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Research Article

The Prevalence and Contextual Correlates of Smoking in Opokuma Clan of Bayelsa State, Nigeria

Owonaro PA and Eniojukan JF*

Department of Clinical Pharmacy and Pharmacy Practice, Faculty of Pharmacy, Niger Delta University, Wilberforce Island, PMB 071, Bayelsa, Nigeria.

ABSTRACT
Tobacco smoking has become a significant health problem in the world. This study evaluated the prevalence and other contextual correlates of smoking among the people of Opokuma Clan of Bayelsa State, Nigeria. This was a descriptive cross-sectional study. Questionnaires were administered randomly to 252 consenting respondents after carefully explaining the objectives of the study. Data was analyzed with SPSS.20. The male: female ratio of the respondents was approximately 1.6:1; Over 90% were Christians; Majority (84.1%) were native Ijaws by tribe; the smoking prevalence was 20.2%; the most prevalent age of initiation was 16-25 years; majority were light smokers; a significant proportion smoked at parties ; 84.8% also smoked Indian hemp ; the media , friends and relatives influenced smoking habit ; stress relief, cooling off, feel relaxed and increasing sexual performance were given as reasons for smoking; majority engaged in concurrent smoking and alcohol consumption; about a third lived in the same house as smoking relatives, smoked inside the living houses, actually smoked inside closed rooms and had work mates who smoked. Only occupation and place of residence were associated with past and present history of smoking. Data gathered from this study should be utilized for appropriate intervention strategies to reduce smoking prevalence in this Clan. Local, State and Federal authorities should enact public policies to protect people from secondhand smoke and protect children from tobacco-related diseases and addiction.

Key words: Community, Opokuma, Pattern, Prevalence, Smoking.

INTRODUCTION
The global burden of smoking is enormous. About1billion people are said to smoke tobacco currently and among them 80% are middle and low income earners[1].Tobacco smoking has become a significant health problem in the world. It is a leading cause of disease and death, and second to hypertension in its global disease burden rate[2].
Tobacco smoking has resulted to several disease states such as cancer, respiratory diseases, cardiovascular disease and other health problems. Smokers are likely to die earlier than non smokers. Tobacco smoking has led to the death of millions of people annually and is deemed as a major threat to health[3-6].
The tobacco epidemic has adversely impacted the public health of developing countries, including Nigeria. In Nigeria, tobacco use will soon surpass all other risk factors combined as a major etiological agent of premature death and disability, unless strong

policies are put in place to dissuade youths from starting its use, while encouraging users to quit.
In 2012, 5.6% Nigerian adults aged 15 years or older currently used tobacco products; overall, 3.9% of adults currently smoked tobacco, and 3.7% of adults currently smoked cigarettes; more than 60% of 20 to 34 year old males who had ever smoked on a daily basis started smoking before the age of 20 years[7].
Efforts are being made globally to reverse the increasing epidemiology of smoking. The World Health Organization (WHO), through the full implementation of the WHO Framework Convention on Tobacco Control (FCTC), aims to reduce the global burden of disease and death caused by tobacco[7].
Appropriate policies with effective intervention strategies are predicated on adequate data on key socio-demographic characteristics and other contextual correlates of smoking habits. This study

evaluated the prevalence and other contextual correlates of Smoking among the people of Opokuma Clan of Bayelsa State, Nigeria.

METHOD
Study population
This study was carried out in Opokuma which is a Clan within Kolokuma/Opokuma LGA in Bayelsa State, in the south-south region of Nigeria. The Clan is composed of about ten Communities and has a population of about 10,000.

Study Design and Sample
This was a descriptive cross-sectional study. Questionnaires were administered randomly to 252 consenting respondents after carefully explaining the objectives of the study. The questionnaires were designed to retrieve demographic information, epidemiology of smoking and other contextual correlates. The sample size was calculated using the formula for determining sample size for population studies[8].

Data Analysis
Data were coded and fed into SPSS version 20 spread sheet for descriptive and inferential (students't-test and one-way ANOVA) statistics.

RESULTS
1. Demography
The male: female ratio of the respondents was approximately 1.6:1; 92.1% were aged between 18 and 45 years; 70.2% were single; 77% had secondary education; 50.4% were students; 97.6% were Christians; 84.1% were native Ijaws. See details in Table 1

2. Prevalence and Motivating Factors
Smoking prevalence in this Clan was found to be 20.2%. The most prevalent age of initiation was 16-25 years (74.5%); 52.9% were current smokers. The media influenced smoking the most (67.3%). Regarding reasons for smoking, 46.8% always smoked so as to cool off; over 65% sometimes smoked in order relieve stress, to feel relaxed, to increase sexual performance and to increase work output. Staying awake, enjoying with friends, being sociable and alcohol influence were never reasons for smoking for over 45% of the respondents. See Table 2 for details
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3. Smoking Patterns and Self-image
The characteristic patterns of smoking in context are presented in Table 3.

