

“A Woman is not Supposed To Smoke”: Exploring Gendered Stereotypes in Smoking Patterns in a Nigerian Setting

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ABSTRACT This study explored the reasons behind the difference in the smoking behaviour of males and females in southern Nigerian communities using a mixed method approach. Twenty-seven participants were interviewed, and the modified Global Youth Tobacco Survey (GYTS) questionnaire was administered to 550 youth aged 18-24 years. Interpretative Phenomenological Analysis (IPA) and Chi-square and independent t-test were used to analyse qualitative and quantitative data respectively. The findings showed that southern Nigerian communities are more tolerant of male smokers than female smokers. This tolerance is not influenced by the gender of the respondent. Traditionally, males are to be provided cigarettes and other tobacco products during some traditional ceremonies thereby strengthening the ‘male identity’ associated with cigarette smoking. Tobacco control strategies should take cognisance of the traditional and societal trends of cigarette smoking in relation to gender. None the less, similar studies should be carried out to confirm if these findings are applicable to other settings since the gender disparity in cigarette smoking is widespread in most regions of the world.

INTRODUCTION

Epidemiological statistics of smoking prevalence show that in most regions of the world, tobacco smoking is more prevalent among males than females (van Walbeek 2002; Eriksen et al. 2012). The smoking of cigarette has for a long time been associated with maleness and tobacco companies have been found to use adverts associating smoking with gender equality and women emancipation to market cigarettes to females (Francis et al. 2007; Hitchman and Fong 2011; Eriksen et al. 2012).

The global estimate of male to female smoking prevalence rate is between 4 or 5 to 1 and this reported ratio varies dramatically across countries (Hitchman and Fong 2011). The prevalence of males and females smoking is quite similar in high income countries but skewed towards the male gender in middle and low income countries (Morrow and Brands 2003; Ali et al. 2009; Hitchman and Fong 2011; Eriksen et al. 2012). In terms of age and gender, however, a study conducted in Sweden found the daily smoking prevalence

to be higher among women than men between the ages of 18 and 24 years (Ali et al. 2009). A cohort study by Galanti et al. (2001) on adolescents’ tobacco use in Sweden found that though boys tend to initiate smoking earlier than girls in pre-adolescence, girls had a more rapid progression to regular smoking than boys. Morrow and Brands (2003) also report that more young women than men now smoke in Denmark and Germany.

In fact, even in regions where the prevalence rates of female smokers are similar or higher than that of males, Ali et al. (2009) notes that it is a recent trend as the smoking prevalence of males have long been higher than that in females (Hitchman and Fong 2011). It has been suggested that females started smoking to assert themselves based on the perception that it shows liberation and equality of rights with their male counterparts (Morrow and Brands 2003; Hitchman and Fong 2011). The trend of smoking by gender especially in high income countries like the United States, Canada, Denmark and Sweden shows that the number of females who smoke are on the increase and this increase has been blamed for the reduction in the life expectancy of females in these countries (Prescott et al. 2004; Preston and Wang 2006; Trovato and Lalu 2007; Ali et al. 2009; Hitchman and Fong 2011). In some social settings however, there is a slow increase in smoking among females but this has been attributed to social disapproval of women smoking in such societies (Hitchman and Fong 2011).

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Another factor fuelling smoking prevalence among females is the misconception that cigarettes can help in weight control (Morrow and Brands 2003; Francis et al. 2007). With fashion trends going in the favour of the slim and elegant figures, more ladies are seeing cigarette as a weight-control drug. There is however no scientific evidence to support this claims (U.S. Department of Health and Human Services 2012).

Africa is one of the regions where the male to female smoking prevalence ratio is still sharply skewed towards men. The adult prevalence rate in sub-Saharan Africa as reported by Chaloupka et al. (2003) shows that 28% of males and 8% of females are smokers. In Nigeria, the prevalence rate of adults by gender in the north-eastern region was found to be 45.3% (for males) and 18.4% (for females) giving a ratio of 3 to 1 (Desalu et al. 2008). Traditionally, it is still not socially acceptable for females to smoke in Nigeria just as it had been in many parts of the world (Hitchman and Fong 2011). Most female smokers in Nigeria cannot smoke in the open because of the stigma attached to the habit. Stigmatization of smoking has been said to contribute to some smokers hiding their status (Stuber et al. 2009). Stigma may, in this instance, also serve as a protective factor against smoking. Stuber et al. (2009) indicated that stigma may serve as a way of socially controlling tobacco consumption as it can prompt smokers to make decisions to quit in a bid to avoid being socially excluded. While this stigma against cigarette smoking exists to some extent for males too, it is much stronger for female smokers. Though cigarette smoking is fairly common in Nigeria, Odigwe (2008) notes that adults (especially ladies) do not easily acknowledge being smokers and most youth especially females, who smoke will decline disclosing their smoking behaviour in order not to incur the wrath of their parents or guardians. Unfortunately, stigma may also serve the purpose of fuelling smoking behaviour especially among the youth as it makes it more difficult for smokers to seek help to quit if they need to be assisted to do so (Stuber et al. 2009).

