

**UNIVERSITY OF GHANA**

**EXPLORING THE SOCIO-DEMOGRAPHIC AND BEHAVIOURAL  
CHARACTERISTICS ASSOCIATED WITH THE SMOKING BEHAVIOUR OF  
YOUNG ADULT SMOKERS IN TEMA METROPOLIS**

**BY**

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**THIS LONG ESSAY IS SUBMITTED TO UNIVERSITY OF GHANA, LEGON IN  
PARTIAL FULFILMENT OF THE REQUIRMENT FOR THE AWARD OF MASTER  
OF BUSINESS ADMINISTRATION (HEALTH SERVICES MANAGEMENT)**

**JUNE, 2019**

**DECLARATION**

I declare that this long essay is the result of my own research and has not been presented by any other student for any academic award in this or any other university.

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.....

**DATE**

**CERTIFICATION**

I hereby certify that this Long Essay was supervised in accordance with procedures laid down by the University

.....

**DR. PATIENCE ASEWEH ABOR**

**(SUPERVISOR)**

.....

**DATE**

## **DEDICATION**

First, I dedicate this study to the Almighty God for giving me the opportunity, knowledge, strength, good health and wisdom to go through the entire course.

Secondly, I dedicate this work to my cherish family and friends for their immense support during this research work.

## **ACKNOWLEDGEMENT**

I express my in-depth appreciation to my supervisor Dr. Patience Aseweh Abor of the department of Public Administration and Health Services Management, University of Ghana Business School for taking time to supervise the work.

My thanks go to the Teaching Assistant, Miss Nancy Abena Manko for her immense contributions during the study.

Thanks to the entire faculty of the University of Ghana Business School for their constructive and objective suggestions throughout this research work.

Thanks to Morning Dew Group Limited, Tema for their typing and editing.

Last but definitely not the least, I also acknowledge my husband, Mr. Delali Oklu and our children Mawuena, Mawuli, Mawuenyo, and Mawulolo for their diverse information, support, and prayers made to the completion of this project work.

Thanks for putting up with me.

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## ABSTRACT

This study aimed at exploring the socio-demographic characteristics associated with young adult smokers in the Tema Metropolitan Assembly. The study employed qualitative research approach through descriptive and exploratory means and employed questionnaires and semi-structured interviews as the main instruments for data collection. A total of 50 young adult who double as smokers formed the study population in the Tema Municipal Assembly. The study reveals that, socio demographic characteristics like age, gender, marital status, place of residence, presence of relations, neighbors and friends who are smokers influences the development of smoking habit amount young adult in the Tema vicinity.

Again, the study reveals that young adult smokers develop some form of behaviors like fighting, financial indiscipline, disrespectfulness, arrogance, authoritativeness, hatred, insensitivity, womanizing, and stealing after beginning to smoke.

Following on this, the study recommends that, the Ministry of Health, Ghana Health Service and the Government of Ghana (GoG) as well as managers of the city of Tema should develop strategies and programmes that will seek to sensitize young adult smokers on the negative consequences of smoking.

## CHAPTER ONE

### INTRODUCTION

#### 1.0 Background to the Study

The need to explore the socio-demographic and behavioral characteristics associated with smoking behavior among young adults is important to ensure they are easily identified and given the needed assistance. Identification of socio-demographic factors associated with smoking may also “help to underpin strategies for its prevention” (Rahman, Arif, Razak, Suhaili, Tambi, Akoi, Melissa, & Hussein, 2015). According to Gjonca and Calderwood (2004; 18), Socio-demographic characteristics refer to” characteristics about the population such as age, gender, marital status, household composition, living arrangements, ethnicity, education and occupation”. Anjos, Rodrigues, Pedrosa, Padiha, Gallani (2016), indicated that, socio-demographic characterization allows data to be collected on such attributes as age, gender, race, schooling, marital status, employment, and individual and monthly family income.

It is expected that some socio-demographic factors will have a relationship with smoking behavior among young adults. For instance, in Japan some studies have demonstrated a significant correlation between smoking behaviour and socio-demographic status particularly low education level (Hu, Sekene, Gaina, Nasermoaddeli, Kagamimori, & Sadanobu (2007). Other studies have also shown “that in many low-and middle-income countries, women smoke much less than men (Xianglong, LiU, Sharma, & Zhao, 2015). According to a survey, it was estimated that men smoked nearly five times as much as women worldwide (Xianglong et al., 2015).

This information is consistent with the findings of the Center for Disease Control, (2011) which estimates that 21.5% males and 17.3% females currently smoke in the US, with 78% of them being people who smoke every day.

Youth smoking behaviour is the object of both extensive public-policy interest and academic research (Azad, Hosssian and Parven (2011). Due to the detrimental effects of smoking and its link to crime, smoking particularly among the youth is a concern for many nations all around the world. “Smoking is a major public health problem in the developing world” and despite thousands of scientific studies that have established the carcinogenic and other health effects of smoking, the number of smokers keep increasing (Rahman et al., 2015). “Understanding factors associated with smoking is critical for reducing the negative health burden of smoking, especially among young adults, as one in three people under the age of 26 years smoke cigarettes and 2500 occasional smokers under 26 become regular smokers each day” (Fitz, Kaufman, & Moore, 2015). According to Smith (2018, p.2), “globally, 942 million men and 175 million women ages 15 or older are current smokers

Studies have shown that young adults mostly aged 18-25 years “represent the highest risk group for smoking” (Song, & Ling, 2011). In the opinion of Song and Ling, (2011), it is necessary to be concerned about young adult smokers because they are more likely to abandon smoking than older adult smokers. More importantly, the quest for young adults to quit smoking is imperative for the reason that “cessation before age 30 virtually avoids all long-term ill effects of smoking” (Song, & Ling, 2011). Few studies have been conducted on smoking among non-college-educated young adult population which suggests that smoking behaviour among young adults is a much stronger predictor of smoking in later life for those with less formal education (Green, Kristen, McCausland, Xiao, Duke, & Vallone, 2007).

Owusu-Dabo, Lewis, McNeill, Glimore, and Britton (2009), are of the view that because British American Tobacco has had a manufacturing presence in Ghana for almost 50 years, there is likely to be a relatively high risk of involvement in the tobacco epidemic in Ghana. In terms of behavioral characteristic of young adult smokers, “studies have shown that smokers tend to be extroverted, anxious, tense, and impulsive and show more traits of neuroticism and psychoticism than do ex-smokers and nonsmokers” (Rondina, Gorayeb, & Bothelho, 2007).

### **1.1 Problem Statement**

In the view of Martin (2018), smoking has reached epidemic proportions worldwide, and despite efforts to reduce smoking trends, the problem seems to be getting worse. According to Martin (2018, p. 1) “about 6.5 trillion cigarettes are sold around the world each year which translates into about 18 billion cigarettes per day”. Smith (2018) made a list of 20 countries that smoke the most and those that smoke the least. The countries that smoke the most in order of importance are Andorra, Luxembourg, Belarus, Macedonia, Albania, Belgium, Czech Republic, Jordan, Russia, Syria, Slovenia, Greece, Hungary, China, Lebanon, Armenia, Mongolia, Cyprus, Austria and Georgia while the countries that smoke the least include Brunei, Guinea-Bissau, Mauritania, Ghana, Antigua and Barbuda, India, Swaziland, Ecuador, Rwanda, Peru, Guatemala, Ethiopia, Niger, Zimbabwe, Democratic Republic of Congo, Eritrea, and Zambia.

This list shows that people in African countries actually smoke less than in other continents. However, Owusu-Dabo, Lewis, McNeill, Glimore, and Britton (2009) posit that developing countries are at high risk of epidemic increases in tobacco smoking even though there is limited data on smoking in these countries. The extent of the problem of tobacco smoking in developing countries is therefore not clearly defined. According to Araújo, Azevedo, Albertino Damasceno, and Lunet (2011, p.153) “in Sub-Saharan Africa smoking of manufactured cigarettes tends to be

more frequent among urban dwellers while subjects living in rural areas are more often consumers of smokeless tobacco and hand-rolled cigarettes”.

The prevalence of smoking particularly in young adults is a cause for concern because the deleterious health consequences of smoking are well established (Gough, Fry, Grogan & Cornner, 2009). According to Khan, Huq, Afrin and Rahman (2014), people who start smoking early have a greater risk of lung cancer. Reports show that almost 5 million people die annually from smoking related diseases and this number is expected to double by 2020 (Khan et al., 2014). The understanding of the patterns and dynamics of tobacco consumption in Sub-Saharan Africa is essential to develop and monitor locale-specific control strategies (Araújo et al., 2011, p.153).

The problem of smoking among young adults is one that deserves a lot of attention because as Azad et al. (2011) put it “most smokers start young and youth smoking often is being translated into adult smoking, with the well-known consequences of morbidity and mortality”. Studies have also shown that quitting smoking is more realistic among young adults than adults; making young adults an ideal prime target for smoking prevention and cessation initiatives (Song & Ling, 2011). Research has revealed that young adult smoking is associated with certain socio-demographic characteristics Khan et al., (2014). As a result, the need to identify vulnerable young adults and those who have already started smoking by using socio-demographic and behavioural characteristics is of principal importance today. There is therefore the need for research exploring the role socio-demographic variables play in making young adults adopt smoking behaviours as well as a study of the behavioural characteristics associated with the smoking behaviour of young adults.

In Ghana a few researchers have conducted studies in the area of smoking. For instance, Owusu-Dabo (2011), studied smoking in Ghana with emphasis on the history of the tobacco industry, current prevalence and risk factors for smoking as well as the implementation of Tobacco control. Hottor (2015) also studied the deterrents of cannabis use among university students of Ashesi University College students in Ghana. Another study was conducted by Owusu-Dabo, Lewis, Anderson, Gilmore and Britton (2009) on Smoking in Ghana with a review of tobacco industry activities however, not much has been done in the area of socio demographic characteristics of young adult smokers. A review of literature shows that even though knowledge of socio-demographic characteristics associated with young adult smokers will help identify smokers in order to give them the needed attention there is a research gap in this area particularly in the Ghanaian context (Hottor, 2015; Owusu et al., 2009; Addo, Amoah, & Koram, 2006). The study therefore seeks to ascertain the socio-demographic characteristics associated with the smoking behavior of young adults.

## **1.2 Research Aim/Purpose**

The main aim of this study is to identify the socio-demographic and behavioral characteristics associated with smoking behavior among young adults in the Tema Metropolis.

## **1.3 Research Objectives**

The specific objectives of this study include:

- i. To examine the socio-demographic characteristics associated with young adult smokers in the Tema Metropolis

- ii. To ascertain the behavioral characteristics associated with young adult smokers in the Tema Metropolis
- iii. To examine how socio-demographic characteristics influence smoking habit and behaviors of young adult smokers in the Tema Metropolis.

#### **1.4 Research Questions**

Based on the research objectives, the researcher intends to answer the following research questions:

- i. What are the socio-demographic characteristics associated with young adult smokers in the Tema Metropolis?
- ii. What are the behavioral characteristics associated with young adult smokers in the Tema Metropolis?
- iii. How do socio-demographic characteristics influence smoking habit and behaviors of young adult smokers in the Tema Metropolis?

#### **1.5 Significance of the Study**

This study is of importance to the Ministry of Health (government), parents, teachers, health professionals and community members of Tema Metropolis. Specifically, it will bring to light socio-demographic characteristics common among young adult smokers. It will extend awareness to parents; teachers and public health professionals about the behavioral characteristics of young adult smokers to enable them easily identify and give the necessary assistance to young adult smokers.

Again, the study will inform policy making and expose parents and teachers to the socio-demographic characteristics which are likely to push young adults into smoking. This particularly will be so as data on socio-demographic characteristics of young adults smokers will be generated through this study. By this, data on what hovers around young adults smokers will be unrivalled. This will thus expose policy makers and others to the knowledge of how to formulate policies and programs to dealing with young adult smokers in the society.

Further, the conduct of the study will provide additional secondary data and literature to the academic on smoking in Ghana. This is more so as literature and data on smoking behavior in Ghana at large is limited and of more limitation is that of the young adults. Thus far, this study will serve as one of the greatest works in the field of smoking and young adults for that matter. Future studies on smoking in Ghana will thus employ the results of this study largely for their need.

