

# FACTORS CONTRIBUTING TO INCREASED USE OF TOBACCO AMONG THE YOUTH AGED 15-35 YEARS, IN KATWE VILLAGE, KAMPALA DISTRICT. A DESCRIPTIVE CROSS-SECTIONAL STUDY.

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## Abstract

### **Purpose of the study**

The purpose of the study is to assess the factors contributing to the increased use of tobacco among the youth aged 15-35 years in Katwe village, Makindye division

### **Objectives of the study**

The specific objectives of the study were; to assess the individual factors contributing to the increased use of tobacco among the youth aged 15-35 years in Katwe Village, to identify the economic factors contributing to the increased use of tobacco among the youth aged 15-35 years and to find out the community factors contributing to the increased use of tobacco among the youth aged 15-35 years in Katwe village, Makindye village.

### **Methodology**

The study design employed was the descriptive cross-sectional study to address the specific objectives of the study on the sample of 50 respondents using a simple random sampling technique. Some structured questionnaires were designed and used as the data collection tool.

### **Results of the study**

The majority of the respondents 80% do smoke tobacco and 62% smoke smokeless tobacco and 54% got the information from friends, 60% said their parents influence them to smoke, 82% of the respondents are salary earners 70 % are influenced by the salary to smoke.

### **Conclusion**

In conclusion, the overall results on the individual factors, community factors, and economic factors contributed to the increased use of tobacco among the youth aged 15-35 years.

### **Recommendation**

The Ministry of Health should increase taxes on the tobacco sale 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.

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## 1. BACKGROUND.

According to WHO, all forms of tobacco are harmful and there is no safe level of exposure to tobacco. According to (Seifman, 2023), cigarette smoking is the most common form of tobacco use worldwide. Other tobacco products include water pipe tobacco, various smokeless tobacco products, cigars, cigarillos, roll-your-own tobacco, pipe tobacco, bides, and kreteks.

The WHO estimates that 22.3% of the global population used tobacco, 36.7% of all men, and 7.8% of the world's women ((WHO, 2020). Similarly, according to WHO in 2015, over 1.1 million people smoke tobacco which represents 15% of the global population, and in 2014 Kenya's global adult tobacco survey reported that 2.5 million adults use tobacco products. (Christine Ngaruiya, 2018)

However, tobacco use represents an important health issue worldwide but particularly in the European region where the highest level of tobacco use prevalence over 29% has been reported. Tobacco use imposes enormous economic costs on society both directly from healthcare needs and indirectly from loss of productivity, fire damage, and environmental harm. (organisation W. h., 2019)

Gebremariam, et al 2018 stated that many young people are also suffering from a lack of self-esteem and future hope victims of different forms of violence and abuse, or are obliged to live with harmful habits like smoking, drug abuse, and alcoholism despite their large proportion and huge economic potential adolescents and the youth are vulnerable to society of psychological, physical, social and sexual risky behaviors. (Dawit Abebe, 2015)

Each year, tobacco use is responsible for approximately 8 million deaths worldwide, including 7 million deaths among persons who use tobacco and 1.2 million deaths among non-smokers exposed to secondhand smoke. (Indu B Ahluwalia, 2019)

There is a high prevalence of tobacco use in Uganda with almost 1 in every 10 Ugandans using tobacco products daily male having no formal

education, residing in the east, north, and western regions, and having low BMI was significantly associated with daily tobacco use (Kabwama. et al 2016)

### 1.1. General objective.

To access the factors contributing to increased use of tobacco among the youth aged 15-35 years in Katwe village Kampala district

### 1.2. Specific objectives.

- To access the individual factors contributing to increased use of tobacco among the youth aged 15-35 years in Katwe village Kampala district.
- To identify economic factors contributing to increased use of tobacco among the youth aged 15-35 years in Katwe village Kampala district.
- To find out community factors contributing to increased use of tobacco among the youth aged 15-35 years in Katwe village Kampala district.

