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LEVEL OF SUPPORT FOR COMPREHENSIVE TOBACCO MEASURES AMONG THE MALE ADULTS AGED 15-49 YEARS IN ABUJA, NIGERIA

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ABSTRACT

Introduction: Tobacco control monitoring is vital but needs attention. Very few studies in Nigeria have assessed tobacco-related knowledge and none have assessed levels of support for tobacco control measures; which are very important for the planning and implementation of control measures. This study was planned to determine the amount of support for each of the cost-effective Tobacco control measures proffered by the World Bank among the male adults aged 15-49 years in Abuja, Nigeria.

Material and Methods: This cross sectional, descriptive study was conducted in Abuja using a structured questionnaire. A written consent was obtained from each respondent after explaining the essence of the study. The WHO 30 X 7 Multi-stage, modified cluster technique was used to obtain a sample for smokers and another for non-smokers.

Results: The average age of smoker and non smokers were 28.8 years and 26.6 years respectively. Overall, the support for all the control measures was higher amongst non-smokers compared to smokers and the differences were statistically significant. A ban on smoking in public places was a very popular support measure amongst the respondents.

Conclusion: Level of support for comprehensive tobacco measures was found to be high in both groups, but significantly higher amongst non-smokers. Moreover, the government needs to focus more on implementation of the FCTC guidelines that are the most-cost-effective measures and are already very popular amongst the study population.

Key words: Nigeria, Framework Convention on Tobacco Control, Global Adult Tobacco Survey.

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INTRODUCTION

Tobacco kills almost half of all its users, and kills more than 8 million people each year which is more than HIV/AIDS, Malaria and Tuberculosis combined. (1) It is estimated that if not controlled this number will rise to 10 million deaths a year by 2030. (2) The overall smoking prevalence was highest in Europe and central Asia (35%) and lowest in sub-Saharan Africa (18%). Men in East Asia and the Pacific had the highest prevalence at 63%, while those in sub-Saharan Africa had the lowest at 29%. (3) Among females, the smoking prevalence was highest in Latin America, at 24%, and lowest in East Asia

and Pacific as well as Middle East and North Africa, at 5%. Knowledge about tobacco will affect the support for control policies as increasing education about smoking is one of the reasons reported for improved support.(4) It is also important to assess the level of support the various control measures enjoy among the public, because data from 4 countries (Australia, Canada, the UK, and the USA) shows that support for smoke-free policies is important for their successful implementation. The study also suggests that after the initial opposition to such policies; compliance and public support, even among smokers increases with time, as they begin to

appreciate the rationale behind implementing the policies and experience their benefits. (4) However, as a European study has shown, smokers tend to be less supportive of smoke-free and taxation policies than non-smokers, and this is understandable as such policies tend to affect them more directly than non-smokers. Public's support is a key element in the design and implementation of smoke-free policies. (5) In developing countries just like high-income countries, support for smoking bans increased after its implementation. (6) In Nigeria currently, no data exists about the level of support tobacco measures enjoy amongst adults and these are important pieces of information for planning and executing effective tobacco control. The present study was planned to determine the amount of support for each of the 6 cost-effective Tobacco control measures proffered by the World Bank among the male adults aged 15-49 years in Abuja, Nigeria.

MATERIAL AND METHODS

This cross sectional, descriptive study was conducted in Abuja using a sub-set of the GATS questionnaire. A written consent was obtained from each respondent after explaining the essence of the study. Approval from the Health Research Ethics Committee (HREC) of the FCT was obtained from the University of Liverpool. Subjects were selected from the non-institutionalized male adults between the ages of 15-49 years residing in the FCT, Abuja. Female subjects (due to very low prevalence of smoking reported⁷), male adults who were physically or mentally handicapped, male who did not consider the visited household their primary residence and those who refused to participate were excluded from the study.

