



UNILAG

GOLDEN JUBILEE

RESEARCH

CONFERENCE & FAIR

BOOK of PROCEEDINGS

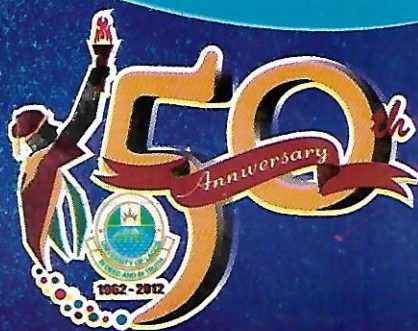
Volume 1

Humanities

(Arts, Business Administration,
Education, Law & Social Sciences)

Editors:

Babajide Alo
Funso Falade
Wale Okunuga



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**UNILAG GOLDEN JUBILEE
RESEARCH CONFERENCE AND FAIR**

6th - 8th November, 2012

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AKOKA-YABA,
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BOOK OF PROCEEDINGS

Humanities

*(Arts, Business Administration, Education,
Law and Social Sciences)*

VOLUME ONE

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**Proceedings of Oral
&
Poster Presentations
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PREFACE

The major challenge confronting developing countries, including Nigeria, is how to attain a meaningful national development. The relatively low level of our development in Nigeria can be attributed in part to (i) inadequate understanding of the mutual relationship between research and development by most of those who take social, economic, political, resource, infrastructure and environmental development decisions and (ii) low value and priority accorded to developing national integrated research and development capacity through which traditional and new technologies are adapted and harnessed for the promotion of industrialization. While research aims at the discovery of new ideas, innovation is the ability of the product of research and development to be made available in the market. Thus, one of the focal points of the Unilag Research Conference and fair is to provide an avenue to connect researchers with relevant industries that have needs for research outputs to brand or rebrand their products.

In order to further inculcate and promote research culture among its researchers, University of Lagos, eight years ago, initiated research conference and fair, which has also remained the mechanism by which it promotes on yearly basis, beneficial interactions and fruitful collaborations among the stakeholders in the education and research sectors (higher institutions, governments, parastatals, industries, e.t.c). By this annual research and fair, this great university has demonstrated its belief that once there is a strong research and development system, the economy of Nigeria will also be strong because of its conviction that research and innovation are key drivers for economic growth. For the economy to grow, a nation must invest in research and innovation.

The theme of this year's conference is 'Research and Innovation for Economic Development in a Globalizing Nigeria'. Ten sub-themes were established for both plenary and parallel sessions, namely;

- Development of Integrated Approach for Research and Innovation to solve Energy Challenges.
- Innovative Diagnosis and Health in Africa: Opportunities for Development.
- Strategies for Research and Innovation to meet Manufacturing and Environmental Challenges.
- Teachers Education as an Imperative Tool for Economic Development.
- Innovative tools and Entrepreneurial Skills for Economic Empowerment.
- Best Practices and Knowledge-Based Development in Private and Public partnership.
- The Role of the Humanities in Economic Development.
- Impact of Culture and Tourism on Economic Development.
- Research and Innovation to Counter Social Stressors.
- Research and Innovation for Security Challenges.

Keynote address will be presented by Prof. O. O. Adewoye, the former Director General of NASENI and the Chief Executive Officer of Adewoye Technology Advancement and Innovation Ltd, Lagos. The plenary sessions are to be handled by Dr. Byung Ki Cho, President, Standard Diagnostics Inc. South Korea and Prof. Sola Akinrinade, a Professor of History at Obafemi Awolowo University and former Vice-Chancellor of Osun State University, Oshogbo.

The parallel sessions are organized into:

- Arts & Education
- Bus. Admin, Social Sciences & Law
- Engineering & Environmental Sciences

- Medical Sciences
- Science
- Pharmacy

A total of 131 full papers and 79 posters will be presented by eminent captains of the industry during this conference and fair. At the end of the open immediately after the inspection of the poster stands by the Vice-Chancellor there will be a workshop where industry-oriented research outputs are shown to the captains of the industry. The workshop will also afford the industry leaders an opportunity for making contributions to reach goals by highlighting the industry-based challenges. Researchers are expected to provide sustainable solutions.