## 2. Methodology.

### 2.1. Study design.

The study design used was a descriptive cross-sectional study. This design was preferred because it was more accurate and it had strong research outcomes.

### 2.2. Study area.

Katwe village was located in Kampala, Makindye division is bordered by Nakasero to the north, Nsambya to the east, Kibuye and Makindye to the southeast, Ndeeba to the south and Mengo to the west the road distance between Kampala's central business district and katwe is approximately 3km (1.9m). the village has the coordinates of 0,17' 60.00" N, 32,34' 21.59" E (Latitude: 0.144812 and longitude:29.8858592). The study was conducted from August 2022 to May 2023

### 2.3. Study population.

This study comprised of youth aged 15-35 years in Katwe village Kampala district. Sample size determination

The sample size was determined using the formula below; Burton's formula (1952)

$S=2(QR) O$ : where S=required sample size

Q=Number of days the researcher spent collecting data R=maximum number of people per day

O= maximum time the interviewer spent on each participant.  $5 \times 10 \times 1hr$

=50

Therefore, the researcher used 50 respondents.

### 2.4. Study variables.

#### 2.4.1. Dependent variable.

In this case, tobacco use was the dependent variable.

#### 2.4.2. Independent variable.

Factors contributing to the increased use of tobacco among youth aged 15-35 years in Katwe Village Kampala district were the independent variables.

### 2.5. Selection criteria.

#### 2.5.1. Inclusion criteria.

All consenting youth aged 15-35 years was included in the study.

#### 2.5.2. Exclusion criteria.

All non-consenting youth aged 15-35 years was excluded from the study.

### 2.6. Sampling technique

. simple random sampling technique was used to select the sample of all eligible and consenting participants at Katwe village this technique was preferred because it was cheap and convenient.

### 2.7. Data collection method

A pre-tested semi-structured questionnaire with both open and closed questions was written in English language and later translated into the local language (Luganda) and was formulated and administered to consenting tobacco users. This data collection tool was preferred because it was good in a way that some respondents who were not well conversant with the language, were translated to them.

### 2.8. Data collection procedure.

During data collection, permission was sought from the local councillor of Katwe who granted the researcher permission to collect data. The researcher had to introduce himself to the youth using tobacco in Katwe. Questionnaires were used as a data collection tool and were distributed randomly to the respondents.

### 2.9. Data collection tools.

The self-administered questionnaires that would have been specifically tailored and structured were used for the study. After the respondents have been selected the researcher and

the research assistant asked them questions on their demographic, individual economic, and community factors about tobacco use.

### 2.10. Data analysis and presentation.

Data analysis was done manually using tally sheets, pens, and paper. The analyzed data was entered into an Excel computer program.

Descriptive data was presented as frequencies and percentages and illustrated using frequency tables, pie charts, and bar graphs.

### 2.11. Ethical considerations.

The study project was approved by the Kampala school of health sciences' ethical community before proceeding with the study. A letter of introduction was obtained from Kampala School of health sciences and was addressed to the local council one (LC 1) requesting permission to conduct the study, when permission was granted the study aimed to clearly explain to the respondents to get their informed consent.

### 3. STUDY FINDINGS.

#### 3.1. Individual factors contributing to increased use of tobacco among the youth aged 15-35 years

From table 1, the study findings showed that most 56% of the respondents were aged 15-20 years and the least (8%) were aged 30-35 years.

Basing on the study findings relating to marital status majority (64%) were married and the least were (6%) widowed.

In regards to religion majority (44%) of the respondents were Catholics whereas the least (12%) included other religions other than Muslim and Anglicans.

From the study findings, majority of the respondents were (44%) were self-employed while the minority (24%) were unemployed.

From the study findings most of the respondents (38%) had attained primary level education whereas the least (8%) had never attained any level of education.

#### 3.2. Individual factors contributing to increased use of tobacco among the youth.

From table 2 majority of the respondents (80%) do smoke tobacco and minority (20%) do not smoke.

