor for diseases affecting the heart, liver and lungs. According to the World Health Organization [WHO], tobacco is the single greatest cause of preventable death globally, (WHO, 2008). Tobacco

smoking is the practice of burning tobacco and inhaling the smoke (consisting of particle and gaseous phases). More broad definition may include simply taking tobacco smoke into the mouth and then releasing it, as is done by some with-tobacco pipes and cigars. The practice may have begun as early as 5000-3000 BC. Tobacco was introduced to Eurasia in the late 17th century where it followed common trade routes.

The practice encountered criticism from its first import into the Western world onwards, but embedded itself in certain strata of a number of societies before becoming widespread upon the introduction of automated cigarette-rolling apparatus (Gately & Iain, 2004). Smoking is the most common method of consuming tobacco and tobacco is the most common substance smoked. The agricultural product is often mixed with additives and then combusted. The smoke is then inhaled and the active substances absorbed thorough the alveoli in the lungs. Combustion was traditionally enhanced by addition of potassium or other nitrates. Many substances in cigarette smoke trigger chemical reactions in nerve endings which heighten heart rate, alertness and reaction time among other things. Dopamine and endorphins are released which are often associated with pleasure.

As of 2008 to 2010, tobacco is used by about 3 billion people (about 49% of men and 11% of women) with about 80% of this usage in the form of smoking. The gender gap tends to be less pronounced in lower age groups. (West, Robert and Shiffman, Saul, 2007). Many smokers begin during adolescence or early adulthood. During the early stages, a combination of perceived pleasure acting as positive reinforcement and desire to respond to social peer pressure may offset the unpleasant symptoms of initial use which typically include nausea and interrupted sleep patterns. After an individual has smoked for some years, the avoidance of withdrawal symptoms and negative

reinforcement become the key motivations to continue. (Doll, R.; Hill, B., 2004).

In recent time research has shown that there is an alarming increase in the rate of smoking of tobacco among male students of tertiary institution irrespective of the condition of the weather or climate. In the northern part of Nigeria where the weather is so hot, it was established that there are high sales of cigarette (Benson & Hedges Research, 2004). However, it was discovered that there are some other factors that influence tobacco smoking other than weather. Some of these other factors include-peer group influence, frustration, advertisement, lack of adequate knowledge, parenting problem, sense of belonging etc. Furthermore, there are some effects of smoking that are adverse to the smokers. These effects are heartburn, Crohn's disease, gall stone, peptic ulcer, liver disease, to mention a few. According to World Health Organization chronicles (2001), a tobacco smoker is an individual who smokes a stick of cigarette twice daily.

Tobacco is a mixture of gases, vapours and tiny suspended particles as it enters the mouth. Each cubic centimeter of smoking contains millions or billions of these particles. The percentage of people who smoke in developing countries is higher than in the United States (Surgeon General, 2004). United State Department of Education (1999), recorded that tobacco smoke contains some 4,000 chemicals, many of which are carcinogenic as well as other toxins and irritation found in the smoke that can produce eye, nose and throat irritations. Carbon monoxide, another component of cigarette smoke combines with haemoglobin in the blood stream leading to carboxyl haemoglobin which interference with cigarette smoking reveal that the effect of smoking is not limited to smoker alone, for instance inhaling of the puffed smoke by non-smokers especially in a closed environment can have negative effect on non—smokers. Such effects are

mild irritation, allergic reaction and cardiovascular stress, etc. Based on the above, the researcher wants to investigate on the effect of tobacco smoking among male students of College of Education Technical, Umunze.

Research Questions

The research questions for the study are as follows:

1. What are the academic effects of tobacco smoking among male students of College of Education Technical, Umunze?
2. What are the health consequences of tobacco smoking among male students of College of Education Technical Umunze?
3. What are the social effect of tobacco smoking among male students of College of Education Technical Umunze?

Method

The study was a descriptive survey carried out in College of Education Technical Umunze. It has a population of three thousand five hundred and sixty students in College of Education Technical Umunze. A

sample of 200 students was drawn using purposive sampling method. The main instrument used for data collection was a self- developed structured, validated questionnaire. The questionnaire was divided into two sections namely A and B. Section A dealt with information on demographic data of respondents while section B was constructed on four point likert scale of likert point as follows: Strongly Agree 4points, Agree 3points, Disagree 2points and Strongly Disagree 1point. A value of 0.88 was obtained using Pearson Product Moment Correlation for which the researcher took the instrument as reliable for the investigation. The researcher administered the two hundred copies of questionnaire to the respondents. A total of 200 copies were distributed, duly completed and returned. The research questions were answered using weighted mean and standard deviation with decision point of 2.50. Hence, items with mean of 2.50 and above were accepted. Items of mean value of less than 2.50 were rejected.

