Chapter 6
Smoking:
A Biopsychosocial Perspective

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ABSTRACT

Smoking involves inhaling, exhaling, holding or otherwise having control over an ignited tobacco product. This practice remains a global burden and deaths caused by smoking-related conditions is believed to have escalated. Many countries in the world have policies in place that regulate the production, transportation, handling and utilization of tobacco products in order to compact this burden of smoking. Despite these efforts, various contributing factors of smoking amongst which peer-pressure forms part, are believed to be cause of an increase in the number of new smokers. Nicotine is one of the constituents of tobacco smoke which causes a pleasant feelings which in return contributes to addiction. Cigarette smoke contains thousands of chemicals with some known to be carcinogens. Smoking during pregnancy poses danger to a pregnant mother and her unborn babe as they exchange blood. The public needs to be educated on the danger of smoking, and exposure to second-hand smoke as well as on strategies that one can follow to quit smoking.

DOI: 10.4018/978-1-7998-2139-7.ch006

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INTRODUCTION

West (2017) defined tobacco smoking as smoking that consists of drawing into the mouth, and usually the lungs, smoke from burning tobacco. About 4 million people die each year from tobacco smoking related conditions, with the number projected to reach 10 million by the year 2030 (Amakali, Haoses-Gorases, & Taukuheke, 2013). The use of tobacco, challenges associated with addictions and morbidity trajectory have moved from being the challenges of developed countries to that of low and middle income countries, similar to tobacco marketing efforts. Sub-sahara Africa is relatively new to dealing with the challenges associated with tobacco epidemic. The consumption of tobacco products in Sub-sahara Africa is estimated to record the highest growth in the world (Siddiqi, 2019). Smoking habits are believed to be associated with an increased global morbidity which are non-communicable diseases related (Naikaku, 2018).

In an effort to control smoking, Namibia signed a Convention for Tobacco Control (CFTC) in 2010 and enacted a Tobacco Control Act, nearly 20 years after independence without a piece of legislature that prohibit public smoking, advertising and sales of tobacco products (Tam & Van Walbeek, 2013). The legislative on tobacco control is seen as a tool to control the use of tobacco, particularly in youth population.

This chapter will discuss the factors contributing to smoking, dangers, challenges and strategies to quitting smoking and the effects of smoking on the body.

BACKGROUND

Namibia is classified as a middle income country with peaceful political environment that has attracted many investors to compete for investment opportunities. However, the world economic down turn has also negatively affect the country with youth unemployment rate standing at 46.1% (Trading Economics, 2019). Amid to economic challenges, tobacco companies continue to take advantage of weak tobacco control legislations in Namibia to aggressively promote tobacco products under the presence of creating jobs opportunities. Namibian Caminet has approved a controvential tobacco plantation in Zambezi region, on the Eastern part of the country, despite the call from the affected communities, civil societies, some governmental and non-governmental organizations who had objected the approval of the environmental clearance in 2014. The project is seen to be a health hazard and inconflict with its’ 2005 WHO ratification framework on tobacco control in Namibia (Kahiurika, 2019). According World Health Organization’s Global Tobacco Survey of 2011, it was discovered that children in Namibia starts smoking as young as nine, with about 16% of children smoking cigarette. With the youth currently making up 60%
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