Sampling Approach/procedure

Multi-stage, modified cluster sampling approach was utilized for this study.⁽⁸⁾ This technique that was originally developed by the WHO for assessment of vaccination coverage is composed of a sample of 210 individuals in 30 clusters each of which includes 7 individuals. A map of the FCT showing all districts and localities in each local government councils (LGC) was obtained from the Abuja Geographic Information Systems

(AGIS). List of all localities by districts and LGCs was created. To approximate the population of localities; land survey officials in each of the LGCs were contacted. Each LGC was divided into clusters with an approximate population of 10,000 each. Some localities had more than 1 cluster; while some localities were combined to create a cluster. In every LGC, each cluster was given a unique number and the 30 required clusters were randomly selected.

Selection of households/ Participants

In each of the selected clusters, a central landmark was identified prior to the data collection date. The closest intersection to the landmark was chosen and a bottle was spun to randomly select a direction to enumerate. All houses from the center of the area to the edge of the area were counted and 1 number was randomly selected from all the counted houses and served as the first household to visit. The first identified house was visited followed by the next nearest household, followed by the next until 7 eligible smokers and 7 non-smokers were interviewed. Smokers were selected either from the same household as nonsmokers when present, or from another household in the same cluster.

Statistical Analysis

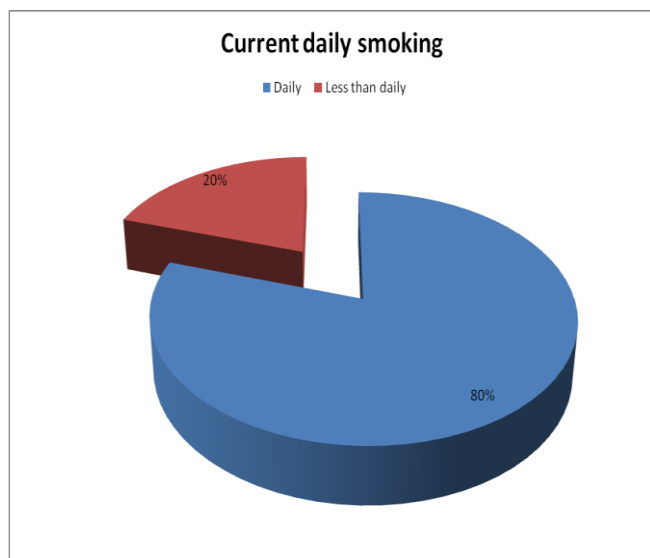
Microsoft Excel was used to create a database. Questionnaire information was inputted into IBM's SPSS version 18.0 and was used for all analysis. Graphical representation depicts the number and percentage of variables. Support for each of the control measures was compared between the 2 samples using cross-tabulation and tested for statistical significance using chi-square test. Multivariate logistic regression was used to determine the association of smoking status with support for tobacco control. $P < 0.05$ considered as statistically significant.

RESULTS

This cross sectional study included 420 male adults aged 15-49 years in Abuja, Nigeria. In which 210 were smokers and 210 were non smokers. Average age of smokers and non smokers were 28.8 years and 26.6 years respectively. The youngest study subject was 15 years old in the study. More than 90% study

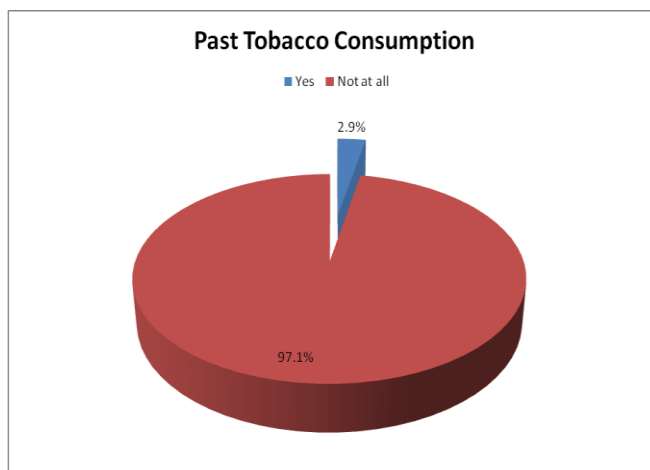
subjects were educated in smokers group and only 4.6% were illiterate in the non smokers group.