Lafarge has graciously agreed to present a paper titled, 'Contemporary Concrete and Soil Stabilization Technologies' during lunch time of day 2 of this conference. In other things, the presenter will provide information on different opportunities for their organization for research and development and ways of accessing them.

We have gathered here among other things to address the missing link between research and gown and to develop a sustainable partnership that will enhance economic growth in Nigeria to enable her meet the desire of being one of the most fast growing economies in the world in the year 2020. The achievement of this desire will be a reality if the government makes adequate investment in research and innovation.

While University of Lagos continues to take the lead in research and development, we have our hope that the research conference and fair brings about to the development of sustainable partnerships between the researchers and users of research outputs. Such partnerships will no doubt assist in laying a solid foundation for national development.

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GENDER DIFFERENCES AND TOBACCO SMOKING BEHAVIOUR AMONG UNDERGRADUATES OF THE UNIVERSITY OF LAGOS, NIGERIA

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ABSTRACT

Tobacco smoking is a health problem inducing habit that many young adults engage in. It has been confirmed that the habit is on the increase and that by 2020, tobacco use will cause 10 million deaths in all deaths in developed and developing countries respectively. Though there have been studies on tobacco smoking generally, there is a dearth of such studies on smoking behaviour among University undergraduates. This study therefore, examined gender differences and smoking behaviour among undergraduates of the University of Lagos, Nigeria.

The cross-sectional survey research design was used for the study. Stratified random sampling technique was adopted to divide the students in each of the faculties into male and female stratum while simple random sampling technique was used to pick 1,521 undergraduates of the University. The instrument used was a questionnaire which was complemented with focus group Discussion sessions with both smoking and non-smoking undergraduates. Four hypotheses were tested at 0.05 level of significance. Data were analysed using t-test, Analysis of Variance and Chi-square analysis.

The results findings showed that there were significant differences in the knowledge of the consequences of tobacco smoking based on gender ($t = 2.23, p < 0.05$), and age group ($t = 26.65, p < 0.05$). This showed that male students smoked more than their female counterparts. The 15-19 years age range is a reflection that this age group engaged in tobacco smoking more than other age brackets. There were also significant differences in the attitude of participants towards smoking on the basis of gender ($t = 2.52, p < 0.05$). There were significant differences in smoking behaviour of participants according to gender ($t = 1.95, p < 0.05$). The FGD revealed that majority of the female participants were aware of the inherent danger of the continuous use of tobacco when compared to their male counterparts. It also showed the need for continuous enlightenment of participants on the health consequences of tobacco smoking towards developing a healthy lifestyle. Female students had better significant knowledge of health consequences of tobacco smoking than their male counterparts. Consequently, efforts should be intensified on tobacco smoking cessation programme among undergraduates of University of Lagos.

Keywords: Tobacco smoking behaviour, Health problems, University of Lagos, Undergraduates, Gender differences,

INTRODUCTION

Globally, the enrollment rate of students into the institutions of higher learning has been on the increase, particularly at the university levels. As a result, young adults continue to be vulnerable to unhealthy lifestyles, because of the belief that campus life is characterized by freedom. However, these young people engage in harmful habits which are; smoking, alcoholism, unhealthy eating habits, behaviours, abortion, unwanted pregnancy, absenteeism, smuggling of prepared answer sheets into the examination halls, fighting in the halls of residence and of course carrying arms and explosives. They engage in all these without considering the inherent dangers and health problems. Smoking therefore is one of the major contributing factors to peoples' ill-health and suffering. Guidon (2003) affirmed that as at year 2000, smoking was practiced by 1.2 billion people. He stressed further that, if no change in prevalence, it is therefore predicted that 1.4 billion people will smoke in 2010 and 1.5 to 1.9 billion in 2025.