From figure 1, majority of the respondents (62%) used smokeless tobacco whereas the minority (18%) used herbal medicine in good health state.

From figure 2, majority of the respondents (54%) obtained information from friends whereas the minority (6%) obtained information from other sources other than family and media.

From table 3, majority (40%) of the respondents do abuse marijuana whereas the minority of the respondents (10%) do abuse khat.

#### 3.3. Community factors contributing to increased use of tobacco among the youth

From table 4, majority of the respondent (64%) grew up with their parents while the minority of the respondents (36%) did grow with their parents

From table 5, majority of the respondents (60%) have their parents smoking tobacco while the minority (40%) said their parents do not smoke.

From table 6, majority of the respondents (60%) said to have been influenced by their parents whereas the minority (40%) were not influenced by their parents.

From table 7, majority of the respondents (68%) said that their friends do smoke whereas the minority (32%) said their friends do not smoke.

From figure 3, majority of the respondents (76%) said that their friends do influence them whereas the minority (24%) said were not influenced by their friends.

#### 3.4. Economic factors contributing to increased use of tobacco among the youth

From figure 4, majority of the respondents (82%) said are salary earners whereas the minority (18%) said are not salary earners.

From figure 5, majority of the respondents (70%) earned (1.5 million) whereas the minority (7%) earned 500,000.

From table 8, majority of the respondents (76%) said it influences them whereas the minority (24%) said it doesn't influence them.

### 4. Discussion.

#### 4.1. Individual factors contributing to increased cases of tobacco use among the youth.

From the study finding 80% of the respondents smoke which was in contrast to the study conducted in India by Preeti et al 2017 which revealed that 40.2% of the respondents do smoke alcohol and the adolescent boys had the high rate of tobacco use 68.2%.

From study findings, 62% of the youth do smoke the smokeless type of tobacco which was in contrast to the study conducted in southeast Nigeria which revealed that 7.8% do smoke smokeless tobacco and 7.5% of the adolescents aged 13-15 years do smoke the smokeless tobacco by Ijeomi U Itanyi et al 2018

Table 1: Shows the distribution of respondents according to their bio data N=50

<b>Variable</b>	<b>Frequency (f)</b>	<b>Percentage (%)</b>
<b>Age</b>		
15-20	28	56
20-25	11	22
25-30	7	14
30-35	4	8
<b>Total</b>	<b>50</b>	<b>100</b>
<b>Marital status</b>		
Married	32	64
Single mothers	9	18
Divorced	6	12
Widowed	3	6
<b>Total</b>	<b>50</b>	<b>100</b>
<b>Religion</b>		
Catholic	22	44
Anglican	14	28
Moslem	8	16
Others	6	12
<b>Total</b>	<b>50</b>	<b>100</b>
<b>Age</b>		
Female	20	40
male	16	32
<b>Total</b>	<b>50</b>	<b>100</b>
<b>Occupation</b>		
Self employed	22	44
Employed	16	32
Unemployed	12	24
<b>Total</b>	<b>50</b>	<b>100</b>
<b>Level of education</b>		
Never went to school	4	8
Primary level	19	38
Secondary level	17	34
Tertiary /University level	10	20

Table 2: Shows distribution of respondents according to whether they smoke N=50

<b>Variable</b>	<b>Respondents</b>	<b>Percentage response (%)</b>
Yes	40	80
No	10	20
<b>Total</b>	<b>100</b>	<b>100</b>