## **1.6 Chapter Disposition**

This research work is structured into five chapters. Chapter one, consist of an introduction and background to the study, the problem statement, research aim and objectives of the study, research questions, the significance of the study and chapter disposition. Chapter two comprises of a detailed review of literature relevant to the subject of study. Chapter three presents the methodology of the study including the study design, process of data collection and analysis. Chapter four however takes on data presentation, analysis and discussions with Chapter five then summarizes all findings from the study, presents a conclusion of the study as well as recommendations for both further studies and organizational practice.

## **1.7 Chapter Summary**

The first chapter of the research work presented the background information to the study. The chapter also detailed the particular rationale informing the conduct of the study as well how the study will aid in solving the issue of young adult smokers in Tema. The chapter further presented how the entire research study was organized.

## CHAPTER TWO

### LITERATURE REVIEW

#### 2.0 Introduction

The literature review consists of theories, conceptual framework and empirical literature on the study. It also includes an overview of smoking behaviour among young adults in relation to behavioural and socio-demographic characteristics.

#### 2.1 Theoretical Framework

The theories underpinning this study include the social learning theory, self-efficacy theory and the theory of reasoned action. However, largely, the social learning theory is applied for the conduct of this research work.

##### 2.1.1 Social Learning Theory

The Social learning theory is a behavioral theory propounded by Albert Bandura. It states that people learn through observing other people's behaviors, attitudes and outcomes. McLeod (2016) posits that this theory is in agreement with the theories of Classical conditioning and operant conditioning and adds that "mediating processes occur between stimuli and responses and behavior is learned from the environment through the process of observational learning. Children observe individuals (models) around them such as family members, teachers, and peers and imitate their behaviors. Hence children who have been around people who smoke are likely to become young adult smokers and exhibits behaviors they observed in their environment. This theory points to the fact that social factors could influence young adults smoking behavior.

### **2.1.2 Self-Efficacy Theory**

The self-efficacy theory is a motivation theory and is of relevance to this study because it has important implications for an individual's smoking behavior as well as attempts to quit smoking. The self-efficacy theory was proposed by Albert Bandura and according to Fitz et al (2015), the self-efficacy theory is the "extent to which people believe they are personally able to perform or control a given behavior. Self –efficacy theory follows the principle that people are likely to engage in activities to the extent that they perceive themselves to be competent at those activities. Therefore, young adults who believe they have the capacity to smoke as a result of observing others (i.e. peers) doing so may end up smoking. In the same vein, when attempting to quit smoking, young adults who believe they are personally capable of quitting smoking will be able to quit.

### **2.1.3 Theory of Reasoned Action (TRA)**

Suggested by Martin Ajzen and Icek Fishbein in 1967, the theory of reasoned action was propounded to predict and understand behavior. According to Taylor, (2005), this theory is based on three assumptions which include (1) "humans will make rational decisions based on a systematic use of available information; (2) before engaging in a particular behavior, individuals will consider the implications of their actions and (3) individuals have voluntary control over most of their actions". According to Taylor (2005), the theory of reasoned action suggests that "a person's intentions drive behavior".

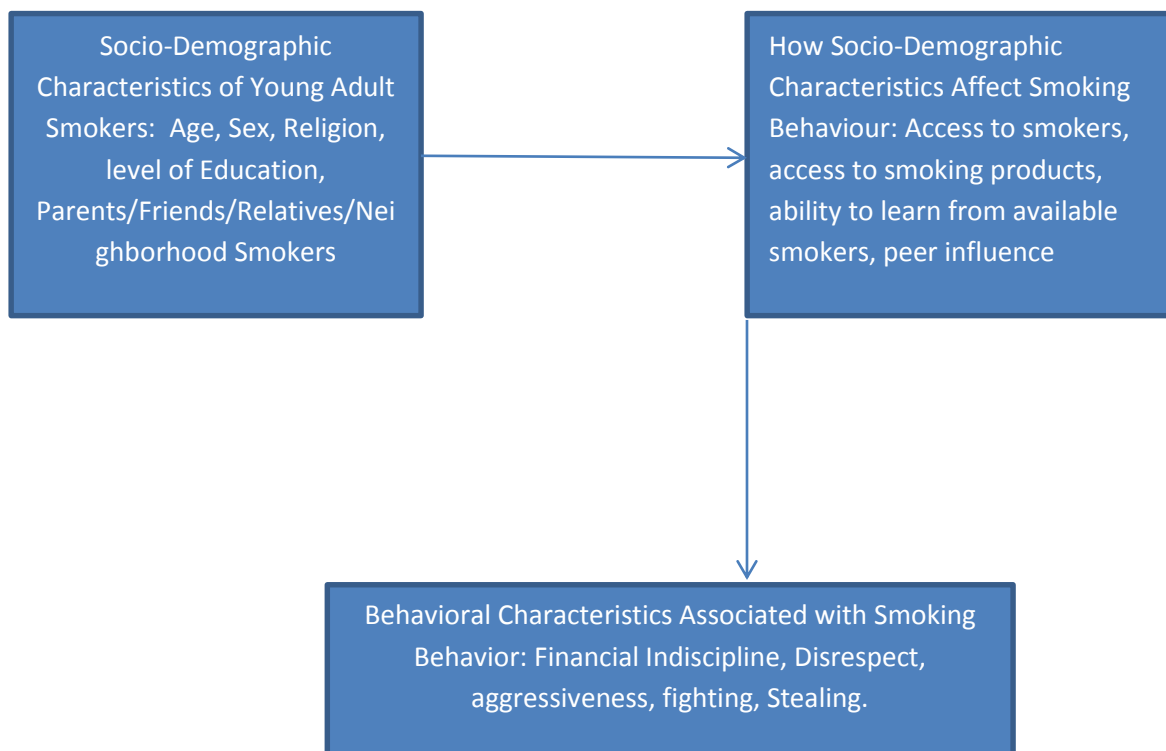
Lein (2018), is of the view that to understand behavioral intent, which is seen as the main determinant of behavior, the theory of reasoned action looks at a person's attitude towards that behavior as well as the subjective norms or influential people and groups that could influence those attitudes (Social influence). According to the TRA, attitude and norms are the main

influences on intention and the major motivator of behavior (Lein (2018). This theory points to the fact that attitude and norms which are influenced by ones social environment and demographic factors of an individual to a large extent influences smoking behavior of young adults.

It is important to mention that; all the above three theories are important to the concept of examining socio-demographic features of young adults in Tema. However, largely, the social learning theory will have adopted for his study. According to the social learning theory, usually, people learning from within their environment. Environment encompasses items like parents, friends, peers, school mates, cotenant, and common behaviors in the society of residence among such other things. In a greater examination of smoking behavior and literature on smoking as well, usually, young adults are influenced to learn of smoking based on what they witness within their environment. Witnesses of smoking behavior usually come from close associates within ones living environment. Again, due to low level of maturity of most young adults, they are largely influenced by what they see, hear and observe it being practiced by people around. As observation of various smoking activities undertakes place, they become interested to test the commodity being consumed by their peers and other possible smokers. Most young adults thus end up learning what smoking is and how it is done largely from their basic environment of residence. The theory of social learning will then be applied in this study to examine how socio-demographic features of young adults influence their smoking behavior. Again, the theory will help conclude the on the most possible and likely features associated with young adult smokers in Tema and for that matter Ghana.

## 2.2 Conceptual Framework

Figure 2.1 Conceptual Framework



Source: Author's Construct (2019)

Figure 2.1 presents the conceptual framework guiding the study. The study's conceptual framework illustrates three different boxes containing different items. The first item discusses the socio-demographic characteristics of young adult smokers like age, religion, parents, relatives and friends both in Ghana and beyond. The second box however entails how the above socio-demographic characteristics influence the development of smoking behavior among young adult. On the part of the third box, it discusses the various behaviors developed by young adult smokers, like, fighting, stealing, and disrespect. The above conceptual framework assumes that, socio-demographic characteristics of young adult has the propensity to either influence or not the development of smoking habit and behaviours in one way or another.

### **2.2.1 Factors Influencing Patterns of Smoking among the Young Adult**

Literature on smoking behavior among young adults indicates that, several factors contribute to their smoking habit lately. Among the list of factors contributing to individual adults smoking behavior includes but not limited to;

#### **(a) Individual-level factors**

- ***Socio demographic characteristics***

Studies on smoking behavior around the world show that largely, socio demographic feature of gender influences the extent and nature of smoking pattern. For instance, studies by Mamary et al., (2002) and Stewart et al., (2012) indicate that men are more likely to be smokers than women in several respect of society. In the case of age, findings have been mixed with some indicating that younger adults are more likely to be smokers (Gritz et al., 2004), as against their older counter-part (Tesoriero et al., 2010). Again, studies on the age factor to smoking established that, the rate of smoking among adults decreased as one ages or as ages of individual smokers' increases. On the other hand, in terms of race, empirical investigations by Gritz et al., (2004) shows that, people of the white race most likely have high smoking significance as against the black and other race.

- ***Drug and alcohol use***

Another major factor identified by researchers is the pace of drug and alcohol use. Illegal drug abuse has been found to have a highly significant impact on the rate of smoking among young adults and even the aged in society. Moreover, excessive alcoholic abuse and drunkenness's has also been identified to contribute to the smoking behavior among young adults (Gritz et al., 2004; Burkhalter et al., 2005; Marshall et al., 2011).

- *Psychiatric comorbidity*

The pace and rate of depression suffered by most people around the globe largely influence their rate of smoking. Research on smoking has thus figured depression as one of the contributory factors among young adults smoking behaviors. In a study by Stewart et al., (2010), they found that depression determined to some extent the smoking behavior among people including young adults. In relation to this is the findings that, a greater intake of smoke, nicotine among other substance abuse results from various forms of mental health related issues like anxiety disorders, failure, and schizophrenia (Niaura & Abrams, 2002; Ziedonis et al., 2008). Again, greater levels of stress have also been established to contribute to the unending rate of smoking behavior among young adults (Burkhalter et al., 2005).

- *Supporting beliefs*

In addition to the above named individual factors is the belief held by people who smoke. This factor is significant in determining the smoking behavior of young adults and even the aged according to some researchers. This particularly so as some smokers have the belief that they have been diagnosed with some sickness like tuberculosis, HIV/AIDS, asthma among such other sickness and that they would not live long to experience the damning impact of smoking or they would smoke to provide some form of happiness for them (Burkhalter et al., 2005; Reynolds et al., 2004). Again, self-efficacy has been identified to be an influential factor to cessation treatment (Vidrine et al., 2006). Further low self-efficacy to resist temptations and triggers to smoke is identified to be associated with nicotine dependence (Lloyd-Richardson et al., 2008).

**(b) Social-level characteristics**

Studies on smoking behavior identify individual social level characteristics as influential to the development of smoking behavior among people, particular the young adult. For instance, according to Alexander et al., (2001) and Unger & Chen, (1999), the society one finds himself has greater influence in the development of smoking behavior or otherwise such that, the presence of smoking characters in a person's social networks largely influences his age and smoking status initiation. Owing to smoking cessation, Christakis and Fowler (2008), when smokers are interconnected they usually quit in concert such that receiving support and assistance to quit smoking is linked to cessation and abstinence in the short term. However, the presence of smoking partners and agents in one social network is a hindrance to smoking abstinence in the long term (Mermelstein et al., 1986).

**2.3 Stages of Smoking Epidemic**

The concept of smoking according to research occurs in a form of epidemic with different and several stages. This sub-section takes on the stages and process of smoking.

***Stage I:***

The first stage of the smoking epidemic depicts a stage where prevalence is relatively low as regards the rate of smoking among both men and women alike and those in the youth bracket in particular. At this stage, death associated with smoking behavior is absent likewise several damaging consequences. Examples of such countries in the first stage of the smoking epidemic are Malawi, Ghana and Nigeria.

***Stage II:***

At this second stage of the smoking epidemic syndrome, smoking becomes socially acceptable with the prevention and control measures remaining underdogs. At this stage, smoking prevalence difference exist between both gender with male prevalence rating occurring around 50-60% whereas female prevalence rate falls quite low from that of men but increase rapidly overtime. Examples of such countries are China, Brazil and Mexico (Christakis, & Fowler, 2008).

***Stage III:***

At the stage of the smoking prevalence rate, both male smoking begins to fall dramatically as measures are instituted by the health management unit of the country to reverse the damaging impact of smoking in the country. This stage usually does not involve ample knowledge or education on the part of smokers as regards the effects of the canker. Despite the adoption of strategies, there is an increase in smoking related deaths among both men and women at this stage in such countries. Owing the record of death at this stage, various conditions and systems for implementing smoking related policies becomes possible. Examples of such countries in this stage are Russia, Poland, Turkey and Russia (DesMeules, Gold , Kazanjian, & Manuel, 2014).