Going by the above assertions, tobacco smoking can then be seen as a health problem inducing habit that many young adults engage in, with respect to university undergraduates. Smoking is generally five times higher in males than female students. World Health Organization (2000) stated that in developed countries, smoking rates for men have been peaked and have begun to decline.

the University of Lagos, where this study was conducted, it was found out that the attitude of female students towards tobacco smoking is significantly better than that of their male counterparts ($p < 0.05$). However, in the opinion of Moronkola and Akinterinwa (2003), who submitted that only 16.7% of their students' respondents had attitude which does not favour tobacco smoking. They went further that although, there was no significant gender difference in the attitude of students towards tobacco smoking.

One of the reasons for tobacco smoking prevalence in the world today is, its availability and how disheartening that even the very younger boy of 2 and girl of 3 do smoke 40 sticks at a go as a business. According to a report by Centre for Non-Communicable Diseases (2011) that the situation is not helped by the fact that tobacco smoking habit is on an upward swing. It is noted that, World Health Organization and Non-Governmental Organizations came to a conclusion that government must promote more public awareness of the harmful effects of smoking, enforce the law prohibiting smoking in public places and ensure availability and affordability of treatment options for tobacco dependence.

Many smokers do engage in smoking activities, particularly the Undergraduates of the University of Lagos who gave reasons for their action during Focus Group Discussion sessions that some of them smoke to enhance their academic morale and performances when studying for examinations, tests and some said they smoke whenever they are lonely while to some, no reason for their action. Wiki (2011) affirmed that reasons given by smokers are: addictive smoking, stress from smoking, tension reduction or relaxation, social smoking, stimulation, automatism and handling.

There are gender differences in how much each of these reasons contributes, with females more than males to cite tension reduction/relaxation, stimulation and social smoking. Though, the gender gap declines with younger age. Gender and sex are often used interchangeably, though gender is more encompassing. Gender is about the societal ascribed roles, behaviours, or pattern of life associated with being a male or female sex. In Nigeria, most students in higher institutions engage in character damaging and unhealthy behaviours as a result of their immaturity. Moronkola (2002), said that the concept of health behaviour is important to both health education and health promotion and it is justifiable to explain in concise form what is health behaviour as it is easy, to define it. Health education is concerned with changing behaviour and that there is need to know what people think, what they believe and what they do later in life. There is a need to find out why they think, believe, and do as they do.

NATURE OF TOBACCO SMOKING

Tobacco smoking is the practice where tobacco is burned and the resulting smoke is inhaled. Tobacco is the most common substance smoked among undergraduates particularly at the University of Lagos. In 2011, the University authority ordered security operatives to chase out all the food vendors in hall of residence as a result of the information given by people that some of the students use cafeteria to perpetrate evil, especially smokers. Smoking is the most common method of consuming tobacco, and tobacco is the most common substance smoked. In a study by WHO & CDC (2001) that as at 2000, smoking was practiced by approximately 1.22 billion people. They went further that in most communities, men are more likely to smoke than women, though the gender gap tends to be less pronounced in lower-age groups. Most smokers begin during adolescence or early adulthood. During the early stages, a combination of perceived pleasure acting as positive reinforcement and desire to respond to peer pressure may offset the unpleasant symptoms of initial use, which typically include nausea and interrupted sleep patterns. After an individual has smoked for some years, the avoidance of withdrawal symptoms and negative reinforcement become the key motivations to continue

TYPES OF TOBACCO

According to Wingand (2006) who identified and explained types of tobacco as follows: Cigars, Cigarettes, Electronic cigarette, French inhale, Hookah and Kretek. Cigars are tightly rolled bundles of dried and fermented tobacco which are ignited so that smoke may be drawn into the

smoker's mouth. They are generally not inhaled because the high alkalinity of the smoke, which quickly become irritating to the trachea and lungs and the prevalence of cigar smoking varies depending on location, historical period, and population surveyed, and prevalence estimates are somewhat depending on the survey method. Cigarettes french for "small cigar". are a tobacco consumed through smoking and manufactured out of cured and finely cut tobacco leaves or reconstituted tobacco, often combined with other additives, which are then rolled or stuffed into a paper-wrapped cylinder. Cigarettes are ignited and inhaled, usually through a cellulose acetate filter, into the mouth and lungs. Electronic cigarettes are alternative to tobacco smoking, although no tobacco is consumed. It is a battery-powered device that provides inhaled doses of nicotine by delivering a vaporized propylene glycol/nicotine solution. Many legislation and public health investigations are currently pending in many countries due to its relatively recent emergence. Most electronic cigarettes are designed to resemble actual tobacco smoking implements, such as cigarettes, cigars, or pipes, but many take the form of ballpoint pens or screwdrivers since these designs are more practical to house the mechanisms involved. Most are also reusable, with replaceable and refillable parts, but some models are disposable. The French inhale is the method performed by smokers of expelling smoke from the mouth and inhaling it into the nostrils.

