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FACTORS CONTRIBUTING TO INCREASED CASES OF TOBACCO SMOKING AMONG YOUTH AGED 18-30 YEARS IN KITWE TOWN COUNCIL, NTUNGAMO DISTRICT. A CROSS-SECTIONAL STUDY.

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Abstract

Background

Smoking is a significant public health concern, and its prevalence among youth aged 18 -30 is a growing issue. The study aims to establish the factors contributing to increased cases of Tobacco smoking among youth aged 18-30 years in Kitwe town council, Ntungamo District.

Methodology

A cross-sectional study was carried out at Kitwe town council in Ntungamo district using a Simple random sampling technique on 50 respondents who were tobacco smokers.

Results

The study included 50 respondents the majority (90%) were tobacco smokers, the majority (70%) smoked smokeless tobacco, the majority of the tobacco smokers were male, the majority of the respondents (64%) who smoked tobacco were adolescents, the majority of the respondents (76%) reported that they smoked tobacco to relieve stress. (70%) of the respondents agreed that their parents smoked tobacco, (64%) of the respondents reported that their parents influenced them to smoke, the majority of the respondents (60%) reported that print media was their source of information about tobacco smoking, (92%) of the respondents agreed that their friends smoked tobacco. The majority of the respondents (32%) reported that they had no formal education, the majority of the respondents (60%) earned less than Ugx: 100,000/=, and the majority of the respondents (60%) were of middle-income status.

Conclusion

A generally high percentage of the respondents were tobacco smokers. Factors that contributed to increased cases of tobacco smoking were age and gender, type of tobacco, desire to smoke, psychological status of individuals, and social norms.

Recommendations

The Ministry of Health should increase taxes on tobacco sales to reduce tobacco use by the youth.

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Background of the study.

Smoking is a significant public health concern, and its prevalence among youth aged 18 -30 is a growing issue. This group continues to be vulnerable to nicotine addiction and the harmful effects of tobacco use. Smoking is a leading risk factor for death and disability, particularly in men, and is associated with various health outcomes, including ischemic heart disease, tuberculosis, and lung cancer. It's one of the leading avoidable causes of premature death, illness, and disability all over the world (Vu et al.,2020). Smoking is an independent risk factor for chronic diseases like diabetes, cardiovascular diseases (CVD), chronic respiratory diseases, chronic kidney diseases, sexual dysfunction, and various types of cancer like lung cancer (Yang et al.,2018). Smoking imposes an economic burden on both individuals and the healthcare system (Goodchild, Nargis, & Tursan, 2018)

Globally, 1.3 billion people smoke, with the majority being youth, despite 70% of them lacking access to tools and information to help them quit smoking successfully (WHO, 2021). Nearly 9 out of 10 youth smoke first try it before the age of 18 years because of the flavors in products which are appealing and attractive to youth and extensive mass media adverts about tobacco products inspire them to

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initiate smoking, Centre for Disease Control and Prevention (CDC), (United States of America, 2020)**.** China is the largest tobacco consumer, consisting of 300 million current smokers, with an estimated 52.9% being male youth (Haq et al.,2019). Almost three-quarters of Chinese youth know that smoking is harmful, but promotions and negative examples from elders like teachers attract them to get initiated into tobacco smoking. (WHO, 2015). In Africa, approximately 9.2% of male and 3.2% of female youth currently smoke (WHO, 2016). Nearly 93% of counties in Sub-Saharan Africa have not yet implemented tobacco use monitoring at the best practice level, (Tobacco & atlas,2020) Many youths in Africa who smoke have education levels with limited awareness of the dangers of tobacco smoking in addition to peers who influence them, (Fagbamigbe, et. al,2020).

