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PREVALENCE OF TOBACCO USE AMONG SECONDARY SCHOOL STUDENTS IN A RURAL COMMUNITY IN SOUTHERN NIGERIA

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Abstract

Cigarette smoking is on the increase in Nigeria and other African countries and this is fast becoming apparent amongst adolescents in these societies. Due to recent trends in production, availability and consumption of cigarettes, there is a need to carefully quantify current levels and patterns especially among adolescents in Nigeria.

This study was a cross-sectional and descriptive study among selected secondary school students in Eguare, Ekpoma in Edo State, Nigeria. A total of 295 students were studied. Of all the respondents, 56% were female, while 44% were male. The ages of the respondents ranged between 10 and 26 years of age with a median age of 16.6±2.1 years. Most of the students (237 students, 80.3%) were aged between 15 and 19 years. The number of students who reported ever smoking or trying to smoke a cigarette was 22 (7.5%). Almost a fifth of these 22(18.2%) started smoking at the age of 10 years. The median age of initiation of smoking was 12± 5.6 years. Of the 22 respondents that smoked, 8(36.4%) reported having smoked a cigarette in the last one month. This translated to 2.7% study population, or a current smoking rate of 2.7%. Of the 22 respondents who smoked, 3 (13.6%) smoked every day, while 19(86.4%) smoked occasionally. The prevalence of smoking among senior secondary school students was relatively high in this study compared to previous studies done. Adolescents have been shown to be a particularly vulnerable population, affected by marketing, hazards and complications of tobacco use. It is advocated that there is a need to review existing health educational programs.

Keywords: *Tobacco, cigarette, adverse effect, adolescent , smoking*

Introduction

Tobacco is one of the commonly abused agricultural product especially in developing world. It is processed from the plant *Nicotiana*, which is of different species, with the commonest being *Nicotiana tabacum.* Tobacco products are processed from the leaves of these plants either entirely or partly. It contains Nicotine, which is a highly addictive psychoactive ingredient. It is often used in the form of cigarettes or cigars, being smoked, chewed, sucked or snuffed. Tobacco is known by different names in the different ethnic groups of Nigeria; as it is called *Taba* in Hausa, *Ewe Taba* in Yoruba and *Utaba* in Igbo language.

In the past, most tobacco products were consumed in pipes, cigar or inhaled into the nostrils as snuff[1]. Tobacco smoking was believed to be harmless and helpful in tension reduction. However, awareness on the dangers of tobacco smoking to human health began in the 1960s following a research by the then Surgeon General of the United States. This discovery was followed by a reduction in the smoking pattern in adults, as most adults who smoked, reduced the number of cigarettes smoked per day. Over time, the tobacco usage has shifted from adults to adolescents[2].

A higher percentage of tobacco smokers indulge in the act before the age of 18 years[3]. Today, an overview of the use of tobacco products amongst young people in several countries has shown that the issue is of equal burden both in developing and developed countries. There are several factors which influence tobacco use amongst adolescents and these include religious and cultural norms, wide availability of various tobacco products, strategies and policies on tobacco use and tobacco industry behavior at promoting tobacco use.

The advertisement, promotion and marketing strategies employed by tobacco industries seems to have more impact on adolescents than adults[4].

Cigarette smoking is on the increase in Nigeria and other African countries and this is fast becoming apparent amongst adolescents in these societies. Due to recent trends in production, availability and consumption of cigarettes, there is a need to carefully quantify current levels and patterns especially among adolescents in Nigeria. Most cigarette smokers take up the habit during adolescence, and the majority of current and new users of cigarettes are found in the developing world. There is a link between this and higher levels of nicotine dependence in the future. The unsuspecting adolescents are at risk. Although many studies have been conducted on this topic, there is still a need to know the perception of secondary school students to cigarette smoking. Preventing tobacco use in youths may be an easier task than helping adults break the habit of smoking and overcome its ill effects.

