A Cross-sectional study to assess the Level of knowledge of Youths aged 18-35 regarding negative Consequences of Cigarette smoking at Napier market, Jinja City.

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Abstract

Background:

Cigarette smoking is on the increase among youths, especially in developing countries, and is a leading cause of premature morbidity and mortality worldwide. Youths incorrectly perceive that cigarette smoking is less risky than other behaviors such as alcohol consumption and drug use. The purpose of this study is to assess the determinants of cigarette smoking among youths in Napier market, Jinja city.

Methodology:

A cross-sectional descriptive study design employing both quantitative and qualitative methods of data collection was employed. 30 respondents were selected using a convenient non-probability sampling method and data was collected using semi-structured questionnaires.

Results:

Regarding knowledge of the dangers of cigarette smoking Majority of the respondents had heard about the dangers of cigarette smoking (80%). Commonly mentioned dangers of cigarette smoking included lung cancer (70%), mouth cancer (36%), heart diseases (30%), hypertension (32%), and stroke (22%). Sources of information were radios (64%) and peers (17%). Of the 57% of the respondents that were willing to quit, 74% did not know the exact time at which they hoped to quit cigarette smoking

Conclusion:

Respondents' related factors associated with smoking were lack of employment (66%) non involvement in religious activities (66%) negative life experiences (63%), having a smoking friend (43%), and having smoking parents (36%)

Recommendation:

Although the majority of respondents had heard about the dangers of cigarette smoking, the majority scored below average on common dangers of cigarette smoking and the majority were not sure of when to quit the smoking habit, therefore there is an urgent need to create awareness about the specific dangers associated with cigarette smoking, the transient nature of its perceived benefits and the fact that the risks associated with smoking are severe.

Keywords: Smoking, Negative consequences, Cigarette, Jinja city, Date Submitted: 2022-09-09 Date Accepted: 2022-09-20

1. BACKGROUND:

Cigarette smoking is one of the leading causes of preventable death in the world (Vidrine, J. I. *et al.,* 2019). Despite numerous efforts to reduce cigarette use, just over one-fifth (20.7%) of the world's population smokes cigarettes (World Health Organization, 2017). This rate of cigarette use resulted in the annual deaths of about six million people throughout the world with the highest prevalence rates being observed in low- and middle-income countries, where they are expected to rise (Méndez, Alshanqeety & Warner, (2013).

Cigarette use is a known health risk associated with cardiovascular diseases, lung cancer, respiratory diseases, and chronic bronchitis World Health Organization, WHO, (2013). The World Health Organization reports that global smoking-related diseases cost US$1911 billion per year and that by 2030 more than 8 million people will die annually from tobacco use, (David, 2018). There is indisputable evidence that Cigarette smoking is a substantial public health concern with considerable economic ramifications (Max, Sung &Lightwood, 2016).

Globally Cigarette use kills more than seven million people annually. More than six million of those deaths are a result of direct tobacco use while 890,000 are the result of exposure to second-hand smoke (Drope *et al.,* 2018). 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 is the substance addiction of cigarettes, but approximately, 4000 chemical substances consist in cigarette smoke and they are dangerous to the human body and can cause more than 25 severe diseases (WHO, 2012).

Among developing nations, tobacco use in African countries has received little attention given the perceived low rate of use and the critical need for more interventions for both infectious and non-infectious diseases. However, improved economic growth and health have resulted in Africa becoming a prime target for market growth by multinational tobacco companies and rates of use are rising (Schluger,&Cahn, 2018). A study by Mamudu, Rijo, Sreenivas, and Ouma, (2013) revealed that while the continental prevalence of smoking was at 14%, Madagascar had exceptionally higher prevalence rates (48.9% of males; 10.3% of females). This was attributed to age, education, wealth, employment, marriage, religion, and place of residence.

Habiyaremye, Rwunganira, Musanabaganwa, Muhimpundu, and Omolo, (2013) in their study on cigarette smoking among youths in Rwanda, one of the East African countries revealed that cigarette smoking was high as 8% of the youths were estimated to be actively smoking. The study further revealed that over 200,000 people die from cigarette smoking in Rwanda

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. (WHO, 2012). Additionally, Basely (2014) revealed that 17% of the Ugandan youths at that time were reportedly engaged in cigarette smoking.

Recent data on the prevalence of tobacco use in Uganda is limited. The Uganda Demographic Health Survey (2012) indicated that cigarette smoking prevalence among adults is 25% for males and 3% for females. Kanyesigye *et al.* (2011) noted that among the youths 19% of the secondary students and about 35% of the students in tertiary institutions including medical school smoke. Therefore, this study was conducted to assess the level of knowledge of youths aged 18-35 regarding the negative consequences of cigarette smoking at Napier market located in Jinja city in Uganda.

2. METHODOLOGY

Study Design and rationale.

