

Smoking Habits and the Level of Intention to Quit Smoking among the Students of City College of Angeles

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Tobacco is the main contributor of health threat worldwide and causes illness and death to over seven million people around the world (World Health Organization, 2018). In the Philippines, it was reported that 17.3 million Filipinos age 15 years and older smoked cigarette (Global Adult Tobacco Survey, 2009). Thus, academic institutions must develop strategies to include anti-smoking health programs among their students. In order to facilitate such, this research study describes the smoking habits and the level of intention to quit among the students of City College of Angeles. Snowball sampling was utilized to recruit respondents while descriptive and inferential statistics were used to analyze the data. The researchers found out that the majority of the smokers male who were 18-24 years old and that females had the higher prevalence of quitting smoking. Influence of friends is the major factor contributing to smoking habits. The result shows that most of the respondents had strong intention to quit smoking and health concern is their reason in quitting. The result from the study can be utilized to formulate localized anti-smoking campaign programs.

Keywords: smoking habits, intention to quit, health education, health promotion

Introduction

According to the World Health Organization (2018), the main contributor of health threat worldwide is tobacco that causes illness and death of over seven million people. About six million people died using tobacco products while 890,000 get affected by second-hand smoke. In 80% of the 1.1 billion smokers widespread, where the burden of smoking-related illness and death is heaviest, the Philippines is included.

According to the results of the 2009 Global Adult Tobacco Survey (GATS, 2009) there are 17.3 million or 28% Filipino adults aged 15 years and older who are currently smoking cigarettes. Almost 48% or 14.6 million of adults are male and 9% or 2.8 million of adult female are current smokers. Moreover, 23% of Filipino adults are daily tobacco smokers: 38% for male and 7% for female. Thus, there is a need to strengthen the health promotion activities within the levels of the academe, as school-based programs are known to be effective in increasing the knowledge of the negative effects of smoking and preventing tobacco smoking (Tahlil et al, 2013).

In 2003, Republic Act 9211 or also known as the Tobacco Regulation Act, the law that prohibited the distribution, use, and advertisement of tobacco products in the Philippines, was enacted to formalize the campaign of the government in decreasing the engagement of Filipino youth in tobacco smoking. This law covers the restrictions on tobacco use such as minimum age sales, sale of tobacco products within school perimeters as well as advertising and promotion.

To contextualize this study, the following review of literature and state of the art on smoking habits and intent to quit are presented in the succeeding paragraphs. Cigarette is made of tobacco leaf that contains nicotine, which is the highly addictive stimulant, and it is one of the main risk factors of continuing diseases all over the world, such as cancer, lung diseases, cardiovascular diseases and other smoking-related diseases (WHO, 2018). Despite knowing the risk of smoking, many people still use and get addicted to smoking cigarette.

Demographic factors influencing cigarette use

The percentage of young adults in smoking has been a great concern globally since in the early years. In the United States of America, the majority of people who started smoking as children or adolescents end up being habitual smokers. At the age of below 18 years old, majority of the people try to smoke cigarette for the first time and they are most likely become daily smokers (Lantz, 2003). A similar study conducted in Thailand by Cha-aim Pachanee, et al. (2011) noted that younger age students, particularly those 16-18 years old, smoke cigarettes.

According to GATS (2015), 22.7% of cigarette smokers in the Philippines were aged 15 years old and above. The 18.7% were regular smokers and the 4.0% were occasional smokers. Based from the Global Youth Tobacco Survey (GYTS) 2015, youth age of 13-15 years were currently smoking. In 1997, 11% of smokers aged 19 years old tried their first cigarette, and their smoking was a regular habit when they reached their college level (Wechesler, 1998).

Meanwhile, there are one billion smokers around the world and 200 million were considered to be female. It is said that males smoke cigarette frequently than females. Around 40% of males smoke as compared with 9% of females worldwide. However, the widespread use of tobacco among females is increasing in some countries (WHO, 2010). According to GYTS (2015), 27.5% of Filipino students have already smoked cigarettes and about 13.7% currently use tobacco products; 18.8% of them are males and 9.3% are females. It shows that males were significantly more likely to become daily smokers than females (Taheri, et al., 2014). Moreover, in the ASEAN region, the Philippines takes the fifth highest male youth smoking incidence rate which is lower than the country's adult male smoking incidence. According to a study of Southeast Asia Tobacco Control Alliance (INDICATE THE YEAR HERE) among Filipinos, young women age 13 to 25 years old were smokers; 60% of them tried cigarette at the age of 18 and 40% of them began smoking in their early age.

In the study conducted among the students of Yarmouk University in Jordan, males more significantly smoked than women (Khader&Alsadi, 2008). Similarly, based on the study of Pachanee, et al. (2011), there are numerous differences between male smokers and female smokers such as men significantly have more smoking habits.

There are limited studies that mention program affiliation influences students' smoking habits. Among the students of College Education in Saudi Arabia, 17.5% are active smokers and 13.6% are from Medical College. The rates are lower than the result in the same University in Riyadh, which had 37% active smokers and 33% from Medical College, (Abolfotouh, et al., 1998). In the United States, majority of college students with psychology course are active smokers with 42% of the total population of their respondents and 77% had their first cigarette at the age below 16 years old (Von Ah, et al., 2005).

There are several factors that precipitate to tobacco use. The most common reason to start smoking was friends and the most important reason to continue smoking was personal life problems (Ghorbani, et al., 2014). Related to the study, the majority of the medical students in Central Saudi Arabia were influenced by their friends (35.6%) and life stresses (16.9%) (Al

Turki, 2006). Based on the study of Babatunde, et al. (2012), the decision of young adult to start smoking cigarettes is the encouragement of their friends (53%) and only 9.1% was from the influence of family members.