Tobacco companies have viewed women as a potential market to be exploited in order to boost their businesses especially in many developing countries in Africa and Asia where it is still not socially acceptable for females to smoke (Esson and Leeder 2004). They have in the past been accused of organizing fashion shows to

encourage smoking among females (Coombs et al. 2011; Morrow and Brands 2003). These companies are aware that women are in tune with fashion and so seek to link women's love for fashion with their cigarette brands so as to sell the idea of smoking to unsuspecting young women. These companies therefore use a strategy similar to associative learning (Shanks 2010) to lure women into forming a positive attitude towards smoking thus encouraging them to initiate smoking. Although studies have shown the disparity in the prevalence of cigarette smoking along gender lines, there is no study which has explored what is particularly responsible for this skewedness and supported this with evidence from research. We employed a mixed-methods approach to collect data on gender perception on smoking among students, youth workers (skilled and unskilled) and community leaders as part of a large study that explored socio-cultural risk influences for tobacco smoking in Nigeria (Egbe 2013).

MATERIAL AND METHODS

Study Design and Study Setting

This study employed both qualitative and quantitative methods of data collection. This study was carried out in southern Nigeria, which has seventeen states with only one (Osun state) having a functional tobacco control policy (Drope 2011). Southern Nigeria is divided into three geopolitical zones (south-east, south-south and south-west zones). South-eastern Nigeria is home to the Igbo ethnic nationality. South-western Nigeria is home to the Yoruba ethnic nationality while the south-south has a diversity of smaller ethnic groups.

Sample and Sampling Technique

Purposive sampling was used to recruit participants for the qualitative aspect of this study. The study sample comprised twenty-seven (27) respondents in three categories namely; community leaders (CL), political analysts/NGOs officials (PA) and young smokers (YS) aged between 18 and 24 years. All the young smokers were males as the researchers were unable to recruit any female smoker to participate in the study. The mean age of the young smokers was 23 years and their mean age of smoking initiation was 15.2 years.

For the quantitative phase, a multi-staged non-probability sampling technique was used. Youth aged 18 to 24 years irrespective of their smoking status formed the population for this phase. Youth were first stratified according to their Geopolitical zones (GPZs). In each GPZ, youth were sampled along four strata namely; skilled workers, unskilled workers, undergraduate students and college students (students from tertiary institutions which were not universities e.g. Colleges of Education and Polytechnics). Cluster sampling was used for the youth who were undergraduates and college students. All willing students in a department within a faculty in the institution sampled participated in the survey. Skilled and unskilled workers were conveniently sampled at their places of work. Using the estimated prevalence of smoking of 32.8% in north-eastern Nigeria (Salawu et al. 2010) with a 99% confidence interval, a minimum sample size of 585 was determined. Rounding this up to 600 and splitting among the three GPZs where the study was conducted yielded 200 respondents per GPZ (50 participants per category of respondents). However, after conducting a pilot study and experiencing about 86% return rate, the researchers decided to have an additional 10 participant per category for each GPZ. The final sample size involved in the survey was therefore 720 participants (60 participants per category of respondents).

Data Collection

Data collection spanned six months; February to July 2011. Twenty-four individual interviews and one focus group discussion with a group of three community leaders were conducted using three different semi-structured interview schedules which had some common questions. The interview schedule for young smokers had questions that required them to recount how they started smoking and their perception of the influence of culture, government policies, tobacco companies and other personal and social factors on their smoking behaviour. The interview schedule for political analysts had questions probing into the current socio-political trends of tobacco policies and how these are affected by tobacco companies and cultural factors. Community leaders were required to provide answers to questions mainly concerning the cultural symbolism of tobacco and tobacco

use in their community. Only results bordering on cultural issues surrounding tobacco use are presented in this paper.