Results

Research Question 1: What are the academic effects of tobacco smoking among male students of College of Education Technical Umunze?

Table 1: Weighted mean on the academic effects of tobacco smoking among male students of College of Education Technical, Umunze. N= 200

ITEMS	SA	A	D	SD	X	Remark
1. Smokers have lower grade point than non-smokers	40	70	40	50	2.5	Accepted
2. They have Lower individual performance among students results	100	40	30	30	3.05	Accepted
3. Smoking leads to academic dropout	80	60	50	10	3.05	Accepted
4. Smoking makes student behave abnormal to academic activities	90	60	30	20	3.1	Accepted

5.	Smoking makes learning students difficult for the students.	40	40	60	60	2.3	Rejected
6.	Smokers find it difficult to listen to their lecturer during lecturer period.	100	50	30	20	3.15	Accepted

Analysis in the above table shows that with the mean scores of 2.5, items 1,2,3,4 and 6 scored above the accepted mean, while item 5 scored below the accepted mean and was rejected. The result shows that, the items in

the table above are the academic effect of tobacco smoking among male students in College of Education Technical, Umuze except item-six.

Research Question 2

What are the health consequences of tobacco smoking among male student's?

Table 2: Response Mean on the Health Consequences of Tobacco Smoking among Male Students
N: 200

ITEMS	SA	A	D	SD	X	Remark
7. Smoking can lead to mental disorder to the student	100	50	30	20	3.15	Accepted
8. Smoking can leads to cancer of the heart	50	40	30	80	2.3	Rejected
9. Students who smoke are reliable to die very fast	80	70	20	30	2.7	Accepted
10. Smoking can leads to brain damage	120	40	20	20	2.9	Accepted
11. Smoking double the risk of getting blood diseases	90	50	30	30	2.7	Accepted
12. Smoking weaken body the bones and muscles of the body.	120	60	15	5	3.5	Accepted

Analysis in the above table shows that with the mean score of 2.5, items 1,3,4,5 and 6 scored above the accepted mean of 2.5 while item 2 scored below the accepted and therefore was rejected.

therefore the items above are the health consequences of tobacco smoking among male students in College of Education Technical Umuze.

The grand mean that scored above 2.5 is more than the ones that scored below,

Research Question 3

What are the social effects of tobacco smoking among male student's?

Table 3: Response Mean on the Social Effects of Tobacco Smoking among Male Students.
N= 200

ITEMS	SA	A	D	SD	X	Remark
13. Student may not want to get very close to a smoker,	120	60	15	5	3.5	Accepted
14. The odor from smokers bodies makes student to hate them	130	60	10	0	3.6	Accepted
15. Their fellow student might not want to kiss them	30	40	20	110	1.95	Rejected
16. Smokers look older than their age	100	50	20	30	3.1	Accepted
17. Fellow student find it difficult to interact with smokers	110	70	10	10	3.4	Accepted
18. Smokers are not social accepted in the school.	90	60	30	30	3.1	Accepted

Analysis in the above table shows that with the mean score of 2.5, items 1,2,4,5 and 6 scored above the accepted mean of 2.5, while item 3 scored below the accepted mean and therefore was rejected. In conclusion, since the table has five accepted and 1 rejected. It shows that items on the above table are the social effect of tobacco smoking among male students of College of Education Technical Umunze.

Discussion

The research questions one reveals that the following are the academic effect of tobacco smoking among male students in College of Education Technical, Umunze results in them having lower grade points, lower individual performance, leads to academic drop-out, makes student behave abnormal to academic activities. This in line with Rigotti, (2000), who asserted that tobacco causes a lot of down fall in academic performance of students. Smokers have lower grade point averages (GPA) than non-smokers. The 'Harvard College Alcohol Study founded that smokers are 27.0% less likely than non-smokers to have an above B grade average (Rigotti, 2000). Daily

smokers were found to have even lower GPAs than high-risk drinkers. The Research question two reveals that the following are the health consequences of tobacco smoking among male students. They are stated as follows: it leads to mental disorder, causes cancer of the lung, heart failure, early death, brain drain and others. This is in line with (CDC, 2003), smoking is associated with coronary heart disease, stroke, ulcers, respiratory infections, lung cancer (as well as cancer of the larynx, esophagus, bladder pancreas, stomach, & uterine cervix), bronchitis, emphysema, early menopause, and stillborn & premature children. Smokeless tobacco users and pipe and cigar smokers, are more susceptible to mouth cancer, cancer of the larynx and cancer of the esophagus.

