

## STUDY CONDUCTED TO EVALUATE THE ADVERSE EFFECT OF SMOKING AMONG THE ADULT IN THE NIGERIA

\*Jobi Akin, Dr. Abimbola Nia

*College of Natural and Applied Sciences, Chrisland University, Owode*

Received: 23 June 2016/Revised: 30 June 2016/Accepted: 8 July 2016

**ABSTRACT-** Smoking is a practice in which tobacco is burned and the smoke is inhaled and forms a habit which is hard to leave because tobacco contains nicotine, which is highly addictive. African countries peoples have the bad habit of smoking & it's harmful effects on the body, it is the major cause of the cancer of mouth, lungs, esophagus & stomach and other. Smoking can be active and passive both are harmful. Peoples have lack of knowledge about the harmful effects of smoking. **Material and methods:** Male and female smokers above the age of 20 years residing in Abeokuta, Ogun area was included in study. Sample size was 50. Data was collected by interview schedule **Result and conclusions:** The study shows that the effects of smoking in Abeokuta, Ogun which showed that majority of the adults were between 20-25 years, an educational status pre university course and lived in joint families. smoking has become a vital problem among the people and increased in the recent years. The average age of habit of initiation is considered to be 20 years. Smoking can lead to respiratory complications, lung cancer and various respiratory infections. Now a days it is necessary to make the people aware of the complications of smoking.

**Key-words-** Smoking, Cancer, Effects of smoking

### INTRODUCTION

Originally it was started by Native Americans and was practiced in rituals and for medicinal purposes. But slowly it spread to other parts of the World and by the end of 19th century the use was widespread all over the earth. There are various methods of smoking. They are cigarette, cigar, smoking, pipe etc. Today the habit is so rampant that many Governments have come down heavily on tobacco manufacturers and sellers in the form of heavy taxation for tobacco and tobacco products<sup>1</sup>. Smoking is responsible for significant number of cancer related deaths. The person who smokes cigarettes is at the risk of contracting cancer of lungs, larynx, oral cavity, pharynx, esophagus etc. Short term effects of smoking include respiratory problems, nicotine addiction, and addiction to other drugs.

The carbon monoxide in cigarette smoke reduces the oxygen level in blood. Lack of oxygen in blood then affects the functioning of vital organs like brain, heart, lungs etc.

Smoking also increases the risk of cardiovascular diseases and stroke<sup>2</sup>. Long term exposure to smoking can result in lung cancer, low levels of lung functioning, reduced rate of lung growth etc. Physical effects of smoking include reduced stamina, performance, and endurance. Smoking also makes a person looks older as it depletes the vitamin A levels in the body. Passive smoking is breathing in smoke exhaled by a person smoking near you<sup>3</sup>. Passive smoking is more hazardous to children than to adults. As the immune system of children is very weak, they are at a higher risk of suffering from diseases<sup>4</sup>.

*Address of correspondence:*

*Jobi Akin*

*College of Natural and Applied Sciences,  
Chrisland University, Owode*

A pregnant woman who frequently smokes is at a higher risk for miscarriage, certain pregnancy complications such as bleeding, detachment of placenta, ectopic pregnancy, premature birth, low birth weight baby and congenital defects in the baby<sup>5</sup>. As smoking is responsible for significant number of cancer which leads to many deaths in every minute. Smoking not only causes death it first weakens the victim's body and leads them to diseases condition. So, it's the duty of each and every citizen to enhance the quality of our fellowmen health status. In Africa alone, tobacco kills 1 million people every year & around 2500 persons die every day from tobacco related disease. Tobacco alone is responsible for 1.5 lacs cancer, 4.2 million heart diseases, and 3.7 million lung diseases in our country men every year and it is estimated that half the people that smoke today will be killed by tobacco<sup>6</sup>. According to the estimates of WHO (World Health Organization), every year approximately 5 million people die from tobacco use and if the current trends continue, this figure will reach 10 million per year which include 70% smokers from developing countries Same is true with smoking. It is not easy to quit any habit but we can by strong determination and by proper guidance. It also causes acute and chronic heart diseases, bronchitis, pneumonia, asthma, middle ear infection and sudden infant death syndrome<sup>7</sup>. To estimate the prevalence and socioeconomic and demographic correlates of tobacco consumption in India. Prevalence of current smoking and current chewing tobacco were used as outcome measures. Simple and two ways cross tabulation and multivariate logistic regression analysis were main analytical method<sup>8</sup>. The harmful effect does not depend on whether you smoke

cigarettes, a pipe, or cigars, but is more dependent on the amount you smoke. Smoking 5 cigarettes a day is much safer than 20 a day. If 20 cigarettes a day triples retinopathy progression (increases it to 300%), that is equivalent to  $300/20 = 15\%$  for each cigarette smoked 5 cigarettes a day equivalent increases your partner's disease rate by 12-25% or more (cataracts, heart disease, strokes) etc. The exact figures are not known. In today's culture, smoking is considered cool, among the youth and adults alike<sup>9</sup>. However, no one has paid much attention to the effects of smoking, that can lead to irreversible damage on the mind and the body. This damage is not only individual. It even affects our close ones, and our environment. As such, it is important to take a look at the side effects of smoking, and action<sup>10</sup>.

