

FACTORS INFLUENCING TOBACCO USE AMONG YOUTHS IN MAKINDYE

DIVISION KAMPALA- DISTRICT

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**AN UNDERGRADUATE RESEARCH REPORT SUBMITTED TO THE INSTITUTE OF
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REQUIREMENTS FOR THE A WARD OF A BACHELORS DEGREE OF PUBLIC
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DECLARATION

This report is my original work and has not been presented for a degree in any university or any institution of higher learning.

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Mirembe Mariam

Date

APPROVAL

I confirm that the work reported in the research report was carried out by the candidate under my supervision.

.....

Mr. John Bosco Alege

.....

Date

DEDICATION

I dedicate this report to my dear parents Mr Mbabani Patrick Nathan and Mrs Mbabani Florence.

ACKNOWLEDGEMENT

Glory be to the Father the Son and the Holy Spirit who has always provided for me in all aspect and has given me sound mind and good health throughout the whole journey to attaining the degree in Public Health. My sincere gratitude goes to my supervisor Mr. John Bosco Alege who worked tirelessly by providing me guidance and counseling throughout the entire study. The suggestions and criticisms made it possible for me to successfully complete this study.

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OPERATIONAL DEFINITIONS

Addiction; MacDonald (2004) defines addiction as the continuous and uncontrolled substance use irrespective of the associated harmful consequences.

Media sources; These are communication channels through which promotional messages, education and news are obtained.

Nicotine; This is a psychoactive drug like Cocaine and Heroin. This is the more reason the smokers find it difficult to quit smoking since it is a reinforcing drug (Becket, 2004)

Tobacco products; These are made entirely or partly as raw materials from the tobacco leaves and can be sucked, snuffed, smoked or chewed. In whatever form it is used it contains the psycho active addictive ingredient

Tobacco use; this may include smoking, sucking, chewing or snuffing any tobacco product.

Tobacco; This is a green leafy plant that is grown in warm areas. When tobacco is picked it is dried, ground and then used in different forms although some people here in Uganda may not even ground but still use it as long as it is dry.

Youth; According to WHO and UN 2013, a youth, a youth is defined as that person between the age of 15-24 years but for the purpose of this research a person will be considered a youth if their age is between 18- 30 years (UBOS, 2013).

LIST OF ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
CDC	Centre for Disease control
ETS	Environmental Tobacco Smoke
GDP	Gross Domestic Product
GYTS	Global Youth Tobacco Survey
HIV	Human Immune Deficiency Virus
NCDS	Non Communicable Diseases
UBOS	Uganda Bureau of Statistics.
UDHS	Uganda Demographic and Household survey.
UN	United Nations
UNODC	Uganda National Office on Drug and Crime
WHO	World Health Organization
DSRs	Designated Smoking Rooms

ABSTRACT

Background; Tobacco use which includes direct tobacco smoking, use of smokeless and indirect use of tobacco through exposure to smoke from tobacco smoke is a single most cause of avoidable or preventable death in the whole world. Second hand smoke has been attributed to be a major preventable cause of death globally. Tobacco use among youths has become a public health concern globally as several studies have revealed that it's the leading cause of mental health among youths

Problem statement; According to reports from UBOS (2011) the percentage of male youth smokers in Kampala increased from 12 percent to 19 percent and female youths tobacco smokers increased from 11 percent to 15 percent. Despite the tobacco control laws and some of the measures put in place the practice remains largely unregulated among the youths in Kampala especially in Makindye Division.

Objective; To determine the factors that influence tobacco use among youths 18 – 35 years in Makindye Division -Kampala district.

Methods; The design was a descriptive cross sectional study which was used to determine the factors influencing the tobacco use among youths. The study populations were the youths aged 18-35 years both male and female in Makindye division Kampala district both in and out of school. The study undertook probability sampling techniques. The multistage random sampling technique; first the researcher randomly sampled Makindye East and West. Data collection techniques included both qualitative and quantitative data collection methods. The quantitative data collection method involved questionnaires and qualitative data involved a key informant interview interviews and observations.

Results; The socio -demographic factors which had an influence on the use of tobacco among the respondents in Makindye division were age with ($p=0.003$), sex ($p=0.001$), education level ($p=0.010$),

marital status ($p=0.021$) having friends who smoke ($p=0.001$) and then having parents who smoke ($p=0.006$). Socio- economic factors were found to have an influence on the use of tobacco among the respondents. Specifically, these were the employment status ($p = 0.004$), the average monthly incomes ($p=0.002$), and the type of residence ($p=0.024$). Higher rates of use of tobacco were observed among the youth who were employed, the youth who reportedly earned between 300,000 – 600,000/= and those who stayed in urban areas. Advertisements of cigarette smoking had a strong influence ($p=0.001$) where respondents who had seen the advertisements used tobacco more than those who had not, having material with tobacco product brand logo on it was also significant for ($p=0.001$), for which the respondents who had the materials used tobacco more than those who did not have them.

Conclusions; This study has shown that frequency of tobacco use among youth in Makindye is on the steady increase and there is ominous need to engage this social vice which is eating very deep into the youth community of Makindye division.

Recommendations; Community leaders and residents in Makindye division need to come up with interventions to mitigate the culture of tobacco use as part of life and empower their future generations to have healthy, tobacco-free lives. There is need for intervention among secondary school students so as to prevent possible continued trend of tobacco use. Essential components of such a programme should include raising awareness on the detrimental effects of tobacco dipping, chewing and smoking on health among secondary school students.

CHAPTER ONE: INTRODUCTION

1.0 Introduction

In this chapter, the researcher will cover the back ground information to this study, problem statement, general objectives, specific objectives, research questions, research hypothesis, significance of the study and conceptual frame work.

1.1 Background to the study

Tobacco use is one of the leading preventable causes of death and mental illness worldwide as it has adversely affected a significant proportion of the population especially the youths WHO (2012).

This is in line with (Jarvis, 2004) and Jha *et al* (2006) who reports that tobacco can be used in various forms that is it can be smoked, chewed, sniffed or dipped. However in which ever form, tobacco releases nicotine which is a stimulant that increases activity in the brain just like caffeine, cocaine and Amphetamine. Tobacco use among youths both in and out of school is at 17.3% which is much higher than the prevalence of adults of 15% (UDHS, 2011).

The World Health Organization attributes over four million deaths a year to tobacco use. This figure is expected to rise to 10 million deaths a year by 2030, with 70% of these deaths occurring in developing countries (WHO (2012). Not only nicotine that is the substance addiction of cigarettes. The poison of ciggarete, approximately, 4000 chemical substances are consisted in the cigarette smoke and they are dangerous to human body and can cause more than 25 severe diseases. (Wuttanasirichaikul, 2007). This is consistent with the WHO report published in 2005 which revealed that tobacco is the second major cause of death in the world.

Smoking is the leading preventable cause of death in the United States. Cigarette smoking causes more than 480,000 deaths each year in the United States and this comes to about one in five deaths.

China has the largest population of tobacco users of 3401 million people and the number of tobacco users stands at 275 million people. Gary Giovino, *et al* (2012). The 2008 WHO report in Tanzania on substance use among youth showed that pain killers were the commonest substance abused followed by tobacco use.

Uganda is a tobacco-growing country where about 22% of males and 4% of females between the ages of 15 and 49 years of age currently use tobacco products. As a country it has been involved in curbing the tobacco epidemic since 1998.(WHO, 2012). According to (Bazeyo, 2014); tobacco use is on the increase among the youths at 17% in Uganda. He continued and said that using tobacco products has risen over the last few years and Uganda is now on the takeoff phase of the Tobacco epidemic.

According to (UBOS, 2006) tobacco and exposure to tobacco smoke causes diseases, Disability and death. People of Makindye division suffer from both communicable and non-communicable diseases associated with tobacco use like tuberculosis and lung cancer especially in the division slums. However the factors that influence the tobacco use are not known.

1.2 Statement of the problem

According to UBOS (2011) the percentage of male youth smokers in Kampala increased from 12 percent to 19 percent and female youths tobacco smokers increased from 11 percent to 15 percent. Reports from Uganda Police (2010) indicated that apart from illicit drug abuse, tobacco use among youths was increasing in the country, especially in the suburbs of Kampala district including Makindye Division and the prevalence rate of tobacco smoking was increasingly becoming higher among adolescents. The prevalence of substance abuse in Makindye Division is however not documented.

Uganda ratified the World Health Organisation Framework Convention on Tobacco control in 2007 and thus became a party member. The above frame work (legislation) does not permit young people to consume tobacco products. Similarly, the framework also bans indoor smoking, and public places except for hospitality centers where they are designated areas smoking rooms (DSRs) are allowed (WHO, 2012).

However despite the tobacco control laws and some of the measures put in place the practice remains largely unregulated among the youths in Kampala especially in Makindye Division (UDHS, 2011). If tobacco use among youth is not controlled, the earlier experimentation and initiation of smoking may increase the likelihood of habituation and consequently worsen health outcomes like chronic diseases such as stroke, heart disease and diabetes, smoking is a known cause of cancer of the lung, larynx, oral cavity, liver, colon and rectum, esophagus, bladder, pancreas, cervix, kidney, stomach and blood.

Therefore this study sought to determine factors influencing tobacco use among youths (18-35 years) in Makindye Division Kampala District.

1.3 Objectives of the Study

1.3.1 General Objective

To determine the factors influencing tobacco use among youths 18 – 35 years in Makindye Division - Kampala district.

1.3.2 Specific Objectives

- i. To determine the socio-demographic factors influencing tobacco use among youths 18-35 years in Makindye division Kampala District
- ii. To establish the socio- economic factors influencing tobacco use among youths 18-35 years in Makindye division Kampala District
- iii. To establish the influence of media sources on tobacco use among the youths 18- 35 years in Makindye Division Kampala district

1.4 Research Questions

1.4.1 General Research Question

What are the factors that influence tobacco use among the youths 18-35 years in Makindye Division Kampala district?

1.4.2 Specific Research Questions

- i. What socio demographic factors influence tobacco use among youths 18-35 years in Makindye division Kampala District?
- ii. What socio- economic factors influence tobacco use among youths 18-35 years in Makindye division Kampala District?
- iii. What is the influence of media sources on tobacco use among the youths 18- 35 years in Makindye Division Kampala district?