This was a cross-sectional descriptive study employing both quantitative and qualitative methods of data collection. The study design was se-

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lected because it enabled the researcher to convert the responses obtained into quantifiable figures which are easy to analyze.

Study Setting and rationale

The study was carried out from 1st November 2021 to 31st May 2022 in Napier market Jinja city. Napier market is located at Napier Rd, Jinja, Alidina cell central Jinja east ward Jinja south division, Jinja city about 75km East of Uganda's cosmopolitan city, Kampala. Napier market's primary category is shopping. This commercial market is across from the bus stand with vendors selling fruits vegetables, and clothing among other produce. The main occupants are youths who help in offloading goodies from up country to the market. The estimated daily population at Napier market is 700 persons many of whom are youths. The location was chosen due to the high number of youths vividly observed smoking cigarettes.

Study Population

The study was carried out among youths who are actively involved in smoking at Napier Commercial market, Jinja.

Sample Size Determination

Thirty (30) youths were selected and interviewed during the study. A small number of respondents was chosen to easily collect data. It is also the minimum number of respondents as per the research guidelines from the Uganda Nurses and Midwives Examinations Board as well as the Uganda Allied Health Examinations Board.

Sampling Procedure

A convenience non-probability sampling technique was used to pick respondents who were actively involved in smoking t Napier Commercial Market, Jinja. The process continued until the required number of youths had been interviewed

Inclusion Criteria

Only youths who were presently smoking and working at Napier commercial market and were present during days of data collection, of good sound mind, and, consented to the study were included in the study.

Exclusion criteria

Youths who are not members of the market, non-smokers, not present on days of data collection, or those who were mentally incapacitated or declined to consent were not included in the study

Definition of Variables

Independent variables:

Knowledge of respondents towards negative effects of cigarette smoking at Napier market, Jinja city.

Dependent: Cigarette smoking among youths aged 18-35 years at Napier market, Jinja city.

Research Instruments

Pre-tested semi-structured questionnaires comprising open and close-ended questions were used to collect data. Modifications were done to the questionnaire before data collection. It was divided into three sub-sections namely: socio-demographic characteristics, knowledge of respondents regarding the negative effects of cigarette smoking, and respondent-related factors that influence cigarette smoking among youths

Data Collection Procedure

After the approval of the proposal by the International Institute of Health Sciences Research Committee, an introductory letter was issued which I used in seeking permission from various administrative places in the study area. With permission from the study area, the researcher recruited 2 research assistants to help in the data collection exercise.

The researcher explained to the respondents the benefits of their participation in the study, their roles, and their rights including consenting. The respondents were allowed to ask questions and answers were provided. Semi-structured questionnaires were used to collect data. Pre-testing was done on 05 youths who were smokers at Amber coat market, Jinja city. Modifications were done to the questionnaire before proceeding with data collection. Each filled-in questionnaire was checked for accuracy and completeness by the researcher.

Data Management

After filling in their views and responses, the researcher collected questionnaires and checked them to ensure that all questions were answered. For questionnaires that were not filled in, the researcher probed for more information from those particular respondents and filled in the data col-

lection tool. The questionnaires were later coded and stored in a spring file

Data Analysis.

After collecting the data, it was manually analyzed through tallying and then entered into the computer using the Microsoft Excel package, and information was presented in tables, figures, and narratives.

Ethical consideration

The quality of research was ensured by adhering to the highest possible standards of research through accountability and the ability to execute the research process. Confidentiality and anonymity were granted by protecting the researcher's identity, privacy, self-worth, and dignity by not indicating the respondent's name on the research instrument except the number for questionnaires which would be done for purposes of data identification during editing.

It was a project of free participation; all volunteers were provided with detailed information by the researcher about the study procedures and the risks and benefits to be involved. They had an opportunity to discuss with the researcher for more information and clarification.

All respondents who were selected for the study were allowed to read and sign the informed consent form before the start of the study. Respondents had the right to withdraw at any stage of the study without giving any notification.

Limitations of the Study

a. Language barrier. This was solved through the interpretation and translations of questions by the researcher to a language that the respondents understand better.

b. Some respondents asked for money before answering the questionnaire. The researcher convinced them that the work was for academic purposes only.

c. Interviewing the selected respondents was challenging given the fact that the study took place during working hours which did not give the researcher ample time to interact freely with clients. However, the researcher ensured that respondents are interviewed only after they have been done with their work.

3. RESULTS

Regarding tribe, more than half (53.3%) of the respondents were of the Basoga tribe while (3.3%) were of the badama tribe. When asked about their age bracket, most (36.7%) of the respondents were aged between 26-30 years while (13.3%) were aged between 15-20 years. Regarding religion, most (30%) of the respondents were of born-again faith while (20%) were Catholics. When asked about their marital status, more than half (56.7%) of the respondents were single while only (3.3%) were divorced. The majority (63.3%) of the respondents were residing in urban areas while the minority (36.7%) were residing in rural areas. When asked about their level of education, more than half (56.7%) of the respondents had a primary level of education while less (3.3%) had a secondary level of education.