#### **AIM AND OBJECTIVE:**

The objective of the study was to find out the prevalence of respiratory problems among smokers, to compare the respiratory problems with duration of smoking, socioeconomic status, occupation.

#### **MATERIAL AND METHODS**

The study deals with the methodology adapted for the study. The study was conducted under College of Natural and Applied Sciences, Chrisland University. For 12 weeks study was conducted. It also describes the rationale for the research approach, research design, setting of the study, population, sample and sampling techniques, sample size, method of data collection, development of tool, ethical

consideration, validity, pilot study, reliability and plan for the data analysis. The population include in study was adults within the age group of above 20 years. The accessible population was specified as the adults within the age group of above 20 years, residing in Abeokuta, Ogun State near university. In present study the sample consist of 50 adult including male and female in area near the university. Sampling Size 50 adults residing in Abeokuta, Ogun, within the age group of above 20 and above were considered as sample for the present study.

## RESULTS :

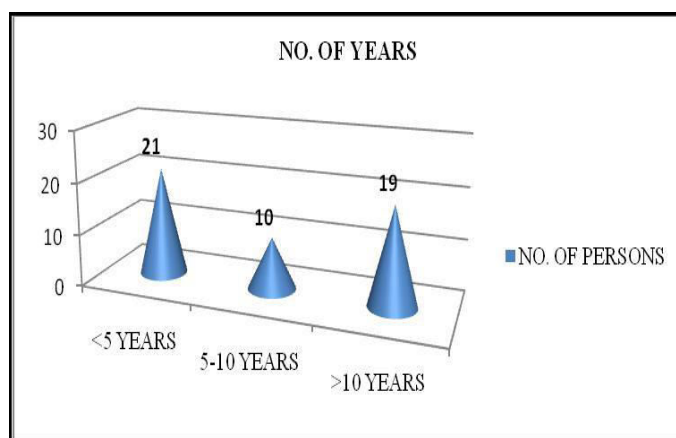
**Table 1. Showing harmful effect of smoking**

Age	20–25 Years	25–35 Years	35–50 Years	Above 50 Years
	40%	20%	16%	24%
SEX	M/F	M/F	M/F	M/F
	35.3/54.7%	80/20%	75/25%	90/10%
Education	UE/E	UE/E	UE/E	UE/E
	66.3/33.7%	40.5 / 59.5%	40 / 60%	50/ 50%
Occupation	JL/J	JL/J	JL/J	JL/J
	73.3/27.7%	13.3/87.7%	42.6/57.4%	70/30%

M/F male/ female, UE/E: uneducated/educated, JL/J: jobless/job

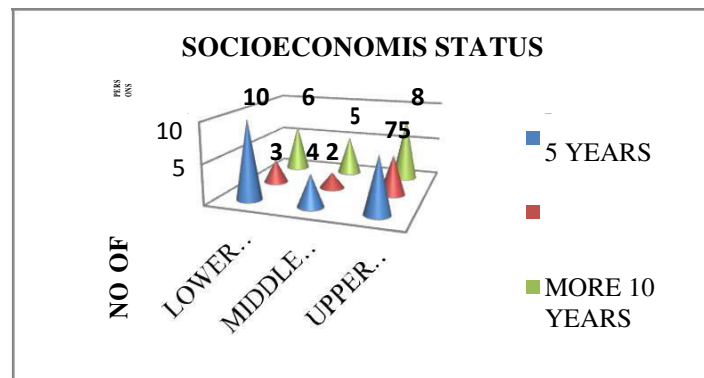
In the present study nearly half of the Adults were from the Age group 20-25 years (40%), with the 24% of the age group above 50 years of age group, 35-50 years of age group 16% and 25-35 years age group is 20 per cent. More of the male member was involved in smoking and there percentage are increasing and more above 50 years age group. Education is also affecting the number as uneducated person were more attracted towards the smoking. Ratio of un-education and education was equal in above 50 years group. Study shows that smokers were more

in 20-25(73.3%) age group with no job, followed by group of above 50 years with 70% smokers without job following others.



