

**Factors contributing to increased use of tobacco among the youth aged 15-35 years, in Katwe village, Kampala district. A cross-sectional study.**

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**Abstract**

**Background:**

Tobacco use remains a major global public health concern, especially among young people. This study assessed factors contributing to increased tobacco use among youth aged 15–35 years in Katwe village, Kampala District.

**Methodology:**

A descriptive cross-sectional study design was used. The study was conducted among youth aged 15–35 years residing in Katwe village, Kampala District. A sample size of 50 respondents was selected using simple random sampling. Data were collected using pre-tested semi-structured questionnaires. Data were analyzed manually using tally sheets and later entered into Microsoft Excel for presentation in tables, charts, frequencies, and percentages.

**Results:**

The findings showed that 80% of respondents smoked tobacco, while 20% did not. Smokeless tobacco was the most commonly used type (62%). Friends were the major source of information about tobacco use (54%). Community factors revealed that 60% of respondents had parents who smoked tobacco, and 60% reported parental influence on smoking behavior. In addition, 68% said their friends smoked tobacco, while 76% reported peer influence as a reason for smoking. Economic factors indicated that 82% of respondents were salary earners, and 76% stated that income influenced their tobacco use.

**Conclusion:**

Tobacco use among youth in Katwe village is high and is strongly influenced by peer pressure, parental smoking behavior, and economic income. Social environments and access to disposable income significantly contribute to tobacco consumption among young people.

**Recommendations:**

The Ministry of Health should increase taxes on tobacco products to reduce accessibility. Schools, communities, and stakeholders should strengthen youth-centered tobacco prevention programs.

*Keywords: Tobacco use, Youth aged 15- 35 years, Peer influence, Parental smoking, Economic factors, Katwe village, Kampala District.*

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**Background.**

According to the WHO, all forms of tobacco are harmful, and there is no safe level of exposure to tobacco. Cigarette smoking is the most common form of tobacco use worldwide. Other tobacco products include water pipe tobacco, various smokeless tobacco products, cigars, cigarillos, roll-your-own tobacco, pipe tobacco, bides, and kreteks. The WHO estimates that 22.3% of the global population used tobacco, 36.7% of all men, and 7.8% of the world's women (WHO, 2020). Similarly, according to the WHO in 2015, over 1.1 million people smoke tobacco, which represents 15% of the global population, and in 2014, the Kenya global adult tobacco survey reported that 2.5

million adults use tobacco products. (Christine Ngaruiya, 2018). However, tobacco use represents an important health issue worldwide but particularly in the European region, where the highest level of tobacco use prevalence, over 29% have been reported. Tobacco use imposes enormous economic costs to society, both directly from healthcare needs and indirectly from loss of productivity, fire damage, and environmental harm. (Organisation W.H., 2019). Also, many young people are suffering from a lack of self-esteem and future hope, victims of different forms of violence and abuse, or obliged to live with harmful habits like smoking, drug abuse, and alcoholism, and despite their large proportion and huge economic potential, adolescents and the youth are vulnerable to society of psychological, physical,

social, and sexual risky behaviours. (Dawit Abebe, 2015). Each year, tobacco use is responsible for approximately 8 million deaths worldwide, including 7 million deaths among persons who use tobacco and 1.2 million deaths among non-smokers exposed to secondhand smoke. (Indu B Ahluwalia, 2019). There is a high prevalence of tobacco use in Uganda, with almost 1 in every 10 Ugandans using tobacco products daily, and male having no formal education, residing in the east, north, and western regions, and having low BMI were significantly associated with daily tobacco use. This study assessed factors contributing to increased tobacco use among youth aged 15–35 years in Katwe village, Kampala District.

### **Methodology.**

#### **Study design.**

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

#### **Study area.**

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

#### **Study population.**

This study comprised youth aged 15-35 years in Katwe village, Kampala district.

#### **Sample size determination.**

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

$S=2(QR) O$ : where S=required sample size  
Q=number of days the researcher spent while collecting data, R = maximum number of people per day  
O = maximum time the interviewer spent on each participant.  
 $5 \times 10 \times 1hr$   
 $=50$

Therefore, the researcher used 50 respondents.

#### **Study variables.**

##### **Dependent variable.**

In this case, tobacco use was the dependent variable.