In Uganda, almost 1 in every 10 people smoke tobacco products daily and the majority of them are found in western and northern Uganda compared to other regions, (Kabwama, et. al,2016) Ugandan youth have advanced from taking ordinally tobacco cigarettes to smoking every kind of weed yet their knowledge about the health effects is low, (Aanyu, et.al, 2019). The use of social media and admiring of celebrities encourage youth to smoke as they perceive it as capable of enhancing self-esteem (University M, 2020). In Ntungamo District, in the areas of Kitwe town council, a majority of the youth aged between 18 to 30 years are found to be smoking, and some have even smoked according to observed cases between 2019 to 2022. Disciplinary actions used in schools to stop youth from smoking strengthen the peer effect of smoking, thus escalating the behavior. This necessitates a comprehensive investigation into the contributing factors. The present study, therefore, will be conducted to determine factors contributing to increased smoking among youth aged 18-30 years in Kitwe town council, Ntungamo District.

METHODOLOGY
Study design
The descriptive-cross-sectional study involved the use of quantitative methods of data collection. This study aimed at collecting detailed information on factors contributing to increased cases of tobacco smoking among youth aged 18-30 years of age.

Study area
The study was carried out in Kitwe town council, Ntungamo district.

Study population
The study comprised 50 youths aged 18-30 years in Kitwe town council, Ntungamo district.

Sample size determination
The sample size was calculated using QR/T (Burton, 1965)
Where;
Q=Total number of days spent in data collection
R=Maximum time taken by the interviewer per day
T=Maximum time taken by the interviewer
Therefore;
R=5 hours
Q=5 days
T=1/2 hours
QR/T= (5x5)/1/2
25/1/2=50 respondents
Therefore, the sample size for this study will be 50 respondents

Study variables
Dependent variable
The dependent variable of this study was tobacco smoking among youth aged 18-30 years.

Independent variables
The independent variables of the study were the factors contributing to increased cases of tobacco smoking among the youth.

Inclusion criteria
The study included the youth aged 18-30 years in Kitwe town council, Ntungamo District, who will have an equal and independent chance of being included.

Sampling technique
Simple random sampling techniques was used to select samples from the source population. The technique was preferred because it ensured freedom from human bias and each member of the target population had an equal and independent chance of being included.

Data collection tool
A semi-structured questionnaire with close-ended questions was designed to collect data from respondents. It consisted of questions written in English on factors contributing to increased cases of tobacco smoking among youth. The questionnaire consisted of four sections, which include the first section as social demographic data, the second section as individual factors, the third section as community factors, and the fourth section as socio-economic factors contributing to increased cases of tobacco smoking among youth.

Quality control issues
The filled questionnaires were checked for completeness at the interview site before leaving the place and were submitted to the supervisor.

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Pilot study

A visit to the study area was made before data collection. This helped in the getting prior knowledge and further insight into the study area, the administrative requirements necessary, the target respondents and informal permission to go to the study area.

Data analysis and presentation

The analysis of the data collected was done manually using tally sheets and data systematically computed into frequency and percentage using findings to generate tables and figures for easy presentation.

Ethical consideration

The study protocol was presented for approval by the institutional review board of Kampala school of health sciences and approval for data collection was provided.

Data collection letter was provided by the administration of Kampala School of Health Sciences and addressed to Kitwe town council, Ntungamo district requesting for permission to conduct the study. Data was safely stored in a safety box under lock and key, only accessible by the principal investigator.

Informed consent

Participation in the study was voluntary, the aim and nature of the study was well explained to the participants after which they were required to consent before they could participate.

RESULTS

Demographic Data

Table 1: Table showing demographic data about the respondents (N=50)

Variable	Category	Frequency(f)	Percentage (%)
AGE	18-25yrs	30	60
	26-30yrs	20	40
SEX	Male	39	78
	Female	11	22
	Single	20	40
	Married	10	20
	separated	15	30
MARITAL STATUS	others	5	10
	No formal education	9	18
	Primary	3	6
	Secondary	15	30
LEVEL OF EDUCATION	Tertiary	23	46
	Catholic	20	40
	Anglican	15	30
	Muslim	10	20
RELIGION	others	5	10
	Crop growing	11	22
	Fishing	9	18
	Fish farming	5	10
SOURCE OF INCOME	others	25	50

