

**PSYCHO-SOCIAL INFLUENCE OF CIGARETTE SMOKING AMONG SENIOR
SECONDARY SCHOOL STUDENTS IN TARABA STATE, NIGERIA**

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AHMADU BELLO UNIVERSITY,

ZARIA

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APRIL, 2018

DECLARATION

I declare that the work in this dissertation entitle, “Psycho-Social Influence of Cigarette Smoking among Senior Secondary School Students in Taraba State, Nigeria has been written by me in the Department of Human Kinetic and Health Education, the information derived from the literature has been duly acknowledged in the text and a list of reference provided. No part of this dissertation was previously presented for another degree or diploma at this or any other institution.

Hannatu Solomon AKUNDO
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Signature

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Date

;

CERTIFICATION

The dissertation entitled, **“PSYCHO-SOCIAL INFLUENCE OF CIGARETTE SMOKING AMONG SENIOR SECONDARY SCHOOL STUDENTS IN TARABA STATE, NIGERIA** by HANNATU SOLOMON AKUNDO meets the regulation governing the award of Master degree in Health Education (M.ED.) Ahmadu Bello University, Zaria and is approved for its contributions to the body of knowledge and literacy presentation.

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DEDICATION

This dissertation is dedicated to GOD Almighty for His infinite Mercy and protection on me.

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Thank be to God Almighty who has given the researcher wisdom and ability to pursue a programme of this magnitude. Her sincere gratitude goes to her wonderful supervisors Dr. Umar Musa and Dr. (Mrs.) A.B. Umar who despite their tight schedules created time to go through the work. Their corrections and positive criticisms had brought the work to this readable stage. Her thanks goes to Prof (Mrs.) .M.A Suleiman (H.O.D), Prof (Mrs.) V. Dashe, Prof E.A. Gunen, Dr. A.A. Biu, and Dr .M. Tukur for taking their time to vet the research instrument used for data collection for this study. May God bless you all.

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appreciation goes to other course mates; Jerimah, Ize Gloria, Keturah, Alh. Ashafa Nafada for the experience we have shared, GOD bless you all.

The purpose of this study was to assess the Psycho-Social Influence of Cigarette Smoking among Senior Secondary School Students, the specific objective of the study are Sociological influence of cigarette smoking among Senior Secondary School Students and the Psychological influence of Cigarette Smoking among Senior Secondary School Students in Taraba State, Nigeria. To achieve this purpose, ex-pot-facto research design was considered suitable for this study. The population for this study comprises of senior secondary school students in Taraba state. The sample size for this study was 364 students questionnaire. A multi – stage sampling procedure was used to draw the respondents from Senior Secondary School students in three existing senatorial zones. The instrument used for this study was a researcher developed questionnaire. Three hundred and sixty-four (364) copies of questionnaire were distributed to the respondents while three hundred and fifty eight (358), (98.6%) were dully retrieved. Descriptive statistics of frequency and percentage, mean and standard deviation were used in analyzing and presenting the results. One-sample t-test and analysis of variance (ANOVA) were used. The results of the study revealed that, there is sociological influence (lifestyle, environment, and peer group) of cigarette smoking among senior secondary school students in Taraba state, Nigeria with a t-value of 142.680, (p-0.000); also there is psychological influence (worries, frustration, anger and anxiety) about cigarette smoking among senior secondary school students in Taraba state, Nigeria. On the basis of these research findings, the following conclusions were drawn that, there is sociological influence (environment, lifestyle, peer group) on cigarette smoking among senior secondary school students in Taraba State, Nigeria. Psychological influence (Anger, depression frustration and anxiety) about cigarette smoking also exists among senior secondary school students in Taraba State. On the basis of the conclusions drawn, the researcher recommended that, Sociologists, Health counselors and Health Educators should carry out enlightenment programme on the menace of cigarette smoking among students and School principals in collaboration with psychologists in the secondary schools should educate students to desist from cigarette smoking in curbing anger and depression.

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Operational Definition of Terms

- (1) **Cigarette Smoking**- Actively inhaling smoke from cigarette
- (2) **Sociological**- Ability to share events in the presence of others
- (3) **Psychological**- Factors that change the mood, emotions of an individual
- (4) **Smoking Initiation**- Smoking for the First time.
- (5) **Influence**: Capacity to have an effect on person`s character.
- (6) **Psycho-Social**: Tendency on how we see, live and experience in regard to cigarette smoking.

List of Abbreviations

1. W H O- World Health Organisation
2. C D C- Centre for Diseases and Control
3. N D H S- National Demographic Health Survey
4. USDHHS- United State Department of Health and Human Services
5. N C D- Non-Communicable Diseases
6. C H D- Coronary Health Diseases
7. S E S- Socio- Economy Status

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CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Tobacco is one of the most important public health problems worldwide. Particularly, in developing countries it has been reported that among all risk factors, smoking is the fourth leading cause of diseases, (Nwosu, 2013). The use of tobacco and its product have gradually increased in the developing countries because of its legal use and easy access (Becker, 2014). Smoking among adolescents is one of the main concerns for public health system. Despite, a fall in the amount of smoking in recent years, the National Demographic Health Survey (NDHS), (2014), estimated 1.3 billion smokers worldwide and it is estimated that this number will reach 1.7 billion by the year 2025, if no intervention is performed. Half of the individuals, who begin smoking and keep it up on a regular basis, die as a result of smoking. According to the data released by world Health Organization (WHO) (2012), it has been estimated that 10 million people (70%) in developing countries, will die due to smoking in the year 2020 if the necessary precautions are not taken. Also, a person especially young person losing their life because of cigarette smoking related health problems every second. It has been reported that there is an increase of smoking, especially among young adults, women and adolescents in developing countries.

Approximately, 70% of smokers want to stop smoking. However, few succeed, and, of those that do, most require five to seven attempts before definitively dropping the habit. Nicotine dependence is a complex disorder and is difficult to overcome. Motivation to kick the habit is one of the most important factors in smoking cessation and is

interrelated to a variety of hereditary, physiological, environmental, and psychological variables. A significant number of senior secondary school students are pulling themselves and others at risk for serious health consequences because of cigarette smoking, and the magnitude of these consequences is enormous. Smoking is the number one preventable illness behaviour in the nation, resulting in more deaths each year than AIDS, Alcohol, cocaine, heroine, homicide, suicide, motor vehicle crashes and fire combined (USDHHS, 2010).

Smoking has a linked to lung, kidney, bladder, laryngeal, oral, esophageal, and pancreatic cancer, cardiovascular diseases, chronic obstructive pulmonary diseases, and stroke in both male and female (Samet, 2011). Female smokers have an increase risk of infertility, delayed conception, ectopic pregnancy, and spontaneous abortions when compared with non-smokers. In addition to motivation, the smoker will have to confront a few factors amongst which are: the intensity of the withdrawal syndrome is one of the principal contributing causes for maintaining the habit. The symptoms vary in intensity among people, and generally start within hours after the interruption, increasing in the first twelve hours and peaking on the third day. Discomfort increase at early night, and the most significant complaints refer to increase compulsivity, irritability, anxiety, difficult in concentrating, agitation, and a sensation of sleeplessness or dullness, as well as hostility reactions.

Penderson, (2010), described Psycho-social influence as how we see, live and experiences in regard to cigarette smoking. However, children that grow up in families with violence, negative behaviours, sexual, anger dietary deprivation, drug abuse, parental problems, and physical or emotional abuse are more likely to have problems to

deal with life. There are also other parts of the external factors, like the environment you live in, things like constant stress and pressure can cause big problems. If a person lives in a place where they are exposed to drugs, crime, violent acts, cigarette smoking, it tend to influence on their lifestyle patterns (Annette, 2012).

Peer group and parenting influence are predictors of smoking in adolescence. The impact of family background and social environment are mostly considered to influence on students involvement in terms of cigarette smoking. It is obvious that when an individual live in an environment where cigarette smoking is allowed. He/she is liable to imitate such characters. Also, if a family background of a person correlates with cigarette smoking when the parents smoke; he/she will emulate such characters.

The impact of smoking cigarette and other tobacco use on the spread of chronic diseases, which account for 75% of African spending on health care which is well-documented and undeniable (NHDS, 2013). One-half of adult smokers die prematurely from tobacco-related diseases (Haruna, 2014). Despite continuous public enlighten programs to reduce youth smoking and several media stories on the dangers of tobacco use, generation after generation continues to use these lives threatening product and family after the family continues to suffer the devastating consequences. Nearly most cigarette smokers begin in childhood and adolescent stages/period.

Cigarette is the only legal consumer products in the world that cause one-half of their long term users to die prematurely (Fagerstom, 2012). As this epidemic continues to take its toll in the developing countries, it is also decreasing in low and middle income states that are least able to afford the resulting health and economic consequences (Peto, 2015). Tobacco increases in the developing countries up to 5.4% per annum, which

makes it most important available risk for non-communicable diseases (NCDs) such as cancers, lung diseases, and cardio-vascular diseases, (Sing, 2012). (Tyas and Pederson, 2010) emphasize the need for a multi-faceted approach to understanding and preventing adolescent smoking (Collins and Ellickson, 2014). Multiple level of influence from cultural and social variables to individual factors, have been shown to associate with it. One such variable is smoking in the adolescent`s family context, and peer group influence in the initiation of cigarette smoking. Therefore, the researcher aimed at assessing the psycho-social influence of smoking cigarette among senior secondary school students in Taraba State, Nigeria.

1.2 Statement of the Problem

Cigarette smoking contributed to school drop-out, among senior secondary school students. Smoking cigarette retards the learning capacity of students, and amounted to chronic health problems, premature deaths, and anti-social behaviour or deviant behaviour in school: for instance, stealing in school, premature sex, prostitution, truancy and habitual lateness, disobedience to school rules and regulations. There is a chronic illness such as, cardiovascular, respiratory and periodontal diseases, cancers of oral cavity and all forms of cancers among secondary school students in Taraba state. This was buttressed by National Demographic Health Survey (NDHS) (2015), on the report of high rate of cancer and coronary heart diseases (CHD) among adolescents in Taraba State based on the data collected on surveillance. However, it has been observed that cigarette smoking has a very strong influence on student`s social behaviour. Students lifestyles remain an important determinant to their behaviour; thus, negative social behaviour like cultism, lack of respect to school rules and regulations, drug abuse, drinking of alcohol,

gangsterism and examination malpractice have been on the increase recently, observed by the researcher. This study was to assess the psycho-social influence of cigarette smoking among senior secondary school students in Taraba State, Nigeria.

1.3 Purpose of the Study

The purpose of this study is to assess:

1. The sociological influence of cigarette smoking among senior secondary school students in Taraba State.
2. The psychological influence of cigarette smoking among senior secondary school students in Taraba state, Nigeria.
3. Whether senior secondary school students in Taraba State of different senatorial zones differ in sociological influence of cigarette smoking.
4. Whether senior secondary school students in Taraba State, Nigeria differ in psychological influence of cigarette smoking.

1.4 Research Questions

The study sought to provide answers to the following research questions.

1. What is the sociological influence of cigarette smoking among senior secondary school students in Taraba State, Nigeria?
2. What is the psychological influence of cigarette smoking among senior secondary school students in Taraba State, Nigeria?
3. Do senior secondary school students, in their sociological influence of cigarette smoking in Taraba state, Nigeria?
4. Do senior secondary school students in Taraba State, Nigeria of different senatorial zones differ in their psychological influence of cigarette smoking?

1.5 Research Hypotheses

The following hypotheses were formulated to guide the study:

1. There is no significant differences in Sociological influence of cigarette smoking among senior secondary school students in Taraba State, Nigeria.
2. There is no significant difference in Psychological influence of cigarette smoking among senior secondary school students in Taraba State, Nigeria.
3. There is no significant difference among senior secondary school students of different senatorial zones in their sociological influence of cigarette smoking in Taraba state, Nigeria.
4. There is no significant difference among senior secondary school students of different senatorial zones in their psychological influence of cigarette smoking in Taraba state, Nigeria.

1.6 Significance of the Study

The finding of this study will benefit secondary school students in the following ways:

Increase the knowledge of students about the health risk of cigarette smoking through health talks and intervention programmes. Help the school teacher and principal in tackling the various loopholes that were contributing to cigarette smoking of students through health record book, and physical fitness test, thereby controlling the menace of cigarette smoking in schools. It will help the curriculum planners in planning for drug and alcoholic education as a core subject in schools especially in senior secondary schools. The findings of this study will be of benefit to policy makers, as an essential step

towards enacting policy that quite or tackle the issue of cigarette smoking in schools and premature smoking age, which in turns serve as standing order in the country.

1.7 Basic Assumptions

On the basis of the study, the following assumptions were made;

- (1) Sociological social health has influence on cigarette smoking among senior secondary school students on Taraba State.
- (2) Psychological health has influence on cigarette smoking among senior secondary school students in Taraba State.
- (3) Sociological influences of cigarette smoking differ between the three senatorial zones in Taraba State, Nigeria.
- (4) Psychological influences of cigarette smoking differ in between the three senatorial zones in Taraba State.

1.7 Delimitation of the Study

This study is delimited to, psycho-social influence of smoking cigarette among senior secondary school students in Taraba State, Nigeria.

The study is also delimited to:

- The sociological determinants of smoking cigarette among senior secondary school students in Taraba State.
- The psychological influence of smoking cigarette among senior secondary school students in Taraba State.
- All secondary school students in Taraba State.
-

CHAPTER TWO

REVIEW OF RELATED LITERATURES

2.1 Introduction

The purpose of this study was to investigate on the psycho-social influence of cigarette smoking among senior secondary school students in Taraba state, Nigeria. To achieve this, purpose, a review of current literature, relating to risk factors associated with smoking cigarette is made and presented in this chapter. This review is presented under the following sub-headings:

2.2 Conceptual framework

2.2.1. Concept of Cigarette Smoking

2.2.2 Concept of Social Behaviour

2.2.3 Concept of Second Hand Smoking

2.3 Psychological influence of Cigarette smoking

2.3.1 Sociological Influence of Cigarette smoking

2.3.2 The Relationship between Cigarette Smoking and Social Behaviour

2.3.3 Smoking and Personality

2.3.4 Personality Traits and Attitude as Risk Influence of Smoking

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- 2.3.8 General Effect of Cigarette Smoking on Health of our Students
- 2.3.9 Trends over time of Smoking and Socio-economic Status (SES)
- 2.3.10 Risk Factors Associated with Cigarette Smoking by WHO
- 2.3.11 Who does Smoking Affect
- 2.3.12 Practical Methods Involved in Quitting Smoking Cigarette
- 2.3.13 Religious and Philosophical views about Smoking
- 2.3.14 Factors Affecting Social behavior in School/Society
- 2.4 Empirical Studies

Summary

2.2 Conceptual Framework

Tobacco is one of the main causes of cancer, coronary heart diseases, (CHDs) nowadays. According to WHO, (2013). Tobacco use is a risk factor for six of eight leading causes of deaths in the whole world. Smoking is the leading preventable cause of premature deaths and diseases in developing countries. (Centre for diseases control CDC, 2010). According to United State Department on Human Health Services, (2014) observed that, up till now, there are thousands of studies about how tobacco damages people's health had been done. Knowledge has been proven that smoking harms almost every part of human body. According to WHO, in the 20th century about 100 million deaths were caused by tobacco and there will be up to one million deaths in the 21st century if the trends do not change (WHO, 2012).