1.5 Significance of the Study

The findings from the study may help the decision makers for instance by MOH to decide whether tobacco use is a public health problem or not

The findings may also be used by policy makers to plan effective interventions against tobacco use. It is also anticipated that the findings may help future academic researchers view and access literature related to this research

1.6 Conceptual frame work

There are several factors that influence up take or consumption of tobacco by the youths, however for this study, the conceptual framework shows three factors that will be studied and these include;

Demographic factors

These include; age, gender, religion, parental and familial influence, marital status, peer influence, living environment

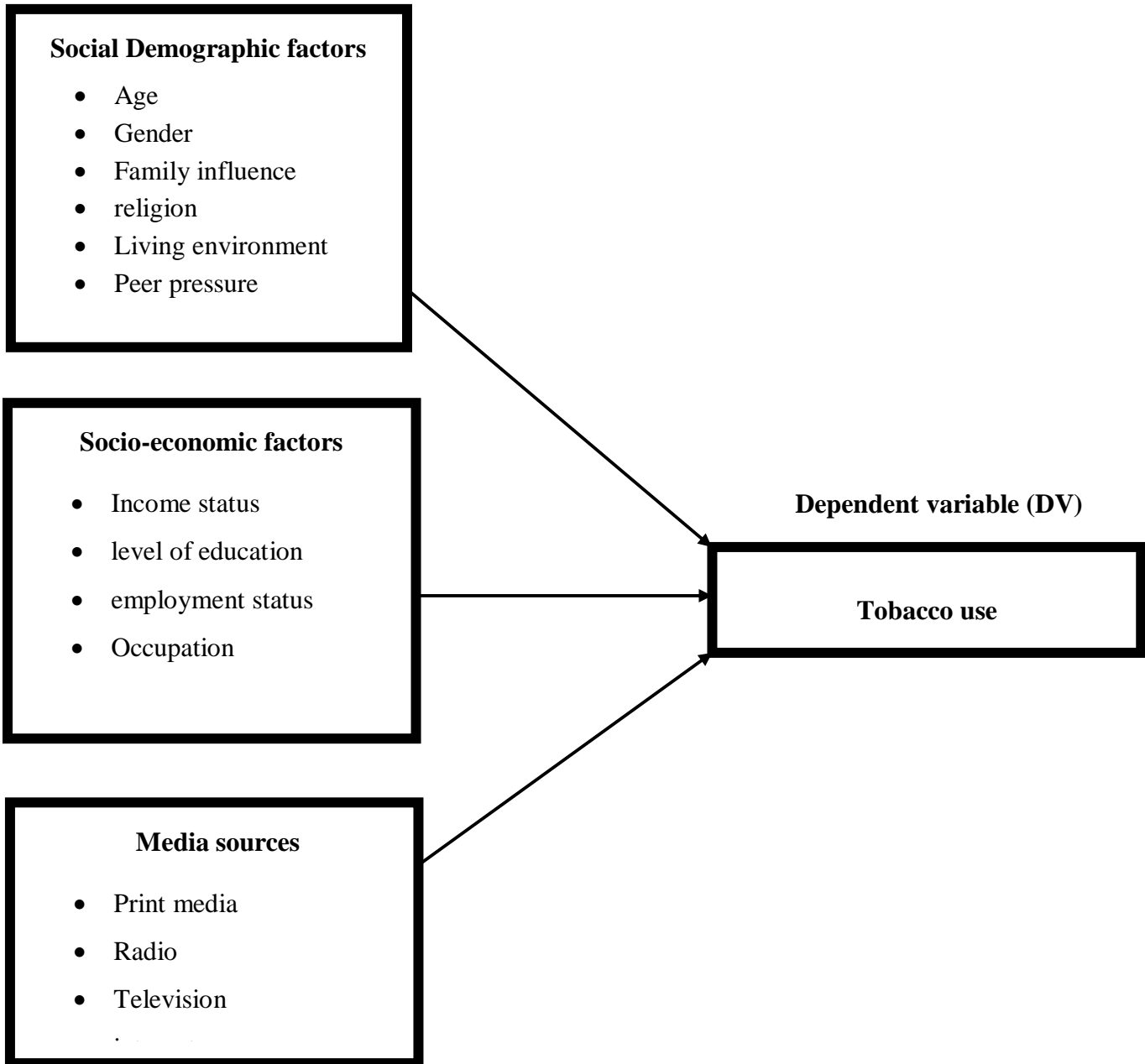
Socio- economic factors

These include; education level, income status, employment status, occupation

Media sources

The media sources include newspapers, Radio, Television and print media

Independent variables (IV)



CHAPTER TWO: LITERATURE REVIEW

2.0 Introduction

This chapter consists of other writers' views in relation to tobacco use. It covers socio-demographic factors socio-economic factors and media sources that influence tobacco use among youths.

2.1 Socio - demographic characteristics

Gender has been highlighted to determine the smoking habits of people Initially, inconsistencies in reports were attributed to differences in study methods and to sample or cohort characteristics. However, it is has since been recognized that smoking habits have evolved and that male and female patterns of smoking have converged (Schiaffino et al., 2003). Currently, smoking rates for girls have equaled, and in some cases even exceeded the rates for boys. This has been observed in countries such as Australia, New Zealand, the UK, Canada, Denmark and Germany where smoking prevalence in adolescent girls relative to boys WHO (2011).

WHO, 2011). In a study conducted in US by Moffat and Johnson (2001) results revealed that the prevalence of tobacco smoking was higher in males compared to the females as 68% of male respondents who participated in the study reported to ever smoked tobacco compared to the 31% of the females.

Other gender-related changes have also been observed in young people's smoking patterns. For instance, in addition to increases in rates of prevalence, the age of smoking onset in girls is generally lower than for boys (McNeill et al., 2003). McNeill et al (2003) further states that the cigarettes smoked by boys are higher compared to those smoked by girls and all these changes have been attributed to gender comparisons compared to other substance use like licit and illicit drug use.

. In a study of the comparative strength of factors associated with the adoption of smoking by young people, 'being a girl' exerted a strong independent relationship on smoking propensity that the researchers could not attribute to differences in any of the other factors identified (e.g. having parents and siblings who smoke) (Goddard, 2005). In another report, being a girl was similarly found to be a significant independent factor that also did not produce interactions with any of the other factors in the study (e.g. smoking behaviours and attitudes of family, teachers and peer group) McNeill et al, (2003). In gender comparisons of smoking, Pederson (2006) found that internal influences (e.g. attitudes) were related to smoking behaviors in girls while external influences for instance, peer group pressure) generally correlated better with smoking in boys. Clayton (2001) argued that perhaps the mechanisms involved in smoking adoption by girls may be related more to internal or psychological traits and states than to external or environmental influences.

Numerous studies have investigated youth tobacco use from social learning perspective by focussing on the influence of parents and peers.

Central to the social learning approach is the idea that people are influenced by the normative beliefs, values and behaviours of members of a social group (Jackson, Henriksen, Dickinson, & Levine, 2003). Through operant (instrumental) conditioning and imitation, young people's personal beliefs, values and behaviors will tend to reflect those of parents and peers (and potentially also that of other influential individuals) (Kandel, 2003). This occurs since adolescence is a complex and confusing period. As young people attempt to create or form their own identity and self image (young people want to stand out of the many or feel high). Being a female has been identified as a determinant of tobacco smoking among youths especially the girls although the associated reasons are still unclear. A study was

conducted to determine the factors associated with tobacco smoking among young people and results showed that majority of the female participants who participated in the study reported to ever smoked a tobacco product and the researcher attributed this to the fact that girls feel they can attract more male friends if they are seen to be using tobacco products. (Kandel, 2003). In a study of the comparative strength of factors associated with the adoption of smoking by young people, 'being a girl' exerted a strong independent effect on smoking propensity that the researchers could not attribute to differences in any of the other factors identified (e.g. having parents and siblings who smoke) (Goddard, 2005). In another report, being a girl was similarly found to be a significant independent factor that also did not produce interactions with any of the other factors in the study (e.g. smoking behaviors and attitudes of family, teachers and peer group) McNeill et al, (2003).

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Both would explain the strong independent effect for being female and the lack of interaction with predominantly external factors in the above studies. Kellner (2000) found explicit associations for smoking and young women's perceptions of self-presentation (in particularly, perceptions of body image, self-conception and how one's self-image is projected to others), which links the likelihood of smoking; being female and internal or psychological correlates.

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This occurs because adolescence is a complex and confusing period. As young people attempt to create or form their own identity and self-image, parents, peers and other influential agents provide "significant social comparisons" which allow young people to ascertain – and therefore internalize and replicate – behavior that is expected and appropriate (Maxwell, 2002). In relation to tobacco use, the social learning approach predicts that young people's smoking behaviors will mirror the attitudes and behaviors of parents and peers. Parents and peers therefore can be risk or protective factors in relation to young people's smoking.

Kozicki (2004) stated that "the single most significant influence on the development of a human organism is the parents". Without a doubt, parents play a fundamental role in the growth and development of children and it reasonably follows that they are a compelling influence on whether or not young people decide to smoke (Oei & Fea, 2000). The effect of parental influence on youth smoking is exerted in three broad ways: through parental smoking (modeling); through parental attitudes toward smoking; and through parental child-rearing practices or parenting style.

With respect to modeling effects, parental smoking allows young people to observe firsthand, smoking behavior in the home. This exposure has been found to positively associate with smoking uptake in young people in over 70% of studies investigating the potential effects of parental modeling on smoking Conrad et al., (2002).

In comparisons of the effect of parental smoking on youth smoking, less than 10% of young smokers come from families in which neither parent is a current smoker Jackson *et al* (2003). In contrast, it is estimated that up to 75% of young smokers come from families in which at least one parent currently smokes (Males, 2005). These comparisons are especially accentuated in the case of young people who are heavy smokers. In families where both parents are smokers, the proportion of boys who are heavy smokers is twice as high, and in girls, more than seven times as high as families in which both parents are non-smokers (Oei&Fea, 2000). In addition, there is some evidence to suggest that parental smoking may be associated with early onset smoking in young people.

The second effect of parental influence is exerted through attitudes toward smoking – in particular, through anti-smoking socialization. How parents deal with their children’s smoking, for example, explicitly forbidding smoking at home, openly talking about the risks of smoking, overtly expressing disapproval and punishing children who are caught smoking, inversely determines whether young people will take up smoking (Armstrong et al., 2007 ; Pederson et al., 2008).

