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# Reality Therapy as an Intervention for Smoking Behaviour: Evidence From Middle-Aged Individuals in Egbeda Local Government Area, Ibadan, Nigeria

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**Abstract.** Smoking is a behaviour that afflicts many people, especially in this period of life when it poses greater health risks for middle-aged people. A lot of attempts have been made to quit smoking, yet many smokers continue to battle with it. Although addictions to behaviour such as smoking have found some efficacy with interventions like Reality Therapy, research has been scant on its efficacy in smoking cessation. This study seeks to determine the effects of Reality Therapy on reducing smoking behaviour among middle-aged individuals in Egbeda Local Government Area. The study was experimental in design, which included a pre-test and post-test. A total of 22 participants, 12 of who were in the Reality Therapy group and 10 in the control group, were recruited for this study. The age range was from 40 to 60 years. Participants in the Reality Therapy received a structured intervention. No treatment was given to the control group. Data from the participants were analysed using t-tests to compare pre-test and post-test smoking behaviour scores. The Reality Therapy group revealed significant reduction in smoking behaviour (mean difference = 6.1, t = 5.32, p = 0.000; while control group showed only a marginal reduction (mean difference 0.2), which was not statistically significant (t = 0.98, p = 0.330). The findings indicate that Reality Therapy is effective in reducing smoking behaviour among middle-aged men and women. Based on the findings, it is recommended that Reality Therapy be integrated into public health initiatives targeting smoking cessation, especially in middle-aged populations. Policymakers should also consider financing and supporting therapy-based intervention which inspires personal responsibility and informed choice in health behaviours. Long-term effects of Reality Therapy and its applicability across divides need to be examined.

**Keywords:** Reality Therapy, smoking behaviour, middle-aged individuals, behavioural intervention

## 1. Introduction

Smoking behaviour remains a significant public health concern worldwide, contributing to more than 8 million deaths each year, including 1.2 million due to the effects of passive smoking (World Health Organization [WHO], 2021). Such prevalence exists despite massive and intensive campaigns against smoking, this according to Shoyemi (2023) is because nicotine like other substances has addictive properties and smoking behavior is socially reinforced. Smoking has led to an increase in the incidence of lung cancer and cardiovascular diseases; hence, urgent intervention is needed to resolve the menace at a global health scale. Wasting resources is also very high, with globally estimated costs amounting to US$ 1.4 trillion each year on health care and productivity losses. Public health efforts have really made a difference in tobacco smoking reduction in high-income countries, but the challenges still go on for low- and middle-income countries to wrangle against tobacco addiction. Current trends in public health have focused on developing individualized approaches to therapy that work along with the policy-level initiatives to reduce smoking behavior.

Tobacco smoking in Africa has become an area of great concern as much tobacco became available and as multinational tobacco companies aggressively

promoted their products. According to the Global Adult Tobacco Survey (2020), smoking prevalence is increasing in Africa, especially among middle-aged people and younger generations. The increasing likelihood of smoking abuses also worsened with the convergence of some other risky conditions such as childhood trauma and peer influence towards addiction (Omopo, 2024; Omopo, Offor, & Ogunbowale, 2024). Such socio-economic distortions allow smoking to be perpetuated even among the most susceptible in urban and peri-urban settings. The number of smoking cessation programs available has increased geographically. However, even with this increase, most programs fail when it comes to depth in exploring behaviour-centric interventions in African socio-cultural contexts (Adisa & Yaya, 2021). Without intervention, the prevalence and burden of tobacco in terms of health and overall socio-economics is bound to shoot further high over the coming decades in Africa.

Yet, in sub-Saharan Africa, the situation is more serious; there, smoking behaviour relates to socioeconomic factors such as poverty and a weak educational system. Indeed, smoking cessation efforts are resisted because it is believed to have stress-relieving attributes value-added to social norms. Yet, subsidies for cheap, inferior quality, tobacco products are compounds of the problem in low-income communities. Studies show that accessible disaggregated interventions such as community-based health programmes show moderate success passively accessing upcoming change in smoking behaviours within the region. There is, however, need for innovative approaches targeting smoking psychological drivers such as cognitive reframing and solution-focused therapies for sustainable outcomes (Omopo & Odedokun, 2024a, 2024b). This calls for multi-sectoral collaboration and investment in culturally laden therapeutic intervention to address barriers.

Smoking is a major general public health menace in Nigeria, with tobacco use becoming increasingly popular across age ranges. Middle-aged individuals are particularly found to cite the influence of stress, peers, and socio-economic pressures, among others, as potential reasons for smoking. Indeed, there are communities in which smoking has become a cultural practice, thus making it very hard for that community to stop smoking altogether. Even though there have been national efforts toward implementing anti-smoking laws and policies, the compliance has been very weak, attributed to ineffective enforcement strategies and awareness campaigns. With the additional factors of peer pressure and low emotional intelligence in the cessation process, particularly for vulnerable population categories, it becomes more complicated (Adegunju, Asiyanbi, & Omopo, 2024). They have termed "one-size-fits-all cessation services" as such programs have proved generic in character and, therefore, incapable of considering the psychological and behavioral factors that are typical of Nigeria (Adekunle et al., 2019). Such cultural and structural realities must be addressed by any efforts to improve results for smoking cessation.

