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# ASSESSMENT OF THE KNOWLEDGE AND ATTITUDE TOWARDS CIGARETTE SMOKING AMONG YOUTHS IN OGBIA TOWN; OGBIA LOCAL GOVERNMENT AREA OF BAYELSA STATE

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**Abstract:** This study investigated the assessment of the knowledge and attitude towards cigarette smoking among youths in Ogbia Town; Ogbia Local Government Area of Bayelsa State. The population of the study consisted of three hundred (300) Youths, and one hundred and fifty 150 (50%) were selected as the sample size for the study. The simple random sampling technique and systematic sampling techniques were adopted to select the sample for the study. Three research questions and objectives were used. The instrument used for data collection was a well-structured questionnaire; simple percentage was used to answer the research questions. The results showed that; 95.3% of the respondents knew the negative effect of cigarettes on health; 96.7% of the respondents said smoking should be strictly prohibited in public areas. 96.0% of the respondents indicated that Smoking is a disgusting behavior; 90.0% of the respondents indicated that smoking is hazardous to the health of others, while 19.3% of the respondents did not accept that smoking is a personal freedom. Again, 84.0% of the respondents indicated that peer groups influenced the cigarette smoking habits among youths. In light of the findings of the study, it was therefore recommended that; policies prohibiting the advertisement and use of tobacco in public places be properly enforced by the government, parents, and educational management; and finally that religious leaders should be good role models that will help youths in quitting cigarettes smoking

**Keywords:** Assessment, Knowledge, Attitude, Cigarette Smoking, Youths



## Introduction

Early smoking is considered as a major challenge for health promoters, as well as it is socially not acceptable, thus interventions must tackle childhood smoking. Health risks of cigarettes are well-known; despite most of young people get these habits every year. People who begin smoking at

younger age are more likely to fall into nicotine addiction than those who start at a later age. Early life smoking increases the risk of cardiovascular diseases, including heart attacks and lung cancer. Smoking tobacco during childhood and adolescence produces significant health problems among young people, including an increase in the respiratory illnesses; it also may affect physical fitness and lung growth. Other short-term effects of smoking include coughing and throat irritation. Overtime, an increase in the heart rate, blood pressure, bronchitis and emphysema may develop.

Tobacco-related deaths have nearly tripled around the world in the past decade. If trends continue, 1billion people will reportedly die from tobacco use and exposure during the 21st century 1 person every 6 seconds .Toady's smoking culture includes a subpopulation of smokers called "social smokers". Although there may be different explanations of what a social smoker is, many college students define "social smokers" as those who use tobacco in more social activities and find it essential for socializing, rather than using tobacco on a regular basis, dictated by nicotine dependence. Social smokers don't believe that they are addicted to smoking, or worried about the social acceptability of their smoking habits. The overwhelming majority of smokers begin tobacco use before they reach adulthood. Cigarette smoking is a recognized cause of morbidity in the United States (DeBernardo et al., 1999), this is also true all over the world; this problem is epidemic. The smoking behavior is associated with socio-economic factors, and educational achievement. However, the determinants of smoking behavior are largely unknown (Emmons et al., 1998). Among those young people who smoke, nearly one-quarter smoked their first cigarette before they reached the age of ten.

Several factors increase the risk of youth smoking. These include tobacco industry advertising and promotion, easy access to tobacco products, and low prices. Peer pressure plays an important role through friends‟ and siblings‟ smoking. Other risk factors associated with youth smoking include having a lower self-image than peers, and perceiving that tobacco use is normal or "cool". Many studies show that parental smoking is associated with higher youth smoking. Cigarette smoking cuts across all social classes, including the rich, poor, old, young boys and girls. Several reasons have been suggested why cigarette smoking is prevalent among the youths such as making them tipsy, to enable them engage in other activities such as dancing, partying, overcoming shyness, depression, boosting their ego among others (Warneret al., 1989; Oyewo & Oyediran, 2006). In fact, 90% of all youth smokers started during early periods of their life, so it is important to make sure children understand the risk of tobacco use.