Other specific examples such as parents requesting to sit in non-smoking sections of restaurants and other public places, and asking smokers not to smoke in their presence also inversely influences smoking uptake in young people (Anderson, Leroux, Bricker, Rajan, & Peterson, 2004). Such anti-smoking socialization has been found to associate with lower rates of youth smoking even when one or both parents are themselves smokers. Anderson et al., (2004); Jackson&Henriksen, (2003).

The third way that parents influence youth smoking is through child-rearing practices or parenting style. For instance, those practices or styles characterized by openness in communication have been found to inversely relate to tobacco and other substance use in young people (Kafka & London, 2001).

This association has been explained by Kafka and London (2001) in two ways: first, parents are moral

authorities – having open lines of communication between parents and young people produces an inhibiting effect with respect to problem behavior such as tobacco and other substance use.

Second, openness in communication indicates to young people that they are listened to and cared about which reduces the likelihood of boredom and emptiness that may lead young people to experiment with or take up smoking. This was clearly shown in Shedler and Block's (2000) thirteen year longitudinal study of young people from preschool to age 18 years to determine the antecedents of adolescent drug use (included drugs: marijuana, inhalants, cocaine, hallucinogens, barbiturates, amphetamines, tranquilizers, heroin and 'others').

Shedler and Block (2000) found that frequent drug users had parents (particularly mothers) who were cold, hostile, unresponsive or insensitive to their children's needs, critical, unsupportive, lacking in pride and under-protective of their children.

In contrast to open and communicative parenting styles, authoritarian parenting styles have been found to positively associate with an increased likelihood of tobacco as well as other substance use/abuse (Tyas& Pederson, 2008). This general increase in tobacco and other substance use may reflect a rebellion motive against an authoritarian parenting regime.

Broadly, parental styles are fundamental to the development of personalities including the development of behavioral self-regulation, interpersonal skills, a positive self-image, independence and other personal and social competencies (Jackson *et al.*, 2007). Young people lacking these competencies are more likely to develop problem behaviors (e.g. social delinquency) and resort to substance use (e.g. alcohol, tobacco and drugs) (Jackson *et al.*, 2007).

"Peers" define a broad range of influential agents and include "classmates, friends, best friends, opposite or 'same sex friends, and boyfriends or girlfriends" (Tyas& Pederson, 2005), for young

people, peer influence has consistently been shown to relate to, not just youth smoking but to most other licit and illicit substance use (Iannotti, Bush, & Weinfurt, 2003). In reviews of the literature – for example: Conrad et al. (2002) and Hill (2004) – between 85% to 90% of studies investigating peer influence have found strong associations between peer smoking and smoking in young people.

The consequence of these associations has been that the cause of youth smoking is typically attributed to adolescent peers (Eiser et al., 2009; Norton, Lindrooth, & Ennett, 2008; West & Michell, 2006). In fact, Kandel (2000) stated that this was the most reproduced conclusion, not just in youth smoking research, but in adolescent drug research generally.

Peer influence has validity because of the nature of adolescent friendships. The number of friends that young people have generally increases during their teen years, reaches a maximum sometime during mid-adolescence and then declines thereafter (West & Michell, 2009). Friendships increase in stability through this period and friend choices become more discriminating, change less frequently and evolve into small, more intimate groups or cliques (West & Michell, 2009).

Because of this development, it is widely accepted that young people “are particularly susceptible to peer influence” (Maxwell, 2002, p.268). This is especially true in the problem behaviour literature where substance use or abuse behavior is seen as learned behavior (Quine & Stephenson, 2000) and associating with “deviant peers” is seen as the reason young people engage in “diverse problem behaviors” Ary et al., (2009).

Research findings appear to support this position in youth smoking. For instance, more than 50% of young people smoke their first cigarette with friends compared to less than 10% who have their initiation alone (Bewley & Bland, 2003; Bewley, Bland, & Harris, 2005). During this first experience, boys are generally encouraged by other boys while girls are typically encouraged by other girls

(Palmer, 2007). More than 70% of boys are given their first cigarettes by peers and overall, as the frequency that cigarettes are offered by peers increases, so too does the uptake of smoking by young people (Ary&Biglan, 2009).

In later smoking, simply being in the company of other smokers or else being subjected to overt pressures from peers increases young people's smoking regularity (Britt &Jachym, 2006; Buller et al., 2003). From these examples, it is possible to identify at least two types of influence in operation – one is facilitative (i.e. works to promote conformity to peer behaviour) while the other is coercive (i.e. works to inhibit non-conformity) (West &Michell, 2009).

Facilitative peer influence can be seen as 'soft' (but powerful) pressures that include encouragement, exhortation, and offers and rewards to young people to replicate peer behavior; coercive peer influence on the other hand, is explicit pressure to conform and includes teasing, taunting, bullying and the threat of exclusion (West &Michell, 2009).

In addition to the above pressures which are overt, peer influence also operates indirectly through the shaping of norms, attitudes and values, to affect congruence in behavioral patterns (Bauman &Ennett, 2003). Young people's perceptions of normal, acceptable and important behavior are shaped by their observation of peer norms (West & Michell,2009). This has an effect on young people as they learn and assign these norms to themselves, and alter their behavior so that it becomes normative.

Iannotti, Bush and Wienfurt (2003) alternatively suggested that peer norms influence behaviors by providing a justification or rationale for young people's own behaviors. Inevitably, given the influence of both parents and peers on youth smoking behavior, questions of which is the stronger influence would arise. In reviews of the literature, the impact of parental influence on youth smoking has not generally been as consistently positive when compared to the effects of peer influence.

For example, Hill (2003) reported that almost 90% of studies on peer influence supported a relationship between peer and youth smoking while less than 60% of studies supported a relationship for parental influence. Similarly and as reported above, Conrad et al. (2002) found support for parental influence 70% of the time but over 85% of the time for peer influence in their review of the literature.

The identification of how urbanicity relates to tobacco use has been undertaken by a number of scientists; however findings have been inconclusive. A 2002 study found smoking rates among rural adolescents to exceed that of urban adolescents (Epstein, Botvin&Spath, 2003). For example, rates of daily smoking among Rural 8th graders were nearly twice that of their Urban counterparts in one study (Epstein et al., 2003), while another found daily smoking rates among Rural male 7-9th graders to be significantly higher than their Urban counterparts Noland *et al.*, (2005).

These rates would continue to climb in rural areas in the late 2000s even while rates were dropping in urban areas (Epstein *et al.*, 2003). Rural youth also begin to smoke at an earlier age than urban youth (Epstein *et al.*, 2003; Noland *et al.*, 2005). Ultimately, there exists limited literature available as rural youth remain an under-researched population.

The majority of smoking initiation takes place sometime during adolescence. During adolescence, young people's smoking initiation (and general smoking prevalence) is a function of increasing age or school year (Tyas& Pederson, 2008). Chen and Kandel (2005) found that smoking uptake generally peaks at age 16, and that after age 20 the risks of smoking initiation "are mostly over". In Australia, for example, Hill, White and Effendi (2002) reported that about three quarters of 12 year olds would generally be never smokers.

However, this proportion of never smokers steadily decreases as young people mature: approximately 60% at 13 years; 45% at 14 years; 40% at 15 years; 35% at 16 years. By age 17, only about one quarter of young people would still be categorized as never smokers while about three quarters would have either experimented with smoking or were regular smokers of cigarettes (Hill, White, & Effendi, 2002). Studies of smoking uptake across eleven European countries (Finland, Hungary, the Netherlands, Norway, Scotland, Wales, Austria, Switzerland, Spain, Sweden and Belgium), (van Reek, Adriaanse, & Aaro, 2004), in New Zealand (Ministry of Health, 2003), the US (Faulkner, Farrelly, & Hersey, 2000), the UK (National Center for Social Research & National Foundation for Educational Research, 2004) and in Canada (Pederson & Lefcoe, 2007) have shown similarly that smoking is a function of increasing age or school year. A broader study into youth smoking by the WHO reported similar associations between smoking uptake and age for twenty-eight predominantly developed countries (World Health Organization, 2000).

It has been suggested that young people's first smoking experience typically occurs during stages of social and/or psychological transitions. For instance, young people may take up smoking when changing from primary to secondary school to manage anxiety and emotional stress during the changeover or to achieve social acceptance in their new environment (Flay et al., 2001). In the transition from childhood to adulthood, young people may also take up smoking as a means of asserting their individuation from parents or as a symbol of achieving adult status (DuRant, Smith, Kreiter, & Krowchuk, 2006).

In most developed western societies, smoking prevalence has traditionally been higher for boys than girls. In a review of over 100 international reports of longitudinal studies on youth smoking, being male

was consistently a positive and significant predictor of adolescents most at risk of becoming and remaining a smoker (Derzon & Lipsey, 2009).

However, Tyas and Pederson (2008) noted in their review of the literature that conflicting accounts began emerging in the 2000s with some studies showing no differences in gender prevalence, and others showing higher prevalence for girls than boys.

In spite of this evidence, Baker, Brandon and Chassin (2004, p.470) suggested that perhaps issues of methodology may have masked the true impact of parental influence in these studies. Their review indicated instead that parental influence is a “powerful risk factor” especially predicting serious youth smoking characterised by “early onset, rapid escalation to heavy levels and persistence over time”. In relation to issues of methodology, Kandel (2006) found that where parental influence on peer selection is overlooked, this has the effect of overstating peer influence by five times .

Also focusing on issues of methodology, De Vries (2003) found significant differences in the association between parental and peer smoking, and youth smoking for cross-sectional and longitudinal methods. Based on cross-sectional analysis, friends’ ($\beta = 0.36$) and best friend’s ($\beta = 0.25$) smoking were the factors most strongly associated with youth smoking when compared to father’s ($\beta = 0.04$) and mother’s ($\beta = 0.07$) smoking. Longitudinal data however, showed that the predictive power between parental and peer smoking on youth smoking uptake was not significantly different [best friend’s smoking ($\beta = 0.025$); friends’ smoking (0.081); father’s smoking ($\beta = 0.043$); mother’s smoking ($\beta = 0.065$)]. On the basis of these findings, De Vries (2003) concluded that the significance of peer smoking has generally been over-estimated while that for parental smoking may have been under-estimated.

Also in spite of the evidence, Males (2005) disputed that peers could be a more significant influence than parents in relation to youth smoking. In his study of 10 to 15 year old school students, more than 90% did not smoke and only 3% stated an intention to smoke in the future. Males (2005) argued that the influence of peers could not be as strong as generally believed especially given that exposure to parental smoking precedes, for many years, the exposure to such low levels of peer involvement with smoking.