In the study conducted by Gerceka, et al. (2011), the adolescent's one reason to start smoking is caused by the member of the family who smokes. It raises the chances for the young one to frequently smoke and eventually it becomes habitual. The smokers who have parents, friends, or siblings who smoke are likely to increase the possibility to smoke (Adeyeye, 2010). Smokers begin to smoke between age of 15 and 19 yet few starts to smoke at the age of 10 and 14 years old. The major factor which influences the start to smoke is friends, followed by the feeling of pleasure, stress and the curiosity of a person (Khader&Alsadi, 2008). The result of this study is similar to the study of Adeyeye (2010), who concluded that there are a greater number of smokers who likely to have the smoking habit between the age of 10 and 14 years old and tried to smoke their first cigarette with friends.

According to Elamin, et al. (2013), most cigarette smokers started smoking even before entering the university, which eventually became an increasing habit and were exposed to passive smoking even after university; students also started smoking because of the influence of their parents who also smoked. According to the study by Shamsuddin and Abdul Haris (2000), family is an important factor that influences a student's current smoking habit and it needs to be considered in any cigarette smoking programs among students. The permission of parent about smoking of teenage smokers is associated with the effect on becoming a daily smoker (Sargent & Dalton, 2006).

Based from the above literature and state of the art, demographic profile, smoking history, smoking habits, and the level of intention to quit influence one another, this study looked into how CCA students value the effect of smoking cigarette in their health, reflect on their current smoking status and at the same time examine the various factors that influence their level of intention to quit. Thus, the result of this study would be able to provide and promote multidisciplinary health education activities for the students.

In order to understand the dynamics of tobacco use and its consequences, this study aimed to identify the smoking habit of the respondents and their level of intention to quit among City College of Angeles students. Specifically, it aimed to answer the following:

1. Is there a significant difference in the level of the intention to quit of the respondents based on their demographic profile and smoking history?
2. What is the implication of this study in teaching health and wellness among college students?

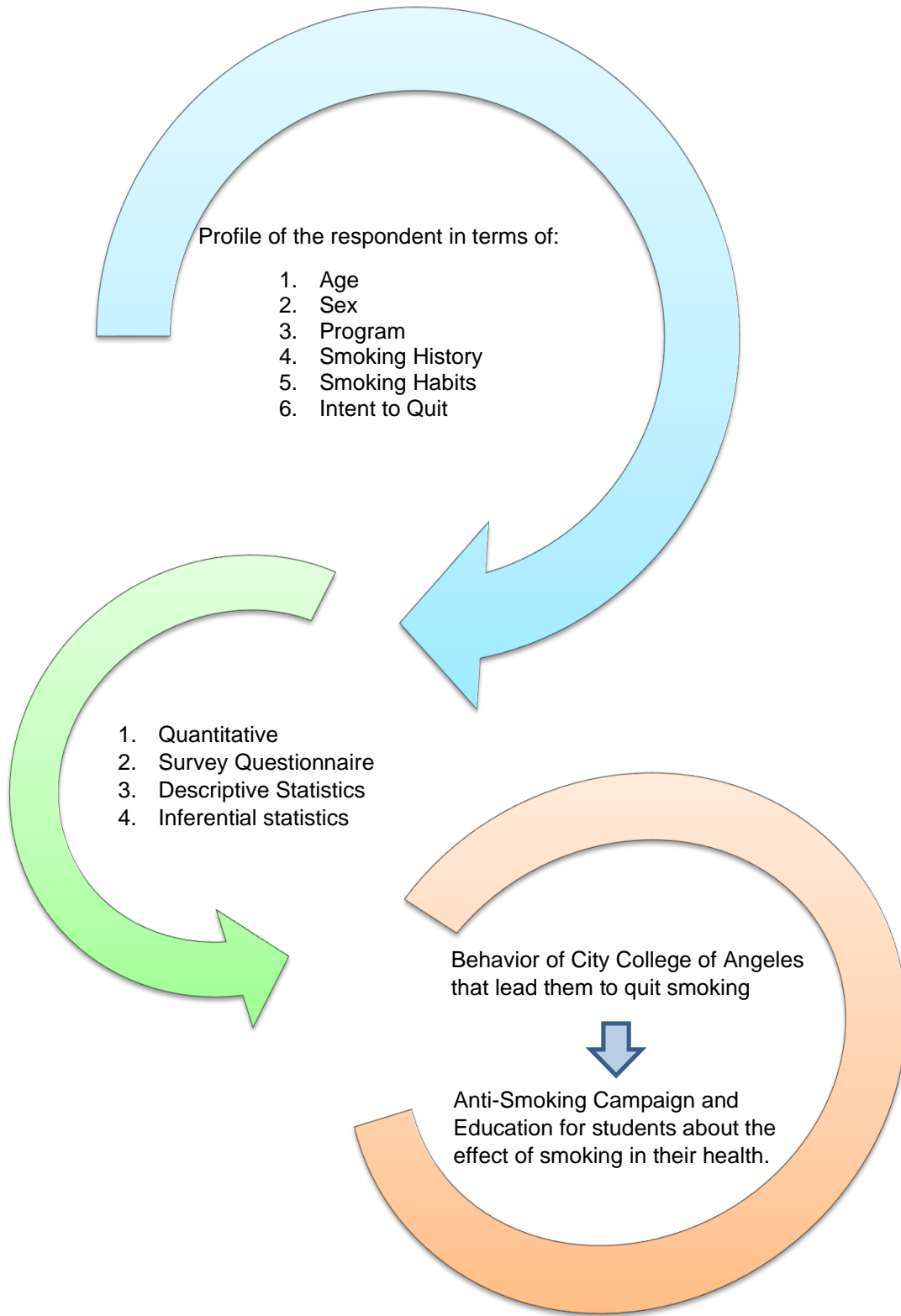


Figure 1. Conceptual Framework

Based from the above figure, this research had four (4) variables: demographics, smoking history, smoking habits and intention to quit. The inputs included the respondent's demographic profile that had the following indicators: age, sex and program. The researchers also gathered their smoking history, their smoking habits that contained their practices to provide descriptive analysis about the factors associated in smoking, and the intention to quit where the respondents stated if they had plan to quit smoking, their reasons why they attempted to quit and what are the barriers for them in quitting smoking. The process was done quantitatively with the use of survey questionnaire, descriptive and inferential statistics. Lastly, the output is the promotion of anti-smoking campaign and education for students about the effect of smoking in their health.

