



Knowledge and Attitude of the Health Implication of Smoking in Young Adult (18-30 years) in Bumoundi Community, Bayelsa State

*Fente, A.E¹; Aduema, W¹; Buno, M.E.¹; Erho, A.S¹; Racheal, B.E¹

¹ Department of Human Physiology, Bayelsa Medical University, Yenagoa, Nigeria.

ARTICLE INFO

Article No.: 081823088

Type: Research

Full text: [PDF](#), [HTML](#), [PHP](#), [EPUB](#), [MP3](#)

Accepted: 18/08/2023

Published: 05/09/2023

*Corresponding Author

Dr. Wadioni Aduema

E-mail: Wadioniaduema@gmail.com

Phone: (+234)08038046678.

Keywords: Knowledge, attitude, health, smoking, young adult.

ABSTRACT

Background: Smoking is a global health challenge in developing and developed countries. It's also the biggest cause of preventable deaths; smoking is known to cause various health diseases. Mostly lung cancer and other diseases like cancer of the lips, mouth, oesophagus, stomach, impotence in men, and chronic obstructive pulmonary disease.

Objectives: The aim of the present study was to find out and assess the knowledge and attitude of the health implication of smoking in young adult in Bumoundi, community yenagoa local government area of Bayelsa state.

Methods: The Data for the research study was collected using self-structured questionnaire method. That was distributed to 70 respondents selected for the study, after which the researcher retrieved the completed questionnaires and analysed with SPSS version 23.0.

Result: Our result revealed that majority of the respondents 67(96%) were aware of the dangers of taking tobacco products while 69 (99%) knew that smoking caused lung diseases. Furthermore, other result showed that 49(70%) of respondents knew that smoking caused other diseases in the human body while 21(30%) did not know.

Conclusion: Our study revealed that over half of the respondents were aware of the dangers of smoking and the relationship to lung cancer. However, less than 50% of the respondents did not know that smoking could cause other diseases in the body

INTRODUCTION

There is a great wealth of scientific evidence demonstrating the detrimental health effect on smokers, including increased risks of heart disease, lung cancer, and other respiratory diseases.(1-2) Research has also highlighted the health risk of non-smoker or passive smokers in particular in the work environment, but also to non-smoking partners including children.(1) In the home environment as well as health problems in foetus in pregnant woman.(2) Cigarette smoking is said to be responsible for over 25 diseases in human.(2) There are suggestions that smoking causes cognitive decline and result in the loss of grey matter tissue in the brain. (3-5) The Centre for disease control and prevention (6) estimates that each day in the United States nearly 4400 young people between 12-17years initiate smoking.(6) Cigarette smoking contains over 4000 different chemicals and compounds, 43 are known carcinogens below are the brief list of the major chemical and compound, nicotine, tar, ammonia, lead, licorice, cocoa, carbon monoxide, carbon disulphide, hydrogen, cyanide, menthol, acetone, arsenic, polonium 210, cadmium, mercury, benzene, formaldehyde.(6) Although, it is quite obvious that smoking habit is dangerous and injuries to health but still a large number of people especially young adults {18-30} are attracting and getting involved in smoking habit day by day. (7) Some of this reason of addiction is obvious such as influence of friend/peer pressure or community members.(3) According to report of U.S health department (8-9) harm of tobacco smoke is fatal to smokers as well as non-smokers because smoking can cause many type of cancers. Furthermore, tobacco contains about 4000 chemicals and 250 are known to be harmful.(7) Researchers have demonstrated that smoking has led to increase in antisocial behaviour among young adult.(5) These young adults are the hope of any nation, to sustain this, the health of the young adult is essential in nation growth.(7-8) It is important to note that the rate of smoking is on the increase today in our society and this has shortened the life expectancy of our young adults.(10-12)

This study is geared towards health educating young adult in Bumoundi community about the health implications of smoking. Thus creating awareness on the dangers of cigarette smoking to the health of young adults and reducing the rate of smoking amongst this age group. In addition, enabling them have adequate knowledge about the effect of smoking, hence increasing the life expectancy in young adults in Bumoundi community

MATERIALS AND METHODS

The research method entails; research design, setting, target population, sampling technique, instrument for data collection, validity and reliability of the instrument,

method of data collection, method of data analyses and ethical consideration.