In Table 1, most of the respondents 30, 60%) were 18-25 years of age, and then the least number came from 26 to 30 years, which was 20(40%). The majority of the respondents were male 39, 78%), and only 11(22%) were female. The majority of the respondents were single 20(40%), while 10(20%) were married, 15(30%) of the respondents had separated, and the least number came from others 5(10%). Most 23(46%) of the respondents had a tertiary education level, 15(30%) had secondary education, 9(18%) of the respondents had no formal education, and only 3(6%) of the respondents had primary education. Very few of the respondents had other religions 5(10%), 10(20%)

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were Muslims, Anglicans were 15(30%) and Catholics took the highest percentage of 20(40%). Most 25(50%) had other sources of income, 11(22%) of the total respondents were crop growers, 9(18%) of the respondents were fishers, and fish farming were 5(10%).

INDIVIDUAL FACTORS

Table 2: Shows the distribution of respondents according to whether they smoked tobacco. (N=50)

Response	Frequency(f)	Percentage (%)
Yes	45	90
No	5	10
Total	50	100

Table 2, majority of the respondents 45(90%) reported that they smoked tobacco whereas 5(10%) of the respondents were not tobacco smokers.

Figure 1: Shows distribution of respondents according to which type of tobacco they smoked. (N=50)
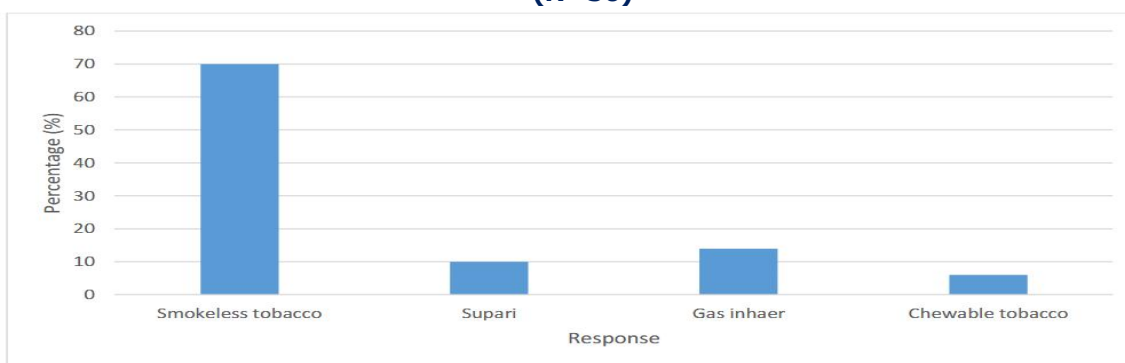

Figure 1, most of the respondents (70%) reported that they smoked smokeless tobacco whereas very few of the respondents (6%) reported that they smoked chewable tobacco.

Figure 2: Shows distribution of respondents according to whether they smoked tobacco about their gender. (N=50)
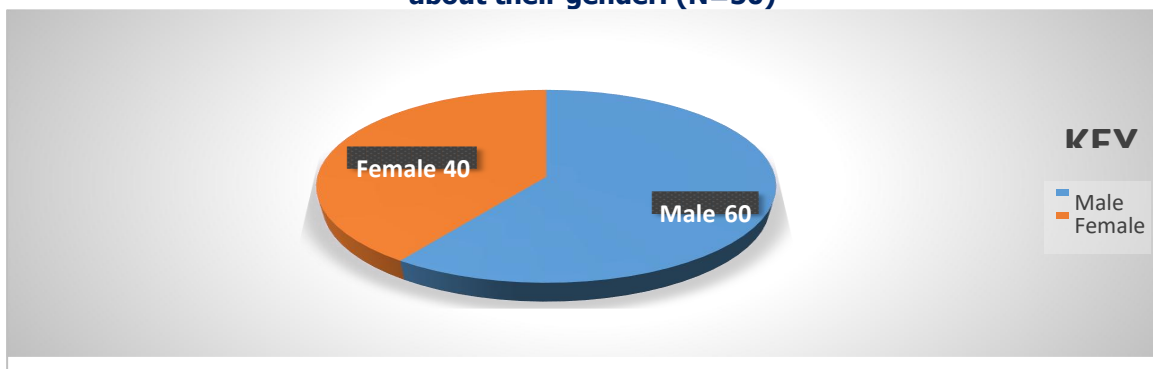

Figure 2 shows that the majority of the respondents (60%) who smoked were male, whereas the minority (40%) of the respondents who smoked tobacco were female.