By using as leverage for the present study, Travis' Illness-Wellness Continuum (1972) introduced a range highlighting high level wellness to pre-mature death. It illustrates two arrows pointing in opposite directions. The first arrow to the right indicates increasing levels of health and well-being for an individual. It has three (3) steps which are awareness, education and growth. The arrow to the left indicates progressively decreasing levels of health, namely: disability, symptoms and signs. In between them there is the neutral point with no visible illness or wellness. The treatment paradigm can bring a person up to the neutral point, where the symptoms of disease lessen the pain. The wellness paradigm can be utilized at any point on the continuum which helps one moves toward higher level of wellness (Nazar, 2017).

This framework has been utilized by previous researches on smoking and addiction. Wellness-oriented-people measures such as reducing or refraining from smoking are needed to move beyond the neutral point to a higher level of wellness. At present the smokers are in the neutral point wherein there is no alleviated illness and wellness. But time will come when the effect of smoking in their body will eventually appear. Therefore, treatment is important, but one should not stop at neutral point but rather use wellness paradigm to move toward high-level wellness. Thus, the outcome of this research would provide awareness and further knowledge about the importance of wellness among students with the absence of smoking cigarette.

Methodology

This study employed quantitative research method, which deals with systematic way of investigation of the smoking habits and the level of intention to quit of the respondents. The researchers utilized descriptive design to get data concerning the current status of the wonders and depict "what exists" with regard to factors or conditions in a situation (Posinasetti, 2014). The sampling technique used was the snowball sampling.

The selection criteria were the following:

- The respondents must all be students from City College of Angeles among the different institute: Institute of Education, Arts, and Sciences (IEAS), Institute of Business and Management (IBM) and Institute of Computing Studies and Library Information Science (ICSLIS).
- The respondents should consider themselves as active smokers (a person who smokes cigarette at least once a day (Bonita et al., 1999)).
- The respondents must be 18 years old or older.

Table 1. Demographic Information of Respondents

Age	No. of Students	Percentage
18-24	113	94.2
25 and above	7	5.8

Sex		
Male	96	80.0
Female	24	20.0
Institute		
IEAS	32	26.67
ICSLIS	40	33.33
IBM	48	40.0

The survey questionnaire was developed through a consolidation of items from the Smoking Behavior Research Questionnaire, University of Washington and Porcupine Health Unit Quit Smoking Clinic-Intake Questionnaire, NCS Pearson, Nicoderm and Nicorette with a Cronbach Alpha value of .694%. (2013). The developed questionnaire was also validated by experts (CCA School Nurse, English Coordinator, and Guidance Counselor).

The instrument is divided into four (4) parts: demographics, smoking history, smoking habits and intention to quit. In demographics, the researchers included age, sex and program. The researchers included smoking history which serves as the respondent's profile in experiences in smoking. On the other hand, the researchers likewise included the smoking habits to provide descriptive analysis about the factors associated in smoking. The last part of the questionnaire is the intention to quit where the respondents stated if they had plan to quit smoking and reasons why they attempted to quit and what are the barriers for them in quitting smoking. It also included the level of intention to quit. Each question was rated according to a Likert scale format wherein the researchers followed the four (4) leveling scale by Sorrel Brown. The respondents were instructed to indicate their level of intention to quit on each question based on the following scale:

- 4 – To Great Extent
- 3 – Somewhat
- 2 – Very Little
- 1 – Not at All

In order to better facilitate a reliable questionnaire, the researchers conducted pilot testing on February 28, 2019. It is needed to point out any complications with the instructions of the survey questionnaire, instances where items are not clear, formatting and other typographical errors issues. The researchers conducted the pilot testing at AMA Computer College in Angeles City since the targeted respondents had the same characteristics with that of their student population. Twenty (20) active smokers from AMACC participated in the pilot testing. After processing the results of the pilot test, the developed questionnaire was then improved.

The final data gathering was conducted between March 18 to 22, 2019. Prior to this, the researchers secured a written permit to float the questionnaire from the CCA Vice President for Academic Affairs and Vice President for Research for protocol purposes. After giving the permission, the researchers explained the purpose of the study to the selected respondents who corresponded to their criteria which are active smokers, and then distributed the paper questionnaires.

Data were analyzed using the following methods:

- Descriptive – the researchers identified the demographic profile, smoking history, smoking habits and level of intention to quit smoking of the respondents using the survey

method. Frequency, percentage and mean were used to measure the answer of the respondents on the questionnaire.

- Inferential – the researchers identified if there is a significant difference between the level of smoking habits and smoking history to their level of intention to quit Analysis of Variance (ANOVA) and Independent T-test were used in analyzing the data to prove the following alternative hypotheses:
 - There is significant difference between the age of the respondents and their level of intention to quit.
 - There is significant difference between the sex of the respondents and their level of intention to quit.
 - There is significant difference among the program of the respondents and their level of intention to quit.

The main limitations were the respondents were hard to find because some of them were denying that they were active smokers and were not willing to answer the survey questionnaire. However, the said limitations were overcome by the researchers by assuring the respondents that all the information they provided would be kept confidential and that this study was aimed to know the smoking habits and the level of intention to quit of the active smokers.