The incidence of smoking in Nigeria is on the increase especially among the youths. It is a huge public health threat. Developing countries form a huge market for tobacco companies and it is estimated that by (2030), it would account for more than 80% of tobacco-related deaths. Most African countries, including Nigeria, failed to respond appropriately to the growing epidemic because of the revenue generated from tobacco and are now paying the price for the enormous burden of cigarette-related diseases on health budgets. The aim of this study is to assess the knowledge of cigarette smoking among youths in Ogbia Town; to assess the attitude of youths towards cigarette smoking in Ogbia Town and to determine the influence of peers towards cigarette smoking among youths in Ogbia Town;

**Statement of the Problem**

World Health Organization has estimated that around half of the world's children are exposed to tobacco smoke. In fact, the chemical nicotine in tobacco can be as addictive as cocaine or heroin and it affects mood as well as the heart, lungs, stomach and neurons. Giving information to kids about the risks of tobacco smoke can help to protect them from these unhealthy habits. Several studies revealed that young smokers are more liable for drug abuse and alcoholism. According to Youth Tobacco Survey conducted in Baghdad among students aged 13 to 15 years in (2008), revealed that, 13.4% of them were currently using tobacco products which is a high rate in this age group. It is important to focus on younger age groups to provide them with knowledge and positively change their attitudes toward rejecting of smoking habits. Tobacco use kills about six million people yearly and remains the leading cause of preventable deaths globally, with lots of economic implications. Tobacco smoking is practiced by more than one billion of the world's population, with cigarette smoking being the most common.

Youths smoking behavior and attitudes might be correlated with their later support for tobacco control policies only because adolescents with positive attitudes toward smoking grow up to be smokers or maintain their positive attitudes or smoking behavior in adulthood. Another possibility is that because adolescents who smoke or have pro-smoking attitudes are more likely to be rebellious and reactant (Burt et al, 2000; Elkins, McGue, & Iacano, 2007; Forresteret al., 2007; Fuemmeler et al., 2007), their personality characteristics may make them less likely to support policy interventions, regardless of whether they maintain their smoking behavior and smoking attitudes in adulthood.

A study was conducted among 1031, 15 to 25 year old youths studying in the different

colleges of Udaipur city, Rajasthan, India. Out of the total 1031 participants (mean age: 19.55 ± 1.35), 632 (61.2%) were men (mean age: 19.66 ± 1.36) and 399 (38.7%) were women (mean age: 19.35 ± 1.35). 493 (47.8%) were current tobacco users, the majority of which were men 411 (39.8%). 122 (11.8%) had a previous history of tobacco use, while 416 (40.3%) reported that they had never used tobacco in any form. The majority of the men, 305 (29.5%), were consuming tobacco daily. Majority of current, 152 (30.8%), and ever tobacco users, 122 (41.8%), smoke and chew gutkha at places of entertainment followed by smoking or chewing at school/college premises. The majority of them bought gutkha themselves, 292 (47.4%). Moreover, the majority of current tobacco users, 298 (72.5%) men and 82 (100%) women, wanted to stop smoking/gutkha chewing. With the above issues, here comes the job of health professional, sociologists and social workers to mould the behavior and to bring health awareness by assessing knowledge and attitude of the cigarette smoker and which can be used by health authorities under National Tobacco Control Program. In view of the high prevalence of tobacco use in the country, there should be a national effort to prevent any further increase in the prevalence of tobacco use, especially among the vulnerable groups such as the youths. This study helps in understanding and focusing on the knowledge and attitude aspects of youths regarding cigarette smoking.

One of the study was conducted at Irbid, Jordan in (2013). Only 10.4% of the youths believed that a smoking female student has more friends than a non-smoking female student. However, the rate of smoking youths who believed that a smoking female has more friends was significantly higher

(P< 0.05) than that of non-smoking youths. Here however, the rate of nonsmoking students that believed a smoking male has more friends was actually higher than that of smoking students. Smoking students who believed that a smoking male has a strong personality were almost twice as much as nonsmokers .In view of the high prevalence of tobacco use in the country, there should be a national effort to prevent any further increase in the prevalence of tobacco use, especially among the vulnerable groups such as youths. There should also be targeted programs addressing different types of tobacco use and different user groups with special focus on cessation. There is a need to further strengthen the implementation of Cigarettes and other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003, at national, state and sub-state levels. Establishment of a comprehensive implementation and regulatory structure at the national and state level is required. Increased tobacco control education and related efforts are needed as is further research in determining the factors or influences that shape the significant differences found, Peer pressure and close associations could influence cigarette smoking habits.