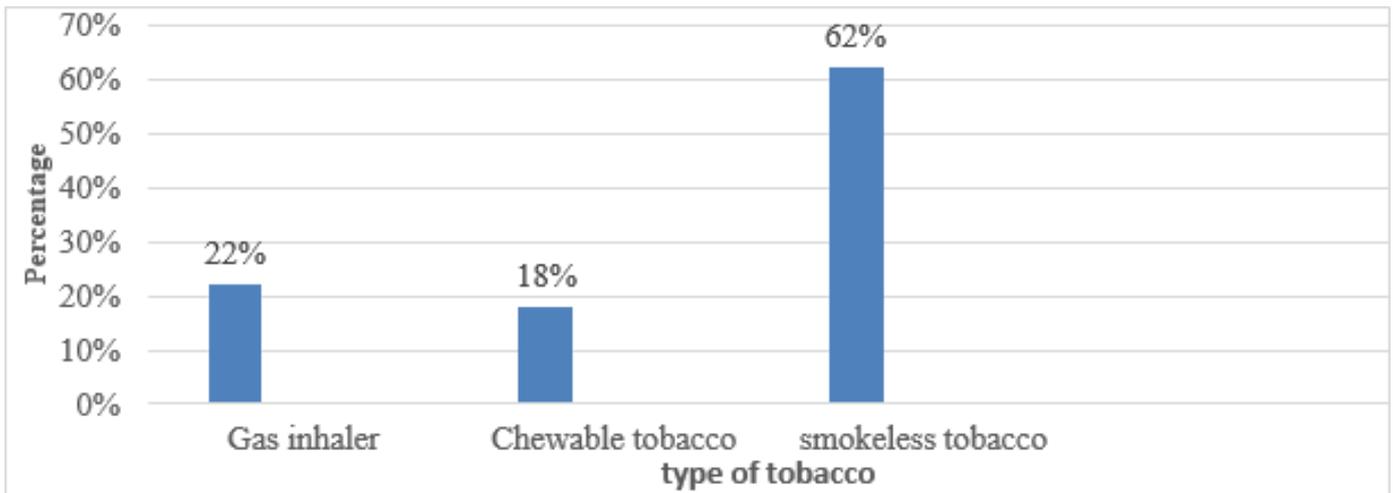


Figure 1: Shows the distribution of respondents according to the type of tobacco they smoke