A large majority (70.8%) sometimes smoked whenever they drank alcohol and 67.3% sometimes drank alcohol when they smoked; 47.9% sometimes smoked in the company of friends; 64.6% never smoked in the company of family or relatives while 22.9% always smoked in the company of work mates. Majority (93.6%) smoked 1-5 sticks per day; 10.2% were chain smokers; 49% smoked a stick every 5 – 30 minutes; 52.1% smoked at home while 31.3% smoked at parties.

While 58.3% always had their favorite brands, 27.1% smoked any brand and 68.8% drank alcohol as alternative to non-availability of favorite brand of cigarette.

In addition to cigarette smoking, 84.8% of respondents also smoked Indian hemp; 63.6% of respondents had moderate self-esteem as smokers; 29.5% had low self-image.

4. Peer and Family Influence
Regarding influence, 68.8% and 63.8% of respondents respectively claimed that friends and relatives had moderate influence on their smoking habit; 58% had friends that also smoked; 39.8% and 20.9% respectively of Uncles and Fathers also smoked. Only 30% of respondents lived in the same house as smoking relatives. 35% smoked inside the living houses; 30.7% actually smoked inside closed rooms.33.3% of respondents had work mates who smoked. See Table 4 for details.

5. Cross-tabulations
Gender was associated with past (p=0.000) but not with present (p=0.473) smoking history. Conversely, marital status was associated with present (p=0.015) but not with past (p=0.114) smoking history. Further, occupation and place of residence were both associated with past and present history of smoking. However, age, education and average annual income were not associated with either past or present smoking history. See Table 5 for details.

DISCUSSION
The male: female ratio of the respondents was approximately 1.6:1which is a very close call to the Nigerian National Census of 2006[9]; the cohort was comprised of predominantly single, unmarried respondents. This may not be a true reflection of people of this clan; the literacy level of people in this clan was very high; the predominantly youth population were students, contributing to the high literacy level.

Over 90% of respondents were Christians and this is expected, because the Opokuma Clan is in the south-south region of Nigeria which is dominated by

Christians. As a matter of fact, the Ijaw people are predominantly Christians[10].

Majority (84.1%) were native Ijaws. This is also expected as the Clan is an Ijaw Community, composed more of Ijaw speaking people. There were a few Igbo, Yoruba and Isoko people in this Clan. The creation of Bayelsa State opened the state to Yoruba, Igbo and Hausa traders[10].

Prevalence
The prevalence of smoking among Opokuma Clan (20.2%) is slightly lower than those reported in similar communities in the northern part of Nigeria[11]. Lower prevalence rates have been reported in the Southeastern parts of Nigeria[12, 13]. This may be related to culture and religion. The national smoking prevalence rate as at 2012 was 5.6%[7] compared to 20% for Great Britain[14] and 20% for Australia[15].

With a population of over ten thousand people, the smoking prevalence in this clan that is predominantly adolescent and middle-aged is quite high and requires urgent attention to stem the tide. The future of the Clan is at risk otherwise.

Cigarette smoking prevalence varies dramatically between countries, even within states and communities[16]. Data from an adult tobacco survey of 19 States in the US showed that during 2003-2007, 13.3%-25.4% of adults smoked cigarettes (median: 19.2%). The overall impression is that smoking prevalence among adolescents is still on the high side and, therefore, antismoking campaign is urgently needed[5, 11, 17].

Current smokers have a higher risk of lung cancer than former smokers or never smokers, whatever type of cigarettes they smoke[18].

Age of Initiation
The most prevalent age of initiation was 16-25 years (74.5%) which fell within the adolescent age group. This is similar to reports from the north east of Nigeria[11], rural dwellers in South-West Nigeria[19], and South Eastern Nigeria[13].

Influence of Media Advertisement
In this Clan, the media had a great influence on smoking habit, similar to other reports[20-22].

Aggressive advertising by tobacco manufacturers has been fingered as being responsible for the increasing prevalence of smoking in developing countries[23].

Tobacco advertising and promotion are aggressively carried out by tobacco companies in Nigeria in spite that tobacco advertising was completely banned in the Nigerian media in 2002[24]. Nigerian youths come face to face with direct media messages which advertise smoking in a positive light and do not provide messages of the negative health consequences of smoking. Media adverts have tended to misinform and mislead the youth into believing that smoking is a good habit for one who expects to succeed and be famous. Worse still, smoking scenes in local and international movies generously abound in Nigeria[25].

