

THE UNIVERSITY OF NAIROBI
DEPARTMENT OF POLITICAL SCIENCE AND PUBLIC ADMINISTRATION



**THE CONTRIBUTION OF NATIONAL POLICIES ON TOBACCO USE AMONG
STUDENTS IN KENYAN UNIVERSITIES**

BY
ANGEL WARIRA MBUTHIA
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DECLARATION

This research project is my original work and has not been submitted for examination in this or any other university.



Signature: **Date:** August 18th 2023

Angel Warira Mbuthia

C52/38078/2020

This research project has been submitted for examination with my approval as the University supervisor.



Signature: **Date:** 27/10/2023

Dr. Joseph O. Obosi

University Supervisor

DEDICATION

*To my family who gave me invaluable moral support
throughout the period of my research study
especially my mother Irene Nyambura.*

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LIST OF ABBREVIATIONS

GATS	Global Adult Tobacco Use Survey
GYTS	Global Youth Tobacco Use Survey
WHO	World health organization
NACADA	National Authority for the Campaign Against Alcohol and Drug Abuse
NYC	National Youth Council
FCTC	Framework Convention on Tobacco Control
BAT	British American Tobacco
KDHS	Kenya Demographic and Health Survey

ABSTRACT

The use of tobacco has been one of the nearly avoidable deaths causes and a very important issue in public health. Countries in Africa experience a rise in numbers of people who use tobacco and especially young people. Taking of tobacco or rather the consumption of tobacco related products has moved from the developed countries to those that are developing. Succinctly put, while people from developed countries are on a trend to minimize tobacco intake, the habit is actively taking root in developing countries. The lack of proper implementation of regulations in these developing countries has enabled companies to get young smokers to be loyal customers to their specific brand through sponsorship and other forms of marketing. In Kenya, the growth in the number of tobacco users has become a great concern to the government. Kenya leads as one of the largest producers of both manufactured and raw tobacco in East Africa. It is against this background that the study investigated how the national policies on tobacco use have influenced the use of tobacco products, attitude and knowledge among students in public and private universities. To what extent do the policies influence the student's choices on the consumption of tobacco products? This study was anchored on Social cognitive learning theory. The present study used mixed method research design to gather and analyze both quantitative and qualitative data. Thus, the study unit of analysis was five universities within Nairobi County, namely the University of Nairobi, Technical University of Kenya, Kenya Methodist University, Mt Kenya University and Strathmore University. The study used simple random sampling to select respondents from each stratum. The study relied on primary data gathered using self-administered questionnaires and interview guides. Results were recorded using table and figures. The study findings revealed that students had good level of knowledge about tobacco policies. Students are familiar with tobacco products. Students are aware of existence of Kenya's tobacco control policy. Study results also revealed that it is rare for university students to wear clothing such as t-shirts, hats, or spectacles with tobacco product branding. Tobacco use among university students is very addictive. University students would stop taking tobacco products if they initiated it. Study results also revealed that providing straightforward and clear information about risks associated with tobacco use, warning messages can help educate youngsters and reduce tobacco use among youth/students. The study recommends that in order for improved knowledge of the tobacco policies on consumption of tobacco products among youth in Kenyan universities. NACADA and university administrations should strengthen coordination of public awareness and education initiatives against tobacco abuse among young people in Kenyan universities and throughout the country. The study suggests that the attitude of young people regarding tobacco policies in Kenyan institutions needs to be changed, the negative attitudes towards tobacco use and promotion among students should be further encouraged and

promoted through education campaigns and awareness-raising initiatives. The study also recommends that during anti-tobacco education campaigns and awareness-raising initiatives, NACADA should provide the right branded materials to communicate their message.

CHAPTER ONE: INTRODUCTION

1.0 Background

The use of tobacco has been one of the nearly avoidable deaths causes and a very important issue in public health (WHO, 2008). Countries in Africa experience a rise in numbers of people who use tobacco and especially young people (Akinyemi et al., 2021; Ng et al., 2014). Tobacco use caused half of its user's life thus, worldwide, making it the most preventable death cause. Statistics showed that in the last century, the deaths caused by infections that are related to tobacco were around 100 million. The deaths that were reported were more than 5.4 million deaths which basically translates to at least one death every second (Le Foll et al., 2022; WHO, 2008, 2021b).

Currently, the heavy consumption of tobacco and its related products has shifted from the developed countries to those that are developing (O'Connor et al., 2022; WHO, 2021b). Succinctly put, while people from developed countries are on a trend to minimize tobacco intake, the habit is actively taking root in developing countries. The shift in numbers being as a result of unregulated adverts by tobacco companies trying to gain loyalty to their brands in their new market ventures (Le Foll et al., 2022; O'Connor et al., 2022).

The lack of clear-cut regulations in these developing countries has enabled companies to get young smokers to be loyal customers to their specific brand through sponsorship and other forms of marketing (Le Foll et al., 2022). It has been estimated that by the year 2030, there will be at least be 8 million annual deaths and 80% of these are likely to come from developing countries (Dai, Gakidou, & Lopez, 2022; WHO, 2021b).

In the African continent, smokers aged 15 years and above were estimated to be 18% with the exception of North Africa (Jha, Ranson, Nguyen, & Yach, 2002; Monshi, Wu, Collins, & Ibrahim, 2022; WHO, 2021b). These statistics translated to at least 6% of all smokers in the world. As a result of the rapid growth in the continent, the number is expected to go as far as 14% in the region. Going by this then in the year 2060 Africa will be second in terms of people who take tobacco slightly behind Asia (Blecher & Ross, 2021; Egbe et al., 2022). Nigeria is one of the leading countries in terms of tobacco policy implementation. Research by WHO showed that they complied with the FCTC treaty. The first noticeable policy was the increase of tax by 10% on all tobacco products. This saw a reduction of about 8% in the number of smokers. Moreover, they have national tobacco strategies and programs that are geared at controlling tobacco. Nigeria took a step further and prevented exposure of tobacco by banning smoking in public, advertising, marketing and sponsorship five years of entry into force (Ekanem, 2008;

Osungbade & Oshiname, 2008). In particular, cross over state has seen a decrease in smoking and also students have expressed a desire to stop smoking cigarettes (WHO, 2021b).