Results and discussion

It can be seen from Table 2 below that 104 (86.67%) of the students had their first cigarette when they were below 18 years old. Sixteen of the respondents (13.33%) tried their first cigarette when they were 18 years old or above. This supports the study of Lantz, (2003) wherein majority of the people try to smoke cigarette for the first time at the age of 18 years old or below. The same table specifies that 101 (84.2%) of the respondents were influenced by their friends to smoke cigarette while 8 (6.6%) of the students were influenced by other factors such as curiosity. In agreement with the current study findings, previous studies of Babatunde, et al. (2012) and Ghorbani, et al.(2014) reported that the young adults' choice to smoke was directly influenced by their friends while others (6.6%) were influenced by personal reason.

Table 2. Smoking history and influence of the respondents

Age started smoking	No. of Students	Percentage
below 18	104	86.67
18 and above	16	13.33
Influence		
Family	9	7.5
Friends	101	84.2
Environment	22	18.3
Others	8	6.6

Table 3 below illustrates that the majority of the respondents (88 or 73.3%) have family members who smoke cigarette and only 26.7% (32) of respondents do not have smokers within the family. It also shows that 110 (91.7%) respondents were informed by their family members about the negative effect of smoking and 10 (8.3%) of the students were not advised about the negative effect of smoking cigarette. There are 96 (80%) of the respondents who were forbidden by their family members to smoke while 24 (20%) are not prohibited to smoke cigarettes. It is related to the result of the study of Sargent and Dalton (2007) who noted that students have parents that disapprove their smoking habit and it may be associated with their smoking practice.

Table 3. Family members influence on smoking

Smoking Family Member (FM)	No. of Students	Percentage
With	88	73.3
Without	32	26.7
FM informs Negative Effects		
Yes	110	91.7
No	10	8.3
FM forbidding smoking		
Yes	96	80.0
No	24	20.0

The table below represents the perceived commonness among respondents to smoke and its benefit. Seventy-five per cent (88) answered yes and only 25% (32) of the respondents viewed that it is not common with their age to smoke. Relaxation derived from smoking is the number one reason of smokers in engaging in this activity (60.8%) while 4.2% of the respondents had other reasons such as stress relief. This finding is similar to the study of Azad, et al. (2010) that was conducted among young generation in their society and that revealed that some of the reasons for young adults to smoke was for their relaxation, feeling of enjoyment and to cope with stress while others (4.2%) is because of their curiosity.

Table 4. Perceived commonness and benefits of smoking

Commonness of smoking	No. of Students	Percentage
Yes	88	75.0
No	32	25.0
Benefit		
Pleasure	56	46.7
Relaxation	73	60.8
Anxiety	41	34.2
Peer	26	21.7
Others	5	4.2

The table below lists down that most of the respondents (89 or 74.2%) try to quit smoking and only 31 students (25.8%) did not try to quit cigarette smoking. The respondents who went without smoking cigarettes for more than a month has a percentage 40 (48) of the total population and 19 respondents (15.83%) had the longest time of almost a month without smoking. In this table there were 57.5% (69) of the total population who are concerned on their health and only 8.3% (10) has other reasons to quit such as personal choice. It is the same in the result of the study of Al-Zalabani, et al. (2015) that indicates that smoker's common reason in quitting is the prevention of health diseases.

More than eight percent of the respondent considered their love life or partner as reason for quitting smoking. Table 5 also shows the external factors that influence the intention to quit. Ranking first is the warning labels (54.2%). Counseling is seen as the least influential (13.3%) while other factors (18.3) such as personal desire influence the intention. Stress management is seen as the most common barrier in quitting smoke (79.2%) while personal reasons are the least common barriers (1.7%). It is associated with the study of Twyman, et al. (2014) which states that one of the barriers in quitting smoking is stress management especially to the smokers who had a high level of anxiety to cope or relieve stress while others (1.7%) have a hard time to quit because of depression.

Table 5. Intention to quit of respondents and its influences

Attempted quitting	No. of Students	Percentage
Yes	89	74.2
No	31	25.8
Longest time with no smoking		
almost a week	26	21.67
almost a month	19	15.83
more than a month	48	40.0
Reasons for not smoking		
Price	41	34.2
Disapproval of Family	41	34.2
Health Problems	48	40.0
Health Concern	69	57.5
Others	10	8.3
External factors		

Warning Labels	65
Alternatives	37
Counseling	16
Others	22
Barriers from quitting	
Stress Management	95
High Prevalence	26
Lack of Support	7
Others	2

The table below shows that majority of the respondents started smoking at the age of 16 (24.18%) and others had their first smoke as early as 12 years old (10.99%) and 13 years old (3.30%) while 20.69% of the respondents smoked for the first time at the age of 22 years old or above. This contradicts the findings of Global Youth Tobacco Survey (2015) which states that students started smoking at the age of 12 or 13 years old (34.4%). Respondents aged 18-21 years old and 22 years old and above were influenced by their friends; this is similar to the study of Babatunde, et al. (2012) which states that 53% of the respondents were influenced by friends and 9.1% were influenced by family members.