For different reasons, a number of major works have similarly contended that peer influence may be significantly less important than generally accepted. West and Michell, (2009). He also continues to describe the “stereotypical” perception of peer influence as one where a “good teen” is offered cigarettes and pressured to smoke by a “bad teen”. Empirically, this influence or pressure to smoke is measured by the association between young people’s smoking behavior and their reports of tobacco use by friends (peers) (Ary&Biglan, 2009; de Vries, Engels, Kremers, Wetzels, &Mudde, 2003). Where associations are positive, that is, where smoking habits between young people and their peers are found to be similar, then the attribution is made that peers are the ‘cause’ of smoking in young people Sreeramareddy *et al* (2006), points out that the parental and school teachers smoking status influences the young people to smoke cigarettes. Youths are more likely to be influenced to smoke by their close friends who are smokers. This is consistent with the studies by Harakeh *et al* (2007) who found out that young people who had friends smoking cigarettes were more susceptible to smoking. According to (Lerdpiromlak,2004); the smoking behaviour among 456 junior high school students in Nonthaburi province in a study , found out that parent smoking was significantly related to smoking.

This is in line with Kwamanga *et al* (2006) who reported that in one of the studies done in Nairobi, 5311 secondary students were interviewed, the study found that parents' and teachers' smoking habits

influenced initiation of tobacco use in young children while peer pressure influenced older children to smoke. According to Osungbade et al,(2008) parents' and teachers' smoking status influences tobacco smoking initiation in young people around various parts of Africa.

Plowfield (2007) found peer pressure to be one of the major contributing factors for the youths to start smoking cigarettes. Several studies have also documented that influence of tobacco use across all age groups could be due to peer pressure, having pocket money, purchasing tobacco products for other family members, having stress, and then having siblings who smoke or use tobacco products. O'loughlin et al (2009). Youths are likely to become smokers or use tobacco products if they have close friends who are or having a relationship with tobacco users (smokers). Muula et al, (2008).

This iRudatsikira *et al* (2010) during a particular study where they assessed factors associated with use of smokeless tobacco among 3034 respondents using data from Republic Of Congo Global Youth Tobacco Survey (GYTS) of 2006 found out that one of the factors associated with the use of smokeless tobacco was having friends who are cigarette smokers. in line with (Siziya et al 2007a), who reports in one of the studies done in Tanzania on 2323 youths and found out that one of the factors that influences tobacco use among young people is if their close friends or persons smoke. And youths are more likely to use tobacco products if their peers are using them. Islam *et al* (2005).

According to (Bazeyo, 2014); tobacco use is on the increase among the youths at 17% in Uganda. Uganda is a tobacco-growing country where about 22% of males and 4% of females between the ages of 15 and 49 years of age currently use tobacco products. As a country it has been involved in curbing the tobacco epidemic since 1998.(WHO, 2012).

2.2 Socio -economic factors influencing tobacco use among youths

Socio-economic status or SES is a composite index comprising an individual's economic status (measured by income), social status (measured by level of education) and work status (measured by occupation or profession). Adler *et al.*, (2004). In the context of youth smoking, parental SES is a known predictor negatively linked with smoking, that is, the incidence of adolescent smoking is generally higher where parents have lower SES, and lower where parental SES is high. Murphy, (2003)

This notwithstanding, some studies have found the reverse effect between SES and smoking when mediated by gender, in particular, the incidence of smoking in girls appears in some cases to increase with higher parental SES. (Johnson *et al.*, 2004). He also suggested that this effect may be due to changing sex roles and to the different motivations for girls to take up smoking (discussed further below). Overall however, the evidence has generally shown that the relationship between parental SES and youth smoking is an inverse or negative one. In at least two major reviews of studies predicting the onset of smoking in young people (Tyas & Pederson, 2008), strong and consistent support was found for this association. In a recent multivariate study that modeled the relative effects of parental SES on youth smoking whilst controlling for a significant number of other variables (e.g. age, gender, ethnicity, parental and peer smoking), both low parental education and low family income level were found to significantly and independently predict higher levels of youth smoking. Soteriades & DiFranza, (2003). The magnitude of this inverse relationship was sizable and young people from less advantaged families were on average, at least 30% more likely to be smokers than those from more privileged backgrounds.

The pathways through which young people's smoking behavior is influenced by parental SES are generally unclear. (Soteriades and DiFranza 2003) proposed that perhaps high parental SES is associated with better role modeling and better life opportunities. With respect to role modeling, adolescent smoking is positively associated with parental smoking which tends to be considerably lower in adults with higher education levels and higher grades of employment (and vice versa) (Adler *et al.*, 2004). Having better life opportunities arguably increases the range of 'conventional' options available to young people and reduces the attractiveness of 'deviant' options such as smoking. In both situations, youth smoking will be low.

In contrast, an early investigation showed that the association of low parental SES with increased youth smoking is independent of whether or not parents smoked (Royal College of Physicians, 2002). Thus, for low SES, Soteriades *et al.* (2003) suggested that this could be a "proxy measure" for (1) generally poorer family attitudes toward long term health and well-being; (2) lower enforcement of smoking bans in the type of schools typically attended; and (3) locus of control where disadvantaged young people with fewer life opportunities are more likely to seek immediate gratification from smoking.

2.3 Media sources or advertising and its influence on tobacco use

A report by CDC that conducted the national Youth Tobacco survey, shows that exposure of youth to tobacco related adverts on media and access to smoke (CDC, 2004); as the study of adolescent smoking and exposure to various forms of media in USA, 2008 found that students reported exposure to media at an average of about 8 - 6hrs of media daily included 2.6hrs of music, the high exposure to music and films were more likely to be smokers ($p < 0.001$) and ($p = 0.0036$) respectively (Primarck *et al.*, 2008).

According to (GYTS, 2007), advertising of cigarettes on bill boards, magazines and news papers influences tobacco use among youths.

O'Loughlin et al,(2009) also reports that seeing Cigarette advertisement influences tobacco use or smoking in young people and this is still in line with Primarck *et al.*,(2008), in one of his studies in the USA about adolescent smoking and volume of exposure to various forms of media he found out that the students reported exposure to an average of 8.6h of media daily, included 2.6h of music, the high exposure to music and films were more likely to be smokers.

Cigarette advertising in traditional mediums has been incrementally banned in some countries: consequently, tobacco companies have resorted to less traditional methods of marketing including promotion of cigarettes in films, in bars and nightclubs, at rave parties, music festivals and other youth-oriented events (Soulos& Sander, 2004). Advertising in the form of point-of-sale material, packaging, direct marketing and internet ads have also taken on increased importance (Harper & Martin, 2002).

Advertising works in three complementary ways: it transmits information which aids learning and decision making (cognitive effect), it models and shapes attitudes, perceptions and feelings (effective effect), and it triggers impulse and planned purchases (conative effect) (Pollay, 2000). In relation to smoking, these advertising effects directly influence the primary demand for tobacco products. Statistical modelling studies generally show that the consumption of tobacco products increases with increases in tobacco industry advertising expenditures, and decreases where advertising has been banned (Guindon, Tobin, &Yach, 2002).

With respect to the initiation of smoking in young people, evidence generally indicates that increases in the level of exposure to cigarette ads strongly and consistently correlate with increases in the likelihood of adolescent smoking (Alchin & Lee, 2005; Goddard, 2000; Gordon, 2006; Harper & Martin, 2002;

Pierce, Choi, Gilpin, Farkas, & Berry, 2008; Pierce *et al.*, 2001). Although adults are not immune to the effects of advertising, young people are generally three times more responsive to tobacco marketing (Pechmann & Knight, 2002). In general, the relationship between exposure and behaviour is not a static one and over time, the effect of cigarette advertising on adolescent non-smokers taking up smoking actually becomes stronger (Armstrong *et al.*, 2007). Thus, the majority of adolescents who eventually do take up smoking choose only to smoke one brand of cigarettes. In Australia, adolescents predominantly choose to only smoke one of the four most heavily marketed brands of cigarettes in a market with over 130 other brand alternatives.

The top brand accounts for 52% of the youth market in that country (Quit WA & Population Health Division Department of Health WA, 2004) while the top four account for almost 80% (White & Hayman, 2004). Similarly in the US, the top three most heavily advertised brands account for almost 90% of underage cigarette sales (Kessler, 2005). The relationship between advertising and smoking is clearly exemplified by a small US study ($n = 100$) which found that three quarters of student smokers from a public high school surveyed preferred the brand of cigarettes that was heavily advertised near the school.

Generally, cigarette advertising “rehearses, shapes and reinforces” perceptions of smoking and may engender positive attitudes toward the behaviour, distort beliefs about its popularity and social acceptability, and perpetuate myths about smokers and smoking (Pollay, 2000).

In fact, a number of studies (Alexander *et al.*, 2005) have shown that young people’s involvement with cigarette advertising (e.g. being aware of ads and having positive attitudes toward ads) typically correlates with increases in the likelihood of smoking adoption by non-smokers and vice versa.

In a study done in Tanzania on factors influencing tobacco use, it revealed that seeing actors smoke on television, videos or movies and seeing advertisements influenced tobacco use among young people (Siziya *et al*, 2007).

Christophi *et al* (2006), in one of his studies reports that owning a cigarette logo, and seeing a cigarette advertisement influences cigarette smoking across all ages. In a survey done on youths in Uganda especially in the urban districts of Kampala and in the rural eastern districts of Arua found out that 1 in every 10 students who were using tobacco products had an item call it a pen, shirt, cap or back pack with a tobacco logo on it which would show that print media has an influence on tobacco use (WHO, 2008).

CHAPTER THREE: METHODOLOGY

3.0 Introduction

This chapter contains the methods and techniques that were used in data collection and analysis. It deals with the study design, study population, inclusion and exclusion criteria, sample size and determination, sampling procedure, data collection, plan for analysis, ethical consideration,

3.1 Study design

The design was a descriptive cross sectional study which was used to determine the factors influencing the tobacco use among youths. This was because the design is best suit to determine the relationship between the dependent and independent variables specific to the researcher at a point in time.

3.2 Study population

The study populations were the youths aged 18-35 years both male and female in Makindye division Kampala district both in and out of school

3.3 Selection Criteria

3.3.1 Inclusion Criteria

The study included all youths between the Ages of 18-35 years who live in Makindye and have given informed consent.