Table 3: Shows distribution of respondents according to whether they smoked tobacco about their age category. (N=50)

Response	Frequency(f)		Percentage (%)
Adults		18	36
Adolescents		32	64
Total		**50**	**100**

Table 3, the majority of the respondents (64%) responded that they were adolescents while the minority of the respondents (36%) who smoked tobacco were adults.

Figure 3: Shows the distribution of respondents according to whether they smoked to relieve stress. (N=50)
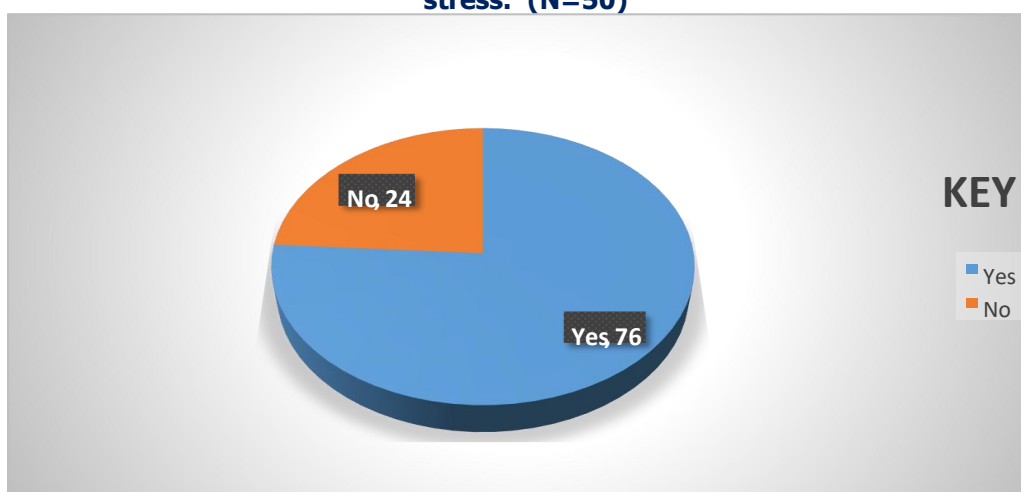

Figure 3, majority of the respondents (76%) agreed that they smoked to relieve stress whereas the minority 3(6%) of the respondents responded that they did not smoke to relieve stress.

COMMUNITY FACTORS CONTRIBUTING TO INCREASED CASES OF TOBACCO SMOKING AMONG YOUTH AGED 18 TO 30 YEARS.

Table 4: Shows the distribution of respondents according to whether their parents smoked tobacco. (N=50)

	Response	Frequency(f)		Percentage (%)	
Yes			35		70
No			15		30
Total			**50**		**100**

Table 4, majority of the respondents 35(70%) agreed that their parents smoked tobacco whereas 15(30%) of the respondents reported that their parents didn't smoke tobacco.