Smoking is a popular vice among the middle-aged in South-West Nigeria and Egbeda local government area owing to urbanization, poor economic fortunes, and stress. Community health assessment showed that the adoption of smoking behaviors had a lot of effects concerning household economic stability as well as cleanliness of environment. Most smoking-unable quitters in this region do not have access to specific cessation services designed for smokers. Environmental issues that arise such as wrong house wastes disposal and the health issues attached emphasize the need for interventions. Interventions should therefore cover behavioral as well as environmental aspects of tobacco use since they may significantly impact public health (Ogunleye et al., 2022). Another area is the new therapies that would tackle causes of smoking, among them being stress management and socio-economic issues.

The smoking behavior of middle-aged people in Egbeda LGA drastically impacts not just them but also the families and communities they live in and the environment. It is linked up with a financial burden on families attached to the purchase of tobacco and health risks considering exposure to second-hand smoking, which in most cases can also result from parental smoking, which has been linked to adverse childhood behavioral and educational outcomes, thus creating intergenerational cycles of vulnerability (Ibrahim, Awoyemi, & Omopo, 2024). Economic time loses to smoking-related illnesses are public costs. Environmental degradation from cigarette remains is serious. Smoking increases the risk of chronic illnesses thus increasing healthcare expenditure and reduced productivity in healthy life spans. Addressing smoking behavior in this age group is important for actual health and society in general.

Reality therapy, a cognitive-behavioural approach, has been recognized as a tremendous tool for helping change the smoking habit. It is based on Glasser's Choice Theory and speaks to helping people make better choices while emphasizing accountability and goal-directed action. Evidence shows its structured framework to be relevant to addressing habitual

behaviours such as smoking. Given that smoking is largely motivated by stress and low self-efficacy - factors often mentioned by smokers in the region - it has therapeutic benefits. Omopo and Odedokun (2024a, 2024b) have shown how much transformational power therapeutic interventions such as reality therapy could exert on tobacco dependence behaviours. Accordingly, this makes reality therapy thereby become the right option for this study. Again, considering reality therapy's adaptability to various or multi-cultural contexts, it strengthens its relevance as an intervention strategy for smoking cessation in South-West Nigeria.

This research intends to find out if reality therapy can be effective in reducing the smoking habit in middle-aged adults in Egbeda LGA of Ibadan. This study hopes to fill an existing gap in the extant literature on psychological therapies concerning smoking cessation in South-West Nigeria. This study would therefore derived possible practical solutions addressing the high prevalence of smoking behavior in this region through reality therapy contextualized to local socio-cultural contexts. Grounded within Glasser's Choice Theory, this research is an attempt at understanding how the intervention assists subjects in taking responsibility for their actions and making informed choices towards quitting tobacco smoking. By exploring the potential of reality therapy, it contributes to the development of effective and culturally relevant therapeutic strategies for the reduction of tobacco smoking behaviour.

### 1.1 Purpose and Objectives of the Study

The general purpose of this study is to examine smoking behaviour among middle-aged individuals in Egbeda Local Government Area, Ibadan, with a focus on understanding its prevalence, motivations, and previous cessation efforts. Furthermore, the study aims to evaluate the effectiveness of Reality Therapy as an intervention for reducing smoking behaviour within this population. The specific objectives of the study are to:

- Determine the rate of smoking behavior in the middle-aged populace of Egbeda Local Government Area, Ibadan.
- Measure the effect of Reality Therapy on reducing smoking behavior among the target population.
- Ascertain the motivations for smoking behavior among middle-aged individuals at Egbeda Local Government Area.
- Appraise previous attempts at cessation and strategies to quit smoking employed by the participants.

### 1.2 Research Questions

The following research questions guide the study:

- What is the prevalence of smoking behaviour among middle-aged individuals in Egbeda Local Government Area, Ibadan?
- What are the motivations for smoking behaviour among middle-aged individuals in Egbeda Local Government Area?
- What cessation efforts and strategies have participants previously employed to quit smoking?

### 1.3 Hypothesis

The following null hypothesis was tested at a 0.05 level of significance:

There is no significant reduction in smoking behaviour among middle-aged individuals in Egbeda Local Government Area after undergoing Reality Therapy.

