

Tobacco Smoking Among University of Namibia Students: Behaviors, Reasons, Attitudes, Awareness and Knowledge of Associated Health Risks

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The purpose of the study was to establish tobacco smoking as a behavior, and to recommend measures to protect and discourage tobacco smoking among students at the University of Namibia. A cross sectional study was conducted among students at the University of Namibia, to assess the determinants of tobacco smoking and smoking as a behavior. Two mixed methods, namely, quantitative and qualitative design were used for gathering the data for this survey. A probability sampling method was used and a sample of 996 out of about 10,000 students registered at the University of Namibia for the academic year 2002 were selected. Demographical data, reasons, attitudes towards and the knowledge of health risk from tobacco smoking as the determinants of tobacco smoking (independent variables) and smoking of tobacco as a function thereof (dependent variable) were analyzed. The results indicated that 169 of the participants, which translates to 17% of the then student population at the University of Namibia aged 15-35 years smoked different types of tobacco such as cigarettes, cigar and, even the dagga. The results demonstrated a significant relationship between demographical data of gender and age and smoking. Male students smoked more than female students (OR 4:1). Furthermore, the results indicated that male and female students of age 15-19 smoked tobacco the most (32% of 12% respectively). The need to cope with the life experiences and subjective norms to peer pressure were some of the reasons for tobacco smoking among the students. In conclusion, the findings demonstrated a significant trend of tobacco smoking among the students at the University of Namibia. In that regards, a declaration of all university campuses as tobacco-free environment to protect students from being exposed to the cues to tobacco smoking and complemented with teaching health risks from tobacco smoking and the skills that are necessary to protect the students from being lured into the use of tobacco were recommendable.

Key words: Tobacco Smoking, students, attitudes, behaviors, health risks, University of Namibia.

INTRODUCTION

Four (4) million people die every year from health problems incurred by tobacco smoking [1]. This number is projected to rise to ten (10) million by the year 2030. Considering that, seventy percent of all deaths from

tobacco would occur in developing countries including Namibia [2]. In the absence of current data on tobacco smoking in Namibia by the time of the study, reference is made to the findings by the Ministry of Health and Social Services (MOHSS) and the Council of Churches in Namibia (CCN) in 1992, which indicates that in Namibia children start smoking from the age of nine (9) and that roughly 16% of all children in Namibia smoke cigarette,

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while up to 50% of the youths and 40% of adults use tobacco [3].

Following several campaigns against tobacco smoking convened by the Ministry of Health and Social Services, the Namibian Cabinet banned tobacco smoking in all government and other public premises on the 15th July 1997 [4]. However this ban did not bring about the expected results, because by then, the ban was not accompanied by the legislative measures and comprehensive health education against tobacco smoking. Because of lack of legislative reinforcement then, both the public and those who are responsible for protecting and promoting public health have allowed smoking to continue. Therefore, according to some observations, even in the places such as the University of Namibia (UNAM) which is primarily responsible for educating young people to behave in ways that are acceptable, it was not surprising to see students smoking in the University corridors, thus not respecting neither the basic right of others to breathe cleaner air, nor the call by the cabinet to ban tobacco smoking in all government and public avenues. This prompted the researchers to assess the students' behaviors about tobacco smoking, and to describe the determinants for tobacco smoking among the students.

The purpose of the study was to establish tobacco smoking as a behavior, and to recommend measures to protect and discourage tobacco smoking among the students at the University of Namibia (UNAM). The specific objectives were to describe the students' behaviors, attitude towards tobacco smoking, investigate and explain the reasons for tobacco smoking, identify types of tobacco which are used by the students and to assess the students' knowledge of health risks from the use of tobacco.

Literature Review

Literature review serves the purpose of placing the phenomenon being studied in the context of existing body of knowledge study [5]. For the purpose of this study, a literature review was conducted for base line information and focused on global, regional and national trends of tobacco smoking among the youths and the university students and health risks from tobacco smoking.

Trends of Tobacco Smoking among the Youths and University Students

The trends of tobacco smoking among the youths and university students may be explained through a description of epidemiology of tobacco smoking among the population of concern. Epidemiology is the study of distribution of health problems among people with a focus on determining the risk factors that are associated with health problems and to determine factors which may protect people against health problems of concern [5,6]. In this study epidemiology refers to the description of the

prevalence of tobacco smoking among the students at the University of Namibia, their attitudes towards tobacco smoking and reasons for smoking tobacco, as well as their knowledge of health risks from tobacco smoking.