Regarding employment status, more than half (57%) of the respondents were self-employed while (6%) of the respondents were unemployed.

Figure 2 shows that the majority (80%) of the respondents had a monthly income below 500,000 while (20%) had a monthly income above 500,000

Knowledge of youths regarding the negative effects of cigarette smoking.

When asked about their duration of smoking, more than half (53.3%) of the respondents had smoked cigarettes for less than five years while (10%) had smoked cigarettes for over 10 years.

Note: respondents gave more than one response.

Most (64%) of the respondents said their source of information about the dangers of cigarette smoking was radio while (17%) mentioned posters.

Note: respondents mentioned more than one answer.

Regarding knowledge of the dangers of smoking, figure 7 shows that most (70%) of the respondents mentioned lung cancer disease as one of the dangers associated with cigarette smoking, mouth cancer (36%), heart disease (30%), impotence(33%), liver disease(22%), hypertension(32%) while (22%) mentioned stroke as one of the dangers associated with cigarette smoking

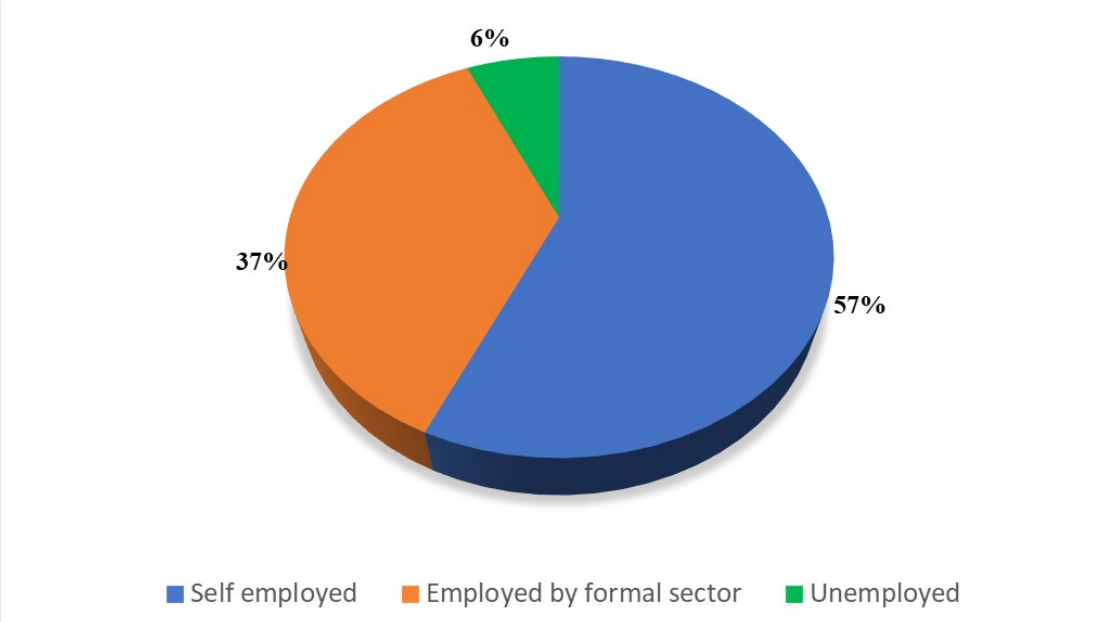

Figure 1: Shows their current employment? (n=30)