## 2. Methodology

A mixed-methods framework was applied for realism therapy intervention to reduce tobacco consumption behaviour among middle-aged residents of Egbeda Local Government in Ibadan. The quantitative component sought to validate the research hypothesis on the effectiveness of Reality Therapy in reducing smoking behaviour based on pre- and post-intervention assessments regarding smoking habits measured using the Fagerström Test for Nicotine Dependence (FTND). This statistical method analysed data to establish the significance of change in smoking behaviour of experimental and control groups. The qualitative component made use of content analysis to answer the research questions, mainly relating to the reasons for smoking behaviour and attempts at quitting. The rich qualitative data was then coded and classified to identify key themes and patterns in the answers of the participants by means of conducting in-depth interviews and asking open-ended questions.

Snowball sampling was done to determine the middle-aged males willing and eligible to participate in this study. Their motivation for the study is the willingness to reduce smoking behavior due to its negative effect on their current health status which includes tuberculosis, and cardiovascular issues. The age of participants was between 40 and 60 years. The said individuals were current smokers of at least a year and willing to sign documents about their consent. The experimental group comprised 12 participants,

individual middle-aged males, who underwent Reality Therapy or therapy to modify behaviour with personal accountability and developing other coping options to manage smoking behaviours. The control group had 10 individuals who underwent a nutrition intervention, which mainly focused on improving wellness without addressing issues related to smoking. Both groups were subjected to a pre-test on standardized assessments for baseline smoking habits followed by post-test assessments to determine intervention effects. Qualitative data from interviews were subjected to analysis using content analysis for motivation underlying smoking as well as strategies participants have employed in the past to stop smoking. This kind of qualitative and quantitative data presents enrichment for a comprehensive evaluation of the effectiveness of Reality Therapy in the reduction of smoking behaviour among middle-aged individuals.

## 3. Results

### Demographic Representation

Twenty-Two (22) participants from Egbeda Local Government Area, Ibadan, constituted the study. Demographics of the participants in terms of age, educational qualifications and sex are indicated in Table 1 below.

**Table 1:** Demographic Characteristics of Participants

| Characteristic | Category | Frequency (n) | Percentage (%) |
|---|---|---|---|
| **Age** | 40 - 45 years | 5 | 22.73% |
| | 46 - 50 years | 7 | 31.82% |
| | 51 - 55 years | 5 | 22.73% |
| | 56 - 60 years | 5 | 22.73% |
| **Gender** | Male | 22 | 100% |
| **Educational Level** | Primary Education | 4 | 18.18% |
| | Secondary Education | 11 | 50.00% |
| | Tertiary Education | 7 | 31.82% |
| **Total** | | **22** | **100%** |

Participants (all males) were middle aged and evenly distributed across the four age groups between age 40-60. For the education level, the sample comprised those with primary education (18.18%), secondary (50.00%), and tertiary education (31.82%).

**Research Question 1:** What is the prevalence of smoking behaviour among middle-aged individuals in Egbeda Local Government Area?

The findings stress the common pattern of smoking among middle-aged males within the Egbeda Local Government Area. Participant 1 explains how smoking is commonly practiced in his community. It is an apparently widespread habit but not a universal one. He states:

In our community, many men smoke. It’s something that has been part of life for years. There is little stigma attached to it, and most people continue smoking, even when they know it's bad for their health. For some, it's just part of their daily routine. **(Participant 1, aged 47, Farmer)**

He affirms however, that not every individual in the community smokes. *"There are those who skip it for medical reasons, but the majority haven't deliberated: It's normal. There is no strong negative idea of smoking here."* He echoes that although common, this isn't the activity which everyone participates in, particularly those who have been influenced by health campaigns or other personal health issues. Yet, the habit was commonplace and thus found in certain circles of culture.

Participant 2 elaborates on the social aspect of smoking, adding that in some circles, it is perceived as a sign of masculinity and maturity:

When we gather as friends, smoking is almost expected. It’s seen as part of socialising, a way for men to bond. In these spaces, it's difficult to avoid it, and it becomes a part of the relaxation process. For a lot of people, it's hard to break that cycle. **(Participant 2, aged 42, Tailor)**

He furthered that many men in the community smoke to unwind, and peer pressure in social settings reinforces this behavior. *“It's just a natural part of it when we sit down to drink and talk; it becomes almost unthinkable to socialize without a cigarette; even when I try to avoid it, the habit pulls me back into it”*. This reflects that while smoking may not be found in all social contexts, it is often compared to a bonding ritual and equally common within certain social limits. He continues, saying, *"I see younger guys pick up the habit, just like we used to when we were their age. It's like it's being passed down."*

Participant 3 provides further insight into how smoking has become a generational habit, particularly in areas with fewer health awareness campaigns. He stated:

I started smoking when I was in my twenties, and I see a lot of younger men in the community doing the same. It's almost like a rite of passage. People in my age group see it as something that marks adulthood. It's difficult to stop when everyone around you is doing it. **(Participant 3, aged 43, Welder)**

He indicates that smoking behavior is transmitted from one generation to the next, that in most cases, it is accepted as part of manhood: *"It is very normal to see men smoking during gatherings in the neighborhood, and many young people follow suit with them. I think that would go on. I know it's bad, but I can't stop."* Participant 3 also says how it is naturally learned, not easy to unlearn once in motion. *"It's almost like culture supports it here,"* he concludes, giving an idea that smoking is that much of a part of the fabric of community life.

