

Perceptions of Adult Male Smokers in Lagos Nigeria and Their Readiness to Quit Smoking.

Paul Ndunelo

Department of Health Sciences and Wellbeing, University of Sunderland, UK.

DOI: <https://dx.doi.org/10.51244/IJRSI.2026.13010157>

Received: 09 January 2026; Accepted: 20 January 2026; Published: 10 February 2026

ABSTRACT

Smoking continues to be a significant issue of public health in the whole world, with low- and middle-income countries showing a disproportionate number of adult male users. In Nigeria, the prevalence of smoking is high in Lagos State, among the adult men, but very little is known about their perception towards smoking and willingness to quit. This paper examines the beliefs, attitudes, and cessation factors and beliefs on smoking behavior among adult male smokers in Lagos. A cross-sectional survey involving 200 adult males who smoke was quantitative, and it was carried out with the use of a structured questionnaire in Google Forms that was shared on WhatsApp and Facebook. The information gathered was in terms of socio-demographics, perceptions towards health risks, cultural and social factors and quitting smoking readiness. The analysis showed that even though the majority of the respondents have knowledge about the health risks of smoking, the fact of smoking is socially accepted, and commonly linked to masculinity, stress management, and peer acceptance. Personal health concerns, family and social support, cessation programs availability, as well as economic factors contribute to readiness to quit, whereas stress, previous unsuccessful efforts, and peer pressure are barriers. The results indicate a considerable difference between the level of knowledge regarding the health risks and the real quitting behavior, with the accent made on the role of cultural, social, and psychological factors. The research finds that personalized, situational-based interventions based on inaccurate beliefs, social norms, and psychological issues and barriers are necessary to enhance the rates of cessation. The findings can be used by policymakers, health practitioners in the community, and health practitioners to implement policies that will reduce the prevalence of smoking and its related health costs in adult male smokers in Lagos, Nigeria.

Keywords: Adult male smokers, perceptions, readiness to quit, Lagos, smoking cessation, health risks.

INTRODUCTION

Smoking is a common habit formed throughout adolescence and continue until adulthood, owing to a complex interaction of elements such as attraction, peer influence, and curiosity (Bandason & Rusakaniko, 2010). While both genders are impacted, this study focuses on adult males, a population with distinct traits and obstacles when it comes to quitting smoking. Tobacco use is inextricably related to a slew of disorders, ranging from neonatal problems to cardiovascular disease (World Health Organization (WHO), 2022). Regardless of a country's level of development, smoking is more prevalent in socioeconomically disadvantaged classes, and this may be connected to a higher level of public health burden within that low socioeconomic region, particularly among adult males (Lewer et al., 2017). Furthermore, smoking-related deaths are expected to outnumber HIV and other main causes of worldwide death by 2030 (Bandason and Rusakaniko, 2010). Given the magnitude of Nigeria's smoking issue and its disproportionate impact on adult male smokers, there is an urgent need to investigate their attitudes about smoking and their readiness to stop. However, understanding this demographic's particular obstacles and incentives is critical for creating successful smoking cessation therapies (Osibogun et al., 2020). The objective of this research is to address the existing information gap and play a role in crafting specific smoking prevention strategies tailored for adult males in Lagos, Nigeria. Consequently, it seeks to make a meaningful impact on diminishing the global prevalence of smoking-related diseases and premature deaths.

1.1 Problem Statement

Smoking causes serious health and economic impacts on the whole world and Nigeria, with low-income groups being disproportionately affected. Household income is heavily directed to tobacco consumption and health care expenses related to tobacco use, which further generates poverty. Health costs due to smoking were estimated at USD 1.4 trillion annually across the globe, with almost half of it incurred by the developing regions (Olumide et al., 2022). In Nigeria alone, this has cost the economy ₦634 billion annually as a result of smoking. Nearly 8 million people die every year, 1.3 million of this number are as a result of second-hand smoke, and pregnant women, children, and the youth are especially at risk. Use of tobacco is a contributing factor to many diseases, poor quality of life and early deaths which places a burden on families and health systems (Bardach et al., 2022). Among the adult males in Nigeria, the smoking prevalence is particularly high, which is attributed to socioeconomic and gender disparities. Despite the fact that most smokers say that they would like to stop, the success rate has been inconsistent, which indicates the necessity of individualized cessation programs. The perception, motivation and willingness to quit of adult male smokers in Lagos is thus important in designing effective, context specific smoking cessation programs, as well as informing the policy of healthy populations.