Though members have increased in recent years, there were estimated 69.6 million Americans who used tobacco products in the year 2010 (Result from the 2010 National Health Survey, 2011). According to estimates made by the Centre for Disease Control and Prevention using data from the 2002 – 2008 National Health Interview Survey responses and death certificates, cigarette smoking was the leading cause of death in the developing countries among premature deaths. It is estimated approximately 29.3% of developing countries over age of 14 were current smokers as the year 2010, with current smokers defined as adults aged ≥ 18 years who reported having > 100 cigarette during their lifetime and who now smoke every day or some days.” (vital signs: current cigarette smoking among Adults Aged ≥ 18 years 2012).

The consequences each year resulted to 90 billion in health costs and 5.1 million life years lost (smoking – attributable mortality, 2008). Smoking increases the risk of many cardiovascular, respiratory, and neoplastic diseases as well as other adverse health effects such as infertility and osteoporosis (U.S Department of Health and Human Services, 2014). Fortunately, adult populations have experienced a slow decrease in smoking numbers in recent years. Smoking fell 1.6% between 2005 and 2010, representing approximately 3 million fewer smokers than would have existed had no decrease occurred (vital signs: current cigarette smoking among Adults Aged \geq 18 years 2011).

Second hand smoke also poses a threat to non-smokers, causing an estimated 46,000 heart deaths and 3,400 lung cancer deaths annually in the developing countries, smoking – attributable mortality, 2014). In addition, 8.9 million Africans used smokeless tobacco and 2.2 million smoked tobacco in pipes in 2010 (Results from the 2010 National Survey, 2011). Smokeless tobacco contains 28 carcinogens, it also has negative effects on oral and reproductive health (“Smokeless Tobacco facts, 2011“). Likewise, cigars, cigarillos, little cigars, and pipe tobacco contain the same toxic and carcinogenic found in cigarettes. They have also been found to increase the risk of oral, respiratory and cardiovascular diseases (Burns, 2014). Regardless of the method used to ingest tobacco, this lifestyle choice is a prominent cause of preventable disease and death, and as such is an important topics for health care providers and educators.

Tobacco use varies different demographic groups. In 2010, male Americans were 4.2 % more likely to be smokers than females. Among age groups between 18 and 64. Smoking percentages varied little: 20.1% of Americans age 18-24, 22% of those age 25–

44 and 21.2 % aged 45 – 64 were smokers. Only 9.5 % of people over 65 were smokers. However, this is likely due in part to the shortened average lifespan of smokers compared to smoker. Variations in frequency appeared between most racial groups. Though white and black smokers showed similar percentages 21 % and 20.6 % respectively a low 12.5 % of Hispanics and 9.2 % of Asians and a high 31.4 % of American Indians were smokers, poverty likewise, was a predictor of tobacco use: Americans below poverty level were 10.6 % more likely to smoke than those at or above poverty level, (Song, 2016).

There are limited data available examining the relationship between religious affiliation and smoking practices. One study found that American adults who attended frequent religious services were less likely to be smokers than infrequent attenders “further, among smokers, frequent attenders smoked significantly fewer cigarettes per day” (Gillum, 2015). Except for the church of latter Day Saints, tobacco use is not explicitly discouraged by major religion because it was not available or known when their scriptures were written. However, most including Christianity, Judaism, Hindu, Buddhism and Islam – have principles that forbid or discourage the use of addictive substances. Islam, for example, declares practices that are harmful to one’s healthy to be forbidden (Yong, 2010). The Roman Catholic Church discourages excess in smoking in catechism 2290, which state that, the virtue of temperance disposes us to avoid every kind of excess: the abuse of food, alcohol, tobacco, or medicine; (Catholic Church, 2010).

Despite laws banning smoking under 18 years of age, smoking habits are usually formed in adolescence. More than 80% of adult smokers begin smoking before the age of 18, (Youth and Tobacco, 2012). For this and other reasons, this age group is frequently

the focus of smoking research. The National Youth Tobacco survey, a school – based survey of middle school and high school students, has been a valuable source of information concerning the tobacco use and perception among adolescents since it was first found in 2009, many investigators analyze the data collected to determine different trends in adolescents tobacco use, and findings from this data are used in this study to compare high school students involvement in cigarette smoking. (Results from National Health Survey, 2011). The longer a person smokes, the more difficult quitting smoking tends to be; young people are more likely than other adults to successfully quit, (Messer, 2012). In 2010, the National Youth Tobacco Survey, showed that 14.0% of high school students had used cigars, cigarillos, little cigars, or tobacco from a pipe and 8.9% had used smokeless tobacco within the last month (Youth and Tobacco use, 2012).

Adolescents are often targeted by anti-smoking campaigns that aim to teach the dangers of tobacco use and discourage students from trying cigarettes. There have shown mixed results in recent years: from 2000 to 2009, prevalence of current tobacco and cigarette use and experimentation with smoking cigarette use and experimentation with smoking cigarette declined for middle school and high school students, but no overall declines were noted for the 2006 – 2009 period.

Amazo (2011), use of smokeless tobacco among 12 to 17 year old has actually increased 0.3% from 2002 to 2010 (Results from the 2010 National Survey, 2011). However, research has shown that young adolescents who are exposed to anti – smoking television advertisements are significantly less likely to start smoking. Among younger adolescents (aged 12 to 13 years at baseline), those reporting baseline exposure to

television anti smoking advertisements were significantly less likely to progress to established smoking (Messer, 2016).

A common explanation for adolescents smoking is that “adolescents is that “adolescents have poor decision – making and risk judging skills, leading them to believe they are invulnerable to harm” (Song, 2010), studied on the relationship between perception of smoking risks and smoking initiation among school students. The study found that risks and smoking initiation among school students was a predictor of smoking: students with a low risk perception or a high benefit perception about three times more likely to start smoking. In addition to perception of long – term health risks, the threats of short-term social issues such as bad breath and disciplinary risks also significantly influenced smoking initiation (Song, 2010).

Peer pressure is also commonly believed to influence teen smoking behaviour. Previous studies of social influence on adolescent smoking found that peer smoking is strongly associated with current smoking among early and middle adolescents. The magnitude of the association between peer smoking and current smoking decreases from early adolescents to middle adolescent. Parent smoking and exposure to tobacco related media are also associated with increased smoking in adolescents; (Villanti, 2012). Perception of smoking – related risks and benefits are also predictors of smoking practices among students. Respiratory systems are shown to predict a smoker’s desire to quit, with more severe symptoms associated with stronger intent to quit. “An” optimism bias’ regarding related health was evident among smokers; over half of the current smokers believed that their health was better than the average age smoker’s health, and 19% believed that their health was better than that of non – smoker’s health. Furthermore,

virtually all of the smokers perceived that their health was either not at all or only slightly affected by smoking, and almost half of smokers thought that quitting would bring either no benefits or only minor benefits to their health, of the smokers. 45% believed that continuing to smoke would have only minor or no impact on their health.

In terms of cancers, lung cancer and larynx cancer in men, the first ones which are identified to have a link with smoking (United State Department on Human Health Services, 2014). Up till, now the list of cancers that are related to smoking cigarettes have been spreading. Not only pancreatic, kidney, stomach, liver, laryngeal cancers but also bladder, oral cancers (Bunnel, 2012), are founded to have significant association with tobacco use, (Bunnel, 2012). Heart diseases and stroke are the most common cardiovascular diseases people might get due to tobacco use. Smoking is a crucial determinant of stroke; even passive smoking might increase the risk of getting stroke as well as coronary artery diseases. It is well documented that tobacco use damage the entire of respiratory system and affects of lung structure and functions. Smoking not only increases the risk of lung cancer but also has adverse effects on the pulmonary surfactant.

2.2.1 Concept of Psycho-Social Influence of Cigarette Smoking

Psycho-social stressors, defined as social or environmental exposures or demands that place a burden on adaptive capacities of an individual (Cohen, 2015), are important to consider. A substantial amount of research has documented that psychosocial stress is a significant risk factor for smoking (Webb, 2008) and predicts difficulty with smoking cessation (Berg *et al.*, 2010). Smoking is more common among individuals who report higher levels of work strain (Ayyagari, 2010), financial strain (Siahpush, 2007), relationship stress (Stein *et al.*, 2008), discrimination (Williams, 2009), and stressful

life events (McKee, 2013). However, to date, many studies linking psychosocial stress to smoking have used generalized measures of perceived stress or counts of stressful life events (Berg *et al.*, 2010), as opposed to information about specific domains of acute and chronic stress. Furthermore, few studies have assessed the relationship between multiple types of stressors and smoking or how these diverse stressors relate to smoking abstinence among individuals who regularly smoked in the past. Thus, limited information exists about the relative impact of different types of stressors on current smoking or quitting smoking, which is needed for the design of prevention and cessation interventions. Sociologists emphasize that stressful experiences take place within the context of social structures, and one ' s position within these social structures influences exposure to stressful events and environments (Turner, 2013).

Blacks experience particularly high exposure to stressors relative to Whites (Hatch, 2011), and residential segregation may predispose low-income urban Blacks to high exposure to a variety of stressors (Williams and Collins, 2011), such as poverty, unsafe neighborhoods, and traumatic events. On this basis, we examined the relationship between a range of psychosocial stressors and smoking status in a sample of Blacks in Milwaukee, Wisconsin, one of the most highly segregated cities in the United States (Frey, 2010). We hypothesized that each domain of psychosocial stress would be associated with a higher prevalence of current smoking. We retained previous smokers in the analyses to expand knowledge about the relationship between stressors and smoking cessation. We hypothesized that higher levels of psychosocial stress would be more consistently associated with current smoking across stressor domains than with previous smoking.

2.2.2 Concept of Cigarette Smoking

Smoking is a practice in which a substance is burned and the resulting smoke breathed in and absorbed into the bloodstream. Most commonly smoke substance are the dried leaves of the tobacco plant which have been rolled into a small square of paper to create a small, round cylinder called a “cigarette”. Smoking is primarily practiced as a route of administration for recreational drug use because the combustion of the dried plant leaves vaporize and delivers active substances into the lungs where they are rapidly absorbed into the blood stream and reach bodily tissues (Voelk, 2014). In the case of cigarette smoking, these substances are contained in a mixture of aerosol particles and gases and include the pharmacologically active alkaloid, nicotine, the vaporization creates heated aerosol and gas to form, that allows inhalation and deep penetration into the lungs where absorption into the blood stream of the active substances occur. Smoking generally has negative effects (Brook, 2014).

Smoking generally has negative health effects, because smoke inhalation inherently poses challenges to various physiological processes such as respiration. Diseases related to tobacco smoking have been shown to still approximately half of long term smokers when compared to average mortality are in the developing world (Coombs, 2013). Fewer drugs for smoking include cannabis and opium. Some of the substances are classified as hard narcotics, likes heroin, but the use of these is very limited as they are usually not commercially available. Cigarettes are primarily industrially manufactured but also can be hand-rolled from loose tobacco and rolling paper. Other implements include pipes; cigars, bidis, hookalis, vaporizers, and bongs (Rose, 2014).

The inhaling of the vaporized gas form of substances into the lungs is a quick and very effective way of delivering drugs into the bloodstream (as the gas diffuses directly into the pulmonary vein, then into the heart and from there to the brain) and affects the smoker within less than a second of the first inhalation (Evans, 2010). The lungs consist of several million tiny bulbs called aveoli that altogether have an area of over 70m² that perform specific function, but with smoke, it tends to close down its function and the part will be affected (Bong 2011).

Obot, (2010) also said that “in the early seventies, it was recognized that the behavior of individuals played a major role in the onset of cardiovascular disease. Cigarette smoking was declared the prime culprit”. He also explained that in some of the industrialized western nations especially the United States of America. The three leading causes of death are heart disease, stroke and malignant neoplasm. The first effect of cigarette smoking, and probably the one that nonsmokers hate most, is that it permeates everything around it. Smokers usually have smelly hair, breath, clothes, and if they smoke indoors, a smelly room. The stench of cigarette smoke is very penetrating and hard to remove. Even if the person quits smoking the odor remains for long time.

According to Centres for Disease Control and Prevention, (2009) the second effect of cigarette smoking is one that most people don't even take into consideration. It stains the teeth turning it either yellow or brown. Since this effect is longer-term in nature, most people are not aware of it when they begin smoking. The truth is that a cigarette stain is very hard to eliminate from the teeth, and it will probably end up costing a considerable amount of money. Yellow teeth are disgusting because they give an unhygienic image and make people look older than their real age.

The third effect of smoking is that it will eventually end up affecting the smoker's personal economy. Depending on the country the prices of cigarettes differs. But even at an affordable price, the regular consumption of cigarette will eventually take its economic toll. These are only three out of many other effects that cigarettes smoking can have, but to any sensible person they are more than enough to realize that smoking is bad. People can't possibly be proud of calling themselves smokers. It is terrible for health as well as personal appearance. In the end, those who live in pouty, stink to smoke, and have yellow teeth are the people who are affected the most by this life threatening activity.

According to the United States Department of Health Education, (2013) and welfare as reported by Obot, each year there are 80,00 deaths from lung cancer, 22,00 deaths from other cancers up to 25,000 death from cardiovascular disease, and more than 19,000 deaths from pulmonary disease, all casually related to smoking. He further explained that there are more young people that are smoking today than ever before. If the trend continues we will be faced in the future with health crises that could have been prevented. In the spirit of saying "health for all by the year 2020 and in order to learn from the mistakes of others. This has help to reduce the rate of smoking among the secondary school students in Nigeria.

When the effect of tobacco stayed long in the body, it then now interfered with the functioning of the respiratory system by resulting in bronchitis, cough, and smoker's throat and lead to the damage of cardiovascular system. Carbon monoxide is been contained in cigarette smoke and is highly concentrated. According to Byer, (2015) have also said that "smoking has it physical effect on those that smoke cigarettes. Well, it is also appropriate to know the content of cigarette smoke. Also tobacco contains hundreds

of chemicals in which some of it are tar, phenol, carbon monoxide, polonium, nicotine, arsenic and about fifteen other chemicals that is been proved to be carcinogen which is cancer causing virus or agent. Hydro carbons cannot be left out because it constitutes many of the chemicals in general and pollution.

Inhaled cigarette smoke passes down to the trachea to the bronchial tubes and straight into the lungs. In the structure of the lung, shows that each one bronchial tube is wider at each fork. The cigarette smoke always slow down as it enters this very region of greater width and deposited in it. According to Annette, (2010) cigarette smoking is a personal choice. However, if you are considering stopping smoking, you may already realize that quitting, requires more than will power or scaring yourself with statistics of why smoking is bad.