Participant 4 describes smoking as a personal but socially endorsed choice, stating,

I used to smoke a lot when I was younger, and I see that same pattern in the community. Even now that I'm older, it hasn't really changed. People smoke at social events, while relaxing, or after a hard day's work. It's not something that gets questioned much. **(Participant 4, aged 45, Driver)**

He further reflects why, in spite of greater awareness regarding the smoking-related evils, this behavior continues in communities because of the absence of immediate consequences for such behavior. *"There is actually no pressure to quit here. Most people have heard of the risks but that's not enough to quit. It just becomes a part of the routine. Everybody smokes differently: Some casually, some excessively, but all of it is quite accepted."* Participant 4, alluded to the normalization of smoking both on habitual use and cultural factors which have made it okay in his circle. He further states, *"Even when I see people trying to stop, that's hard to keep because even by your side, someone is smoking, the urge is just too much."*

Though smoking is undoubtedly common among middle-aged people in Egbeda Local Government Area, it is not universal. Participants' responses reveal a widespread yet socially accceptable habit which mostly thrives amonga well-defined social circle. This activity is viewed as special bonding experience, particularly of men in the location, although the dangers associated with it are known it is considered typical social and personal life. The phenomena of inter-generational transmission of the smoking habit, peer influence, and community traditions serve to reinforce the habit. Nevertheless, some people within the community avoid smoking deliberately, mostly for health reasons, thus implying a non-universal acceptance of the practice, though smoking nevertheless remains widespread at the main social gatherings.

**Research Question 2:** What are the motivations for smoking behaviour among middle-aged individuals in Egbeda Local Government Area?

This research is concerned with assiduously understanding the different motivational factors for which middle-aged men and women in Egbeda Local Government Area have turned to smoking. Participant 5 describes smoking as a means of coping with frustrations dating back years and wanting personal space.

Smoking helps me think, you know? It's not just about the cigarette; it's about being able to sit down, take a moment to myself, and clear my mind. It's like a ritual that allows me to step away from everything and just focus on my thoughts. During those few minutes, I can gather my ideas and sort through my emotions before I get back to whatever I was doing. (Participant 5, aged 49, Mechanic)

He emphasized that smoking is like a detour away from life stressors. *"The work I do is tiring; stress from family life isn't much help. So when I smoke, it's like a moment of peace that allows me to gather myself."* It seems like for Participant 5, smoking has now become a ritual without which he cannot have much 'brain' time, as it almost creates a moment of separation from the surroundings that are usually busy so that he can think. *"It's not that the cigarette does but what it stands for. It gives me a moment to delve into things and figure out what to do next."*

Participant 6 speaks about how smoking has become an integral part of his social routine, particularly when interacting with others. He asserted:

In my community, it's a common practice. When we sit together, whether it's in the evening or after work, smoking is something we do. It's like a bonding ritual. We gather, share stories, and light up. It's a way for us to connect, unwind, and enjoy each other's company after a long day, almost like a silent agreement that we're all in this together. (Participant 6, aged 44, Shopkeeper)

In his words, smoking in his social group serves the double purpose, firstly, to relax, and secondly, in joining with the others. *"We don't just smoke for the pleasure, but it's how we relax and talk. There's a sense of camaraderie that comes with it."* To Participant 6, smoking is more than just the act; it is done collectively as an experience with people from his locality. *"It's something to unite people really.*

*When you smoke with your friends, it feels like you're a part of something bigger."* His words aptly shed light on how social reinforcement and communal norms could hugely impact the sustainability of smoking behaviour.

Participant 7 reveals how smoking has been an integral part of his routine, providing a sense of comfort in moments of uncertainty. In his word:

I started smoking at a very early age, and I never really considered quitting. It simply embedded itself in my life. Now, even under duress, anxiety or tension drives me to smoking. It's an automatic reaction to stress; sort of a thing with which I am familiar with escaping, even if just for a moment in time. I can't imagine life without it. (Participant 7, Aged 51, Farmer)

He submitted that he could use smoking as a constant way to deal with stress and uncertainty. *"Even if it's just temporary, it gives me a sense of control. Life can be so huge and overwhelming, and in the hand of that cigarette, it makes things feel manageable."* In Participant 7's case, smoking is, despite his admission about health risks, coping mechanism that has stood the test of time. *"I know it's bad for me, but when times get tough, it makes me feel like smoking helps me take a little bit of a step back and relax."*

Participant 8 discusses how smoking has been linked to moments of celebration and reward, particularly after work.