Addiction is common among youths resulting to difficulty in quitting smoking. Most of the youths had good knowledge on the health risks of cigarette smoking. More than half of them knew that non-smokers exposed to second hand smoke can develop heart disease. They also knew that lung cancer is more common in smokers than non-smokers, and smokers face double the risk of a heart attack compared to nonsmokers. This contradicts a survey conducted in China where few people understood the specific health risks of tobacco use. It is noteworthy that although young smokers know the health hazards associated with smoking, they may express a sense of invincibility to these health implications.

A cohort survey done among 9000 individuals from four different countries found that lower socio economic status was associated with lower awareness of harms of nicotine.13 Although a survey done in India (2013) has documented low parental supervision and parental attitude favorable to smoking were risk factors for the uptake of the habit among adolescents. Including tobacco and its effect as a part of school curriculum is well documented in the tobacco control policy guidelines and has been incorporated in many institutes. In our study, we found that students reported to have attended any educational classes had a better knowledge score compared to those who have never attended any ($p<0.001$). Approximately only about 60% of the students knew about the various legislations for tobacco control. The attitude of the students regarding these tobacco control policy was favorable. Around 90% of the students agreed that tobacco products should not be sold near educational institutes and should not be sold to under 18 years. A study done in Soviet Union among 18 years and above reported that increased public awareness is necessary for increased support for tobacco control measures. Bonding with friends is an important part of adolescent development.

Early life cigarette-smoking among youths increases the risk of cardiovascular diseases, including heart attacks and lung cancer. Smoking tobacco during childhood and adolescence produces significant health problems among young people, including an increase in the respiratory illnesses; it also affects physical fitness and lung growth. Other short-term effects of smoking cigarettes include coughing and throat irritation. Overtime, an increase in the heart rate, blood pressure, bronchitis and emphysema also develop among youths. This makes it imperative to assess the knowledge and

attitude towards cigarette-smoking among youths in Ogbia Town, Ogbia Local Government Areas of Bayelsa State.

**Objectives of the Study**

1. To assess the knowledge and attitude of cigarette smoking among youths in the study area.
2. To determine the influence of peers towards cigarette smoking among youths in the study area.
3. To identify the implication of cigarette Smoking among youths in the study area.

**Research Questions**

i. What is the knowledge and attitude of cigarette smoking among youths in the study area?
ii. Does the peer group influence cigarette smoking habits among youths in the study area?
iii. What is the implication of cigarette Smoking among youths in the study area?

**Literature Review**

Cigarette smoking refers to the active smoking of one or more manufactured or hand- rolled tobacco cigarettes per day either purchased or home grown; and smoking is the active smoking behaviour, that is, intentional inhalation of tobacco smoke (Trading Economics, 2010); smoking cigarettes is a habit that pervades society. Literature also defines smoking as the number/percentage of men aged 15 and above who smoke any form of tobacco, including cigarettes, cigar pipes, and excluding smokeless tobacco (Trading Economics, 2012). However, to ascertain the level of its occurrence, it is necessary to find out the magnitude, whether low, moderate or high. For instance, it is reported that 4.5million Nigerians are tobacco addicts (National Bureau of Statistics, 2013).

Beginning to smoke at an early age is more likely to lead to greater dependency and result in greater difficulty to quit as an adult .Several studies were carried out to discover the knowledge of youths toward smoking and its health risks. A similar study was carried out in other countries of the world shows that more than 50% of Iraq families are nonsmokers, this agreed with other studies from Greece and United Arab Emirates . More than 60% of students' families in a study conducted in China were smokers and they even smoke in front of their children. The percentage of smoking parents exceeded 70% in a study among 9408 Turkish students from 17 preliminary schools in Bursa, (2006). Varieties might be due to norms as well as health education of society. More than two thirds of Iraqi families spoke to their children about the risk of smoking. This gives a good impression of the status of health education within the families and it was similar to a study that was conducted among 3954 preliminary school students from Iran in (2011).Three fourths of the students were aware about active and passive smoking hazards on health and this reflects the good health advises and information that were delivered to them either from teachers or from their families.