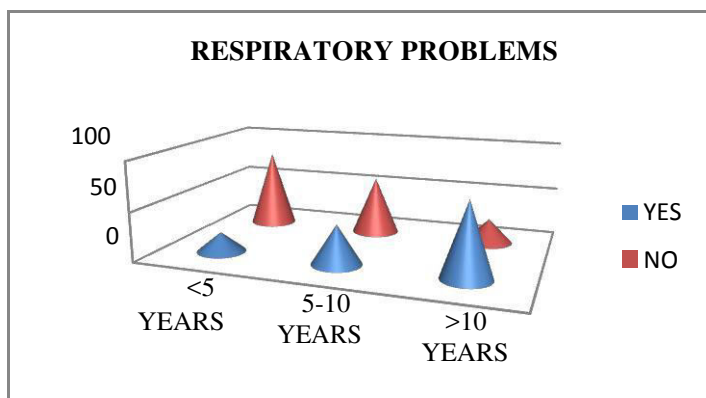
**Fig 1. Frequency on duration of smoking.**

Duration of smoking has also a significant effect on development of respiratory problems (Fig.1)



**Figure 2. Effect of socio-economic status on smoking.**

Relation between socioeconomic status and respiratory problems are insignificant because now-a-days, men are highly educated and they are more conscious about their health. They are also aware of the complications of cigarette smoking (Fig. 2).



**Fig 3. Respiratory problem in the groups**

From the study, it was found that there is high prevalence (76.5%) of respiratory problems among smokers above 35 years of age. The risk factors for the development of respiratory problems are occupation, number of cigarettes smoked and duration of smoking.

#### DISCUSSION:

Harmful effect of smoking is emerging as major health distracter as Harmful effect of smoking has increased in quantity and frequency and the age at which smoking starts is declining. The present study was designed to assess the effectiveness of harmful effect of smoking among Adults in selected area. In a study, incidence of Chronic Obstructive Pulmonary Disease among smokers was 50% and our study, it was 75% in group above 50 years. The first study was done in both younger and older age group. Development of Chronic Obstructive Pulmonary Disease is more common in older age group due to long-term exposure to smoke. And prevalence is less in younger age groups. We selected individuals above age of 50. In a prevalence study, 62% of smokers belonged to poor socioeconomic status. In our study, 50% belonged to poor socioeconomic status. Both the values are nearly same. Both studies were conducted in rural

areas. Peoples in poor economic status will be less aware of the hazard effect of smoking due to their lack of education and attitude. In a study, 59% of continuous smokers developed Chronic Obstructive Pulmonary Disease in 25 years. From our study, it is found that 75% smokers developed COPD in >10 years. Values are higher than studies. This may be because even after the appearance of symptoms, they ignore it and continue their chronic smoking. In both studies, the study groups were of age more than 50 years and the study was conducted in a village area where laborers are involved in smoking. In a study, it was found that 32% of all smokers in the study group were laborers having consequent respiratory problems. In our study, it was 73.3% were belong to lower age group which were jobless.. Referred study was conducted in an urban area. Our study was conducted in a rural area where most people were heavy workers.

#### CONCLUSION:

At present smoking has become a major health problem among the people and the number of adults as well as youngsters who have the habit of smoking has increased in the following years. Now-a-days, people begin the habit of smoking at a very younger age. The age of initiation being sometimes even below 20 years; in spite of knowing the complications they still continue with the habit of smoking. It's evident that smoking can lead to respiratory complications like Chronic Obstructive Pulmonary Disease, aggravation of bronchial asthma, lung cancer and various respiratory infections. It is necessary to make the people aware of the respiratory complications they can face in future life and also about the options available for helping quit smoking. Also, counseling programs should

be implemented among the communities to create the awareness among them. Quitting the smoking habit will help them to lead a healthy life. As the present generation, we should come forward and take initiative measures to create awareness among the people and bring on a healthy future generation.

---

## REFERENCES

1. Action on Smoking and Health (ASH) Fact Sheet: Smoking and Respiratory diseases. New Delhi 2011;p.83 .
2. Labriola AM, Timothy, Lifson AR, Arribas JR. Smoking related health risks. Am J Public Health 2002;92:1896- 903.
3. Jenny NS, Arnold AM, Kuller LH, Tracy RP, Psaty BM. The smoking problem. BMJ 2005;56:468-72.
4. Gloria M, Susana P, Darrell R, Susan MS, Margaret AT. Cigarette smoking and lung cancer. BMJ 1999;54(4):145-52.
5. Davies PD, Yew WW, Ganguly D, Davidow AL, Reichman LB, Dheda K. Cancer among smokers. Lung India 2013;30(3):175-7
6. Lynch CF, Hanson DN, De Roos AJ, Schenk M. Cigarette smoking and risk on respiratory system. Elsevier Journals 2001;9:28-37.
7. Halpern MW, Fichtenberg, Glantz. The habit of smoking in young generation. Am J Health Promot 2001;15:321-31.
8. Edwards, Richard, David, Rashith. Prevalence of smoking in urban area. BMJ 2000;18:121-32.
9. D. Subhashbabu, C.S Chutani. Some epidemiological factors related to smoking in Chandigarh rural area. Oxford Journal 2000;18:53-98.
10. Roberts R. Asthma controlled naturally: technique that work. BMJ 2003;91:335-9.
11. Tyas SL, Pederson LL. Psychological factors related to smoking. BMJ 1998;7:409-12.
12. Castelao JE, Vandenberg D, Paul D. Tobacco related study. Am Med Assoc 2000;307:153

---

## Conflict of interest

The authors declare no conflict of interest.

---