3.3.2 Exclusion Criteria

The study excluded all those who did not give informed consent to participate in the study.

3.4 Sample size determination

The sample size of 384 youths participated in the study. The population of youths in Makindye is not established and this was calculated using Kish and Leslie to determine the sample size for establishing the factors that influence tobacco use among the youths.

Where $n = z^2 p (1-p) / \epsilon^2$

Whereby, n = sample size;

z = standardized deviation ($z = 1.96$) for 95% confidence interval;

p = proportion of tobacco users estimated to be 50%;

ϵ = marginal error = 0.05.

$n = 384$

3.5 Sampling technique and procedure

3.5.1 Sampling Technique

The study undertook probability sampling techniques. The multistage random sampling technique; first the researcher randomly sampled Makindye East and West. This was to ensure that both constituencies are given an equal chance of being selected for the study. This also gave a sample that was highly representative of the population and allowed for valid statistical inferences and conclusions.

3.5.2 Sampling procedure

Division level

The researcher wrote all the parish names on small papers and reshuffles them then choose the two parishes of interest and then the Zones under each parish was written on papers and reshuffled separately and then select 2 Zones per parish randomly after reshuffling papers containing the names of Zones under each parish.

Therefore at this point the researcher had 4 zones so in each Zone the researcher will go the chairman's household and spin a pen the direction it faces is where the researcher will follow to collect data and will systematically choose or select every 5th house hold and interview the youths in that house hold and for households without the target population the researcher will go to the immediate house hold and interview the youth. This process is repeated until the sample size is obtained

3.6 Study variables

3.6.1 Dependent variable

The dependent variable was tobacco use

3.6.2 Independent variables

- i. Social demographic factors include; Age, sex, level of education and religion.
- ii. Socio-economic factors such as living environment, peer influence, family influence, poverty and income status.
- iii. Media sources; this includes print media, television, radio and internet

3.7 Data collection techniques and instruments

3.7.1 Data collection techniques

The study employed both qualitative and quantitative data collection methods. The quantitative data collection method involved questionnaires and qualitative data involved a key informant interview interviews and observations

3.7.2 Data collection tools

The data for this study was collected through researcher administered questionnaires.

3.7.2.1 Questionnaire

Questionnaires were used to gather information from all the respondents. A questionnaire containing open and close ended questions was used and for respondents who cannot read and write the research assistants helped to interpret the questionnaire for the responses from the illiterate respondents. These are easy to administer and analyze.

3.7.2.2 Key Informant Interview Guide

Key informants were selected from key stake holders and interviewed using the key informants' guide according to the objectives of this study.

3.8 Data analysis plan

The researcher plans to mark all questionnaires, code and then enters data using SPSS computer software version or Excel for quantitative data and Qualitative data was tabulated then results was presented in graphs to make meaning.

The quantitative data was analyzed using SPSS soft Ware version 16.0 to generate data where the results of univariate analysis was represented in frequency tables, graphs and Pie charts

The Bivariate analysis employing the two- sample test was applied to determine factors that significantly influence tobacco use among youths and then the strength of association between the independent and the dependent variable was determined using the chi square test.

The Qualitative data was analyzed using the content analysis technique and findings was represented in a narrative form utilizing quotations from respondents where applicable

Quality Control

Pre test: in order to ensure validity and reliability, the data collection tools like questionnaires and Key Informant guides was pre-tested after which appropriate adjustments was corrected.

Training; the research assistants were trained on data collection methods and on the use of data collection tools before they begin data collection

Translation: the Questionnaire was translated from English to appropriately by a translator and then be translated back into English to avoid error during translation period. Hence the respondents who did not understand English had been taken care of in this case as well.

3.9 Ethical Considerations

Consent; Consent forms were designed and the respondents were sought for informed consent before undertaking the study.

Confidentiality; The data or information was confidential to the researcher and only for this study. And in this the researcher used numbers instead of names to ensure privacy and confidentiality.

Respect; Respect was accorded to the respondents irrespective of their age or status.

3.10 Plan for dissemination

The study report will be disseminated as follows; a copy to the institute of Health policy and management of the International Health Science University, a copy to the University Library for academic purposes, reference for future study undertakings and a copy will be represented to Makindye division administration in order to adopt necessary recommendations and to be able to share with other divisions within Kampala District

3.11 Limitations of the study

One of the limitations of the study was its cross-sectional design. Therefore, compact conclusions about the directions of associations between the variables cannot be drawn.

The results of the study were based on self-reports by the respondents; therefore the common-method variance and response consistency effects may have biased the observed relationships.

Lastly, findings from this study may not be generalized to the whole study population because of the small sample size.

CHAPTER FOUR: PRESENTATION OF RESULTS

4.0 Introduction

This chapter presents the results which were obtained using the methods described in the previous chapter. The results have been presented according to the objectives of the study using tables and pie charts.

4.1 Socio demographic characteristics of the respondents

The results in the table below show that 235 (61.2%) of the respondents were male. While 122 (31.8%) of the respondents were between the age group of (23-27) years. Anglicans were the biggest in number with 119 (31.0%) responses. 157 (40.9%) of the respondents had their highest level of education as secondary level.

Marital status of the respondents was distributed in such a way that most of the respondents were single 196 (51%), as to whether the respondents had friends who smoked; the biggest proportion of them did not have them 206 (53.6%). For those who reported that they had friends who smoked, 135 (75.8%) said their friends used tobacco products and that 105 (59%) had been influenced to start smoking by their friends

Table 1: Socio demographic factors

Socio demographic factors	Frequency n=384	Percent
Sex		
Male	235	61.2
Female	149	38.8
Total	384	100.0
Age		
18-22	79	20.6
23-27	122	31.8
28 – 32	116	30.2
33-35	67	17.4
Total	384	100.0
Religion		
Muslim	96	25.0
Catholic	101	26.3
Anglican	119	31.0
Born again	55	14.3
Adventist	13	3.4
Total	384	100.0
Level of education		
Never went to school	9	2.3
Primary	89	23.2
Secondary	157	40.9
Tertiary institution	129	33.6
Total	384	100.0
Marital status		
Single	196	51.0
Married	51	13.3
Cohabiting	128	33.3
Divorced	9	2.3

Total	384	100.0
Do you have friends who smoke		
Yes	178	46.4
No	206	53.6
Total	384	100.0
If yes how many of them use tobacco products		
None of them	5	2.8
Some of them	11	6.2
Most of them	27	15.2
All of them	135	75.8
Total	178	100.0
Did they influence you to start smoking		
Yes	105	59.0
No	73	41.0
Total	178	100.0

4.2 Assessment of tobacco use practices among the youths in Makindye division

The Majority of the respondents had not used any tobacco products by study time 233 (60.7%), however 151 (39.3%) had ever used the products. Out of the total respondents who had used tobacco products 73 (48.3%) had used cigarettes such as safari, super match, lucky etc. Most of the respondents 71 (47%) said they used the products whenever they got the chance. The results further show that most of the respondents 65 (43%) had last used the tobacco products 24 hours prior to the study.

On the tobacco use practices of the youth, the key informants said that;

“Acquiring tobacco from family members and friends is a common route of access for early smoking experimentation among these young boys, and particularly common for the first puff, which is usually facilitated by the accessibility of tobacco in their respective homes, that is how some access it”.

Chairman LC1 Nabisaalu zone.

“We do not have legislation to stop tobacco marketing in this division so for us as the local leaders we can’t stop it, therefore the youth can access the tobacco products easily anywhere” Chairman Mubarak zone

“At night, most vendors especially those around the military barracks come on the road with a lot of tobacco products and even other intoxicants, that is where most of these young people access them from, they usually Kuber and the cigarettes” Chairman Mubarak zone

Table 2: Tobacco use among the youth in Makindye division

Tobacco use practice	Frequency	Percent
Ever used any Tobacco products		
Yes	151	39.3
No	233	60.7
Total	384	100.0
Tobacco products used		
Cigarettes manufactured like safari, supermatch, lucky	73	48.3
Shisha or water pipe or hookahs	46	30.5
Snus and sniff (chew and spit)	6	4.0
Small hand rolled leaves	15	9.9
Tobacco in pipe	11	7.3
Total	151	100.0
Frequency tobacco products		
Once a day	51	33.8
Twice a day	29	19.2
Whenever I get chance	71	47.0
Total	151	100.0
How old were you when you first started using Tobacco products		
I don't remember	13	8.6
15 years or below	19	12.6
Between 16-17 years	31	20.5
18 and above	88	58.3
Total	151	100.0

During the last 30 days (one month) on average, how many cigarettes did you smoke

I did not smoke cigarettes during the last 30 days	3	3.4
1 cigar per day	31	35.2
2 to 5 cigars per day	54	61.4
Total	88	100.0

4.3 Socio-economic characteristics of the respondents

Socio economically, the majority of the respondents were not employed 203 (52.9%), and most of them 251(65.4%) reportedly earned between 300,000 – 600,000/=. While for place of residence peri-urban areas were the most resided in areas by the youth 313 (81.5%).

Table 3: Socio economic characteristics of the respondents

Characteristic	Frequency	Percent
Are you employed		
Yes	181	47.1
No	203	52.9
Total	384	100.0
What is your average monthly income		
300,000 – 600,000	251	65.4
600,000 – 900,000	116	30.2
>900,000	17	4.4
Total	384	100.0

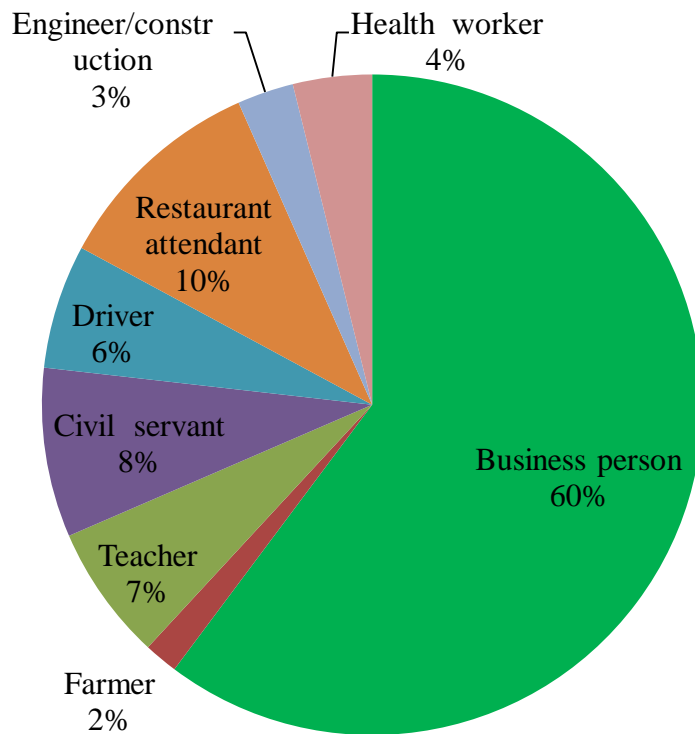
Type of residence

Peri urban	313	81.5
Urban	19	4.9
Slum	52	13.5
Total	384	100.0

4.3.1 Occupations of the respondents

Of the respondents who said they were employed, the majority were business persons as shown by the figure below.