According to the WHO about one-third of the world's male population smokes tobacco[5]. A study of Italian high schools in two cities: Naples and Capua found a prevalence of 24.2% and 23.8%, respectively, and was related to age both cases[6]. In a 12 country study comprising Barbados, China, Costa Rica, Fiji, Jordan, Poland, the Russian

Federation, South Africa, Sri Lanka, Ukraine (Kiev), Venezuela, and Zimbabwe, findings showed that tobacco use in the surveyed age group ranged from 10% to 33%[7]. Of 1130 primary school pupils aged 12 to 17 years who participated in a study of Kenyan primary school pupils, a total of 31% had experimented with smoking, 55% reported having friends who smoked. The rates of lifetime smoking were statistically significantly higher in urban than in suburban students[8]. This is similar to the reports of another Kenyan study of 5,311 secondary schools students in Nairobi. The prevalence of ever-smokers was 32.2% and the overall rate of ever-smoking by gender among the students was 38.6% of males and 17.9% of females[9].A study among 1,200 secondary (post-primary) school female students in Anambra State, South east of Nigeria, found that the smoking prevalence was 7.7%. Smoking was started at the mean age of 12.6 ± 3.8 years[10]. In 2002, a study of adolescents in rural and urban communities in Osun state found a 3.0% tobacco prevalence rate, with lifetime use of tobacco occurring significantly more commonly among the males. The majority of respondents were initiated into drug use at a very early age (14 years) and were daily users[11].

A study conducted among students in Ilorin showed a prevalence rate of 4.8% for cigarette smoking amongst 1200 students within the age range of 10-19 years[12]. The prevalence of cigarette smoking amongst female secondary (post-primary) schools in Anambra State was 7.7%[13]. Among senior secondary school students in Ibadan, Nigeria a prevalence of 3.4% was found with mean age of 14.2 years. In a 2005 multistage, school-based study, amongst 2000 students in government and public schools in Western Nigeria found the prevalence of cigarette smoking to be 4.9% for boys and 3.9% for girls. About 14.3% of these children (13-15 year-old Nigerian students) have already tried cigarette smoking. Since a number of youths start smoking before the age of 18, they have become the primary source of new customers for the big tobacco company that is obligated to replace consumers who have passed on or quit[14]. In January 2008 studying determinants of cigarette smoking among senior secondary school in Igbo Ora, a rural community in southwest Nigeria, researchers revealed a prevalence of 9.4% for ever smokers and 5.1% for current smokers[15]. This study set out to determine the prevalence of tobacco use, assess the knowledge of the students regarding the health effects of cigarette smoking and to determine the factors influencing cigarette smoking among senior secondary school students in Eguare, Ekpoma.

Methods

The study was carried out in Eguare, a rural community located in Ekpoma, Edo State, Nigeria. It was a descriptive cross-sectional study of secondary school students in Eguare. There were about eight government approved secondary schools (one public and seven private secondary schools) in the community as at the time of study. The study population comprises senior secondary student in Eguare. This is because the mean age at onset of smoking among African youths ranges between 13.4 to 14.8 years when most youths would be in at least

senior secondary class[16]. Two schools were selected out of these for the study. The only public secondary school was selected and one out of the seven private secondary school was selected using the simple random sampling technique. From each of these schools selected for study, simple random sampling was used to select the number of subjects based on their proportions in relation to the whole sample size. The sample size, N was calculated using the Fisher's formula

$$n = \frac{Z\alpha^2 pq}{d^2}$$

Where $Z\alpha$ = 1.96 (standard deviation at 95% confidence level), P = prevalence from previous work (18.1%, GYTS, Cross River 2002), q=1-prevalence (as a fraction of 1), d=degree of precision/ sampling error i.e. 95%-confidence level

Therefore, the minimum sample size of 227 was obtained. However, 295 students were included in the study to make up for attrition.

Permission to carry out the study was obtained from the school authorities and the students themselves who were all willing to participate in the study.

A questionnaire was utilized as the study instrument. It was produced after reviewing appropriate literature and modifying the Global Youth Survey Questionnaire. It was in four parts: socio-demographic data; smoking habits; other substance use, and knowledge and attitudes towards the hazards of tobacco smoking.

A pilot study was carried out to pretest the instrument among 20 students in a different secondary school, also in Eguare. However, these 20 students were excluded from the final sample. Appropriate corrections were then made on the questionnaire before the study commenced.