In his report on the "Hookah Tobacco Smoking", among the US College students, Primack [7] indicates that there is an upsurge trend of smoking the toxic substance. This current evidence supports the claims by the Center for Disease Control's [8] report which asserts that irrespective of differences of tobacco smoking among the students from different ethnic groups in the USA, there is an overall increase in tobacco smoking among high school students [7,9]. The trend could be the same in Namibia. However, to avoid conclusions based on the extrapolation, studies should be conducted to describe the trend of tobacco smoking among youths in Namibia.

Furthermore, the findings of a pilot study on the prevalence of cigarette smoking among the students at the University of the North in South Africa (SA), reveals that the prevalence of tobacco smoking at the institution was 13% among males and 0% among females. However follow up findings by the same study, reveals an increase in the prevalence of tobacco smoking among the students at the institution as demonstrated by 15% for males and 1% uptake of smoking for female students [9].

Similarly, the report of the World Health Organization [1] on tobacco smoking among male medical students in Kenya reveals an 18% of smoking prevalence among the participants, a figure that could have doubled by now [8]. Namibia is no exemption as regard the use of tobacco across ages and in particular, the youths. At a point in time, and as confirmed by the Receiver of Revenue, Namibia imported tobacco of Net Weight 816,553kg during the year 1998-1999 for human consumption [4].

Therefore, the report of the Namibia Country Paper Presentation at the inter-country meeting of parliamentarians on Tobacco control held on 23-28 October 2000, Nairobi Kenya, indicates that the habit of tobacco smoking in Namibia is much stronger especially in the south of the country [4].

Therefore, the result of a study by the Ministry of Health and Social Services (MOHSS) and the Council of Churches in Namibia (CCN) [3] on the use of substances, including tobacco, indicates that tobacco smoking ranks number two among substances abused in Namibia. Specifically, the findings indicates that in Namibia, children start smoking from the age of nine (9) years and that roughly 16% of all children in Namibia smoke cigarette, while up to 50% of youth and 40% of adults smoke tobacco. As a result, an estimation of the prevalence of tobacco smoking in Namibia indicates an increase to 65% of tobacco smoking among the adults, with an average consumption of up to ten (10) cigarettes per day by the smokers of all ages [3].

In support of the evidence above, the report on the program for the prevention and combating substance

abuse and illicit drug trafficking in Namibia also indicates that 12 in 100 children from some of the Windhoek's suburbs smoke cigarette every day. The report concludes that these children smoke tobacco to emulate the "sophisticated world of adults" as galvanized by the advertisement of tobacco smoking [4].

Although the data on diseases that are due to tobacco smoking in Namibia are not available, an attempt at estimation have been made, relying on incidence data from the cancer registers maintained by the Ministry of Health and Social Services. Data from such registers shows that the total number of reported deaths caused by cancer that is attributable to tobacco smoking in Namibia constitutes a 16% of all reported annual mortality rate, therefore implying that tobacco smoking is the cause for different cancers, such as cancer of the lungs, oesophagus, larynx, pancreas, mouth, nose, throat, breast and urinary bladder [3].

Health Risks from Tobacco Smoking

In their report on health risks from tobacco smoking, researchers at the Center for Diseases Control concur that tobacco contain more than 40 chemicals, which can cause acute and chronic health problems of significant magnitudes in human [10].

Acute effects of tobacco smoking include adverse effects such as body weakness, lack of concentration and low productivity because of the replacement of oxygen on the hemoglobin by the carbon monoxide from the tobacco [10]. Worst of, Atrons [11] indicates that tobacco causes permanent, uncontrollable degeneration of the brain cells and therefore the incapacitation of mental output [11]. Thus students who smoke tobacco are subjected to low oxygen tension and are at risk of poor concentration and poor performance in their studies. As regard the physical appearance, the researchers argue that tobacco smoking creates a disgusting physical appearance which can serve as a turn off for smokers [8,10,12,13].

Chronic health problems from tobacco smoking can be physical, social and economic. Smelter *et al.* [14] states that tobacco smoking cause physical health problems inter alia chronic obstructive airway diseases (COAD) such as chronic bronchitis as well as cancer of the respiratory organs. Moreover, the sclerosis of the arteries and arterioles by tobacco smoking causes ulcerations of the mucous membrane of the gastro-intestinal tract, ischemic heart diseases, heart attack and stroke. These health problems impact negatively on the smokers' health [14]. Furthermore, the report by both the World Health Organization [15] and USA Center for Diseases Control [8] indicates that there is no safe exposure to Environmental Tobacco Smoke (EST) due to the adverse effect associated with even low level of exposure to smoking. Both reports indicate that exposure to Environmental Smoke results in an estimated 3000

deaths from lung cancer among non-smoking citizens and 300,000 children suffering from lower respiratory tract infections [13,15].