Research design

The research design that was used for this study was descriptive, the method employed enabled the researcher to find out and assess the knowledge and attitude of the health implication of smoking in young adult in Bumoundi, community yenagoa local government area of Bayelsa state.

Setting

This study was carried out in Bumoundi Community in Yenagoa Local Government Area of Bayelsa State. This is an Ijaw speaking community of the Ekpetiama kingdom. The community is made up of three compounds and is being ruled by the paramount ruler and his council of chiefs and presently has a population of about 550 people comprising of youth, adult and women. The community is accessible by water and road and at opposite directions to Akaibiri. It has a road link to Bumoundi-gbene. The community has its neighbouring communities, which are; Akaibiri and Bumoundi-gbene. The community has societal amenities like; secondary and primary school, town hall, non-functional primary health care centre e.t.c., the people of Bumoundi are peace loving and kind hearted.

Target population

The target population of this study was male and female resident of Bumoundi community that falls between the ages of (18-30years), despite their ethnicities.

Sampling technique

Owing to the total population of the members of Bumoundi, Community within the age of (18-30years). A total sampling technique involved 70 male and female residents of Bumoundi community that falls between the ages of (18-30years), despite their ethnicities were participants of the study.

Instrument for data collection

The instrument for data collection used for this study was self-structured questionnaire. The questionnaire was divided into five sections; Section A was to do with demographic data of the respondents, section B was on the knowledge of the health implication of smoking in young adult [18-30years and section C attitude of the health implication of smoking in young adult [18-30years], section D factors affecting their practice, and section E, determining measures taken to stop smoking was used for data collection. The questionnaire was developed by the researcher and respondents were enrolled to participate in the research study.

Validity/ reliability of instrument

The researcher was constructed the research instrument and it will be examined and pretested by the researcher supervisor for comment and corrections, all corrections will be effected in the research instrument before administration.

Method of data collection

The Data for the research study was collected using self-structured questionnaire method. They were distributed to 70 respondents 'selected for the study, after which the researcher retrieved the completed questionnaires and analyse the data.

Method of data analysis

Data was analysed using a tabular representation, showing frequencies and percentages. The relative formula used was;

$$n = N/1 + Ne^2$$

Where;

N = population size.

e= margin of error.

$$n = 70/1 + 70(0.01)^2$$

$$n = 70/1 + 0.007$$

$$n = 70/1.007$$

$$n = 69.5$$

Ethical consideration

Ethical clearance was obtained for the study.

RESULTS

These results were based on the presentation of data obtained from the study carried. Frequency distribution tables and descriptive statistics analysis of these data using percentages. Below are the tables and the analysis of the dates:

Table 4.1 Ages of Respondents

AGES	FREQUENCY	PERCENTAGES (%)
18-20	6	9
21-24	14	20
25-27	18	26
28-30	32	46
Total	70	100

From the above, majority of the respondents, 32 (46%) are between 28-30years of age, 18 (26%) are between

25-27, 14(20%) are between 21-24years and 6 (9%) are between 18-20.

Table 4.2 Marital Status of Respondents

Marital Status	Frequency	Percentages (%)
Single	68	97
Married	2	3
Divorced	0	0
Separated	0	0
Total	70	100

From the above table, 68 (97%) of the respondents are single and 2 (3%) are married.

Table 4.3 Religion of Respondents

Religion	Frequency	Percentages
Christian	70	100
Islam	0	0
Pagan	0	0
Others	0	0
Total	70	100

From the above table, 70 (100%) of the respondents are Christian

Table 4.4: Nationality of Respondents

All 70 (100%) of the respondents specified to be Nigerians

Table 4.5: State of Origin of Respondents

All 70 (100%) of the respondents specified to be Bayelsians

Table 4.6: Gender of Respondents

All 70 (100%) of the respondents specified to be males

Table 4.7: Occupation of Respondents

Occupation	Frequency	Percentages (%)
Civil servants	4	6
Business Man and Women	6	9
Farmer	14	20
Others (Student)	56	80
Total	70	100

Table 4.8: Have you ever had an awareness taken on the dangers of tobacco?