##### **Independent variable.**

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

#### **Selection criteria.**

##### **Inclusion criteria.**

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

##### **Sampling technique**

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

##### **Data collection method.**

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

##### **Data collection procedure.**

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

##### **Data collection tools.**

The self-administered questionnaires that would have been specifically tailored and structured were used for the study. After the respondents had been selected, the researcher and the research assistant asked them questions on their demographic, individual economic, and community factors pertaining to tobacco use.

##### **Data analysis and presentation.**

Data analysis was done manually using tally sheets, pens, and paper. The analyzed data were entered into the Excel computer program. Descriptive data were presented as frequencies and percentages, and illustrated using frequency tables, pie charts, and bar graphs.

##### **Ethical considerations.**

The study project was approved by the Kampala School of Health Sciences' ethical committee before proceeding with the study. A letter of introduction was obtained from Kampala School of Health Sciences and was addressed to the local council one (LC 1), requesting permission to conduct the study. When permission was granted, the aim of the study was to clearly explain to the respondents in order to get their informed consent.

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

**Results.**

**Table4. 1: shows the distribution of respondents according to their bio data, N=50.**

Variable	Frequency (f)	Percentage (%)
<b>Age</b>		
15-20	28	56
20-25	11	22
25-30	7	14
30-35	4	8
<b>Total</b>	<b>50</b>	<b>100</b>
<b>Marital status</b>		
Married	32	64
Single mothers	9	18
Divorced	6	12
Widowed	3	6
<b>Total</b>	<b>50</b>	<b>100</b>
<b>Religion</b>		
Catholic	22	44
Anglican	14	28
Moslem	8	16
Others	6	12
<b>Total</b>	<b>50</b>	<b>100</b>
<b>Gender</b>		
Female	20	40
male	16	32
<b>Total</b>	<b>50</b>	<b>100</b>
<b>Occupation</b>		
Self employed	22	44
Employed	16	32
Unemployed	12	24
<b>Total</b>	<b>50</b>	<b>100</b>
<b>Level of education</b>		

Never went to school	4	8
Primary level	19	38
Secondary level	17	34
Tertiary /University level	10	20

From the study findings, most 56% of the respondents were aged 15-20 years, and the least (8%) were aged 30-35 years. Based on the study findings relating to marital status, the majority (64%) were married, and the least were (6%) widowed. In regard to religion, the majority (44%) of the respondents were Catholics, whereas the least (12%) included other religions other than Muslims and

Anglicans. From the study findings, the majority of the respondents (44%) were self-employed, while the minority (24%) were unemployed. From the study findings, most of the respondents (38%) had attained primary level education, whereas the least (8%) had never attained any level of education.

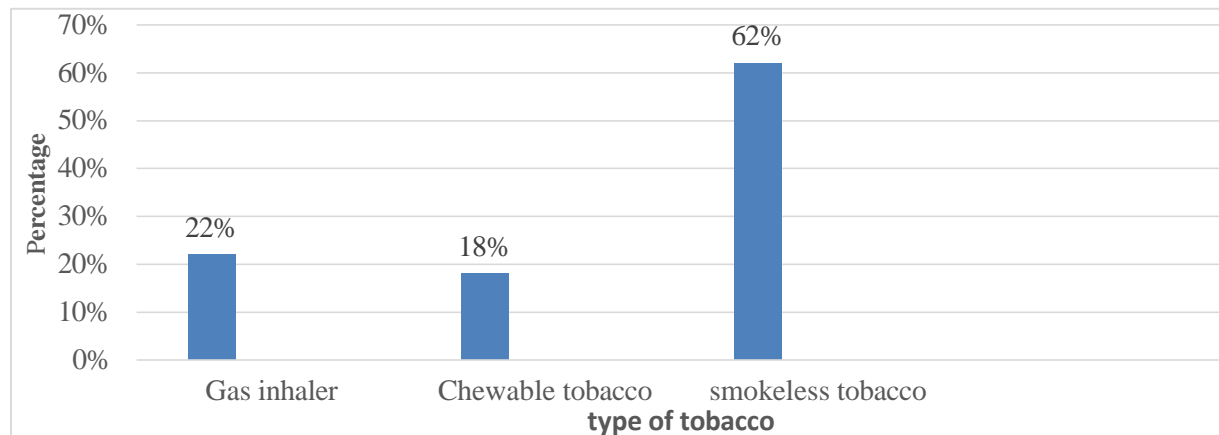
**Individual factors contributing to increased use of tobacco among the youth**

**Table 1 shows the distribution of respondents according to whether they smoke, N=50.**

Variable	Respondents	Percentage response (%)
Yes	40	80
No	10	20
Total	100	100

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

**Figure 1: Shows the distribution of respondents according to the type of tobacco they smoke N=50**



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

**Table 2 shows the distribution of respondents according to the drug abused by the youth, N=50.**

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

Table 2 shows the majority (40%) of the respondent’s abuse marijuana, whereas the minority of the respondents (10%) abuse khat.