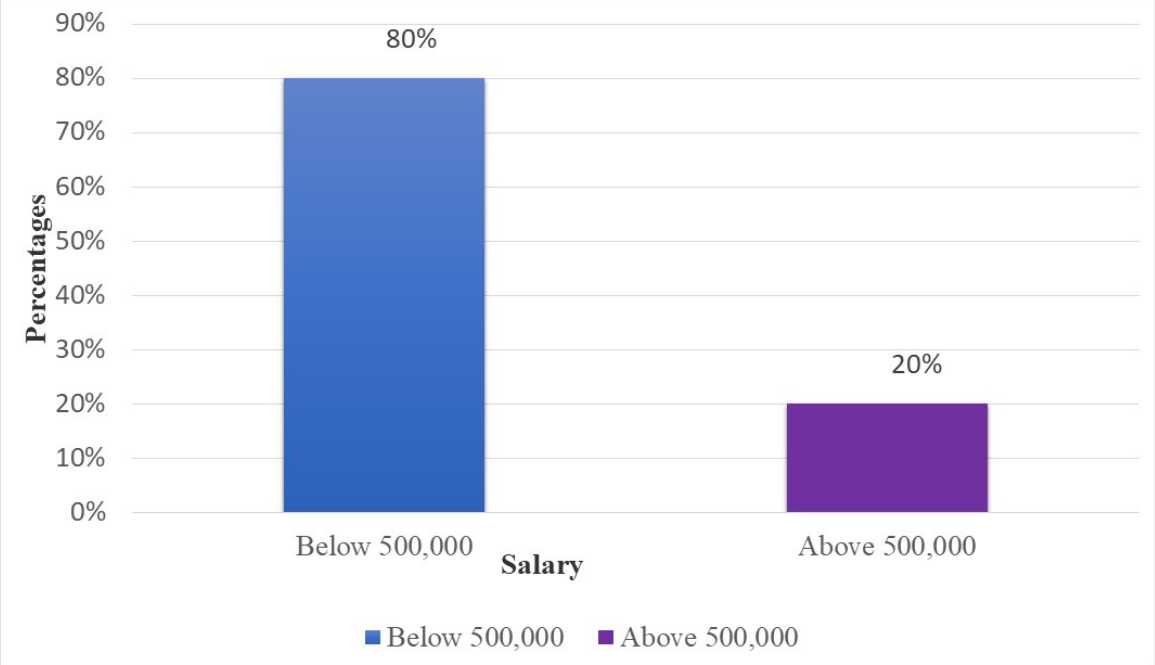

Figure 2: Shows the estimated level of income per month. (n=30)

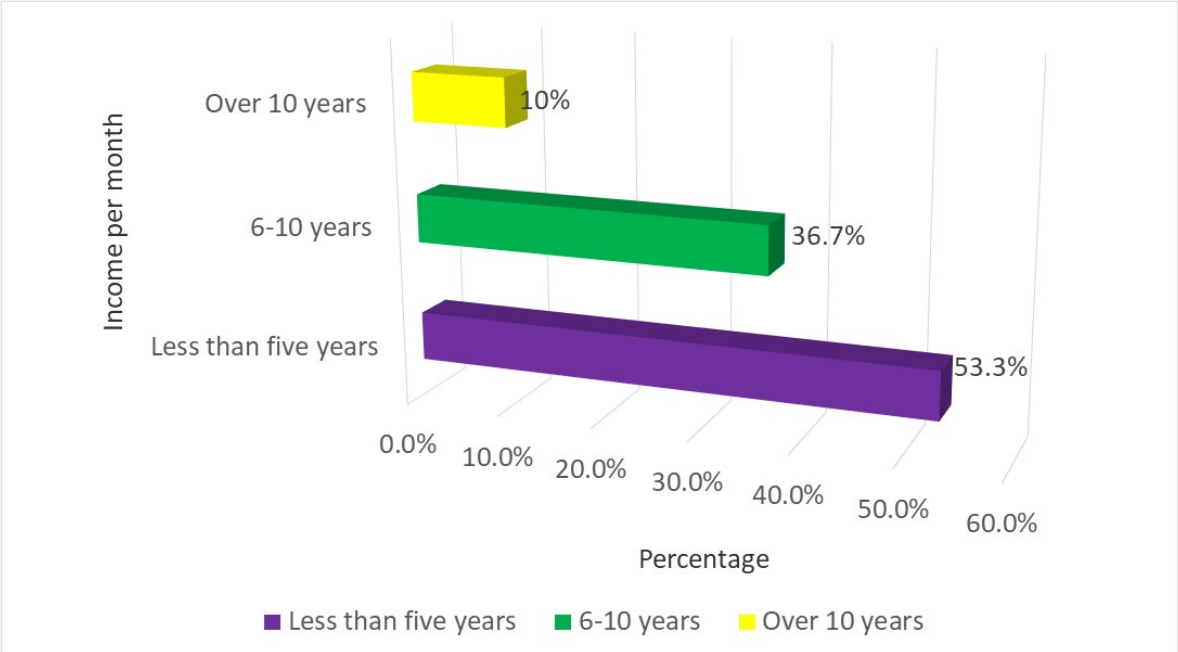

Figure 3: Show the period they have been smoking. (n=30)