The first national tobacco directive in Ethiopia took place in 2015 after a series of complaints since they entered the WHO FCTC treaty. The policy prohibited the sale of flavored tobacco products, tobacco marketing and advertising, and the sale of tobacco to anybody under the age of 18. However, the law also permits smoking in designated areas. According to article 5 of the WHO FCTC, a multi-sectoral National Tobacco Commission and a strategic plan were created, but the NTCD 2015 does not cover activities intended to uphold such policies. This has made the fight against tobacco hard in Ethiopia.

East Africa Community as a whole has also come together to try and curb tobacco use through harmonization of taxation. In 2005 a Custom Union was formed to emphasize a few policies on trade between the countries. One of the agreements was to exercise duty in some commodities like alcohol, tobacco, and petroleum in all states(Wanyonyi, Talibita, Kirigwajo, & Chirawu, 2020).

In Kenya, the growth in the number of tobacco users has become a great concern to the government. Kenya leads as one of the largest producers of both manufactured and raw tobacco in East Africa. For instance, in 2016 Kenya produced 17.4 billion cigarettes (TCD, 2021). Kenya has in efforts to control the consumption of tobacco also ratified international treaties, enacted acts, and formulated policies with varying degrees of success. Some of the tobacco policies in Kenya include; Kenya's ratification of the Framework Convention on Tobacco Control (FCTC) in 2004, 2007 the Tobacco Control Act; Tobacco Act Regulations (TCD, 2021).

1.1 Problem Statement

Kenyan statistics indicated that around 2.5 million adults, accounting for roughly 11.6% of the adult population, engage in tobacco consumption. (WHO, 2014). Several studies indicate tobacco initiation took place at a young age when the consumers are not aware of the consequences (Dai et al., 2022; Ekanem, 2008). Moreover, both studies agreed that more than half of the smokers in Kenya were initiated to the habit before age 25. WHO estimated that one in two tobacco consumers die. Compared to other diseases, this translating to a higher mortality. This indicated the likelihood of death of long-term tobacco users from tobacco-related diseases during their prime which is between 30 and 60 (WHO, 2014). This has left tobacco use to be a big threat to the Kenyan youth.

Several interventions had been put in place starting as early as 1940, when a public health act came into action that was laid out to enhance policies on different health sectors in Kenya. After 14 years of deliberation, in 2007 the Tobacco Control Act was finally legislated to uphold the public health act on tobacco-related issues that became law and its sole purpose was to control tobacco consumption. Legislation of this Act was prompted by Kenya's acceptance of the Framework Convention on Tobacco Control (FCTC) in 2004 which officially bound the state into adherence. Some of the regulations were that companies should not advertise, promote or do sponsorship deals. In addition, designated places of smoking to prevent exposure of tobacco came into play as well as health warnings on their packaging.

In spite of interventions, the prevalence of consumption of tobacco products remains high. At least about 19% of men aged 15 and 49 use tobacco products as compared to 2% of females of the same age bracket (Njenga, 2021; WHO, 2018). Students between the age of 12 to 15 years use tobacco of which 12.7% of them are boys while girls that come at 6.5% (WHO, 2007). Smoking increased from 2001 which was at 6.6% and in 2012 it stood at 58.1% which has consistently risen, showing that cigarettes remain to be the most used drug by students (Kinyanjui & Sum, 2023; NACADA, 2012a; Njenga, 2021). As a result, it is estimated that at least 20% of students are always at the risk of getting initiated every year (Abrams, Simons-Morton, Haynie, & Chen, 2005; WHO, 2007). It is hard for those who start smoking to stop due to the addictive nature of nicotine.

In light of this context, the research examined the impact of national tobacco use policies on the attitudes, knowledge, and usage of tobacco products among students in both public and private universities. A crucial aspect of the study was to determine the degree to which these policies shape students' decisions regarding the consumption of tobacco products.

1.2 General Objective

As a general objective, the study investigated how tobacco policies in Kenya have influenced the consumption of tobacco among the youth in Kenyan Universities.

1.2.1 Specific Objectives

- i. To establish the extent of the effect of knowledge of the tobacco policies on consumption of tobacco products among the youth in Kenyan universities.
- ii. To examine how the attitude towards the tobacco policies has affected the use of tobacco products amongst the youth in Kenyan universities.
- iii. To determine how the communication strategies of the tobacco policies have affected the consumption of tobacco products amongst the youth in Kenyan universities.

1.3 Research Questions

The study was guided by the following research questions:

- i. To what extent has the knowledge of tobacco policies affected tobacco consumption among the youth in Kenyan universities?
- ii. How has the attitude towards tobacco policies affected the use of tobacco products among the youth in Kenyan universities?
- iii. How have the communication strategies of the tobacco policies affected the consumption of tobacco products amongst the youth in Kenyan universities?

1.4 Justification of Study.

The rationale for the study was substantiated from both policy and academic perspectives as outlined below:

1.4.1 Academic Justification

This study acknowledged that some studies have been done on tobacco use among students in Kenya. The tobacco industry relied on more people being initiated to smoke and also turning them into lifetime users. As a result, the youth and women were prone to this initiation through sponsorship and adverts (Lee et al, 2012) by having new young smokers. These companies ensured that they have another generation of smokers likely to become users over their lifetime (Doku, 2014). Therefore, companies engage young people through association of cigarettes with something that appealed to them like films, sexual appeals and sports (WHO, 2011).