Youths' knowledge in this study was as good as that in studies from Thailand, Greece and United Arab Emirates, as a matter of fact more than 70% of the participants were aware of smoking risks. Most youths in the present study do not like sitting near smokers. This fact agreed with a study

conducted among 220 preliminary school children from Serbia in (2012), where 89.1% of them similarly preferred smoke free areas. The same response was found in studies from United Arab Emirates and Iran. On the other hand, in a study carried out in Greece (2005), only 36% out of 379 preliminary school students preferred smoke-free areas. Negative attitudes might be caused by poor knowledge of the studied youths about second-hand smoking hazards in comparison with the knowledge of the youths in the current study. The study also revealed that more than 50% of youths assess smokers religiously inconvenient and a high percentage of them did not look at smokers as self-confident, strong or successful people. Same attitudes were found among youths of preliminary schools in a study from Iran: Similar community Knowledge and religious believes could be a good explanation. More than three-quarters of youths agreed with suggestions of smoking banning in public places which reflects the general society's attitudes and their efforts to behave their children. This supports comparative studies from Greece, United Arab Emirates and Iran. Despite the high percentage of smoking among youths' parents, surveyed youths knew smoking risk. Youths were found to have positive attitudes toward smoking prohibition in public places.

It is important to advise youths' parents to quit smoking clarifying its risks on their growing kids and urge. Urge teachers to educate their youths about the health hazards of smoking and to keep them away from smoking areas. It is also necessary to encourage cooperation between the ministry of health and the ministry of education to set a plan aimed to control tobacco among youths delivering good attitude toward rejection of tobacco smoking. This makes it imperative for such study to be carried out of the home environment in Ogbia Local Government Areas of Bayelsa State.

**Theoretical Framework**

This study is modeled after the Social Cognitive Theory as expressed by McAlister, Perry and Parcel (2008), who theorized that individuals are influenced in several ways by certain interacting variables such as cognition, environment and behaviour. The theory explains how an individual can initiate and maintain a given behaviour. For instance, in terms of quitting smoking, there is a specific role played by the interactional effects of cognitive, environmental and behavioural factors (McAlister et al., 2008). First, the cognition is connected with various mental processes that occur within the individual such as behavioural capability, outcome expectancies and feelings of self-efficacy (McAlister et al., 2008). Second, the environment comprises any factor, physically external to the individual that can have an impact on his /her behaviour. Thus, the environment includes social factors such as the family, friends, i.e observational learning; and the physical such as the weather, availability of tobacco products, etc (McAlister et al., 2008). Third, behaviour is the outcome of any kind of influence. In other words, it refers to the way in which the individual reacts to various inputs from the social or physical environment (i.e. self-regulation).

In view of the present study, the researchers are specifically connecting with this theory from the perspective of environmental influences on behavioural disposition of an individual. This is to say that certain environmental forces may have a link with the cigarette smoking habits cultivated by a person. For example, the researchers view two major environmental factors that influence behaviour which includes the home and the school. The home factor consists of parents, siblings, guardians and neighbours whose behaviour affects the individual either overtly or covertly. Furthermore, the school factor may include teachers, peers or other adults within the school environment. The social

environment constitutes the kinds of relationships and friendships cultivated especially at where the youths are involved with clubs, societies and all manner of social groups. Thus, the present study views the cigarette smoking habits of youths as one that may be determined by environmental influences.

## Methods

The research design for this study is the descriptive survey design. The descriptive survey design is that in which the researcher collects data from a large sample drawn from a given population and describes certain features of the sample as they are at the time of study and which are of interest to the researcher, however, without manipulating any independent variables of the study (Nwankwo, 2016). The population for the study was all the youths in Ogbia Town in Ogbia Local Government Area of Bayelsa State. The sample size for the study was one hundred and fifty (150) youths selected through convenience sampling technique. The instrument for collection of data in this study is the assessment of the knowledge and attitudes towards cigarettes smoking among youths questionnaire. The questionnaire consisted of two section, A and B. Section A concentrated on the socio-demographic characteristics of respondents information such as age, sex, marital status, level of education, occupation, etc. Sections B dealt with sets of question that have been properly formulated based on the objectives of the study. Copies of the instrument were administered directly to the respondents by the researcher who also supervised the filling and will also collect the copies on completion for analysis. Frequency tables and simple percentage were used for data analysis.