LITERATURE REVIEW

2.1 Perceptions and Attitudes of Adult Male Smokers toward Smoking and Health Risks

Attitudes and perceptions towards smoking have a great impact on smoking behaviour and quit intentions among adult male smokers. Smoking is being socially constructed in most societies, especially in low and middle-income countries like Nigeria as a social representation of masculinity, maturity, confidence, and stress management. Smoking among adult men is commonly viewed as a way of dealing with the economic burden, unemployment and city life among men in Lagos, which ratifies its acceptance and continuation (Egbe et al., 2014). These societal and social and psychological positive impressions tend to prevail over health-related concerns particularly when smoking has become incorporated into peer groups and workplace cultures. Most adult male smokers are not always interested in the specific health effects of smoking, but their comprehension of them is often narrow or biased. Cases like lung, heart cancer are usually known to be severe, and the smokers will pretend that they are not susceptible to it, or that the effects will only be felt later in life (Panchal & Tewari, 2025). Many smokers feel invulnerable and through this perceived invulnerability, which is commonly known as optimistic bias, they keep on smoking even after realizing that smoking is harmful. What is more, there is a false impression of light smoking, occasional smoking, or thinking that physical activity and healthy eating can counterbalance the damage caused by smoking (Masiero et al., 2015). The availability of health information and the use of health messages also determines attitudes towards smoking-related health risks. The weaknesses in risk perception in Nigeria are attributed to gaps in health education, limited exposure to the sustained anti-smoking campaigns and inconsistent implementation of tobacco control policies (Awopeju et al., 2013). Adult males, who smoke, have little knowledge on the extent of the harm of second hand smoke especially on children, pregnant women and other vulnerable groups. This diminishes the moral and social obligation to quit, particularly at home and in communities. Attitudes are also influenced by cultural norms which encourages the normalization of smoking in male dominated social places, bars, motor parks, construction sites and work places informally (Vu et al., 2020). Within these environments, smoking is not questioned and in most cases, is supported by social bonding and peer acceptance. Consequently, quitting smoking can be viewed as a manifestation of frailty or a social identity loss. Such attitudes may develop resistance to the cessation efforts, even in the case of cessation in smokers who have concern about their health (Obieche et al., 2021). This is because effective cessation interventions require understanding of the perception and attitude of adult male smokers about smoking and health risks. Some key approaches to improving the willingness to quit smoking among adult male smokers in Lagos, Nigeria include addressing misinformation, raising the perceived personal risk, and redefining quitting as a positive and socially acceptable behavior (Brunette et al., 2019).

2.2 Socioeconomic, Cultural, and Psychological Factors Influencing Smoking Behaviour in Nigeria.

In Nigeria, a multifactorial development of socioeconomic, cultural, and even psychological factors influences smoking behavior, where adult males are disproportionately impacted. The socioeconomic status is also a major factor because prevalence of smoking is usually higher in those with lower income and educational achievements

(Nargis et al., 2019). The usual issues faced in economic centres like Lagos, e.g. economic hardship, unemployment, and job insecurity are also a source of stress and frustration, and smoking was an easily accessible and socially accepted way of coping. Although tobacco products are not expensive, they are not very expensive and thus accessible to many making their continued use even among the poor economic groups strengthened (Yakubu et al., 2025).

Socioeconomic factors contribute significantly to the smoking behaviour in Nigeria. Poverty, joblessness, and lack of income security exposes most adult men to chronic stress, thus making smoking an easily accessible coping system. Lack of education and poor health literacy decrease knowledge about the health effects of smoking over the long term and the advantages of eliminating the habit (Widome et al., 2015). In addition, tobacco products are relatively cheap and easily available even in low income communities which promotes initiation and further use. The process of urbanisation, especially in such cities as Lagos, additionally leads to economic pressure, over-crowding and work stress, which are factors that contribute to the rise in smoking.