Hookah are a single or multi-stemmed (often glass-based) water pipe for smoking. Originally from India the hookah was a symbol of pride and honour for the landlords, kings and other upper class people. Now, the hookah has gained immense popularity, especially in the Middle East. The hookah operates by water filtration and indirect heat. It can be used for smoking herbal tobacco, or cannabis. Kretek are cigarettes made with a complex blend of tobacco, cloves and other flavoring "sauce". It was first introduced in the 1880s in Kudus, Java, to deliver the medicinal eugenol of cloves to the lungs. The quality and variety of tobacco play an important role in kretek production, from which kretek can contain more than 30 types of tobacco. Minced dried clove leaves weighing about 1/3 of the tobacco blend are added to add flavoring.

HEALTH CONSEQUENCES OF TOBACCO SMOKING

The health consequences of tobacco are primarily factors leading to the most commonly diseases affecting the heart and lungs with smoking being a major risk factor for heart attacks, strokes, chronic obstructive pulmonary disease (COPD). American Heart Foundation (2012) viewed that tobacco use leads to diseases which affect the heart and lungs and will mostly affect areas such as hands or feet with first signs of smoking related health issues showing up as numbers. There are major health consequences of tobacco smoking; **cancer of various parts of the body, hypertension, respiratory diseases, effect on pregnancy, fire hazards, body odour/social health.**

CANCER OF VARIOUS PARTS OF THE BODY

The primary risks of tobacco use include many forms of cancer, particularly lung cancer, kidney cancer, cancer of the larynx, head cancer, neck cancer, breast cancer, bladder cancer, cancer of the pancreas, stomach cancer, cancer of the oesophagus, cancer of the gall bladder, cancer of the adrenal gland, cancer of the small intestine, liver cancer, colorectal cancer, myeloid leukaemia, squamous cell sinonasal cancer and many more childhood cancers. Studies have shown a stronger relationship between tobacco smoke including second hand smoke and cervical cancer in women. Thun (2008) affirmed that, the risk of dying from lung cancer before age 85 is 22.1% for male smokers and 11.9% for female smokers

Respiratory diseases

Smoking harms nearly every organ of the human body. The adverse effects from smoking account for a very large number of deaths across the world. Smoking affects the respiratory system. It is important to have a basic knowledge of the components that make up this system. A human respiratory system basically consists of a nasal passage, pharynx in the throat, trachea or the wind pipe, bronchi and alveoli (they reside in the lungs). **Apart from diseases associated with tobacco smoking, other health effects are: infertility, preterm delivery, still birth, low birth weight, sudden infant death syndrome (SIDS), low bone density, increased risk for hip fracture**

WHY YOUNG PEOPLE SMOKE TOBACCO

There are many reasons for tobacco use and other psychoactive substances by youths and likely that the actual use they engage in an evaluation process which ends in their decision to smoke or not. A study by Moronkola (2006) that empirical research and opinions from other researchers have shown that among in-school adolescents, the influence of fellow students, friends and peers, to suppress frustration and cope with the task were more popular reasons for tobacco smoking. Considering these opinions, it could however be said that why people smoke are:

- To study hard
- To work hard
- To escape from reality
- To imitate models
- To feel high
- Because of being lonely
- Because of being curious
- Because of being influenced by peers
- Because of being available in the market and advertisement

PREVALENCE OF TOBACCO SMOKING AMONG YOUNG PEOPLE IN NIGERIA

It has been observed that millions of youth, especially students in higher institutions take part in tobacco smoking not minding the inherent dangers. Some of these age groups try passive smoking and later move to tobacco smoking, despite all the interventions by the governmental and non-governmental agencies. Pelling (2006) quoting Geldard & Geldard (1999) that many influences come to play on a youth's decision to use tobacco or not and may include personal factors, role models, peer influences, advertisements, and available information on smoking and tobacco. Smoking prevalence has changed little since the mid 1990's until which time sustained in English-speaking countries which have all implemented tobacco control. Guindon and MacLaur (2003) predicted that 1.5 to 1.9 billion people would be smokers by the year 2025, particularly the young adults.