Data collection was over a 3 month period, May-September 2011 while the students were at school. The questionnaire was self-administered following detailed explanation of the content of the questionnaire to the students.

Data analysis was done using Statistical Package for Social Sciences (SPSS), Version 11.

Results

Of all the respondents, 56% were female, while 44% were male (Figure 1). The ages of the respondents ranged between 10 and 26 years of age with a median age of 16.6±2.1 years (Figure 2). Most of the students (237 students, 80.3%) were aged between 15 and 19 years.

There were 127(43.1%) male respondents (Figure 1), overall, there were 163 in senior secondary class 1 and 132 in senior secondary class 2, or 55.3% and 44.7%, respectively. Majority (274, 92.9%) were Christians. In terms of ethnicity, 229 (77.6%) were of Esan extraction, 18 (6.2%) were Yorubas, 8 (2.7%) Hausas, 24 (8.1%) Ibos and 16 (5.4%) were of other ethnicities. Students from polygamous homes accounted for 42.0% of respondents (Table 1).

Most of the respondents reported that their parents were civil servants (Fathers: 59.0%; Mothers: 42.7%), with trading coming second for both fathers and mothers (Table 2). The highest proportion reported that their fathers had at least secondary education (42.7%), while most of the mothers also had

Secondary education as their highest qualification (44.8%).

Most also reported that their parents live together 224 (75.9%) and that they grew up with both parents 210 (71.2%) furthermore, 33 (11.2%) come from single parent households and 58 (19.6%) grew up with their mothers. Majority 203 (68.8%) of the 295 respondents lived with their parents as at the time of this study (Table 1).

The number of students who reported ever smoking or trying to smoke a cigarette was 22 (7.5%). Almost a fifth of these 22(18.2%) started smoking at the age of 10 years (Table 3). The median age of initiation of smoking was 12± 5.6 years.

Of the 22 respondents that smoked, 8(36.4%) reported having smoked a cigarette in the last one month. This translated to 2.7% study population, or a current smoking rate of 2.7%. Of the 22 respondents who smoked, 3 (13.6%) smoked every day, while 19(86.4%) smoked occasionally. Most of the respondents who smoked, smoked one stick of cigarette per day 13(59.1%), followed by those who smoked about 10 cigarettes per day, who accounted for 4(18.2%) of the smoking population. Most of the respondents who smoked did so with their friends 19(86.4%) and bought cigarettes with their own money (40.9%). About a third (36%) of the respondents that smoked had immediate family members that smoked. Of these the father was the most cited family member (62.5%). Reasons for smoking include to feel good (31.8%) and to have a sense of belonging in their group 6(28.6%) (Table 4).

Nine (6.4%) of the total respondents had taken snuff before while 9(3.1%) of the total respondents had taken tobacco leaves. Adverse effects including absenteeism, recurrent cough and irritability were reported by 8(36.36%) of users. Attempts at stopping smoking were reported by 19(90.5%) of those who smoked, most of these 16(80%) for religious reasons. Of those that said that they had not tried to stop smoking 2 (9.5% of the smoking population), 66.7% of them said this was so because they enjoyed it.

Majority of all the respondents 278(94.2%) said they were not likely to use a tobacco product in the future. The reasons why respondents did not smoke included religious beliefs and moral values (Table 4).

Other tobacco use was as follows: 19(6.4%) took snuff, while 9 (3.1%) used tobacco leaves (Table 5).

Other substances assessed for included alcohol and marijuana, and it was found that 93(31.5%) of the total respondents had taken alcohol before, while 6(2.0%) of the total respondents had taken marijuana.

Knowledge scores were computed from the 9 knowledge questions. A positive response attracted a score of 2 points while a negative response attracted a score of 0, giving a possible total of 18 points. The mean knowledge score was 15.3±3.47. A poor knowledge about the adverse effects of smoking was obtained in 177(60%) of respondents.