Rabinoff, (2013) opined that patients suffered from lung cancer or other cancerous tumors and emphysema. Some were paralyzed from strokes, some had suffered heart attacks, some had limbs amputated due to poor circulation, and many had contracted debilitating disease as a result of their addition to tobacco. All of them had increase health complications because of smoking. He further explain that, the effects of smoking aren't limited to smokers themselves, nor to the lives of the people who love them. Cigarette smoking affects you and me and other person inhabiting this planet, today and in future.

Also smokers did not know about 4,000 chemicals rushing through their arteries and veins as they smoked, causing damage throughout their bodies. Although they knew about lung cancer, they don't know about the blindness, osteoporosis, infertility,

impotence, and many other effects that result from smoking. Unfortunately, some (but not all) of damage caused by smoking is irreversible. Many smokers had actually quit. Many more had tried but failed to quit. Still, they didn't know that one out of every five smokers dies as a result of smoking (Rabinoff, 2010).

WHO, (2012) tobacco is packed with harmful and addictive substances. Scientific evidence has shown conclusively that all forms of tobacco causes health problems throughout life, frequently resulting in death or disability. Smokers have markedly increase risks of multiple cancers, particularly lung cancer, and are at far greater risk of heart disease, strokes, emphysema and many other fatal and nonfatal diseases. If they chew tobacco, they risk cancer of the lip tongue and mouth.

Women suffer additional health risk. Smoking in pregnancy is dangerous to the mother as well as to the foetus, especially in poor countries where health facilities are inadequate. Maternal smoking is not only harmful during pregnancy, but has long-term effects on the baby after birth. This is often compounded by exposure to passive smoking from the mother, father or other adults smoking.

While tobacco kills millions more than it helps, based on the following harms which smoking has caused to parts of the body:

1. Hair: Smell, and Staining
2. Brain and mental effects: Stroke (cerebrovascular accidents); addiction/withdrawal; altered brain chemistry; and anxiety about harm caused by smoking.
3. Eyes: Eyes sting with water and blink more; blindness (macular degeneration); and cataracts.

4. Nose: Less sense of smell
5. Skin: Wrinkles, premature ageing
6. Teeth: Discoloration and stains; plaque; loose of teeth; and gum disease (gingivitis).
7. Mouth and throat: cancer of lips, mouth, throat and larynx; sore throat; reduce sense of taste; and breathe smells of smoke.
8. Hands: poor circulation (cold fingers): peripheral vascular disease; and tar stained fingers.
9. Respiration and lungs: Lung cancer; cough and sputum, shortness of breath; cold and flu, pneumonia, asthma, chronic obstructive pulmonary disease and emphysema; and complicate tuberculosis.
10. Heart: Harms, blocks and weaken arteries of the heart: and heart attack.
11. Chest; cancer of oesophagus
12. Liver: cancer
13. Abdomen: Stomach and duodenal ulcers; cancer of stomach, pancreas, colon, and aortic aneurysm
14. Kidneys and Bladder: cancer
15. Bones: Osteoporosis; and spine and hip fractures.
16. Male reproduction: sperm, deformity, loss of motility, reduce number, infertility; and impotence.
17. Female reproduction: period pains, earlier menopause; cancer of cervix; and infertility and delay in conception.
18. Blood: Leukaemia

19. Burns: From fire cause by tobacco
20. Immune system: Weaken
21. Wounds and surgery: Wound take longer to heal; operation wound take longer to heal; and longer to recuperate from surgery.
22. Diabetes: Noninsulin dependent diabetes mellitus (Type 2, adult onset).
23. Leg and feet: increase leg pain and gangrene; peripheral vascular disease; and buerger disease.

Smoking is responsible for 905 of all lung cancer, 75% of chronic bronchitis and emphysema and 25% of cases of ischaemic heart disease. The above content was graciously provided by the World Health organization. It comes from the tobacco Atlas by Dr. Judith Mackay and Dr. Michael Eriksen, published by the (WHO, 2002).

Smoking rates were declining from 1997 on; the tide was turning in the United States and other developed nations. While more than 25 percent of high school students still smoke, the teenage smoking rate (meaning a teenager has smoke one or more cigarettes during the thirty-day period preceding survey) dropped from 36.4 percent in 1997 to 21.9 percent in 2003. Teen lifetime smoking is down to 58.4 percent from 70.4 percent in 1999. Frequent teenage smoking rates (deigned as having smoked on twenty or more of the thirty days preceding survey) where 12.7 percent in 1991, 16.7 percent in 1997, 16.8 percent in 1999, and an encouraging 9.7 percent in 2003, according to the centres for disease control (CDC). If this trend continued, the centres for disease control would reach its goal of reducing the incidence of teen smoking (whether frequent or infrequent) in the united states to 16 percent by the year 2010 and above all over the world.

According to the survey, Caucasian teen girls have the greatest risk for lighting up, followed by Hispanic and black females. There was no significant difference in the prevalence of smoking between white, black, and Hispanic males. At 12.8 percent, Asian teens have the lowest overall smoking rate. Still more have to be done to save our young people like the secondary students from a lifetime of ill health, because they are the future of the nation. Annette, (2009) says that the habit of cigarette smoking is often used to tranquilize emotional issues like anxiety, stress, or low self-esteem. In addition, smoking provides comfort to people with conditions of chronic pain and depression. Smokers with emotional stress or chronic pain often turn to smoking as an attempt in some instances; they may use it to reduce anxiety, provide a sense of calmness and energy and elevate their mood. He further explains that some evidence does suggest that nicotine has some pain-relief benefits. Nicotine releases brain chemicals which soon heighten positive emotions and create a sense of reward. The "feel good" syndrome, smoking is a way of avoiding feeling unpleasant emotions such as sadness, grief and anxiety. It can hide apprehensions, fears and pain. This is accomplished partly by the action of nicotine on the brain.

Anette, (2009) further explained that the National Institute on Drug Abuse (NIDA) reports that people suffering from nicotine withdrawal have increased aggression, anxiety, hostility, and anger. However, perhaps these emotional responses are due not to withdrawals, but due to an increased awareness of unresolved emotions. Smokers often say that lighting up a cigarette can calm their nerves, satisfy their cravings and help them feel energized. Indeed, nicotine in tobacco joins on to receptors in your brain that those release "feel good" chemicals that can make you feel calm and energized all at once.

The awareness of some of the dangers posed by smoking is low among black and white South Africans. The knowledge about the risk of cigarette smoking senior secondary school in Lau, Taraba state was low, except for the common complications of lung cancer and bronchitis. In the study from Japan by Chi Chung, (2011) a majority of participation of a seminar were aware that smoking was injurious to health and causally related to lung cancer, but many were unaware that smoking increased cardiovascular and other lung diseases.

New research by Rabinoff, (2015) found that woman who smoke are at significantly increased risk of developing an abdominal aortic aneurysm, a condition in which a weak are of the abdominal aorta expands or bulges. Pre tobacco may be consumed by smoking or other smokeless methods such as chewing, the World Health Organization, (WHO) only collect data on smoked tobacco. Smoking has therefore been studied more extensively than any other form of consumption. In 2000, smoking was practiced by 1.22 billion people, predicted to risk to 1.45 billion people in 2010 and 1.5 to 1.9 billion by 2025. If prevalence had decreased by 2 percent a year since 2000 this figure would have been 1.3 billion in 2010 and 2025. Despite dropping by 0.4 percent form 2009 to 2010, the United States still report an average of 17.9 percent usage. (U.S.D.H.H.S, 2014).

As of 2002, about twenty percent of young teens (age 13-15) smoke worldwide, with 80,000 to 100,000 children talking up the addiction everyday roughly half of whom live in Asia. Half of those who begin smoking in adolescent years are projected to go on to smoke for 15 to 20 years of age. (WHO, 2011), stated that, much of the disease burden and premature mortality attributable to tobacco use disproportionately affect the poor. Of

the 1.22 billion smokers, 1 billion of them live in developing or transitional nations. Rates of smoking have leveled off or declined in the developed world. In the developing world, however, tobacco consumption is rising by 3.4 percent per year as of 2002. WHO in 2004 projected 58.8 %.

The earlier a smoker quit smoking the less the hazard, as evidence suggests that much of the projected mortality from smoking can be prevented by stopping. Little is known about smoking behavior, awareness of health hazards, and initiation of smoking among secondary school students from this part of the country. Therefore cross-sectional survey on the prevalence and factors influencing the onset of cigarette smoking among the young senior secondary school students in Lau local government area of Taraba State (Bryant, 2012).

2.2.3 Concept of Social Behaviour

This is the way in which people in group or a group behave, interact and respond to a specific set of conditions. People interact with one another to achieve goal or satisfy inner motivation. People, who belong to social groups, do so to survive and improved their well being of life. Bugerntal, (2000) social behaviour shows the basic motives for human behaviour. The desire to establish ties with other people usually comes high on the list of interaction. He further mentioned that, people in groups can share food and can team up for safety, he concluded by saying that social behaviour helps human being to establish social ties.

Skowronski, (2000) stated that social behaviour is to understand ourselves and others. The importance of these interactions with other people around us is obvious as it

helps to explain our relationships with others and we are able to manage our lives effectively. Hogg and Hardies, (1992) state that, social behaviour is a process by which the actions of an individual or group affect the behaviour of others in an organization or school environment. Harris, (1995) also observed that there are two different ways of expressing social behaviour, pro-social and anti-social behaviour. Pro-social behaviour is helping behaviours which include liking and loving. Anti-social behaviour this term generally refers to actions that deviate significantly from established social norms which include Aggression, fighting and lying.

Social behaviour is important in everyday life, providing potential cues about how to get along with classmates, teachers, co-workers, lovers, neighbours, and members of different groups whose customs might otherwise seem strange to us (Regan, 2003). Scholler, (2003) agrees that people get hostile when their reputations, their resources families, member of the same gang, classmates are threatened. The motivation to defend ourselves can have obvious benefits, promoting our survival and that of our family members, but it can also lead to escalating violence due to substance taking (Marijuana). Crano, (1988) the reason that increases the likelihood of interpersonal attraction is that we assume that people with similar attitude will evaluate themselves positively. We assume that when we like someone else, that person likes us in return.

Yela, (2000) also observed that, people who are physically attractive are more popular than those who are physically unattractive, is apparent even student in secondary school, primary school and nursery school are rating popularity on the basis of attractiveness and continues into adulthood. Social behaviour varies to some degree, based on the social environment in which the child lives. This kind of behaviour

commonly includes doing assignments, playing football, skipping school, answering questions in class, getting into fights, running away from home, persistently lying, using illegal drugs or alcohol, stealing, vandalizing property, engaging in aggressive or violent behaviour towards other individuals, and violating school rules. Keep the rules and regulations of the school and obey; constituted authorities.

2.2.4 Concept of Second-Hand Smoke (SHS)

World Health organization, (2015) asserted that second hand smoke or passive smoking is the inhalation of smoke, by persons other than the intended active smoker. It occurs when tobacco smoke permeates any environment, causing its inhalation by people within that environment exposure to second-hand tobacco smoke causes diseases, disability and death. The health risks of second hand smoke are a major motivation for smoke free laws in workplaces and indoor public places, including restaurants, bar and night clubs as well as some open public spaces. Concerns around second-hand smoke have played a central role in the debate over the harms and regulations of tobacco products. Since the early 1970`s, the tobacco industry has viewed public concern over second-hand smokes as a serious threats to its business interest. Passive smoking causes many diseases exactly in direct smoking (Gallway, 2012). Secondhand smoke (SHS) has the same harmful chemicals that smokers inhale. There`s no safe level of exposure for secondhand smoke (SHS). Secondhand smoke is known to cause cancer. It has more than 7,000 chemicals including at least 70 that can cause cancer. Secondhand smoke causes lung cancer even in people who have never smoked. There is also some evidence suggesting it might be linked in adults to cancer of the bladder, stomach and pharynx (throat).

Secondhand smoke affects the heart and blood vessels, increasing the risk of heart attack and stroke in non-smokers. Some studies have linked SHS to mental and emotional changes, also it linked to symptoms of depression. Studies have shown that children, whose parents smoke get sick often, have more lung infections like (bronchitis and pneumonia) and they are more likely to cough. Secondhand smoke can also trigger asthma attacks, make asthma symptoms worse, and even cause new cases of asthma in children who did not have symptoms before. Everyone can be exposed to (SHS) in public places where smoking is allowed, such as restaurant, shopping centres, public transportation parks, and schools (American cancer society, (ACS) (2010).

2.3. Psychological Influence of Cigarette Smoking

Psychological influence of cigarette smoking connotes with mind or the mental phenomena as a subject matter to ones decision to smoke either in coping stress or to overcome frustrations or to avert depression as it may be has predisposing factors.

They are categorized into four (4) segments, i.e.

1. **Socio-Demographic Factors:** this comprises of age, gender, ethnicity and acculturation, living arrangements, family size and structure; parental socio economic status, (SES), spending money and employment status, and rural/urban residence. In some studies, in John, (2010), it was difficult to separate these factors because there are colinear relationships or influence between such variables as SES, family size, and educational level of parents. Initiation and prevalence of smoking among adolescents typically rise with increasing age and grade. For example, reference to 30-33 or adolescent who began smoking at a

younger smokers and more likely to become regular smokers and less likely to quit smoking. It might be expected that the degree to which individuals from various ethnic backgrounds identify with, or have been assimilated into, mainstream society would be related to the adoption of certain behaviours including smoking. Higher level of parental socioeconomic variables, such as education and social class, have often been found to be inversely related to smoking status in adolescents. The personal income of students has been associated with smoking. Young people with more spending money showed higher levels of smoking. Presumably because money needed for the purchase of cigarette. Adequate income may supersede other protective factors, Bailey, (2014) found that subjects who were working and had their own personal income showed higher cigarette use even though they came from two-parent families.

2. **Environmental Factors:** factors in the environment that potentially influence cigarette smoking among students have been a focus of many investigations, this comprises of peer group, parental smoking, siblings and peers, attitudes and norms about smoking (including parental reactions to smoking by their children); family environment, and attachment to family and friends. Availability and ease of acquiring cigarettes are also environmental influence that can have an impact on smoking among senior secondary school students in Taraba state. Aspects of the family environment which have been examined with regard to students smoking include parental supervision, attachment, support, and parental style. The amount of time in self care lack of knowledge about their children`s friends and inadequate monitoring were associated with increase smoking. Findings with

regard to peer smoking were more consistent than those for parental smoking. “Peers, have been variously defined as classmates, friends, best friends, opposites or same sex friends, and boyfriends or girlfriends. The influence of best friends has been noted to be greater than that of other good friends which, in turn, was greater than that of peers of the same ages. Regardless of the definition used, however, peer smoking was consistently found to be related to adolescent smoking initiation, and intensions. Also, accessibility of tobacco is found in the environmental influence, tobacco is generally available to students. Despite legislation that prohibits sales to minors they are able to acquire cigarette and other tobacco products through older friends and family members, or by stealing from parents and other adult who smoke. Although accessibility is important, it has been shown to be less so than other reasons that influence smoking.

