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The Challenges of Socio-Psychological Factors as Correlates of Adolescent Students' Cigarette Smoking In Cross River State, Nigeria   *(Pp. 393-401)*

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Abstract
This study investigated adolescent students' cigarette smoking behaviour as correlates of the challenges socio-psychological factors in Cross River State. Snowball sampling technique was used to select 200 participants across the state who were male and female. Their ages ranged between 14 and 19 years with a mean average of 16.5 years and standard devotion of 2.53. Two validated instruments: Smoking behaviour inventory (SBI) and APDI were used to collect data from the participants. Data analysis showed that there was a significant relationship between adolescent students' cigarette smoking and socio-psychological factors. It was found that peer group, self-concept and smoker-parents significantly impacted on the adolescent

students' cigarette smoking behaviour. Based on the outcome of the study, the need to mount counselling intervention programme was advocated. Such intervention should be targeted at providing psychological support among other.

Introduction

The problem of hard drugs was not so threatening and devastating to the National Psyche in Nigeria in the early 1970s as Nigerians remained relatively unexposed to the trade. Perhaps the drug known, consumed and traded in by most Nigerian was Indian hemp.

Cigarette smoking is not limited to any group or class, sex or economic status. It is found among all economic levels, irrespective of race, class or religion. Chronic cigarette smokers and addicts often engage in a variety of immoral and criminal activities. A strong dependency on cigarette and Indian hemp leads to the addicted individual to go to any extreme to obtain the needed drug. Cigarette and Indian hemp smoking is therefore strongly connected with armed robbery, burglary, murder and prostitution. Most especially when the addict is desperate to obtain a large amount needed to promote the drug addiction habit.

Since tobacco has long been a legally authorized drug for adults, one that has been widely used and tolerated many people are surprised to learn how harmful its effects can be. Many tobacco users are reluctant to admit addictive the drug is even through many people have become not only physically addicted, socially habituated but also economically dependent on the continued use of the dangerous substance. Legal and social acceptance has also made it easier for users to find acceptable reasons not to quite. Such acceptance has also made it harder to see how tobacco functions as a "gateway" drug leading to other substance use.

This paper seeks to verify the socio-psychological factors as correlates of cigarette smoking among adolescent students in Cross River State and suggest remedies to reduce the incidence for a better academic environment to facilitate teaching/planning in the school system.

Smoking is a major public health problem around the world today. Among young people especially adolescents the use of tobacco is increasing. Youth smoking often starts a lifelong dependence that is very difficult to overcome.

Most confirmed smokers begin smoking before age 15 or 18, few begin after 21. in most developed countries, many young people smoke . According to recent survey in 11 countries more than 30 percent of male and female adolescents smoke and in six countries more than 40 percent NRDA 2005).

Review of related literature
Witters, Venturlli and Hanson (2006) define drugs as any substance that modifies biological, psychological or social behaviour. Drugs according to them are substances which interact with our body system to modify the psychological and biochemical process of the body. Drugs exert their major effects on the brain and psychological functioning resulting in such effect as selection stimulation or change in mood or behaviour, are called psychoactive substances (Ebie, 2008)

Smoking in adolescents
AHAS (2006) reports that each day, more than 3000 youths become regular smokers and that nearly 30% of middle school children and over 63% of high school students had tried smoking. This, they do by sneaking a cigarette behind the barn and has become a humorous staple trait among adolescents. But that that amused, indulgent smile accepting youthful forays into regular use of tobacco have turned to concern with new awareness of health hazards. In 1964, US surgeon generally published a report that clearly brought out relationship between smoking and cancer, heart attack, emphyseria and other diseases. Most 13 – 18 year old children who smoke catch cancer and it increase the chance of heart attack (Lieberman, 2008). Most young smokers feel that they will stop in five years' time or less, apparently unaware of the tremendous difficulty many people experience in quitting up this habit. In fact, many scientists feel that smoking is not just a habit but also an actual psychological addition (Brecher, 2005).

Statement of the problem
Adolescence is a time for trying new things. Youths smoke for many reasons-curiosity because it makes them feel good, to reduce stress, to feel grown up or fit in, they often do not see the link between their actions today and consequences tomorrow, they also have a tendency to feel indestructible and immuned to the problems that others experience.

This study is aimed at investigating into socio-psychological factors as correlate of smoking among adolescent with the aim of suggesting a better way of helping them in quitting smoking.

Hypothesis

1. There is no significant relationship between adolescent students' smoking and their peer group influence

2. there is no significant relationship between adolescent students' smoking and their self concept

3. there is no significant relationship between adolescent students' smoking and their smoker parental influence

Methodology
Research design
The snow ball research design was used that is the discovery of one smoker led to the discovery of another until the required number of subjects was got by the researchers.

Area and population of study
The study was carried out in secondary schools in Cross River State. The population comprised all the SS11 students in the secondary schools. The rationale for including SS11 student was that they were considered matured to respond to the questionnaire and still had time to spend in the schools before their final examination.

Sample and sampling techniques
200 participants were used in this study. Stratified random sampling was used to reflect urban and rural schools of the state cutting across the three senatorial districts North, Central and South.

Instrument for data collection
The instruments used for data collection was a 46 item inventory title smoking beheviour inventory (SBI) and section A of APDI adopted by the researchers comprising 30 items. A 4 point likert scale with which the respondents use to rate themselves on the items and the format rating was 4-highly, 3-coreect, 2-No correct and 1-highly incorrect, the AP D1 consisted of 30 items with scale least like me 12345 "Most like me".