WHO (2004) however, projected that 58.8million deaths will occur globally as a result of active smoking by youths and from which 5.4 millions are tobacco consumption is now globally reported among all age groups. This has led to extensive studies by various researchers. Countries where tobacco smoking take higher prevalence are: Argentina, Australia, Canada, People's Republic of China, Colombia, Ecuador, Egypt, England, Finland, France, Germany, Greece, Hong Kong, Indonesia, Ireland, Italy, Japan, Pakistan, South Korea, Macao, Malaysia, New Zealand, Nigeria, Norway, Singapore, Sweden, Syria, Taiwan (Republic of China), Turkey, Uruguay and United States of America. According to United Nations Population Division (2000) that all youths from zero to fourteen (0 -14) would smoke actively by 2025 and 2050 respectively, unless urgent action is taken to curb it. Prevalence of smoking habit among people even teenagers is on the increase.

According to Adelusi (2012), who reported that two hundred kids live and learn to smoke Indian hemp. The report showed that the rate at which youths engage in substance abuse is increasing on daily basis. It is high time that governments at all levels across the globe should begin propagating tobacco education and smoking cessation to the young ones, particularly students of higher institutions, since they believe that life is characterized by freedom.

CONCEPT OF GENDER AND GENDER DIFFERENCES

Gender as a concept refers to the assigned specific roles, values and expected behaviour given by a society to individuals because they are male or female. Gender is a multifaceted construct, and composed of social roles, behaviours, values, attitudes, social environmental factors, as well as biological, physical, and hormonal attributes. Yet, the term gender and sex are often used interchangeably. Scholars are of the opinion that social support influences health status, health behaviour, and use of health services. There are a number of gender attitudes and values that profoundly influence health, for example, the meaning individuals attach to health is likely to

affects their general health satisfaction, interaction (or lack thereof) with health professionals, and the use of alternative health services (Pitman, 1999). Gender differences in symptoms perception versus actual symptomatology, although difficult to distinguish, may partially explain sex differences in health (Gijsbers -Van Wijk and Kolk, 1997). Several factors linked to gender, including vulnerability to violence, care given burden, maladaptive health practices and influence of health related behaviours.

TOBACCO SMOKING BEHAVIOUR AMONG YOUNG PEOPLE

Health behaviour may change from time to time due to several factors like age or gender. It is essential to have good health behaviour. At-risk health behaviour, as such behaviour that may put an individual and/or others, at negative health outcomes. Such behaviours among university students include tobacco smoking, alcohol abuse, psychoactive use, premarital sexual behaviour, negative nutritional behaviour, poor physical activities and so on. Smoking is one of the instant contributory factors to people's ill health and sudden death. Moronkola (2001) said that health risk behaviours are the decisions, actions and conditions of living like drug misuse and abuse, feeding habit, smoking, premarital and extra-marital sex which may be self imposed or imposed by socio-economic condition that all affect one's health status.

Prolonged smoking is a leading behavioural cause of premature mortality and disability, resulting in approximately four million deaths annually worldwide (WHO, 1999). Although smoking kills more people than AIDS, alcohol, drug abuse, car crashes, murders, suicide and fire combined each year (Center for Disease Control and Prevention, 2001). It stresses further that approximately one-third of the global young adult population, or 1.1 billion people, have chosen to smoke. This astonishing figure includes many young and school-aged users. In the United States, 80% adult smokers started smoking before the age of 18 years. Nearly 3000 young people in the same age-bracket become regular smokers everyday (CDC, 2001). Regarding tobacco use behaviours among college students, the 1995 National College Health Risk Behaviour Survey provides the most recent, representative and comprehensive research results to date (Douglas, *et al.*, 1997). These results showed that, early three-quarters (74.8%) of the college use almost one-third (31.3) had smoked at least one cigarette every day for at least 30 days lifetime daily cigarette use.