A Likert scale of 3 was used to assess the attitude scores of respondents. Agreement with the statement attracted 3 points, an undecided response 2 points and disagreement attracted 1

point, giving a possible total of 29 points. The mean attitude score of respondents was 10.46±2.65. Using this scale, poor attitude towards smoking scores were recorded in 145 (49.2%) respondents.

Male students were significantly more likely to smoke than their female counterparts (p=0.001) (Table 6), while religion did not have any significant relationship with ever smoking cigarettes (p=0.819).

Respondents from polygamous families were not more likely to smoke than those from monogamous homes (Table 7). The occupations of both parents was not shown to have any effect on the smoking status of their children, the same was true of their levels of education and who the respondents grew up with(Table 8). The marital status of their parents did not affect practice of smoking (X^2=3.563, df=3, p=0.313) (Table 9).

There was no correlation between the school attended and smoking (X^2=3.287, df=1, p=0.70), neither did the particular class (X^2=0.005, df=1, p=0.945). Formal education of parents did not affect whether or not the respondents smoked either (Father: X^2=2.043, df=1, p=0.153; Mothers: X^2=0.1,df= 1, p=0.751).

Cigarette smokers were significantly more likely to use alcohol (X^2=6.299, df= 1, p= 0.012) and were significantly more likely to use marijuana (X^2= 17.44, df=1, p=0.00) (Tables 10 and 11)

A poor knowledge score was obtained for 117(60%) of the study population but was somewhat compensated for by good attitude scores obtained by 150(50.8%) of the population. Knowledge about the adverse effects of smoking did not have a statistically significant relationship with smoking (p=0.928) as shown in Table 12. There was no relationship between knowledge and when last respondents smoked (X^2= 0.459, df =3, p=0.929), neither did it affect whether they were current smokers or not (X^2= 0.430, df= 1, p= 0.512)

There was a significant relationship between the age group of respondents and their knowledge about the effects of smoking (p=0.040) (Table 13). Whether or not the respondents grew up with both parents, the father, or the mother alone did not affect the level of knowledge about smoking (p=0.558), and neither did the time the last cigarette was smoked (p=0.929).

Whether or not the parents or siblings smoked did not affect whether or not smokers had tried to stop smoking (p=0.346) and neither did their attitude scores (p=0.716). Attitude and smoking were not found to be related (X^2= 1.995, df=1, p=0.156), as shown in Table 14 neither did it affect their likelihood to want to stop smoking (X^2=0.133, df=1, p=0.156). Who they grew up with did not affect their attitude scores (X^2= 3.579, df= 2, p=0.167). Attitude scores and the likelihood of tobacco use in the future were not shown to be associated (X^2= 0.333,df=1, p=0.564)

The time respondents last smoked affected whether or not they had tried to stop smoking (p=0.004), with the highest proportion found among those who had smoked in the last month (Table 15).

There was no relationship between those who used any tobacco product before and if they had ever taken snuff (p=0.119)

Where the students grew up (both parents, father or mother alone did not have any association with practice of smoking (X^2=0.035, df=2, p=0.983)

Discussion

The prevalence of smoking was relatively high in this study (7.5%) when compared with previous similar studies by Abdulkarim and Omigbodun (4.8%) in Ilorin, Faseru and Omokhodion in Ibadan (3.4%) or Fatoye et al in Ilesha (3%). It was however lower than the results obtained by Osungbade and Oshiname in another state, where the study was done (9.4% in Igbo Ora), and in Kenya (Orgwell and Kwamanga- 32.3%). It was also lower than studies conducted in Italy, with about 24% prevalence).

Osungbade's work also showed a higher prevalence as well for current smokers (5.1%) compared to this study (2.7%). Understandably, regions with a higher overall prevalence had a higher proportion of male and female current smokers. However, males had a higher proportion of the prevalence as concluded by other studies.

The median age of onset of smoking was 12± 5.6 years in this study which was in keeping with other studies such as that by Moriba et al in Switzerland, Kwamanga in Kenya, Faseru and Omokhodion in Ibadan, Osungbade in Igbo Ora, amongst others.

Only 1% of smokers were daily smokers, most of whom were male. This is at odds with middle-eastern studies, where it is much higher. A large number 17(77.3%) of smokers were introduced to it by their friends which is higher than most middle-eastern studies.

