

ABSTRACT

Background; Shishas are water pipes that are used in smoking specially made tobacco made in different flavors. There has been a steady increase in smoking of water piped tobacco globally as well as in Sub Saharan countries such as Uganda. This practice is mainly adopted during the youth stage of life. Although most people think Shisha smoking has got fewer effects than cigarette smoking, different studies have reported that it has got more health effects than cigarette smoking. The study sought to assess the knowledge on health effects, attitudes and practices towards Shisha smoking among residents of Lubaga Division, Uganda.

Methodology: The study was conducted in Lubaga division. It is located approximately 3 kilometres from Kampala central business district and is the most densely populated area in Kampala. A cross sectional study design was used for the study while a snow ball sampling technique was used as the sampling approach. 300 respondents fully completed the interviews.

Results; Most respondents (72.6%) had a low level of knowledge on health effects of Shisha smoking and a negative attitude towards Shisha smoking. With regards to practices associated with Shisha smoking; findings showed that most respondents who smoke Shisha don't smoke cigarettes (62.4%), most respondents reported that there is a member of their family who frequently smokes Shisha (37.3%) and this was reported to be commonly the Father (48.6%). Majority respondents started Shisha smoking when they were more than 18 years old (83.6%), furthermore most respondents (46.3%) reported that they were influenced by friends to start smoking Shisha. Currently, most respondents reported that they smoke Shisha using the water pipe system 139(46.3%), they smoke tobacco in form of Shisha (74%) and do it on a regular basis.

Conclusion and recommendation: Health policy makers should streamline health education programs that will help Shisha users in understanding appropriate health effects, prevention measures

Conclusion and recommendation: cessation and other policy interventions such as financing PHC campaigns aimed at preventing Shisha smoking. Strict adherence to the Laws and tobacco control policies specifically against Shisha smoking should be warranted with careful and vigilant attention by all Shisha users and suppliers and places where Shisha smoking is practiced. Law enforcement agencies should ensure that all tobacco products including Shisha should be covered by laws in both high as well as in middle income places and residential homes. Social media platforms should be utilized as a potential health education platform targeting the youth, since mainly Shisha smoking is initiated during this developmental stage.