3. **Behavioural factors:** under the behavioural factors, there are three major categories of behavioural variables first were those factors related to school, primarily academic performance and aspirations. A second category contained risk-taking or deviant factors such as violence and gang membership. A final related grouping included lifestyle factors such as diet, exercise, sleep, and dental care. Behaviours related to sexual activity, seatbelt use, and alcohol and drug use are indictors of lifestyle, but also can be described as risk-taking. Smoking status has been found to be consistently related to school performance for instance, Udo, (2013) identified that smoking cigarette is purely associated with educational aspiration and academic performance, and commitment to school duty. Those students who do well in school, have high academic aspirations smoke than those

who do not possess these characteristics. The protective effect of academic performance, aspirations, and commitment on young students smoking may reflect beliefs necessary for academic success. A longitudinal study of American 12-14 years old found that a belief in conventional rules was associated with lower levels of smoking. Risk taking and deviance encompass pattern of problem-prone behaviours that frequently tend to coincide. For instance, measures of deviance and risk-taking were related to trying to smoke, current smoking, is associating with smoking friends, as well, certain risky behaviours such as having a history of trouble with the police and, for some ethnic groups, carrying a weapon were also associated with smoking. Lifestyle behaviours tend to occur together in adults, so that individuals who adopt a healthy lifestyle with regard to one aspect of their lives tend to do so in others as well. This pattern also appears to occur in young students. Problem behaviours such as smoking and other drug abuse, sexual activity, riding with a drinking driver, carrying a weapon, and physical fighting have been associated with lower levels of health enhancing behaviours such as seatbelt use, eating behavior and adequate sleep. Alcohol and drug abuse increase the risk of smoking among students.

4. **Personal Factors** associated with smoking: Research on psychosocial influence correlates of smoking and other drug use. Specifically investigations of personality characteristics, motivational factors or influence such as stress, and personal resources such as coping, has arisen from attempts to deliberate the mechanisms explaining initiation to smoking among some population subgroups defined by their socio-demographic characteristics. Other factors that have been

consistently associated with smoking are self-esteem, whether overall or with regard to specific contexts such as home or school. Not surprisingly, more positive attitudes towards smoking and smokers tend to be related to an increased likelihood of smoking. Mcwell, (2010) however found that beliefs and opinions about smoking did not predict smoking uptake in the presence of socio-demographic, environmental and behavioural factors.

Psychosocial factors include personality and presence of psychiatric disorder, as well as family, peer and other environmental factors that either increase the risk of and individual developing an addictive disorder (risk factors) or decrease such risks (protective factors). Cognitive and behavioural research is the key to understanding how basic principles of learning and conditioning can be used to modify drug-taking behaviour; this research has been reviewed in a variety of reports and monographs (Hawkins *et al*, 2012) briefly, research indicates that beliefs and attitudes, many of which are learned by watching or listening to role models at home, in the community, or in the media, have a strong influence on drug use and abuse. For example, adolescents typically use drugs when with very close friends, and so the peer influence on drug use and abuse may occur in a cycle; a child chooses friends with similar interests and attitudes, and when one experiments with drugs, the others join in, and soon they are imitating each other`s use or abuse. In addition, children are more likely to use drugs if drugs are used by other members of their families. In fact, a family history of drug abuse is the single most important indicator of risk for the children. Although some of this risk may be genetic, it is not clear either to what degree or how genetic vulnerability interacts with environmental factors in such families. The community environment is also crucial;

children who live in communities with drugs readily available, drug-using peers, and where drug use is generally accepted are more likely to abuse drugs. Glantz and Pickens (2013) reviewed the literature on vulnerability to drug abuse and found complex relationships among family and community factors. For example, among Mexican Americans, the risks of drug abuse were higher for children from lower socioeconomic group families living in regions with high dropout rates from high school. In contrast, females from families who have a strong identification with Hispanic culture seem to be protected and to engage in drug abuse in lower numbers (Swaim, 2010).

2.3.1 Sociological Influence of Cigarette Smoking

Smoking has advanced effects on the society. Most of the people learn to smoke influenced by others, hence smokers are existing as a bad example and misleading the younger generation. Evidence from studies elementary school students (Jackson, 2009), middle school students (Caruajal, 2010 and Conard, 2012), and high school students (Duncan, 2015) clearly indicates that friends play a major role in smoking initiation and escalation of use. For instance, the first time an individual smokes not commonly occurs with a friend who already smokes, and reinforcement from friends has been implicated in further experimentation and progression of smoking. Furthermore, over 90% of high school students who smoke report that one or more of their closest friends smoke, compared to 33% of non-smokers reporting having one or more close friends who smoke (CDC, 2011).

Prospective studies of high school students provide strong evidence that friends' smoking status and reinforcement are more significant than many other psycho-social

risk factors for smoking initiation and progression (Duncan, 2014) friends smoking behaviour significantly predicted trying, experimenting, and regular smoking. Moreover, this relationship became stronger as the stage of smoking progressed and as the number of friends who smoked increased. Friends smoking behaviour also predicted movement from trying cigarettes to experimentation for both genders but no progression from experimentation to regular use.

Killen and associates, (2013) also examined the relationship between friends smoking behaviour and smoking initiation among high school students. For several years, they annually assessed this behaviour among participants in 2 consecutive cohorts of 9th graders. Among girls and boys with no history of smoking at baseline, those with friends who smoked at baseline were significantly more likely to try smoking over the study's duration. The researchers concluded that friends smoking were the most important predictor of smoking for both genders when compared to other factors including temperament, depression and drive for thinness.

In another study of secondary school students, smoking initiation and progression were assessed over a 3 years' time span (Wang, 2011). The relationship between parents, siblings and best friends smoking status and cigarette smoking initiation was examined. Best friends smoking status proved to be the only consistent and significant predictor of smoking and progression for males and females.

A 4 year prospective study of five age cohorts who began the study between the ages of 11 and 15 year old also found evidence that peer reinforcement was predictive of cigarette smoking use. Results of the findings revealed that encouragement to smoke by a

best friend and lack of family cohesion predicted initial cigarette use. Encouragement but not family cohesion also predicted progression to more advanced stages of smoking (Duncan, 2015).

In contrast to the numerous studies that examined friends smoking behaviour and smoking initiation among high school students, only a limited amount of cross-sectional data link friends smoking behaviour to cigarette smoking initiation during college. In a study of African-American students, current residence, parents and friends who smoked during the participants childhood, and current friends who smoked were significantly correlated with smoking at least one cigarette but less than one hundred total in one's lifetime (Perrio, and Hestick, 2010). When these variables were subsequently entered into a prediction model, however, only parents and friends who smoked during the participants childhood proved to be statistically significant in predicting trial smoking behaviour in College. Currents friends smoking status was not a significant predictor of trial smoking in this study, however, its predict lifetime smoking behaviour defined as smoking 100 or more cigarette's in one's lifetime. Furthermore, the risk of lifetime smoking was reduced when neither friends nor parents smoked and the student viewed spirituality as important.

An email assessment of undergraduate students at Yale University also provided a limited amount of cross-sectional data on friends behaviour and smoking status (Debernado, 2010). Non-smoking students who were susceptible to start smoking within a year after the survey were asked about motivations for smoking. Approximately 11% indicated that they are motivated to begin because of their friends who smoked. The most frequently selected motivator for future smoking initiation behaviour was friends

behaviour (11%), followed by stress (6.5%), depression (2.7%), image that smoker projects (2.5%), and expression of independence (1.8%). Obviously, these descriptive data cannot assess whether having friends who actually increased the risk of smoking among their susceptible friends.

Environmental Determinants in Sociological Influence of Cigarette Smoking

In contrast to personal influences that are internal to an individual, environmental influence are external factors that influence an individual's thoughts and behaviour. With few exceptions, smoking initiation occurs within the social environment. According to (Bandura, 2002) self-development, adaptation and change of environment are embedded in social environment. Traditional age college students exist in very dynamic and diverse social environment. Undergraduate students typically interact with roommates, housemates, dorm-mates, classmates, co-workers, instructors, friends and/or romantic partners on a regular basis. Moreover, college students also tend to have many group affiliations, like being members of academic clubs, intramural sports teams, sororities or fraternity, or community youth groups. Because of the dynamic and diverse nature of relationship within college students lives, the social environment plays a crucial role in this study. In particular, the relationship of smoking related behaviour and interactions between friends, roommates, romantic partners, and sorority sisters and fraternity brothers tends to influence cigarette smoking initiation. In addition, parents smoking status where they child live has a strong influence I cigarette smoking. Also considerable evidence indicates that perceived prevalence of peer's smoking behaviour influences the perceivers smoking behaviour. In particular, adolescents are at an increased risk of

becoming smokers if they overestimate the number of their peers who smoke (Botuin, 2010).

Flay and his Associates, (2008) for instance, conducted a longitudinal study of the psychological predictors of the different stages of smoking among high school students. Perceived smoking behaviour of peers and adults was among one of the most variables they measured among 7th graders. Cigarette smoking stages were assessed 6 years later, when participants were in the 12th grade, students who never smoked not even a puff or two, were classified as “never smokers”. Those who had smoked only one whole cigarette or less in their entire lifetime were labeled trials. Those who had smoked more than one whole cigarette in their lifetime, but had not smoked in the week preceding the assessment, were classified as experimenters. Finally, students who smoked during the week before they had completed the survey categorized as regular smokers. Results indicated that perceived prevalence of peers smoking significantly predicted regular use and experimentation of cigarette.

2.3.2 Relationship between Cigarette smoking and Social Behaviour

The period of adolescence appears to witness an array of problems in social behaviour due to special class of people of that range. Some of the experimentations are occasional and of brief duration but some may be enduring and can even persist into adulthood. This is because they usually find their feet in so many aspects of life. Among the common social behaviours exhibited by these categories of youth/adolescents are: drug/alcohol use, truancy, armed robbery, cultism/gangsterism, examination malpractices, social adjustment, religious conflicts, delinquencies and eating disorder. Overt behaviour

(external) and the convert (internal) behaviour. Steinberg, (2010) categorized these social behaviour problems into two: internalizing behaviour and externalizing behaviour. From the rear, Steinberg (2010) said that externalizing behaviour, refer to that behaviour which the person`s problems are turned outward and acted out like in delinquency and gangsterism.

Steinberg, (2012) stated that internalizing social behaviours are those in which the person`s problems are turned inward and manifested in emotional symptoms like anxiety and depression or even suicide as well as in psychosomatic disturbances like bulimia and anorexia. For instance can be seen that in any case of suicide, the person must have been depressed or distressed just like a depressed adolescents is more likely to have anxiety and may indulge in eating disorder. In the same way, those social behaviours exhibited as a result of smoking marijuana will often externalized behaviour such armed robbery or truancy in the school (Ezeh, 2005). Some depressed students can also resort to marijuana smoking and become delinquents in behaviour.

According to Ezeh, (2010) observed that problems among students, in school and outside school system, are common in many societies, especially in Nigeria. For instance, most bars for beer parlours and restaurants are usually besieged by students and other youths, who claim to visit such places for relaxation over some bottles of beer and sticks of cigarette. Again, in any party organized by youths, there is usually free flow of booze accompanied with much marijuana smoking and cigarette. On this fact, such heavy marijuana smoking and cigarette. On this fact, such heavy marijuana smoking, majority of students in the party ground will cause havoc in the neighbourhood like looting, rapid,

armed robbery, fighting, burning of houses, destroying many materials thing that does not belong to them.

Ezeh, (2005) discussed that many people have called out on government to checkmate this trend but the society appear to be sending mixed signals to the youngsters involved in marijuana smoking. He also noted that television and radio programmes are full of advert jingles on variety beer and cigarette, to show image or describe people who have engaged in many rewarding activities after taking the substances. Yet some adverts on cigarette end with a slogan, federal ministry of health warns that tobacco smoking is dangerous to health. What a contradiction! If the companies know the health hazards of these substances, why then are they advertised in such tantalizing manner that could easily induce young ones to try out? (Ezeh, 2005). Among drug users are the oblivion seekers, who want to move away from the realities of the life and the experience seekers who want to move towards the realities of life. Ekeruo, (1989) in Ezeh, (2005) states that many youngsters indulge in marijuana smoking, as a way of fulfilling their sense of belonging to the peer or peer group. Asuni (1993) state that people who are judged to be mentally unstable tend to be more psychologically dependent on marijuana smoking than non smoker.

2.2.3 Smoking and Personality

Most studies on the relationship between smoking and personality characteristics, in recent decades, were carried but according to the theoretical model, there are three predominant dimensions of character or personality supposedly related to smoking: extroversion, neuroticism, and psychoticism. The extroversion dimension comprises factors such as sociability, assertiveness, positive emotions, vivacity, and activity level. It

has been hypothesized that there is a relationship between extroversion and smoking. In line with this interpretation, extroverts and introverts differ as to the level of necessary stimulation for their well-being. At equivalent stimulation levels, extroverts will be characterized by low cortical excitation, and introverts by high cortical excitation. At a medium level of stimulation, at which most daily activities occur, whereas extroverts will more likely feel little stimulated, whereas extroverts will feel highly stimulated. Since they operate below their ideal level of cortical excitation, extroverts might try to change their external environment through increased activity, or might try to change their internal environment by ingesting substances, such as nicotine and other drugs. However, introverts will try to reduce the stimulation input. Similarly, traces of neuroticism can make the smoker sensitive to the properties of nicotine. People who get high scores on personality tests that evaluate this dimension possibly receive greater reinforcement in stressful situations, due to the stress-reducing effects provided by cigarette smoking. The neuroticism dimension comprises anxiety, depression, psychological vulnerability, hostility, and anger, and is related to depression and anxiety disorder. The psychoticism dimension comprises facets of character such as impulsivity, cynicism, coldness, antisocial tendencies, reduced agreeableness/conformity, reduced constraint/inhibition, and low conscientiousness.

2.3.4 Personality Traits and Attitude as Risk Influences of Smoking

Traits and attitudes can be described as constructs which are intended to capture certain variations in the behaviour of individuals (Sherman and Fazio, 2013). Though these characteristics features of individuals are considered intrinsic, they are usually

externalized. Personality traits and attitudes therefore determine an individual's behavior to a very large extent (Terraciano and Costa, 2010).

According to Sherman and Fazio, (2013) both attitude and traits have served as within-person intended to permit the prediction or later behavior". Some personality traits and attitudes have found to be closely associated with smokers. Though for various reasons there are conflicting findings about the specific traits and attitudes found to have this association (Costa, 2010). In a longitudinal study conducted in Finland, childhood hyper-activity was found to be correlated with both daily moderate and heavy smoking (Niemela, 2010). Study have shown that, smoking are associated with attitudes like aggressiveness, extraversion, sociability, risk taking, sensation seeking temperaments like anger.

Costa, (2013) identified that smokers were characterized high impulsiveness, high excitement seeking, low deliberation. They also found a difference in extraversion and openness to experiences between smokers and non-smokers. Findings from a study by Euans (2006), showed a positive relationship between, sensation seeking and smoking among patients with cardiovascular diseases. Smokers have been found to exhibit higher impulsion compared with non-smokers (Wing, Moss, Rabin, 2010). Personality traits like novelty seeking have also been found to be associated with both light and heavy smoking (Pago, 2006). These studies have shown that there are certain personality traits that can be associated with those who are smokers. These may also be identified with those who may pick up smoking at a later age and can be classified as risk factors for smoking.