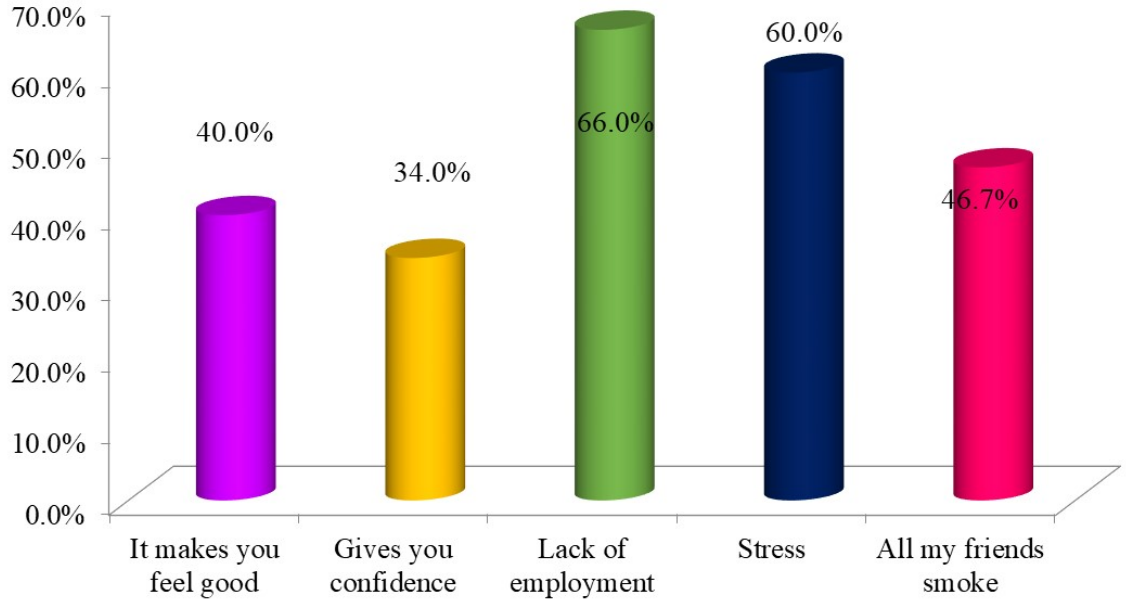

Figure 4: Show the reasons why they started smoking? (n=30)

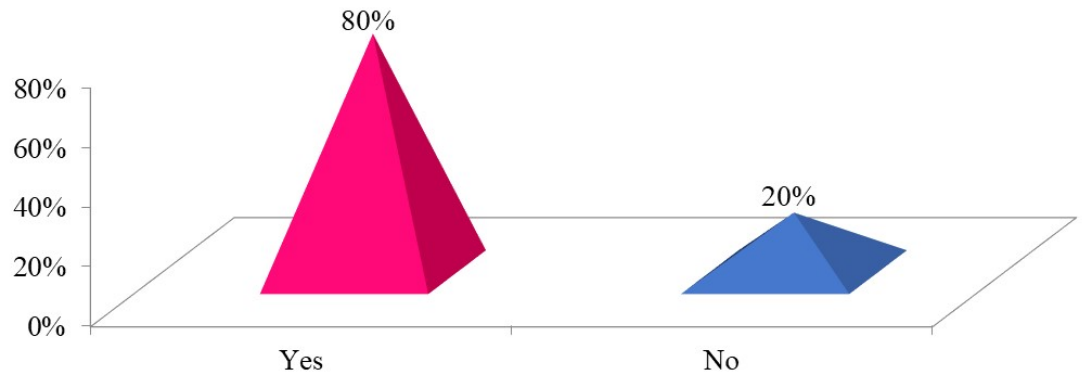

Figure 5: Show if they have heard about the dangers of cigarette smoking (n=30)

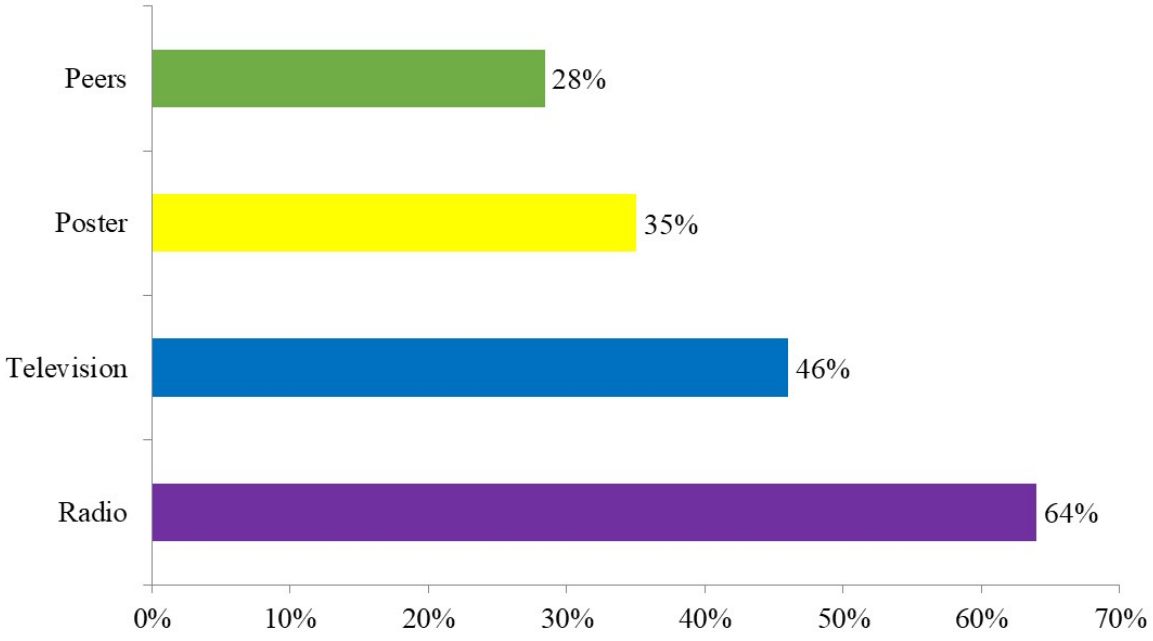

Figure 6: Shows respondents' sources of information about the dangers of smoking (n=22)