Cultural factors have a potent effect on smoking behavior, particularly in the case of men. A large number of Nigerian societies allow males to smoke, and it is a culturally accepted activity, which is identified with manliness, freedom, and maturity. This genderized convention leads to an increased rate of smoking in men, but female smoking is still stigmatized. The smoking culture has been popularized in social places dominated by men, including motor parks, bars, construction sites, and informal workplace where peer pressure supports the habit (Egbe et al., 2014). The social pressure to quit smoking is minimized by family and community acceptance of male smoking and this continues to smoke as a socially established habit.

Psychological factors maintains smoking behaviour by way of stress-related and addictive processes. Most smokers are of the view that cigarettes will help them deal with the anxiety, emotional distress, fatigue, and frustration regardless of the health concerns. Nicotine dependency supports these notions, and it is tough to quit both physically and psychologically. The anxiety of withdrawal symptoms, the past failed quit efforts, and the low self-efficacy decrease the confidence in the success of the cessation (Ünüböl & Hızlı Sayar, 2019). These psychological barriers are further aggravated by the lack of mental health services and organized smoking cessation support in Nigeria which causes long-term tobacco use.

METHODOLOGY

3.1 Data Collection Method

A quantitative cross-sectional survey design was used in this study to determine the perception of adult male smokers in Lagos, Nigeria, and their willingness to quit smoking. Data were gathered at only one occasion to measure the current attitudes and beliefs held by respondents as well as their smoking behavior. A survey method was deemed suitable, as it enables the gathering of standardized data of a comparatively large sample and enables statistical analysis of trends and relationships involving smoking perceptions and cessation intentions.

3.2 Research Instrument

Data were gathered through a structured online questionnaire presented with the use of Google Forms. The tool included close-ended questions structured into units touching on socio-demographic traits, smoking history, perceptions of smoking and health hazards, socioeconomic and psychological determinants, and intentions to quit smoking. The Google Form was disseminated via social media, namely Whatsapp and Facebook, to reach as many as possible adult male smokers in Lagos. Online distribution was cost effective, time saving, and appropriate to cover various respondents in various communities. Respondents answered the questionnaire voluntarily and informed consent was taken in an electronic manner.

3.3 Study Population

The sample population was male adult smokers living in Lagos State, Nigeria, and aged 18 years and above. Lagos was chosen because it has a large population density, urban way of life, and the prevalence of smoking among adult males has been recorded. The study was limited to those who self-identified themselves as current smokers.

3.4 Sample Size

This study was carried out using a sample of 200 respondents. The size was deemed large enough to give relevant findings about the perceptions and willingness to be quitters among adult male smokers in Lagos and manageable by the time and resource constraints of the study. The sample was sampled through the help of a social media network on the ease of convenience sampling.

RESULTS

Table 1: Demographic Characteristics of Respondents

Variable	Frequency (n)	Percentage (%)
Age (years)	42	21.0
18–25	68	34.0
26–35	54	27.0
36–45	26	13.0
46–55	10	5.0
56 and above		
Educational Level	18	9.0
No formal education	36	18.0
Primary education	74	37.0
Secondary education	72	36.0
Tertiary education		
Employment-Status	94	47.0
Employed	56	28.0
Self-employed	32	16.0
Unemployed	18	9.0
Student		
Marital Status	88	44.0
Single	96	48.0
Married	12	6.0
Divorced/sseparated	4	2.0
Widowed		
Monthly Income (₦)	64	32.0
Below ₦50,000	58	29.0
₦50,000–₦100,000	46	23.0
₦101,000–₦200,000	32	16.0
Above ₦200,000		

The demographic status indicated that majority of the respondents belonged to the economically active population ages with highest percentage of 34% representing 26 to 35 years bracket, followed by 27 percent representing 36 to 45 years bracket. Almost half (48 percent) of the respondents were married, whereas 44 percent were single, which is a sign of the smoking prevalence in various family forms. Education levels were

moderate with most of them having secondary (37%), and tertiary education (36%). Employed or self-employed (75%): employment showed that the majority of the respondents were either employed or self-employed, though a significant number were unemployed (16%). The means of income distribution was that 61 percent of the population had earnings below 100,000 per month, and this indicates how the smoking population was concentrated in the hands of the lower-income male adults in Lagos.