***Stage IV:***

At the last stage of the smoking epidemic, men and women prevalence rate continues to decline but a slower pace. The rate of male death related rate increases to the highest peak whereas female death also takes a toll marginally. However, male death rate increases more than women this is because, women exposure to smoking at this stage is less compared to their male counterpart. At this stage of the epidemic, people smoke without due recourse to the

environment. In other words, smoking becomes dominant and common among people and could be seen on them daily. Courtiers at this stage include Germany, UK, America, Canada and France. At this stage, policy interventions include education, notices on smoking related products (Arcavi, & Benowitz, 2004).

## **2.4 Smoking- The Global Perspective**

The prevalence and rate of smoking among the countries, and continent is not static and the same as well. Smoking prevalence varies from continent and country to country. Among the six (6) World Health Organization (WHO) continent or regions, smoking is most prevalent in Europe as against others. For instance, according to the WHO, smoking is most prevalent (28%) in Europe with the least prevalence rate in Africa (15%) (WHO, 2011). Although the prevalence of smoking largely dominated by tobacco consumption provides enormous health and economic benefits, the smoking of tobacco has diminished greatly in Europe by 5% as against a rather increasing rate in African region at the rate of 37% from 1990 to 2013 (WHO, 2013). The increasing rate in smoking largely dominated by tobacco consumption in the African region has been occasioned by the marketing strategies adopted by the tobacco firms in the region of increasing population and economic growth rate. Again, there seem to be changes in societal norms and attitudes towards in the African region and this has resulted in the increasing rate of smoking. Additionally, 80% of the 6 million deaths occurred from smoking was as a result of tobacco consumption and this occurred largely in middle and low income countries in 2011 (WHO, 2013).

#### **2.4.1 Prevalence, Trends and Mortality of Smoking in Developing Countries**

There are an estimated 1.3 billion smokers around the world and representing a third of the world population with the least age of 15 and above. Additional statistics on this figure indicates that at least 84% of them live in developing countries of the world. Smoking, mostly tobacco causes 5 million of deaths worldwide per year and which has higher rates as against HIV AIDS, accidents, suicide, murder and illegal drug abuse, all put together (WHO, 2005; 2006, 2011). The current smoking rate of 1.3 billion is predicted to reach about 1.9 billion by the year 2050 with further increasing rate expected due several factors like the increasing global population rate of 4.5 to 7.1 billion by 2025, lack of awareness on the health risk of smoking, increased wealth rate among nations and individual people, elimination of all forms social taboos frowning on smoking as well as good marketing strategies among tobacco companies (WHO, 2013; 2015). Following the occurrence of these possible factors, developing countries are projected to be adversely affected more by smoking due to their increasing population rate, erosion of most taboos as well as the positive economic outlook and youthful population growth. For instance, 7 million deaths have been predicted from the total of 10 million deaths possibly occurring by 2030 to happen among developing regions of the WHO. This is partly so as developing regions of WHO are now the most lucrative market destinations for tobacco selling.

For example, the Asia-Pacific region with countries like Indonesia, Malaysia, Pakistan and Vietnam is the fastest growing market for tobacco selling in the world. The increasing consumption rate of tobacco and other smoke related products among developing regions has been attributed largely to several factors like lack of education, information and warning on such products, absence of legislation and regulation as regards advertisement, places and age of smoking. In most cases, particularly African countries, advertisement on smoking items like

tobacco takes the form of education which seeks to encourage People to emulate the western societies. This is highly identified in the names of the commodities like “Diplomat” and “Embassy” in the case of Ghana and “High Society” in the case of Nigeria and “Sportsman” in Kenya for example (WHO, 2006; 2005).

In the case of the prevalence rate in Latin America and the Caribbean, Chile has 40% with Argentina and Columbia having 20% whereas Costa Rica and Panama have 24% prevalence rate. However, in the case of Asia smoking prevalence rate shows men hovering around 50-70% but women hover around just 3% with most women having to chew tobacco whilst the men smoke theirs. In the Mediterranean region, around 40-50% of men smoke whereas data on women smoking prevalence is less due to cultural factors. As regards developing countries in Central and Eastern Europe, data on smoking shows 50-60% of men whereas women ranges between 20-30 in countries like Czechoslovakia, Hungary, Poland and the former Yugoslavia. These figures are similar to that of western European countries. However, in the case of women, prevalence rate of smoking is less and hovers around 1-13% particularly in countries like Russia and Romania.

As regards data on smoking prevalence in some developing countries, it is right to mention that most of them are lacking as not so much has been done to undertaken national surveys on smoking rate among such countries. Despite this state of affairs on smoking prevalence data among some developing countries particularly in Africa, basic data on smoking shows that most men smoke with the percentage around 50-60% as against women 2-10% (P.S, Riley, 2008).

#### **2.4.2 Trends in Smoking within the African Region**

In recent times, the African region has experienced substantial growth, both economically and in terms of population growth. For instance, Africa's population represented 16% of the global population growth rate and this is expected to rise to about 25% of the global population size by 2050. The increasing population growth coupled with the positive economic outlook of the regions has resulted in an increased expectancy rate and this presents ample opportunity for increasing smoking consumption rate and the impact of smoking to be realized in the region. Comparatively with other WHO regions, the current smoking rate in Africa has men taking up a percentage of (22%) and being the lowest compared to the men taking up 26% in America to South-East Asia (34%), Eastern Mediterranean (38%), Europe (38%) and the Western Pacific region (47%) (Alexander et al., 2001; WHO, 2011; 2007).

However, on the part of women, even though Africa has a low rate compared to their male category, they however surpass that of Eastern Mediterranean, South-East Asia, Western Pacific, America and Europe. Respectively, these regions women smoking consumption rate are; 7%; 4%, 4%, 3%, 16% and 19%. The above figures show that, women in Africa undertake smoking more than some other regions of the WHO (WHO, 2006; 2005; 2009). In the case of young adults, there seem to be difference in the pace of smoking trends in the gender and sex composition. Among boys, Africa's prevalence is 9% and marginally higher than that of South East Asia (8%), (8%) of Eastern Mediterranean and (6%) of Western Pacific region. However, Africa's boys smoking rate is lower to that of the remaining WHO regions like Americas (15%), and Europe (15%). Furthermore, on the part of girls, the prevalence of African, Eastern Mediterranean, Western Pacific girls is (3%) as against a rather higher prevalence rate in Europe (13%) and America (15%) (Schuster, 2008; WHO, 2008).

It is clear from the above that, although African men smoke the least as compared to other WHO regions, their women, boys and girls smoke more than other regions of the WHO. The rather increasing prevalence rate among young adults on the African continent with Ghana not being exception calls for concern towards the management of the health and productivity of the young adult. The differences in smoking among continents and countries depict of the variations in underlying socio demographic features in different towns, cities, and regions of the world at large. It is thus reasonable to investigate the socio-demographic characteristics of smoking behavior.

#### **2.4.3 The Smoking Epidemic in Ghana**

Ghana has experienced the canker of smoking particularly among adults and in recent times most youths joining the bandwagon. Smoking in Ghana although does not have a fixed date, effort could be made by examining the presence of the British Tobacco Company (BTC) which had its presence in the country for the past 50years ago and continuous to be the biggest supply and manufacturer of tobacco products in the country until its folded up in 2006. The BTC indicated the reason for the fold up as being “part of its drive to optimize its business processes including its supply chain, which will enable the organization, take advantage of the emerging economic integration in Africa to benefit from a reduced cost base, in line with the strategy of the British American Tobacco Group" (Doku, Koivusilta, Raisamo & Rimpelä, 2010). However, it is argued that government policies like the high exercise tax and duty were part of the consideration for the closure of the company in the country. Even though the business do not exist in practical, having had a long history of presence in a poor and third world country, the country was positioned to be a primary consumer of tobacco and smoking related products. Despite this detailed information about smoking prevalence in Ghana is scarce with data being limited just a single

national survey even with that making up only three questions regarding smoking. In recent times, smoking related items like cigarettes, marijuana, and shisha are common in places like pub, restaurant, hotels, homes, lorry stations, market places. Even though such products are in abundance in Ghana, largely, smoking is on the low and Ghana falls in the first stage of the smoking epidemic syndrome with men and women smoking being quite less and with not much of recorded death resulting from smoking. Earlier works on youth and adult smokers in Ghana indicates the following; first, study on civil servants smoking in 1973 indicates that smoking rates was 19.4% with the highest per day consumption being done by people between ages 40-49 (Gilmore & McKee, 2004; WHO 2008). Again, according to the WHO and the British American Tobacco reports in 1974, average cigarettes smoked in Ghana then per day and by age and sex was 7.7 for males with women being 4.7 (Bogdanovica, 2011).

Another data on smoking in Ghana in 1975 at Mamprobi put male prevalence rate at 24.6% as against 0.75% of women. Similarly, Amonoo-Lartson in (1982) as contained in Addo, Amoah, & Koram (2006) presented at a forum that of the 1600 pupils, that student studied in the Greater Accra region, 33% of this number were smokers with that of those who have ever tasted any smoking products representing 32.6%. This he added were people coming from high socioeconomic background as represented by their father's education and financial status. He further enumerated the factor of advertisement of tobacco products as related to why most students were smoking at the time. Another data on Ghana's smoking prevalence by the BAT in 1995 in Accra specifically indicated male and women smoking prevalence to be around 8% and 0.4% respectively for adult males and females. The case of urban and rural Ghanaian community's prevalence was 9% and 8% respectively with majority of such smokers being in the age of 45-54. Smoking prevalence as reported by the BAT was high among males than females

across the country whereas in terms of region wise, the Northern sector dominated more than Southern Sector (Addo, Amoah, & Koram, 2006).

Until, 2003, national data on smoking in Ghana was not available until three smoking related questions formed part and parcel of the Demographic and Health Survey (DHS). This survey found out that, smoking was more prevalent among men with 9% whereas 2% other percent used forms of tobacco with women rate being less than 1%. In terms of age, smoking prevalence was higher among men over 35 years, living in rural areas, with no education, and in the lowest wealth quintile. However, heavy smoking, of 10 or more Cigarettes/day, was more common for those in the higher wealth quintiles and living in urban areas. The DHS identified smoking prevalence in men aged 15 to 19 to be around 0.7% (Ghana Statistical Service (GSS), Ghana Health Service (GHS), International I. 2014).

However, one of the most recent data on smoking prevalence in Ghana presents wholly new picture about young adults' smokers. The study conducted by the Global Youth Tobacco Survey (GYTS), employed students between the ages of 11-16years in 2000 and reported the prevalence of smoking to be hovering around 4.8% (5.3% of boys and 3.8% of girls and), and use of other tobacco products by a further 5%. Again, the report indicated that 14.3% of respondents had applied participants' cigarettes, and that 19.3% currently used any tobacco product (Owusu-Dabo, et al., 2009).

The GYTS again conducted similar study in 2006, by employing 9,900 students which received a response rate of 96.7% and student response rate of 88.5% whereas the overall response rate was 85.6%. In its final report, the GYTS indicated that, prevalence rate for male student was 14.4% as against 13.0% for the female counterpart using tobacco product currently, whereas those who

have smoked before scored 11.5% with males representing 12.2% whereas women scored 9.7% and 12.5% with male ratio of 12.4% and female of 11.5% currently using tobacco products other cigarettes (Doku, Koivusilta, Raisamo, & Rimpelä, 2010; Owusu-Dabo, et al., 2009).

#### **2.4.4 Smoking Controlling Measures in Ghana**

Owing to the devastating impact of smoking, several countries particularly among the advanced economies have developed measures to either quash or minimize its side effect. However in Ghana like most other countries in the developing sphere there is no single government policy frowning on smoking particularly tobacco. Various policies, interventions and programmes to reduces its impact have often been made on political platforms and health related brochures but have not being accompanied with policy enactment nor legislation. The first ever smoking related policy that is on tobacco was the comprehensive advertising ban, which was implemented in 1982. Other policy on tobacco in particular includes the celebration of the “World No Tobacco Days”; “quit and win contests”; “limited smoke-free places like Ministry of Health buildings, government buses, ports and some hotels”; and, the formation of a national steering committee on tobacco control” (Gilmore, & McKee, 2004). Even though these measures have not being applied largely, the advertisement ban has often received massive support and implementation since its introduction.