Advertising and promotion are very effective tools in influencing young people to initiate and later become established smokers[20, 26]. A strong, direct and independent association has been found to exist between seeing tobacco use in films and trying cigarettes among a sample of adolescents. This therefore suggests that individuals with higher exposure were significantly more likely to have experimented smoking[27].

It is therefore expedient to find the means of limiting the effect of tobacco advertising and promotion on the young people in this Clan. More frequent messages promoting nonsmoking would be a good strategy. The marketing strategies of the tobacco industry should be adequately censored and action should be taken to reduce the prevalence and impact of pro-tobacco marketing messages

Reason for Smoking
Various reasons were given for smoking including relieving stress, "to cool off", to feel relaxed, for enhancement of sexual performance and work output. However, for about half the smokers, alcohol consumption, staying awake and being sociable were not motivating factors. Similar frivolous reasons have been reported in literature which requires education and counseling to counter[6, 28].

Smoking and Alcohol Consumption
A majority of the respondents sometimes smoked whenever they drank alcohol and vice versa.

The association of tobacco and alcohol consumption has been examined and confirmed in several cross sectional studies[29, 30]. The effect on the individual is more because both agents affect the organs of the body.

Simultaneous use of alcohol with cigarette has been shown to worsen the negative health effects[29, 31].

With the majority of smokers in this Clan engaged in simultaneous alcohol consumption, it is highly expedient and imperative to commence enlightenment and educational campaigns on the grave dangers to their health.

Smoking Partners and Rates
About a half of smokers sometimes smoked in the company of friends, over 60% never smoked in the company of family or relatives while about one-fifth always smoked in the company of work mates. Similar reports have revealed that most smokers

smoked with friends and not with family or relatives[32]. Traditionally, smoking by the youth has always been frowned upon by older adults being perceived as an irresponsible and deviant behavior. This explains why the youths tended to conceal their smoking status from older members of the family particularly parents and guardians. There is always a higher degree of freedom among friends and workmates.

Majority smoked 1-5 sticks per day and only a handful (10.2%) were chain smokers; about a half smoked at home while 31.3% smoked at parties.

Majority smokers in this study may be considered as light smokers. Although the risk of an early death increases the more you smoke, people who think of themselves as light or occasional smokers also have an increased risk compared to people who don't smoke[33]. One study found that people who smoked up to four cigarettes a day were about 50 per cent more likely to die prematurely than non-smokers[34]. The Million Women study found that women who smoked up to 10 cigarettes a day were twice as likely to die prematurely as non-smokers[33].

Smoking at home meant that the smokers either received the blessing and consent of their parents or they were independent people (as parents or adults who are self-dependent).

Studies have however showed that adolescents who perceive that both parents would respond negatively and be upset by their smoking are less likely to smoke[27].

A significant proportion smoked at parties. In this culture, numerous opportunities present themselves for people to celebrate; marriages, child-naming, house-warming, burial, graduation ceremonies and cultural festivals. These are pathways for people, especially youths to access cigarettes and alcohol[25]. At most of these ceremonies, the "guards" are lowered and many more people indulge and sometimes over-indulge. Where such parties take place at night, the youths take advantage of the cover of darkness to smoke and drink. This is further fuelled by the generous presence of hawkers of cigarettes and alcohol in and around the party venues. Over a half of smokers always had their favorite brands but a third would smoke any available brand. Thus brand availability and possible switch to other brands may be fuelling the smoking habit in line with previous reports[35]. Resorting to alcohol consumption when favorite brands were not available by over 60% of smokers is simply a dangerous escape route and should be vigorously discouraged.

In addition to cigarette smoking, 84.8% of respondents also smoked Indian hemp. There are literature reports of the concurrent use of Indian hemp and Cigarette[5, 17, 36]. A study had showed that some smokers mixed Indian hemp with tobacco; the effect of both leads to high level of narrowing of the respiratory tract with inflammation in the central and peripheral airway and eventually early death[37]. With a very high proportion of smokers engaged in Indian hemp smoking in this Clan, there is an urgent need to apply strategies to reverse the trend.

Self-Image
Over 60% of respondents had moderate self-esteem as smokers; 29.5% actually had low self-image. It has been reported that smokers have low esteem in the society especially when they are among non-smokers[38]. This is more common in the developing countries like Africa and may be linked to their culture and religion.

Peer/Family Influence
Regarding influence, over 60% of respondents opined that friends and relatives had moderate influence on their smoking habit. Over half the respondents had friends that smoked; 39.8% and 20.9% respectively of Uncles and Fathers also smoked. Literature reports have strongly stressed the influence of peer groups and family on smoking habits[39, 40].

A study in Japan had revealed that smoking habit was correlated with mothers' smoking history, as well as the smoking status of school teachers, and the smoking habits of close friends[41].