Research Question 1

What are the perceptions and attitudes of adult male smokers in Lagos, Nigeria regarding smoking and its associated health risks?

Table 2: Perceptions and Attitudes of Adult Male Smokers toward Smoking and Health Risks

Statement	Mean (x)	Standard Deviation (S.D)	Percentage (%)	Remark
Smoking helps me cope with stress and daily life challenges	3.94	0.88	78.8	Agreed
Smoking is a normal and acceptable habit among adult men in Lagos	4.02	0.91	80.4	Agreed
Smoking poses serious health risks such as cancer and heart disease	3.76	0.97	75.2	Agreed
I believe the health effects of smoking will only occur later in life	3.58	1.04	71.6	Agreed
Light or occasional smoking is not harmful to health	3.41	1.10	69.4	Agreed
Physical exercise or healthy eating can reduce the harm caused by smoking	3.47	1.02	68.2	Agreed
Smoking does not significantly affect people around me (second-hand smoke)	3.22	1.15	64.4	Agreed
Quitting smoking is difficult due to social and peer influence	4.08	0.86	81.6	Agreed

Table 2 indicates that the attitudes of adult male smokers in Lagos are usually positive despite the understanding of the risks associated with smoking. The majority of the respondents said that smoking serves to manage stress (78.8%), as well as is socially acceptable among men (80.4%). Understanding of severe health consequences (including cancer and heart disease) was average (75.2%), but the fallacies still exist, and most people think they could compensate the damage through light smoking or good health (68–69%). Cultural and social barriers are noted by the perceived invulnerability to second-hand smoke (64.4) and the challenge of quitting because of the influence of social and peers (81.6). In general, the social norms influence more than health awareness.

Research Question 2

What factors influence the readiness and willingness of adult male smokers in Lagos, Nigeria to quit smoking?

Table 3: Factors Influencing Readiness and Willingness to Quit Smoking

Statement	Mean (x)	Standard Deviation (S.D)	Percentage (%)	Remark
Concern about personal health motivates me to consider quitting	4.12	0.82	82.4	Agreed
Family and friends' advice influences my readiness to quit	3.87	0.95	77.4	Agreed
High cost of tobacco products encourages me to reduce or quit smoking	3.65	1.02	73.0	Agreed
Fear of social stigma or criticism affects my decision to quit	3.41	1.10	68.2	Agreed
Previous failed attempts reduce my confidence to quit successfully	3.59	1.04	71.8	Agreed
Availability of support programs would increase my willingness to quit	4.05	0.88	81.0	Agreed
Stress and work pressure make quitting difficult	4.00	0.90	80.0	Agreed
Lack of awareness of quitting methods limits my readiness to quit	3.72	0.96	74.4	Agreed

Table 3 reveals that the readiness of adult but male smokers in Lagos depends on a mix of personal, social, economic, and environmental factors in their willingness to quit smoking. The strongest motivators were personal health concerns (82.4%) and access to support programs (81.0%), as they showed that people were aware of the value of quitting. Social factors, such as family (77.4), peer advices (68.2), and fear of stigma (68.2) carry a weight as well. The barriers of quitting are indicated by the economic aspects, including the price of tobacco (73.0%), as well as psychological aspects, including stress (80.0%) and prior unsuccessful attempts (71.8%). In general, preparedness depends on motivation and perceived barriers.

DISCUSSION

This research results show that adult male smokers in Lagos, Nigeria have multifaceted and occasionally inconsistent beliefs about smoking and the health hazards. Although the majority of the respondents agree that smoking is very dangerous to their health, including cancer and cardiovascular disease, their social, cultural and psychological environment has a huge impact on their behavior. The popularity of the beliefs that less smoking of the products or healthy habits could pass on the harm and the belief that it is not unacceptable to smoke within society development among men indicates normalization of the use of tobacco by culture. This is not new as the recent research (Egbe et al., 2014; Panchal and Tewari, 2025) emphasized that male smoking in the country is frequently associated with masculinity, maturity, and coping with stress as opposed to making knowledgeable health decisions. The paper also emphasizes that smokers who are adult men have various challenges to quit smoking. Peer pressure, pressure, previous unsuccessful quit attempts, and lack of self-efficacy decrease quit preparedness, whereas social contexts, such as workplaces and male social spaces, support smoking. It is