In this regard, WHO formed a Framework Convention on Tobacco Control (FCTC) treaty. The treaty used various principles as its basis, one being protecting people from exposure to tobacco and informing people about health consequences associated with tobacco consumption (WHO, 2003). It is on this ground that this study complemented previous researches on the same.

1.4.2 Policy Justifications

The findings of the study provided information to the policy makers against which appropriate policies could be formulated to regulate tobacco use.

1.5 Scope and Limitation of Study

The research focused on the impact of tobacco regulations in Kenya on the tobacco usage patterns among young people in Kenyan universities. Due to limitations in resources and time allocated for the study, it was not possible to comprehensively address all the obstacles faced during policy implementation. This investigation was confined to students enrolled in both public and private universities in Kenya, spanning the timeframe from 2020 to 2021. This study only formed a point of reference on matters of tobacco since it took part in Nairobi County and can only apply to places of similar experience. In addition, the study recognized that tobacco use is discouraged on campus by the authority. The study leaves a chance of doubt in giving truthful answers if their identity is compromised by the campus administration.

CHAPTER TWO: LITERATURE REVIEW

2.0 Introduction

Tobacco use remains a worldwide public health concern, leading to a range of grave health issues and premature deaths especially among the youth. Effective tobacco control policies have been implemented worldwide to control the usage of tobacco products, especially among the youth who form the bulk of the high-risk population. Nevertheless, the success of these policies relies heavily on the knowledge, attitude and practices of these policies with respect to tobacco usage among the youth. This literature review explores existing research to understand the extent of knowledge of tobacco control policies among youth and the factors influencing this knowledge, attitude and practice as well as the gap in research and communication strategies of control policies to a large extent.

2.1 Knowledge of Tobacco Among Youth

Tobacco consumption remains a significant global issue in the realm of public health on an international scale. The World Health Organization (WHO) approximates that tobacco usage contributes to nearly 8 million fatalities each year, with a considerable portion of these deaths concentrated in low- and middle-income nations, particularly in Africa. (WHO, 2021b). In an effort to fight this epidemic, government agencies, health organizations and private organizations worldwide have implemented various tobacco control policies aimed at reducing tobacco usage, predominantly among the youth. The effectiveness of these policies depends not only on their implementation but also on the knowledge and awareness of the targeted audience – the youth.

Of the 1.2 billion smokers in the world at the moment, young people make 50% with the prevalence varying depending on the region and country as well (Lim et al., 2010). Among boys (16%), smoking was by far more than among girls which actually is almost three times since girls stand at 6%, whereas in the pacific boys are four times at 18% as compared to girls at 4% whereas in Europe the difference is less than double (WHO, 2021b). Smokeless tobacco standing at 8% where boys at 6% and girls at 2% (WHO, 2021b). The highest number of girls that use this type of tobacco are found in the West Pacific which stood at 17% (WHO, 2012). Elsewhere, it was pointed out that in India smoking among young people stood at 21% of a population of about 327 adolescents (Vidhubala E, P, & Quarishy, 2014). In 2011, countries with the highest prevalence included Lithuania at 30.8%, Chile at 31.5% and Papua New Guinea stood at 43.8%.

Tobacco consumption remained a major threat despite the difference in numbers of different age sets among the youth.

2.1.1 Tobacco Control Policies and Their Importance

Tobacco regulation strategies involve a variety of approaches aimed at reducing tobacco consumption, deterring new users, and encouraging current users to quit. These strategies encompass actions like limiting tobacco advertisements and promotions, implementing taxes, establishing smoke-free areas, incorporating health advisories on packaging, and conducting informative initiatives (Warner & Tam, 2012). The objective is to shape an atmosphere that dissuades tobacco usage, decreasing its availability, particularly among susceptible groups like young individuals. As early as 1980, minimization of smoking prevalence had taken place globally for both genders but due to the rapid growth in population, the total number of smokers had gone up (Abroms et al., 2005; Ng et al., 2014). In the year 2007, cross-sectional research was done to assess to which extent the public was aware and also supported the tobacco policies and to also find out how the results could be used to formulate more policies. The findings of the study were used to pass the Tobacco Control bill since the majority were of the banning and other restrictions.

2.1.2 Importance of Knowledge of Tobacco Control Policies To the Youth

The influence of tobacco regulation measures relies on the level of awareness and comprehension these policies garner among young individuals. When the youth are well-educated about these policies, they are better equipped to make knowledgeable choices regarding tobacco consumption and are less vulnerable to the manipulative strategies employed by the tobacco sector. Knowledge empowers young people to identify the hazards of tobacco, appreciate the advantages of quitting, and actively support more stringent policy implementations. Even though comprehensive tobacco control measures are in place in numerous nations, research reveals that a significant lack of awareness remains prevalent among young people. Several studies have shown that a significant proportion of youth were unaware of basic tobacco control policies, such as age restrictions for purchasing tobacco products with a limited knowledge among youth regarding health warnings on tobacco packaging (Kattimani, Thimmegowda, & Nagarathna, 2022; Nurmansyah, Umniyatun, Jannah, Syiroj, & Hidayat, 2019; Schneller et al., 2022).

2.1.3 Cultural and Socioeconomic Factors on Knowledge of Youth on Tobacco

Use

Furthermore, the socioeconomic status significantly influences the understanding of tobacco control regulations among young individuals.. Socioeconomic disparities can also affect access to information, with youth from marginalized communities potentially having limited exposure to anti-tobacco campaigns and educational materials. Research in Finland demonstrated that adolescents from lower socioeconomic backgrounds had poorer awareness of these policies compared to their wealthier counterparts (Knaappila, Marttunen, Fröjd, Lindberg, & Kaltiala-Heino, 2019). Similarly, other studies have found that disadvantaged communities had limited exposure to anti-tobacco campaigns, potentially contributing to a lower level of knowledge about policies (Galanti, Coppo, Jonsson, Bremberg, & Faggiano, 2014). Cultural elements also have a vital impact on molding the awareness of tobacco control policies among young people. In some regions, tobacco use may be deeply ingrained in cultural practices, making it challenging for youth to fully grasp the health risks associated with tobacco consumption.