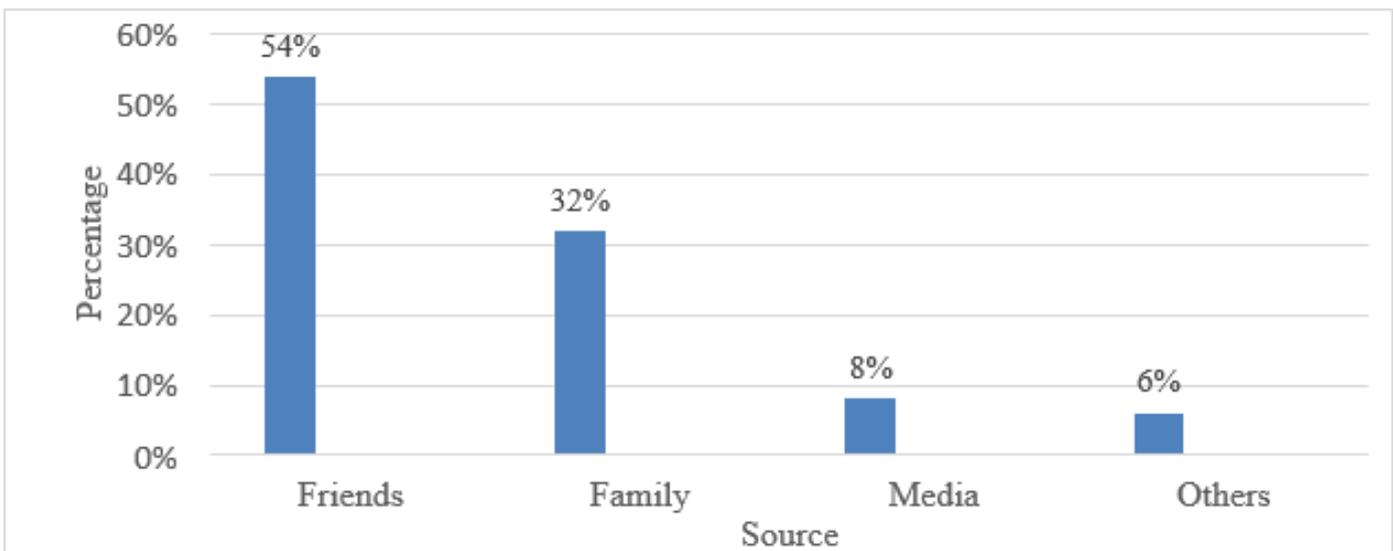


Figure 2: Shows the distribution of the respondents according to the source of information of tobacco use

Table 3: Shows the distribution of respondents according to the drug abused by the youth N=50

Drug	Respondents	Percentage response (%)
Marijuana	20	40
Tobacco	15	30
Alcohol	10	20
Khat	5	10
Total	50	100

Table 4: shows whether the respondents grew up with their parents N=50

Variable	Respondents	Percentage response (%)
Yes	32	64
No	18	36
Total	50	100

Table 5: Shows whether their parents smoke tobacco N=50

Variables	Respondents	Percentage response
Yes	30	60
No	20	40
Total	50	100

Table 6: Shows whether their parents influence them to smoke N=50

Variables	Respondents	Percentage response
Yes	30	60
No	20	40
Total	50	100

Table 7: Shows the distribution of the respondents according to whether their friends do smoke. N=50

Response	Frequency (f)	Percentage (%)
Yes	34	68
No	16	32
<b>Total</b>	<b>50</b>	<b>100</b>

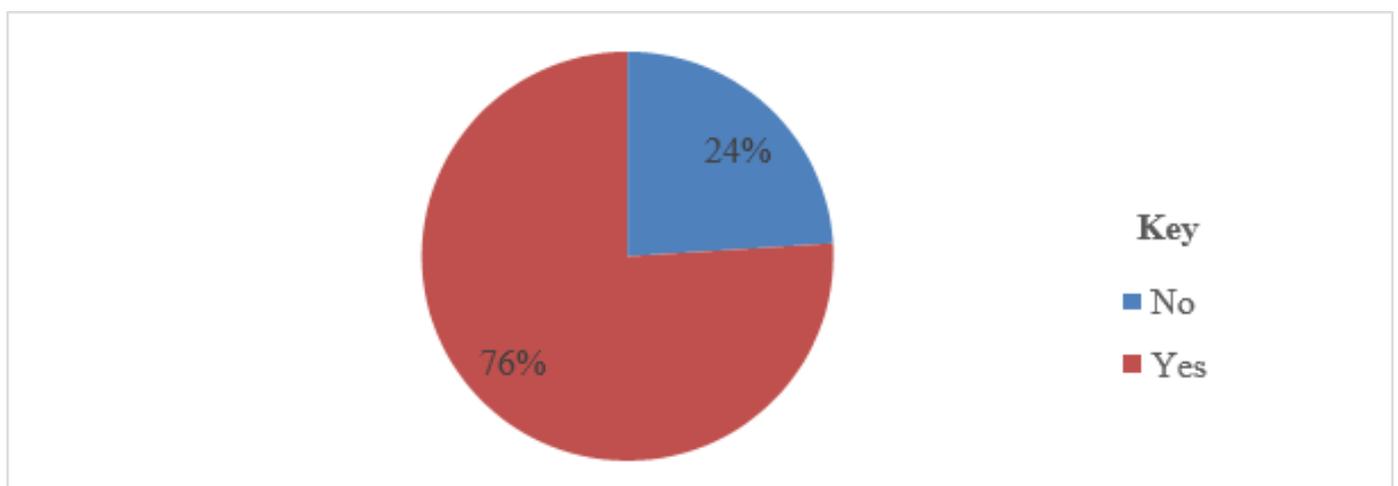


Figure 3: Shows the distribution of the respondents according to whether their friends influence them to smoke N=50