Figure 1: Occupation of the respondents



Of the respondents who said they were employed, majority were business persons as shown by the figure above

“Most of the youth that I know of who smoke in my area here are educated at least to secondary level, thought they drop out of school at an early stage, so they start smoking” Local leader, Jjuuko zone

“Well as far as is know, the youth who smoke are usually not employed, they just have petty jobs like laboring on building sites where they get some little money and buy cheap cigarettes” Local leader

Kipamba zone

“We have one of the highest school dropout rate in Kampala, most of our youth get overtaken by the peer pressure because their friends who they sometimes look up to, so they start smoking and taking

khat and other illegal drinks, so this actually means that most of the youth who smoke are not educated enough” Chairman Mubarak zone

4.4 Media and advertising aspects among the youth

Findings on media and advertising relate with tobacco among the youth revealed that most of the respondents 213 (55.5%) had seen cigarette advertisements before and for those who had seen them, the biggest proportion of them had seen the advertisements on television, 103 (48.3%)

As to whether the youth’s had something or material for example book, pen, T shirt or bag with tobacco product brand logo on it, most 123 (32%) of the respondents said they did not have any. During the previous 30 days prior to the study, 123 (32%) of the respondents had seen no advertisements for tobacco or tobacco products while 111 (28.9%) had seen at least one tobacco advertisement.

On how media has influenced tobacco use among the youth, the key informants said,

“Youth, who have never smoked and are highly exposed to pro-tobacco media, are more susceptible to initiating smoking as opposed to youths who are not highly exposed to this media influence”

“You see the tobacco companies are very smart, when they are advertising, they use very good images which the young people admire for example muscled men, so when the young people see them they end up thinking that when they also smoke, they will get the muscles they seen on the adverts”.

“The media houses can’t possibly stop advertising tobacco products because tobacco product manufacturing companies are revenue generators for government, what the ministry of health should rather do is to tell to put health warnings in the advertisements, may be that can help reduce on the consumption of the tobacco products”

Table 4: Media and advertising aspects among the youth

Media and advertising aspect	Frequency	Percent
Seen any cigarette advertisements		
Yes	213	55.5
No	171	44.5
Total	384	100.0
if yes, where did you first see it from		
Along the way to school	23	10.8
Television	103	48.4
Internet	19	8.9
Magazines	14	6.6
Bill boards	11	5.2
Hangouts	43	20.2

Total	213	100.0
Do you have material with tobacco product brand logo on it		
Yes	123	32.0
No	261	68.0
Total	384	100.0
If yes above, where did you get it from		
Bought it	51	41.5
Got it from a friend	41	33.3
Picked it	13	10.6
Promotional material	18	14.6
Total	123	100.0
Number of advertisements for tobacco or tobacco products seen		
A lot	45	11.7
A few	105	27.3
None	123	32.0
Just one	111	28.9
Total	384	100.0
Influenced to consume tobacco because of the adverts		
Yes	101	26.3
No	283	73.7
Total	384	100.0

4.5 Bivariate analysis

4.5.1 Socio-demographic factors influencing tobacco use among youths 18-35 years in Makindye division Kampala District

Table 5: Socio-demographic factors influencing tobacco use among youths 18-35 years in Makindye division Kampala District

	Ever used any Tobacco products		X ²	p-value
	Yes	No		
Sex				

Male	108(71.5%)	127(54.5%)		
Female	43(28.5%)	106(45.5%)	11.173	0.001*
Total	151(100.0%)	233(100.0%)		
How old are you (in years)				
18-22	40(26.5%)	39(16.7%)		
23-27	56(37.1%)	66(28.3%)		
28 – 32	38(25.2%)	78(33.5%)	14.007	0.003*
33-35	17(11.3%)	50(21.5%)		
Total	151(100.0%)	233(100.0%)		
Religion				
Muslim	44(29.1%)	52(22.3%)		
Catholic	47(31.1%)	54(23.2%)		
Anglican	37(24.5%)	82(35.2%)	8.925	0.063
Born again	20(13.2%)	35(15.0%)		
Adventist	3(2.0%)	10(4.3%)		
Total	151(100.0%)	233(100.0%)		
Highest level of education				
Never went to school	6(4.0%)	3(1.3%)		
Primary	45(29.8%)	44(18.9%)		
Secondary	60(39.7%)	97(41.6%)	11.351	0.010*
Tertiary institution	40(26.5%)	89(38.2%)		
Total	151(100.0%)	233(100.0%)		
Marital status				
Single	90(59.6%)	106(45.5%)		
Married	21(13.9%)	30(12.9%)		
Cohabiting	38(25.2%)	90(38.6%)	9.730	0.021*
Divorced	2(1.3%)	7(3.0%)		
Total	151(100.0%)	233(100.0%)		
Have friends who smoke				
Yes	86(57.0%)	92(39.5%)		
No	65(43.0%)	141(60.5%)	11.243	0.001*
Total	151(100.0%)	233(100.0%)		
If yes how many of them use tobacco products				
None of them	3(4.1%)	2(1.9%)		

Some of them	6(8.2%)	5(4.8%)		
Most of them	14(19.2%)	13(12.4%)	3.771	0.287
All of them	50(68.5%)	85(81.0%)		
Total	73(100.0%)	105(100.0%)		
Did they influence you to start smoking				
Yes	48(65.8%)	57(54.3%)		
No	25(34.2%)	48(45.7%)	2.341	0.126
Total	73(100.0%)	105(100.0%)		
Do your parents smoke				
Yes	47(31.1%)	44(18.9%)		
No	104(68.9%)	189(81.1%)	7.593	0.006*
Total	151(100.0%)	233(100.0%)		
How often do they smoke				
Daily	9(18.8%)	5(11.6%)		
Once a week	6(12.5%)	5(11.6%)		
Twice a week	8(16.7%)	8(18.6%)		
Thrice a week	15(31.2%)	7(16.3%)	6.172	0.187
More than thrice a week	10(20.8%)	18(41.9%)		
Total	48(100.0%)	43(100.0%)		

The socio demographic factors which had an influence on the use of tobacco among the respondents in Makindye division were age with ($p=0.003$), sex ($p=0.001$), education level ($p=0.010$), marital status ($p=0.021$) having friends who smoke ($p=0.001$) and then having parents who smoke ($p=0.006$). The results presented above reveal that there is a more likelihood of tobacco use among respondents; aged between 18 – 27 years, in secondary, single, and those who had friends that smoked tobacco.

4.5.2 Socio-economic factors that influence Tobacco use among youths 18-35 years in Makindye division Kampala District

Table 6: Socio-economic factors that influence Tobacco use among youths 18-35 years in Makindye division Kampala District

	Ever used any Tobacco products		X ²	p-value
	Yes	No		
Are you employed				
Yes	85(56.3%)	96(41.2%)		

No	66(43.7%)	137(58.8%)	8.372	0.004*
Total	151(100.0%)	233(100.0%)		
If yes what is your occupation				
Business person	49(66.2%)	60(56.1%)		
Farmer	1(1.4%)	2(1.9%)		
Teacher	3(4.1%)	9(8.4%)	7.705	0.359
Civil servant	7(9.5%)	8(7.5%)		
Driver	6(8.1%)	5(4.7%)		
Restaurant attendant	6(8.1%)	13(12.1%)		
Engineer/construction	0(0.0%)	5(4.7%)		
Health worker	2(2.7%)	5(4.7%)		
Total	74(100.0%)	107(100.0%)		
What is your average monthly income				
<300,000 – 600,000	115(76.2%)	136(58.4%)		
600,000 – 900,000	31(20.5%)	85(36.5%)	12.853	0.002*
>900,000	5(3.3%)	12(5.2%)		
Total	151(100.0%)	233(100.0%)		
Type of residence				
Peri urban	127(84.1%)	186(79.8%)		
Urban	11(7.3%)	8(3.4%)	7.423	0.024*
Slum	13(8.6%)	39(16.7%)		
Total	151(100.0%)	233(100.0%)		

Socio economic factors were found to have an influence on the use of tobacco among the respondents. Specifically, these were the employment status ($p = 0.004$), the average monthly incomes ($p=0.002$), and the type of residence ($p=0.024$). Higher rates of use of tobacco were observed among the youth who were employed, the youth who reportedly earned between 300,000 – 600,000/= and those who stayed in urban areas.

4.5.3 Influence of media sources on tobacco use among the youths 18- 35 years in Makindye

Division Kampala district

Table 7: Influence of media sources on tobacco use among the youths 18- 35 years in Makindye

Division Kampala district

	Ever used any tobacco products		X ²	df	p-value
	Yes	No			
Have you seen any cigarette advertisements					
Yes	99(65.6%)	114(48.9%)			
No	52(34.4%)	119(51.1%)	10.265	1	0.001*
Total	151(100.0%)	233(100.0%)			
if yes, where did you first see it from					
Along the way to school	10(11.5%)	13(10.3%)			
Television	41(47.1%)	62(49.2%)			
Internet	8(9.2%)	11(8.7%)	3.058	5	0.691
Magazines	6(6.9%)	8(6.3%)			
Bill boards	2(2.3%)	9(7.1%)			
Hangouts	2(2.3%)	9(7.1%)			
Total	87(100.0%)	126(100.0%)			
Have material with tobacco product brand logo on it					
Yes	64(42.4%)	60(25.8%)			
No	87(57.6%)	173(74.2%)	11.593	1	0.001*
Total	151(100.0%)	233(100.0%)			
If yes above, where did you get it from					
Bought it	27(44.3%)	24(38.7%)			
Got it from a friend	19(31.1%)	22(35.5%)			

Picked it	6(9.8%)	7(11.3%)	0.465	3	0.927
Promotional material	9(14.8%)	9(14.5%)			
Total	61(100.0%)	62(100.0%)			
Advertisements for tobacco or tobacco products have you seen					
A lot	22(14.6%)	23(9.9%)			
A few	55(36.4%)	50(21.5%)			
None	43(28.5%)	80(34.3%)	16.252	3	0.101
Just one	31(20.5%)	80(34.3%)			
Total	151(100.0%)	233(100.0%)			
Were you influenced to consume tobacco because of the adverts					
Yes	52(34.4%)	49(21.0%)			
No	99(65.6%)	184(79.0%)	8.496	1	0.004*
Total	151(100.0%)	233(100.0%)			

Media and advertisement have statistically significant influences on the use of tobacco among the, the respondents. Advertisements of cigarette smoking had a strong influence ($p=0.001$) where respondents who had seen the advertisements used tobacco more than those who had not, having material with tobacco product brand logo on it was also significant for ($p=0.001$), for which the respondents who had the materials used tobacco more than those who did not have them.