Responses	Frequency	Percentages %
Yes	67	96
No	3	4
Total	70	100

From the above table, 67 (96%) of the respondents were aware of the dangers of tobacco while 3 (4%) were not aware.

Table 4.9: Do you know that smoking causes lung diseases?

Responses	Frequency	Percentages %
Yes	69	99
No	1	1
Total	70	100

From the above table, 69 (99%) of respondents were aware that smoking caused lung diseases while 1 (1%) did not know.

Table 4.10: Does smoking causes any other diseases apart from the lung in the human body?

Responses	Frequency	Percentages %
Yes	49	70
No	21	30
Total	70	100

From the above table, 49 (70%) of the respondents said, smoking causes other diseases in the body while 21 (30%) do not know.

Table 4.11: smoking shortens the life span of an individual?

Responses	Frequency	Percentages %
Yes	46	66
No	24	34
Total	70	100

From the above table, 46 (66%) of the respondents acknowledged that, smoking shortened the life span of individuals while 24 (34%) did not know.

Table 4.12: Do you believe this statement; smokers are liable to die young?

Responses	Frequency	Percentages %
Yes	39	56
No	31	44
Total	70	100

From the above table, 39 (56%) of the respondent acknowledged; smokers were liable to die young while 31 (44%) did not know.

Table 4.13: smokers have more friends?

Responses	Frequency	Percentages %
Agree	64	92
Disagree	4	6
Unsure	2	4
Total	70	100

From the above table, 64 (92%) of the respondents said; smokers had more friends, 4 (6%) did not agree, and 2 (4%) were unsure.

Table 4.14: smokers are more attractive than non-smokers?

Responses	Frequency	Percentages %
Agree	8	12
Disagree	59	84
Unsure	3	4
Total	70	100

From the above table, 8 (12%) of the respondents said; smokers are more attractive than non-smokers, 59 (84%) did not agree, and 3 (4%) is unsure.

Table 4.15: A total ban of smoker is necessary?

Responses	Frequency	Percentages %
Agree	57	82
Disagree	11	16
Unsure	2	2
Total	70	100

From the above table, 57 (82%) of the respondents acknowledged; A total ban of smoking was necessary, 11 (16%) did not agree, and 2 (2%) were unsure.

Table 4.16: sales of packets will determine smoking rate?

Responses	Frequency	Percentages %
Agree	67	96
Disagree	2	3
Unsure	1	1
Total	70	100

From the above table, 67 (96%) of the respondents acknowledged; sales of packets will determine smoking rate, 2 (3%) did not agree, and 1 (1%) was unsure.

Table 4.17: smoking is good for relaxation?

Responses	Frequency	Percentages %
Agree	66	94
Disagree	3	4
Unsure	1	2
Total	70	100

From the above table, 66 (94%) of the respondents said, smoking is good for relaxation, 3 (4%) did not agree, and 1 (2%) was unsure.

Table 4.18: smoking keeps weight in check?

Responses	Frequency	Percentages %
Agree	31	44
Disagree	32	46
Unsure	7	10
Total	70	100

From the above table, 31 (44%) of the respondents acknowledged; smoking keeps weight in check, 32 (46%) did not agree, and 7 (10%) were unsure

Table 4.19: Do you think; stop smoking sign is a bad idea?

Responses	Frequency	Percentages %
Agree	31	44
Disagree	32	46
Unsure	7	10
Total	70	100

From the above table, 31 (44%) of the respondents acknowledged, stop smoking sign was a bad idea, 32 (46%) did not agree, and 7 (10%) were unsure

Table 4.20: Does smoking peers influence you in smoking?

Responses	Frequency	Percentages %
Agree	66	94
Disagree	4	6
Unsure	0	0
Total	70	100

From the above table, 66 (94%) of the respondents acknowledged; smoking peers influence you in smoking, 4 (6%) did not agree, and 0 (0%) was unsure

Table 4.21: Does non-smoking peers influence you in smoking?

Responses	Frequency	Percentages %
Agree	59	84
Disagree	9	13
Unsure	2	3
Total	70	100

From the above table, 59 (84%) of the respondents acknowledged, non-smoking peers influence you in smoking, 9 (13%) did not agree, and 2 (3%) were unsure.

Table 4.22: Availability of tobacco products?