2.3.5 Deficient Behavioural Skills as Risk Influences of Cigarette Smoking

Behavioural skills are life skills required by an individual's to be able to adjust properly in their social environment. Life skills have been defined as a set of abilities that pave the way for positive and useful behaviour" (Mardani, and Khajani, 2011). Life skills help individuals to improve communication, boost the power of decision making, management and self awareness (Mardini, 2011). Research findings have highlighted the fact that certain patterns exist in the levels of these life among smokers. Some of these behavioural skills will be discussed in relation to findings in previous studies.

According to Sarafinno, (2012) many individuals who initiate smoking seen to lack general personal and social life skills. Such skills include assertiveness skills, decision making skills and techniques for coping with anxiety (Sarafino, 2012). It is proposed that individuals who have good levels of these social skills will not be overly influenced by peers or other factors to smoke. Mardini, (2011) Note that life skills are related to psychosocial influence such as having a strong will and confidence, positive and healthy mental awareness, problem solving and decision making skills which are all positively correlated with high self esteem.

Findings from a meta-analysis of studies show a strong support for positive association between refusal skills and smoking onset (Gonald, 2012). A study by kear (2010) also found poor refusal skills and risk-taking tendency as some of the psychological determinants of smoking. Kear`s study also found that self-efficacy to refuse cigarettes. Was negatively related to high level of smoking in the environment. In other words, those who reported having higher levels of smoking in their environment

had lower intentions of being able to resist cigarette others successfully when compared with those not surrounding.

2.3.6 Psychological Motivators for Smoking

Psychological factors that motivate young people to smoke include among others, anger, depression, worry, distress and stress. Psychological factors like these have been found to push young people towards smoking as a way or means of relieving themselves of life's distresses (Shaibu, 2011). Various studies have also shown positive associations between these psychological attributes and being a cigarette smoker. A study by Bancroft, Parry and Amos, (2013) showed that smoker's moods are changed positively when they smoke. Magid, Colder, Nichter and Nichter, (2009) found negative effects (general distress and sadness) to but the most robust correlate of cigarette smoking among college student's independents of alcohol and marijuana use. In a study by Laws, (2007), smokers were found to more likely report experiencing feelings of anger, anxiety, low morale, depression and lack of motivation compared with non-smokers.

Psychological motivators largely stem from the effect of nicotine on the body system. Smokers have been found to be more relaxed than nonsmokers or smokers who were deprived of smoking (Nesbitt, 2009). It is also known that the relaxation felt smokers is a result of the calming effect of nicotine when ending withdrawal symptoms in smokers who are addicted, nicotine is in itself a psycho active chemical occurring only in tobacco (Sarafino, 2012). It has been described as the major inducer of tobacco dependence (Cotton, 2011). As is characteristic of psychoactive chemicals, nicotine tends to have a relaxation effect when an addicted smoker has a high amount of the chemical in his or her system at a particular point in time. Due to the short half life of nicotine, it is

depleted at a fast rate resulting in the speed with symptoms of withdrawal manifests in heavy smokers (Moshood, 2010). Some of the symptoms of withdrawal have been identified as anxiety, a negative effect and it is therefore understandable that since these are signs of a low level of nicotine, they will be reduced or changed as the case may be) by a re-introduction of nicotine into the system through smoking.

The ritual associated with lighting a cigarette and smoking it has been reported to give addicted smokers some pleasure (positive feedback) so much that in itself, the ritual begins to serve as psychological re-enforcement for the smoking behavior (Clement, 2009). Once a person attempts a particular behavior, the feedback experienced influences his/her future behavior in that regard (Michael, 2010) describes these feedback as neuromuscular habits which become associated with the ritual of smoking. Smoking after a meal and smoking before going to bed are therefore some of the neuromuscular habits some smokers have associated with their smoking habit. Cigarette becomes associated with sleep and food, when this happens, the smoker begins to feel that it is actually the cigarette that eases digestion or aids sleep but this may not necessarily be so. Mitchell, (2008), suggests that identification of these secondary habits of smoking and devising strategies to deal with them are very important in achieving success at quitting.

2.3.7 Interpersonal Risk Influences for Smoking

The smoking behavior of peers, family and role models have been found to be strongly associated with smoking (Skinner, Haggerty and Catalano, 2010), the social predictors of smoking therefore include behavior and beliefs of parents, peers and schools (Ogden, 2009). Social influence discussed under the following sub-heading:

➤ **Peer Influence of Smoking**

Peer smoking or approval of smoking has been strongly linked to adolescent's initiation and perpetuation of smoking (Conrad and Hill, 2009) peer smoking friends have also been found to be significantly associated or influenced with future smoking. Many young adults have been cajoled into initiating smoking by their peers especially close friends. Peer pressure and having peers or close friends who are smokers have been widely reported to strongly predict smoking status, (Amin, 2011). Comparing the influence of parents and peers or close friends on the strength of their prediction of smoking behavior, Kear, (2012) found a higher level of support for peer influence. 72% than the influence of parents (59%). This further calls for closer attention by educators and school counselors to know how to help young adults resist the pressure from friends to smoke.

➤ **The Family Environment and Smoking**

The smoking behavior and attitude of family members have been found to influence smoking in senior secondary school students (Sanz, 2010). However, different members of the family have different influences they exert on the youth with regards to smoking. A study by Hrubá, (2008) found that parents and other relatives smoking behavior led to a significant increase in the number of students who were determined to smoke in the future or who were considering to do so. Close parental attachment has is o been established to be a strong protective factor against possible and other risky behaviors (Francis, 2007). In a study by Louis (2010), it was found that the influence of parents in two parent households and

single mother households were slightly different concerning adolescents decision to smoke. Where the household had two parents the father's smoking habit tended to influence their son's decision to smoke and the mother's smoking habit influence their daughter's decision to smoke. In households of single mothers however, the same sex parent/child influence was to no longer at play, instead, the smoking habit of the cohabiting parent (irrespective of his/her gender) was influential in the child's decision to smoke.

Further, one very rarely discussed influence on youth smoking behavior from the family environment is that from older siblings. In their study, Francis (2007) found that siblings smoking had a strong association with reported cause of some non-smokers picking up the habit by the age of 15. The presence of other family members who smoke within a household has also been found to be a predicting factor of smoking behavior in an individual. For a family within a collectivist culture like is the case in Nigeria. The adolescent smokers found that parental smoking status and family connectedness influenced smoking intensity of adolescents, who are addicted to cigarettes. Family activities in Nigeria will involve children being sent on errands to purchase cigarettes (Odigwe 2008).

➤ **The School Environment and Smoking**

It has been reported that more than 80% of all regular smokers had started smoking at 15 years of age (US Department of Health and Human services, 2009). This implies that most smokers started smoking when they were still at school. The school environment is composed of many social factors that could influence adolescent behavior. Teachers, peers and the tone of the school are

some of the such factors. The influence of peers has been discussed earlier. However, teachers smoking behavior during school hours have also been found to influence adolescents smoking behavior. (Amin, 2011). Teachers therefore need to be conscious of their behavior on young students many of whom hold them as role models. A study by Erbaydaw (2015) suggested that attending school has a protective effect on smoking initiate among students. In addition, they found that better communication with teachers and being successful at school also decreased the risk of smoking. But this may not be the case where the teacher's smoking status is known to the student.

2.3.8 General Effect of Cigarette Smoking on Student's Health

Cigarette smoking causes an increased potential for airway obstruction, reduced lung function, and slowed growth of lung function. Also youth daily smokers are more likely to suffer from shortness of breath and have over all less endurance and performance in terms of physical fitness when compared to youth non-smokers (Centres for Disease control and prevention, 2012). Further the centre for disease control 2012, reported that the resting heart rate of youth smokers is two to three heart beats per minute faster indicating possible signs of heart diseases and for stroke. All of the potential negative health effects associated with smoking cigarettes are further enhanced due to the fact that one in five deaths each year can be attributed to smoking cigarettes (centre for disease control, 2012). Long-term effects of cigarettes are not well known, but studies suggest that they may have harmful effects similar to those of traditional cigarettes, though generally less severe (Havrell, 2014). Cigarette smoking not only causes bad breath, increased heart beat, high blood pressure, and irritates eyes and throat, but also

more serious health effects such as respiratory problems, stroke, various cancers, cardiovascular diseases and potentially death. Even those that do not smoke cigarettes directly can be exposed to many of the negative health effects associated with tobacco use. Each year, second hand smoke exposure kills an estimated 50,000 non-smokers (centre for disease control and prevention, 2012). In addition second hand smoke causes diseases and respiratory problems in non-smokers. There adverse effects include lung cancer, heart diseases, emphysema, coughing, respiratory discomfort, and reduced lung functioning. These negative health effects are due to the more than 7,000 chemical compounds that have been identified in tobacco smoke. Of these compounds, at least 69 are known to cause which result in second hand smoke causing 30 times as many lung cancer deaths when compared to all regulated air pollutants combined. (U.S Department of Health and Human Services, 2012). In 2007-2008, approximately 8 million non-smokers were exposed to second hand smoke. Over 53.6% of youth (age 3-11) in the country are exposed to second hand smoke on a daily basis (centre for diseases control and prevention, 2012).

2.3.9 Smoking and Socio-Economic Status (SES)

A person's employment status is strongly related to their overall health. In general, people who are unemployed experience poorer health and have higher mortality rates than those who are employed. Accounting for individuals who had been told to give up smoking by a medical person excluding ex-smoker. Smoking prevalence is higher among disadvantaged-groups, and disadvantaged smokers may face higher exposure to tobacco's harms. Uptake may be higher among those with low socio-economic status (SES), and quit attempts are less likely to be successful. Studies have suggested that this

may be the result of reduced social support for quitting, low motivation to quit, stronger addiction to tobacco, increased likelihood of not completing courses of pharmacotherapy or behavioral support sessions, psychological differences such as lack of self-efficacy, and tobacco industry marketing. Evidence of interventions that work among lower socio-economic groups is sparse. Raising the price of tobacco products appears to be the tobacco control interventions with the most potential to reduce health inequalities from tobacco. Targeted cessation programs and mass media interventions can also contribute to reducing inequalities. To tackle the high prevalence of smoking among disadvantaged groups. A combination of tobacco control measures is regained and these should be delivered in conjunction with wider attempts to address inequalities in health.

Cigarette smoking disproportionately affects the health of people with low socio-economic status. Lower income cigarette smokers suffer more from diseases caused by smoking than do smokers with higher incomes (Johnson, 2013). Social and economic factors influence a broad array of opportunities, exposures, decisions and behaviors that promote or threaten health. Although there are many factors contributing to predicted tobacco use, socio economic status (SES) is the single greatest indicator. Tobacco and poverty create a vicious cycle, low income people smoke more, suffer more, spend more, and die more, from cigarette smoking. Low social-economic status populations include low-income individuals with less than 12 years of education, the medically underserved, the unemployed, and the working poor. They can also be prisoner, gays and lesbians, blue collar workers and the mentally ill. Cigarette consumption per capital is still higher in high-income countries. Poverty is a major determinant of premature mortality and ill health. International comparisons show a strong association between economic indicators

such as gross domestic product (GDP) and life expectancy (World Bank 2009). Within individuals countries for which data exist, lower socio-economic groups experience higher rates of death from most diseases, at any given age, than affluent groups. Poverty affects health through numerous intermediate factors. Most of the major proximal causes of ill health (such as poor water and sanitation, certain sexual behaviors, or poor nutrition are strongly related to poverty (Yunusa, 2012).

2.3.10 Risk Factors Associated with Cigarette Smoking by (WHO, 2016)

Risk factors are variables associated with an increased risk of diseases or infections. The following are the risk factors of cigarette smoking:

1. **Low birth weight:** Smoking nearly doubles the risk of low birth babies. In 2004, 11.9 % of babies born of smokers had low birth weight as compared to July 7.2 % of babies born to non-smokers weight on average 200 grams less than infant`s boom to women who do not smoke. Premature and low birth weight baby`s faces an increased risk of serious health problems as newborns have chronic lifelong disabilities such cerebral palsy (a set of motor retardation and learning problems. Overall, they also faced an increased risk of death.
2. **Sudden Infant Death Syndrome (SIDS):** Is the sudden death of an infant that is, unexplainable by the infant`s history. Upon during pregnancy and after birth, are found to be more at risk of (SIDS) due to the increased. Levels of nicotine often found in (SIDS) cases. Infants exposed to smoke during pregnancy are up to three times more likely to die of SIDS those children born to non-smoking mothers (Galloway, 2012).

3. **Future Obesity:** A recent study has proposed that maternal smoking during pregnancy can lead to future teenage obesity, while no significant differences could be found between young teenagers with smoking mothers were found to have on average 26 percent more baby fat and 33 percents more abdominal fat than similar aged teenagers with non-smoking mothers. This increase in body fat may result from the effect of smoking during pregnancy, which is thought to impact fetal genetic.
4. **Programming in relation to Obesity:** While the exact mechanism for this difference is currently unknown, studies conducted on animals have indicated that nicotine may affect brain functions that deal with the eating impulses and energy metabolism. As a result of this alteration to brain, functions, teenage obesity can in turn lead to a variety of health problems including diabetes. A condition in which (the affected individuals blood glucose level is too high and body is unable to regulate it and cardiovascular disease (any affliction related to the heart but most commonly the thickening of arteries due to excess fat build up).

According to World Health Organization, (2015) if your health is not enough to make you quit smoking, then the health of your body should; smoking during pregnancy affects you and your baby`s health before, during and after birth. The Nicotine (the addictive substance in tobacco) carbon monoxide and numerous others poison. You inhaled from a cigarette are carried through your blood stream and go directly to your baby. Smoking while pregnancy will cause the following risk factors. The following risks were identified by World Health Organization, (2015)

- i. The cervix is the lower third portion of the uterus. The baby passes through the cervix when it is born. Smoking can cause cervical cancer. Tobacco use increase the risk of precancerous changes as well as cancer of the cervix.
- ii. Smoking causes adverse problems that last throughout the lifetime of the child. This was found that in human`s nicotine receptor levels in the brain are higher from twelve to twenty-seven weeks of fetal development than at any other time during life, and the nicotine receptors during development are involved with neuronal architecture and with the stabilization of synapse. In Layperson`s terms that means that exposure to nicotine during pregnancy could possibly affect the brain structure of the child for life; thereby increase the rates of conduct disorder.
- iii. Ectopic pregnancy- this is pregnancy outside the uterus, usually in the fallopian tube, it is another risk factor of Tobacco smoking in pregnancy.
- iv. Reduced oxygen (O₂) supply – every time, a pregnant woman smoke a cigarette, it cuts down oxygen to her unborn baby and exposes the baby to a cock tail of chemical, including chemicals that cause cancer.
- v. Fetal death-death of the baby in the uterus (still birth)
- vi. Spontaneous abortion-known as miscarriage
- vii. Changes in the baby`s brain and lungs
- viii. Premature rupture of the membrane
- ix. Problem with the placenta, including early detachment from the uterine wall and docking the cervical opening (placenta prevail)
- x. Increase the risk of cleft lip and cleft palate
- xi. There is retardation in growth and development

- xii. Smoking during pregnancy decrease lung function of both the baby and the mother
- xiii. Smoking in pregnancy can cause preterm birth (when a baby is born too early, according to the U.S centres for disease control and prevention (CDC), observed the health risk associated to preterm birth which includes, visual and hearing impairment, mental disability, learning and behavioural problems.
- xiv. Smoking is related to chronic coughing and wheezing among adults.
- xv. Smoking is related to asthma; which is the inflammation of the airways which causes blockage of airflows in and out of the lungs.
- xvi. Smokers have more acute lowers respiratory illness, such as pneumonia or acute bronchitis, than nonsmokers. These are usually diagnosed as infections of the lower respiratory tract (bronchial tubes and lung illness).
- xvii. Smoking causes injury to the airways and air lack of your lungs, which can lead to chronic obstructive pulmonary diseases (COPD), which includes emphysema.
- xviii. Tobacco smoking in pregnancy causes coronary heart diseases (CHD) and also atherosclerosis which is the hardening of the arteries, artery diseases.