Passive smoking also causes tobacco related health problems for those in close contact with the active smokers. Similar to active smoking, passive inhalation of carbon monoxide compromises the oxygen tension in the body of a passive smoker as well. As a result, babies born to mothers who smoke tobacco are often adversely affected by the toxic effects of tobacco. They are likely to be either born premature, of low birth weight, or they are at risk of neonatal death [10]. Furthermore, children who are exposed to passive smoking are susceptible to ear infection, asthma, pneumonia and cancer of the lungs. Socially, these children also stand a greater chance of becoming smokers themselves through socialization, thus being at risk for socio-economic problems as the results of smoking tobacco. Therefore, the World Health Organization (WHO) reiterates the need for the implementation of legislative measures for a comprehensive control of tobacco smoking to preserves the right to breathe safer air for non-smokers [1].

Socio-Economic Problems related to the use of Tobacco

The World Health Organization [15] reports that tobacco smoking poses substantial direct and indirect economic cost on households as well as on the country at large. Family resources spent on tobacco translate into funds not available to meet basic needs such as food, clothes and education for the children. Other socio-economic problems from tobacco use include loss of productivity caused by tobacco induced ill-health, and which in return, results into funds not being available to meet the basic needs and therefore, poverty at the family level as well as low participation in activities of socio-economic development of the society.

Reasons for Tobacco Smoking by Adolescents and Young Adults

Researchers prove that there are no intrinsic factors or physiological stimuli that trigger an individual to smoke tobacco. On the contrary, Glanz *et al.* [16] concurs with Schlinke *et al.* [17] that a habit to smoke is ascribed to extrinsic or environmental factors, for example pressure from the peers, whereby the youth perceive the need to do what friends do [14,17]. The individual's psychological factors are also implicated in tobacco smoking among youths. Glanz *et al.* [16] stresses that the youth may smoke tobacco as a mechanism to reduce tension, cope with stress, without mentalistic concept or reasoning. However, given the magnitude of health risk from smoking, there is a need for tobacco smokers to reconsider their behavior, especially the youths, as their

future lies ahead.

As a result, Von Ah *et al.* [18], as well as Bandura [19] conclude that youths' engagement with risky behaviors is sometimes occasioned by observational learning, hence the desire to imitate the friends [18,19]. Therefore, the authors argue that, for a successful control of tobacco smoking, the legislative measures should be accompanied by health education to create awareness of the extrinsic factors which can lure an individual into smoking tobacco, inter alia peer pressure, [16,17].

METHODOLOGY

The mixed methods namely quantitative, qualitative and descriptive research designs were used to provide descriptive information on behaviors, reasons for and attitudes towards tobacco use as well the knowledge of health risks arising from the use of tobacco among the students at the University of Namibia.

The research population was all full time students (N=9636) at the main campus of the University of Namibia, who registered during the academic year 2002, from the first year to the final year of study, both basic and post basic students, of all gender, all age groups from all faculties have equal chance for probability sampling to participate. Out of the total, 9636 students, a 10% (n=996) sample was drawn. Using a probability sampling, to select the participants (from the student population) who were easily accessible), 991 students (476 males and 515 females) participated in the survey. A self-administered questionnaire/instrument was developed, consisting of open-ended and close-ended questions. The questions constituted the sections on biographical data, behavior towards tobacco use, reasons for tobacco use, attitudes towards tobacco use, and awareness and knowledge of health risks from tobacco smoking. Five (5) respondents had incomplete data and as such were excluded from the analysis.

In order to ensure reliability and validity of the findings from the main study, the instrument was pre-tested. Five percent (5%) of the sample (N=90) of the students from the Polytechnic of Namibia was used. The results of pre-test demonstrated that participants would take 5-15 minutes to complete one instrument. Thereafter the questionnaire was modified and finalized.

Permission to conduct the survey was sought and obtained from the Multidisciplinary Research Center (MRCC) of the University of Namibia, and the Office of Dean of Students at the Polytechnic of Namibia. Informed consent was sought from individual participants. Participation was voluntary. The questionnaire was administered anonymously and confidentiality was maintained. Respondents could withdraw from the study at any given time. Data was collected over three weeks by three researchers and six research assistants.