It is reported that smoking parents represent negative role models for their wards which may motivate the latter to take up the habit[42].

Environmental Tobacco Smoke (ETS)
In this study, about a third of respondents lived in the same house as smoking relatives, smoked inside the living houses, actually smoked inside closed rooms and had work mates who smoked. Thus, a large proportion of respondents are exposed to peer and family influences and also to ETS as passive smokers.

There is clear evidence that breathing in other people's smoke causes cancer in non-smokers[18]. Second-hand smoke, also known as environmental tobacco smoke or passive smoking exposes people to cancer-causing chemicals[18].

People who have never smoked have their risk of lung cancer increased by around a quarter if they have colleagues who smoke at work or have a spouse who smokes[43]. The risk increases the more second-hand smoke they are exposed to; workers exposed to the highest levels can have their risk of lung cancer doubled[43].

Second-hand smoke can reach high levels in enclosed spaces such as within the home or inside a car[44, 45].

Table 1
Demographic characteristics of Respondents

Variables		Frequency	Percentage
Gender	Male	156	61.9
	Female	96	38.1
Age	18-30	164	65.1
	31-45	68	27.0
	46-60	17	6.7
	Above 60	3	1.2
Marital status	Single	177	70.2
	Married	66	26.2
	Widowed	1	.4
	Divorced	3	1.2
	Separated	5	2.0
Education	Primary	6	2.4
	Secondary	194	77.0
	Tertiary	43	17.1
	None	9	3.6
Occupation	Student	127	50.4
	Civil servant	21	8.3
	Retired	3	1.2
	Military	4	1.6
	Farmer	14	5.6
	Artisan	1	.4
	Driver	13	5.2
	Business	19	7.5
	Teaching/Lecturing	15	6.0
	Others	35	13.9
Religion	Christianity	246	97.6
	Islam	3	1.2
	Traditional	1	0.4
	Others	2	0.8
Tribe/Ethnic group	Ijaw	212	84.1
	Igbo	14	5.6
	Yoruba	6	2.4
	Isoko	8	3.2
	Hausa	2	.8
	Ogbia	4	1.6
	Nembe	6	2.4

Table 2
Smoking Prevalence and Motivating Factors

Variable	Frequency	Percentage
Have you ever smoke cigarette? (n=252)		
Yes	51	20.2
No	201	79.8
If yes, at what age did you start smoking? (n=51)		
10-15yrs	6	11.8
16-25yrs	38	74.5
26-35yrs	6	11.8
Above 50yrs	1	2.0
Do you still smoke? (n=51)		
Yes	27	52.9
No	24	47.1
What influenced your smoking habit (n=49)		
Friends	14	28.6
Media	33	67.3
Nobody	1	2.0
Others	1	2.0

Variable	Reasons for smoking			N
	Always (%)	Sometimes (%)	Never (%)	
To relieve stress	3 (6.4)	42(89.4)	2(4.3)	47
To feel relaxed	11(23.4)	35(74.5)	1(2.1)	47
To increase sexual performance	4(8.9)	33(73.3)	8(17.8)	45
To increase work output	8(17.4)	30(65.2)	8(17.4)	46
To stay awake/alert	3(7.0)	19(44.2)	21(48.8)	43
To enjoy with my friends	5(10.6)	16(34.0)	26(55.3)	47
In order to be sociable	7(15.6)	16(35.6)	22(48.9)	45
Influenced by alcohol drinking	12(26.1)	13(28.3)	21(45.7)	46
To cool off	22(46.8)	23(48.9)	2(4.3)	47

Studies have shown that even when you open the windows, levels can be dangerously high[44].

Correlations
In terms of demographic correlations with smoking habits among the people of this Clan, there were no definitive trends in correlations with past or present history of smoking. Only occupation and place of residence were both associated with past and present history of smoking; age, education and average annual income were not associated with either past or present smoking history.

CONCLUSIONS
The Opokuma Clan is largely comprised of Ijaw people who are mainly Christians. The literacy level is very high with a predominance of youths and middle-aged people. The smoking prevalence, although low at 20.6%, is significant when one considers the population mix. Also, the age of initiation is the adolescent age which requires greater attention to secure the future of the Clan against the untoward effects of smoking on socio-economic health.
There is a dangerous trend of concurrent cigarette smoking and alcohol consumption which further compounds the adverse effects on health.