Table 1: **ows social demographic characteristics (n=30)**

Responses	Frequency (n=30)	Percentage (%)
Tribe		
Musoga	16	53.3
Muganda	6	20
Gishu	4	13.3
Atesot	3	10
Mudama	1	3.3
Age		
15-20	4	13.3
21-25	5	16.7
26-30	11	36.7
31 Above	10	33.3
Religion		
Catholic	6	20
Protestant	8	26.7
Muslim	7	23.3
Born Again	9	30
Marital Status		
Married	12	40
Single	17	56.7
Divorced	1	3.3
Area of Residence		
Urban	19	63.3
Rural	11	36.7
Level of Education		
No formal education	6	20
Primary	17	56.7
Secondary	1	3.3
College	6	20

Note: respondents mentioned more than one answer

When asked about the likelihood of non-smokers suffering from the dangers of smoking, the majority (73%) of the respondents agreed that non-smokers can suffer from the effects of cigarette smoking if exposed to cigarette smoke while the minority (27%) said non-smokers are not affected by the effects of cigarette smoking if exposed to cigarette smoke.

More than half (57%) of the respondents said they were willing to quit smoking while few (43%) said they were not willing to quit smoking.

When asked about the time frame for quitting smoking, the majority (74%) of the respondents said they were not sure how long it will take to quit smoking while the minority (7%) said they would quit in a month

4. DISCUSSION:

Knowledge of youths regarding the negative effects of smoking

Regarding respondents' duration of smoking, more than half (53.3%) of the respondents had smoked cigarettes for less than five years. This could be possibly attributed to the fact that young people might have just been initiated into

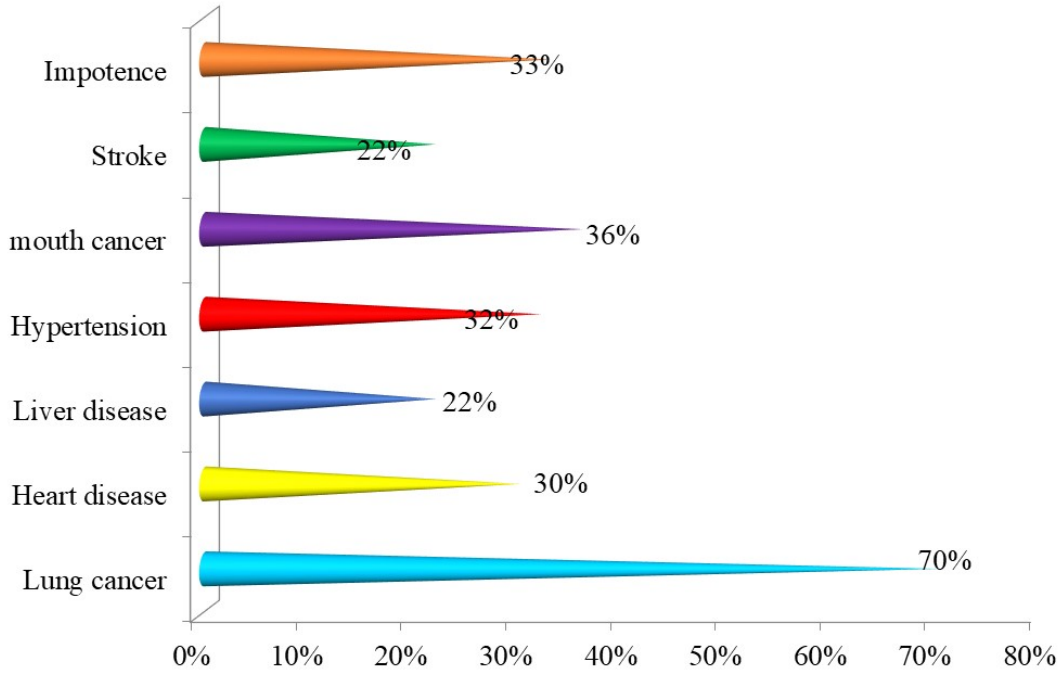

Figure 7: Shows dangers associated with cigarette smoking (n=22)