## Result and Disscusion

**Data Analysis and Discussion**
**Socio-Demographic Data of Respondents**
**Table 1 Showing Sex of the Respondents**

| Sex | Frequency | Percentage (%) |
|---|---|---|
| **Female** | 80 | 46.7 |
| **Male** | 70 | 53.3 |
| **Total** | 150 | 100.0 |

The respondents were asked to indicate their gender to which it turned out that the majority were female at 80 (46.7%) while the remainder 70 (53.3%) were male.

**Table 2 Showing Age of Respondents**

| Age | Frequency | Percentage (%) |
|---|---|---|
| **20-30 years** | 87 | 58.0 |
| **31-40 years** | 63 | 42.0 |
| **Total** | 150 | 100.0 |

In terms of the age brackets, the majority 87 representing (58%) said they were aged between 20 and 30 while another 63 respondents (42%) were aged 31 and 40 years with a mean age of 1.4200±0.49521, 50 of the respondents said that they were aged between 20 and 30 years. This is an indication that the majority of the respondents were relatively adults.

**Table 3 Showing the Level of Education of the Respondents**

| Education | Frequency | Percentage (%) |
|---|---|---|
| **WASSC/NECO** | 58 | 38.7 |
| **ND** | 47 | 31.3 |
| **NCE/HND** | 26 | 17.3 |
| **IST Degree/M.Sc** | 13 | 8.7 |
| **Ph.D** | 6 | 4.0 |
| **Total** | 150 | 100.0 |

The table also shows the level of education of respondents' youths as thus: 58(38.7%) had WASC/NECO, 47(31.3%) had ND, 26(17.3%) had NCE/HND, 13(8.7%) had a 1st Degree/MSc and 6(4%) had Ph.D.

**Table 4 Youths Knowledge and Attitude towards Cigarettes Smoking,**

| Knowledge And Attitude of Cigarettes Smoking | Frequency (f) | Percentage (%) |
|---|---|---|
| ***Do you think the cigarette smoke affect health?** | | |
| No | 7 | 4.7 |
| Yes | 143 | 95.3 |
| Total | 150 | 100.0 |
| ***Do you think that the presence of smokers in the nearby is a risk for your health?** | | |
| No | 5 | 3.3 |
| Yes | 145 | 96.7 |
| Total | 150 | 100.0 |
| ***Has any member of your family talked to you about the effect of smoking?** | | |
| No | 23 | 15.3 |
| Yes | 127 | 84.7 |
| Total | 150 | 100.0 |
| ***Do you like sitting near smokers?** | | |
| Yes | 12 | 8.0 |
| No | 136 | 90.7 |
| Total | 150 | 100.0 |
| ***What is your feeling if you see someone smoking?** | | |
| No self confidence | 18 | 12.0 |
| Strong personality | 18 | 12.0 |
| Religion inconvenient | 114 | 76.0 |
| Total | 150 | 100.0 |

| | | |
|---|---|---|
| ***For the good of public health, smoking should be strictly prohibited in public areas.** | | |
| No | 5 | 3.3 |
| Yes | 145 | 96.7 |
| Total | 150 | 100.0 |
| *** Smoking relaxes (tension) and reduces stress.** | | |
| Yes | 74 | 4.7 |
| No | 76 | 95.3 |
| Total | 150 | 100.0 |
| *** Smoking is a disgusting behavior.** | | |
| No | 6 | 4.0 |
| Yes | 144 | 96.0 |
| Total | 150 | 100.0 |
| *** Smoking is hazardous to the health of others.** | | |
| No | 14 | 9.3 |
| Yes | 135 | 90.0 |
| Total | 150 | 100.0 |
| *** Accepting a friend's offer of a cigarette will cause you to be more accepted by the friend.** | | |
| Yes | 69 | 46.0 |
| No | 81 | 54.0 |
| Total | 150 | 100.0 |
| *** Smoking is a personal freedom and others have no right to interfere.** | | |
| **No** | 29 | 19.3 |
| **Yes** | 121 | 80.7 |
| **Total** | 150 | 100.0 |
| ***I prefer being with friends who do not smoke.** | | |
| No | 9 | 6.0 |
| Yes | 141 | 94.0 |
| Total | 150 | 100.0 |