Table 6. Smoking history and influence of the respondents as to age

Age started smoking	Age 18-21	Age 22-above
12	10.99%	6.90%
13	3.30%	3.45%
14	16.48%	10.34%
15	23.07%	17.24%
16	24.18%	20.69%
17	13.19%	13.79%
18	8.79%	17.24%
19	-	6.90%
20	-	3.45%
Influence	Age 18-21	Age 22-above
Family	6.32%	10%
Friends	76.84%	73.33%
Environment	12.63%	10%
Others	4.21%	6.67%

Table 7 shows that 75.82% of the respondents aged 18-21 years old and 68.97% of respondents aged 22 years old and above have family members who smoke. It supports the study of O.O Adeyeye, (2010) that states that the smokers who have parents, friends, or siblings who smoke are likely to increase the possibility to smoke. Moreover, most of the respondents with the age 18-21 (92.31%) and with age 22 years old and above (89.66%) were informed by their family members about the negative effect of smoking. Furthermore, respondents aged 18-21 years old (78.02%) and 22 years old and above (89.66%) were forbidden by their family members to smoke.

Table 7. Family members influence on smoking as to age

Smoking Family Member (FM)	Age 18-21	Age 22-above
With	75.82%	68.97%
Without	24.18%	31.03%
FM informs Negative Effects		
Yes	92.31%	89.66%
No	7.69%	10.34%
FM forbidding smoking		
Yes	78.02%	89.66%
No	21.98%	10.34%

The table below presents that respondents aged 18-21 (72.53%) and 22 years old and above (72.41%) believe that smoking cigarettes is common at their age and the reason why they smoke is relaxation (for age 18-21; 38.96%) or for pleasure (age 22 years old and above; 32.56%). It is similar to the result of the study of Azad, et al. (2010) which states that one of the reasons for young adults to smoke is relaxation.

Table 8. Perceived commonness and benefit of smoking as to age

Commonness of smoking	Age 18-21	Age 22-above
Yes	72.53%	72.41%
No	27.47%	27.59%
Benefit		
Pleasure	26.62%	32.56%
Relaxation	38.96%	30.23%
Anxiety	19.48%	23.25%
Peer	12.99%	11.63%
Others	1.95%	2.33%

Table 9 shows that 73.33% of the respondents aged 18-21 years old and 76.67% of them aged 22 years old and above tried to quit smoking. Furthermore 59.42% of the respondents aged 18-21 years old and 36.36% of them aged 22 years old and above stopped smoking for more than a month and almost a week, respectively. Moreover, 35.33% of the respondents aged 18-21 years old cited health concern as the reason for not smoking while 25.49% of the respondents aged 22 years and above cited the following reasons for quitting smoking: disapproval of family members, health problems, and future health concerns. It is associated in the survey conducted by The Global Youth Tobacco Survey (GYTS) (2015) which reveals that the percentage of students who show the desire to quit smoking is 90.2% and 82% of them tried to stop smoking within 12 months. In addition, the external factors of the respondents in quitting smoking are the warning labels for age 18-21 (43.81%) and for age 22 years old and above (51.43%). However, the barrier in quitting smoking is stress management for age 18-21 (68.57%) and for age 22 years old and above (69.70%).

Table 9. Intention to quit of respondents and its influences as to age

Attempted quitting	Age 18-21	Age 22-above
Yes	73.33%	76.67%
No	26.67%	23.33%
Longest time with no smoking		
almost a week	24.64%	36.36%
almost a month	15.94%	31.82%
more than a month	59.42%	31.82%
Reasons for not smoking		
Price	20%	21.57%
Disapproval of Family	16.67%	25.49%
Health Problems	22.67%	25.49%
Health Concern	35.33%	25.49%
Others	5.33%	1.96%
External factors		
Warning Labels	43.81%	51.43%
Alternatives	26.67%	28.57%
Counseling	11.43%	8.57%
Others	18.09%	11.43%
Barriers from quitting		
Stress Management	68.57%	69.70%
High Prevalence	14.29%	30.30%
Lack of Support	15.24%	-
Others	1.90%	-

Table 10 presents that men started smoking at the age of 16 (23.40%) while women started at the age of 14 (26.92%) and it supports the study of Action on Smoking and Health (ASH) (2016) stating that in year 2014 20% of men aged 16 and over smoked compared with 17% of women. Both male (75.27%) and female (79.31%) were influenced by their friends; it is the same in the results in the study of Ahmad Ghorbani, et al., (2014) which reported that the young adult's choice to smoke was directly influenced by their friends.

Table 10. Smoking history and influence of the respondents as to sex

Age started smoking	Male	Female
12	11.70%	3.85%
13	4.26%	-
14	11.70%	26.92%
15	22.34%	19.23%
16	23.40%	23.08%
17	11.70%	19.23%
18	11.70%	7.69%
19	2.13%	-
20	1.07%	-
Influence	Male	Female

Family	8.00%	3.45%
Friends	75.27%	79.31%
Environment	9.68%	17.24%
Others	6.45%	-

Based on the result shown on Table 11, 75.53% of the male respondents have a family member who smoked cigarettes, 92.63% of them said that they were informed about the negative effect of smoking and 79.79% were forbidden to smoke cigarette. Likewise, female respondents have family members who smoke (65.38%), 92% were informed about the negative effect of smoking and 88.46% were forbidden from smoking. It is associated to the result of the study of Sargent and Dalton (2007) which shows that parents disapprove their smoking habit and it may be associated with their smoking practice.

Table 11. Family members influence on smoking as to sex

Smoking Family Member (FM)	Male	Female
With	75.53%	65.38%
Without	24.47%	34.62%
FM informs Negative Effects		
Yes	92.63%	92%
No	7.37%	8%
FM forbidding smoking		
Yes	79.79%	88.46%
No	20.21%	11.54%

The table below shows that 70.65% of male respondents and 78.57% of female respondent agree that it is common to smoke cigarette and the benefits of smoking for both male and female is relaxation (35.90% of male; 34.04% of female). It is related to the study of Azad, et al. (2010) that says that some of the reasons for young adults to smoke were for their relaxation, feeling of enjoyment and to cope with stress while others (4.2%) say that it is because of their curiosity.