2.3.11 Who does Smoking Affect?

According to World Health organization reports, (2015) the effects of smoking aren't limited to smokers themselves, nor to the lives of the people who love them. Cigarette smoking affects you and me and every other person inhabiting this planet, today and in the future. Specifically, smoking (your smoking or others` smoking) affects your health, your pocketbook, and the political freedoms you hold. Contrary to popular belief,

the issue of smoking hasn't been dealt with adequately in Taraba States, Nigeria and certainly not elsewhere. You only have to look at the actions of big Tobacco industry leaders.

Youth of developed and developing nations to an early grave. My patients were not only veterans of wartime or peacetime service; they were engaged in another actual war-right there, right then-without realizing it (Coombs, 2013). They didn't know about the 4,000 chemicals rushing through their arteries and veins as they smoked, causing damage throughout their bodies. Although they knew about lung cancer, they didn't know about the blindness, osteoporosis, infertility, impotence, and many other effects that result from smoking. Unfortunately, some (but not all) of the damage caused by still, they didn't know that one out of every five Americans dies as a result of smoking. They didn't know that an enemy-hidden by special interest but as real as any found on a battle field-had aided and abetted their entrapment into disease and death. Connected closely with individual patients whose cases particularly touched me-individuals representing single privates who are part of an army of others just like them.

Sixty (60) percent of patients served by that medical facility were smokers. In fact, until the 1990s, the U.S federal government was a major purchaser of cigarettes in United States, providing free cigarettes to soldiers in their rations from 1917 to 1975, and selling cigarettes on military bases and veteran facilities at greatly reduced prices until the 1990s. (even today, cigarettes bought on military bases cost less than those available to the general public, because the sales occur on federal property and are not subject to state taxes). In 2005, 33 percent of all veterans who use veterans administration facilities in united states still smoked cigarettes, a rate much higher than the general adult

population's smoking rate. Likely due to that, the illness and death toll from smoking for U.S veterans is for greater than the toll from injury or death in combat (Mamud, 2010).

Smoking increases blood cholesterol levels. Furthermore, the ratio of high density lipoprotein (the good cholesterol) to low-density lipoprotein (the bad cholesterol) tends to be lower in smokers compared to nonsmokers. Smoking also raises the levels of fibrinogen and increases platelet production (both involved in blood clotting) which makes the blood viscous. Carbon monoxide binds to hemoglobin (the oxygen-carrying component in red blood cells), resulting in a much more stable complex than hemoglobin bound with oxygen, resulting in a loss of blood cell functionality. Blood cells are naturally recycled after a certain period of time, allowing for the creation of new, functional erythrocytes. However, if carbon monoxide exposure reaches a certain point before they can be recycled, hypoxia (and later deaths) occurs. All these factors make smokers more at risk of developing various forms of arteriosclerosis, (Mamud, 2010).

2.3.12 Practical Methods involved in Quitting Cigarette Smoking

World Health Organization, (2015) identified the following ways of quitting from smoking:

- i. Hide your matches, lighters, and ashtrays.
- ii. Designate your home of non-smoking area.
- iii. Ask people who smoke not to smoke around you.
- iv. Drink fewer caffeinated beverages, caffeine, may stimulate your urge to smoke.

Also avoid alcohol.

- v. Change your habits connected with smoking. If you smoked while driving or when feeling stressed, try other activities to replace smoking.
- vi. Keep mints or gum (preferably sugarless) on hand for those times when you get the urge to smoke.
- vii. Stay active keep your mind off smoking and help relieve tension: take a walk, exercise, read a book or try a new hobby.
- viii. Look for support from others. Join a support group or smoking cessation program. Do not go places where many people are smoking such as clubs, party and smoking section of restaurants.
- ix. They should eat as much as they want but only low-calorie foods and drink large volume of (water) H₂O.
- x. Use methods like acupuncture, hypnosis, and tobacco treatment therapy.

2.3.13 Religious and Philosophical Views about Cigarette Smoking

In looking at the religious and eastern philosophical views of smoking, the Mormon church (of Jesus Christ and the Latter Day Saints) and the Seventh Day Adventist Church (<http://adventist.org/beliefs/statements/main-stat23.htm/>) have been active for many years in encouraging both members and the public more generally to give up smoking. Indeed the lower incidence of cancer and heart disease among Seventh Day Adventist, who generally do not smoke or drink, provided evidence that helped to consolidate the case that implicated smoking as a cause of lung cancer and cardiovascular disease. Apart from these examples, the involvement of religious authorities in public health campaigns for tobacco control is a relatively recent phenomenon (<http://adventist.org/beliefs/statements/main-stat23.htm/>). There is little evidence that

religious belief or affiliation has a major impact except in the case of religious with very strong sanctions against tobacco use. However, in areas where religion plays a very prominent role in society, such as in Mormon-dominated Utah in the USA, where the prevalence of current smoking daily is only 9.1% and in countries such as Malaysia and Thailand, it can be important as part of an integrated sets of programs and policies for tobacco control ([www.cdc.gov/tobacco/data_statistics/fact-sheets/adult-data/cig-smoking/index,htm](http://www.cdc.gov/tobacco/data_statistics/fact-sheets/adult-data/cig-smoking/index.htm)).

Eastern philosophy includes the various belief systems of Asia, including Buddhism, Hinduism, Confucianism and Islam. The distinction between the religious and the secular tends to be less in Eastern philosophy than in Western religions and the same philosophical school often contains both religious and philosophical elements. The inner world of a human being and his or her ability to control and develop it is of the highest value. Spirituality, virtue, and meditation as a means of establishing control over emotions and life as a journey are key concepts. Most religions, including Islam and Buddhism, have religious principles that forbid or discourage the use of addictive substances. For example, some Islamic scholars have pronounced smoking as 'haram' (Voelk, 2014).

2.3.14 Factors Affecting Social Behaviour in School/Society

The menace of secret cult members in our society, especially in secondary school and institution of learning, is of tremendous gravity and a good number of the populace currently live with fear, the activities of such cults, include looting, maiming and outright killing of innocent citizens and those of the rival groups (Ezeh, 2005). According to Ekwunife, (2010) cult simply refers to a system of religious worship or social gathering,

mainly for devotion or homage to a being-human or spiritual. He said that member of secret cults often engage in hidden activities, whose overall ends and results spell doom for the members, the community and the society. Thus, secret cults are characterized by secrete oath taking to maintain the secrecy, use of signs and symbols, rituals/initiation, parochial interest, exclusiveness as well as rationalization of their existence (Eya, 2001).

Maliki, (2011) explained that cults as a social behaviour in Nigeria secondary schools is traced back to the middle of the last century with the emergence of the pirate confraternity, otherwise known as the National Association of Sea Dogs, which was initiated just to fight against mental enslavement of students by the colonial masters and they only engaged in cases of symbolic nature like rejecting some colonial table etiquette and dressing. Maliki, (2011) states that, cult member has made Nigeria secondary schools into theatres occasioning wantom destruction of lives and properties even innocent bystanders. Some of these cult groups that ameliorate social behaviours in schools and campuses of Nigeria are: the Vikings (Baggas); Black Axe, Sea Dogs, Black Berets (BB); two-two; Buccaneers, Mafia, Burkina-Faso (BF), Amazons, the Black Bras and the Jezebel (Odoha, 2013).

Examination malpractice is another factor which is the commonest problem of social behaviour of students in secondary schools, sometimes called examination misconduct. It is an act or behaviour whereby most students in schools obtained score that were not actual or real. It is pernicious evil that has eaten the fabrics of our educational system, such that the authenticity of some certificate obtained from Nigeria secondary schools is subject of scrutiny and doubt in some developed countries.

Eze, (2000) stated that the reason why some of these students indulge in examination malpractice is that, they want to attain societal value orientation and quest for achievement without hard work. For this reason every student would want to acquire a certificate but many are not prepared for the studies.

Evans, (2013) state that marijuana smoking among secondary school students has been a stigma of a morally bankrupt, decadent and wasted generation that must be made stronger or revitalize and collectively salvaged together in order to prevent the total degeneration and loss of our societal values and ideals. There are many factors that contribute to the influence of marijuana smoking among Nigerian secondary school students and youths, peer groups, parental background (broken home) emotional stress among others. The Nigerian Student`s Activist, (2009) mentioned that, students can be greatly influenced to be a marijuana addict if allowed to interact with his fellow students. He can be tempted on one fateful day to join the bad wagon of smoker of Indian hemp, thereby gradually ruining his career in life. Getting hooked to a particular drug like marijuana smoking is like a gradual process that will reach a climax.

2.4 Empirical Studies

Oyemade and Lawoyin, (2015) on the psychological effects of tobacco smoking on the health of people in Nasarawa state. The study had two objectives, two research questions, and two hypothesis among which include to know the psychological effects of tobacco smoker, to suggest possible ways of remedying. What are the psychological effects of tobacco smoker? What are the possible ways of remedying? There is no significant different on the psychological effects of tobacco smoker. There is no

significant different on the possible ways of remedying. The population of the study comprised of all the tobacco smoker in Nasarawa state, the sample of the study comprised fifty five smoker in Nasarawa state. The instrument used for the study was structure questionnaire. The statistical analysis used was percentages and chi-square for the analysis of the data. The findings of the study reviewed that tobacco smokers are suffering with the same kind of psychological effects. The major remedy among include that secondary school students should avoid smoking as it affect the health of the individual. The similarities of the study to the present study are that all the study is carry on students in the secondary school. The different is that the last study was in Nasarawa State while the present study is in Taraba State. Although the past study is an eye opener to the. Present study because it guide in the state of objectives research questions and hypothesis.

Olorunfemi, (2012) on the effects of tobacco smoking on the health of students of secondary schools in Kogi State. The study had four objectives, four research questions, and four hypothesis among which include to know the type of cigarette secondary school students smoke, to know the factor that make young people to smoking cigarette. What are the types of cigarette secondary school student's smoke? What are the factors that make young people to smoke cigarette? There is no significant different on the type of cigarette secondary school students smoke. There is no significant different on the factor that make young people to smoke cigarette. The population of the study comprised of all the secondary school in Kogi state, the sample of the study comprised of five secondary schools in Kogi state. The instrument used for the study was structure questionnaire reflecting the variables. The statistical analysis used was percentages and chi-square for

the analysis of the data. The findings of the study reviewed that the type of cigarette smoke in the secondary schools Kogi state is the same with other states. The factor that caused students into smoking is identifies as friends, parents and relations, four recommendations were made among include that secondary school students should avoid smoking in the school as it affect the health of the individual. The similarities of the study to the present study are that all the study is carry on students in the secondary school. The different is that the last study was in Kogi state while the present study is in Taraba state. Although the past study is an eye opener to the present study because it guide in the state of objectives research questions and hypothesis.

Cigarette smoking contributes to the deaths of more than 400,000 youths annually. Each day >3,000 children and adolescents become regular smokers. These study present details on a new anti-tobacco educational program titled “Ante Tobacco” method. Children in grades 1-3 were administered a 10-item questionnaire to ascertain their baseline knowledge about the ill effects of smoking. Shown an educational cartoon video depicting the ill based on the video. At the end of video, students were administered questionnaire to determine short-term recall of the anti-tobacco educational objectives of the program. Four to six weeks later, the students were then administered a follow-up survey to determine long-term retention of the anti tobacco educational program. Result: Eighty two percent of the students answered the outcome questions correctly immediately following the video. At follow-up, 4-6 weeks later, 83% of students answered all questions correctly. Conclusion: the anti-tobacco education program used in this study in objectives. The result of this study indicate that a multimedia (i.e. video, and book educational program can be used to educate and

reinforce anti tobacco messages). This program may be very useful as a part of a comprehensive anti tobacco curriculum in school systems.

A cross-sectional population-based survey of respondents (aged 18 years and above) were selected by multi-stage sampling techniques. Responses were elicited from them using an interview-administered questionnaire on socio demographic characteristics, awareness of warning against tobacco use, sources of information perception of harmful effect of tobacco control measures. Result: about 88% of the respondents were aware of warning against tobacco use, the most common source of information was media adverts (50.7%). Awareness of warning against tobacco use was found to be associated with socio demographic characteristics, history of smoking, exposure to smoke at home and public places, and perception of tobacco use. This study concluded that, the findings from this study present an opportunity for initiating more policies, programs, and interventions for tobacco control in the country.

A cross-sectional study was conducted in Jeddah, using a two-stage cluster sample that randomly selected four schools from 85 public secondary schools for males. Data were obtained through a self-administered questionnaire containing questions on personal background, smoking behavior, knowledge, and behavior and attitudes towards smoking. A total of 695 students responded to the questionnaire with an 87.4% response rate. The results of these findings, the age range of this student sample were 16-22 years. Two hundred fifty-eight (37%) of the study group were current smokers, the most common reasons given for smoking were from smoking friends (32.8%). Many students researched the smoking hazards (68.1%). But only (47.6%) knew about the effects of passive smoking. The thirds of the smoking students wanted to quit smoking (63.2%),

especially if suitable help was available, and 75.1% tried to quit. A third of the smoking students (36.8%) found it difficult to stop smoking in no-smoking areas. Conclusion: On these findings, is that, a well-planned integrated antismoking campaign is required, especially among students and teachers. Our study revealed that smoking prevalence was high, which will lead to future high smoking-related health problems if proper preventive measures are not taken accordingly.

This mixed methods study investigates the knowledge of youth aged 18 to 24 years about the negative effects of cigarette smoking. Qualitative interviews were conducted with 18 young smokers. Survey participants comprised of 550 youth (irrespective of smoking status). Data was analyzed using SPSS version 19. Most young smokers recounted some health hazards associated with smoking but expressed a sense of invincibility to the hazards of smoking. Some reported to reducing their daily consumption of cigarettes or taking cancer protective foods to avoid the health consequences of their smoking habit. Just over half of survey participants (56.1% n = 305) had a high knowledge level of the negative health effects of cigarette smoking. This was significantly higher among; non-smokers, females, respondents who had never smoked. There is need to raise more awareness in the population on the dangers of smoking.