2.1.4 Effectiveness of Educational Interventions on Knowledge of Youth on

Tobacco Use:

Educational initiatives play a pivotal role in enhancing the understanding of tobacco control policies among young individuals. Study have demonstrated that implementing a school-based tobacco education program resulted in improved knowledge and awareness among students (Mpousiou et al., 2021) with other systematic reviews highlighting the positive impact of media campaigns in enhancing knowledge about tobacco control policies (Franks et al., 2007; St Germain, Lucas, Williams Wilson, Maegga, & Miesfeldt, 2017).

2.1.5 Effect of Peer Influence on Knowledge of Youth on Tobacco Use

Peer-to-peer communication and influence also play a role in shaping youth knowledge of tobacco control policies. Studies have suggested that discussions among peers significantly impacted youths' understanding of health warnings on cigarette packages; with peer-led educational initiatives can create relatable and engaging platforms for sharing information, empowering youth to disseminate accurate knowledge within their networks (Azzahra, 2022; Fitriani, 2022; Onoh, Dairo, Balogun, & Fawole, 2023).

Tobacco use in Kenya has presented a substantial public health challenge, with an estimated prevalence of approximately 11.6% among adults aged 15 years and above (KNBS,

2015). Moreover, the initiation of tobacco use often starts during adolescence, with a reported prevalence of 7.3% among Kenyan youth aged 13-15 years (KNBS, 2018). This highlighted the urgency to address tobacco control among young people to prevent lifelong addiction and related health issues. Smoking has been linked to various health problems, including respiratory diseases, cardiovascular diseases, and various types of cancer, Hence, it is essential to put into practice evidence-based methods to lower tobacco use frequency and safeguard public health (MOHK, 2019).

Although the Kenyan authorities have initiated certain measures to regulate tobacco consumption, such as enforcing smoke-free regulations and requiring vivid health alerts on cigarette packs, the strategies employed by the tobacco industry to promote their products still focus on attracting potential new smokers, especially among the younger population. (Otañez, Mamudu, & Glantz, 2009). Additional actions are required to bolster tobacco control measures, including the elevation of tobacco taxes, stringent enforcement of current regulations, and the enhancement of public consciousness regarding the hazards linked to tobacco consumption. Kenya's commitment to the World Health Organization Framework Convention on Tobacco Control (WHO FCTC) offers a chance to reinforce tobacco control endeavors and protect the health and welfare of the populace. (WHO, 2021a).

In the fight against tobacco consumption, knowledge is a potent tool. For tobacco control policies to succeed, it is imperative to bridge the gap in knowledge among the youth. By implementing tailored educational strategies and engaging the youth through multiple channels, it is possible to get them aware so they make informed choices, advocate for stronger policies, and contribute to a tobacco-free future. As such understanding the level of knowledge of students as well as the youth on the polices on tobacco usage is imperative for a successful campaign against the health implication of tobacco usage the polices in place.

In summary on the knowledge of the youth on polices on tobacco usage, there remains a pressing public health issue in Kenya, necessitating a comprehensive approach to address its prevalence, particularly among young people. Stronger policies and enforcement, coupled with robust public awareness campaigns, are essential to curb tobacco use and its associated health consequences effectively. By adopting evidence-based strategies and leveraging international commitments like the WHO FCTC, Kenya can strive towards creating a tobacco-free environment and safeguarding the health of its citizens.

2.2 Attitude of Students Towards Tobacco Smoking

Tobacco consumption remains a significant global concern in public health, particularly among the youth who are more susceptible to initiating tobacco use and enduring its enduring health effects. The aim of tobacco control strategies is to mitigate the adverse effects of tobacco, accomplished by methods such as restricting advertisements, increasing taxes, and establishing areas free from tobacco smoke.. Evidence suggested that people hardly know about the tobacco policies and those who know seem to ignore them since enforcement is not something that is minimal. Theoretical and empirical studies have been done on the risk posed by smoking among young people. Grasping the youth's opinions on these measures is vital for successful tobacco control initiatives. Attitudes towards tobacco control policies among youth can vary based on cultural, social, and regional factors. Higher taxes on tobacco products, for instance, are generally supported by youth as they can deter initiation due to cost implications (Egbe et al., 2022; Kinyanjui & Sum, 2023; Monshi et al., 2022; Nurmansyah et al., 2019; Onoh et al., 2023). However, smoke-free policies in public spaces might be met with mixed responses due to perceived restrictions on personal freedom and socializing opportunities.

Young people may start smoking in different ways one of them being by social learning theory and this is because i) Young people are always very quick in trying new things (McClelland, 1990); ii) psychological development theory where they battle in their minds whether to go ahead and use and this is influenced by their self-control, peer pressure, academic achievement, growth (Wills & Cleary, 1999); iii) a behavior where its someone's attitude on whether to continue a certain activity or stop (Fishbein, 2008), and self-conceiving theory in which each activity that a person does is usually determined by how they conceive it. In other studies, it has been into how youth function in terms of emotions, perception, and motivation (Blum, 2009). Due to their surroundings, which include family and also their physiological changes as well as social environments, young people may adapt smoking practices as a fun activity but end up being addicts. The use of tobacco is becoming the genesis of substance use couples with other social anomalies. Those people with smokers in their family or friends who smoke together with adverts end up being attracted to smoking and they end up ignoring risks as much as they know the consequences (Alexander, Piazza, Mekos, & Valente, 2001).