Responses	Frequency	Percentages %
Agree	51	73
Disagree	19	27
Unsure	0	0
Total	70	100

From the above table, 51 (73%) of the respondents acknowledged, availability of tobacco products influence their practice of smoking, 19 (27%) did not agree, and 0 (0%) was unsure.

Table 4.23: Do you smoke because you want to feel high?

Responses	Frequency	Percentages %
Agree	61	87
Disagree	6	9
Unsure	3	4
Total	70	100

From the above table, 61 (87%) of the respondents said, they smoked because they want to feel high, 6 (9%) did not agree, and 3 (4%) were unsure.

Table 4.24: Do you smoke because of sadness?

Responses	Frequency	Percentages %
Agree	48	68
Disagree	22	32
Unsure	0	0
Total	70	100

From the above table, 48 (68%) of the respondents said, they smoke because of sadness, 22 (32%) did not agree, and 0 (0%) is unsure.

Table 4.25: Are you aware of any assistive method that may help you stop smoking?

Responses	Frequency	Percentages %
Yes	62	88
No	8	12
Total	70	100

From the above table, 62 (88%) of the respondents said, they are aware of assistive method that may help you stop smoking, 8 (12%) did not know.

Table 4.26: Have you heard about medication that helps people stop smoking such as Nicotine Replacement therapy?

Responses	Frequency	Percentages %
Yes	24	34
No	48	66
Total	70	100

From the above table, 24 (34%) of the respondents acknowledged, they have heard about medication that helps people stop smoking, 48 (66%) did not know.

Table 4.27: Do you think "No smoking day is a good idea?"

Responses	Frequency	Percentages %
Yes	64	92
No	6	8
Total	70	100

From the above table, 64 (92%) of the respondents said, No smoking was a good idea, 6 (8%) said no.

Table 4.28: Have you used any stop smoking medication to try stop smoking?

Responses	Frequency	Percentages %
Yes	2	3
No	68	97
Total	70	100

From the above table, 2 (3%) of the respondents said, they have used stop smoking medication to try stop smoking, 68 (97%) said no.

Table 4.29: Have you used any stop smoking methods to try stop smoking"

Responses	Frequency	Percentages %
Yes	48	68
No	22	32
Total	70	100

From the above table, 48 (68%) of the respondents said, they have used stop smoking methods to try stop smoking, 22 (32%) said no

Table 4.30: Do you yourself attempt to give up or cut down your smoking rate"

Responses	Frequency	Percentages %
Yes	61	87
No	9	13
Total	70	100

From the above table, 61 (87%) of the respondents said, they have attempt to give up or cut down your smoking rate, 9 (13%) said no

DISCUSSION

This study is on the knowledge and attitude of the health implication of smoking in young Adults (18-30years) in Bumoundi Community, Bayelsa State. This study also reveals that; the health implication of smoking is largely knowledgeable to smokers, despite the knowledge of individuals towards the detrimental health effects of smoking, yet, individuals still have poor attitude towards smoking. This study also reveals that, factors affecting the practice of smoking are; smoking peers, non-smoking peers, availability of tobacco products, smoke because they want to feel high, and sadness also. It also revealed that, various respondents have practiced to cut down or give up smoking, yet, proven unsuccessful. (13-15) This study assessed the knowledge and attitude of the health implication of smoking in young adults (18-30years) in Bumoundi, Ekpemama, Bayelsa State.

From table 4.1 to 4.8 shows that; 32 (46%) of the respondents were between the ages of (28-30years), 68 (97%) were single, 70 (100%) were Christians, 70 (100%) were Nigerians, 70 (100%) were bayelsians, 70 (100%) were males and 58 (80%) were still students. Dealing with the question whether young adults in Bumoundi community have adequate knowledge about the health implication of smoking? .Table 4.9 shows that; majority of the respondents 67 (96%) are aware of the dangers of taken tobacco products, table 4.10 shows that, 69 (99%) knows that smoking causes lung diseases, table 11 shows that, 49 (70%) of the respondents knows that, smoking causes others diseases in the human body also apart from the lung diseases, only 21 (30%) did not know, table 4.12 shows that, smoking can shorten the life span of an individual while 24 (34%) said no, table 4.13 shows