Figure 4: Shows the distribution of respondents according to whether their parents influenced them to smoke tobacco. (N=50)
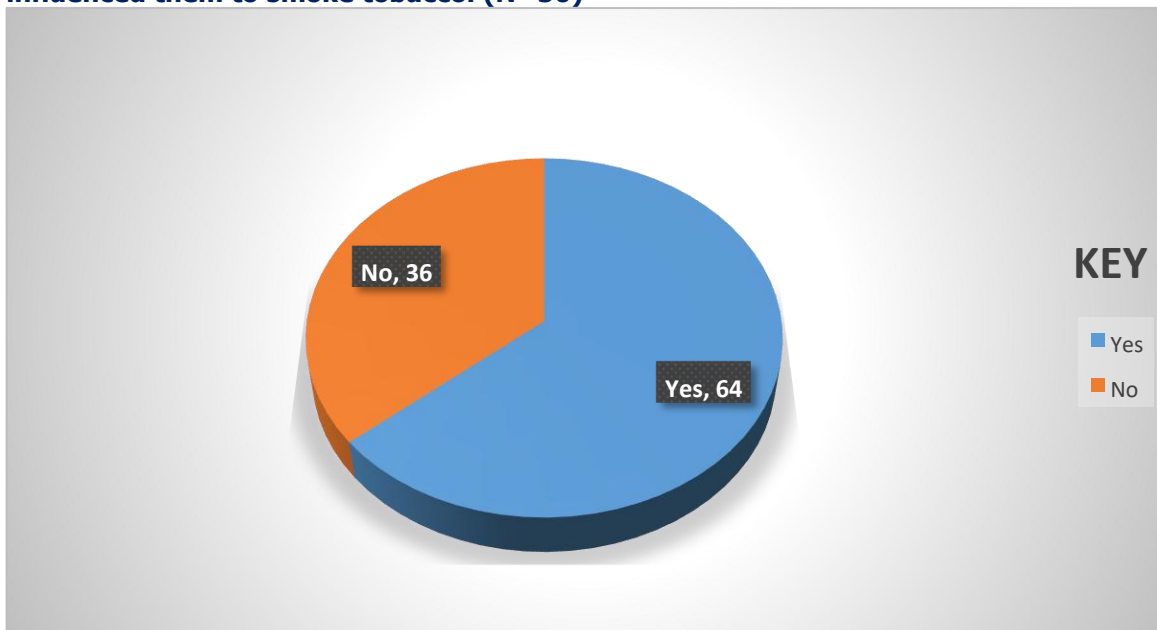
Figure 4, majority of the respondents (64%) responded that their parents influenced them to smoke tobacco while the minority of the respondents (36%) responded that their parents did not influence them to smoke tobacco.

Figure 5: Shows the distribution of respondents according to their source of information about tobacco smoking. (N=50)
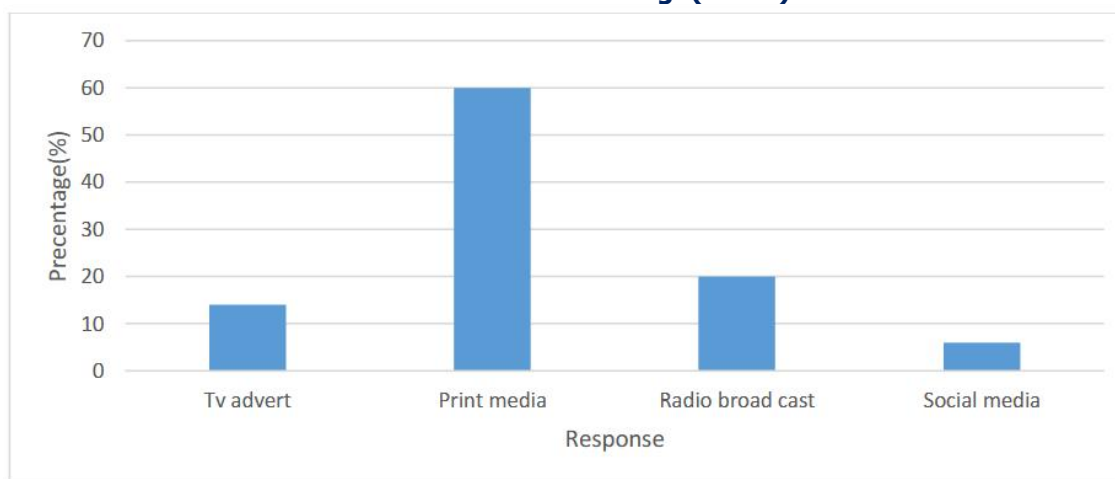

Figure 5, majority of the respondents (60%) responded that the print media was their source of information about smoking while the minority of the respondents (6%) responded that social media was their source of information.