**Community factors contributing to increased use of tobacco among the youth.  
 Table 4 .3 shows whether the respondents grew up with their parents, N=50.**

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

Table 3 shows the majority of the respondents (64%) grew up with their parents, while the minority of the respondents (36%) grew up without their parents.

**Table 4 shows whether their parents smoke tobacco, N=50.**

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

From Table 4, the majority of the respondents (60%) have their parents smoking tobacco, while the minority (40%) said their parents do not smoke.

**Table 5 shows whether their parents influence them to smoke, N=50**

Variables	Respondents	Percentage response
Yes	30	60

No	20	40
Total	50	100

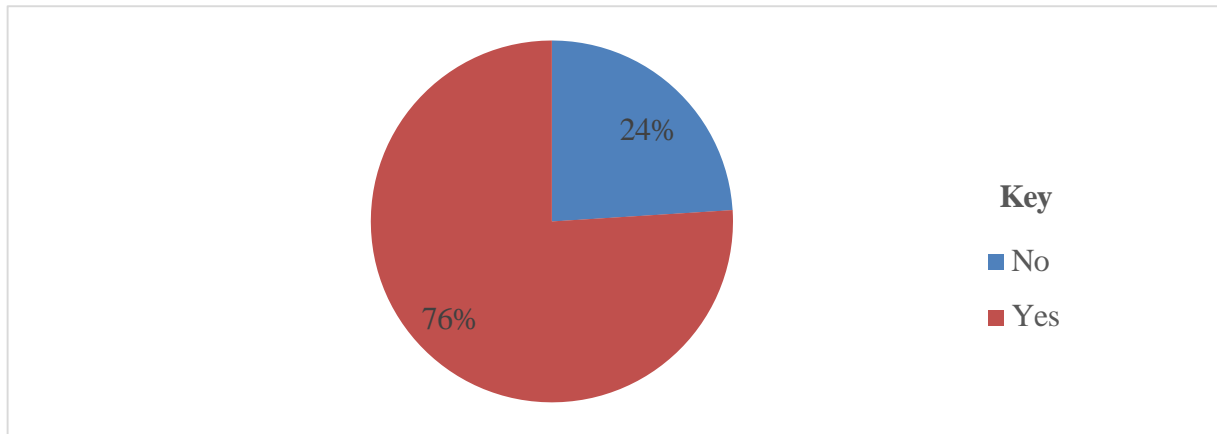
Page | 6 Table 5, the majority of the respondents (60%) said to have been influenced by their parents, whereas the minority (40%) were not influenced by their parents.

**Table 6: Shows the distribution of the respondents according to whether their friends smoke. N=50.**

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

Table 6, the majority of the respondents (68%) said that their friends do smoke, whereas the minority (32%) said their friends do not smoke.

**Figure 2: Shows the distribution of the respondents according to whether their friends influence them to smoke, N=50.**



From Figure 2, the majority of the respondents (76%) said that their friends do influence them, whereas the minority (24%) said they were not influenced by their friends.

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

**Figure 3: Shows the distribution of respondents according to whether they are salary earners, N=50**

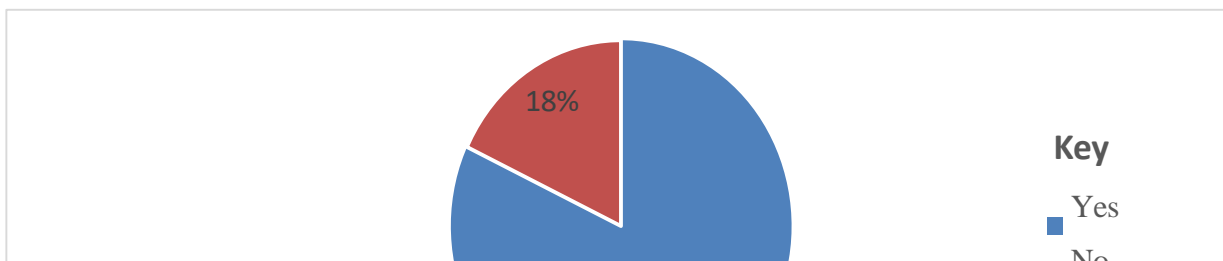


Figure 3 shows the majority of the respondents (82%) said they are salary earners, whereas the minority (18%) said they are not salary earners.