Table 12. Perceived commonness and benefit of smoking as to sex

Commonness of smoking	Male	Female
Yes	70.65%	78.57%
No	29.35%	21.43%
Benefit		
Pleasure	30.13%	31.91%
Relaxation	35.90%	34.04%
Anxiety	19.87%	19.15%
Peer	12.18%	12.77%
Others	1.92%	2.13%

The table below shows that both men (74.47%) and women (69.23%) have intention to quit smoking. Similarly, the longest time they did not smoke is more than a month (57.33% for men; 50% for women) and their reason for not smoking is health concern (31.14% for male; 35.71% for female). The highest percentage of external factors in quitting smoking is on the

warning labels (42.45% for male; 62.5% for female). However, the main barrier for them in quitting smoking is stress management (77.88% for male; 75.86% for female).

Table 13. Intention to quit of respondents and its influences as to sex

Attempted quitting	Male	Female
Yes	74.47%	69.23%
No	25.53%	30.77%
Longest time with no smoking		
almost a week	25.33%	37.5%
almost a month	17.34%	12.5%
more than a month	57.33%	50%
Reasons for not smoking		
Price	20.36%	16.67%
Disapproval of Family	18.56%	16.67%
Health Problems	25.75%	26.19%
Health Concern	31.14%	35.71%
Others	4.19%	4.76%
External factors		
Warning Labels	42.45%	62.5%
Alternatives	30.19%	15.62%
Counseling	11.32%	6.25%
Others	16.04%	15.62%
Barriers from quitting		
Stress Management	77.88%	75.86%
High Prevalence	17.31%	17.24%
Lack of Support	3.85%	3.45%
Others	0.96%	3.45%

In Table 14, most of the respondents from IBM (32.45%) and ICSSLIS (28.20%) started smoking at the age of 15 years old while the IEAS respondents started at the age of 16 - 18 years old (18.75%). Majority of the respondents in IBM (84.90%), ICSSLIS (76.92%) and IEAS (64.71%) were influenced by their friends to smoke cigarette. This is in agreement with the current study findings of Babatunde, et al., (2012) which states that smokers were directly influenced by their friends.

Table 14. Smoking history and influence of the respondents as to institute

Age started smoking	IBM	ICSLIS	IEAS
12	4.08%	12.82%	12.4%
13	-	10.26%	-
14	16.33%	12.82%	15.63%
15	32.45%	28.20%	15.63%
16	26.53%	23.08%	18.75%
17	18.37%	2.56%	18.75%
18	6.12%	10.26%	18.75%
19	4.08%	-	-
20	2.04%	-	-
Influence	IBM	ICSLIS	IEAS
Family	1.89%	15.38%	5.88%
Friends	84.90%	76.92%	64.71%
Environment	11.32%	5.13%	23.53%
Others	1.89%	2.56%	5.88%

The table below presents that IEAS respondents have the highest percentage (81.25%) of having family members who smoke cigarettes, followed by ICSLIS (71.79%) and IBM (71.43%). When it comes in informing the negative effects of smoking, ICSLIS respondents got the percentage of 97.44%, IBM with 89.58% and IEAS with 81.25%. In addition, in terms of forbidding to smoke, IBM respondents have the highest percentage with 89.36%, followed by the ICSLIS with 77.5% and IEAS with 75.76%. These findings are related to the result of the study of Sargent and Dalton (2007) wherein students have parents who disapprove their smoking habit and it may be associated with their smoking practice.

Table 15. Family members influence on smoking as to institute

Smoking Family Member (FM)	IBM	ICSLIS	IEAS
With	71.43%	71.79%	81.25%
Without	28.57%	28.21%	18.75%
FM informs Negative Effects			
Yes	89.58%	97.44%	87.88%
No	10.42%	2.56%	12.12%
FM forbidding smoking			
Yes	89.36%	77.5%	75.76%
No	10.64%	22.5%	24.24%

It can be seen from table 16 that ICSLIS got the highest percentage (76.92%) among the two institutes in terms of commonness of smoking cigarettes. When it comes to reasons of smoking, majority of them choose relaxation (IBM with 32.58%, ICSLIS with 47.27% and IEAS with 36.54%). The result shows that ICSLIS got the highest percentage with 76.92% among the two institutes with the perception that it is common for them to smoke cigarettes.

Table 16. Perceived commonness and benefit of smoking as to institute

Commonness of smoking	IBM	ICSLIS	IEAS
Yes	72.92%	76.92%	66.67%
No	27.08%	23.08%	33.33%
Benefit			
Pleasure	32.58%	27.27%	21.15%
Relaxation	32.58%	47.27%	36.54%
Anxiety	17.98%	18.18%	23.08%
Peer	15.73%	5.45%	15.38%
Others	1.12%	1.82%	3.85%

The table below shows that most of the respondents in IEAS have more intention to quit smoking with 81.82%, followed by IBM with 74.47%, and ICSLIS with 67.5%. Three (3) institutes almost have similar result in the longest time they did not smoke (more than a month with 60.61% (IBM), 50% (ICSLIS) and 48.27% (IEAS)). The reason for not smoking is health concern for both IBM and ICSLIS with 33.33% and health problems for IEAS (31.15%). The highest percentage of external factors in quitting smoking goes to the warning labels 55.56% (IBM), 35.85% (ICSLIS) and 41.67% (IEAS). Moreover, they also have the same result on the barrier in quitting smoking which is stress management (77.78% for IBM; 66.67% for ICSLIS; 79.41% for IEAS).