Werner and Sharon (2000), postulated that smoking prompt the release of nicotine and some other 1, 200 toxic compounds into the blood stream. More than 47 million adults and 3.5 million young people smoke cigarette. Smoking however, is the single largest preventable cause of illness and premature death. Smoking has been linked to cardiovascular disease, cancer, bronchitis, emphysema and peptic ulcers. About one in three or 1.1 billion people worldwide smoke. By 2020, tobacco use will cause about 18% and 11% of all deaths in the developed and developing countries (WHO, 2004). Tobacco use is a known cause of about 25 diseases including heart disease, cancer, stroke and chronic obstructive pulmonary disease. Smokeless tobacco use causes oral cancer in the lip, tongue, mouth and throat areas and digestive system cancers. Most people who use tobacco initialize it prior to age 18 and their exposure can aggravate allergies and there could also be an increase of some effects in children and adolescent with asthma and heart disease.

METHODOLOGY

Participants

The study was conducted at University of Lagos, Nigeria using undergraduates of the institution as sample for the study. Students' statistics were obtained from the academic planning unit. Out of a total number of 17,954 (10,495 male and 7,495 female undergraduates); 10% of male and female students from each faculty was sampled. However, one thousand five hundred and twenty one (1,521) participants eventually filled and returned the questionnaire forms.

PROCEDURES

The instrument used for collecting data from the participants was a self-developed questionnaire which had four sub-scales: knowledge of young people on tobacco smoking ($r=0.82$), attitude of young people towards tobacco smoking ($r=0.64$), determinants of smoking behaviour

young people ($r=0.86$) and smoking behavior of young people ($r=0.70$). The questionnaire was complemented with six Focus Group Discussion sessions with both smoking and non-smoking undergraduates. Four hypotheses were tested at 0.05 level of significance. Data were analysed using t-test, Analysis of Variance and content analysis. Prior to this study, a pilot study was carried out on eighteen (18) undergraduates of the Lagos State University, Ojo (LASU) which yielded 0.75. Cross-sectional descriptive survey research design was used for the study. Stratified random sampling technique was used to divide the students into male and female while simple random sampling technique was also used to pick the participants in each of the faculties.

RESULTS

Participants' demographic variables

The results are shown through providing demographic variables of the participants.

Table 1. Sex and Age distributions of the participants

Variables	Frequency	Percentage (%)
Sex		
Male	987	65
Female	534	35
Total	1521	100.0
Age Group		
15-19yrs	498	33
20-24 yrs	628	41
25-29 yrs	232	15
30 yrs and above	163	11
Total	1521	100.0

Table 1. presents the demographic characteristics of the participants. In terms of sex distribution, table 1. revealed that 987 (65%) of the participants were male and 534 (35%) were female. This implies that there were more male participants than female participants. Also table 1. showed that 33% of the participants were in 15 to 19 years age range, 41% of the participants were 20 to 24 years. And 15% of the participants were 25 to 29 years and 11% of the participants were 30 years and above.

RESULTS OF THE STATISTICAL ANALYSIS

Differences in knowledge of health consequences on tobacco smoking between male and female undergraduates of university of Lagos	Differences in the attitude of male and female undergraduates of university of Lagos towards tobacco smoking.	Differences in tobacco smoking behaviour of male and female undergraduates of university of Lagos	Age difference in of tobacco smoking behaviour among university of Lagos undergraduates
t-test 2.23	2.52	1.95	f. value 26.65
df 1519	1519	1519	3
Asymp. Sig. 0.02	0.01	0.05	0.00

DISCUSSION OF FINDINGS

Hypotheses Testing

Hypothesis 1

The t value of 2.23 is significant at 5% ($P<0.05$). The hypothesis which stated that there will be no significant gender differences in knowledge of health consequences of tobacco smoking between male and female undergraduates of the university of Lagos is hereby jettisoned. This implies that female students have significant better knowledge about health consequences of tobacco smoking than male students. Moronkola and Akinterinwa (2003) corroborated this in their study that there

was a significant gender difference in knowledge of health consequences of tobacco smoking in favour of male. Salawu, Danburam, Desalu, Olokoba, Agbo and Midala (2009) who supported the above that female students had significant knowledge of health consequences than their male counterparts to tobacco smoking.