I reward myself with a cigarette after a tiring day. The cigarette is like a symbol I use to show myself that I've reached the end of the day. It's the end of stress and busyness and I can now unwind, sort of like a small important ritual to inform myself that it has 'earned' a very short moment of peace before slipping into the next part of the evening. (Participant 8, aged 46, Teacher)

The rest of his statement attested to how smoking becomes a sign of individual accomplishment or an end to hectic life. *"To sit down and relish a smoke means, 'I have accomplished it.' I have toiled, and now I can sit down and relax with a smoke."* Such connection made by the act of smoking and reward indicates that it could be ritually reinforced as a method to self-reward. "*It's almost like a personal celebration. I feel like I've earned it, even though I know I shouldn't be smoking."* This emphasizes the motivation of actual smoking as an emotional self-evidence, especially when people want to give themselves a break.

Different reasons abound for middle-aged individuals in Egbeda Local Government Area when it comes to their smoking habits. While some use the practice for stress relief, others resort to it as a means of forming social bonds, become personal rituals, or reward the self. Individual smokers are also found to link smoking in relation to varying aspects in their daily lives. A good number of participants also say they smoke to reduce their stress or clear their minds, meanwhile others say they consider it a social ritual or emotional reward. The difference in interests indicates that for these people smoking is not merely about addiction, but in fact, forms an essential part of the mechanism of coping, social interaction, and self-reward, thus rendering addiction even difficult to abandon.

**Research Question 3:** What cessation efforts and strategies have participants previously employed to quit smoking?

The emphasis of this exploration revolves around the various cessation efforts that middle-aged individuals in Egbeda Local Government Area have attempted in their quest to quit smoking. Participant 9 discusses how he tried to quit by reducing his cigarette intake gradually.

I have tried smoking fewer cigarettes every day, but that never succeeded in my case. I always started with full determination but surrender myself after a few days. I find that quite agonizing because I know I must quit, and yet it is so hard to stop that endless train. I keep myself busy with a thousand things, but there is always some trigger and suddenly I'm puffing at the end of it. It feels easier even though I know it's not best for me. (Participant 9, aged 47, Carpenter)

He revealed that his inconsistency made it impossible to follow through on a plan, while his cravings always overpowered will. *"The feeling was that the drive to smoke was much stronger, and after a couple of days cutting down, I would just end up smoking more-and-more. It became frustrating."* This explains how the struggle to control cravings and form new habits can interfere with attempts to give them up successfully. *"I guess I never really had the support or discipline to see it through."* Participant 10 highlights the role of support from family and friends in his efforts to quit smoking:

Their encouragement made me strong enough, but again, it is not easy if the temptation is so heavy. The moment I had a plan to discontinue, it was as if the pressure built up, and smoking became my emotional outlet. Although I knew that this was something I had to resist, it was so comfy to ignore, knowing the familiar comfort it gave me. (Participant 10; age: 44; Driver)

He mentioned that although emotional support is helpful, it is not sufficient to overcome addiction. *"It helped knowing that my family was behind me, but at the end of the day, it was just me and my cravings. No matter how hard I tried, I kept going back to smoking."* Participant 10 experience highlights the significance

of outside support but also tells how addiction can overshadow everything. "*It was like I really needed something more, something stronger than just the encouragement to quit."*

Participant 11 explains how he sought professional help by attending a local clinic for smoking cessation.
I visited a health clinic where they gave me nicotine patches and suggested that I should use them to quit smoking. I used them for around a month but ultimately gave up. It was tough, and the results were not what I expected. The cravings never went away, and the whole process left me feeling defeated, so I decided to quit the patches. To me, it felt as though the nicotine were still pulling at me, and I couldn't maintain that. (Participant 11, aged 50, Teacher).
He explained that the patches helped to alleviate some of his bodily craving for nicotine. Yet, he continued having problems with the psychological cravings related to addiction. "*The patches reduced my cravings a little, but I still had the psychological urge to smoke, especially when I was stressed. It just didn't seem enough to stop me."* This points to the fact that narcotic therapeutic interventions, which may help in overcoming physical addiction to nicotine, are not sufficient for combating the psychological withdrawal symptoms associated with smoking. *"In the end, I stopped using the patches, and nothing really changed."*
Participant 12, who has tried quitting several times over the years, elaborates on his use of alternative coping mechanisms.
When I felt the urge to smoke, I would substitute cigarettes for chewing gum, or I would take a walk. I convinced myself that if I could distract myself long enough, I would not be tempted to smoke. Initially, that seemed to work, but the cravings were so intense that it was hard to maintain those good intentions. I would have a little victory, but sooner or later, temptation would overwhelm me, and I would be smoking again. (Participant 12, age 45, Business Owner)
It truly reflects the partial success *"It worked for a while but when the stress of work or life got overwhelming I started reaching for a cigarette again. It felt like a temporary fix rather than a real solution."* This most eloquently reflects participant 12's experience in using healthy replacements in place of smoking. That may work for the time, but it is not literally a long-term resolution. *"I haven't completely given up yet. I still try different things, but it's really hard."*
This study stresses that the participants of Egbeda Local Government Area tried different methods of stopping smoking such as cutting down on cigarettes, seeking assistance from their families, use of nicotine patches, and developing other coping mechanisms. Although these tell and show that people are really trying to quit smoking, they show how difficult it is. Participants give a picture that it does not come easy-the quitting of smoking-and while some of those strategies may become avenues for temporary reduction of habit, others do not tend to go beyond a temporary success without an ongoing support system or a stronger intervention. These observations about participants' cessation efforts point to the complicated nature of smoking addiction and the need for more precise and longer-lasting to effect some kind of cessation.