**Table 7: Shows the distribution of the respondents according to whether salary influences them to smoke, N=50.**

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

Table 7 shows the majority of the respondents (76%) said it influences them, whereas the minority (24%) said it doesn't influence them.

**Discussion**

**Individual factors contributing to increased cases of tobacco use among the youth**

From the study finding 80% of the respondents do smoke, which was in contrast to the study conducted in India by Preeti et al. (2017 which revealed that 40.2% of the respondents do smoke alcohol, and the adolescent boys had a high rate of tobacco use, 68.2%. From study findings, 62% of the youth do smoke the smokeless type of tobacco, which was in contrast to the study conducted in southeast Nigeria, which revealed that 7.8% do smoke the smokeless tobacco, and 7.5% of the adolescents aged 13-15 years do smoke the smokeless tobacco by Ujeomi U Itanyi et al 2017. From the study findings, the majority of the respondents 54% got the information from friends, which was in line with the study conducted in India, which revealed that 62.3% of the respondents said to be initiated by friends by *Preeti Sharma et al. (2018.*

**Community factors contributing to increased tobacco use among the youth.**

From the study findings, 64% of the respondents reported

having grown up with their parents, which was in line with the study conducted in Dhaka, which revealed that 69.62% of the respondents reported having grown up with their parents by Sahadat Hossain et al. (2017. From the study findings, 60% of the respondents revealed that their parents do smoke tobacco, which was in line with the study conducted in Dhaka, which revealed that 69.3% of the respondents do smoke tobacco. From the study findings, 60% of the respondents said their parents do influence them to smoke, which was in contrast to the study conducted among 27 European countries, which revealed that 30.3% of the respondents were influenced by their parents as initiators of smoking tobacco by Filippidis et al. (2015. From the study findings, 68% of the respondents revealed that their friends do smoke tobacco, which was in contrast to the study conducted among the European countries, which revealed that 80.6% of the respondents reported that their friends do smoke tobacco mainly to forget their problems. From the study findings, 76% of the respondents reported being influenced to smoke tobacco, which was in line with the study conducted among European countries, which revealed that 80.6% of the respondents were influenced by friends.

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

From the study findings, 82% of the respondents are salary

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

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

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

### **Conclusion**

Based on the general results of the study, the researcher concluded: The overall results on the individual factors contributed to increased use of tobacco, by which most of the respondents 80% are smokers, and 54% reported that their source of information was from friends with whom they associate.

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

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

### **Recommendation.**

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

Secondly, it should be imperative that all stakeholders engage in concerted efforts to target both in-school and out-of-school youths in tobacco control strategies.

Also, the effective smoking prevention programs should take into account the dominant influences of peer groups in the onset and continuation of smoking.

### **Acknowledgement.**

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### **List of abbreviations**

WHO – World Health Organization

BMI – Body Mass Index

LCI – Local Council One

MOH – Ministry of Health

SPSS – Statistical Package for Social Sciences

N – Sample Size / Number of Respondents

f – Frequency

% – Percentage

CBD – Central Business District

UHS – Uganda Health Services

### **Informed Consent:**

Written informed consent was obtained from all participants prior to their inclusion in the study. Participants were informed about the purpose of the study, procedures involved, potential risks and benefits, and their right to withdraw at any time without penalty.

### **Source of funding.**

The study was not funded.

### **Conflict of interest.**

There is no conflict of interest.

### **Availability of data.**

Data used in this study are available upon request from the corresponding author.

### **Authors contribution.**

JK designed the study, conducted data collection, cleaned and analyzed data, and drafted the manuscript.

CA supervised all stages of the study from the conceptualization of the topic to manuscript writing and submission.

### **Author's biography.**

John Kasse is a student of a diploma in pharmacy at Kampala School of Health Sciences.

Cliff Atukuma is a research supervisor at Kampala School of Health Sciences.

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