Figure 1: Current tobacco smoking status of smokers



* *Daily = smoking at least one cigarette every day in the past one month or more. Less than daily = smoking at least one cigarette but not every day in the past one month or more.*

Figure 2: Past tobacco smoking status of non-smokers



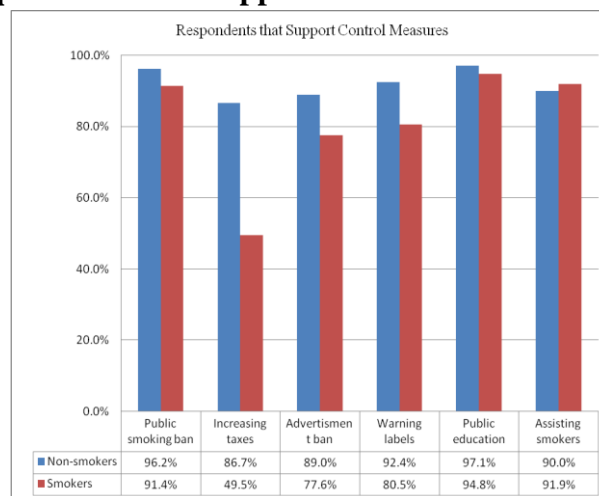
Past smoking= Smoked at least one tobacco product every day or nearly every day over a period of a month or more in the past, but who currently don't smoke Not at all = not smoking any cigarette in the past one month or more

Figure 1 and figure 2 shows that 97.1% of non-smokers have never smoked before. Eighty percent of those who were grouped as smokers were daily smokers.

Support for Control measures

A ban on smoking in public places is a very popular measure amongst respondents. More non-smokers seemed to support this measure as compared to smokers. Smokers were significantly less supportive of tax hikes on tobacco products when compared to non-smokers. Overall there was a high level of support in both the groups for more tobacco-related public education, with slightly higher levels observed amongst non-smokers. Most respondents in both the groups believe that the government must help smokers to quit tobacco, the difference being statistical insignificant. Whereas, non-smokers were more supportive of laws prohibiting tobacco advertisements than smokers and support for printing of health warning was found to be higher amongst non-smokers than smokers and this difference in support was statistically significant. (figure 3)

Figure 3: Respondents that responded ‘yes’ to questions about support Control measures



Percentage of subjects that responded yes to support for control measures

Overall Support for control measures

To determine how the two groups, compared in regards to their overall support for the control measures; a new composite variable was generated. This combined responses to questions about support for the 6 control measures and comprised of 4 categories where ‘complete support’ represented correct response (yes) to all 6 questions; ‘good support’ represented 4 to 5 correct responses; ‘Poor support’ represented 1 to

3 correct responses; and ‘no knowledge’ represented 0 correct response. (table 1)

Table 1: Overall support for control measures

Support	Smoking Status		Total	Pearson’s chi square
	Non-smoker	Smoker		
Good support	67	117	184	45.238 (p<0.001)
Complete support	137	70	207	
Total	210	210	420	

Overall, the support for all the control was higher amongst non-smokers compared to smokers and the differences were statistically significant. (Table 1)

To determine the association of smoking status with support for tobacco control and other variables such as age, education and employment status have on support: multivariate logistic regression was used. The two samples were combined to achieve meaningful comparison and the newly computed composite support variable was used as dependent variable and regressed against age, education, employment and smoking status as covariates. (Table 2)

Table 2: Factors associated with support for comprehensive tobacco control measures

Variables		Degree of freedom (df)	p value	Odds Ratio	95% C.I. for Odds Ratio	
					Lower Bound	Upper Bound
Good support	Intercept	1	0.017			
	Smoking status	1	0.119	0.467	0.180	1.216
Complete support	Intercept	1	0.321			
	Smoking status	1	0.000	0.136	0.052	0.355