Table 17. Intention to quit of respondents and its influences as to institute

Attempted quitting	IBM	ICSLIS	IEAS
Yes	74.47%	67.5%	81.82%
No	25.53%	32.5%	18.18%
Longest time with no smoking			
almost a week	21.21%	25%	27.59%
almost a month	18.18%	25%	24.14%
more than a month	60.61%	50%	48.27%
Reasons for not smoking			
Price	26.44%	19.30%	9.84%
Disapproval of Family	21.84%	14.03%	21.31%
Health Problems	16.09%	22.81%	36.06%
Health Concern	33.33%	33.33%	31.15%
Others	2.30%	10.53%	1.64%
External factors			
Warning Labels	55.56%	35.85%	41.67%
Alternatives	25.92%	35.85%	25%
Counseling	5.56%	11.32%	16.67%
Others	12.96%	16.98%	16.67%
Barriers from quitting			
Stress Management	77.78%	66.67%	79.41%
High Prevalence	18.52%	19.05%	20.59%
Lack of Support	1.85%	11.90%	-
Others	1.85%	2.38%	-

Table 18 represents that 58.3% (70) of the total population and 0% (0) of the respondents have planned to quit smoking cigarette.

Table 18. Levels of Intention to Quit among respondents

Level	No. of Students	Percentage
Some plan to quit	7	5.8
Strong quit intention	70	58.3
Stronger quit intention	43	35.8

The table below shows the significant difference in the level of intention to quit based on the age of the respondents. Since the p-value is greater than the 0.5 level of significance which is $p = .127$, there is no significant difference in the intention to quit of the respondents when grouped according to their age. This supports the study of Fagan, et al. (2007) which states that the age was not significantly associated with quit attempts. Also, the study of Abughosh, et al.(2011) shows that they did not find the age of their respondents to be connected with the intention to quit smoking.

Table 19. Inferential Analyses of Age, Gender, and Institute

Age	Mean Rank	U	W	Z	p
18-24	61.70	260.000	288.000	-1.527	.127
25 and above	41.14				
Gender					
Male	57.83	896.000	5552.000	-1.690	.091
Female	71.17				
Institute					
IEAS	68.34	3.040	2		.219
ICSLIS	54.05				
IBM	60.65				

In terms of the gender, there is no significant difference in the intention to quit of the respondents. Since the p-value is .091 wherein it is greater than level of significance 0.5. This finding is similar to the study of Abughosh, et al.(2011) and Fagan, et al. (2007) who did not also find gender to be connected with the intention to quit smoking. This contradicts the statement of Al-Zalabani, et al. (2015) that states that males have more intention to quit than females. However, two studies reported that females were more likely to have intention to quit smoking than males (Paavola, et al., 2001; Chinwong, et al., 2018). The table shows that there is no significant difference in the intention to quit of the respondents when grouped according to

institution. Since the value of p is .219 which is greater than the level of significance 0.5. This supports the study of Mansour, et al. (2013) that says that there are no statistically significant differences for the students to discontinue smoking cigarette.

Since the value of p is .801 which is greater than the level of significance 0.5, it shows that there is no significant difference in the level of intention to quit of the respondents when group according to age they started smoking. This finding is an agreement with the previous study in the literature (Fagan et al., 2007). The table also shows the significant difference between those with smokers in the family and those without smokers in the family. Since the p-value is greater than the 0.5 level of significance which is $p = .726$, there is no significant difference in the intention to quit of the respondents when grouped according to with or without smoking family members. On the other hand, it contradicts the study of Abughosh, et al. (2011) that states that respondents with non-smoking parents or without smoking parents were willing to quit.

Table 20. Inferential Analyses of Age started smoking and Smokers in the family

Age	Mean Rank	U	W	Z	p
below 18	60.81	799.500	935.500	-.252	.801
18 and above	58.47				
Smoking parents					
With	25.92	301.500	829.500	-.351	.726
without	27.43				

The prevalence rate of smokers in City College of Angeles is among males comprising 80% or 96 students of the total population of the respondents. On the other hand, females have lower rate of 20% or 24 of the total population, and they have the higher rate of intention to quit with the mean rank of 71.17%. The result of the study is similar to the study of Khader and Alsadi (2008), which indicates that males more significantly smoke than women. It is also associated to the survey of the WHO (2010), which says that 40% of men smoke cigarette compared to the 9% of women globally.

Generally, there is much higher prevalence of smoking habit among the respondents age 18-24 years old with the age of 25 and above. This may be linked in the result of the perspective of the respondents that it is common for their age to smoke cigarette. However, the respondents age 18-24 have the higher level of intent to quit with mean rank of 61.70%. It was also determined that majority of the respondents started to smoke as early as 18 years old or below. Based on the said result, health education should focus on the younger age because it has a higher prevalence of smoking. Friends are the reason given by most of the smokers for trying their first cigarette. However, majority of them said that they have active smokers within the family.

Most of the active smokers in the study are from the Institute of Business and Management while the Institute of Education, Arts and Sciences has the least number of active smokers. The result is opposed to the belief of many that smoking is more prevalent among the students of ICSLIS because of the nature of their program. Moreover, about 75% of the total population of the respondents believes that smoking cigarette is common with their age. Despite the fact that majority of them (80%) were forbidden and 91.7% of them were informed by their

family members about the negative effect of smoking cigarette, most of them (60.8%) gave relaxation as a purpose of their smoking habit. It is associated with the corresponded result that stress management is the barrier why smokers cannot quit smoking (79.2%).

Moreover, there is much higher percentage of the respondents who attempted to quit smoking (74.2%). Some of the respondents (40%) went on without smoking for more than a month. Result shows that warning labels helped smokers to reduce smoking cigarettes (54.2%). For most of them (57.5%), health concern for future is their reason in quitting. It may be for this reason that they consider the warning signs of the cigarette packages, that shows the different effect of smoking cigarette in the body such as lung cancer, heart disease and respiratory illness, to reduce smoking (54.2%),.