important to note that the low-income smokers are less pressured to quit due to economic considerations including relatively low price of tobacco products, even with the health hazards being understood. The results are consistent with previous studies that indicate that socioeconomic and psychological factors play a crucial role in influencing the smoking behaviour in low- and middle-income nations (Nargis et al., 2019; Widome et al., 2015). The sources of motivation to quit on the other hand are personal health, influence of the family, and cessation support programs. They reported that willingness to quit could be enhanced with structured interventions and awareness campaigns, which means that cessation programs specific to a particular context are needed. Health education, support to manage stress and social reinforcement on quitting programs would help address wrong beliefs and enhance self-efficacy. This research highlights the fact that the perception and the intention to quit smoking are inseparable, and the cultural beliefs, social factors, and even mental elements take precedence over simple knowledge about the health risks. Interventions that are designed to address these multi-dimensional barriers are essential in reducing the rate of smoking and alleviating the health conditions of the adult male smokers in Lagos.

CONCLUSION

This study analyzed the perceptions and attitudes of adult male smokers in Lagos Nigeria and their willingness to quit smoking. The results indicate that even though the respondents are largely concerned with the health hazards of smoking such as cancer, cardiovascular disease, and impacts of second-hand smoking, their smoking habits are highly affected by the social, cultural, economic, and psychological factors. Smoking is still socially acceptable among men which is often associated with masculinity, stress coping, and social acceptance which reduces the importance of quitting smoking even when they are aware of the health effects. Another important finding of the study is that the factors that contribute to readiness and willingness to quit are two motivating factors, namely, concern of personal health, family influence, and availability of cessation programs, and inhibiting factors, including stress, failure in a previous attempt, peer pressure, and lack of knowledge of effective quitting methods. Low-cost and easy access to tobacco products are economic factors that support in a further perpetuation of use in low- and middle-income groups. These results highlight the importance of both misconception and socio-cultural-specific smoking cessation programs that will deal with both the misconceptions and the socio-cultural reality of adult male smokers in Lagos. Health education, social support, stress management, and available cessation resources are programs that are likely to enhance willingness and success to quit. Finally, successful prevention of smoking among the residents of Lagos will need more than just awareness campaigns to address cultural orientations, social influences and psychological obstacles. These multi-dimensional factors are important in preventing the development of healthier behavior among the adult male smokers in the city and in mitigating the award of smoking-related diseases among the nicotine users in the city.

REFERENCE

1. Awopeju, O., Erhabor, G., Awosusi, B., et al. (2013) 'Smoking among Nigerian Health Students', *Annals of Medical and Health Sciences Research*, 3(3), 355-360. doi: 10.4103/2141-9248.117944.
2. Bandason, T. and Rusakaniko, S. (2010) 'Prevalence and associated factors of smoking among secondary school students in Harare Zimbabwe', *Tobacco Induced Diseases*, 8(1), pp. 12–12. Available at: <https://doi.org/10.1186/1617-9625-8-12>.
3. Bardach, A., Casarini, A., Rodriguez Cairoli, F., et al. (2022) 'Cigarette Taxation Benefits in Nigeria', *PLOS ONE*, 17(3), e0264757. doi: 10.1371/journal.pone.0264757.
4. Bhuiyan, J. *et al.* (2017) 'Qualitative evaluation of perceptions of smoking cessation among clients at an alcohol and other drug treatment program', *Research in Social and Administrative Pharmacy*, 13(6), pp. 1082–1089. Available at: <https://doi.org/10.1016/j.sapharm.2016.10.005>.
5. Bryman, A. 2012. *Social Research Methods*. Fourth edition. Oxford: Oxford University Press.
6. Brunette, M. F., Ferron, J. C., Aschbrenner, K. A., et al. (2019) 'Smoking Cessation in Young Adults with Mental Illness', *Addictive Behaviors*, 89, 248-255. doi: 10.1016/j.addbeh.2018.09.028.
7. Egbe, C. O., Petersen, I., Meyer-Weitz, A., & Oppong Asante, K. (2014) 'Socio-cultural Smoking Risks for Nigerian Youth', *BMC Public Health*, 14, 1204. doi: 10.1186/1471-2458-14-1204.
8. Hennink, M., Hutter, I. and Bailey, A. (2020) *Qualitative research methods*. Sage Publications.