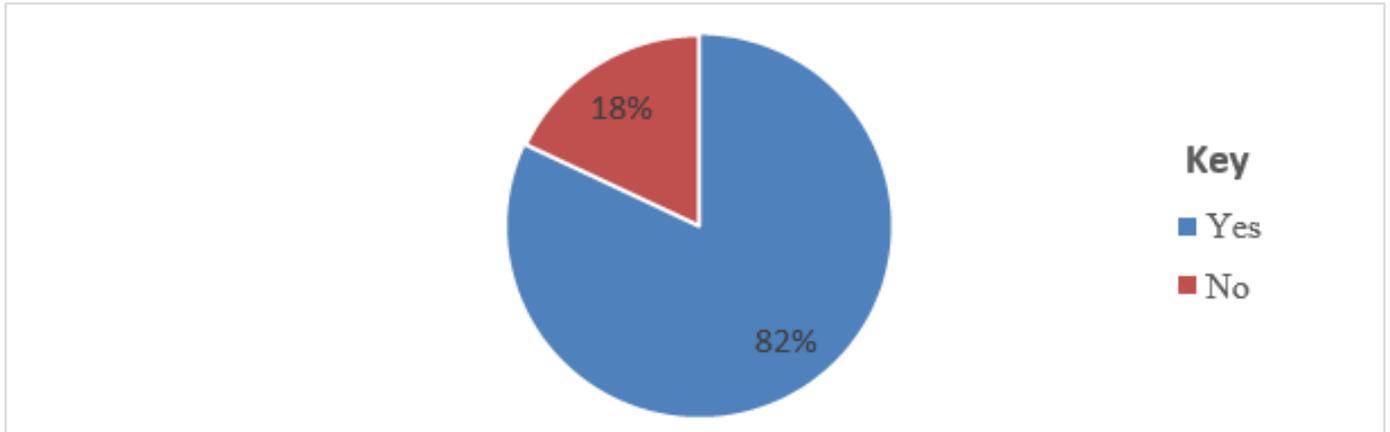


Figure 4: Shows the distribution of respondents according to whether they are salary earners N=50