Interestingly, a lesser proportion of smokers in this study (9%) had heard about it through the media, compared to over 50% reported in Osungbade and Osiname, as well as Kasim and Moyo.

Most smokers (86.4%) smoke with their friends which is in keeping with the study by Fozi et al who reported that students whose friends were smokers were 5 times more likely to smoke than those whose friends were not smokers.

Ever smokers were significantly more likely to take alcohol and Marijuana (p=0.012, and 0.000, respectively), this affirms previous studies such as Abdulkarim and Omigbodun (Use of Cigarettes and alcohol paved way for other illicit substances such as marijuana) and Myers et al, which said alcohol and cigarette use are more likely to develop concurrently.

In contrast to other studies, smoking was not significantly associated with poor knowledge, as was seen in studies by Osungbade and Osiname, Adebiyi, and Hunter, et al.

Generally, the smoking habit of the study population was found to be independent of a lot of factors identified in other studies against this backdrop, most smokers also could not adduce specific reasons for their smoking (55% of smokers).Peer influences, however, are an important factor to pay attention to.

There may be other factors and determinants of smoking in rural adolescents than those traditionally

assessed and more research needs to be done to elucidate these.

Conclusion

Tobacco use continues to be a significant global problem, particularly in third world countries. Adolescents have been shown to be a particularly vulnerable population, affected by marketing, hazards and complications of tobacco use. The rising trend of tobacco usage in third world countries is projected to increase the incidence of non-communicable diseases and thus lead to a doubled burden of both communicable and non-communicable diseases.

There is a need to assess adolescent attitudes, knowledge levels and practices particularly in rural areas that may be overlooked with a view to appropriately quantify the scale and characteristics of the problem in order to proffer accurate solutions. There is also a need to assess the determinants and deterrents of smoking and other tobacco use in order to guarantee the success of any such program.

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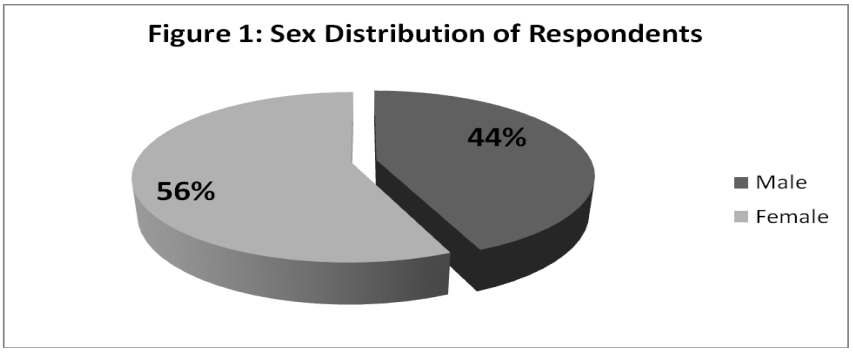
Figure 1: Sex Distribution of Respondents
44%
56%
Male
Female

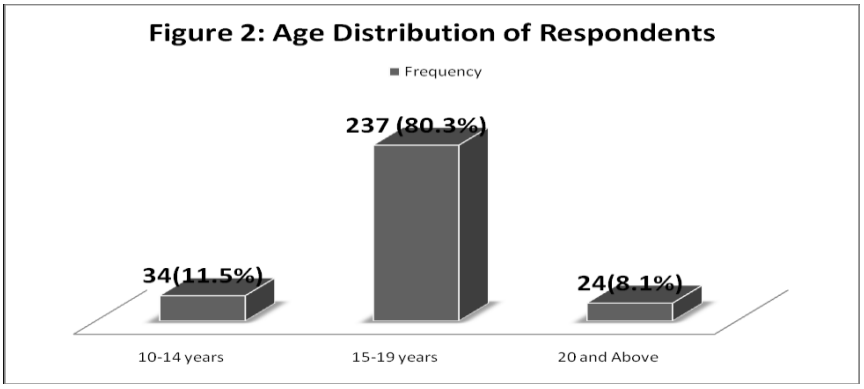
Figure 2: Age Distribution of Respondents
Frequency
237 (80.3%)
34(11.5%)
24(8.1%)
10-14 years
15-19 years
20 and Above