Jha and Colleagues analyzed sex-specific smoking prevalence data from studies conducted in 139 countries worldwide. Results showed that 20% of adolescent's age 15-19yrs old were current tobacco smokers in year 2008. (Jha,2010) while Nitcher, (2012) reported a prevalence of 30% among girls in the united states, and Russia the prevalence was 55.5% and 26.9% among males and females respectively. The prevalence of lifetime

smoking cigarette and tobacco chewing among young adults in France was 65.9% and 11% respectively. A study on use of smokeless tobacco (dipping tobacco snuff /chewing tobacco; conducted in Manipur India among the 13-15 years old reported a prevalence of 10.6% in 2007 (WHO, 2008) among individuals and more than fifteen years old rural residents in India the prevalence of tobacco smoking were 17.5% (Daniel, 2010).

Summary

Tobacco smoking continues to be a global scourge having been implicated in many chronic diseases which affect vital organs of the human body like the heart, brain and lungs as well as the gastrointestinal, cardiovascular, respiratory, immune and metabolic systems. Tobacco smoking however continues to be a challenge to world health bodies and statistics from the world health organization (WHO) on the health consequences of smoking are staggering. There are about 1.3 billion smokers globally.

A lot of literatures were reviewed on the assessment of risks factors associated with smoking cigarette among secondary school students in Taraba state. Smoke or passive smoking is the inhalation of smoke, by persons other than the intended active smoker. It occurs when tobacco smoke permeates any environment, causing its inhalation by people within that environment exposure to second-hand tobaccos smoke causes diseases, disability and death. The health risks of second hand smoke are a major motivation for smoke free laws in workplaces and indoor public places, including restaurants, bars and night clubs as well as some open public spaces. Concerns around second-hand smokes have played a central role in the debate over the harms and regulations of tobacco products. Indeed the lower incidence of cancer and heart disease

among Seventh Day Adventists, who generally do not smoke or drink, provided evidence that helped to consolidate the case that implicated smoking as a cause of lung cancer and cardiovascular disease. Apart from these examples, the involvement of religious authorities in public health campaigns for tobacco control is a relatively recent phenomenon. Smoking is a major risk factor for heart attacks strokes, chronic obstructive, pulmonary disease. The effects depend on the number of years that the person smokes and on how much the person smokes. Several, countries have taken measures to control the consumption of tobacco with usage and sales restriction as well as warning messages printed on packaging.

Smoking tends to increase blood cholesterol levels. Furthermore, the ratio of high density lipoprotein (the good cholesterol) to low density lipoprotein (the bad cholesterol) tends to be lower in smokers compared to non smokers. Smoking also raises the levels of fibnogen and increases platelet production (both involved in blood clothing) which makes the blood viscous. Carbon monoxide binds to hemoglobin (the oxygen-carrying component in red blood cells), resulting in a much stable complex than hemoglobin bound with oxygen loss of blood cell functionally, and blood cells are naturally recycled after a certain period of time, allowing for the creation of new, functional erythrocytes. Therefore, the gap which this study is hoping to close be that in all the literature review there was none that states on the effect of smoking cigarette in secondary schools students in Taraba State.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

The purpose of this study was to assess the psycho-social influence of smoking cigarette among senior secondary school students in Taraba state, Nigeria. To achieve this purpose, the research design, population, sample and sampling procedure, instrumentation, validation, procedure for data collection and procedures for data analysis will be described respectively.

3.2 Research Design

Ex-post-facto research design was considered suitable for this study since there was no manipulation of Information from the respondents. (Razak, 2012) explained that ex-post-facto research design is undertaken after the events have take place and the data are already in existence. In ex-post-facto research design it is difficult to manipulate independent variable because data are already in existence.

3.3 Population of the Study

The population of the study comprises of all Government Secondary School Students who are characterize with cigarette smoking in Taraba States. Taraba State comprise of three Zones, these zones are: Taraba North, Taraba Central and Taraba South. The three zones have 180 senior secondary schools with population of 53,543. It comprising of 12,426 populations from zone I; 18,823 from zone II and 22,294 from zone III were used as population for the study as shown in Table 3.1 below.

Table 3.1: Population for the Study

Zones	No. of Schools	Population Size
Taraba North	40	12,462
Taraba Central	60	18,823
Taraba South	80	22,294
Total	180	53,543

Source: Taraba State Ministry of Education Data Sheet, (2015).

3.4 Sample and Sampling Procedures

For the purpose of this study, 364 respondents were considered adequate as the sample size according to Krejcie and Morgan (1970) on sample size determination, which state that for the population of 10,000 – 1,000,000, a sample size of 364 were considered adequate. Multi-stage sampling procedure was used for this study which involves; Stratified sampling procedure was used to stratify the state into three existing senatorial zones in Taraba State. Simple random sampling procedure was used to select three schools from each senatorial zone through the following:-

Names of all the schools and their zones were written on pieces of paper squeezed and put inside three boxes. Three people were assigned to pick the pieces of paper, after thorough reshuffling and without looking into the boxes. Each box represent a zone, the same procedure were carried out on to select the needed sample for the nine schools for the study. Selection of nine schools (9) out of one hundred and eighty (180) schools in the state was based on the advice of research advisors (2006) who state that for a population of 180, five percent (5%) is sufficient for the generalization. Also proportionate sampling procedure was used to determine the subjects required for each school due to differences in schools population. The formula used is as follows: total

population of area, divided by total population size multiply by sample size which gave us a total sample size of 7,657 as shown in Table 3.2 below.

Systematic Sampling procedure was used for determining the respondents by given questionnaire for each school. The researcher used the school register and takes even number and do away with odd numbers, the students on the even numbers in the register were given the questionnaire to fill, for instance, from 2, 4, 6, 8, 10, 12 until the required number of questionnaire for both male and female is reached for data collection. After which an interaction with the respondents was carried out confidentially to determine whether he/she smoke cigarette. This is necessary because the target populations of the study were those who smoke cigarette. If a chosen respondent was found not smoking, he/she was eliminated from the study, these procedures continue until the required numbers of respondents were reached. The sample size of the respondents is shown in Table 3.2 below:

Table 3.2: Population and sample of respondents selected per school in the senatorial zones

S/ N	Senatorial Zones	Names of schools	Population (Male)	Population (Female)	Total	Sample size		Total
						Male	Female	
1.	Taraba North	GDSS Magami	420	480	900	20	23	43
		GDSS Sunkani	380	400	780	18	19	37
		GTC Zing	330	500	830	16	24	40
2.	Taraba Central	GDAS Gashaka	400	470	870	19	22	41
		GSS Bali	300	400	700	14	19	33
		GSS Gembu	380	300	680	18	14	32
3.	Taraba South	GSS Takum	450	490	940	21	24	45
		GSS Donga	460	420	880	22	20	42
		GSS Wukari	500	577	1077	24	27	51
Total		9			7,657			364

3.5 Instrumentation

The instrument used for data collection was a researcher developed questionnaire on psycho-social influence of cigarette smoking among senior secondary school students in Taraba state, Nigeria. The instrument was sub-divided into three (3) sections. Section A consisting of 4 items on demographic variables of the respondents; Section B, consisting of 11 items, on sociological influence on cigarette smoking, section C, consisting of 10 items on psychological influence on cigarette smoking, Thus, a total of

25 items constitute the research instrument was used for data collection. The research instrument is structured based on 4'-point Likert scale as shown below:

Strongly Agreed (SA) – 4 points, Agree, (A) – 3 points. Disagreed, (D) – 2 points

Strongly disagreed (SD) - 1 point

Fixed mean of 2.5 was maintained; any mean score below 2.5 is considered negative and mean score equal or above 2.5 is considered positive.

3.6 Validity of the Instrument

The instrument was subjected to scrutinizing by five experts in the Departments of Human Kinetic and Health Education and Nursing Sciences, Ahmadu Bello University, Zaria who are not part of the supervisor's team, their comment and corrections were incorporated in order to establish the face and content validity of the instrument.

3.7 Procedures for Data Collection

A letter of introduction was collected from the Head of the Department of Human Kinetic and health education, Faculty of Education, Ahmadu Bello University, Zaria. The letter was taken to the principals of each sampled schools for the study. The researcher used two research assistants who were instructed on how to distribute questionnaire and retrieved from the respondents. The researcher and her research assistants visited the principal of each school and explain the purpose of visit to him/her, and after the permission to administer the questionnaire, the researcher and research assistants ask for senior secondary school students school class attendance register, in distributing the questionnaire using even numbers on the register, that is, from 2, 4, 6, 8, 10, 12, 14, 16, 18, 20, were given the questionnaire to fill, until the required number for each school is

reached. The researcher and her research assistants waited and collected the questionnaire from the respondents on the spot. This made the researcher to be able to make a 100% retriever of the questionnaire.

3.8 Procedures for Data Analysis

The following statistical tools were used for data analysis

1. Descriptive statistics of frequency and percentages was used to describe the demographic variables of the respondents.
2. Mean and standard deviation was used to answer the research questions posed by the researcher to analyse the variance in their response to questions.
3. A constant mean of 2.5 was used to ascertain the agreement or non-agreement of respondents to questionnaire items.
4. One-sample t-test was used to analyse Hypothesis I and Hypothesis II so as to know the difference in senatorial zones on sociological influence of cigarette smoking at a significant level of 0.05.
5. One-way ANOVA was used to analyse Hypothesis III and Hypothesis IV to know whether there is sociological/influence on cigarette smoking at a significant level of 0.05.
6. Scheffe post host test was carried to ascertain where actual difference exist.

CHAPTER FOUR

RESULTS AND DISCUSSION

4.1 Introduction

The purpose of this study was to assess the “psycho-social influence of cigarette smoking among senior secondary school students in Taraba State, Nigeria. To achieve this purpose, Three hundred and sixty-four (364) copies of the Questionnaire were systematically administered to the respondents. Out of these 364 copies of the questionnaire administered, Three hundred and fifty-eight (358) (98.6%) copies of questionnaire were adequately filled and returned. The data collected were analysed and presented according to the order in which they were arranged in the questionnaire. The various responses were therefore, grouped and tabulated towards ensuring an objective analysis and the interpretation of the findings. Descriptive statistics of frequency and percentages were used to describe the demographic characteristics of the respondents, mean and used standard deviation were used to answer the research questions. One sample t-test, t-test and one way ANOVA were used to analyse the formulated hypotheses at 0.05 level of significance; the results of which are presented and discuss in these chapter. A constant mean of 2.5 was used to set margin of response to research questions.

4.2 Results

Table 4.1: Demographic Information of Respondents

Age range	Frequency	Percentage
14- 16 years old	60	16.8
17-19 years old	199	55.6
20-21 years old	60	16.8
22 years old and above	39	10.9
Total	358	100%

Class	Frequency	Percentage
SS I	60	16.8
SS II	219	61.2
SS III	79	22.1
Total	358	100%

Gender	Frequency	Percentage
Male	258	72.1
Female	100	27.9
Total	358	100%

Table 4.1 above revealed the age distribution of respondents, from the above response, majority of the respondents were within the age range of 17-19 years old, followed by respondents within the age range of 14-16 years old and 20-21 years old respectively, these covers 16.8% of the respondents each. Lastly, only 10.9% representing 39 respondents were 22 years old, and above. Also, the tables revealed that, majority of the

respondents covering 61.2% were in SSII, 22.1% were in SS III and 16.8% of the respondents were in SSI. Gender disparity of respondents shows that, majority 72.1% of the respondents were males while 27.9% representing 100 of the respondents were females.

Table 4.2: Mean Response on Sociological Influence of Cigarette Smoking among Senior Secondary School Students

SN	Item/statement	Mean	Std. Dev.
1	I smoke because my friends in the school smoke cigarettes	4.00	.000
2	Cigarette smoking helps me make friends	3.78	.713
3	Cigarette smoking makes me feel very important and cheerful in the class	3.72	.559
4	I smoke because I attend party after school hour	3.78	.533
5	When I smoke cigarette I talk with girls in the school easily	3.33	1.003
6	I smoke because those I stay with smoke, too	3.00	1.158
7	I smoke because my parents give me enough money which I used to buy cigarette	2.39	1.163
8	I smoke cigarette because my father smokes cigarette also	2.11	.879
9	I smoke cigarette because it is easy to get in to my school	2.39	1.115
10	I smoke cigarette because it is a cultural practice in my place	2.62	1.210
11	I smoke cigarette because I want to belong to a group	2.23	1.184
	Aggregate mean	3.03	0.87

Table 4.2 above revealed the aggregate mean score of 3.03 which is relativity higher than the decision mean of 2.5. This implies that, respondents were of the view that there is sociological influence of cigarette smoking among senior secondary school students.

Table 4.3: Mean Response on Psychological Influence of Cigarette Smoking among Senior Secondary School Students

SN	Item statement	Mean	Std. Dev.
1	Cigarette smoking makes me forget my worries	2.50	1.169
2	I smoke cigarette so that I can prevent being depressed while in school	3.11	.998
3	Cigarette smoking help me overcome my emotions	2.67	1.158
4	I don't experience anxiety from my teachers when I smoke cigarette	3.56	.899
5	Cigarette smoking helps me perform better in my studies	3.17	.959
6	Cigarette smoking helps me control my anger with persons	3.56	.899
7	I smoke cigarette any time I am sad	2.22	1.137
8	Cigarette smoking helps me have good relaxation in school	2.44	1.070
9	I smoke cigarette when I want to have high morale	3.39	.758
10	I derive pleasure after cigarette smoking	2.84	1.121
	Aggregate mean	2.95	1.02

Table 4.3 above revealed the aggregate mean score of 2.95 which is relativity higher than the decision mean of 2.5. This implies that, respondents were of the view that there is psychological influence of cigarette smoking among senior secondary school students.

4.2.2 Testing of Hypotheses

In testing the stated hypotheses for this study, the 0.05 level of significance is considered as a bench mark to either accept or reject the null hypothesis.

Hypothesis 1: There is no significant difference in Sociological influence of cigarette smoking among senior secondary school students in Taraba State, Nigeria.

Table 4.4: One sample t-test on sociological influence of cigarette smoking among senior secondary school students.

Variable	T	Df	P-Value	Mean Difference	95% Confidence Interval of the Difference	
					Lower	Upper
Sociological	142.680	357	.000	3.0315	2.990	3.073

(364)=142.680(df) 357, pv.000 t-critical 0.05

Table 4.4 above revealed a t-value of 142.680 with df of 357 and p value of 0.000 which is relatively lower than the 0.05 level of significance. This implies that their sociological influence of cigarette smoking among senior secondary school students in Taraba State. Hence, the null hypothesis is rejected and the alternate accepted.

Hypothesis 2: There is no significant difference in Psychological influence of cigarette smoking among senior secondary school in Taraba State, Nigeria.

Table 4.5: Analysis of One sample t-test on psychological influence of cigarette smoking among senior secondary school students.