The research question three reveals that smoking of tobacco causes a lot of social effect among male students in College of Education Technical Umunze. Most of the social consequences includes student not wanting to get very close to a smoker. The odor from smoker's bodies makes student to hate them, their fellow student might not want to socialize with them. This is in line

with Brownson, (1997), who asserted that Smoking has been associated with suicidal tendencies. College students who are daily smokers are more than five times more likely to have either seriously thought about or attempted suicide than non-smokers. Adolescent smokers are two times more likely to develop a major depressive disorder than adolescent non-smokers. The relationship between depression and smoking among adolescents is bidirectional. Depressed students are more likely to smoke, and those who smoke are more likely to become depressed.

Summary

Self-efficacy was identified as the single most significant predictor of initiation, frequency and quantity of cigarette smoking. Self-efficacy is referred to as the individual's judgment of their capability to perform a specific task. In studies of health behaviors, self-efficacy has been noted to influence both an individual's choice of health behaviors and amount of effort dedicated to performing a specific behavior. Self-efficacy also was found to be an important factor in preventing smoking initiation and cigarette-smoking cessation among college aged individuals. Consistent with these findings, we found that students who had higher levels of self-efficacy were less likely to try smoking cigarettes than those individuals with lower self-efficacy. Similarly, the students who reported higher levels of self-efficacy smoked less frequently and lower quantities of tobacco than those with lower levels of self-efficacy. Conscientiousness also was a significant predictor of cigarette smoking initiation. Students with higher levels of conscientiousness were less likely to try tobacco smoking than students with lower levels of conscientiousness. Individuals high in conscientiousness have been described as efficient, organized and goal directed while those with lower levels of conscientiousness are considered more impulsive and easier to persuade. Costa and

McCrae (1992), further explained that the more conscientious an individual is the more competent, dutiful, orderly, responsible and thorough an individual appears to be. Not surprisingly, conscientiousness has also been linked to educational achievement and particularly to the will to achieve. Conversely, individuals with lower levels of conscientiousness may lack direction and have lower grades. While some of these effects are wholly or partially reversible upon quitting smoking, research has shown that many are not. Quitting smoking provides enormous health benefits, but some smoking-caused damage simply cannot be reversed. Moreover, many of the effects outlined here can cause considerable harm to kids and others soon after they begin smoking and well before they become long term smokers.

Many teenagers and adults think that there are no effects of smoking on their bodies until they reach middle age. Smoking-caused lung cancer, other cancers heart disease, and stroke typically do not occur until years after a person's first cigarette. However, there are much serious harm from smoking that occur much sooner. In fact, smoking has numerous immediate health effects on the brain and on the respiratory, cardiovascular, gastrointestinal, immune and metabolic systems. While these immediate effects do not all produce noticeable symptoms, most begin to damage the body with the first cigarette, sometimes irreversibly and rapidly produce serious medical conditions and health consequences.

Conclusion

Our approach was to simultaneously rather than separately examine the impact of personality factors (neuroticism, extraversion, openness, agreeableness, and conscientiousness), cognitive factors (sense of coherence, self-efficacy), coping resources (family and friend emotional social support) and demographic, factors

(gender and ethnicity) on cigarette smoking behaviors (initiation, frequency; and amount of cigarette smoking) among male students of College Education Technical Umuze.

Self-efficacy was identified as the single most significant predictor of initiation, frequency and quantity of cigarette smoking. Self-efficacy is referred to as the individual's judgment of their capability to perform a specific task. In studies of health behaviors, self-efficacy has been noted to influence both an individual's choice of health behaviors and amount of effort dedicated to performing a specific behavior. Self-efficacy also was found to be an important factor in preventing smoking initiation and cigarette-smoking cessation among college aged individuals. Consistent with these findings, we found that students who had higher levels of self-efficacy were less likely to try smoking cigarettes than those individuals with lower self-efficacy. Similarly, the students who reported higher levels of self-efficacy smoked less frequently and lower quantities of tobacco than those with lower levels of self-efficacy. Thus, health care providers who develop smoking prevention and smoking cessation programs must concentrate on increasing self-efficacy among young adults to reduce the prevalence of cigarette smoking. For example, Botvin and colleagues found that cognitive-behavioral intervention programs that incorporated personal self-management (overall self-efficacy, goal setting, and decision making) along with generic social skills (assertiveness) and social resistance skills (confidence to avoid smoking) were more effective in preventing tobacco smoking, the effect of which lasted for at least six years.