2.2.1 Supportive and Encouraging Attitudes:

A growing number of young people are endorsing tobacco control measures as their awareness of the health hazards connected to tobacco consumption expands. They may appreciate policies that restrict tobacco advertising, increase the legal age for purchasing tobacco products, and implement graphic warning labels on cigarette packaging (Bafunno et al., 2019). Support for such policies stems from concerns about public health and preventing tobacco-related diseases (Dai et al., 2022; Wanyonyi et al., 2020; WHO, 2021b).

2.2.2 Mixed and Negative Attitudes:

There can be a range of attitudes among youth, with some expressing support for certain policies while opposing others. As an example, they could support raising the legal age for purchasing tobacco items while harboring doubts regarding the efficacy of graphic cautionary labels. Nevertheless, some youth might hold negative attitudes towards tobacco control policies if they perceive them as infringing upon personal freedoms. They may view these policies as government overreach and believe that adults should have the right to make their own choices, even if those choices are detrimental to their health (Kinyanjui & Sum, 2023; Monshi et al., 2022; Nurmansyah et al., 2019; Onoh et al., 2023; WHO, 2021b).

2.2.3 Cultural and Regional Variations:

Attitudes can differ based on cultural and regional factors. In some areas, tobacco use might be more socially acceptable, leading to less support for strict tobacco control measures. Conversely, in regions with strong anti-tobacco campaigns and educational efforts, youth might be more supportive of such policies. It's important to note that the landscape of attitudes can evolve over time due to changing social norms, education campaigns, and government initiatives (Fitriani, 2022; Kattimani et al., 2022; Mpousiou et al., 2021; Onoh et al., 2023). A study was done on 9000 students for their attitude toward tobacco control laws and the survey found out that smokers were reported as having the less efficacy when it comes to possession laws, tobacco control laws and tobacco sales laws compared to non-smokers. Moreover, individuals in lower grades exhibited greater endorsement for the efficacy of tobacco control measures and regulations on tobacco possession, compared to those in higher grades. Further, the study indicated that different dimensions of attitudes among the youth towards tobacco laws exist and this study wants to understand the different dimensions of their attitudes. The understanding may allow the views of the youth to be considered when coming up with tobacco control laws as well as their implementation.

2.2.4 Effect on Attitudes to Tobacco by Peers, Social Norms, Advertising and

Media:

The attitudes of young people towards tobacco control policies are significantly influenced by peer interactions and societal norms. If a particular policy aligns with perceived social norms, such as discouraging smoking in social gatherings, it is more likely to be positively received. Conversely, policies that challenge established social behaviors might face resistance and skepticism.

Media and advertising can shape youth attitudes by framing tobacco control policies positively or negatively. Studies have demonstrated that youth exposed to anti-tobacco campaigns tend to have more favorable attitudes toward policies aimed at curbing tobacco use.

Understanding youth attitudes toward tobacco control policies is vital not only for immediate policy success but also for long-term outcomes. Attitudes formed during youth can influence behavior patterns into adulthood. Positive attitudes toward tobacco control policies in youth are linked to decreased smoking initiation rates and higher chances of successful smoking cessation in later life.

2.2.4 Attitude of Youth Toward Tobacco Policies in Kenya

In Kenya, the attitude towards tobacco control policies among the youth was a critical aspect to consider in the efforts to combat tobacco use. Despite being party to the World Health Organization Framework Convention on Tobacco Control (WHO FCTC), which underscores evidence-backed tobacco control approaches, the country encounters challenges in effectively implementing such policies among the youth. The Kenya Global Children Tobacco Survey undertaken in 2017 revealed that around 7.3% of children aged 13 to 15 years old in Kenya were engaged in tobacco use (KNBS, 2018). This indicated a concerning level of tobacco use initiation at a young age, making it essential to focus on attitudes towards tobacco control policies among this demographic.

As per research conducted on students in Kenya, those who were exposed to anti-tobacco messages exhibited a higher tendency to hold positive views towards tobacco control actions, such as regulations on possession and sales restrictions. (Consortium, 2008; Kirkok, 2019; KNBS, 2018; MOHK, 2019). Therefore, funding focused public health initiatives could have a substantial impact on altering the views and actions of young people by increasing awareness of the negative effects of tobacco use and encouraging support for measures to combat tobacco use (KNBS, 2015; Wanyonyi et al., 2020; WHO, 2021a).

Engaging young people in the policy development process has been another essential aspect to consider. Studies in Kenya emphasized the importance of youth involvement in shaping tobacco control policies to ensure that their perspectives and concerns are adequately addressed (Kirkok, 2019; Ngaruiya et al., 2018). Inclusive policy-making can foster a sense of ownership among young people and increase their support for the implemented measures. It is crucial for policymakers and stakeholders to collaborate with youth-led organizations (Collin et al., 2016; Macauley et al., 2022) and engage young people in decision-making processes to achieve more effective and youth-centric tobacco control policies in Kenya (Kyalo & Mbugua, 2011).

2.2.6 Knowledge-Attitude Gap and Policy Effectiveness:

A critical aspect highlighted in the literature is the gap between youth awareness and their attitudes toward tobacco control policies. Even when aware of policies, youth may not fully grasp the rationale behind them, leading to conflicting attitudes. Bridging this knowledge-attitude gap is essential for policy effectiveness.

In conclusion, addressing the attitude towards tobacco control policies among young people in Kenya is vital in curbing tobacco use among this demographic. The current prevalence of tobacco use among Kenyan youth calls for evidence-based strategies, including targeted education campaigns and meaningful engagement of young people in policy development. By investing in awareness-raising efforts and involving youth in decision-making, Kenya can improve attitudes towards tobacco control policies and work towards creating a tobacco-free environment for its younger generation.