Again, “limited smoke free places” have always being supported by speeches and pronouncement without any legal backing to that effect. This is partly so as no such policy directive by government both past and present have witnessed legal enactment by taking a bill on the subject matter to the parliament of Ghana for deliberations. Again, no such laws on smoking have received executive order which could ensure that people do not do otherwise even though such executive orders cannot be tried in the law court. Owing to the absence of any legal

framework towards the control and management of smoking in Ghana, largely, people smoke anywhere of their choice (Addo, Amoah & Koram, 2006).

Again, although Ghana almost every year marks the “World No Tobacco Day”, little effort has been done after the celebration and recognition of such an international day. Even though the celebration needs be commended. In addition to this, Ghana has formed the Ghana Committee on Tobacco Control (GCTC), in 1993 and which has transpired to become the National Steering Committee on tobacco control mandated by the Ministry of Health to control the consumption of tobacco by organizing education, sensitizations, campaigns and media activities on tobacco and smoking as well as lobbying for the passage of smoke free legislation. Despite the presence of this committee and other committees in parliament that works on the health and safety of citizens, little has been done to pass any bill on tobacco smoking. There are also existing agencies like the Food and Drugs Board, Ghana Standards Authority and the Ministry of Health to work on smoking related matters but not so much has been achieved (WHO, 2008)

In 2004, however, Ghana rectified the Framework Convention on Tobacco Control (FCTC), developed by the WHO and which came into effect in 2005. The framework presents the objective of “protecting present and future generations from the devastating health, social, environmental and economic consequences of smoking tobacco use by providing a framework for tobacco control measures”. Aside the ratification of the treaty, Ghana has participated in several international conferences on smoking and tobacco usages among such others. However for the effectiveness of such international activities in the country, effort should be made at implementing these international conventions and programs to ensure the total reduction of the impact of smoking (WHO, 2011, 2006; 2015).

## **2.5 Overview of Smoking Behaviour among Young Adults**

In the opinion of Jalilian et. al., (2015) smoking is one of the most complicated social problems all over the world. Khan et al, (2014) posits that smoking in any form has negative consequences on human health and it has become a significant public health concern around the globe. Health wise, smoking is one of the leading preventable causes of premature death, diseases and disability.

According to Green et al., (2007), the smoking behaviour of young adults is important for several reasons including: Young adults are at risk for established smoking. Up to 80% of smokers begin smoking before age 18. Young adulthood is a pivotal period for smoking behaviour. Patterns of smoking among young adults are influenced by the significant life transitions that occur during this time such as dramatic changes in social networks, living arrangements, and school or work settings. Smoking behaviour among young adults is predictive of smoking (Green et al., 2007).

Findings from a study conducted by Azad, Hosssian and Parven (2011) revealed that some factors that cause smoking among young adults include peer pressure, attractive advertising, desire to look mature and some biological factors. For a developing country like Ghana, smoking among young adults is detrimental to the progress of the economy as talented human resources may be lost due to this menace. Statistical results from some studies shows that more people die of cigarette and tobacco use compared to AIDS, alcohol abuse, drug abuse, car accidents and murder combined (Orcullo & San, 2016).

## 2.6 Empirical Literature

Yang, Li, Yang, Wu, Feng, Wang, Wang and Abdullah (2008) conducted a study on the smoking patterns and socio-demographic factors associated with tobacco use among Chinese rural male residents. Findings revealed that “geographic regions of the study areas, age of the participants, marital status, ethnicity, education, occupation, and average personal annual income were found to be significantly associated with an increased likelihood of smoking among rural Chinese male residents” (Yang, Li, Yang, Wu, Feng, Wang, Wang and Abdullah, 2008). Owusu-Dabo et al. (2009), on smoking uptake and prevalence in Ghana shows that smoking was more common in older people, those of Traditional belief, those of low educational level, the unemployed and the less affluent. Smokers were also more likely to drink alcohol and have friends who smoke. In addition, one third of smokers were highly or very highly dependent.

A study was conducted on the Socio-demographic characteristic associated with cigarette smoking, drug abuse and alcohol drinking among male university students in Iran by Jalilian et al, (2015). The study revealed that “mother’s educational level, living place, economic status and parents’ divorce” was the most influential predictive factor in substance abuse. Jalilian et al, (2015) and Hu et al., (2007), conducted a study on the association of smoking behaviour and socio-demographic factors among Japanese civil servants. The result shows that men represented a higher smoking prevalence rate than women (51% vs. 4.9%). A study by Xu et al., (2015), found out that young adult males with higher education had a more positive attitude toward smoking, however, this knowledge and attitude did not necessarily translate into health behavioral outcomes.

Moshin and Bauman (2005), conducted a study on the Socio- demographic factors associated with smoking and smoking cessation among 426,344 pregnant women in New South Wales,

Australia. The study found out that the social environment, individual level demographic attributes are shown to be significantly associated with smoking behavior during pregnancy.

## **2.7 Chapter summary**

Literature reviewed shows that young adult smokers' behavior and demographic characterizes needs to be studied in order to help identify young adult smokers and give them the needed assistance. According to Azad (2011), some of the factors that cause smoking among young adults are peer pressure, attractive advertising, desire to look mature and some biological factors. This has been collaborated by various theories that seek to examine the multifaceted causal factors of smoking among young adult. Smoking in Ghana particularly in the cities like Tema, Accra and Kumasi, especially among young adults has been prevalent in recent times (WHO, 2008; Addo, Amoah & Koram, 2006). This situation often results from multifaceted factors and is regarded as dangerous and worrying for the youth and the health managers of the country as well (MOH, 2008; WHO, 2008). The motivation of this study thus is examine how socio-demographic factors influence young adults' smokers.

## CHAPTER THREE

### RESEARCH METHODOLOGY

#### 3.0 Introduction

According to Rajasekar, (2006), the way to systematically solve a research problem and the scientific way by which a research survey is conducted is known as research methodology. It is the procedural framework within which the research is conducted (Burns & Bush, 2013). The research methodology of the study consists of research approach, research design, population of the study, sampling and sampling procedure, data collection and method, data analysis, and ethical considerations.

#### 3.1 Research Design

A research design is the master plan that specifies the methods and procedure used for collecting data as well as analysing required information (Akhtar, 2016). The researcher employed descriptive research design for the study. The choice for descriptive research design for the study was to offer comprehensive and detailed examination of the concept of smoking and its associated demographic characteristics as they pertain to Ghanaian youth. Again, descriptive approach aided respondents to give full account of their features as they envisage occurring among young adults' smokers in the Tema municipality.

#### 3.2 Research Approach

There are three approaches for conducting research, namely the qualitative, quantitative and the mixed method (Creswell, 2014). The researcher employed the mixed method (Qualitative and quantitative approaches) for this study. The mixed method combines the benefits of both the

quantitative and qualitative approaches of research. It also provides the researcher with better understanding of the research problem and enables the researcher to obtain an explanation of the results obtained from quantitative data. The mixed method gives the researcher more confidence in generalizing the findings of the study (Creswell, 2014).

### **3.3 Study Area**

Tema city is located in the Greater region of Ghana in Africa and on the Bight of Benin and Atlantic coast of Ghana. It is located 25 kilometres (16 mi) east of the capital city; Accra, and is the capital of the Tema Metropolitan District. Tema become the eleventh most populous settlement in Ghana as at the year 2013 with a population of approximately 161,612 people. The Greenwich Meridian (00 Longitude) passes directly through the city of Tema locally known as the he "Harbour City" because of its status as Ghana's largest seaport, Tema is made up of 25 different communities which are numbered accordingly. Tema is home to many different people from all over Ghana as well as foreigners because of the seaport.

### **3.4 Target Population**

According to Koul (2009), population refers to any collection of specified group of humans or non-human entities such as objects, time, units, educational institutions, and graphical areas. For this research, the target population comprises of young adults aged between 18 and 30 years who smoke (cigarette, tobacco, or different kind of narcotics). This research mainly covered young adult smokers in Tema Metropolis.

### **3.5 Source of Data**

This study made use of both primary and secondary data. Primary data was collected using self-made questionnaire and interview guide. Primary data refers to the type of first hand data gathered by the researcher from respondents on a particular subject of study. Primary data was needed as it helped examine the actual socio-demographic features of young adult smokers as against perceived features of young adult smokers in Ghana.

### **3.6 Sample and Sampling Procedure**

The total number of adult smokers in the Tema metropolis was difficult to obtain. Nonetheless, a total sample size of 50 young adult smokers was selected for the study. Simple random sampling approach was employed in the selection of respondents. Simple random approach is the type of sampling technique where a sample of respondent is selected from a larger population with each member likely to be respondents in the study (Creswell, 2009). In this study, simple random technique was employed by giving equal chance to any young adult smoker. The researcher then visited various smoking centers like pub, restaurant, hotels among such other places where smoking is rampant in the municipality to administer questionnaire. Priority was not given to any respondent over the other since it is assumed they are equal with equal chances. Thus, questionnaire administration as well as the conduct of semi-structured interviews took the form of respondents being visited and provided with the questionnaire. This was done until the 50<sup>th</sup> respondent for the study has been attained.

### **3.7 Data Collection Instrument**

Data for this research was collected using a self- made questionnaire and an interview guide. The use of questionnaire and interview administration enabled the researcher gather data on the socio demographic characteristics of respondents. Questionnaires and interviews embodied questions on young adult smoking behavior and demographic characteristics. Both questionnaires and interviews helped the researcher to obtain data about the subject of interest (Creswell, 2009), or the behavioral characteristics of respondents. The interview consisted of semi- structured questions and was designed based on the objectives of the study. Moreover, focus group discussion was employed to form part of the study's data collection instrument. This was done by means of organizing meetings and discussions and posing questions to the respondents whilst they offer answers to them. Responses were written by a team leader of the groups.

### **3.8 Data Analysis Approach**

Data analysis is vital in any research for obtaining the findings of the study. For this study, data obtained from the use of questionnaires was cleaned, organized, coded and analyzed using Microsoft Excel. Data gathered through interviews was recorded and transcribe by writing them into words. Data for the study was presented using thematic analysis model in which themes were generated taking into account the objectives set out for the study. Data presentation involved a detailed descriptive analysis and accompanied by simple, percentages and frequency tables and chart.

### **3.9 Data collection Procedure**

The researcher first secured introductory letter from University of Ghana and made copies to various places where young adult smokers most likely can be found. The researcher visited places like restaurant, pub, hotels, and any other such places where smoking is rampant to discuss the objective of the study accompanying with the introductory letter. The researcher after seeking the consent of participant then distributed questionnaire to available respondents as well as conducted interviews whilst supervising focus group discussions. Recordings were made for interviews whereas notebook was offered for focus group discussions for writing of their note. In addition, the researcher observed respondents to see if certain attributes or behavioral traits are common among respondents.

### **3.10 Ethical consideration**

The researcher ensured that data for this research was collected in an ethical manner. First of all, the researcher sought for the consent of all potential respondents as well as pubs in which smoking takes place in the Tema Metropolis. Secondly, data collected was devoid of individual smokers' identity such that their identity and information provided was treated with the highest degree of confidentiality it deserved.

### **3.11 Scope of the Study**

This study was restricted to smokers between the ages of 18 and 30 and covered smokers in the Tema Metropolitan Assembly only. Smoking in relation to this research includes all forms of smoking and smoke related products.

### **3.12 Chapter Summary**

The research methodology section of the study entailed the procedural approach of how the study was conducted. It detailed the various measures, systems and approaches adopted to gather primary data on the study and show how the data for the study was analyzed and discussed, subsequently.

## CHAPTER FOUR

### DATA PRESENTATION, ANALYSIS AND DISCUSSIONS

#### 4.0 Introduction

The fourth chapter of the research entails the presentation of data, analysis and discussion of findings with regards to the primary data gathered and the research objectives set out for attainment in the study. Data for the study was derived from respondents who are smokers in the Tema metropolitan assembly. Respondents numbering fifty (50) with different smoking habits participated in the study. Data for the study was gathered using open ended questionnaires and semi-structured interviews. Data employed through interviews was recorded using a personal recorder and transcribed by writing into words the various expressions made vis-a-vis the questions asked.

With regards to the data gathered through questionnaires, they were analyzed using Microsoft Excel accompanied by simple tables, percentages and charts with detailed descriptive and exploratory discussions. The study employed thematic analysis model for its data presentation, analysis and discussions where various themes in relation to the objectives of the study were generated. The findings of the study were discussed under the following themes; socio-demographic characteristics of young adult smokers; behavioral characteristics associated with young adult smokers and the relationship between socio-demographic characteristics and behavioral characteristics of young adult smokers.