Interviews were mostly conducted in English language and Nigerian Pidgin English spoken as a *lingua franca* across most parts of Nigeria. Three other indigenous languages (Ibo, Yoruba and Edo) were also used in some parts of the interview with community leaders. Interpreters were used where the language spoken was not English. Participation was voluntary with participants formally consenting to the interview, recording and transcribing by signing an informed consent form. Ethical approval for this study was granted by the University of KwaZulu-Natal Research and Ethics Committee as this study is part of a doctoral research undertaken in this institution. Transcription of the recorded interviews was done in the language the interviews were conducted after which those needing translation were translated into English language.

In addition to the qualitative data, quantitative data was collected. A structured questionnaire; a modified version of the Global Youth Tobacco Survey (GYTS) questionnaire was administered to explore participant's perception about social acceptance of smoking behaviour for males and females. Only 4 questions (18, 19, 21 and 22) on the modified GYTS were used in this study. The questions asked included: *Do you think boys who smoke cigarettes have more or less friends? Do you think girls who smoke cigarettes have more or less friends? Do you think smoking cigarettes makes boys look more or less attractive? Do you think smoking cigarettes makes girls look more or less attractive?* These items were re-coded as shown in Table 1. The recoded questions 18 and 21 were computed for the social acceptance for boys' smoking scale (SABSS) while questions 19 and 22 were computed for the social acceptance for girls' smoking scale (SAGSS).

Data Analysis

Qualitative data analysis was informed by an interpretative phenomenological approach (Storey 2007). Coding of the data was informed by *a priori* concepts in the interview schedule as well as new emergent themes from the interviews. The software Nvivo 9 was used in organising the data into themes and subthemes. Two

Table 1: Recoding of variables for social acceptance for smoking by gender groups

Question No.	Question	Variables	Initial response options	Recoding
18	Do you think boys who smoke cigarettes have more or less friends?	Social acceptance for boys 1	1 = More friends; 2 = Less friends; 3 = No difference from non-smokers	1 = Less friends; 2 = No difference from non-smokers; 3 = More friends
21	Do you think smoking cigarettes makes boys look more or less attractive?	Social acceptance for boys 2	1= More attractive; 2= Less attractive; 3= No difference from non-smokers	1 = Less attractive; 2 = No difference from non-smokers; 3 = More attractive
19	Do you think girls who smoke cigarettes have more or less friends?	Social acceptance for girls 1	1 = More friends; 2 = Less friends; 3 = No difference from non-smoker	1 = Less friends; 2 = No difference from non-smokers; 3 = More friends
22	Do you think smoking cigarettes makes girls look more or less attractive?	Social acceptance for girls 2	1 = More attractive; 2 = Less attractive; 3 = No difference from non-smokers	1 = Less attractive; 2 = No difference from non-smokers; 3 = More attractive

independent coders were engaged to enhance rigor in the coding exercise and validity of the emergent themes.

Quantitative data was analysed using the Statistical Package for the Social Sciences (SPSS) version 21 software. An independent sample t-test was used to compare the differences in mean score of social acceptance of smoking according to gender. In addition, the Chi-square test (χ^2) was used to examine the association between smoking status (whether one currently smokes cigarette or not) and gender. A p -value of ≤ 0.05 was considered statistically significant.

RESULTS

Gender and Smoking

While most participants were of the view that the prevalence of smoking seems to be increasing among the young people of both genders, the rate of increase among females was reported to be lower compared with the males (see interview extract from participant PA4).

But then, among girls it is still very negative. Most girls that smoke are not seen as marriageable materials and especially around here, marriage is seen as an important part of our lives so I think that's part of the reason why it is still not very high among women...young ladies... though there has been like an increase but not so much compared to the men. So...for many boys they still engage in it but for the

girls it is still very negative.-Political analyst 4; female

The Chi-square test for independence to explore gender and smoking status showed a significant relationship between these two variables ($\chi^2[1, n=523] = 22.3, p < .001$). Males (35.9%, $n=133$) were more likely to be smokers than females (15.0%, $n=23$). The phi (ϕ) effect size (.21) for this relationship shows a small to medium effect.