**Hypothesis**

The result of the hypothesis comparing the Reality Therapy intervention group with the control is displayed in the Table 2.

**Table 1:** Comparison of Smoking Behaviour Reduction between Reality Therapy Group and Control Group

| Group | Pre-Test Mean | Post-Test Mean | Mean Difference | Standard Deviation (SD) | t-value | p-value |
|---|---|---|---|---|---|---|
| **Reality Therapy** | 15.3 | 9.2 | 6.1 | 2.3 | 5.32 | 0.000 |
| **Control Group** | 15.0 | 14.8 | 0.2 | 0.4 | 0.98 | 0.330 |

The results of the analysis revealed the following:

**Reality Therapy Group**: The Reality Therapy group produced a statistically significant reduction in smoking behaviour, from a pre-test mean of 15.3 to a post-test mean of 9.2, a mean difference of 6.1. An independent t-test indicated a significant result for this group ($t = 5.32$, $p = 0.000$), implying significant impact by Reality Therapy for reduction in smoking behaviour among participants in this group.

**Control Group:** The control group, however, displayed only a minor reduction in smoking behaviour: a pre-test mean of 15.0 and a post-test mean of 14.8. The mean difference is just 0.2 which is not significant ($t = 0.98$, $p = 0.330$), thus the control group did not meanfully decrease smoking behaviour within the program.
This null hypothesis, which claims that Reality Therapy will have no significant effect on smoking behaviour in middle aged people in Egbeda Local

Government Area, is rejected. Evidence available indicates that Reality Therapy has a significant effect on reduction of smoking behaviour in experimental group subjects compared with control group subjects who show no difference at all.

The present investigation is congruent with the tenets of choice theory postulated by Glasser, which was adopted herein as the conceptual framework for explaining the participants' change behavior concerning their tobacco smoking behavior. This involves internal motivation, the responsibility of choice, and knowledge of the outcome of that choice-all of which must fulfill some basic psychological needs of people. The analyses in smoking cessation classified the members of the Reality Therapy group, which is rooted in Choice Theory, which showed remarkable reductions in smoking behaviour. This invoked or confirmed the premise that humans can change maladaptive behaviours like smoking through taking ownership of actions, recognizing the choices they make. The findings reflect the theory-inspired claimant-the lives of people must revolve around their making choices for meeting their needs-and, by showing the program participants how smoking meets their unfulfilled needs, healthier options are offered. Strong evidence would then be found in such results for the basic tenets of Choice Theory, namely-that personal accountability plus tools for informed choice can drastically affect the reduction of harmful behaviours like smoking.

## 4. Discussions

### Prevalence of Smoking Behaviour among Middle-Aged Individuals in Egbeda Local Government Area

The study findings reveal that smoking behavior is rampant among middle-aged adults in Egbeda Local Government Area, particularly among male social networks. Though not all members of the society are active smokers, the act is morally adjudged as normal in most of the social dimensions such as gatherings and hangouts. Particularly, Participant 1 summarizes the situation by stating that smoking has gone so far into community roots that it lacks blowback from strong stigma. In fact, it is captured casually in the daily life of society, especially concerning those who meet after a hard day's work or just relaxing. Further highlighting the point is Participant 2, who states how smoking serves as a ritual among men in intensifying its prevalence among certain groups. Smoking goes without saying, even though there are health side effects. According to Participant 3, it is more like a generational transmission, handed down from one to another, that has transformed the act into a representation of masculinity or manhood. Indeed, generational transmission is an important reason why smoking is entrenched in the given community and makes it very difficult for an individual to break the habit even when danger is recognized.

The results indicate that smoking is no less than an individual phenomenon but shaped by social and cultural factors. As participant 4 noted, even as awareness about hazards associated with smoking increases, the social environment still does not exert enough pressure to quit. This is in reference to the strong popular approval of smoking, as a natural aspect of both social events and relaxation. Such collective attitude toward smoking aligns with other works, which have shown that very instrumental in perpetuating the smoking behaviour are social norms themselves. Indeed, Levy et al. (2007) indicated that under the normalising and eqiporas of certain social environments, people are more pushed into smoking act. Responses provided by the participants in this study clearly testify that smoking is much more than a choice made at an individual level; it is, indeed, a peer- and alcohol community heritage. This is not just the pervasiveness of health considerations that keeps this cultural acceptance of smoking alone and encourages it to keep up in community life. Although not showing a universal pattern, smoking is still quite prevalent in the lives of many middle-aged people living in Egbeda Local Government Area.