Table3
Respondents' Smoking Patterns and Self-image

Variable	Always: N (%)	Sometimes N (%)	Never N (%)	No response N (%)
Do you smoke whenever you drink alcohol? (n=48				
	9 (18.8)	34 (70.8)	5 (10.4)	0(0)
Do you drink alcohol whenever you smoke? (n=49)				
	9 (18.4)	33 (67.3)	7 (14.3)	0(0)
Are you in the company of friends when you smoke? (n=48)				
	2 (4.2)	23(47.9)	23 (47.9)	0(0)
Are you in the company of your family/relatives when you smoke? (n=48)				
	10 (20.8)	7 (1'lk4.6)	31 (64.6)	0(0)
Are you in the company of your work mates when you smoke? (n=48)				
	11 (22.9)	10 (20.8)	27 (56.3)	0(0)
How many sticks of cigarette do you smoke at a sitting? (n=47)				
	1-5	6-10	11-15	21-25
	44 (93.6)	1 (2.1)	1 (2.1)	1 (2.1)
How many cigarettes do you smoke per day? (n=49)				
	1-5 sticks	6-10 sticks	2 packets	➢ 2 packets
	40 (81.6)	6 (12.2)	2 (4.1)	1 (2.0)
How frequently do you smoke? (n=49)				
A stick every 15-30mins	A stick every half-1hour	A stick every 1-2hours	A stick every 2-3hours	Chain-smoking
24 (49)	15 (30.6)	2 (4.1)	3 (6.1)	5 (10.2)
Where do you normally smoke? (n=48)				
At home	Parties	Ceremonies	Anywhere	No response
25 (52.1)	15 (31.3)	1 (2.1)	7 (14.6)	0(0)
How readily available is your favorite brand? (n=48)				
	Always	Sometimes	Never	No response
	28 (58.3)	19 (39.5)	1 (2.1)	0(0)
If your favorite brand is unavailable, what do you do? (n=48)				
	Smoke any brand	Will not smoke	Take alcohol	No response
	13 (27.1)	2 (4.20)	33 (68.8)	0(0)
What other drugs do you smoke/take apart from cigarette? (n=46)				
Indian hemp	Raw tobacco	Snuff	kola nut	Monkey tail
39 (84.8)	1 (2.2)	1 (2.2)	2 (4.3)	3 (6.5)
How do you rate your self-image as a smoker? (n=44)				
	High	Moderate	Low	No Response
	3(6.8)	28 (63.6)	13 (29.5)	0(0)

Table 4
Peer and Family influence on smoking prevalence and patterns

Variable	Frequency	Percentage
How much influence do your friends have on your smoking habit? (n=48)		
High influence	7	14.6
Moderate influence	33	68.8
No influence	8	16.7
How much influence do your relatives have on your smoking habit? (n=47)		
High influence	7	14.9
Moderate influence	30	63.8
No influence	10	21.3
Do you have friends that smoke? (n=212)		
Yes	123	58
No	89	42
Which of the following relatives smoke? (n=206)		
Father	43	20.9
Mother	1	.5
Brother	13	6.3
Uncle	82	39.8
Aunty	1	.5
Sister	2	1.0
Wife	1	.5
Husband	20	9.7
Others	43	20.9
Do you live in the same house with any of these relatives that smoke? (n=213)		
Yes	64	30.0
No	149	70.0
Do you or the relatives smoke at home inside the house? (n=214)		
Yes	75	35.0
No	139	65.0
Does any of your colleagues at your workplace smoke? (n=210)		
Yes	70	33.3
No	140	66.7
If yes, do they smoke inside closed room? (n=176)		
Yes	54	30.7
No	122	69.3
If yes, do they smoke outside? (n=174)		
Yes	106	60.9
No	68	39.1

Table 5
Cross-tabulation of past / present history of cigarette smoking and demographic data n=252