CHAPTER FIVE: DISCUSSION OF RESULTS

5.0 Introduction

This chapter contains discussion of results in line with objects of the study.

5.1 Socio- demographic factors influencing tobacco use among youths 18-35 years in Makindye division Kampala District

The socio -demographic factors which had an influence on the use tobacco among the youth in Makindye were age ($p=0.003$), sex ($p=0.001$), education level ($p=0.010$), marital status ($p=0.021$) having friends who smoke ($p=0.001$) and then having parents who smoke ($p=0.006$). There was more likelihood of tobacco use among the male youths, the youth aged between 18 – 27 years, the youth in secondary, single youths, those who had friends that smoked tobacco and the youths whose parents did not smoke tobacco.

A higher rate of using tobacco was found among youths who were male by gender, this finding can be justified by the fact that male youths usually have higher self-esteem than females and because of the self-esteem (Admiration) they usually have the perception that smoking tobacco can make them even look more admirable and respectable since tobacco smoking is socially viewed as a practice for grown up men. This finding agrees previous study done in Nigeria by Adebisi *et al.*, (2010) when they observed in their study of tobacco use that “males accounted for 60% of current tobacco users compared to 40% amongst females”.

A number of similar studies have been conducted with adolescent boys, focusing on attractiveness and weight control. French and Perry (2006) identified several influences toward smoking that young men focus on, including being attractive and well dressed, having sex appeal, and experiencing weight concerns. Koval and colleagues (2001) found that 8th grade boys were more likely to smoke cigarettes if they believed smoking would improve their appearance. Another reason for the use of tobacco

among males is because males are more exposed to risk and situations that make that use tobacco as a depressant or stimulant when under intense condition or stress.

Age was significantly ($p=0.003$) related to tobacco use, with younger respondents being the biggest users of tobacco. This is because during the teen years, adolescents are attempting to disentangle from the influence of and identification with parents, establish stronger links with their peers and establish a sharper and more independent self-identity. For many teenagers, smoking appears to constitute a 'rite of passage' into adulthood. Smoking helps teenagers feel more mature because smoking is an adult behaviour forbidden to children. Adolescents experiment with tobacco products to appear more mature. For some young youth, tobacco use could have been seen as a pleasurable, relaxing, and helpful behavior and so they adopted at a young age.

The finding that younger respondents (18-27) years and those who had friends that smoked used tobacco most also lies in the effects of peer pressure. The results showed that friends are an important influence in the smoking behavior of adolescents. This is consistent with studies by Kobus (2003) and (Harakeh *et al* 2007) who found that adolescents who had best friends who smoked cigarettes were more susceptible to smoking. According to Pärna (2003), having a friend who smoked was one of the major and strongest factors associated with smoking. Also smoking rates were higher among popular students in schools with high smoking prevalence in a study by Alexander *et al* (2001).

Younger youths first and foremost can easily fall prey to psychological manipulation such that they end up adopting a practice whether risky or for as long as it is being done by a friend or person they look up to which in this case is tobacco use. The influence of peers has been cited by scholars like Akers and Sellers (2004) who stated that the majority of the respondents are introduced into tobacco use by their peers or friends and their relatives (cousins, nieces, aunts and uncles) and that “overall, peer factors

seem to be a stronger predictor of adolescent substance use than parental influence. They argue that peer influence has strong direct effects on adolescent substance use, superior to parental attachment”.

The use of tobacco among the youth could also be because they want to reduce stress and for boldness or possibly to stay awake at night to study since most of them were schooling although at different levels. This is linked to adolescent substance use as peer groups directly and indirectly forces adolescents to smoke. Instances of direct peer pressure include encouragement to make use of tobacco, while indirect peer influences occurs when adolescents see their peers as role models and the use of tobacco may increase their acceptance.

Direct peer pressure according to Conrad *et al.* (2002) “may occur in the form of encouragement, dares, or actual offers of the substances”. On the other hand, “indirect peer influences can occur when youth associate with peers who drink or smoke, increasing the availability of these substances, providing role models, establishing substance use as normative, and creating the perception that using these substances might increase social acceptance” (Conrad, Flay and Hill, 2002). Peer groups gives comfort to children, as it facilitates self-esteem in children and makes acceptable. Adolescents tend to settle with friends of similar problem and situation and where they know their conditions will be accepted (Kendal, 1985; Urberg, Luo, Pilgrim and Degirmencioglu, 2003).

Regarding marital status, single youths were more likely to use tobacco products compared to those who were reportedly married. The married being less likely to use tobacco is because social support can be found within a marriage which decreases the emotional and financial stress of the youth, thereby finding the use of tobacco as a stress reliever unnecessary as opposed to the single ones for whom psychological and social support may be meager. Similar to this study, findings in Kiernan and Pickett (2006) found that non married youths were more likely to smoke.

5.2 Influence of socio-economic factors on Tobacco use among youths 18-35 years in Makindye division Kampala District

Socio-economic factors were found to have a contribution on the use of tobacco among the youth, specifically, these were the employment status ($p = 0.004$), the average monthly incomes ($p=0.002$), and the type of residence ($p=0.024$).

An inverse relationship was found between income and tobacco use that is the use of tobacco decreased with an increase in the incomes of the youths. This is because poor people are usually in psychological distress and are stressed, so they end up smoking in order to relieve the stress. It could also be because of the economic difficulties and economic dissatisfaction they usually have. Similar to this study, a study conducted by the National Network of Smoking Prevention and Poverty in Europe (2006) found that cigarettes served as a tool for those of low socioeconomic status to cope with boredom, relieve stress and as a companion to alcohol and caffeine.

The inverse relationship seen between income and smoking can partly be explained by the fact that poor people are usually not educated enough to comprehend the health dangers of tobacco smoking so they end up smoking ignorantly. Another factor is that economic hardships, such as hunger, unstable housing and problems keeping the heat on are stressful and unhealthy for children. And childhood adversity is linked to unhealthy behaviors later, particularly to smoking. A Duke University study in England (Robertson's, 2012) found that "worries about paying bills or needing to sell possessions for cash independently erode a child's self-control, regardless of strong parenting." That lack of self-control often leads to smoking.

However the youth who are employed were found to be more likely to use tobacco than the unemployed ones. This can be explained by the stress that comes along with some forms of

employment which can trigger smoking in bid to relive the stress. As for residence, the youth who stayed in peri- urban areas of Makindye were found to be more likely to smoke. This finding is similar to a previous study by Epstein, Botvin & Spoth (2003), which found that smoking rates among adolescents who did not stay in cities exceeded that of urban adolescents. In that study, rates of daily smoking among Rural 8th graders were nearly twice that of their urban counterparts in one study (Epstein *et al.*, 2003), while in another study, it was found out that daily smoking rates among Rural male 7-9th graders to be significantly higher than their Urban counterparts (Noland *et al.*, 2000). Tobacco use is higher in peri- urban communities than in urban communities because in most rural and peri-urban communities tobacco use is often accepted as a social norm, making it more likely that rural youth will view it as acceptable and more likely that they will become tobacco users themselves. There are a number of environmental and social factors that could have contributed to the finding that tobacco use among youth in peri- urban areas is high. Increased tobacco use is associated with lower education levels and lower income, which are both common in peri-urban areas where there may be fewer opportunities for educational and economic advancement.

Exposure to second hand smoke is also higher as peri-urban communities are less likely to have smoke free air laws in place and less likely to have voluntary restrictions on smoking indoors. Over the past several years, the tobacco industry's in Uganda has increased marketing and they target peri-urban youth, who are usually less likely to be exposed to tobacco counter-marketing campaigns. Peri-urban tobacco users are also less likely to have access to tobacco cessation programs and services to get the help they need to quit.

5.3 The Influence of media sources on tobacco use among the youths 18- 35 years in Makindye Division Kampala district

Seeing advertisements of cigarette smoking ($p=0.001$) for which the youth who had seen the advertisements used tobacco more than those who had not, and having material with tobacco product brand logo on it ($p=0.001$), for which the youth who had the materials used tobacco more than those who did not have them were the significant media factors that influenced tobacco use.

This is because much cigarette advertising has especially focused on conveying that smokers of the various tobacco brands are masculine, tough, and rugged, which features most youth in both urban and rural area envy and would go to any length to have them.

However, the study established that youths who watched tobacco cigarette advertisements on television were more likely to use tobacco products. A number of studies have found that television and movies play a crucial role in the smoking behavior of adolescents. According to Gidwani *et al* (2002), adolescents who watched a lot of television a day were more likely to initiate smoking than those who spent lesser time on television. There are two other ways through which media might have caused an increase in tobacco use among the youth. First the media act as a source of observational learning by providing models which teenagers may seek to emulate. Thus, cigarette advertisement use glamorous women (Virginia Slims), tough men (Marlboro) and friendly fun-loving cartoon characters (Camel) to build a brand image that might appeal to potential customers (Dalton, 2003). Television programs and movies portray particular lifestyles and issues, which may be highly involving to teenagers, so that product placements, or even incidental use, of tobacco in these contexts may be highly appealing. These factors may be important in mediating the perceived prevalence of smoking, a factor that is strongly linked to increased risk of smoking uptake among teenagers. Secondly media promotes

interpersonal discussion about smoking, which in turn affects ultimate impact on attitudes and behavior. Thus, the views and behaviors of peers, parents and close friend may moderate media messages about smoking among peers which peer influence in turn increases the likelihood of cigarette advertising precipitating experimentation with smoking and/or more rapid progression towards regular smoking.