Participants interviewed reported that it is still not common to see females smoking in public. One participant mentioned that female smokers can usually be found at night in clubs known to be the hang-outs for commercial sex workers. One young smoker however reported that more females are now being seen smoking at bars.

People don't hide any longer. And even surprisingly sometimes you go to a bar; you go to a club, even the girls they even smoke like men now.-Young smoker-Skilled worker 4; male

On the society's perception of females who smoke, this study found that females who smoke are viewed from two angles none of which is positive. When from a wealthy family, a female who smokes is seen as having acquired it from western cultures to which she has probably been exposed. However, when the female smoker is from an average or low socio-economic background, she is perceived as a commercial sex worker. Findings in this study also suggest that the society is more tolerant of a male smoker than a female who smokes. This perception was attributed to be the reason behind the low prev-

alence of smoking among the female gender in Nigeria.

A woman is not supposed to smoke...-Young smoker-unskilled worker 5; male

They [females who smoke] are seen as prostitutes, "layabouts". But this depends on the class. If it is a rich man's child, it could be viewed as; okay, because they are rich but when a poor person, an indigent person or a person from low economic background smokes, they see her as a prostitute. So there is also this form of discrimination between the youth who are of the elite and the youth who are of the poor so... these ones are prostitutes, these other ones have western influence.-Political analyst 2; female

Socio-cultural Dimensions to Gender Disparity in Cigarette Smoking

Culturally, cigarette smoking has never been viewed as an acceptable behaviour especially for females in Nigeria. Exploring the cultural use of tobacco and investigating the social acceptance of smoking by gender seem to provide evidence to show how the tobacco has become a genderized item in southern Nigerian societies.

Cultural Use of Tobacco

This study found cultures within southern Nigeria which required the provision of cigarette (for the youth), cured tobacco leaves and snuff (for older adults) during ceremonies such as marriages and burials as reported in Egbe et al. (2013). What is interesting is this tradition is the fact that the group of community youth and elders to whom cigarettes and other tobacco products are to be provided for comprise only young and old men respectively as expressed in the below narrative of a community leader. Females are excluded from participating in such traditions.

Let me start with the cigarette.... Cigarette is mainly for the youth. There are other things associated with it like drinks.... the youth, that is boys...you give them that cigarette... Yes...one of the youth leaders will come and take it on behalf of the youth. Even there they will share it among themselves there and smoke. Yeah...the [cured] tobacco leaves will be re-

ceived by the in-laws... when you must have gone, that will be given to about four elders... the most senior four elders [who are men]. Those are the people that share that tobacco leaves. - South-east community leader; Male

Social Acceptance of Smoking by Gender Groups

To investigate how smoking is viewed by the gender groups, an independent samples t-test was conducted to compare the social acceptance of boys' and girls' smoking behaviour using the social acceptance for boys and girls smoking scales (SABSS and SAGSS respectively). With regards to the social acceptance for boys smoking behaviour, there was no significant difference in the mean scores of males ($M=3.26$, $SD=1.31$) and females [$M=3.09$, $SD=1.18$; $t(533)=1.50$, $p=.14$, two-tailed]. This was also reflected in the very small magnitude of the difference between the means (mean difference=.17, 95% Confidence Interval (CI): -.05 to .40; $\eta^2=.004$).

For the social acceptance of girls' smoking behaviour, there was also no statistically significant difference in the scores of males ($M=2.87$, $SD=1.27$) and females [$M=2.77$, $SD=1.18$; $t(533)=.90$, $p=.37$, two-tailed]. There was a very small magnitude of the difference between the means (mean difference=.11, 95% CI: -.13 to .36, $\eta^2=.002$). This result showed that male and female respondents did not differ significantly in how they viewed the smoking behaviour of boys and girls in the society. The effect sizes also indicate that for social acceptance of boys' and girls' smoking behaviour, only .4 % and .2 % of the variance are explained by gender respectively. These results are presented in Table 2.