2.3 Communication Strategies of Tobacco Control Policies

As per the report from the World Health Organization (WHO), the Ministry of Public Health and Sanitation appeared to lack a well-defined coordination mechanism for its divisions responsible for non-communicable diseases, as well as the coordination of related activities. (WHO, 2021a). In many Departments of the government, they recognize MOPHS as the organization responsible for tobacco control however there has not been clear-cut coordination between the only two ministries in charged with public health and those are responsible for the WHO FCTC. Activities supposed to be used to disseminate education on tobacco policies and also the risk of using tobacco are usually subnational and not much emphasis on them (WHO, 2012, 2021a).

The National Tobacco Control Plan of 2010-2015 clearly outlines a strategy for monitoring and evaluation. However, there hasn't been a clear structure on how different sectors are supposed to coordinate in order to reach that goal. The ministry of health did GYT's in 2001 and 2007 but then there is no clear indication of commitment for future surveys (WHO, 2007, 2014). A major challenge has been funding since their funds for such project usually comes from donors (Kyalo & Mbugua, 2011; WHO, 2012, 2021a, 2021b). While mechanisms exist for the execution of the 2030 policies, the government lacks a system to oversee tobacco control efforts. (WHO, 2021a).

The KTSA did a survey to find out the enforcement of the smoke-free policy and banning of TAPs and they found that there was influence by the tobacco industry in the ministry of trade as they had involvement in counterfeit good deals. Departments like NEMA, KEBS, and the occupational health unit in the ministry of labor cannot test the quality of cigarettes and these are some of the loopholes that the industry has. Going by this, there seem to be challenges when it comes to enforce the tobacco policy.

A smoke-free policy was enacted in the 2010 Kenyan Constitution it guarantees a right to live in a clean environment in article 42 of the Kenyan Constitution. However, despite their compliance in many places, exposure to smoking still exists. Effective enforcement of the tobacco policies needs public awareness of the specifics of the laws and this also builds support among them. This involves a well-targeted communication strategy on the laws, ways of implementation as well as enforcement activities, and the health benefits that come along with the law. Communication happens to be very key in programs that seek behavior change. It can be used as a strategic tool rather than merely just being a way to convey information. Moreover, the rapid change in technology offers new ways to reach a bigger audience. A communication strategy is of salience when coming up with effective manners to pass the information on tobacco control. Communication is not an end by itself thus the need to blend it with programmes.

To develop effective communication strategies, lessons can be drawn from successful practices worldwide. For instance, Australia's "Quit Victoria" campaign has demonstrated the effectiveness of mass media campaigns in reaching large audiences and reducing smoking prevalence among young people (<https://www.quit.org.au/>, 2021; Liao, 2022). Similarly, "Truth Initiative" in the United States has utilized social media platforms to engage with youth and deliver powerful anti-tobacco messages, resulting in significant declines in youth smoking rates (Cuccia, Patel, Kierstead, Evans, & Schillo, 2022; <https://truthinitiative.org>, 2021; MacDonald & Hill). Kenya can adopt such evidence-based approaches, leveraging various communication

channels to reach its diverse population, including television, radio, social media, and community engagement.

Engaging young people in the development and execution of communication strategies is vital for their success. Youth-led initiatives, such as "Tobacco-Free Generation" in Singapore, have shown promising results in mobilizing young advocates to support tobacco control policies and promote smoke-free environments (Durojaye & Murungi, 2022; TCD, 2021). In Kenya, the involvement of youth in creating relevant and appealing messages can resonate better with their peers, fostering positive attitudes towards tobacco control. Moreover, advocacy efforts should complement communication strategies by advocating for strong tobacco control policies and mobilizing public support for their implementation. By drawing from global best practices, involving youth, and integrating advocacy efforts, Kenya has the potential to create all-encompassing and influential communication approaches in order to efficiently address tobacco consumption among the youth and enhance public health outcomes.

Although research on efforts to generate knowledge on tobacco policies has been done through concerted efforts by the government, of concern however, is the lack of detailed studies that show the impact of this knowledge since it would be key in knowing what to do to reach more youth. This study sought to explore on different approaches of communication that can be used to raise awareness among the general population regarding the harm of tobacco as well as the existing laws to curb the same. There have not been clear comparative studies that have studied patterns and the effects it has on the youth tobacco control policies and many scholars are trying to examine the correlation. As such it is important to add to the already existing knowledge through a more detailed approach on the knowledge that is out there regarding the tobacco control policies particularly, relevant to youthful students.

2.4 Hypotheses

The study hypotheses included;

- i. Increased knowledge of tobacco policies reduces tobacco consumption prevalence amongst the youth in Kenyan universities.
- ii. The attitude towards tobacco policies affects the consumption of tobacco products among the youth in Kenyan universities.
- iii. Increased targeted communication policies are likely to result in reduced tobacco use among the youth in Kenyan universities.

2.5 Theoretical Framework: Social Cognitive Learning Theory

This study was grounded in the principles of the Social Cognitive Learning Theory. Albert Bandura was the person who created the theory. The idea that learning is influenced by environmental, cognitive, and behavioral factors served as the foundation for it (Bandura, 1999). Bandura maintained that all learning processes occurred through observing of other people's conduct and its consequences, which is contrary to established psychological theories that emphasize learning through firsthand knowledge (Nabavi, 2012). He went on to say that the components of the observation time include motivation, retention, reproduction, and attention (Bandura, 1989).

Albert's main assumptions were (Bandura, 1989):

- a) An individual can learn from the other via observation.
- b) Learning is an internal process that might result in change of behavior or not.
- c) Individuals can be responsible and control their actions.
- d) Behavior is goal oriented
- e) Reward and punishment both affect actions either directly or indirectly since behaviors are highly influenced by prior experiences (punishment).