Figure 6: Shows distribution of respondents according to whether their friends smoke tobacco. (N=50)
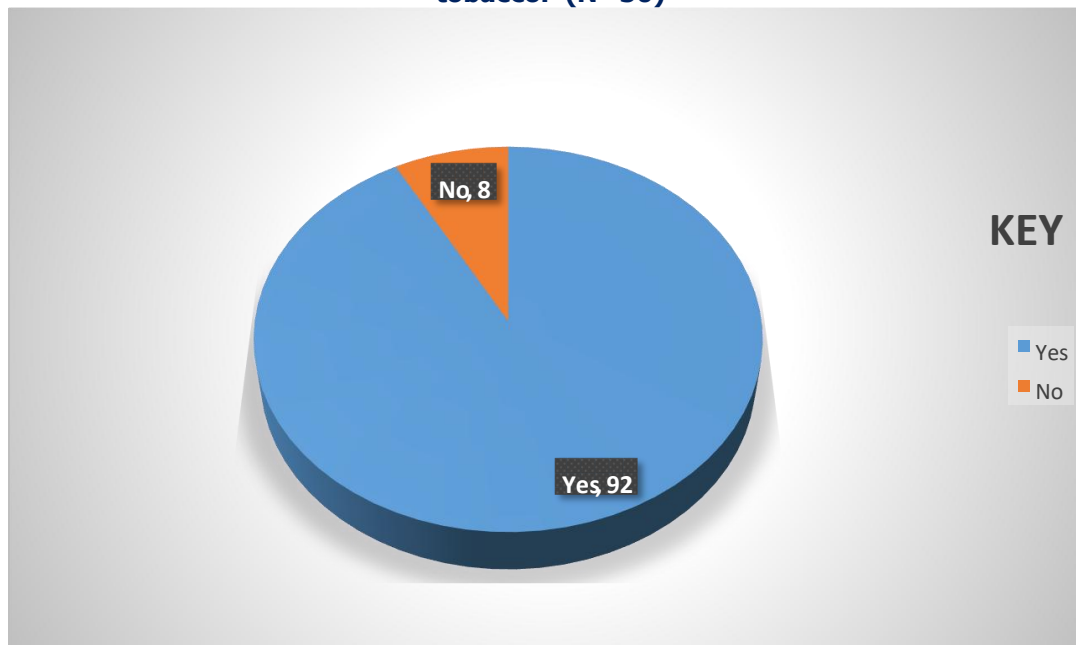
Figure 6 shows that the majority of the respondents (92%) agreed that their friend smoked tobacco, while the minority of the respondents (8%) reported that their friends did not smoke tobacco.

SOCIO-ECONOMIC FACTORS

Figure 7: Shows the distribution of respondents according to education level. (N=50)
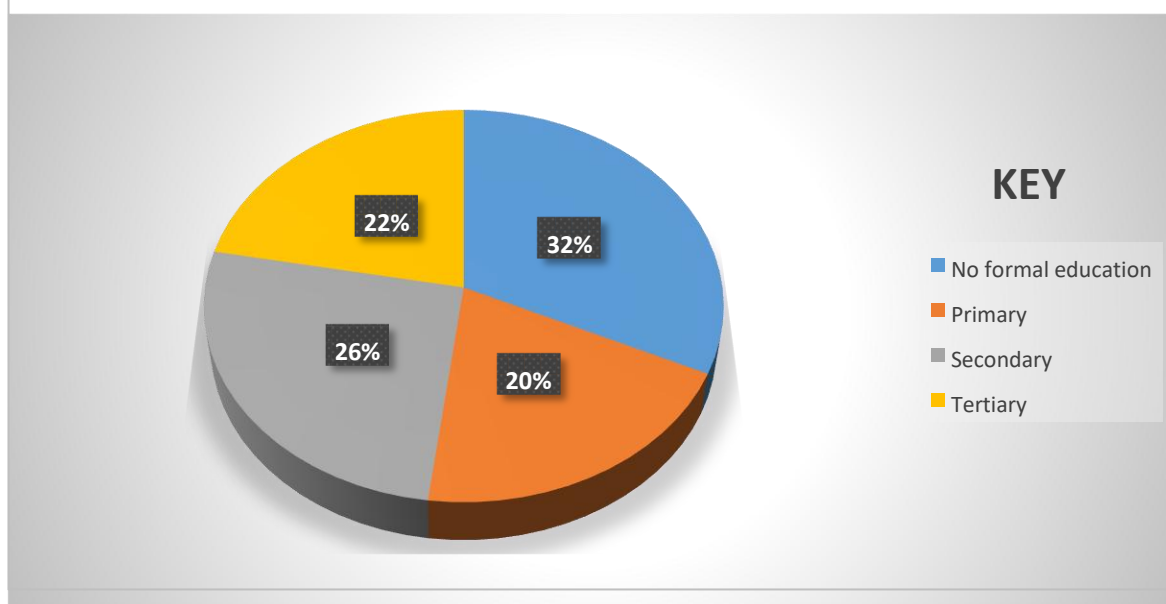
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Figure 7, majority of the respondents (32%) had no formal education while the minority of the respondents (22%) had tertiary education level.