To investigate the difference (if any) in respondents' perception of boys' and girls' smoking behaviours, the difference in the respondents' scores between the SABSS and SAGSS was investigated using a paired sample t-test. There was a statistically significant difference in the scores for social acceptance for boys' smoking behaviour ($M=3.22$, $SD=1.27$) and that for girls' smoking behaviour [$M=2.85$, $SD=1.24$; $t(549)=7.8$, $p<.001$, two-tailed]. With a higher mean score in the SABSS, there seems to be greater acceptance for smoking among boys than girls in southern Nigeria. The mean difference in the scores was .37 with a 95% CI ranging from .28 to

Table 2: Means and standard deviations of social acceptance of smoking by gender of participants in the study

Variable	Male (N=370)		Female (N=153)		t – value	95% CI		η^2
	Mean	SD	Mean	SD		LL	UL	
SABSS	3.26	1.31	3.09	1.18	1.50	-.05	.40	0.004
SAGSS	2.87	1.27	2.77	1.18	0.90	-.13	.36	0.002

Note: 95% Confidence interval (CI) for the mean difference; η is the effect size for the t-test values; LL- lower limits and UL- Upper limit; SABSS- Social Acceptance for Boys Smoking Scale; SAGSS- Social Acceptance for Girls Smoking Scale

.46. The eta squared value ($\eta^2=.10$) indicated a moderate effect size. These results are presented in Table 2.

DISCUSSION

The qualitative results in this study suggest that cultural ceremonies seem to be more tolerant of males smoking behaviour than females. As mentioned earlier, the youth and adult groups culturally mandated to be provided with cigarettes during traditional ceremonies in some parts of southern Nigeria comprise males only. Culture thus seems to have contributed to the association of the male identity with cigarette smoking and this may provide some explanations to the gender disparity in smoking prevalence found in this study.

The survey results in this study also suggest that in this setting, it is more socially tolerant for males to smoke than for females. This tolerance was not influenced by the gender of the respondents as results from this study also showed that male and female respondents generally shared a similar view in this regard. However, gender disparity has been found across the world with more males who smoke than females (Eriksen et al. 2012). It has been reported that males account for 80% of all those who smoke globally (Esson and Leeder 2004). The difference in male to female smoking prevalence especially in developing countries has been speculated to be caused mainly by the existence of social norms which discourage females from smoking (Esson and Leeder 2004). Social acceptance has also been found to be the most common reason for using smokeless tobacco among adults in a study conducted in Nigeria (Desalu et al. 2010). This seems to be the case too with cigarette smoking and the gender disparity in its prevalence as was found in this study.

Implications for Research and Health Promotion

The results of this study show that there is need for a re-sensitization of the general public in Southern Nigeria and indeed all of Nigeria on the need to see tobacco smoking as an unsafe and unhealthy habit irrespective of gender. Research to understand the underlying reasons for the tolerance of smoking by males should be explored. Also, this study highlights the need for more research aimed at understanding the gender stereotypes associated with cigarette smoking within and outside this study setting. Health promotion efforts aimed at the education of young people on the harmfulness of tobacco smoking to general health and well-being are urgently needed in Southern Nigeria. Though the non-tolerance of smoking among females may be helping to maintain an already low prevalence of smoking among females, a concurrent tolerance of smoking among males is counter-productive in the fight against tobacco smoking. Health promotion efforts aimed at curbing smoking prevalence in a setting such as Southern Nigeria may gain more by tailoring programmes which will address the cultural tolerance of smoking among males as well as capitalizing on the non-tolerance of smoking by females to discourage more females from picking up the habit of cigarette smoking.

CONCLUSION

The findings of the study suggest that culture influences the association of the male identity with cigarette smoking. To counteract the use of gender equality as a strategy of enticing women to smoke, tobacco control efforts can be redirected to emphasize the health effects of not smoking on females thus sensitizing females on the danger of smoking. This is especially against the backdrop that a female smoker not only plac-

es the lives of those around her at risk but the lives of unborn children are threatened as well. Tobacco control strategies should therefore take cognisance of the traditional and societal trends of cigarette smoking in relation to gender.

RECOMMENDATIONS

This study adds to the body of literature providing some explanation as to why more males than females smoke especially in southern Nigerian Societies. As this is a global phenomenon, the findings of this study could be tested in other settings to ascertain if the evidence for the disparity in the smoking behaviour of males and females can be explained in the same vein. Also, the authors recommend that tobacco control policies and other health promotion efforts aimed at curbing the prevalence of smoking should be more gender sensitive.

LIMITATIONS

The present study had some limitations that are worth noting. The cross-sectional nature of the quantitative component means that the findings do not exactly explain why more males than females may initiate smoking. A longitudinal study which examines smoking initiation and gender may provide more in-depth answers to the gender disparity in smoking behaviour. Also, since qualitative results are bound by context and time, some of the findings may be only applicable within the settings studied.

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