This study explored ways in which policies maybe be drafted following criteria where specific characteristics of people in a particular environment can be understood thus lowering the tobacco consumption rate. Motivation; this is the phase that puts what has been learned into practice. In this phase, Bandura put a clear distinction between learning and performing. He went ahead to posit that individuals can learn via observation but are not tempted to do what they have seen until they have motivation to do so. Social cognitive learning theory held that a reaction observed in an environment is a big determinant of whether the observer will replicate what he/she has observed, in that individuals were likely to do what they observed if there is a reward in the outcome but are less likely to try all if the outcome is a punishment. Moreover, the theory goes ahead to emphasize that indirect reinforcement is not less implicit compared to direct reinforcement (Bandura, 2014). For instance, witnessing someone undergoing surgery due to tobacco use would likely discourage you from using it, as you would recognize the negative impact it could have on you.

2.6 Definition and operationalization of key Concepts

Tobacco: It is a plant that is raised for the leaves, and they are then dried, fermented, and transformed into various forms. Nicotine, a component of tobacco that can cause addiction, makes it difficult for so many smokers to stop using it. This study will focus on how the regulation of tobacco affects its consumption among Kenyan students.

Tobacco Product: This is a product that is made from tobacco and is intended for human consumption. This study will refer to mean smoke and smokeless tobacco-based products.

Students: This is a person who is studying in a university or any other higher education. This study will focus on this set of population in a bid to uncover how their unique setting pre-disposes them to tobacco use.

Attitude: This is a personal view or feeling towards something. In this study attitude will refer to either the positive or negative beliefs that one holds when it comes to using tobacco. The positive ones are those that reinforce their usage of tobacco by showing the benefits that come with the tobacco consumption. Negative attitudes will demoralize the consumption of tobacco products.

Industry: This is a group of productive organizations or enterprises that supply or produce goods and services. It will be used in this study to refer to businesses that grow, prepare for sale, ship, market and distribute tobacco and anything related to tobacco.

Youth: refers to individuals between the ages of 18 and 35 years old, as defined by the Kenyan National Youth Council Act of 2009.

CHAPTER THREE: RESEARCH METHODS

3.1 Introduction

This section outlines the techniques and strategies applied in this study. Research methods encompass the comprehensive approach employed by a researcher in carrying out a research undertaking (Leedy & Ormrod, 2001). In this context, the following section delves into the research design, ethical factors, target population, sampling methods, data gathering methodologies, and data analysis.

3.2 Research Design

In accordance with the research aims, the present study used mixed method research design to gather and analyze both quantitative and qualitative data. It is critical to collect data and establish meaningful comparisons in a study like this one. A mixed-methods approach was advantageous since it mirrored the participants' perspectives and emphasized any existing conflicts in qualitative and quantitative findings based on each participant's individual experience. Quantitative data was gathered via distributing questionnaires to study participants, while the qualitative data was gathered by conducting structured interviews with campus student leaders.

3.3 Study Population

The population of the study, therefore, refers to collection of organizations or individuals that are the central focus of a research study and is the entire pool from which a statistical sample is drawn. In this case, the population for the study consisted of five universities within Nairobi County, this included Nairobi County, namely University of Nairobi, Technical University of Kenya, Kenya Methodist University, Mt Kenya University and Strathmore University. These universities were chosen due to the availability of night clubs and pubs which make students more susceptible to smoking. According to the Statistics of the Kenya National Bureau of Statistics, the total number of students in both public and private universities during period of study was 586,000 (KNBS, 2018). Thus, the study unit of analysis was five universities within Nairobi County, namely the University of Nairobi, Technical University of Kenya, Kenya Methodist University, Mt Kenya University and Strathmore University. University students from all levels of learning including both consumers and non-consumers of tobacco products, ranging from the lowest level (1st Year) until the highest level (4th /5th/6th Year) formed the study unity of observation.

3.4 Sample Size and Sampling technique

A portion of the total population that the researcher wishes to include in the study is known as the sample unit, or a subsection of the population being studied. The design for sampling specifies the sample's size frame, sampling procedure, and sampling scope.

3.4.1 Sampling Technique

A sampling frame is a list of people of interest from which the sample is drawn such that a perfect frame of sampling is one that is accurate, complete, and current (Gile & Handcock, 2010; Lavrakas, 2008). It should also accurately reflect the study population. Thus, the study unit of analysis was five universities within Nairobi County, namely: University of Nairobi, Technical University of Kenya, Kenya Methodist University, Mt Kenya University and Strathmore University. Approximately, 586,000 students from the five universities formed the study unit of observation. The study used a multi-stage sampling technique to select participants for the study. In the first stage, the study purposively selected university campuses that were in urban or peri-urban centers of Nairobi namely: University of Nairobi, Technical University of Kenya, Kenya Methodist University, Mt Kenya University and Strathmore University. A simple random sampling procedure was used in selecting the students from both public and private universities with Nairobi County.

3.4.2 Sample Size

A sample is a portion of the population that is under investigation. It accurately reflects the whole population that is the subject of the inquiry. A sample size allows a researcher to learn about a population. The most practical and straightforward equation that study adopted was Yamane's (1967) sampling formula as illustrated below:

$$n = \frac{N}{1 + Ne^2}$$

Where:

Population size is N, while sample size (n), and e for a margin error of 5%.

N = 586,000, study target population individuals;

e = 5%; for the study.

Consequently, changing the formula's variables results in with a sample size of

$$n = (586,000)/(1 + 586,000 (0.05*0.05))$$

$$= 399.7$$

$$= 400 \text{ students}$$

The sample of this study was 400 students.