Variable	Ever smoked cigarette?		Total	p-value	Do you still smoke?		Total (%)	p-value
	Yes (%)	No (%)	(%)		Yes (%)	No (%)		
Gender								
Male	45(17.9)	111(44.0)	156(61.9)	0.000***	23(45.1)	22(43.1)	45(88.2)	0.473
Female	6(2.4)	90(35.7)	96(38.1)		4(7.8)	2(3.9)	6(11.8)	
Marital status								
Single	43(17.1)	134(53.2)	177(70.2)		19(37.3)	24(47.1)	43(84.3)	
Married	7(2.8)	59(23.4)	66(26.2)		7(13.7)	0(0.0)	7(13.7)	
Widowed	0(0.0)	1(0.4)	1(0.4)	0.114	1(2.0)	0(0.0)	1(2.0)	0.015*
Divorced	1(.04)	2(0.8)	3(1.2)					
Separated	0(0.0)	5(2.0)	5(2.0)					
Age (years)								
18-30	41(16.3)	123(48.8)	164(65.1)		18(35.3)	23(45.1)	41(80.4)	
31-45	7(2.8)	61(24.2)	68(27.0)	0.056	6(11.8)	1(2.0)	7(13.7)	0.071
46-60	2(0.8)	15(6.0)	17(6.7)		2(3.9)	0(0.0)	2(3.9)	
Above 60	1(0.4)	2(0.8)	3(1.2)		1(2.0)	0(0.0)	1(2.0)	
Education								
Primary	2(0.8)	4(1.6)	6(2.4)		1(1.95)	1(1.95)	2(3.9)	
Secondary	43(17.1)	151(59.9)	194(77.0)	0.232	20(39.2)	23(45.1)	43(84.3)	0.109
Tertiary	4(1.6)	39(15.5)	43(17.1)		4(7.8)	0(0.0)	4(7.8)	
None	2(0.8)	7(2.8)	9(3.6)		2(3.9)	0(0.0)	2(3.9)	
Occupation								
Student	38(15.1)	89(35.3)	127(50.4)		15(29.4)	23(45.1)	38(74.5)	
Civil servant	2(0.8)	19(7.5)	21(8.3)		2(3.9)	0(0.0)	2(3.9)	
Farmer	3(1.2)	11(4.4)	14(5.6)	0.024*	3(5.9)	0(0.0)	3(5.9)	0.036*
Driver	3(1.2)	10(4.0)	13(5.2)		2(3.9)	1(2.0)	3(5.9)	
Teaching	1(0.4)	14(5.6)	15(6.0)		1(2.0)	0(0.0)	1(2.0)	
Others	4(1.6)	31(12.3)	35(13.9)		4(7.8)	0(0.0)	4(7.8)	
Average annual income (Naira)								
50-100k	36(14.3)	135(53.6)	171(67.9)		16(31.4)	20(39.2)	36(70.6)	
101-500k	12(4.8)	45(17.9)	57(22.6)	0.780	8(15.7)	4(7.8)	12(23.5)	0.099
501k-1m	3(1.2)	15(6.0)	18(7.1)		3(5.9)	0(0.0)	3(5.9)	
Residence								
Urban	33(13.1)	84(33.3)	117(46.4)		11(21.6)	22(43.1)	33(64.7)	
Rural	17(6.7)	96(38.1)	113(44.8)	0.007**	15(29.4)	2(3.9)	17(33.3)	**0.001****
Semi urban	1(0.4)	21(8.3)	22(8.7)		1(2.0)	0(0.0)	1(2.0)	

The media, peer group and the family are great influences on the smoking habits of people in this Clan. The risk of exposure to environmental tobacco smoke is very high in this Clan. This needs to be curtailed in order to minimize the associated negative health effects on the people of this Clan.

Recommendations
It is, therefore, highly recommended that State and local government programs to prevent and control youth tobacco use should be aggressively pursued. These may involve school-based prevention and cessation programs, environmental (e.g., mass media educational strategies), the presence of smoke-free laws and policies, and inhibitory pricing of tobacco products.
There should be a continual surveillance of tobacco use. Also, tobacco control outcome indicators are needed to monitor, evaluate, and improve programs that address tobacco use, cessation, and second-hand smoke exposure.
Knowledge of the epidemiology and contextual variables of tobacco use among the people of this Clan should guide research initiatives, intervention programs, and policy decisions. Furthermore, knowledge of the prevalence of consumption of other substances of abuse would provide useful directions for effective policy formulation and interventions.
Quitting programmes should be initiated and focused specially on youths and socio-cultural societies.
Local, state, and federal authorities can enact public policies to protect people from secondhand smoke and protect children from tobacco-related diseases and addiction
Smokers should be encouraged to make their homes and cars smoke-free in order to make breathing safer and more enjoyable for children, other family members, and guests.
Interventions that enhance parental self-efficacy in conveying and enforcing no-smoking policies for their children which could reduce adolescent smoking should be strongly considered. Indeed, the realization of the overall objective of reducing the prevalence of smoking in this Clan should be paramount and remain in the front burner.
Conclusively, all hands should be on deck to curtail the smoking trend in this Clan against the backdrop that cigarette smoking continues to be the leading cause of preventable morbidity and mortality.

Conflict of Interest
None

Authors' Contributions
JFE: Concept; Instrument design; draft and final manuscript
OPA: Concept; data collection/analysis; review of draft manuscript.