Table 1: Demographic Characteristics of respondents

	Number N=295	%
Class		
SS1	175	59.3
SS2	120	40.7
Total		100.0
Religion		
Christianity	274	92.9
Islam	20	6.8
Traditional	1	0.3
Total		100.0
Ethnic Group		
Esan	229	77.6
Yoruba	18	6.2
Hausa	8	2.7
Ibo	24	8.1
Others	16	5.4
Total		100.0
Type of Family		
Monogamous	171	58.0
Polygamous	124	42.0
Total		100.0
Marital status of Parents		
Live Together	224	75.9
Single Parent	33	11.2
Divorced/Separated	26	8.8
Widow/Widower	12	4.1
Total		100.0
Who did you grow up with?		
Both Parents	210	71.2
Father	27	9.2
Mother	58	19.6
Total		100.0
Who do you live with now?		
Both Parents	203	68.8
Father	31	10.5
Mother	61	20.7
Total		100.0

Table 2: Parents' Occupation and level of Education (n=295)

	Number	Percent (%)
Father's Occupation		
Civil Servant	174	59.0
Trader	72	24.4
Farmer	20	7.8
Artisan	29	9.8
Father's Highest Level of Education		
No Formal Education	25	8.5
Primary	25	8.5
Secondary	126	42.7
Tertiary	119	40.3
Mother's Occupation		
Civil Servant	126	42.7
Trader	112	38.0
Farmer	29	9.8
Artisan	28	9.5
Mother's Highest Level of Education		
No Formal Education	11	3.7
Primary	31	10.5
Secondary	132	44.8
Tertiary	121	41.0

Table 3: Smoking Habits

	Number	n	(%)	
Ever Smokers		295		
Yes	22		7.5	
No	273		92.5	
Age at First Smoking (years)		22		
5-9	5		22.7	
10-14	9		40.8	
15-19	6		27.2	
Above 20	2		9	
When Last Did You Smoke?		22		
In the last one month	8		36.4	
6 months ago	3		13.6	
About a year ago	3		13.6	
More than 5 years ago	8		36.4	
How often do you Smoke?		22		
Every Day	3		13.6	
Occasionally	19		86.4	
How many Sticks Per Day?		22		
1	13		59.1	
2	2		9.1	
3	1		4.5	
6	1		4.5	
10	4		18.2	
12	1		4.5	
With Whom do you smoke?		22		
Friends	19		86.4	
Family members	2		9.1	
Alone	1		4.5	
How do you get the cigarettes?		22		
Buy with my own money	9		40.9	
At Home	6		27.3	
At Parties	3		13.6	
At School	4		18.2	
How did you know about cigarette smoking?		22		
Friends	17		77.3	
Family members	2		9.1	
Radio advertisements	2		9.1	
Television advertisements	1		4.5	
Which of your immediate family members smoke?		8	Percent	Of all
Father	5		62.5	smokers
Mother	1		12.5	1.7
Brother	1		12.5	0.3
Sister	1		12.5	0.3
				0.3

Table 4: Reasons for smoking

	Number	(%)
To feel good		
Yes	7	31.8
No	6	27.3
I don't know	9	40.9
Total	22	100.0
To have a sense of belonging in my group		
Yes	6	28.6
No	7	33.3
I don't know	8	38.1
Total	21	100.0
I just want to smoke		
Yes	11	55.0
No	7	35.0
I don't know	2	10.0
	20	100.0
To have more friends		
Yes	6	30.0
No	10	50.0
I don't know	4	20.0
	20	100.0

Table 5: Frequency of smoking

Response	Frequency	Percent
Yes	16	5.73
No	279	94.27
Total	295	100.00

Table 6: Sex versus ever smoked

		Have you ever smoked or tried Smoking a Cigarette?		
Sex		Yes (%)	No (%)	Total (%)
	Male	17(13.4)	110(86.6)	127(100)
	Female	5 (3.0)	163(97.0)	168(100)
	Total	22(7.5)	273(92.5)	295(100)