The motivations of middle-aged persons to smoke within the Egbeda area are multi-dimensional, suggesting that smoking behavior is deep-rooted in private routines, socialities, and coping mechanisms. One of the reasons why people still smoke is that it acts as a stress reliever and mental stimulant. Participants like Participant 5 were vocal about their nicotine habit as a ritual escape- a momentary respite that allows them to process their feelings and concerns, especially in the context of great stress from work and family life. This aligns with findings from recent studies which suggest that smoking is often used as a tool for stress relief; there is a moment of calmness amidst the madness of daily life (Zhao et al., 2019). Smoking may also be seen by some individuals as a form of detachment from their environment and a method of taking control over what seems "chaotic," however temporary. This reinforces the addictive habitual nature of smoking as a form of coping when relief is felt and only makes quitting feel more difficult even when awareness of harm is realized (Berg et al., 2017).

Besides this, smoking has been some important social bonding tool, especially to societies such as Egbeda, where it becomes part of social functions. With Participant 6's experiences, it becomes a ritual that builds a fellowship and seals ties. This is supported by literature, which suggests that social and peer influences are dominant in the initiation and continuation of smoking behaviors in a group setting (Bokhari et al., 2020). The viewing of smoking as a communal activity can give a sense of belonging, which makes it difficult for an individual to quit smoking even if they realize the health risk. To support this, the experience of Participant 8, who sees smoking as something self-rewarding after hours of work, adds to the argument that smoking is emotional self-rewarding. Self-reward for smoking, whereby it acts as the conclusion of stress, recognizing that an individual has performed some achievement, indicates how much it tends to be imbibed in daily behavior and emotional handling approaches of humans (Kim et al., 2020). These results show the complex nature of smoking, in which it is understood not merely as a behavior but more as a deeply entrenched habit intertwined with emotions and social needs.

The diverse strategies employed by participants in Egbeda Local Government Area to quit smoking exemplify the complexities surrounding the cessation of smoking addiction. Although relying on other methods such as reducing consumption gradually or undergoing platforms of external reinforcement, pharmacotherapeutic access, and alternative avenues of coping, cravings and psychological adherence have tended to prevail. Participant 9's gradually reduced experience clearly emphasizes and shows the difficulty associated with craving since most cravings stem from the brain pathways of psychological (West, 2017). Participant 10's being supported by immediate family members in the effort to quit tobacco smoking is also insufficient; hence, a combination of a strong strategy and other external means could be the most ideal (Curry, 2019).

Most pharmacological interventions, including nicotine patch, were less successful without a behavioral approach. Participant 11 reported using nicotine patches as a pharmacological aid while they highlighted that not address the behavioral and emotional triggers of smoking (Baskerville et al., 2018). Similarly, alternative means like chewing gum and walking were Participant 12's methods of coping, exuding temporary relief compared to inadequate solutions to deeper psychological dependence (Hughes et al., 2018). Thus, the experience of all the respondents pointed to the need for comprehensive, multipronged strategies that combine pharmacological and psychological interventions with sustained involvement of family and health providers. Such an approach is crucial for overcoming the physical, psychological, and emotional aspects of smoking addiction (Berg et al., 2020).

Reality Therapy is said to work in reducing smoking behaviour as it is directed toward increasing personal responsibility as well as problem solving skills. From Reality Therapy, the individual takes up greater role on making choices as well as giving power in conduct, which is empowering especially for the addicted. Increased self-accountability might have helped participants to face the smoking reasons and develop better health coping mechanisms. This is empowering because addiction is not all just physical symptoms; it generally also means psychological and emotional factors that lead to certain behaviour. Through these, Reality Therapy encourages the present for the participants rather than focusing on the past. Therefore, they remain directed on goals and active attempts towards behaviour change, a major significant factor at its successes. On top of that, therapeutic approaches help patients locate needs, which the person may try to fulfil through smoking, thus giving room for more efficient and healthier substitutions and strategies.

Thus, this finding fits well to previous scientific studies that have reported the resultant efficacy of Reality Therapy when applied in behavioral treatment activity. Specifically, it has been documented that Reality Therapy attends to root causes of behavior, with practical solutions, hence well-suited for treating addictions to smoking. This has been the finding of Wubbolding (2011), where improvement happened in the outcome through Reality Therapy to such an extent that smoking occurred significantly less. Likewise, in a research done by Moen and Magnusson (2018), clients receiving Reality Therapy actually became better at self-efficacy and emotional regulation, which are paramount for an improving addictive state. Reality Therapy thereby creates a whole person approach in smoking cessation, a practical one aimed at action-taking, with the improvement of personal responsibility focusing on taking actionable steps, rather than just curbing cravings. This could be quite appreciated especially by middle-aged individuals who seem to have very entrenched habits but who do much better with both personal introspection and some action adaptation.