REFERENCES
1. Wilson LM, Erika AT, Geetanjali C, Heidi EH, Olaide AO, Jessica LE, Brandy MH et al. Impact of Tobacco Control Interventions on Smoking Initiation, Cessation, and Prevalence: A Systematic Review. J Environ Public Health, 2012; 2012: 961724.
2. Banks E, Marianne J, Bette Liu F, Grenfell R, Paige SD, Lopez A, Sitas F, Beral V. Tobacco smoking and all-cause mortality in a large Australian cohort study: findings from a mature epidemic with current low smoking prevalence. J. BMC Medicine, 2015; 13:38.
3. Herman AI, Sofuoglu M. Comparison of Available Treatments for Tobacco Addiction. Curr Psychiatry Rep, 2010; 12(5):433–440.
4. Awopeju OF, Erhabor GE, Awosusi B1, Awopeju OA, Adewole OO, Irabor Smoking Prevalence and Attitudes Regarding its Control Among Health Professional Students in South Western Nigeria. Annals of Medical and Health Sciences Research, 2013; 3(3): 355 – 360.
5. Abikoye GE, Kashimawo AJ, Eze CU. Tobacco smoking and awareness of smoking-cessation products in a university community. J. Public Health Epidemiol, August 2013; 5(8): 351-356.
6. Goon S, Bipasha MS. Prevalence and Pattern of Smoking among Bus Drivers of Dhaka, Bangladesh: Tobacco Use Insights, 2014; 7: 21–25 doi:10.4137/TUI.S13966. Global adult tobacco survey (GATS): Country Report. Nigeria: Author; 2012. http://www.nigerianstat.gov.ng/pages/download/157
7. Araoye MO. Research methodology with statistics for health and social sciences. Ilorin: Nathadex Publishers, 2003: 117-118.
8. National Population Commission (NPC) Official Gazette: Legal Notice on Publication of the Details of the Breakdown of the National and State Provisional Totals 2006 Census. National Population Commission, Lagos: 2007; B175-B198
9. Wikipedia, 2015 Wikipedia. Ijaw People. 2015. Available at http://en.wikipedia.org/w/index.php?title=Ijaw_people&oldid=660494945
10. Salawu FK, Danburam A, Desalu OO, Olokoba AB, Agbo J, Midala JK. Cigarette smoking

habits among adolescents in northeast Nigeria.Niger Postgrad Med J, 2011; 18: 26-9.

11. Odey FA, Okokon IB, Ogbeche J, Jombo GT, Ekanem EE. Prevalence of cigarette smoking among adolescents in Calabar city, south-eastern Nigeria. Journal of Medicine and Medical Sciences, 2012; 3(4): 237-242.

12. Ebirim CIC, Amadi AN, Abanobi OC, Iloh GUP. The Prevalence of Cigarette Smoking and Knowledge of Its Health Implications among Adolescents in Owerri, South-Eastern Nigeria. Health, 2014; 6, 1532-1538.

13. http://dx.doi.org/10.4236/health.2014.612188

14. Health and Social Care Information Centre (HSCIS). Statistics on Smoking, England 2014. www.hscic.gov.uk.

15. Scollo MM, Winstanley MH. Tobacco in Australia: Facts and issues. 4th edn. Melbourne: Cancer Council Victoria, 2012. Available from www.TobaccoInAustralia.org.au.

16. Hymowi N. Cigarette Smoking and Lung Cancer: Pediatric Roots Lung Cancer International, 2012; Article ID 790841, 7 pages.

17. Fawibe AE, Shittu AO. Prevalence and characteristics of cigarette smokers among undergraduates of the University of Ilorin, Nigeria. Niger J Clin Pract, 2011; 14: 201-205.

18. International Agency for Research on Cancer (IARC). A review of human carcinogens. Personal habits and indoor combustions. IARC Monographs on the Evaluation of Carcinogenic Risks to Humans, 2012; 100 (E).

http://monographs.iarc.fr/ENG/Monographs/vol100D/mono100D.pdf

19. Ayankogbe OO, Inem OA, Bamgbala OA, Robert OA. Attitudes and determinant of cigarette smoking among rural dwellers South West Nigeria .Nigeria Medical Practitioner, 2003; 44:70-74.

20. American Academy of Pediatrics (AAP). Policy Statement: Children, Adolescents, Substance Abuse, and the Media. Pediatrics, 2010; 126:791–799.

21. Hanewinkel R, Isensee B, Sargent JD, Morgenstern M. Cigarette advertising and adolescent smoking. Am J Prev Med, 2010; 38(4):359 –366.

22. Prabhat JHA, Peto R. Global Effects of Smoking, of Quitting, and of Taxing Tobacco. N Engl J Med, 2014; 370:60-68.

23. Iyiola OO. Influence of Marketing on Tobacco Consumption Behaviour in Rural and Urban Areas of the Southwestern Region of Nigeria. Florida: Dissertation.com; 2008:1-25.

24. Drope J. Nigeria Tobacco Situation Analysis. In Tobacco Control in Africa: People, Politics and Policies. Edited by Drope J. London, England: Anthem Press, 2011:201-218.