Table 5: Shows the distribution of respondents according to their average monthly income. (N=50)

Response	Frequency(f)	Percentage (%)
Less than Ugx:100,000/=	30	60
Ugx:100,000/=-Ugx:1000,000/=	12	24
Ugx:1,000,000/=-Ugx:15,000,000/=	6	12
Ugx:1,5000,000/= and above	2	4
Total	**50**	**100**

Table 5, majority of the respondents (60%) earned less than Ugx: 100,000/= while very few of the respondents (4%) earned Ugx: 15,000,000/= and above.

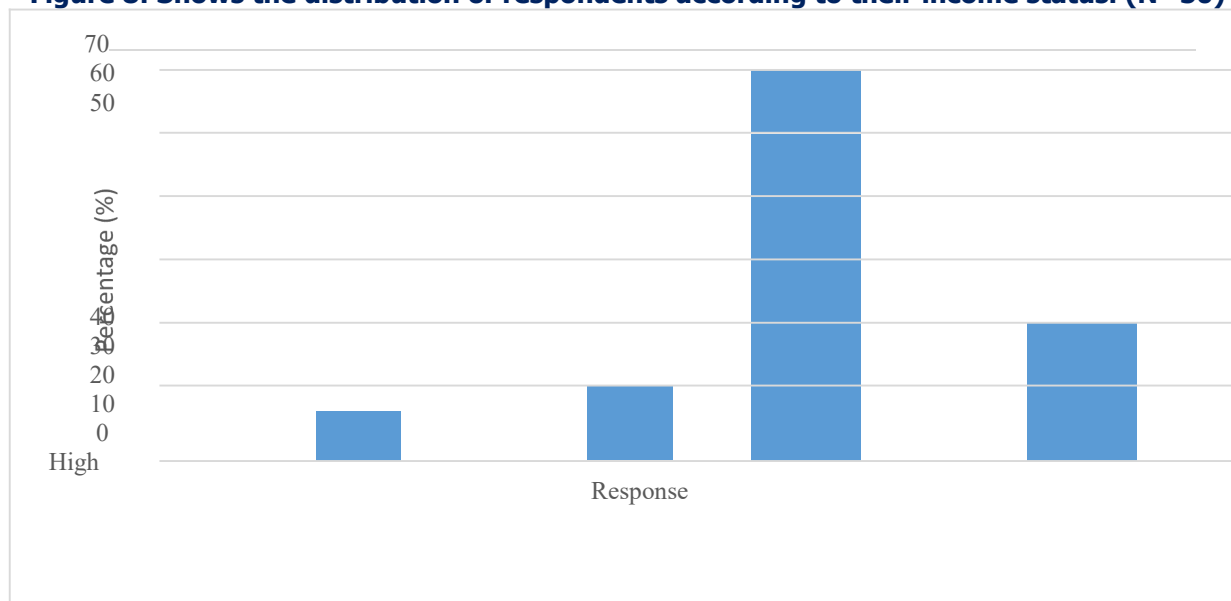**Figure 8: Shows the distribution of respondents according to their income status. (N=50)**

Figure 8, the majority of the respondents (60%) were of the middle- income status while the minority of the respondents (8%) were of the high -income status.