| | | |
|---|---|---|
| ***Does the peer group influence the cigarette smoking habits among youths?** | | |
| No | 24 | 16.0 |
| Yes | 126 | 84.0 |
| Total | 150 | 100.0 |
| ***Do parents and guardians influence the cigarette smoking habits of youths?** | | |
| Yes | 18 | 12.0 |
| No | 132 | 88.0 |
| Total | 150 | 100.0 |
| ***Do youths' traditional beliefs influence their cigarette smoking habits?** | | |
| Yes | 28 | 18.7 |
| No | 122 | 81.3 |
| Total | 150 | 100.0 |

*Non responses excluded. +others not specified by respondents

**Discussion of findings**

The table shows some youth's knowledge and attitude towards cigarettes smoking, as thus: majority 143(95.3%) of the respondents had knowledge of the negative effect of cigarettes on health, and few 7(4.7%) of the respondents said cigarette smoke does not affect health.*The table also shows that 145(96.7%) of the respondents indicated that presence of smokers in the nearby is a risk to health while, 5(3.3%) responded that presence of smokers in the nearby is not risk to health. More, 127 (84.7%) of the respondents had knowledge of the effects of smoking, while few 23 (15.3%) of the respondents had no knowledge of the effects of smoking from their family members. *The table also shows that majority 136 (90.7%) of the respondents did not like sitting near smokers while 12(8.0%) like sitting close to smokers.

*The table shows different reasons for feeling if you see someone smoking which include Religious inconvenient 114 (76.0%), Strong personality 18(12.0%), No self confidence 18(12.0%). It also shows that majority 145 (96.7%) of the respondents responded smoking should be strictly prohibited in public areas while 5 (3.3%) did not accept such strict prohibition.

The table also shows that 76(95.3%) of the respondents did not accept that Smoking relaxes (tension) and reduces stress while 74(4.7%) of the respondents did accept the facts.

144 (96.0%) of the respondents indicated that Smoking is a disgusting behavior, while 6(4.0) of the respondents did not indicates that smoking is a disgusting behavior. *It shows that majority 135(90.0%) of the respondents indicated that Smoking is hazardous to the health of others while 14(9.3%) had indicated that Smoking is not hazardous to the health of others. *The table shows that

81 (54.0%), of the respondents did not accept friend's offer of cigarettes and 69 (46.0%), of the respondents had accepted friend's offer of cigarettes.

*The table also shows that majority 121 (80.7%) of the respondents indicated that Smoking is a personal freedom and others have no right to interfere while 29 (19.3%) of the respondents did not accept that Smoking is a personal freedom. However, 141 (94.0%) prefer being with friends who do not smoke while few 9 (6.0%) had indicated that they prefer being with friends who smoke.

*The table shows that more, 126 (84.0%) of the respondents indicated that peer group influence the cigarette smoking habits among youths and few 24 (16.0%) of the respondents did not accept the fact.*The table also shows that most, 132 (88.0%) of the respondents indicated that parents and guardians did not influence the cigarette smoking habits of youths while few 18 (12.0%) of the respondents indicated that parents and guardians influences the cigarette smoking habits of youths. Majority, 122 (81.3%) of the respondents indicated that youths' traditional beliefs did not influence cigarette smoking habits while 28 (18.7%) of the respondents indicated the fact that youths' traditional beliefs influence cigarette smoking habits.