#### 4.1 Presentation and Analysis of Findings

##### 4.1.1 Objective One: To Identify Socio-Demographic Characteristics Associated with Young Adult Smokers in Tema Metropolis

Primary socio demographic characteristics of young adult smokers as pertains in the study refers to the basic items that differentiate one from another as regards his/her gender, age, among such others. Primary socio-demographic features constitute the various factors that characterize an individual and distinguish him/her from another person.

**Table 4.1: Primary Socio-Demographic Characteristics of Young Adult Smokers**

| <b>Demographic</b>                 | <b>Frequency (n=50)</b> | <b>Percentage (100%)</b> |
|------------------------------------|-------------------------|--------------------------|
| <b><i>Gender:</i></b>              |                         |                          |
| Male                               | 38                      | 76                       |
| Female                             | 12                      | 24                       |
| <b><i>Age:</i></b>                 |                         |                          |
| Below 35                           | 40                      | 80                       |
| 36-50                              | 10                      | 20                       |
| <b><i>Religion:</i></b>            |                         |                          |
| Christian                          | 34                      | 68                       |
| Islam                              | 11                      | 22                       |
| Traditionalist                     | 2                       | 4                        |
| Atheist                            | 3                       | 6                        |
| <b><i>Marital status:</i></b>      |                         |                          |
| Single                             | 31                      | 62                       |
| Married                            | 14                      | 28                       |
| Divorced                           | 5                       | 10                       |
| <b><i>Occupational status:</i></b> |                         |                          |
| Employed                           | 21                      | 42                       |
| Unemployed                         | 19                      | 38                       |
| Student                            | 10                      | 20                       |
| <b><i>Level of Education:</i></b>  |                         |                          |
| Primary                            | 6                       | 12                       |
| Secondary                          | 23                      | 46                       |
| Undergraduate                      | 16                      | 32                       |
| Postgraduate                       | 5                       | 10                       |

| <i>Do you live with your parents:?</i> |    |    |
|--|----|----|
| Yes                                    | 18 | 36 |
| No                                     | 32 | 64 |
| <i>Smoking Habits:</i>                 |    |    |
| Daily                                  | 25 | 50 |
| Weekly                                 | 13 | 26 |
| Monthly                                | 1  | 2  |
| Yearly                                 | 0  | 0  |
| Occasionally                           | 11 | 22 |

Source: Field data, 2019.

Table 4.1 presents the primary socio-demographic characteristics of smokers in the Tema Metropolitan Assembly. Smokers' primary socio-demographic characteristics entail their gender, age, nationality, religion, marital and occupational status, educational status, their living condition and smoking habits.

With regards to the socio-demographic characteristic of gender, primary data gathered reveals that, thirty-eight (38) of the smokers representing a high 76% who doubled as respondents were males as against female ratio of twelve (12) and making up 24%.

In terms of the socio-demographic characteristics of age, as majority of smokers in the study forming 40 and represented 80% falls between age brackets of 20-35, the remaining respondents making up of 10 and representing 20% falls within the bracket of 36-50.

Concerning the socio-demographic feature of religion, as majority of the respondents forming a ratio of 34 and representing 68% were Christians, the remaining 16 respectively constituted of 11 Muslims, 2 traditionalists and 3 atheists. Again, on the issue of marital and occupational status, as thirty (31) of the smokers were single, married respondents were fourteen (14) with five (5) others being divorcee. On other hand, as 21 respondents were gainfully employed at the time of

data collection for the study, the remaining 29 with unemployed with 10 of this figure being current student spanning both tertiary and second cycle institutions.

In relation to the feature of levels of education of young adult smokers in the Tema Metropolitan Assembly, almost all smokers in the study have acquired some level of education to an extent. Specifically, a greater majority of respondents forming a ratio of 23 and a percentage of 46% are secondary school leavers, with 32% of respondents and a ratio of 16 being degree holders whereas post graduate degree holders were five (5) and basic education leavers were six (6). Juxtaposing the above feature of respondents, it is much more right to conclude that all smokers in the study have formal education and a greater majority for that matter. This thus positioned them so well to understand the objective of the study as well as various questions earmarked for investigation and of which they greatly participated and answered all questions put before them.

As regards the primary feature of examining their living conditions, majority of respondents indicated of not living with their parents. This is evident by the ratio of 32 who answered in the negative of the said question as against those who spoke in the positive making up 18. Those in the negative further explained of either living alone or with their fiancé and/or wife or husband whereas those who answered in the affirmative were of mix state with some being with their mum whereas others were with their dad alone. In terms of the habits of smoking which sought to examine the number of times each respondents smoke, 50% of respondents mentioned of smoking on daily basis as against 26 and 22% who respectively indicated of smoking on weekly basis and occasionally with 2% mentioning of smoking yearly whereas none of the respondents cited smoking per month as his/her smoking habit.

#### **4.1.2 Secondary Demographic Characteristics Associated with Young Adult Smokers in Tema Metropolis**

Another dimension of examining the socio-demographic characteristics of respondents was to investigate some other additional information that relates to smoking. Secondary demographic as employed in this study refers to the other factors associated with smoking as regards how it was learnt, the influencers, when and where it was as well as relations of smokers. Secondary demographic characteristics discuss the external factors that influenced the various smokers in their live to embark on the smoking habit. Owing to examination of the further demographic features, various questions were posed. It is important to mention that all respondents answered on the various questions that sought to examine the secondary demographic factors to their smoking behavior.

With regards to the examination of the age at which respondents begun smoking, primary data gathered cut across different age range with some of them being too young to have learnt smoking as per the laws of Ghana. Of the entire fifty (50) respondents, forty of them with each group of respondents making up 20 indicated of having studied the act of smoking and begun it respectively between age 9-18 and 20-30 whereas the remaining 10 identified to have studied the act between ages 36-40. This account by respondents shows a rather worrying trend of smoking habit development within the Tema enclave due to the early stage at which smokers in the vicinity are able to learn and practice the act of smoking. This is so as it could have the propensity of impacting their health, cognitive ability, educational attainment as well as moral development ability.

On the examination of the current age of respondents as well as the number of years spent smoking since their first experiences, 28 representing 56% of them mentioned of currently being

in the age range of 10-30 with the remaining 22 and making up 44% currently within the age range of 31-50. It could be envisaged from these figures that majority of the smokers who participated in the study are very young with some currently under 20 years. This feature describes the worrying rate of smoking behavior among the young adults in the metropolis such that, most young ones are engaged in smoking in the vicinity and which could pose danger to their health and future as well. In terms of the years of smoking experience gathered by respondents in the study, a whopping 54% of the entire respondents' rate indicated of having engaged in smoking for the past 1-9 years since their first experiences whereas a smaller fraction of 4% with a ratio of 2 identified of being smokers for the past 30 years and above.

On the other hand, six (6) others mentioned of having smoked for over 20 years since their first experience and the remaining 15 respondents making up 30% explained of having engaged in the act of smoking for the past 10-19 years. This data shows that respondents in the study have gathered vast years of experience in smoking both within the Tema enclave and outside. By this vast years of experiences in smoking, it is highly possible respondents might have tested varieties of smoking related products and might have engaged in several behaviors in one way or the other associated with smoking. These years of experiences gathered in smoking thus puts respondents in a much better position on the examination of any issue associated with smoking as they can better provide the necessary information as such.

With regards to the question on the last time of smoking prior to data collection, a greater majority of respondents explained of having smoked within the last thirty days to the conduct of the research. This is evident by an overwhelming 42 ratio of respondents making 84% as against eight (8) other respondents representing 16% who answered in the negative. This is indicative of the fact that, respondents after the first years of experience continuous to engage in smoking and

that they even had recent practice of smoking and was much more in a better position for the examination of smoking related demographics and behaviors in the Tema enclave.

One critical demographic characteristic to the development of smoking habits among respondents as examined by the researcher was the various relations of smokers and factors that might have influenced the development of smoking habits. In relation to this, respondents were asked various questions that sought to attain such demographic characteristics objective of the study. For the purpose of this, respondents were asked whether or not they have family members of relatives that smoke. Question on this was accompanied with a “*yes*” or “*no*”. Of the entire fifty (50) respondents, thirty-three (33) representing 66% answered in the negative of having no relative that smokes whereas the remaining 17 (34%) answered in the affirmative of having relatives who ever smoke and are currently smoking. Respondents who answered in the positive indicated of having their relatives either within Ghana or outside and that they have some relatives they stay with who also smoke. Among those who spoke in the positive, they mentioned of various relatives that smoke and practices smoking for a very long time. Respondent named relatives like father, sisters, and brothers with the exception of mothers who practices smoking in either Tema enclave or outside. Among the 17 respondents in the positives, seven (7) named their fathers as relatives who smokes whereas eight (8) with four (4) each identified their brothers and sisters respectively as smokers. On the other hand, two (2) others named both their brothers and sisters as relatives who smoke. By this, account largely majority of smokers in the study were not influenced by their own relatives but any other factor aside this. Even though some significant percentage was also influenced by family relations it goes to declare that smoking could be influenced by family relations and other factors. However, the study’s findings

shows that most smokers in the Tema enclave are often not influenced by relative who are smokers and that influences coming this often are exceptions.

On the question of whether smokers in the study have neighbors who also smoke at the time of data collection or at the time of their first smoking experience, a greater majority of respondents answered in the positive of having lived and/or are currently living with smokers as neighbors. This is evident with an overwhelming 76% response rate in the positive to this same question of “yes” or “no” of the presence of neighbors smokers whereas a paltry 24% answered of having not lived with people who are smokers before in their lives. Those who answered of having lived with smokers before explained that, some people in their households both present and past would often smoke even in the household even with their families and friends and that they would send children in the household to even purchase tobacco product for them. One respondent remarked as

*“During my childhood, there were about two people in the household who were smokers. These smokers would be practicing in the open at the compound. They sometimes would send the children to go and buy them cigarettes. I developed interest in smoking at my younger stage of development when these things were happening. I once began to practice with a paper by setting fire in it and smoking. I continued until I grew to age fifteen when I formally begun smoking cigarettes with my colleagues in the household and finally graduated to weed smoking”* (Weed Smoker, 2019).

In addition to the relations of smokers, it was found out whether they have friends who also smoke in their lives. It is overwhelming to note that primary data gathered through both interviews and questionnaire process depict of a greater majority of respondents showing of having friends and acquaintances who smoke also. This position resulted from the fact that,

respondent numbering 44 and taking over 88% identified having friends who smoke also whereas a smaller ratio of 6 (12%) mentioned of having none of their friends who smoke. It is thus imperative to declare that, most smokers in the Tema vicinity who smoke also have friends who are also smokers either in the city of Tema, Accra, across the length and breadth of the country and beyond Ghana even. To this end, all the respondents in the study indicated of whom they smoke with. All respondents mentioned of smoking variously alone or with their friends at a point time. To them, the time of smoking privately alone or with their friends depends on several factors like occasions, outing programmes among such other things. They explained further by saying that sometimes they would smoke in their homes as individually without the consent of others whereas at a point in time, they could meet at various pub, night clubs, the homes of friends during visitations among such other things to smoke. In the opinion of one female respondent, she remarked as;

*“On my part, my smoking moment could be a moment when am alone or with friends. It simply depends on where I am and who I am with during the time of smoking. Sometimes I smoke alone when I am alone without friends, neighbors or relatives who smoke. I could sometimes smoke in my room or kitchen, garage, hall and any other place in the house. Sometimes to I smoke at clubs, pub, ghettos, and friends’ houses and in my car with colleague smokers. It is just dependent on where and when I want to do it”* (Female Smoker, 2019).

Concerning the examination of the various factors that influenced smoking habit of respondents in the study, it is quite interesting to establish that responses generated through interviews and questionnaire cut across diverse influential factors and reasons leading to the development of smoking habit among respondents in the study. According to primary data gathered for the study, influential factors and reasons for smoking are; stress, influence from friends, sexual

satisfaction, divorce and family related pressure, nature of job, studies, difficulty to approaching women, fun-fare, and a sense of youthfulness.

First, in terms of the influential factor of stress, participant in the study indicated that, usually, smoking regardless of the product makes them cool of from various stress related activities they are going through like difficult task at work, limited for entertainment, visitation and social life as well as other stress related activities that put extreme pressure on the health, comfortability and availability of time for leisure. In this case, smoking was engaged as a means to help reduce the high extent of stress impacted on ones lives. This is particularly so as smoking help takes away stress by making one quite unconscious for a while which might even till next day and that thinking during such moment are automatically taken off.