9. Holloway, I. and Galvin, K. (2016). *Qualitative research in nursing and healthcare*. 4th ed. Chichester, West Sussex: John Wiley & Sons Inc.
10. Lawless, M.H. et al. (2015) 'Perceived stress and smoking-related behaviors and symptomatology in male and female smokers', *Addictive behaviors*, 51, pp. 80–83. Available at: <https://doi.org/10.1016/j.addbeh.2015.07.011>.
11. Masiero, M., Lucchiari, C., & Pravettoni, G. (2015) 'Optimistic Bias in Smokers', *International Journal of High Risk Behaviors & Addiction*, 4(1), e20939. doi: 10.5812/ijhrba.20939.
12. Nagawa, C. S., Wang, B., Davis, M., et al. (2022) 'Family and Peer Influence on Smoking Cessation', *BMC Public Health*, 22, 1566. <https://doi.org/10.1186/s12889-022-13979-z>
13. Nargis, N., Yong, H. H., Driezen, P., et al. (2019) 'Socioeconomic Smoking Cessation Trends', *PLOS ONE*, 14(9), e0220223. doi: 10.1371/journal.pone.0220223.
14. Obieche, O., Lee, M., & Salehi, N. (2021) 'Socio-ecological Smoking Cessation Attitudes', *Addictive Behaviors*, 122, 107040. doi: 10.1016/j.addbeh.2021.107040.
15. Olumide, A. O., Shmueli, A., Adebayo, E. S., & Omotade, O. O. (2022) 'Economic Costs of Adolescent Smoking in Nigeria', *Zeitschrift für Gesundheitswissenschaften*, 30(7), 1701-1712. doi: 10.1007/s10389-021-01644-5.
16. Onwuegbuzie, A. and Collins, K. (2007). 'A typology of mixed methods sampling designs in social science research'. *The Qualitative Report*, 12(2), pp.281–316. doi:<https://doi.org/10.46743/2160-3715/2007.1638>.
17. Osibogun, O. et al. (2020) 'Knowledge and risk perception of e-cigarettes and hookah amongst youths in Lagos State, Nigeria: An exploratory study', *The Nigerian Postgraduate Medical Journal*, 27(4), pp. 384–390. Available at: https://doi.org/10.4103/npmj.npmj_261_20.
18. Panchal, K., & Tewari, P. (2025) 'Smoking and Well-being in Young Adults', *International Journal of Applied Research*, 11(3), 311-319. doi: 10.22271/allresearch.2025.v11.i3e.12435.
19. Saunders, B., Kitzinger, J., & Kitzinger, C. (2015) 'Anonymizing Interview Data: Challenges and Solutions', *Qualitative Research*, 15(5), 616-632. doi: 10.1177/1468794114550439.
20. Sim, J. et al. (2018) 'Can sample size in qualitative research be determined a priori?', *International Journal of Social Research Methodology*, 21(5), pp. 619–634. Available at: <https://doi.org/10.1080/13645579.2018.1454643>
21. Ünübol, H., & Hızlı Sayar, G. (2019) 'Psychological Smoking Factors in Turkey', *Neuropsychiatric Disease and Treatment*, 15, 1971-1982. doi: 10.2147/NDT.S204167.
22. Vu, G. V., Ngo, C. T., Phan, P. T., et al. (2020) 'Secondhand Smoke Awareness in Vietnamese Pregnant Women', *International Journal of Environmental Research and Public Health*, 17(10), 3744. doi: 10.3390/ijerph17103744.
23. Widome, R., Joseph, A. M., Hammett, P., et al. (2015) 'Smoking and Financial Stress in Low-Income Smokers', *Preventive Medicine Reports*, 2, 911-915. doi: 10.1016/j.pmedr.2015.10.011.
24. World Health Organization (2022). *Tobacco*. [online] Who.int. Available at: <https://www.who.int/news-room/fact-sheets/detail/tobacco>.
25. Yakubu, Y., Mashat, M. D., Obadijah, A. A., et al. (2025) 'Economic Hardship and Mental Health', *BMC Psychology*, 13(1), 1215. doi: 10.1186/s40359-025-03525-y.