Variable	T	Df	p-value	Mean Difference	95% Confidence Interval of the Difference	
					Lower	Upper
Psychological	131.284	357	0.000	2.9458	2.902	2.990

(364)=131.284(df) 357, pv 0.000.

Table 4.5 above revealed a t-value of 131.284 with df of 357 and p value of 0.000 which is relatively lower than the 0.05 level of significance. This implies that there is psychological influence of cigarette smoking among senior secondary school students in Taraba State, hence, the null hypothesis is rejected.

Hypothesis 3: There is no significant difference among senior secondary school students in these different senatorial Zones in their sociological influence of cigarette smoking in Taraba State Nigeria.

Table 4.6: ANOVA test on significant difference of sociological influence of cigarette smoking according to senatorial zones.

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	7.415	2	3.707	26.176	0.000
Within Groups	50.280	355	0.142		
Total	57.695	357			

$t = (364) = 26.176$ (DF) 357, $p < 0.05$

Table 4.6 above revealed that $f(2,357) = 26.176$ with p-value of 0.000 which is relatively lower than the 0.05 level of significance. This entails that there is significant difference among senior secondary school students in these different senatorial zones in their sociological influence of cigarette smoking in Taraba State, Nigeria. Furthermore, a multiple comparison test is conducted and reported in table below.

Table 4.7: Scheffe Post hoc test

(I) Senatorial District	(J) Senatorial District	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Taraba North	Taraba Central	-.2036*	.0643	.007	-.362	-.046
	Taraba South	-.3400*	.0486	.000	-.460	-.220
Taraba Central	Taraba North	.2036*	.0643	.007	.046	.362
	Taraba South	-.1364	.0729	.175	-.316	.043
Taraba South	Taraba North	.3400*	.0486	.000	.220	.460
	Taraba Central	.1364	.0729	.175	-.043	.316

The mean difference is significant at the 0.05 level.

Table 4.7 above shows that, the sociological influence of cigarette smoking in Taraba North is statistically different from that of central and south ($p < 0.01$). Furthermore, result shows that sociological influence of cigarette smoking in Taraba Central is not significantly different from that of Taraba South ($p > 0.05$) but significantly different from that of Taraba North ($p < 0.05$). The influence is higher at Taraba North.

Hypothesis 4: there is no significant difference among senior secondary school students in these different senatorial zones in their psychological influence of cigarette smoking in Taraba State.

Table 4.8: ANOVA test on significant different of psychological influence of cigarette smoking according to senatorial zones

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	10.600	2	5.300	35.006	.000
Within Groups	53.748	355	.151		
Total	64.349	357			

(df) 357 =f (2) = 35.006, p<.000

Table 4.8 above revealed the $f(2,357) = 35.006$ with p-value of 0.000 which is relatively lower than the 0.05 level of significance. This entails that there is significant difference among senior secondary school students of different senatorial zones in their psychological influence of cigarette smoking in Taraba State, Nigeria. Furthermore, a multiple comparison test is conducted and reported in table below.

Table 4.9: Scheffe Post hoc test

(I) Senatorial District	(J) Senatorial District	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Taraba North	Taraba Central	-.2739	.0665	.000	-.437	-.111
	Taraba South	-.3989	.0503	.000	-.523	-.275
Taraba Central	Taraba North	.2739	.0665	.000	.111	.437
	Taraba South	-.1250	.0754	.254	-.310	.060
Taraba South	Taraba North	.3989	.0503	.000	.275	.523
	Taraba Central	.1250	.0754	.254	-.060	.310

The mean difference is significant at the 0.05 level

Table 4.9 above shows that, the psychological influence of cigarette smoking in Taraba North is statistically different from that of central and south ($p < 0.01$). Furthermore, result shows that sociological influence of cigarette smoking in Taraba central is not significantly different from that of Taraba South ($p > 0.05$) but significantly different from that of Taraba North ($p < 0.05$). The influence is more at Taraba North.

Summary of major Findings

The following are the summary of the major findings:

- i. There is significant sociological influence of cigarette smoking among senior secondary school students.
- ii. There is significant psychological influence of cigarette smoking among senior secondary school students.

- iii. There is significant difference among senior secondary school students of different senatorial zones in their sociological influence of cigarette smoking in Taraba State, Nigeria, with more influence in Taraba North.
- iv. There is significant difference among senior secondary school students of different senatorial zones in their psychological influence of cigarette smoking in Taraba State, Nigeria, with more influence in Taraba North.

4.3 Discussions

This study aimed at finding the psycho-social influence of cigarette smoking among senior secondary school students in Taraba State, Nigeria. It was tested using one-way ANOVA and one-sample t-test on the hypotheses. The result of the hypothesis one revealed that sociological influence of cigarette among senior secondary school students in Taraba state is significant with t-value of 142.680, with df of 357 and p-value of 0.000. Which is relatively lower than the 0.05 level of significance. This indicates that friends are important influence in the smoking behaviour of senior secondary school students.

This corroborate with studies by Kubos, (2013) and Harakeh, (2009) who found that adolescents who had best friends who smoke cigarette and were more found susceptible to smoking. According to Parma (2015), having a friend who smoke was one of the major and strongest factors associated with smoking. Also, Plowfed, and Hayes (2014), which also found that peer pressure to be the greatest contributing factor for starting to smoke cigarette. According to Brook (2010), senior secondary school students with tobacco prone personality tend to associate with tobacco using and deviant peers and also having friends who smoke was linked with adolescents having tobacco prone personality traits.

The role played by parents in adolescent smoking cigarette was also categorized under sociological influence of cigarette smoking among senior secondary school students. Studies by Harakeh, (2012), showed that parents who smoke in the presence of their children and also sending them to purchase for him are no doubt by associated with cigarette smoking. The availability of tobacco product to adolescents may be contributing factor to smoking initiation (Robin and Sugaman, 2011). According to Alexander, (2009) becoming exposed to parents or other family members who smoke may arouse curiosity.

The findings on the psychological influence of cigarette smoking among senior secondary school students, revealed that, psychological variables influence cigarette smoking among senior secondary school students in Taraba State, Nigeria. The results revealed t-value of 131.284 with degree of freedom 357 and p-value of 0.000 which is relatively lower than the 0.05 level of significance. This implies that psychological influence of cigarette smoking among senior secondary school students in Taraba State is significant. In a similar studies conducted by Weiss, (2010) it was found that there is a linked between anxiety, hostility, and increase in performance to cigarette smoking of senior secondary school students. Adolescent who were more worried and nervous, having troubles in regulating anger, feeling sad and lonely, were more likely to have tried to smoke. This also corroborates with studies conducted by Alexander, (2013) who observed that poverty may result in stress, anxiety and depression and poor people are more likely to smoke.

This also agreed with Idowu, (2011) in a longitudinal relationship between smoking initiation and psychological characteristics. In the study by Weiss, (2011) the

risk of smoking initiation was higher among students who scored higher on hostility and depressive symptoms, and were bully-victims of smoking cigarette.

According to Dinapoli, (2009) poor academic abilities and low feelings of emotional well being are associated with low ego development. Furthermore, Dinapoli, (2009) posted that socio-cultural variables within the family and community may also affect the ego development. In the study by Ridwan, (2009) early initiation of tobacco use was more likely in person with low self-esteem, who reported being victimized.

Research on school factors of cigarette smoking by Kareem, (2012) found a correlation between motivation and school attitudes and students involvement in substance use. Students with high level of achievement motivation for instance, having high academic goals such as planning to graduate from college and positive attributes like reporting that their teachers and high academic values will have high self-perceptions of academic competences and academic values are less. Likely, to engage in substance use than those who do not value school activities except truancy and violence in school are epitome of disastrous.

Contrary to findings in this study is a comparative study between South African and US youth on substance use. It found that prevalence rates of past-mouth alcohol use, being drinking, cigarette uses, and marijuana use, were significantly higher among students with poorer academic performance in both the U.S and South Africa. In the US, rates of lifetime illicit hard drug use were higher among students with poorer academic performance ($P < 0.01$) compared with students with better academic performance, whereas in South Africa, rates were higher among students with better academic performance, $P < .05(37)$.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Summary

The purpose of this study was to assess “psycho-social influence of cigarette smoking among senior secondary school students in Taraba State, Nigeria. Four purposes, four research questions and four Hypotheses were formulated and tested for this study. Related Literature were reviewed under the conceptual framework and empirical review. Ex-post Facto research design was for this study. The population of the study comprises of 7,657 senior secondary school students in Taraba State, Nigeria. Nine schools were sampled for this study for Data collection. Sample sizes of 364 respondents were used. 364 copies of the Questionnaire were systematically administered to the students, out of these; three hundred and fifty-eight (358) (98.6%) were dully filled and returned. Data collected was analyzed with statistical package for Social Science (SPSS version 20) using frequencies and percentages, mean and standard deviation, one-sample t-test and ANOVA.

The findings of this study revealed that, there is significant sociological influence of cigarette smoking among senior secondary school students in Taraba State, Nigeria. Also, there is significant psychological influence of cigarette smoking among senior secondary school students in Taraba State, Nigeria.

5.2 Summary of Major Findings

The following are the summary of the findings:

1. There is significant sociological influence of cigarette smoking among senior secondary school students with ($t= 142.680$; $p\text{-value}= 0.000$)
2. There is significant psychological influence of cigarette smoking among senior secondary school students with ($t\text{-value}=131.284$, $p\text{-value}=0.000$)
3. There is significant difference among senior secondary school students of different sensational zones in their sociological influence of cigarette smoking in which Taraba North Zone had much influence ($t=(2357)=26.176$; $p\text{-value}=0.000$).
4. There is significant difference among senior secondary school students of different sensational zones in their psychological influence of cigarette smoking in which Taraba North Zone had much influence ($t= (2,357)=35.006$; $p\text{-value} 0.000$).

5.3 Conclusion

On the basis of the findings of this study, the following conclusions were drawn:

1. Sociological influence (peer groups, family background, and school environment), influence cigarette smoking among senior secondary school students in Taraba State.
2. Psychological influence (Anxiety, anger and depression influence cigarette smoking among senior secondary school students in Taraba State.
3. There is significant differences of Sociological influences of peer group and lifestyle among the three (3) zones on cigarette smoking in Taraba State.

4. There is a significant difference of Psychological influence of anger, worries, and depression among the three (3) zones on cigarette smoking in Taraba State.

5.4 Recommendations

On the basis of the conclusions drawn, the following recommendations were made;

1. Sociologists, health counselors and health educators should carry out enlightenment programme on the menace of cigarette smoking among students.
2. School principal in collaboration with psychologists in the secondary school should educate students to desist from cigarette smoking in curbing anger and depression.
3. The school health authority should organize school health programme initiatives that will addresses social vices influences cigarette smoking.
4. Parent and nongovernmental organizations should educate the children right from the childhood on the implication of cigarette smoking.

5.5 Contributions to Knowledge

The study concerted on:

1. There is significant sociological influence of cigarette smoking especially in the area of making friends and attending party among secondary school students in Taraba State.
2. There is significant psychological influence of cigarette smoking especially in the area of coping with anxiety and anger among secondary school students in Taraba State, Nigeria.

5.6 Suggestions for Further Studies

- This study was conducted in Taraba State; it can also be replicated in other states of Nigeria.
- A research can be undertaken on the socio-economic and cultural indices to cigarette smoking among youths in Nigeria.

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APPENDIX 1

QUESTIONNAIRE ON “PSYCHO-SOCIAL INFLUENCE OF CIGARETTE SMOKING AMONG SENIOR SECONDARY SCHOOL STUDENTS IN TARABA STATE, NIGERIA

Instruction: Please Tick (√) against any response you consider most appropriate for your answer in the columns provided.

SECTION A: DEMOGRAPHIC CHARACTERISTICS OF THE RESPONDENTS

1. Age Range:

- a) 14 – 16 years old ()
- b) 17 – 19 years old ()
- c) 20 – 21 years old ()
- d) 22 years old and above

2. Class:

- SS1 ()
- SS2 ()
- SS3 ()

3. Sex:

- Male ()
- Female ()

4. Senatorial Zone

- a) Taraba North
- b) Taraba Central
- c) Taraba South

SA – Strongly Agree

A – Agree

D – Disagree

SD – Strongly Disagree

**SECTION B: SOCIOLOGICAL INFLUENCE OF CIGARETTE SMOKING
AMONG SENIOR SECONDARY SCHOOL STUDENTS**

S/N	Item	SA	A	D	SD
1.	I smoke because my friends in the school smoke cigarette				
2.	Cigarette smoking helps me to make friends				
3.	Cigarette smoking makes me feel very important and cheerful in the class				
4.	I smoke because it enables me to attend party after school				
5.	When I smoke cigarette I discuss with girls in the school easily				
6.	I smoke because those I stay with smoke				
7.	I smoke because my parents give me enough money which I use to buy cigarette				
8.	I smoke cigarette because my father smokes cigarettes also				
9.	I smoke cigarette because it is easy to get in my school				
10.	I smoke cigarette because it is a cultural practice in my place				
11.	I smoke cigarette because I want to belong to a group				

**SECTION C: PSYCHOLOGICAL INFLUENCE ON CIGARETTE SMOKING
AMONG SENIOR SECONDARY SCHOOL STUDENTS**

S/N	Item	SA	A	D	SD
1.	Cigarette smoking makes me forget my worries				
2.	I smoke cigarette so that I can prevent being depressed while in school				
3.	Cigarette smoking help me overcome any emotion				
4.	I do not experience anxiety from my teachers when I smoke cigarette				
5.	Cigarette smoking helps me perform better in my studies				
6.	Cigarette smoking helps me control my anger with persons				
7.	I smoke cigarette any time I am sad				
8.	Cigarette smoking helps me have good relaxation at school				
9.	I smoke cigarette when I want have high morale				
10.	I derive pleasure after cigarette smoking				

APPENDIX 2

Table 3.3.1: Population by Educational Zones

S/N	Senatorial Zones	No. of Schools	Population (male)	Population (female)	Total
1.	Taraba North	40	8,391	4,035	12,426
2.	Taraba Central	60	11,609	7,214	18,823
3.	Taraba South	80	12,890	9,404	22,294
	Total	180			53,543

Source: Taraba State Ministry of Education (2015)

Table 3.3.2: Population by Schools Selected

S/N	Names of Schools Sampled	Population (Male)	Population (Female)	Total
1.	GDSS Magami	420	480	900
	GDSS Sunkani	380	400	780
	GTC Zing	330	300	830
2.	GDAS Gashaka	400	470	870
	GSS Bali	300	400	700
	GDSS Gembu	380	300	680
3.	GSS Takum	450	490	940
	GSS Donga	460	420	880
	GSS Wukari	500	577	1,077
	9 Schools	3,620	4037	7,657

S/N	Senatorial Zones	No. of Schools	Population	Sample Size
1.	Taraba North GDSS Magami GDSS Sunkani GDSS Zing	3	2,510	120
2.	TarabaCentral GDSS Gashaka GDSS Bali GDSS Gemba	3	2,250	106
3.	TarabaSouth GDSS Takum GDSS Donga GDSS Wukari	3	2,897	138
Total		9	7,657	364