Secondly, respondents explained influence from friends as another most important influencer and reason for the development of smoking habit as per their case and largely among most other smokers both in Ghana and beyond. On their part, mostly, in their youthful days, some of their friends both in school, community and other such places of meeting had already developed the habit of smoking and were practicing it. As such as friends, they were influenced by their colleagues' smokers to also try and imitate the practice of smoking and this often led to their practice. Several attempt to practice smoking behaviors ultimately led to the development of the character and which has persisted to their current stage.

In another stream of examining the reasons and influential factors to smoking, some respondents identified the quest for satisfaction and the misery of divorce pains to have been the major influential factors and reasons to the development of smoking habit. On the part of those who mentioned of this factor, they presented that, in most cases, discussions on radio and other social media outlet as well as friends led to the conclusion that smoking of product, in particular weed,

resulted in boost ones sexual prowess and this could aid a man have several sexual bouts. As a result of these explanations in favor of marijuana product, they were tempted to try it's on their own as a means of seeking medication for their poor sexual prowess. This in effect culminated into their strong and effective sexual powers. Thus far, the desire to improve sexual capability resulted in smoking habit development. On the part of those who mentioned divorce, having encountered difficulty in their marriage such that, divorce was the only option left, they became depressed to the point of wanting something that usually would make them forget their sorrows as well as make them feel much more better and on high volatile. Smoking was thus considered as the means to aid them fight sorrow in their situation then. Accordingly, the reposted to smoking habit and this has been part of them till date.

In the case of the factor of nature of job, participant who explained it indicated that, their kind of jobs like working in ships as well as cold stores often compelled them to resort to smoking habit as a means of keeping warmth at work. This is particularly the case as their jobs opened them to cold weathers, unpalatable odor and many other such factors which did not fit their being such that they felt uncomfortable at work. Meanwhile being unable to abandon their job and becoming jobless, it was important for the development of mechanisms which in most instances would aid in their resolution of the current challenges being faced at work. Thus far, with some employees resorting to smoking and being comfortable with the nature of work, they were also forced to practice smoking to a larger extent.

Another major influential factor and reason to the development of smoking habit among respondents was the issue of fun-fare and a sense of youthfulness. On the part of some interviewees in the study, their quest to begin smoking was influenced by the desire to try smoking habit for smoking sake and to also feel a sense of youthfulness. According to them, in

their schools, and communities, as well as among most friends, smoking habit was considered as key and a sign of being youthful with zeal and vigor. Smoking was considered as an attribute of the youth and that whoever smoked was among important and most powerful member of group and society. As a result most youth including themselves had to take up the task of learning smoking and this culminated into their current state of smoking.

Finally, interviewees mentioned of the desire to study harder in school as one of the influential factors to their current smoking habit. On the part of those who mentioned of this factor, they indicated, during their studentship days, one of the major factors that were related to the ability to study hard was smoking. Most seniors in school conceptualized of smoking as an immune booster to studying hard and for long hours as well as aiding in the development of retentive memories in academia. As a result, most juniors seeking to go higher in education were compared to develop smoking habit so as to aid them gain retentive memory and they were not exception.

In furtherance to the influential factors and reason to smoking, respondents were asked of the sources of persons they developed smoking habit from. In other words, respondents were asked which people they learnt or taught them how to smoke. Respondents made mention of different sources for the development of smoking habit. Sources of persons for the development of smoking habit as enumerated by respondents were peers, lovers' particularly male lovers, fathers, neighbors and siblings. The differences in the sources of smoking habit development juxtapose the fact that there could be no single source of development of smoking habit in the Tema enclave and Ghana as extensions since an individual could learn the habit from his/her immediate smoker. By this data, smoking habit developed is influenced by several factors and people in a given society and a person's life. Factors could be individual and societal such that

they put pressure on an individual and also forces such fellows to either learn or reject the habit of smoking in a given setting. According to respondents, such personal influential factors in terms of persons who serve as sources of smoking habit learning in Tema vicinity includes parents, peers, siblings, lovers and neighbors.

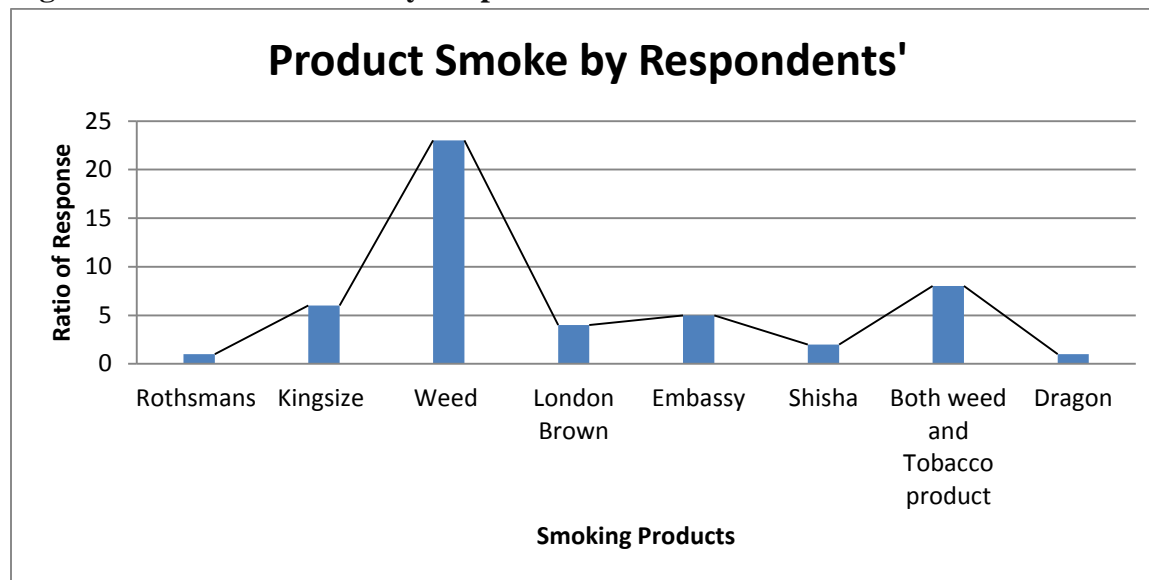
#### **4.1.3 Smoking Products Consumed by Respondents**

In relation to the secondary demographic characteristic of respondents was the quest of examining the particular smoking related products engaged in by respondents in the Tema metropolis. It is important to mention that all the fifty (50) respondents actually answered on the question on the type of product engaged in by them. Primary data shows that respondents smoke different forms of products on sale in Ghana and the metropolis. This is particularly the case as respondents outlined various products like Rothmans, King-size, Weed, London Brown, Embassy, Shisha, both weed and other tobacco related products alike and dragon, specifically. Of the product smoked by respondents, weed and marijuana related items was ranked highest of the various items mentioned by smokers who engaged in the study. This is evident by 23 of them making up a percentage of 46% who answered weed as their most preferred product as against others whereas 8 (16%) mentioned of smoking both weed and other tobacco related product and which could run as many as possible all tobacco related items.

Moreover, six (6-12%); five (5-10%) and four (4-8%) indicated respectively of smoking king-size, London brown and embassy tobacco product. On the other hand, as two (2-4%) explained of smoking shisha, the remaining two (2-4%) of respondents each mentioned of smoking rothmans and dragon respectively. The above range of product mentioned by respondents is indicative of their experiences in smoking and depicts their demographic smoking features.

Figure 4.1 illustrates the response rate on the various products being smoked by respondents in the study.

**Figure 4.1 Products Smoke by Respondents**



Source: Field data, 2019.

Figure 4.1 illustrates the various products mentioned by respondents as being those they take as smokers in the municipality. The chart contains two axes; vertical and horizontal. Vertical axis presents the ratio of responses generated from the entire fifty (50) respondents' ratio whereas the horizontal contains the various list of products consumed by various respondents in the study. The graph links the product consumed to the ratio of responses generated. It is observed from above that, the most consumed products among respondents s marijuana (weed) as followed by people who consume both weed and other smokable product and this is followed by King-size tobacco product. He lists among product consumed are dragon and rothmans.

#### **4.1.4 Perception of Young Adults on the Effects of Smoking**

Having examined the reasons and influential factors to smoking among respondents in the study, it was considered generally fit to inquire about the general impact of smoking, either positively or negatively on smokers in the vicinity. Relating to this, respondents were asked what smoking does to them. It is highly right to posit that, different kinds of effect were named by respondents as resultant impact of smoking to their lives, namely; stress relief, energy to work, to keep calm, and help think, and, helps forget problems.

In the case of the effect of stress relief, interviewees explained that the nature of work and family related matters sometimes put an individual in a particular uncomfortable situation such that, he might lose his whole being due to stress related effects which has the propensity of affecting the health, joy, emotional aspect as well as relationship of people. Smoking habit in a way helps curb majority of the influence of stress as the moment of smoking takes away thinking and consciousness more especially as one becomes so intoxicated at a given point time. It thus helps make a person free from all stress related features.

On the enumerated effect of energy and zeal to work, smokers who mentioned of this indicated that, in some instances they get tired at work. Due to the stressful and multitask nature of their work with accompanying family related duties, performance of individual employees becomes weak. This situation forces them not to be able to perform better both at work and other related task in the house. Smoking thus propels one with the needed strength and energy to perform various task and duties both at work and home. This is partly the case as it boost the energy levels and capability of individual smokers.

Again, on the impact of smoking and how it helps them keep calm and aids in their thinking ability, respondents presented that, usually, a person could be aggressive with various forms of

abusive behaviors both at home and at work. Such behaviors often force the person to misconduct him/herself in the open and which poses various dangers to society. However, to a larger extent, smokers often become calm after taking in some pieces of marijuana and tobacco product. Smoking calms people down such that, their supposed personal aggressiveness levels are reduced to the barest minimum. Moreover, as one smokes, he is put on the radar of thinking such that things that could not be thought of can now be considered by him/her after practicing smoking in a short while. This account by respondents although could not be disregarded seemingly conflict the popular knowledge of smokers which presents them as rather aggressive and troublesome in their various vicinity and that they could cause mayhem at any point in time.

Finally, respondents in the study made mention of the impact of helping them forget about their problems in life. This they explained that, life in general comes with several challenges, financial, and many others of which one is required to deal with them. In general, coping with life's challenges is not an easy task to undertake and that often presents some form of stress, thinking and unease to individual fellows. However, when one smokes, the propensity of him/her forgetting about these challenges a while is high. Smoking thus aids in making people stress free and less worried about life.

#### **4.2 Objective Two: To Identify Behavioral Characteristics Associated with Young Adult Smokers in Tema Metropolis**

The second objective set out for accomplishment in the study was to examine the behavioral characteristics associated with young adult smokers in the Tema metropolis. Owing to the desire to achieve this second objective, various questions both through interviews and questionnaire forms were posed to respondents to examine the behaviors associated with smokers in the area. It

is quite convincing to establish that all respondents answered to various questions posed on this particular objective. With regards to the behavioral characteristics of smokers, they were first asked whether they have ever fought before since their adulthood, it is important to mention that of the entire fifty (50) respondents, 35 (70%) mentioned of having fought before since their adulthood whereas the remaining 15 (30%) also identified of not having engaged in fight before since their young adulthood lifestyle begun. Those in the negative added that they might have engaged in the act before and might have forgotten about it but on a larger scale, they could not account for any act of fighting since. In addition to this, respondents who spoke in the positive were asked whether their fighting experience occurred before or after they started smoking.

In the case of those in this category, fifteen (15-42.8%) answered of having fought after they started smoking. Those in this bracket indicated of being angered at a point in time due to their smoking habit such that such attitudes and behaviors from relatives and friends have resulted in a fight before on several occasions. However, the remaining twenty (20-57%) presented of having not fought before after they developed smoking habit and that all fight undertaken by them occurred before they started smoking. By this, it is largely right to indicate that even though smoking might have various influences such as causing a fight in some cases, it is not always the case as some smokers who have had several years of smoking have never engaged in a fight even after the development of their smoking habit. This is particularly the case as the study rather depicts a larger proportion of smokers with vast years of smoking experience from various smokable related products and has never engaged in a fight before in their lifetime as at the time of the conduct of this study.