that, 39 (56%) of respondents said, smoker are liable to die young, while 31 (44%) said No. This finding is according to a study carried out by (2) to assess the knowledge of the negative effect of cigarette smoking on health and wellbeing among southern Nigeria youth show that; young smokers' knowledge of the health effect of cigarette smoking is pivotal in tobacco control especially among those within this growth stage. The fact that most of the young smokers who have attempted to quit or have the intention to quite, tend to have a high level of the knowledge of the health effect of cigarette smoking. For the attitudes of young Adults in Bumoundi Community towards the health implication of smoking, Table 4.14 shows that; 8 (12%) of the respondents said; smokers are more attractive than non-smokers, 59 (84%) did not agree, and 3 (4%) is unsure, table 4.15 shows that, 57 (82%) of the respondents said; A total ban of smoker is necessary, 11 (16%) did not agree, and 2 (2%) is unsure, table 4.16 shows that, 67 (96%) of the respondents said; sales of packets will determine smoking rate, 2 (3%) did not agree, and 1 (1%) is unsure, table 4. 17 shows that, 66 (94%) of the respondents said, smoking is good for relaxation, 3 (4%) did not agree, and 1 (2%) is unsure, table 4.18 shows that, 31 (44%) of the respondents said; smoking keeps weight in check, 32 (46%) did not agree, and 7 (10%) is unsure, table 4.19, 31 (44%) of the respondents said, stop smoking sign is a bad idea, 32 (46%) did not agree, and 7 (10%) is unsure. This finding is according to (16); they looked at positive and negative attitude toward smoking to determine, if the attitude predicted smoking behaviour.

Table 4.20 shows that, 66 (94%) of the respondents said; smoking peers influence you in smoking, 4 (6%) did not agree, and 0 (0%) is unsure. Table 4.21 shows that, 59 (84%) of the respondents said, on-smoking peers influence you in smoking, 9 (13%) did not agree, and 2 (3%) is unsure. Table 4.22 shows that, 51 (73%) of the respondents said, availability of tobacco products influence their practice of smoking, 19 (27%) did not agree, and 0 (0%) is unsure. Table 4.23 shows that, 61 (87%) of the respondents said, they smoke because you want to feel high, 6 (9%) did not agree, and 3 (4%) is unsure. Table 4.24 shows that, 48 (68%) of the respondents said, they smoke because of sadness, 22 (32%) did not agree, and 0 (0%) is unsure. This finding is according to a study carried out by (17) states that; regarding reasons for smoking, 31.7% always smoked so as to cool off; over 50.0% sometimes smoked in order relieve stress whereas, 43.3% always smoked to feel relaxed. For increase of sexual performance, 15.0% of respondents always smoked to enhance their performance and 37.9% sometimes smoked to enhance their performance. 16.4% always and 45% sometimes smoked to increase work output. 48.9% always smoked to enjoy with friends. Staying awake, 55.7% of respondents did smoke sometimes to stay awake; 58.20% sometimes smoked to be sociable, likewise in

46% of respondents, alcohol influenced their reasons for smoking.

However, Table 4.25 shows that, 62 (88%) of the respondents acknowledged, they are aware of assistive method that may help you stop smoking, 8 (12%) did not know. Table 4.26 shows that, 24 (34%) of the respondents acknowledged, they have you heard about medication that helps people stop smoking, 48 (66%) did not know. Table 4.27 shows that, 64 (92%) of the respondents acknowledged, No smoking day is a good idea, 6 (8%) said no. Table 4.28 shows that, 2 (3%) of the respondents acknowledged, they have used stop smoking medication to try stop smoking, 68 (97%) said no. Table 4.29 shows that, 48 (68%) of the respondents acknowledged, they have used stop smoking methods to try stop smoking, 22 (32%) said no. Table 4.30 shows that, 61 (87%) of the respondents acknowledged, they have attempt to give up or cut down your smoking rate, 9 (13%) said no. This finding is accordance to according to international scientific evidence, about 70% of smokers wanted to quit, 30% have made a previous cessation attempt and 8% of them have used any medications for smoking cessation.

CONCLUSION

Our study revealed that over half of the respondents were aware of the dangers smoking and the other relationship to lung cancer. However, less than 50% of the responds did not know that smoking could cause diseases in the body.