Table 1. Frequency of gender of the respondent.

Gender	Frequency	Percentages (%)
Males	476	48%
Females	515	52%
Total	991	100%

During the first week, the research assistants were trained regarding the usage of the data-collecting instrument. During the second week, a pre-test of the instrument was done.

The actual data collection took place in the third week at the main campus of the University. Participants completed a self-administered questionnaire under the direct supervision of the research assistants and the researchers. Completed questionnaire were numbered and sealed for validation checking by three researchers, before handed over to the statistician for data entry.

Data Analysis

The Statistical Package for the Social Sciences (SPSS) was used to analyze the data. Data analysis entailed: examining, categorizing and summarizing information to establish the meaning and maintain evidence. Description of data was done through the use of tables and graphs. Relevant inferences (using Odd Ratio calculations) were drawn and the relationship of variables was established.

RESULTS

Under this section, the findings of the study are presented in the tables and graphs of frequencies and percentages of same variables. The findings pertaining to other variables are described in the section on the discussion of the findings.

Bibliographical data

The bibliographical data for the result analysis includes gender, age, the field of study, academic year of study and sources of income.

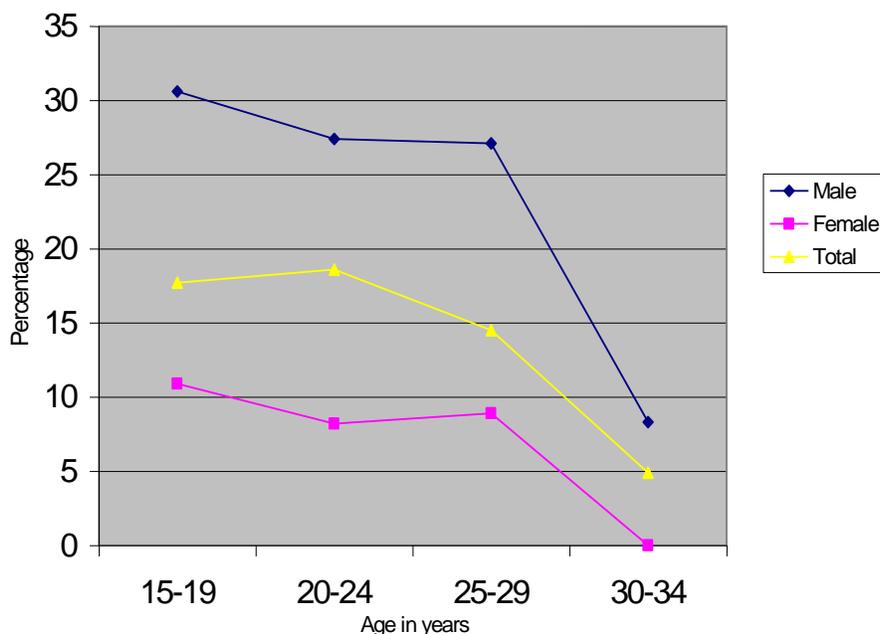
Gender of Respondents

The characteristics of the sample and their relevant frequencies are reflected in Table 1.

Out of the total of 996 questionnaires administered, 991 (n=991) 99.5% responded. 5 (n=5) 0.5% respondents had incomplete data and were not included in the analysis. Thus the response rate was adequate. Of the respondents 476 (48%) were males and 525 (52%) were females. Out of 991 respondents, 169 (17%) indicated

Table 2. Tobacco smoking/use and gender.

Variable(n=169)	Smoking	Non-smoking	Total
Gender			
Males	125 (74%)	349 (35%)	474
Females	44 (26%)	468 (47%)	512
Unspecified gender		5 (0.5%)	5
Total	169	822	991

**Figure 1.** Smoking by sex and age.

they smoke tobacco, while 822 (83%) indicated that they do not smoke tobacco.

In view of the University enrollment of 64% (females) and 36% (males), by then, male students were over represented in this study. The results indicated that the majority of respondents (83%) across all four levels of studies were below the age of 25 years with the peak age group being 20-24 years; i.e. group that is vulnerable to risk taking. Table 2, displays the relationship of tobacco smoking and the genders of the participants.

The results demonstrated that of all the 169 smokers, 125 (74%) were males and only 44 (26%) were females. The revelation supports the results of other studies that smoking is a preserve of males.

The results revealed that male students smoke more than female students, as explained by an X^2 of a significant value of .000. It is obvious that men smoke more than women at the main campus at the University of Namibia.