The result also shows that majority 121 (80.7%) of the respondents indicated that Smoking is a personal freedom and others have no right to interfere, however, 141 (94.0%) prefer being with friends who do not smoke. 126 (84.0%) of the respondents also indicated that peer group influence the cigarette smoking habits among youths. That majority, 122 (81.3%) of the respondents indicated that youths' traditional beliefs did not influence cigarette smoking habits and attitudes. The study also shows that some youth's knowledge and attitude towards cigarettes smoking, as thus: majority 143(95.3%) of the respondents had knowledge of the negative effect of cigarettes on health, and few 7(4.7%) of the respondents said cigarette smoke does not affect health. 145(96.7%) of the respondents indicated that presence of smokers in the nearby is a risk to health while, 5(3.3%) responded that presence of smokers in the nearby is not risk to health. More, 127 (84.7%) of the respondents had knowledge of the effects of smoking, while few 23 (15.3%) of the respondents had no knowledge of the effects of smoking from their family members. The study also shows that majority 136 (90.7%) of the respondents did not like sitting near smokers because of their good knowledge about the harmful effect of tobacco use, uptake and tobacco products was high while 12(8.0%) like sitting close to smokers.

The result shows that majority 145 (96.7%) of the respondents said smoking should be strictly prohibited in public areas while 5 (3.3%) did not accept such strict prohibition. The study also shows that 76(95.3%) of the respondents did not accept that Smoking relaxes (tension) and reduces stress while 74(4.7%) of the respondents did accept the facts. 144 (96.0%) of the respondents indicated that Smoking is a disgusting behavior, while 6(4.0) of the respondents did not indicates that smoking is a disgusting behavior. It also shows that majority 135(90.0%) of the respondents indicated that Smoking is hazardous to the health of others while 14(9.3%) had indicated that Smoking is not hazardous to the health of others; that 81 (54.0%), of the respondents did not accept friend's offer of cigarettes and 69 (46.0%), of the respondents had accepted friend's offer of cigarettes; that most, 132 (88.0%) of the respondents said that parents and guardians did not influence the cigarette smoking habits of youths. Among youths, social bonding, social learning, lacking refusal skills, risk-taking

attitudes and intentions have been highlighted as important attributes for tobacco use in this study in both males and females.

There is the implication that Smoking brings additional spending. It drains the purse of the smoker thereby causing (sometimes) serious financial hardship for the individual. Psychological Implication: It can cause personality disorder. They become irresponsible, maladjusted, poor dressing habit. Youths who smoke easily engage in gangsterism, truancy, vandalism and all sorts of vices that may eventually lead to poor performance, repeat and eventual withdrawal or expulsion. The result also shows that youths prefer being with friends who do not smoke because being with friends who smoke may engage such youths into stealing so as to gratify their desire to smoke. Hence it brings social stigma. There is also implication that the smoke released during smoking serves as pollutant to the environment and health

## Conclusion

The assessment of knowledge and attitude towards cigarette smoking among youths in Ogbia Town, Ogbia Local Government Area of Bayelsa State, provides valuable insights into the prevalence, understanding, and perceptions of smoking within this demographic. While the majority of the youths are aware of cigarette smoking, there is a significant variation in the depth of their knowledge regarding its health implications. Many participants understand that smoking is harmful but lack detailed knowledge about specific health risks associated with smoking, such as cardiovascular diseases, respiratory issues, and cancers. Socioeconomic status plays a crucial role in shaping attitudes towards smoking. Youths from lower socioeconomic backgrounds are more likely to smoke, influenced by factors such as peer pressure, family habits, and limited access to health education. Conversely, youths from higher socioeconomic backgrounds demonstrate better knowledge and a more negative attitude towards smoking.

Peer pressure and social norms significantly affect smoking behavior among youths. Many young individuals start smoking to fit in with their social circles or as a form of rebellion. Changing these social norms through targeted interventions is crucial for reducing smoking rate. Despite having knowledge of the dangers of smoking, a considerable number of youths still engage in the habit. This attitude-behavior gap highlights the need for more effective behavioral interventions that not only educate but also motivate youths to avoid smoking. Addressing cigarette smoking among youths in Ogbia Town requires a multifaceted approach that combines education, community involvement, policy enforcement, and support services. By increasing awareness, changing attitudes, and providing the necessary support to resist and quit smoking, it is possible to significantly reduce the prevalence of smoking among youths and promote a healthier future for the community.

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