25. Egbe CO, Petersen I, Meyer-Weitz A, Asante K. An exploratory study of the socio-cultural risk influences for cigarette smoking among Southern Nigerian youth. BMC Public Health, 2014; 14:1204.

26. Gilpin EA, White MM, Messer K, Pierce JP. Receptivity to tobacco advertising and promotions among young adolescents as a predictor of established smoking in young adulthood. Am J Publ Health, 2007; 97(8):1489-1495.

27. Sargent JD, Dalton MA. Does parental disapproval of smoking prevent adolescents from becoming established smokers? Pediatrics. 2001; 108(6): 1256–62.

28. Arute JE, Oyita GI, Eniojukan JF. Substance Abuse among Adolescents: 2. Prevalence and Patterns of Cigarette smoking among senior secondary school students in Abraka, Delta State, Nigeria. IOSR Journal Of Pharmacy, 2015; 5(1): 40-47.

29. De Leon J, Rendon DM, Baca-Garcia E, et al. Association between smoking and alcohol use in the general population: Stable and unstable odds ratios across two years in two different countries. Alcohol and Alcoholism, 2007; 42(3):252-257.

30. Kahler CW, Spillane NS, Metrik J. Alcohol use and initial smoking lapses among heavy drinkers in smoking cessation treatment. Nicotine Tob Res, 2010; 12:781–5.

31. Hart CL, Smith GD, Gruer L, et al. The combined effect of smoking tobacco and drinking alcohol on cause-specific mortality: a 30year cohort study. BMC Public Health, 2010; 10:789–800.

32. Saari AJ, Kentala J, Mattila KJ. The smoking habit of a close friend or family member—how deep is the impact? A cross-sectional study BMJ Open, 2014;4(2):e003218 1-6.

33. Pirie K, Peto R, Reeves GK, Green J, Beral V. The 21st century hazards of smoking and benefits of stopping: a prospective study of one million women in the UK. Lancet, 2013; 381(9861):133–41.

34. Bjartveit K, Tverdal A. Health consequences of smoking 1-4 cigarettes per day. Tobacco control, 2005;14(5):315–20

35. Hoek J, Gendall P, Eckert C, Kemper J, Louviere J. Effects of brand variants on smokers' choice, behaviours and risk perceptions. Tob Control -2014-052094. Published Online First: 25 March 2015.

36. Babatunde OA, Elegbede OE, Ayodele LN, Atoyebi OA, Ibirongbe DO, Adeagbo AO. Cigarette Smoking Practices and Its Determinants among University Students in Southwest, Nigeria. Journal of Asian Scientific Research, 2012; 2(2): 62-69.

37. Roth MD, Arora A, Barsky SH, Kleerup EE, Simmons M, Tashkin DP. Airway Inflammation in Young Marijuana and Tobacco Smokers Am J Respir Crit Care Med, 1998; 157: 928–937.

38. Joffe J, Burell G, Bergström E, Stenlund H, Sjörs L, Jerdén L. Predictors of smoking among Swedish adolescents. BMC Public Health, 2014; 14:1296-1305 doi:10.1186/1471-2458-14-1296.

39. Ukwayi JK, Eja OF, Unwanede CC. Peer Pressure and Tobacco Smoking among Undergraduate Students of the University of Calabar, Cross River State. Higher Education Studies, 2012; 2(3): 92-101.

40. Nargiso JE, Becker SJ, Wolff JC, Uhl KM, Simon V, Spirito A, Prinstein M. Psychological, Peer, and Family Influences on Smoking among an Adolescent Psychiatric Sample. J Subst Abuse Treat, 2012; 42(3): 310–318.

41. Naito T, Miyaki K, Naito M, Yoneda M, Suzuki N, Hirofuji T, Nakayama T. 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, 2009; 6(1): 321-328;

42. Clark PI, Schooley MW, Pierce B, Schulman J, Hartman AM, Schmitt CL. Impact of home smoking rules on smoking patterns among adolescents and young adults. Prev Chronic Dis, 2006; 3:A41. Available at http://www.cdc.gov/pcd/issues/2006/apr/05_0028.htm.

43. Taylor R, Najafi F, Dobson A. Meta-analysis of studies of passive smoking and lung cancer: effects of study type and continent. International Journal of Epidemiology, 2007; 36 (5):1048–59.

44. Semple S, Apsley A, Galea KS, MacCalman L, Friel B, Snelgrove V. Secondhand smoke in cars: assessing children's potential exposure during typical journey conditions. Tobacco control, 2012; 21(6):578–83.

45. Action on Smoking and Health ASH; Facts at a glance. Smoking Statistics ASH Scotland. Smoking in vehicles：An evidence review, 2013.(April).