Smoking is a global health challenge, in developing and developed countries of the world. It is also the biggest cause of preventable death; Smoking is known to cause various health diseases, mostly lung cancer and other diseases like cancer of the lips, mouth, oesophagus, stomach, impotence in men, chronic obstructive pulmonary disease. Most smokers are aware of the health implication of various tobacco products. This included the health warning given by federal ministry of health (Nigeria) that, stating that smokers are liable to die young. To some of the young adults it is a mere statement that does not come true. However, others believe it to be true, yet, some percentage of smokers still have poor attitude towards smoking. The challenge of quitting smoking has been proven unsuccessful by a good number of the young adults due to the withdrawal symptoms they face.

Conflict of interest: There was no conflict of interest

Grant: There was grant for the study

REFERENCES

1. Brondon F & Barker D. The Dangers of tobacco. Retrieved <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC27448/2010> .(accessed 16/8/2023).
2. Catherine OE, Inge P, & Anna MW. Knowledge of the Negative Effects of Cigarette Smoking on Health and Well-Being among Southern Nigerian Youth, *International Journal of Social Science and Humanity*, March 2016; 6:3.
3. W.H.O (2017). The overview of smoking and its health implication on health. Retrieved. <https://www.who.org/smoke>. (Accessed 16/8/2023).
4. W.H.O. (2017). Clear the air: Adolescents perceptions of the risks associated with second-hand smoke. Retrieved. <https://www.who.org/smoke/risk/habits/>. Assessed 16 May, 2017.
5. W.H.O., (2017). How Tobacco Smoke Causes Disease. Retrieved from <https://www.who.org/smoke>. (Accessed 16/8/2023).
6. CDC. (2011) Smoking and tobacco use. Retrieved.<https://www.cdc.gov/tobacco/index.htm> (Accessed 16/8/2023).
7. Halpern-Fleisher, BL, Biehl M, Kropp RY, & Rubinstein ML. (Perceived risks and benefits of smoking: Differences among adolescents with different smoking experiences and intentions. *Preventive medicine*. 2014; 39(3), 559-67.
8. U.S. Department of Health and Human Services. (2010).The Health Consequences of Involuntary Exposure to Tobacco Smoke. Retrieved from <http://www.who.gov/library/reports/50-years-of-progress/>.(Accessed 16/8/2023).
9. US department of health. (2008) Office on Smoking and Health. Retrieved from <http://www.who.gov/library>. (Accessed 16/8/2023).
10. Tucker L, Martinez G, Ellickson D. Predicting adolescent perceptions of the risks and benefits of cigarette smoking: A longitudinal investigation," *Health Psychology*, 2010;29 (6):.610-617.
11. David L, Katz MD, Debra LG. (2014). The best way to stop smoking. Retrieved from <https://www.or.com/health/wellness/quit-smoking/>., (Accessed 16/8/2023).
12. Gary G. The Maximum Willingness to Pay for Smoking Cessation Method among Adult Smokers in Mexico. *Value in Health* 2011; 15 (5):750-758.
13. International Scientific Evidence (2015). Tobacco Control. Prevalence Tobacco Use. Retrieved from <http://apps.who.int/gho/data/>..(Accessed 16/8/2023).
14. NCBI. (2011).The health consequences of smoking-50 years of progress. Retrieved from <https://www.ncbi.nlm.nih.gov/books/nbk179276/> .(Accessed 16/8/2023).

15. NCBI (2011). The Health Consequences of Smoking. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC12643/>. (Accessed 16/8/2023).
16. Larson H & Cohen N. The Biology and Behavioural Basis for Smoking-Attributable Disease. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3025154/>. 2010 (Accessed 16/8/2023).
17. Owonaro P. & Eniojukan, JF. Who are the Smokers and what Factors Influence Smoking among Amassoma Community in South-South Nigeria. *Journal of Pharmacy*. 2015;3(9) 24-31.

Cite this Article: Fente, AE; Aduema, W; Buno, ME; Erho, AS; Racheal BE (2023). Knowledge and Attitude of the Health Implication of Smoking in Young Adult (18-30years) in Bumoundi Community, Bayelsa State. *Greener Journal of Medical Sciences*, 13(2): 112-119.