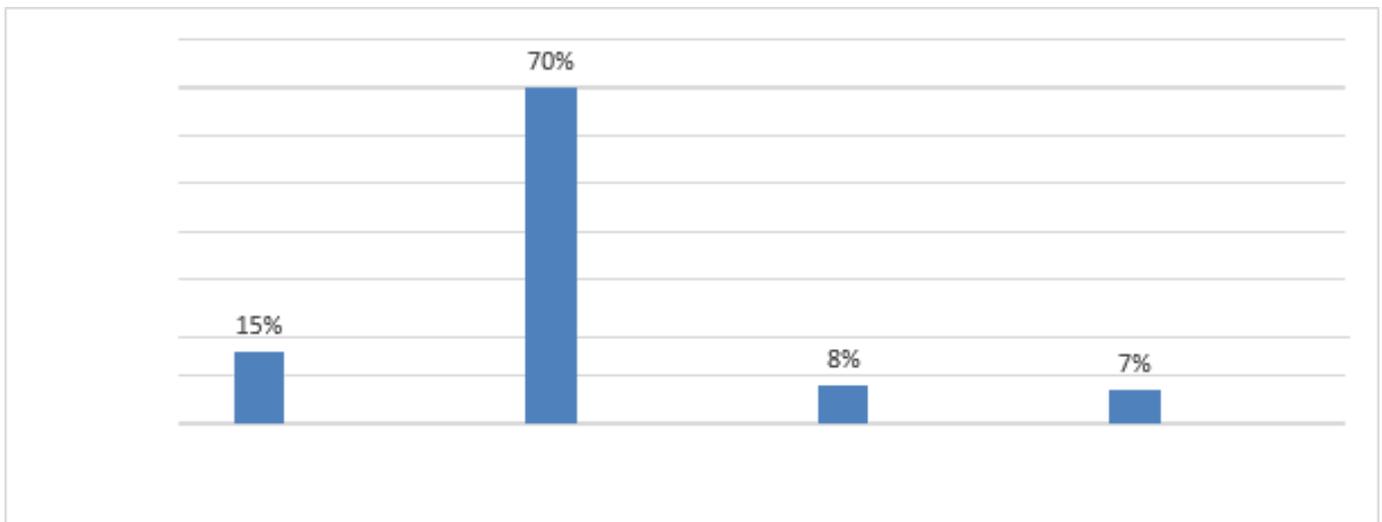


Figure 5: Shows that distribution of the respondents according to their salary earnings N=50

Table 8: Shows the distribution of the respondents according to whether salary influence them to smoke N=50

Response	Frequency(f)	Percentage(%)
YES	38	76
NO	12	24
<b>Total</b>	<b>50</b>	<b>100</b>

From the study findings the majority of the respondents 54% got the information from friends which was in line with the study conducted in India which revealed that 62.3% of the respondents said to be initiated by friends by Preeti Sharma et al 2017.

From the study findings the majority of the respondents 40% was

#### 4.2. Community factors contributing to increased tobacco use among the youth.

From the study findings, 64% of the respondents reported having grown with their parents which were in line with the study conducted in Dhaka which revealed that 69.62% of the respondents revealed to have grown up with their parents by Sahadat Hossain et al 2017

From the study findings, 60% of the respondents revealed that their parents do smoke tobacco which was in line with the study conducted in Dhaka which revealed that 69.3% of the respondents do smoke alcohol.

From the study findings, 60% of the respondents said their parents do influence them to smoke which was in contrast to the study conducted among 27 European countries which revealed that 30.3% of the respondents were influenced by their parents as initiators of smoking tobacco by Filippidis et al 2015

From the study findings, 68% of the respondents revealed that their friends do smoke tobacco which was in contrast to the study conducted among the European countries which revealed that 80.6% of the respondents reported that their friends do smoke tobacco mainly to forget their problems.

From the study findings, 76% of the respondents reported to have influenced them to smoke tobacco which was in line with the study conducted among the European countries it revealed that 80.6% of the respondents were influenced by friends.

#### ***4.3. Economic factors contributing to increased use of tobacco among the youth.***

From the study findings, 82% of the respondents are salary earners which was in contrast to the longitudinal study conducted which revealed that 44% of the respondents are salary earners.

From the study findings, 70% of the respondents do earn one million five hundred thousand which was in contrast to the study conducted by Juan DU et al 2015 which revealed that 44% of the respondents were high-wage earners and were highly educated.

From the study findings, 76% of the respondents said income influences them to smoke which was in contrast to the study conducted by Juan DU, et al 2015

### **5. Conclusion.**

Based on the general results of the study the researcher concluded:

The overall results on the individual factors that contributed to increased use of tobacco were by most of the respondents 80% are smokers and 54% reported that their source of information was from friends whom they associate with.

Regarding the community factors most of the respondents 80% grew up with their parents and most of their parents do smoke either one parent or both smoke which influenced 60% of the youth to smoke tobacco so the parental influence was the major determinant and friends on tobacco use among the adolescent.

Regarding the economic factors most of the respondents 82% were salary earners and earned high wages which influenced 76% of the respondents to smoke tobacco.

### **6. Study limitations.**

- The time taken for the study was limited because of the short duration of the research study based on the curriculum.
- Money needed for the research project was limited because of a lack of external funding to carry out the research.
- Language barrier because Katwe village comprises of people of different tribes speaking different languages.

### **7. Recommendation.**

The Ministry of health should increase taxes on the tobacco sale to reduce the 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.

## 8. Acknowledgement.

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## 9. List of abbreviations.

**BMI:** Body Mass Index  
**MOH:** ministry of health  
**NCD:** non communicable disease  
**WHO:** world health organisation  
**WW:** World Wide

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