The results demonstrated that a high percentage of both male and female smokers are of age 15-19 years,

20-24 years and 25-29 years old (Figure 1). When compared, it became evident that there were more smokers of age 15-19 than in other age category.

The respondents who smoke were also asked to indicate if they ever attempted quitting smoking. Interestingly the results revealed that the majority of smokers wished to give up the smoking habit.

However, the results indicated that out of smokers who attempted to quit smoking, only 20% successfully quit smoking. The majority of smokers failed to quit smoking. Failure to successfully quit smoking is mainly attributed to addiction (41%), subjective norms to peer pressure (28%) and the use of tobacco as coping mechanism (19%).

Awareness and Knowledge of Risks of Tobacco Smoking

All respondents were also asked to identify health risks from tobacco smoking and to state their perception of vulnerability to health risk from tobacco smoking. Table 3

Table 3. Awareness and knowledge of health risks from tobacco smoking.

Awareness of health risks	YES		NO	
	Frequency	Percentage	Frequency	Percentage (%)
Smokers	150	88.8%	16	9.5%
Non-smokers	737	90%	72	9%

provides the respondents' responses in this regard.

The results indicated that a significant number of both smokers (89%) and non-smokers (90%) were aware of health risks from tobacco smoking. However there is a significant (10%) of smokers and (9%) of non-smokers who are not aware of health risks associated with tobacco smoking.

DISCUSSION

The study was based on a representative sample from the entire University student population of 9636 at the main campus of the University of Namibia. Of the student population, 991 (10%) was included in the study and the result reveals that 169 (17%) of the respondents smoke tobacco.

In order to determine any association between tobacco smokings and other risk factors, Odd Ratio calculation were performed on demographic and other socio-economic factors. There was significant association between smoking and gender, age, field of study, year of study, sources of income and risk perception.

Males were four times more likely to smoke than females (OR 4:1). Compared to the results of other studies which indicate smoking was mainly a preserve of males, this study reveals that a sizeable population of female students (12%) do smoke. Unlike many universities on the continent, the enrollment at the University of Namibia is heavily weighed against male students, with female ratio of 1:2. Thus the female preponderance has an important bearing on overall and continuation of drug use at the institution as well as any future interventions.

Age is an important factor in smoking among university students. In the study, the majority of respondents (83%) across all four levels of studies were below the age of 25 years with the peak age group being 20-24 years and a life time that is vulnerable to risk taking. Subsequently, the results indicate that male and female students aged 25 and less were at high risk of being smokers than older students (age 25 and above). The odds for age were 2:1 in favor of youths below age 25. On the other hand the Odds Ratio was 1:1.3 for age group 20-24. This revelation supports the assertion by Glanz *et al.* [16] and Von Ah *et al.* [18] who claim that young people may

engage in a behavior such as tobacco smoking as a mechanism to reduce tension, cope with stress and experience pleasure, however without cognitive reasoning. It is also evident that as an individual becomes older, one uses cognitive reasoning before engaging in a behavior. Hence, there is a low prevalence of tobacco smoking among older students [16,18].

When the fields of study are considered, students in the Faculty of Medical and Health Sciences were less likely to smoke, compared to students from other faculties (OR= 0.2:1 and 3:1 respectively). There is no explanation for these differences from this study, but this may be related to the potential heightened risk perception among students from the two Faculties

Access to own income, probably at a young age of independent life, appears to promote smoking. Students who had a salary (OR=1.6:1) or had their own sources of income/savings (OR=1.2:1) and half-time job (OR=1.25:1) were at higher risk of being smokers. This evidence was also supported by the significant level of 0.006 of the logistic regression. It can be concluded from the study that conditions (explicit or implicit) attached to income from family sources, loan or bursary discourage students from smoking. This could explain the apparent paradox that students who work for their money for education are the ones who smoke.

In general, students in early years of study (1st and 2nd years) were less likely to be smokers (Odds Ratio of 0.6:1 and 0.8:1 respectively). The likelihood increased for students in senior years, beginning from year 3, peaking at year 4 and declining during post graduate. The Odds Ratios for these years are in that order, 1.49:1, 2:1 and 1.7:1.

Out of 169 students, 107 (63%) uses the cigarettes. Majority of male and female cigarette smokers are of age 15-19 years and 20-24 years. The highest prevalence of cigarette smoking is amongst males and females of age 20-24 years.