## 5. Conclusion

The habit of smoking is mostly influenced by the social norms, cultural practices, and personal reasons.

Smoking as a whole and often within male groups was attributed to masculinity and relieving stress, in addition, it is bonded through bonding and age generation transmission. While awareness of its health risks increased, attempts to quit smoking proved largely futile because of the engaging dynamics between psychological dependence and social influence. This suggests that multifaceted approaches to tobacco cessation should be adopted, combining pharmacologic and behavioral intervention methods. Specifically, the current study denotes Reality Therapy, which emphasizes an individual assumption of responsibility and a solution-oriented approach, as a potential way of reducing smoking behavior through the empowerment of the individual to confront addiction and change voluntarily into a positive behavior pattern. These insights contribute to better understanding the smoking behaviors and would also serve as a basis on which effective, culturally relevant smoking cessation programs can be developed appropriate to other similar communities.

**5.1 Implication to Policy, Theory, and Practice**

The study brings out the necessity of developing relevant public health policies that affect the smoking behaviour of individuals from a socio-cultural context with special focus on the mid-age group. Policymakers must consider community public smoking cessation programmes that also take into consideration social norms and peer influences that could strengthen smoking habits. The public health campaign will also benefit from changing the perception of smoking as a health-risk behaviour to that of a cultural meaning of masculinity and adulthood. Policy must also focus on an integrated system of support-combining pharmacotherapy and behavioural therapy-for smoking cessation.

Findings from this study will also assist in the theorisation of frameworks to explain smoking behaviour within personal and social motives by an understanding of the use of social norms. The study further indicates how smoking behaviour is induced and maintained by peer pressure and perceived social acceptance, both of which can best be understood in terms of social learning theory and theory of planned behaviour. Further, the effectiveness of Reality Therapy concerning smoking behaviour indicates that theories of personal responsibility and problem-solving, particularly choice theory, can apply very well in addiction treatment. These theoretical insights indicate toward a better-understood notion of smoking as being a personal choice, as well as a behaviour shaped by wider socio-cultural forces.

Intricately, it is argued through research that smoking cessation should use a multipronged approach, which includes behavioral and pharmacological interventions. Clinicians treating individuals who smoke must try to consider the complexities of emotions, societal influences, and psychological viewpoints of the behavior and customize interventions appropriately. Reality Therapy, especially, affords preparedness of making behavior responsible by compelling the individual to act responsibly and proactively in choice making rather than evader. Family and support networks should be involved in the quit activity, as their involvement can increase the efficacy of smoking cessation. These findings reiterate the need for individualized support to smokers in their quest to stop smoking, focusing on specific motivation and challenges of middle-aged individuals within culturally diverse communities.

**5.2 Recommendations**

According to the outcome of this research, the following recommendations are made to remediate smoking behavior of middle-aged individuals in Egbeda local government:

***Initiate Community-Based Smoking Cessation Programs*:** Such smoking cessation programs must engage the important community forces while being sensitive both to cultural norms and social influences once detected in this study. Educational units change the perception about smoking as a masculine adult habit and regarding health risks associated with smoking. Enlist local leaders and influential figures to go ahead with advocacy work to challenge the set smoking beliefs.

***Reality Therapy Integration in Smoking Cessation Intervention*:** The reality therapy use in this study has produced positive findings, thus further suggesting the incorporation of this therapy into smoking cessation interventions. Reality therapy empowers individuals by taking responsibility for their smoking behavior and finding other alternative healthier coping mechanisms. Training healthcare professionals on this therapeutic practice would have an impact on cessation activity.

***Integrated Support Systems*:** It is not enough to incorporate pharmacological approaches in smoking cessation. There should also be psychological assistance care. Nicotine replacement therapies such as nicotine patch and gum use should not be venal about counseling and behavior therapies, but they should address both the physical cravings and the mental dependencies of smoking. Family encouragement and peer-coupled friends with

communities would build an environment conducive and sustainable for those who want to quit smoking.

***Policy Advocacy for Smoking Prevention and Cessation:*** The creation of laws and regulations restricting smoking in public places must go hand in hand with increasing access to resources for smoking cessation. Public health campaigns would go beyond awareness of the hazards of smoking and promote healthy, smoke-free environments for social interactions, particularly in workplaces and other major public venues with a high prevalence of smoking.

***Targeted interventions for middle-aged smokers:*** The study revealed that middle-aged adults have unique challenges concerning smoking cessation, for example, well-established habits and social pressures. So the intervention must suit this particular population: individualized counseling, stress-coping strategies, and peer pressure resistance should then be availed to enable quitting.

***Incorporation of Social Support Networks*:** Such programs should engage relatives, friends, and social contacts as part of an emotional support system providing motivation during the process of quitting. Social networks provide accountability reinforcement and make individuals feel less isolated in their efforts to quit smoking.

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