Table 7: Type of Family versus ever smoked

		Have you ever smoked or tried Smoking a Cigarette?		
Type of Family		Yes (%)	No (%)	Total (%)
	Monogamous	9 (5.3)	162 (94.7)	171(100)
	Polygamous	13 (10.5)	111 (89.5)	124 (100)
	Total	22 (7.5)	273 (92.5)	295 (100)

Table 8: Ever Smoked versus who respondents grew up with

		Who did you grow up with?			
Have you ever smoked or tried Smoking a Cigarette?		Both Parents (%)	Father (%)	Mother (%)	Total (%)
	Yes (%)	16 (72.7)	2 (9.1)	4 (18.2)	22 (100)
	No (%)	187 (68.5)	29 (10.6)	57 (20.9)	273 (100)
	Total	203 (68.8)	31 (10.5)	61 (20.7)	295 (100)

Table 9: Ever smoked versus Marital Status of Parents

		Marital Status of Parents				
Have you ever smoked or tried Smoking a Cigarette?		Live Together (%)	Single Parent (%)	Divorced/Separated (%)	Widow/widower (%)	Total
	Yes (%)	16 (72.7)	2 (9.1)	1 (4.5)	3 (13.6)	22 (100)
	No (%)	208 (76.2)	31 (11.4)	25 (9.2)	9 (3.2)	273 (100)
	Total	224 (75.9)	33 (11.2)	26 (8.8)	12 (4.1)	295 (100)

Table 10: Ever taken alcohol versus ever smoked

		Have you ever smoked or tried Smoking a Cigarette?		
Have you ever taken alcohol		Yes (%)	No (%)	Total (%)
	Yes (%)	13 (14.0)	80 (86.0)	93 (100)
	No (%)	9 (36.0)	16 (64.0)	25 (100)
	Total	22 (18.6)	96 (81.4)	118 (100)

Table 11: Have you ever taken Marijuana Versus ever smoking

		Have you ever smoked or tried Smoking a Cigarette?		
Have you ever taken Marijuana?		Yes (%)	No (%)	Total(%)
	Yes (%)	5 (83.3)	1 (16.7)	6 (100)
	No (%)	17 (15.2)	95 (84.8)	112 (100)
	Total	22 (18.6)	96 (81.4)	118 (100)

Table 12: Knowledge Versus ever smoking

		Have you ever smoked or tried Smoking a Cigarette?		
Knowledge		Yes (%)	No (%)	Total(%)
	Poor knowledge (%)	13 (7.3)	164 (92.7)	177 (100)
	Good knowledge (%)	9 (7.6)	109 (92.4)	118 (100)
	Total	22 (7.5)	273 (92.5)	295 (100)

Table 13: Age GroupVersus Knowledge

		Knowledge		
Age Group		Poor Knowledge (%)	Good Knowledge (%)	Total (%)
	10-14	14 (41.2)	20 (58.8)	34 (100)
	15-19	146 (61.6)	91 (38.4)	237 (100)
	≥20	17 (70.8)	7 (29.2)	24 (100)
	Total	177 (60.0)	118 (40.0	295 (100)

Table 14: Attitude Score Versus ever smoking

		Have you ever smoked or tried Smoking a Cigarette?		
Attitude Score		Yes (%)	No (%)	Total (%)
	Poor Attitude (%)	14 (9.7)	131 (90.3)	145 (100)
	Good Attitude (%)	8 (5.3)	142 (94.7)	150 (100)
	Total	22 (7.5)	273 (92.5)	295 (100)

Table 15: When did you last smoke versus trying to stop smoking

		Have you ever tried to stop smoking		
When last did you smoke a cigarette?		Yes (%)	No (%)	Total(%)
	In the last one month	8 (100)	0 (0)	8 (100)
	6 months ago	1 (33.3)	2 (66.7)	3 (100)
	About a year ago	3 (100)	0 (0)	3 (100)
	>5 years ago	7 (100)	0 (0)	7 (100)
	Total	19 (90.5)	2(9.5)	21 (100)