CHAPTER SIX; CONCLUSION AND RECOMMENDATIONS

6.0 Introduction

This chapter contains the sum up of the study based on the study findings presented in chapter four. The chapter also contains recommendations on how to salvage the situation of tobacco use among the youth in Makindye.

6.1 Conclusion

This study has shown that frequency of tobacco use among youth in Makindye is on the steady increase and there is ominous need to engage this social vice which is eating very deep into the youth community of Makindye division.

Socio demographic factors have an influence on the use tobacco among the youth in Makindye and they include age, sex, and education level, marital status, having friends who smoke and then having parents who smoke. There is more likelihood of tobacco use among the male youths, and the following youth categories; those aged between 18 – 27 years, those in secondary, single, those who had friends that smoked tobacco and those youths whose parents did not smoke tobacco.

Socio economic factors also contribute on the use of tobacco among the youth, specifically, employment status, the average monthly incomes, and the type of residence. Higher rates of use of tobacco are among the youth who are employed, the youth who reportedly earned between 300,000 – 600,000/= and those who stayed in urban areas.

Media and advertisement factors also have significant influences on the use of tobacco among the youth, these were seeing advertisements of cigarette smoking for which the youth who see advertisements use tobacco more than those who had not, having material with tobacco product brand

logo on it, for which the youth who have the materials use tobacco more than those who did not have them.

6.2 Recommendations

Community leaders and residents in Makindye division need to rise up against the culture of tobacco use as part of life among the youth especially those who are out of school and empower their future generations to have healthy, tobacco-free lives. This can be done through community meetings and sensitizations.

There is need for intervention among secondary school students so as to prevent possible continued trend of tobacco use. Essential components of such a programme should include raising awareness on the effects of tobacco dipping, chewing and smoking among secondary school students

Parents and or guardians and other family members should not ask children light, buy cigarettes for them or smoke in front of them so as to protect and reduce their likelihood of smoking cigarettes and using tobacco products.

There is global evidence (WHO, 2012) that increasing taxes on tobacco products is one of the most cost effective demand-reduction measures, especially among the youth and the poor. The taxes on tobacco products should be progressively increased in order to make purchase hefty for the youth

Comprehensive bans on direct and indirect advertisements of cigarettes should be enforced to protect people – particularly youth – from industry marketing tactics and can substantially increase tobacco consumption. Comprehensive bans significantly will reduce the industry’s ability to market to young people who have not started using tobacco and to adult tobacco users who want to quit.

There are no pictorial health warnings on tobacco products in Uganda. The existing warnings are textual, and there is no provision for rotating them at regular intervals. The MOH in partnership with

UBOS should introduce pictorial health warnings labeling tobacco as a cause of cancer and print the pictures of cancer patients on tobacco packs and accessories.

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APPENDIX I: CONSENT FORM

**Title: Factors influencing tobacco use among youths 18 – 35 years In Makindye Division
Kampala district**

Dear respondent, I am Mirembe Mariam Public Health student at International Health Sciences University. I would like to conduct a study under the theme stated above as a necessary requirement for fulfillment of my undergraduate studies.

Procedure

This study requires you to participate so that important information can be obtained from you regarding the study. If you agree to participate in the study, you will be interviewed

Confidentiality

All information collected on questionnaires will be entered into computer with identification number. The questionnaires will be handled with greater secrecy in order to maintain confidentiality.

Risk

There is no risk associated with this study

Taking part in this study is completely voluntary. If you choose not to participate in the study, you will continue to receive all services that are normally provided to you in this division.

Do you agree?

Participant agrees..... Participant does NOT agree.....

I have read/been told of the contents of this form and understood its meaning; hence, I do agree to participate in this study.

Signature..... (Participant),

**APPENDIX 2: RESPONDENT QUESTIONNAIRE FOR TOBACCO USE SURVEY AMONG
YOUTHS IN MAKINDYE DIVISION KAMPALA DISTRICT**

Section A; Socio demographic factors

1. Sex:

1. Male 2. Female

2. How old are you (in years)?

1. 18-22 2. 23-27
3. 28 - 32 4. 33-35

3. Religion:

1. Muslim 2. Catholic
3. Anglican 4. Others

4. What is your highest level of Education attained?

1. Never went to school 2. Primary
3. Secondary 4. Tertiary institution

5. Marital status

1. Single

2. Married

3. Cohabiting

4. Divorced

6. Do you have friends who smoke?

1. Yes

2. No

7. If yes how many of them use tobacco products?

1. None of them

2. Some of them

3. Most of them

4. All of them

8. Did they influence you to start smoking?

1. Yes

2. No

9. Do your parents smoke?

1. Yes

2. No

10. If yes, how often do they smoke?

1. Daily

2. Once a week

3. Twice a week

4. Thrice a week

5. More than thrice a week

Part 2: Questions about tobacco use

9. Have you ever used any Tobacco products?

1. Yes

2. No

10. If yes what kind of Tobacco products do you use?

1. Cigarettes manufactured like safari, supermatch, lucky

2. shisha or water pipe or hookahs

3. snus and sniff (chew and spit)

4. Small hand rolled leaves.....

5. Others specify

11. How often do you use tobacco products?

1. Once a day 2. Twice a day 3. Whenever I get chance

12. How old were you when you first started using Tobacco products?

1. I don't remember 2. 15 years or below 3. Between 16-17 years 4. 18 and above

13. When did you last use any of the tobacco products?

1. within 24hrs 2. Within one week ago 3. Within one month ago 4. A year back

14. During the last 30 days (one month) or average, how many cigarettes did you smoke

2. 1. I did not smoke cigarettes during the last 30 days

3. 1 cigar per day.....

4. 2 to 5 cigars per day.....

5. 6 to 10 cigars per day.....

6. 11 to 20 cigars per day.....

7. More than 20 cigars per day.....

8. Not sure.....

Part 3; Socio economic factors

15. Are you employed?

1. Yes

2. No

16. If yes what is your occupation?

1. Business person

2. Farmer
3. Teacher
4. Other

17. What is your average monthly income?

1. <300,000 – 600,000
2. 600,000 – 900,000
3. >900,000

18. Type of residence

1. Rural
2. Peri urban
3. Urban
4. Slum

Part 4: Media and advertising

18. What type of cigarettes do you smoke?

1. e – Cigarettes
2. Filter cigarettes
3. Non filter cigarettes

19. Where did you first see it from?

1. Along the way to school
2. Television
3. At health facilities
4. During different Health campaign

- 5. Internet
- 6. Magazines
- 7. Bill boards

21. Do you have something or material for example book, pen, T shirt or bag with tobacco product brand logo on it

- 1. Yes
- 2. No

22. If yes above, where did you get it from?

.....

22. During the past 30 days (one month) how many advertisements for tobacco or tobacco products have you seen

- 1. Alot
- 2. A few
- 3. None
- 4. Just one

23. Where you influenced to consume tobacco because of the adverts?

- 1. Yes
- 2. No

KEY INFORMANT GUIDE

I am a student from International Health Science University. I am conducting a study on tobacco use among youths of Makindye division Kampala district. The information obtained in this study will recommend appropriate interventions that may be used to control tobacco use. The following questions will be used to guide the discussion.

1. Are tobacco products readily available in your area?
2. Which gender of youths is most involved in tobacco and tobacco product usage in this area?
3. What is their education level, and occupation level?
4. Do you think the various media sources like Radio stations, internet and TV influence tobacco use among the youth in this division?
5. Should the media sources continue advertising the tobacco products?
6. If no, what should be done to control tobacco smoking among the youth in this area?
7. Do you think conditions such as education level, income, and employment have had an effect on the tobacco use incidence in this division, please explain
8. Are there any measures the government has put to control tobacco use?

9. How do the youth who smoke in this area get income?

END



Office of the Dean, Institute of Health Policy & Management

Kampala, 15th October 2014

.....
.....
.....

Dear Sir/Madam,

RE: ASSISTANCE FOR RESEARCH

Greetings from International Health Sciences University.

This is to introduce to you **Mirembe Mariam, Reg. No. 2011-BSCPH-PT-005** who is a student of our University. As part of the requirements for the award of a Bachelors Degree of Public Health of our University, the student is required to carry out field research for the submission of a Research Project.

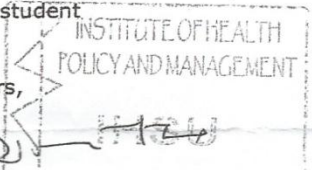
Mirembe would like to carry out research on issues related to: **Factors Influencing Tobacco Use among Youth aged 18-35 years in Makindye Division, Kampala District**

I therefore request you to render the student such assistance as may be necessary for her research

I, and indeed the entire University are thanking you in anticipation for the assistance you will render to the student

Sincerely Yours,

Prof. David Ndungutse Majwejwe
Dean, Institute of Health Policy & Management



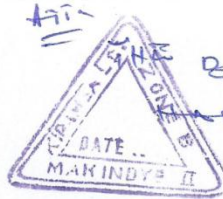
WE HAVE RECEIVED THIS COPY



APPEN
DIX 3:
ACCEPT
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LETTE
RS

MAKING A DIFFERENCE IN HEALTH CARE

International Health Sciences University
P.O. Box 7782 Kampala | Uganda | East Africa
Tel: (+256) 0312 307 400 | E-mail: info@ihesu.ac.ug | web: www.ihesu.ac.ug



BEARER OF THIS FORM
HAS REPORTED TO ME
KIPAMBA ZONE FOR HER
RESEARCH. SHE IS
ALLOWED TO
TOUR UGANDA



Office of the Dean, Institute of Health Policy & Management

Kampala, 15th October 2014

MIREMBA MARIAM
C/P. Miremba
0772 636654

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INSTITUTE OF HEALTH
POLICY AND MANAGEMENT

Prof. David Ndungutse Majwejwe
Dean, Institute of Health Policy & Management

MAKING A DIFFERENCE IN HEALTH CARE

International Health Sciences University
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Tel: (+256) 0312 307 400 | E-mail: info@ihisu.ac.ug | web: www.ihisu.ac.ug

APPENDIX 4:

INTRODUCTORY LETTER



Office of the Dean, Institute of Health Policy & Management

Kampala, 15th October 2014

Makindye Division

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MAKING A DIFFERENCE IN HEALTH CARE

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