Validation of the instrument
The instruments SBI and APDI were subjected to face and convert validation by submitting them to two lecturers who are experts in counselling psychology and measurement and evaluation. These experts, made very useful suggestions and corrections which were reflected in the final modification of the items of the questionnaire

Reliability of instrument

When the respond was analysed using Cronbach Alpha reliability coefficient values of 0.93, 0.86 and 0.94, were obtained for the sections of the instrument indicating that the items in the instruments were homogenous and reliable

Method of data collection and analysis

The researcher personally visited the schools and administered the inventory on the subjects and collected the questionnaire the same day. Data collected were analysed using t-test.

Hypothesis testing

Hypothesis 1

There is no significant relationship between adolescent students' smoking and peer group influence.

Table 1 shows that there is significant relationship between peer influence and smoking behavior of adolescent students' the calculated value 11.38 is more than the critical value 1.96 at 0.05 level of significance and so the null hypothesis is rejected

Hypothesis 11

There is no significant relationship between adolescent students' cigarette smoking and their self concept.

Table 2 shows that there is significant relationship between self concept and smoking behaviour of adolescent students. The critical value is 1.96 while the calculated value is 7.276 at 0.05 significant level. The null hypothesis is rejected since the calculated is greater than the observed or critical value.

Hypothesis 111

There is no significant relationship between adolescent students smoking bahaviour and smoker parental influence.

Table 3shows that there is a relationship ie parent who smoke can influence their adolescent children. The critical value is 1.96 while the calculated value is 11.95 at 0.05 significant level of significance; therefore the null hypothesis is rejected.

Discussion of findings

The first hypothesis stated that there will be no significant relationship between peer influence and adolescent students' smoking behaviour. The findings this study indicate a significant relationship. It agrees with the

findings of Zinber, Khoosterman & Willharm (2009) which stated that adolescent begins to smoke due to the influence of peers. Brown (2005) found that adolescents spend twice as much time with their peer as compared to with their parents. Additionally Hendry, Shucksmith, love and Glending (2008) found that the peer groups provide opportunity for practicing new bahaviours and developing necessary social skills

The second hypothesis stated that there will be no significant relationship between adolescent students' smoking behaviour and their self concept. The finding of the study indicated a significant relationship between the two variables. It agrees with Franken (2009) who stated that there is great deal of research showing that self-concept is the basis of all Motivated behaviour. Debora (2008) found that adolescent who are more depressed, anxious or have a lower self-esteem may smoke to feel better with peers.

The third hypothesis stated that there will be no significant relationship between adolescent students smoking behaviour and smoker parental influence. There was a significant relationship found between the two variables. The study aggress with the finding of Michael (2006) which indicated that young people who admitted smoking regularly came from households where a family member smoked than those who came from families where nobody smoked, parents through their own use of alcohol and drugs have more influence during pre adolescent (Muss 2005), it has been shown that adolescent who do not use drugs or drinking alcohol tend to come from families who are less likely to use drugs or drink alcohol (Mcbromn, 2009),

Implication of the study
The results obtained in the course of this study revealed that more attention should be placed on the management of the adolescents by significant adults, parents, teachers, counsellors and others alike.

Parents have many roles to play in the lives of these youths. Parents should mend the fence of strain relationship between them and their children. Parents are to be friends of their youths and not enemies. Caring for the adolescents should not only transcend to providing clothing, shelter and food. It includes ensuring psychological support and guidance that will make them to be culturally accepted in the society.

Our government should be ready to encourage the youths in their chosen fields by providing scholarship, bursary and awards to exemplary youths

know that they are the leaders of tomorrow by providing security and jobs as at when due to reduce stress and frustration.

Teachers are to teach and not cheat and exploit the innocence of these children in their care. They should encourage and correct them in love and never condemn the adolescents as if they cannot change for good.

The counsellors in schools should be awaken to their responsibilities. They should show empathy rather than sympathy and be aware of their ethics and code of conduct most importantly confidentiality. Counsellors should deal with the youth the way they will have confidence in them and make referrals when necessary.

Recommendations
The following recommendations are made base on the findings derived from the study:

- Schools and homes should join hands in handling our youths properly.

- The economy and standard of living should be improved as a means or preventive measure against sexual and drug abuse.

- There should be establishment of recreation centers and activities that will engage our youths so that they can forgo frivolities.

- There should be organization of public lectures, question and answer sessions and display of drugs that can injure health.

- Government should initiate measures that will check various advertisement on radio, television and in our newspapers on the use of cigarette and other commonly abused drugs.

- Psychologists and counselors should be employed in schools, and other youth centres to take care of the well-being of youths.

Conclusion
This study has attempted to highlight the challenges of socio-psychological factors as correlates of smoking among adolescents viz: peer influence, self-concept and smoker parental influence.

Adolescence is a period of trying new things and all factors that can aid or initiate bad and risky behaviours should be discouraged. Adolescents need to know the harmful effect of smoking and drug use and should be helped to

quit the use of drugs, is of paramount importance to all who are in the helping relationship, counselling.

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Table 1: t-test comparison of the relationship between smoking behaviour and peer group influence

Variable	N	X	SD	Crit-v	Cal-v	Df	P
Smoking behavior	200	72.0600	19.4731	1.96	7.384	198	<0.05
Per influence	200	36.0950	12.2530				

Table 2

T-test comparision of the relationship between smoking behavior and self concept

Variable	N	X	SD	Cal.V	Crit-v	Df	P
Smoking behavior	200	35.5250	15.4240	7.276	1.96	198	0.05
Self concept	200	72.0600	19.4731				

Table 3

Variable	N	SD	X	Cal-v	Crt-v	Df	P
Smoker parents	200	61.0265	15.621	11.95	1.96	198	< 0.05
Adolescent students	200	86.3908	13.855				