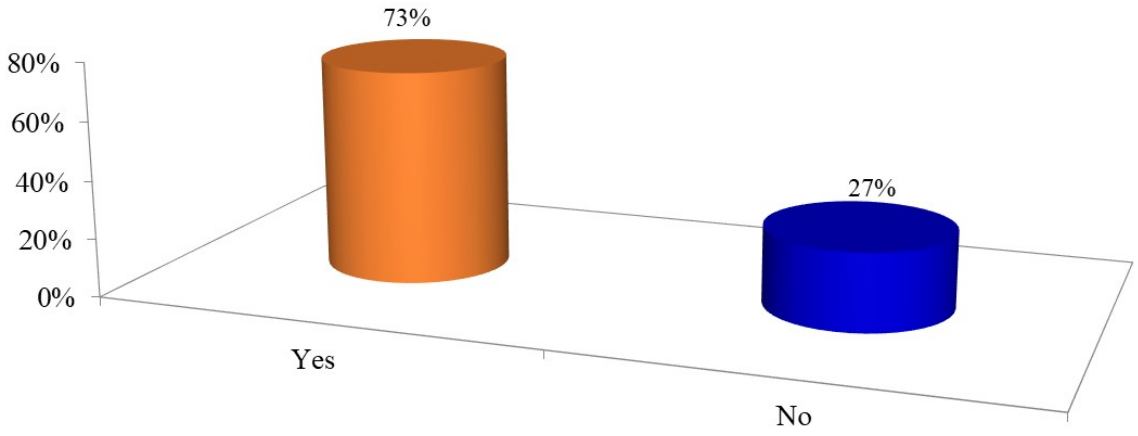

Figure 8: Shows if they think non-smokers can suffer from the effects of cigarette smoking if exposed to cigarette smoke (n=30)

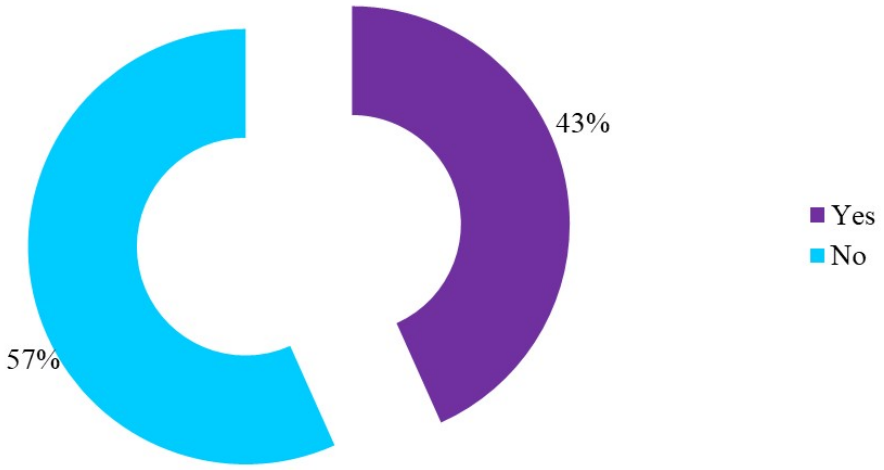

Figure 9: Shows if they are willing to quit smoking? (n=30)

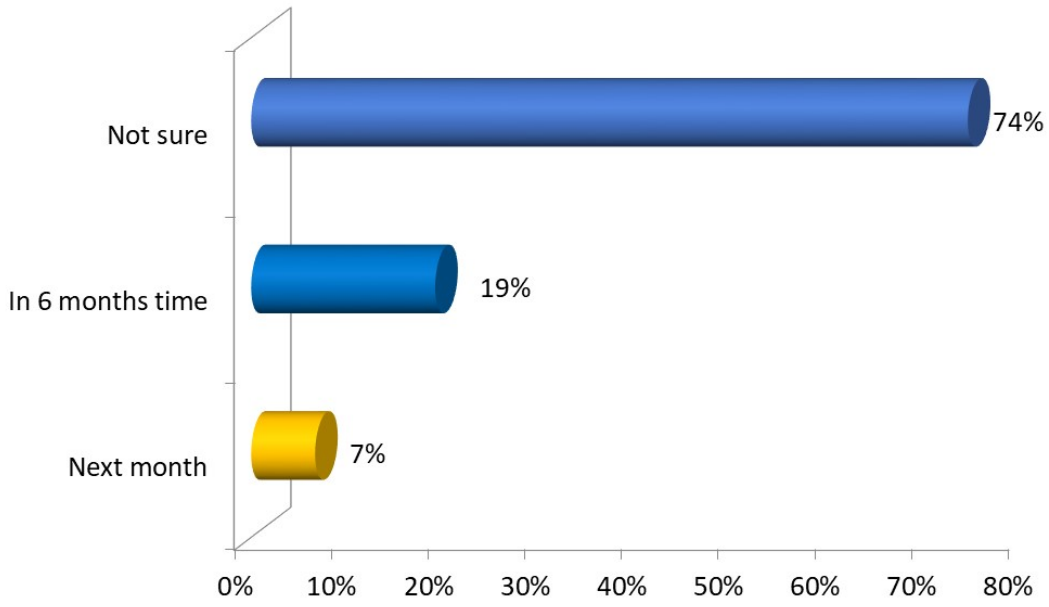

Figure 10: Shows those who said yes to quitting smoking, after how long they plan to quit (n=13)

the journey of smoking. The study findings are slightly lower than the findings of Maziak *et al.* (2015) where over 75% of the respondents had reportedly smoked for over 10 years. Study results were however higher than the results of Jiya *et al.,* (2018) in their study where only 20.8% were currently smoking