Another area of examining the behavioral characteristics associated with young adult smokers was to find out whether respondents and other relatives, and friends have developed some new

form behaviors particularly from their current smoking state. It is important to mention that respondents identified of having developed some new form of behaviors and attitudes as well as having knowledge of such new behaviors by their friends. They further submitted that such behaviors and attitudes were not part of them before they begun smoking to a larger extent. As a result, most of these new behaviors have been developed resulting from smoking behavior. Among the various new behaviors developed as a result of smoking are; zeal to fight; aggressiveness; stealing; financial indiscipline; disrespectfulness, arrogant and authoritative; womanizing; insensitivity; and hatred.

Explaining further on the various new behaviors developed by respondents, in terms of the behavior of zeal to fight, respondents who mentioned of this explained that until their development of smoking habit, they were very quiet and cool persons who often would shy away from crowd and hardly would communicate to strangers even. Moreover, due to their calm nature, they could not even go to crowded places and to engage in several acts that called for a fuse between themselves and neighbors or friends alike. However, having been in the smoking business for a while, such meekness and shyness have eventually vanished to the extent that, they now could move into as many crowd possible and often do not hesitate to cause confusion and when it occurs. Commenting further, respondents showed that, they are eager to fight and to respond to the little form of confrontation by ways of fighting if offenders pushed a little. This was however not the case during their non-smoking days as youngsters and youth. This situation according to respondents is not peculiar with them but some friends who also smoke have developed such behaviors and in some cases theirs become worse of even. It could be posited that, smoking among young adult presents some form zeal to fight and become aggressive to

little provocation as against non-smokers. This is more so as smoking rather makes them “high” and strong enough wishing to attack anyone that comes their way with the little offence.

Again, in terms of the new behavior of stealing, interviewees who mentioned of this submitted that, until they begun smoking as well as a section of colleague smokers they have knowledge of, none of them could be a thief in any way possible. This is so because most of them were shy and did not have the zeal to undertake the act of stealing. However, since the development of the attitude of smoking, most of them have developed some form of zeal that aids them to steal. Moreover, most of the smokers undertake stealing activities with their friends. Stealing is often done to undertake various bad actions like smoking, chasing women and doing other nasty form of activities in the vicinity. Smoking habit development has thus aided in the act of smoking among smokers in the enclave.

In terms of the behavior of disrespectfulness, arrogant and authoritativeness among smokers in the study, they mentioned that in most instances, majority of the smokers were very sober and calm initially when they were not smokers. Most of them were very respectful, collected and gentle in their various households, dealings and relationship with friends and the work place as such. Such behaviors were the hallmark of most youngsters who did not know how to smoke. Such children were obedient, submissive, democratic and respectful. Nevertheless, as most of us begun smoking in our youthful days and currently, most of such behaviors have suddenly vanished to the point that most of us are no longer respectful much in society both to our parents, friends and even people in authoritatively. Moreover, most smokers are proud and do not accept criticism. This is because, they think they are on top of their colleagues with because of their ability to smoke and that they think of being unique and much more civilized in society than others who do not smoke.

Further, interviewees mentioned of the new behavior of womanizing by themselves and some known friends in the smoking industry. On the part of those in this behavior, usually, until the development of smoking habit, most of them did not like the habit of chasing women, particularly young girls. This is because, most of these people were shy to approach women unnecessary and that did not develop the incessant habit of chasing women over and over again. However, as they made smoking a habit, the seemingly high pace of shy ness however disappeared and now chases women especially young school girls anyhow. Smokers within the enclave take advantage of their disappeared shyness state to lure most women at the club, homes, on the street, in schools and any other such places into bed. Incessant sexual behavior is now the habit of most smokers including our friends.

Another major behavior developed by smokers has been financial indiscipline. On the part of respondents who mentioned of this, smoking habit has greatly influenced their levels of financial indiscipline coupled with their period of non-smoking behavior. This is more so as smoking has presented the challenge of additional financial responsibility unto them and their friends who are also smokers. Financial burden occurs in the form of smokers having to spend the little amount they have on buying smoking related products daily, weekly and monthly just to practice smoking. Purchasing according to them is often done for themselves alone or for friends to. In the case they have to buy for themselves only, the cost is often not as high as when they have to buy for some other friends who would want to smoke as well since one will have to bear the cost of smoking product purchasing. This situation thus presents financial challenge unto smokers.

Finally, respondents made mention of hatred and insensitivity as new forms of behaviors developed by them as well as some of their known smoker friends in the enclave and Ghana as a whole. Insensitivity on the part of smokers and as explained by respondents' details their current

feelings of having no mercy for people old and young and as such could do any deadly act to them regardless. This has resulted from the smoking attitude which makes them “high” such that, they have no regard for any kind of person whatsoever and do not also have mercy nor show compassion. In this case, they have become wicked and cruel to their own and outsiders. On the other hand, a section of smokers have also developed hatred for people for no reason such that anybody who does not smoke is considered as alien and an enemy to the smoking fraternity. Such mindset makes smokers hate people for no reason whatsoever.

#### **4.3 Objective Three: To Examine How Socio-Demographic Characteristics Influences Smoking Habit and Behavioral Characteristics of Young Adult Smokers**

The final objective for the study was to examine how socio-demographic characteristics of young adult smokers influence their behavior. Data for this objective was gathered through interviews. In relation to this, respondents were asked different kinds of questions on how the various socio-demographic characteristics have influenced their smoking habit and general behaviors in society. All respondents in the study answered to the various questions posed in attainment of this third objective in the study. Responses generated on how socio-demographic characteristics influences smoking habit development and behavioral attitudes cut across different areas. Primary data shows socio-demographic characteristics like; presence of relatives smokers, smoking habit in neighborhood, smoking peers and partners in relationships, and nature of job to have influence on smoking habit development and behaviors alike.

On the part of the feature of presence of relatives’ smokers and how they influence smoking behavior of smokers, respondents in the study explained that, when a child or young adult have relatives like parents; mum and/or dad, sisters and brothers that they live with and who smokes,

it is highly possible the younger ones are influenced by the smoking habit of such relatives. This is particularly the case as such relatives serve as the primary influencers of the lifestyle of people in the family and that they relate to them with anyway possible. Such relatives could even teach and introduce young ones in the family to smoking. They usually offer explanations on the importance of smoking and how smoking is aiding their lives and development pursuit. Importance are often mentioned in terms of its contributions to health, release of stress among such other supposed contributions of smoking to the life of family members. Siblings like brothers and sisters in most instances gladly wish to introduce the younger ones particularly when they are living together and will expose them to smoking habit. This is often the case as siblings become more compatible and easy going especially when they are very close to each other in terms of age. When smoking habit is picked from family relations, various forms of behaviors associated with smoking and as practiced in the house are usually accommodated and young ones are often free to behave in such ways as they are regarded as not evil or bad, unless under exceptional conditions. Behaviors like excessive expenditure, womanizing, and fighting are in some cases acted by family people since most of them who are smokers already might be engaged in such acts.

Again, in terms of the presence of smokers in neighborhood and how they influence the development of smoking habit and behaviors of young adult smokers, interviewees mentioned that, usually, smokers in the neighborhood would practice the act in the open to the full glare of children and onlookers alike. These neighbors usually are male as against females and could be as old as their fathers or elder siblings. Young ones would either see them smoke in the house or at various designated centers “ghettos” within the vicinity. In some case, the elderly smokers in the neighborhood could even send children or young adult to purchase tobacco product for them.

Most children will then begin having knowledge of the concept of smoking and could practice it in secrecy as adult ones send them to purchase the product. Often, these young ones begin to develop interest in the smoking behavior and as such starts to also practice the act. In this instance, children in the neighborhood learn smoking and continue to practice to a larger extent. Moreover, most behaviors like fighting and stealing are picked up by these young adult within the neighborhood as majority of the smokers in the area engage in such activities. It thus becomes the norm and young smokers are also engulfed in the act, accordingly.

Another major socio-demographic characteristic that influences smoking attitude and its associated behaviors in the vicinity is the availability of smoking peers and partners in relationships. Smoking in the Tema enclave among according to respondents is often developed through relations with peers both in school, work environment and other social settings as well as romantic relationships in which one of them, usually men are smokers. On their part, the habit of smoking was among young adult is prevalent and easily developed when they are with their peers and are influenced by those who are already in the act. In this way, peers will entice them and ascribe varying meanings to the concept of smoking, its importance as regards academia, health, social status and youthfulness among such other things. With peers identifying themselves as people of the same “rank” and are best advisers to each other, playing all the time and studying as well as moving out together. Non-smokers are often swayed by their colleague smokers to practice the act in school and various communities particularly those who live within particular vicinity. As regards lovers in a romantic relationship, they are often also led by their partners in the act to practice just so that they could all enjoy the act for the sake of love. Such peers also introduce new ones to several behaviors like drinking, womanizing, excessive

expenditure, fighting, visiting night clubs and many such other behaviors associated with smoking.

In relation to these is the factor of the nature of job being undertaken by people. The type of work as regards its features, and modus operandi influences a particular lifestyle. This is more so as some works are likely to introduce one to particular behaviors whereas some others are less likely for such attitudes. Primary data gathered through semi-structured interviews shows that, particular kinds of job like seaman, mortuary related jobs as well as those working in the cold stores are often to learning smoking due to the high rate of odor that comes from their numerous activities. Odor, according to respondents is however dealt with to a greater extent by smoke and as such smoking aids workers in these fields. As a result, nature of work and its related task often push a section of the workers to practice smoking. In this regard, behaviors like excessive spending, outing and womanizing could be developed particularly when most of the workers are engaged in smoking and begin to influence others with some negative behaviors and attitudes.

#### **4.4 Discussions of Findings**

##### **4. 4.1 Primary Socio-Demographic Characteristics and How They Influence Smoking Habit and Behavioral Characteristics of Young Adult Smokers**

With regards to the socio-demographic characteristics of young adult smokers, the data gathered indicates that majority of them were male smokers as against females. By this state of inclusiveness of the two main gender group in the study, it made responses and data for the study quite comprehensive, representative and convincing enough to examine additional information of young adult smokers. Essentially, difference in the gender composition of smokers in the study

was not under the influence of the researcher in anyway but resulted from the availability and willingness of smokers to participate in the study.

This finding reveals that men smoke more than women to a larger extent in the Tema metropolitan assembly. Differences in the pace of smoking among men and women in Tema and for that matter Ghana could be attributed to the seemingly dominant male society and the perception that smoking is basically for men. However, differences in smoking prevalence between gender and its causal factors were not interrogated by the study. The account of this study collaborates that of Xianglong, LiU, Sharma, & Zhao (2015) and Xianglong et al., (2015) in which they both submitted separate studies that men smoke more than women and that the prevalence is nearly five times to that of women worldwide. It is also consistent with that of the Center for Disease Control, (2011) which estimated that 21.5% males and 17.3% females smoke in the US, with 78% of them being people who smoke every day.

An analysis of the age bracket of respondents indicates that, greatly, most respondents are young adults of less than 36 years old as against the quite old adult in the study. The differences in terms of age were as a result of the ratio of respondents of young adults smokers who volunteered to participate in the study. By this young age at which people are smoking, it shows the pace at which young adult are engaged in smoking habit in the vicinity. Smoking prevalence among young adult in the Tema area is thus higher than old aged people. The findings in this study agrees largely with the account (Song, & Ling, 2011) when they presented that young adults mostly aged 18-25 years “represent the highest risk group for smoking” and that they are exposed to the smoking menace due to various factors like presence of smoker friends both in their areas of residence and in school as such young adult most likely learn the practice from their colleagues. Again, in the opinion of Song and Ling, (2011), it is necessary to be concerned

about young adult smokers because they are more likely to abandon smoking than older adult smokers. More importantly, the quest for young adults to quit smoking is imperative for the reason that “cessation before age 30 virtually avoids all long-term ill effects of smoking” (Song, & Ling, 2011).

Data on the socio-demographic of religion of respondents shows a rather higher percentage of Christian respondents who doubles as smokers in the study as against all other religious beliefs. It is important to mention that, the seeming differences in religious contribution to the respondents perhaps resulted from the larger number of Christian sects in the country as against other religious groups. The high number of Christians against other religions however did not influence the data collection or results of the study in any way since the researcher did not factor issues of religion and its influence on smoking dynamics in the metropolis. On employment, as most respondents are workers in both the public and private sectors of Ghana, a few sections of respondents were student with unemployed respondents being the second largest. By this data, smoking habit could not be linked to the employment status of an individual since all professional status queried in study were found to be smokers. To this effect, it could be posited that, employment student and/or studentship can be said not to have direct relationship to the development of smoking habit. Similarly, on education, almost all smokers in the study have acquired some level of education to an extent. Specifically, a greater majority of respondents forming a ratio of 23 and a percentage of 46% are secondary school leavers, with 32% of respondents and a ratio of 16 being degree holders whereas post graduate degree holders were five (5) and basic education leavers were six (6).