Hypothesis 2

The t value to 2.52 is significant at 5% ($P < 0.05$). The hypothesis which stated that there will be no significant gender differences in the attitude of male and female undergraduates of university of Lagos towards tobacco smoking is hereby jettisoned. In the opinion of Pitman (1999) that attitude is a psychological construct exhibiting feelings towards an object. In the same vein, Moronkola and Akinterinwa (2003) documented that 16.7% of their sampled respondents had attitude which does not favour tobacco smoking but there was no significant gender difference in the attitude of students towards tobacco smoking.

Hypothesis 3

The t value of 1.95 is significant at 5% ($P < 0.05$). The hypothesis which stated that there will be no significant gender difference in tobacco smoking behavior of male and female undergraduates of university of Lagos is hereby jettisoned. It is therefore concluded that female students had better knowledge of tobacco smoking compared to their male counterparts. Morell, Cohen and Dampsey (2008) refuted the above submission in their findings that there were no gender differences among undergraduates in terms of their smoking behaviour.

Hypothesis 4

The f value of 26.65 is significant at 5% ($P < 0.05$). The hypothesis which stated that there will be no significant age difference in behaviour of tobacco smoking among undergraduates of university of Lagos is therefore jettisoned. This implies that a significant difference exists in tobacco smoking among the age groups of undergraduates of University of Lagos. Guindon and Boisclair (2003) supported the above findings that 90% of smokers are estimated to have begun smoking before the age of twenty. Moronkola (2003) said one's attitude may be deduced from one's action or behavior towards an object. In order to ascertain the age group in which the significant difference occurred, a multiple comparison of the age groups is presented in the table below

Multiple Comparison of Age Groups and Behaviour towards Tobacco Smoking Among Undergraduates of University of Lagos.

Age Group (I)	Age Group (II)	Mean Difference	Sig P
15 – 19yrs	20 – 24yrs	1.18*	0.00
	25 – 29yrs	2.07*	0.00
	30yrs and above	3.06*	0.00
20 – 24yrs	25 – 29yrs	0.89	0.06
	30yrs and above	1.88*	0.00
25 – 29yrs	30yrs and above	0.99	0.16

The table above showed that undergraduates within 15 - 19years have significant attitude toward tobacco smoking than those within 20 - 24 years, those within 25 - 29 years and those who are 30 year- old and above. Similarly, undergraduates within 20 - 24 year- old have significant attitude toward tobacco smoking than those within 30 year- old and above.

CONCLUSION AND RECOMMENDATIONS

The study, concluded that whatever behaviour man engages in can either make or mar him. The findings therefore showed that, female undergraduates had significant better knowledge, attitude and behaviour about health effects of tobacco smoking. It also revealed a significant difference exists in terms of age groups of undergraduates of the University of Lagos. Further still, the FGD showed that

majority of female students were aware of the inherent dangers of tobacco smoking and that there is need for continuous enlightenment of undergraduates on the effects of tobacco smoking towards developing a healthy lifestyle. Tobacco smoking is a lifestyle that will not only endanger the health of the person but will also affect national and economic development. It is therefore recommended that tobacco smoking should outrightly be condemned and eradicated from the society, especially in academia, that governments should not relent in their public campaign which says smokers are liable to die young (Nigerian government slogan), that the proposed safety club in preventing drug use and other unhealthy lifestyles at the secondary schools across the nation towards developing a healthy lifestyle should be timely established, that health education centre should be established in every institution of higher learning where the following should be provided by a professional health educator i.e; smoking cessation, one to one quit coaching ,consultation on tobacco education policy and health education as a subject should be taught at the primary and secondary school levels.

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