Results from this study further revealed that common reasons for initiation of smoking mentioned include lack of employment (66%), stress (60%), having smoking friends (46.7%), making you feel good (40%) while 34% mentioned confidence. Results could be attributed to peer group influence that usually smokes under pressure for unclear scientific reasons. Similar reasons were observed in a study by Jiya *et al.,* (2018) like feeling good (67%), coldness for those on night shifts at work (64%), building confidence (57%), and frustration due to unemployment (58%)

Results from the study indicated that the majority (80%) of the respondents had heard about the dangers of cigarette smoking. This could be possibly attributed to the widespread campaign against smoking both on social media, radios, and posters that portray the dangers of smoking to the human body. Study findings agree with the findings of Taheri *et al.*(2014) in a study on cigarette smoking behavior and the related factors among the Students of Mashhad University of Medical Sciences in Iran that revealed that the overwhelming majority (92.3%) of the respondents were aware of the hazards associated with cigarette smoking.

Regarding sources of information on the dangers of cigarette smoking, the majority (64%) of the respondents said their major source of information about the dangers of cigarette smoking was radio while (17%) mentioned posters. This could be attributed possibly to the presence of radios in almost every household. Similar sources of information were cited in a study by Taheri *et al.* (2014).

Regarding knowledge of the dangers of smoking, study findings showed that the majority (70%) of the respondents mentioned lung cancer disease as one of the dangers associated with cigarette smoking, mouth cancer (36%), heart disease (30%), impotence (33%), liver disease (22%), hypertension (32%) while (22%) mentioned stroke as one of the dangers associated with cigarette smoking. The above knowledge could be attributed to the mass campaign against cigarette smoking and associated complications. These study findings agree with the findings of Trofor *et al.* (2019) in their study where commonly mentioned dangers were increased risk for heart diseases (67%), lung (58%), impotence (40%), and throat cancer (54%).

When asked about the likelihood of non-smokers suffering from the dangers of smoking, the majority (73%) of the respondents agreed that non-smokers can suffer from the effects of cigarette smoking if exposed to cigarette smoke. This could be attributed to widespread awareness campaigns that usually warn about the possibility of non-smokers suffering from the dangers associated with smoking neighbors. These findings contrast with the findings of Dawood, Rashan, Hassali, and Saleem (2016) in their study among Iraqi smokers revealed that only 7% of the smokers knew that cigarette smoking negatively affected passive smokers. These findings agree with the findings of Jiya *et al.,* (2018) where 84.1% knew that passive smokers can equally suffer from the dangers associated with smoking.

More than half (57%) of the respondents said they were willing to quit and when asked about the time frame for quitting smoking, the majority (74%) of the respondents said they were not sure how long it will take to quit smoking. The fact that more than half were willing to quit could be attributed to continuous sensitization to the dangers of smoking however, failure to know when they hope to quit could be attributed to the addictive nature of cigarette smoking difficult. These study findings agree with the findings of Jiya *et al.,* (2018) where (62%) of the respondents expressed their willingness to quit smoking.

5. CONCLUSION

Generally, respondents had low scores on knowledge of most of the negative effects of cigarette smoking. The majority (80%) of the

respondents had heard about the dangers of cigarette smoking. All respondents knew at least more than one danger of cigarette smoking. Commonly mentioned dangers included lung cancer (70%), mouth cancer (36%), heart diseases (30%), hypertension (32%), and stroke (22%). Commonly mentioned sources of information were radios (64%) and peers (17%). Of the 57% of the respondents that were willing to quit, 74% did not know the exact time at which they hoped to quit cigarette smoking

RECOMMENDATION

The government of Ugandan should tighten the law regulating cigarette smoking, especially in the public among youths to reduce lives wasted due to smoking.

All non-governmental organizations working towards the empowerment of youths should sensitize youths on the dangers of cigarette smoking and involve them in activities that minimize idleness and disorderliness.

Another study can be carried out to assess the factors that can influence the likelihood of youths quitting the habit of smoking after acquiring knowledge about its negative effects.

6. ACKNOWLEDGEMENT:

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LIST OF ABBREVIATION

WHO: World Health Organisation
HIV: Human immunodeficiency virus
MoH: Ministry of Health
UDHS: Uganda Demographic Health survey

SOURCES OF FUNDING

No funding was provided

CONFLICT OF INTEREST:

None declared

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