DISCUSSION

Individual factors contributing to increased cases of tobacco smoking among youth aged 18 to 30

Unfortunately, the results of the study revealed that the majority (90%) of the respondents reported that they smoked tobacco. This was attributed to the fact that most of the youth took smoking as a cool behavior and did not know its demerits. The study showed that the majority of the respondents (70%) reported that they smoked a smokeless type of tobacco. This was attributed to the fact that this was the most common type of tobacco. These results were in with the study that showed that consumption of smokeless tobacco (SLT) was observed in 79 (11%) of 714 study subjects. The study also revealed that the majority of the respondents (60%) who smoked tobacco were male. This was attributed to the fact that males had higher odds of smoking tobacco compared to females. This result was in line with Kabwama et al. (2016), who revealed a daily tobacco use prevalence of 4.7% among women, 15.9% among men, and an overall prevalence of 9.2%. Furthermore, the results of the study showed that the majority of the respondents (64%) responded that they were adolescents. This was attributed to the fact that the adolescent stage was where most youth wanted to experiment with everything that came their way.

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This was in line with those who revealed that, out of a total of 402 adolescent boys, 68.1% were tobacco users. The study findings revealed that the majority of the respondents (76%) agreed that they smoked to relieve stress. This was attributed to the fact that smoking was thought to relieve stress by most of the youths.

Community factors contribute to increased cases of tobacco smoking among youth aged 18 to 30.

The results of the study revealed that the majority of the respondents, 35(70%), agreed that their parents smoked tobacco. This was attributed to the fact that they were leaving with their parents. The study showed that the majority of the respondents (64%) responded that their parents influenced them to smoke tobacco. The findings showed that the majority of the respondents (60%) responded that the print media was their source of information about smoking. This was attributed to the fact that print media was the cheapest kind of media the majority could afford. The study also revealed that the majority of the respondents (92%) agreed that their friend smoked tobacco.

Socioeconomic factors contribute to increased cases of tobacco smoking among youth aged 18 to 30 years.

Furthermore, the results of the study showed that the majority of the respondents (32%) had no formal education. This was attributed to the fact that their parents could not afford school fees. The results of the study indicated that the majority of the respondents (60%) earned less than Ugx: 100,000/=. This was attributed to the fact that most of the youths worked as unskilled labor that could not rise more than 100,000/=. Finally, the findings of the study revealed that the majority of the respondents (60%) were of middle-income status. This was attributed to the fact that most of the youth were still in the self-development stage, leaving them in the middle-income status.

Conclusion

A generally high percentage of the respondents were tobacco smokers. Factors that contributed to increased cases of tobacco smoking were age and gender, type of tobacco, desire to smoke, and the psychological status of individuals, social norms, source of information, peer influence, community norms, income, education level, employment status, and the socio-economic status.

Recommendations

The Ministry of Health should increase taxes on tobacco sales to reduce tobacco use by the youth.

Secondly, it should be imperative that all stakeholders engage in concerted efforts to target both schools and out-of-school youths in tobacco control strategies.
Also, effective smoking prevention programs should take into account the dominant influences of peer groups in the onset and continuation of smoking.

Abbreviations

WHO: World Health Organization
SLT: Smokeless Tobacco

Conflict of interest

The author did not declare any conflict of interest

Author contributions

Emmanuel Mpangwire collected data, analyzed the data, and drafted the manuscript of the study.
Catherine Musimenta supervised the study from data collection to manuscript writing.

Availability of data

Data is available upon request

Author Biography

Emmanuel Mpangwire Emmanuel is a student of a diploma in pharmacy at Kampala School of Health Sciences.
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