Conscientiousness also was a significant predictor of cigarette smoking initiation. Students with higher levels of conscientiousness were less likely to try tobacco smoking than students with lower levels of conscientiousness. Individuals high in conscientiousness have been

described as efficient, organized and goal directed, while those with lower levels of conscientiousness are considered more impulsive and easier to persuade.

Costa and McCrae (1992), further explained that the more conscientious an individual is, the more competent, dutiful, orderly, responsible and thorough an individual appears to be. Not surprisingly, conscientiousness has also been linked to educational achievement and particularly to the will to achieve. Conversely, individuals with lower levels of conscientiousness may lack direction and have lower grades. This notion seems to support the findings of previous studies in which adolescents with poor scholastic achievement were more likely to experiment with tobacco smoking. Identification of and targeting students with lower levels of conscientiousness and presumably lower academic performance may be a key strategy to reducing tobacco initiation. While some of these effects are wholly or partially reversible upon quitting smoking, research has shown that many are not. Quitting smoking provides enormous health benefits, but some smoking-caused damage simply cannot be reversed. Moreover, many of the effects outlined here can cause considerable harm to kids and others soon after they begin smoking and well before they become long term smokers.

Many teenagers and adults think that there are no effects of smoking on their bodies until they reach middle age. Smoking-caused lung cancer, heart disease, and stroke typically do not occur until years after a person's first cigarette experience.

However, there are much serious harm from smoking that occur much sooner. In fact, smoking has numerous immediate health effects on the brain and on the respiratory, cardiovascular, gastrointestinal, immune and metabolic systems. While these immediate effects do not all produce noticeable symptoms, most begin to damage the body with the first cigarette, sometimes

irreversibly and rapidly produce serious medical conditions and health consequences.

Recommendations

The following recommendation was made for the study:

1. Law that prohibits smoking of tobacco in the higher institution of learning should be introduced.
2. The student should be educated on the health and environmental effect of tobacco smoking among students.

References

- Bandura, A. (1986). *Self-efficacy: toward a unifying theory of behavioral change*. *Psychological review* 84 (2): 191.
- Bensen N. & Hedges Research (2004). *The sales of cigarette according to region*.
<http://www.cigarettesmoking.org>
- Gately, J.M. (2007). *Public health benefit or over-the-counter n/cot/he medications*. *Tobacco Control* 6,306-310(Abstract)
- Doll, R. & Hill, B.J. (2008). *Health hazards and tobacco smoking*. Chicargo; Saunders W.B. Co. Ltd. Hollis, J.F (1992). Patent referral to a smoking cessation program: who follows through? *Journal of Family Practitioner*, 34,739-744(Medicine).
- Hughes, J. R. (2009). *Co-morbidity and smoking Nicotine Tobacco Research*, (In press).
- Parkinson, M.D. (2009). *Health insurance coverage for smoking cessation service* *Health Education*, 20:185-206 (Medline).
- Rolnick, S. (2008). *Tobacco and society*. Maryland; Lippincott Press Ltd.
- Shehu, A.U. and Idris, S.H. (2012). Marijuana smoking among secondary school Students in Zaria, Nigeria; factors responsible and effects on academic performance. *Annals of African Medicine Vol. 7, No.4; 2008:175-179*
- Surgeon General (2003). *Cigarette smoking rate in the US and developing countries*,
<http://www.tobaccosmoking.org>
- United States Department of Education (1999). *Pharmacotherapy for smoking cessation: Invalidated assumptions, anomalies and suggestions for further research*. *Journal of Consultant Clinical Psychologist*, 6,751 -760 (Medline).
- World Health Organization (2008). *The Global Burden of Disease 2004 Update* (PDF). World Health Organization. ISBN 978-92-4-156371-0. Retrieved 2008-01-01.
- World Health Organization (2008). *WHO Report on the Global Tobacco Epidemic, 2008: the MPOWER package* (PDF). World Health Organization. ISBN 978-92-4-159628-2. Retrieved 2008-01-01.