As regards the primary feature of examining their living conditions, majority of respondents indicated of not living with their parents. This is evident by the ratio of 32 who answered in the negative of the said question as against those who spoke in the positive making up 18.

Studies on smoking behaviour indicates that, educational level of people influences their smoking habit such that less educate people were often prone to smoke more than highly educated people. Hu, Sekene, Gaina, Nasermoaddeli, Kagamimori, et al., (2007) in a socio-demographic study on smoking in Japan indicated there is significant correlation between smoking behaviour and socio demographic dynamics of education. Such that less educated people are prone to smoke exceedingly above the pace of educate smokers in society. In their account, they argued that, this is so as educated people are more likely to have knowledge of smoking and its related challenges as well as how to go about it whereas the less educated class would lack such knowledge and as such smoke extensively without any precaution. The account in this study even though presents a picture of somewhat less educated to be smokers, their level of education is not too low in both Ghanaian and global context when someone secures education to the second cycle level. Moreover, in this study, there was no significant difference between higher educated class smokers and less educated class smokers. Thus far, it could be posited that, even though education influences smoking rate, it is not always the case in some societies and situations since educated class also to some extent smoke and that the impact of education on smoking rate in the case of Tema is not greatly felt as both less educated and highly educated class equally smoke to an extent.

In the case of religion and living conditions, Hu, Sekene, Gaina, Nasermoaddeli, Kagamimori, et al., (2007) found that, there was no correlation between religion and smoking habit in Japan and that no religion in the country preaches for the development of smoking habit. However, some

religious groups preach against such habit like marijuana smoking. In the case of Ghana, this study posits that, the higher percentage of Christians as against Muslims in the study resulted from the higher Christians percentage in the Tema enclave.

A more than proportionate examination of the primary socio-demographic characteristics of respondents in the study shows that, a vast array of features concerning respondents was gathered and that, various primary socio-demographic features depicts the pace of smoking among smokers in Tema and beyond.

#### **4.4.2 Secondary Demographic Characteristics Associated with Young Adult Smokers in the Tema Metropolis**

In terms of the secondary socio-demographic of respondents, it is established in this study that, young adult smokers who have relatives greatly smoke as against those who do not have such. The findings in this study agrees entirely with that of Owusu Dabo et.al, (2009) when they submitted that, young ones who have close relations that are smokers are prone to learning the habit of smoking both at their younger age and adulthood unless otherwise. This is because the tendency for such people to get introduced to the practice of smoking is high both in Africa and other areas around the world. Similarly, it agrees with the findings of Yangg, Li, Wu, Feng, Wang, et al., (2008) on a study of smoking demographics in China when they concluded mostly, young adult smokers studied smoking from their immediate relatives as such relatives and often smoked in the presence of younger ones and which thus developed the habit at the earlier stage of their career.

The finding above shows that neighbors, relatives and friends impact on smoking habit of young ones. This account collaborates that of Moshin and Baunman (2005) in Europe when they

submitted that neighborhood where smoking was prevalence had the propensity of influencing young adult especially in the event that younger ones in the household also practices smoking. This is more so as such younger was were likely to expose their colleagues to smoking habit development.

On the part of peers, it could be observed from the above that young adult smokers in Tema are greatly influenced by their peers who smoke also as they most likely feel welcome with such people and also undertake most of their childhood activities and lifestyle with them. They feel more comfortable with both in school and at home and such friendliness result in them being coached the smoking habit of their peers and which they also fall prey to it. Xu et al., (2015) and Jailian et al., (2015) also presented in Iran that, the major influential factor to the development of smoking habit among younger ones was their peers who also smoke as such children almost live as siblings and close pals who often advice each other on various behaviours they undertake. To this, end, peers influences smoking character development greatly among younger adults.

This account of the sources of smoking habit development among respondents in the Tema enclave agrees largely with that of Unger & Chen (1999 as cited in Alexander et al., 2001) and Alexander et al., (2001) who contended that the society one finds himself has greater influence in the development of smoking behavior or otherwise such that, the presence of smoking characters in a person's social networks largely influences his age and smoking status initiation. Owing to smoking cessation, Christakis and Fowler (2008), when smokers are interconnected they usually quit in concert such that receiving support and assistance to quit smoking is linked to cessation and abstinence in the short term. However, the presence of smoking partners and agents in one social network is a hindrance to smoking abstinence in the long term (Mermelstein et al., 1986).

#### **4.4.3 Objective Two: To Identify Behavioral Characteristics Associated with Young Adult Smokers in Tema Metropolis**

In terms of behavioral characteristics of young adult smokers, the study's finding on the desire of young adult smokers to fight goes a long way to settle the position by Owusu Dabo et al., (2009) when they posited that, young adult smokers in some parts of Accra were zealous to fight and that predominantly smoking areas experienced constant rate of unwarranted fight and all forms of abuse

Again, in terms of the new behavior of stealing, Owusu –Dabo et al (2015) argued similarly that, mostly in smoking prevalent communities in Accra, stealing and thievery becomes the norm such that, indigenes usually do not have peace of mind as young ones could break into someone's house as well as chase others at night for their goodies and this poses a threat to the security and safety of such communities.

#### **4.5 Chapter Summary**

The fourth chapter of this research work presented the data, analysis and subsequent discussions of the study. The chapter detailed the specific primary and secondary demographic characteristics of young adult smokers in the Tema enclave. The chapter also identified the specific products smoked by young adults in the area whilst identifying the various behaviours engaged in by smokers. The chapter collaborated findings of the study with literature to position them in research.

## CHAPTER FIVE

### SUMMARY, CONCLUSION AND RECOMMENDATIONS

#### 5.1 Introduction

This fifth chapter of the research work takes on the summary of essential findings, conclusion and recommendations of the study. The overall objective of this research work was to examine the socio-demographic characteristics associated with smoking in the Tema municipality. This chapter is organized into three main themes; summary, conclusion and recommendations. The first theme discusses the summary of essential research findings, whereas the second and third themes respectively take conclusion and recommendations to the study.

#### 5.2 Summary of Research Findings

In the case of the socio-demographic characteristics of respondents who double as young adult smokers in the Tema metropolis, primary data gathered indicated majority of respondents forming an overwhelming 76% to be males as against females whereas 40 of them falls within the age bracket of 10-35 and only 10 being above 35years. On the other hand, Christians dominated the number of respondent smokers making up 34 with traditionalist being the least and making up 2. With regards to marital status, occupational status and level of education of smokers, as 31 were single and 14 being married, 5 were divorcee; 21 are currently employed with 19 being unemployed whereas 10 are student; and 23 of them being secondary school leavers as 16 were graduates and 5 were post graduates degree holders as against 6 being basic school leavers.

Moreover, respondents numbering 33 and forming 66% answered in the negative of having no relative of any kind that smokes whereas 17 representing submitted of having relatives like their fathers, mothers, Aunties, and siblings being smokers. In terms of neighbors who double as smokers, primary data gathered shows of 76% of respondent indicating of having neighbors who smoke either currently or at the time of their first smoking experience as against 24% who answered in the negative.

On the other hand, 88% making up a ratio of 44 of respondent cited of having friends who smoke and in most cases either smoke alone or with their friends whereas paltry 12% and a ratio of 6 indicated of having no friends as such.

In terms of behaviours of young adult smokers, primary data gathered revealed the behavior of fighting, financial indiscipline, disrespectfulness, arrogance, authoritativeness, hatred, insensitivity, womanizing, and stealing as some of the new behaviors and attitudes developed by young adult smokers having taken up the habit of smoking in the metropolis and that these behaviours development are influenced by peers, relatives and neighbors who double also as smokers.

### **5.3 Conclusion**

The study reveals that socio-demographic characteristics influence the development and practice of smoking habit in Tema and to extension Ghana. This implies that, the development of smoking behaviour among young adult largely depends on certain factors particularly socio-demographic features and that measures need to be adopted on how best to minimize the influence of these socio-demographic features.

Finally, the study reveals that young adult smokers develop some form of bad behaviors after beginning to smoke. This implies that, smoking among young adult causes the development of certain immoral and social vices, all of which must be dealt with by the state.

#### **5.4 Recommendation**

With regards to the findings of the study, the following recommendations are made;

1. First, owing to the youthfulness of most young adult smokers in the Tema vicinity, the Ghana Health Service and the Government of Ghana (GoG) as well as managers of the city of Tema should develop strategies and programmes that will seek to sensitize young adult smokers on the negative consequences of smoking.
2. Secondly, the Government and managers of the health system in the country should enforce various laws and regulations that seek to regulate the activities of smoking and its related products.
3. Again, neighbors, relatives and parents should be educated on the negative consequences of coaching their children on the development of smoking habit.
4. Finally, the security operatives of the country should institute various preventive and precautionary measures that will seek to arrest and prosecute young smokers who have not attained the legal age of 18.

#### **5.5 Suggestions for Future Research**

1. It is suggested that, future studies consider a wider respondents size to examine how socio-demographic characteristic influences smoking behavior both in Ghana and beyond.

2. It also recommended that future studies on smoking behaviours among young adult be expanded to cover more communities both in Ghana and beyond.

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**APPENDIX**

**UNIVERSITY OF GHANA**

**QUESTIONNAIRE FOR DATA COLLECTION**

**OBJECTIVE:** The objective of this questionnaire is to gather primary data on the topic “exploring the socio-demographic characteristics of young adult smokers within the Tema enclave”. The researcher is a final year MBA Health Services Management student of the Department of Public Administration and Health Services Management the University of Ghana Business School.

**QUESTIONNAIRE**

**EXPLORING THE SOCIO-DEMOGRAPHIC CHARACTERISTICS ASSOCIATED WITH YOUNG ADULT SMOKERS IN TEMA METROPOLIS**

**Section A: Socio-Demographic Characteristic of Young Adult Smokers**

1. Age .....
2. Sex: i. Male [ ] ii. Female [ ]
3. Nationality.....
4. Religion .....
5. Marital status? i. Single [ ] ii. Married [ ] iii. Divorced [ ] iv. Other (Please specify).....
6. Where do you live, please describe eg residential, ghetto?.....  
.....
7. Employment Status: i. Employed [ ] ii. Unemployed [ ] iii Student ( )

8. Level of education    i. None [  ]    ii Primary [  ]    iii. Secondary [  ]    iv. Undergraduate [  ]  
]    v. Postgraduate [  ]

9. Are you currently a student? Yes (  ) No (  )

10. Do you stay with your parents currently Yes (  ) No (  )

11. At what age did you begin smoking? .....

12. How old are you now?.....

13. Which product do you smoke?.....

14. How often do you smoke    i. Daily (  )    ii. Weekly (  )    iii Monthly (  )    iv. Yearly (  ) v  
Occasionally (  )

15. How many times do you smoke in a day?.....

16. How long have you been smoking?.....

17. Have you smoked in the last 30 days?    i. Yes [  ]    ii. No [  ]

18. If yes, was this your first time?    i. Yes [  ]    ii. No [  ]

19. Do you have friends who also smoke? Yes (  ) No (  )

20. Do you smoke alone? Yes (  ) No (  )

21 Do you always smoke with your friends?    Yes (  ) No (  )

22. Do you have a relative who smokes?    Yes (  ) No (  )

23 Which of your relatives smoke?    Father (  ) Mother (  ) Sister (  ) Brother (  )

24. Do you have neighbors who also smoke? Yes ( ) No ( )

25. What influenced your smoking behavior?.....  
.....

26. Where did you learn to smoke? Household ( ) School ( ) Community ( )

27. From whom did you learn to smoke? Parent ( ) Peers ( ) Neighbors ( )

28. Why did begin smoking?.....

29. What does smoking do to you?.....

**Section B: Behavioral Characteristics Associated with young Adult Smokers**

1. Have you ever fought before? Yes ( ) No ( )

2. Did you fight before you started smoking or after? Before ( ) After ( )

3. Do you think you have developed some new behavior since you started smoking? Yes ( )  
No ( )

4. If yes to question 3 above, what kinds of behaviors.....  
.....  
.....

5. Do you know of some new behaviors among your friends or families who smoke? Yes ( ) No  
( )

6. If yes to question 5, what kinds of behaviors are these?.....

.....  
.....

7. Do you spend more money since you started smoking as against the time you were not smoking? Yes ( ) No ( )

8. How much do you spend on smoking averagely?.....