For this analysis, the reference group was “poor support”. Statistically significant association was detected only among those who had complete support for tobacco control. People who smoke were 0.136 times as likely to supportive i.e., smokers were rather unlikely, less than 15%, to support tobacco control efforts. (table 2)

Eighty percent of male adult smokers in Abuja smoked cigarettes on a daily basis, which is similar to GATS from other countries. In this study, 3.9% of current non-smokers had smoked in the past while other countries have shown higher percentages.(9-12) The study found that all comprehensive tobacco control measures are supported by most male adults in Abuja, though the levels of support may vary. The present study showed that the ban of smoking in p.ublic places was very popular with no significant difference between the two groups. Though other studies have detected high levels of support for public bans; they have also found difference between smokers and non-smokers. For example, in Australia, Trudy et al found a statistically significant difference in the beliefs about and support for anti-public smoking legislation between smokers and non-smokers. (13) Similarly, in Greece, Lazuras et al concluded that smokers tend to be less supportive of smoke-free and taxation policies than smokers.(6) The high levels of support in Abuja may be due to the ban on smoking in public places in the FCT since 2008 .(14) In present study agreement with the increase in taxes on tobacco products was significantly lower amongst smokers when compared to non-smokers. These findings are similar to a cross-sectional household survey in England which showed that non-smokers were more supportive than smokers, and furthermore the level of support decreased with increasing frequency of cigarette consumption. (15) Furthermore, research by Chaloupka et al found sufficient evidence of effectiveness of increased tobacco excise taxes and prices in reducing overall tobacco consumption. (16) The present study also found that the support for a law prohibiting all advertisements for tobacco products was significantly higher amongst non-smokers than smokers. But the fact that tobacco advertisement is quite rampant in Nigeria cannot be denied, as nearly half the students in the Nigerian 2008 GYTS saw billboards bearing tobacco advertisements. (17) Smoking behavior was also found to be significantly associated with cigarette advertisement in a study of secondary school students in a rural community of southwest

Nigeria. (18) Agreement with printing health warning labels on cigarette packets was found to be higher amongst non-smokers than smokers in the present study. This may be explained by the lower levels of literacy among smokers and this may make reading health warning more difficult, giving the fact that tobacco warnings do not carry pictorial warnings and cover only 15% of display areas against the 50% recommended in article 11 of the Framework Convention on Tobacco Control (FCTC).(17,19) The nature of the labeling does have a significant effect on the amount of health knowledge among smokers as shown in a study by Hammond et al, who found positive association between noticing the health warnings on cigarette packages and health knowledge. (20) Support for the initiation or increasing public education about the harmful effects of tobacco was equally high in both the groups in this study. Comprehensive smoke-free laws were associated with reduced risk of initiation and reductions in days smoked per month for all trajectories other than occasional users in a recent study in youth and youth adults of America. (21) Studies with comparable results could not be traced in Nigeria or from the results of GATS elsewhere. But as stipulated in Article 12 of the FCTC, the authorities should employ all measures and tools in improving the tobacco-related knowledge of the population through effective and comprehensive educational and public awareness programs. (19) Most respondents in the present study think that the government must help smokers to quit. This may indicate that smokers as well as non-smokers believe the government is not doing enough in term of smoking cessation assistance, as there are currently no cessation treatment programs in place to help quitters in Nigeria. (17) The support for all the six control measures combined was found to be higher amongst non-smokers compared to smokers.

CONCLUSION

Level of support for comprehensive tobacco measures was found to be high in both groups, but significantly higher amongst non-smokers. It can therefore be concluded that the government has to do more towards the full implementation of the

FCTC, as therein lies the key to effective tobacco control through measures that are highly popular amongst the population. The reason why respondents support or oppose the different control measures as this highlights important issues such as their perception and believes about the control measures and this invariably requires qualitative methods which should be used in further research.

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