Given the prevalence of illicit substances and drug trafficking in Namibia, the prevalence of dagga/marijuana smoking and other illicit substances among the students were also explored to predict potential health risks student smokers are vulnerable to. As such, the results reveal that out of 169 students, 16% all under the age of 30, use tobacco in combination with other drugs. Males use combinations of drugs more than females do (12.4% and 3.5% respectively). Of all smokers, 70% do use

dagga, cigar (0.5%), cocaine (2%) and heroin (0.5%).

Von Ah *et al.* [18] postulates that an individual who smokes less than one cigarette per day, is classified as a non-smoker, while an individual smoking 1-10 times a day and more than 10 times a day is classified as a regular smoker and heavy smoker respectively and can be addicted to tobacco [18,20]. Likewise, regular smokers (6%) and heavy smokers (3%) were less successful in quitting the habit (OR= 0.5:1), compared to the non-smokers (2%) who were more successful in quitting smoking (OR1:2).

Similar to the initiation of smoking, failure to quit smoking was blamed on the smokers' addiction to tobacco (41%), subjective norms to peer pressure (28%) and to the use of tobacco as a mechanism to cope with life experiences (19%). These circumstances act as barriers to quit smoking, as explained by Glanz *et al.* [16] that a perception of adverse effect when withdrawing from the behavior may serve as a barrier to give up such behavior [16]. Ansuini [20] further explains that it is difficult for an individual to give up a behavior that is internalized [20]. Again this is clear evidence that there is a need for youths to develop both intrapersonal and interpersonal skills to cope with circumstances appropriately and avoid the use of substances as a coping mechanism.

Students who were aware that the use of tobacco could lead to health problem(s) were less likely to use tobacco. The odds ration for being aware and not smoking was 1.1:1. The chance of smoking when a student was aware of a health risk, were reduced by 10%. Thus the fear of specific disease conferred more deterrence to smoking (OR= 1.6:1).

However, another revelation from this study is a significant 10% of non-smokers who indicated that they have no problem experiencing passive smoking. This revelation is an indication that tobacco smoking is acculturated at the institution and there is a need for measures to protect second hand smokers from exposure to passive smoking and the associated health risks.

Although only 10% of respondents demonstrated lack of knowledge of health risks from tobacco smoking amongst the non-smokers, from the public health point of view, it raises a concern, because there are still individuals who are not aware of health problems that one may contract should one be exposed to tobacco smoking, being an active or a passive smoker. There is therefore a need for the institution to integrate health education program in the basic study programs, to address the knowledge gap and risk behaviors including tobacco smoking.

Limitations of the Study

The study could not be done at all the campuses and centers of the University of Namibia because of limited funds and time, but could be considered. Therefore, the conclusions were based on the findings from the

participants at the main campus.

Conclusions

The purpose of the study was to establish tobacco smoking as a behavior, and to recommend measures to prevent tobacco smoking among the students at the University of Namibia. The specific objectives were to describe the students' behaviors, attitude towards tobacco smoking, investigate and explain the reasons for tobacco smoking, identify types of tobacco used by students and to assess students' awareness and knowledge of health risks from tobacco use.

Commonly known factors such as peer pressure, the need to cope with life experiences, younger age and financial freedom are responsible for initiating and perpetuating smoking of tobacco by the students, as explained in the description of reasons for smoking tobacco.

Although many students who smoke are aware of the health risks they are exposed to and which they expose passive smokers to, they nevertheless are not able to stop smoking, nor are they constrained to smoke in the presence of non-smokers. Thus, moral or social values are not identified as inhibitory factors to smoking.

Given the fact that the youths (15-35 years) constitutes about 60% of the Namibian population of about 1.8 million at the time of the study, it can be concluded that that about 183,600 Namibians smoke tobacco and over a latency period of 30-40 years, about 183,600 citizens would be sick of tobacco induced illnesses.

Recommendations

Based on the study results, the recommendations were made as regard the Legislation and the University as an institution.

As regard the legislation, the study recommends for the banning of tobacco smoking in public places to reinforce the statement mode regarding the ban of tobacco smoking in all public avenues, as well as the implementation of stiffer measures to control the availability and accessibility of tobacco to the citizens.

As regard the University as an educational institution, the study recommends the implementation of health education programme, for awareness creating and for imparting of life skills that are necessary for critical thinking, conducive to constructive peer relations and healthy lifestyles. Another recommendation was about declaring campuses of the University of Namibia as "tobacco free zones" in order to protect students' from exposure to both active and passive smoking of tobacco.

Acknowledgement

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