Findings also show that the respondents have a strong level of intention to quit smoking. The study revealed that the demographic profile such as age, sex and program of the respondents has no significant difference in the level of their intention to quit. However, in the age range of the respondents, 18-24-year-old respondents have the highest prevalence rate of smoking. It is probably because of the factors affecting their psychological emotions such as stress, weight control and self-esteem. Therefore, they smoke for feeling of relaxation especially because of the anxiety of their program or curriculum. Another factor may be because of peer pressure –that smokers cannot prevent smoking for the reason that their peers continue to smoke cigarette.

In terms of their sex, even though it has no significant difference in their level of intention to quit, the result of the study shows that females have more intention to quit smoking with a mean rank of 71.17% compared to male with a rate of 57.83%. In the category of program, despite the fact that there is no significant difference in their level of intention to quit, the students from IEAS have the higher rate of intent to quit smoking with a mean rank of 68.34%. It may be for the reason that the students from the IEAS are more disciplined because of the nature of their curriculum wherein they need to set as a role model to their future students.

The smoking history regardless of the age when they first tried to smoke cigarette or if they have smokers within the family has no significant difference in the level of intention to quit of the smokers. However, respondents who started to smoke below 18 years old have the higher mean rank of 60.81%. This means that most of the smokers tried their first cigarette in their early age, yet smokers without family members who smoke have the higher rate of 27.43%. It is may be because of the environmental influence such as peer pressure and the high prevalence of smoking in the community. The result of this research has a similar outcome in the study of Mansour, et al. (2013) that indicates that there is no significant difference between smoking behavior and programs of medical and non-medical students.

This study has an important implication in the current and future students of CCA. It is evident that most of the students consider smoking cigarette as a usual practice which can lead to habits; that is why health education should impart to the younger age students to have a prior knowledge about the negative effects of smoking. It will serve as an awareness and precaution to the well-being of the smokers that may tend to change their attitude toward smoking and increase their level of intention to quit. Smokers may also consider managing their psychological factors such as stress management, self-esteem and weight control to avoid detrimental habit of smoking and have a responsible decision making.

The Illness-Wellness Continuum by Travis served as a guide in the importance of health awareness and also provided information about the health condition of the respondents that they can monitor their status if they belong in the treatment paradigm wherein it indicates progressively decreasing levels of health such as disability, symptoms and signs. This can lead

them to the neutral point wherein the symptoms of disease have lessened the pain and to utilize the wellness paradigm which helps the smokers to move toward a higher level of wellness.

Furthermore, implementing an anti-smoking campaign can help the smokers to move in the higher level of wellness, especially the smokers who are in the stage of treatment paradigm and who experience signs, symptoms and disability associated with illness. Having support from the school administrator allows the smokers to move through the treatment paradigm towards becoming their best possible self.

As a summary, the general outcomes for this study are the following:

1. Majority of the smokers aged 18-24 years old and most of them are males and from the Institute of Business and Management.
2. Most of the smokers tried their first cigarette when they were below 18 years old. About 84.2% of the respondents were influenced by their friends to smoke.
3. Majority of the respondents have family members who smoke cigarette and they were informed about the negative effect of smoking. The common reason of the respondents to smoke is for relaxation. It is found out that stress management is the common barriers in quitting.
4. Majority of the respondents attempted to quit smoking and the longest time that they went on without smoking was more than a month. Health concern is the reason of most of the respondents in quitting smoking and warning labels helped them to reduce smoking.
5. Most of the respondents have strong intention to quit smoking.
6. The demographic profiles of the respondents such as age, sex and program have no significant difference on their intention to quit.
7. There is no significant difference between the smoking habit and smoking history to the intention to quit of the respondents.

Conclusions and Recommendations

The general aim of this study is to describe the smoking habits and the level of intention to quit smoking among the students of City College of Angeles. This study would be able to uptake the students about the importance of healthy lifestyle with the absence of smoking practices. Moreover, the findings of this study are the following:

1. The researchers conclude that majority of the smokers were males coming from a younger age bracket.
2. Younger respondents will more likely to have the higher prevalence of smoking cigarette compared to older smokers. However, statistically there is no significant difference in terms of age and the level of intent to quit.
3. Female smokers have the higher prevalence rate in quitting smoking than males. However, the statistical result shows that there is no significant difference in terms of sex and the level of intent to quit of the respondents.
4. Students coming from different academic institutes have varied rates of intent to quit. However, there is no significant difference in terms of program and the level of intent to quit of the respondents. It shows that no matter what program or curriculum the smokers belong to, it is not related to their intention to quit smoking.

From the results acquired the researchers recommend the following for better understanding and appreciation of the research:

1. The use of qualitative method for better and in-depth data were obtain such as imparting their prior knowledge and experiences in smoking.
2. Formulate another tool for data gathering in order to collect more information that may help the variables such as demographic profile, smoking history and smoking habits and to have more reliable data.
3. It is suggested to include the teaching personnel in the research which may contribute additional information needed in the study and also to the knowledge and appreciation of teaching health and wellness education of the program.
4. It is also recommended that a larger sample size be used to include other colleges so that the sample will be more reliable.

The following list is recommended to stakeholders on how to find appropriate studies that may behelpful to their field:

1. To the future researchers, that they may conduct and replicate the study or may use it as a reference in the future to further validate the results.
2. Since it was shown that most of the respondents have strong quit intention, it is recommended that the school administrators develop anti-smoking campaigns based on the characteristics of the students and further enhance health education in the general education curriculum so that students will have a deep understanding on the effect of smoking in their well-being.
3. Since most of the respondents reason out future health concern in quitting smoking, the researchers also recommend that Physical Education teachers, as wellness instructors, help the students to make a behavioral change toward smoking by encouraging students to engage in different activities such as various sports that will affect and condition their perspective concerning healthy lifestyle.

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