3.5 Data Collection data process

The study relied on primary data gathered using self-administered questionnaires and interview guides. In-depth interviews with diverse student campus leaders were conducted in order to obtain deep insights for the research on how Kenyan tobacco policies have influenced tobacco consumption among students in Kenyan universities. In research, an in-depth interview is a systematic discourse between a researcher and a respondent with the goal of acquiring meaningful information in accordance with the research purpose. In-depth interviews aided my research by providing precise data on how Kenyan tobacco legislation have influenced tobacco consumption among students in Kenyan universities. Respondents were given interview timeslots. Students were chosen at random as they left courses to complete surveys. Campus administrators and class representatives were quite helpful in identifying and persuading students to fill out the questionnaire.

3.6 Reliability of Research Instruments

Reliability is defined as when measuring procedures assign the same value to a characteristic or variable each time it is tested substantially under the same conditions (Mohamad, Sulaiman, Sern, & Salleh, 2015). Twenty university students used a Jot form to test the research instrument, and their responses helped the researcher determine whether the questions were effectively assessing what they were intended to evaluate. At least 92% of respondents showed that the questions were plain and understandable. The instrument was examined by the supervisor in addition to the feedback the researcher obtained after the pilot test. The suggestions and opinions of the supervisor were taken into account. As a result, it can be concluded that the research instrument is valid and trustworthy for measuring the variables reported in this study.

3.7 Validity of Research Instruments

Validity refers to the extent an instrument captures or represents the intended variables. In order to satisfy these criteria, the researcher validated the research instrument by ensuring that the questions covered the topic of the research question. With the assistance of supervisor, colleagues and lecturers at University of Nairobi Research and Public Policy Class, the questionnaire's validity was established. By evaluating each section of the study's specific objectives as a unit, the construct validity was attained.

3.8 Data Analysis

Data must first be edited, coded, categorized, and tabulated before analysis. Both qualitative and quantitative data analysis techniques were used in the study. Raw data from primary sources obtained through field study was processed into interpreted data, which was then translated into factual information that is crucial for coming to suggestions and findings. Using SPSS version 21, the quantitative data that was gathered through the research tools was evaluated. Frequency and percentages were both considered in the analysis. All of these made it easier for this study to address the research problem, which is evident in the conclusion and suggestions. Thematic and interpretive approaches were used to study the qualitative data. The results are given in narrative form and with verbatim citations.

3.9 Ethical Issues

All participants provided both verbal and written consent before partaking in any research, in any case the enumerator fails to collect consent then the data collected will not be used until consent is given (Appelbaum, Lidz, & Klitzman, 2009; Byrne, 2001; Mandal & Parija, 2014). The purpose and aim of the research were explained to allow them to share their information willingly. This study being qualitative, participants were asked permission prior to any recording, and their official names were replaced with pseudonyms. The researcher bonded with the participants to create confidentiality by briefly introducing herself. The participants offered counselling at the end of interviews and discussions.

CHAPTER FOUR: DATA PRESENTATION, ANALYSIS AND DISCUSSION OF STUDY FINDINGS

4.0 Introduction

This section discusses the methods and tactics used to get the necessary information. The next subsections contain response rate, participant demographics, and descriptive analysis. Quantitative data analysis has utilized descriptive statistics. The results are primarily reported as frequencies or percentages in charts and tables. The qualitative data analysis used interpretive methods and theme analysis. The results are given in a narrative style and with exact citations.

4.1 Response Rate

Determining the response rate is essential because a low response rate is an indicator of questionable validity of research results. The questionnaire's return rate for this study is displayed in table 4.1.

Table 4.1 Questionnaire return rate

	Number of Questionnaire	Percent
Copies of the Returned Questionnaire	332	83.00%
Copies of the Unreturned Questionnaire	68	17.00%
Total Copies of the Questionnaire	400	100

Only 332 of the 400 questionnaires provided to respondents through were successfully completed and returned. The questionnaires were received within the stipulated timeframe, resulting in a response rate of 83.0%. According to Mugenda and Mugenda (2003), a response rate of 50% is acceptable for analysis and reporting; 60% is deemed favorable; and a response rate of 70% or higher is considered ideal for proceeding with data analysis. The achieved response rate of 83.0% was exceptional for conducting the study's analysis.

4.2 Demographic Characteristics of Participants

The demographic information of the participants in this study included gender, category of the university, level, year of study, age, and approximate amount of money at disposal. The demographic profile has influenced how tobacco policies in Kenya have influenced the consumption of tobacco among the youth in Kenyan Universities. The data collected in this regard was analyzed and results are summarized in tables presented in the following sections.

4.2.1 Gender of the Respondents

Gender is an important aspect in understanding tobacco use behaviors and attitudes. The study respondents were asked to indicate their gender, and study results are shown in figure 4.1.

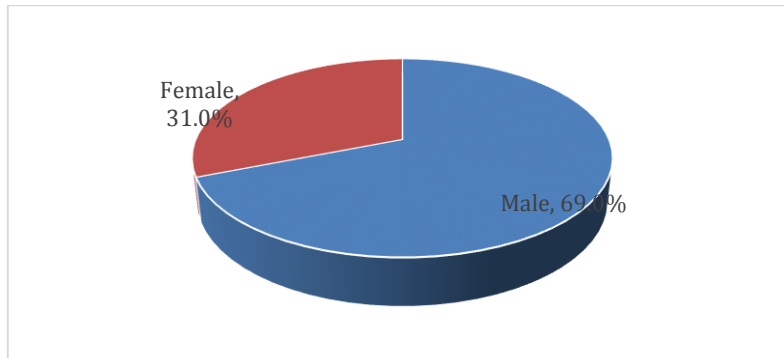


Figure 4.1 Gender of the Respondents

The data derived from the questionnaire regarding the distribution of respondents by gender indicates that 69.0% were male participants and 31.0% were female. This indicates majority study respondents were male. The majority of students at the university are male, but females are also represented with a good percentage implying that there is increased higher education opportunities to girl child. Systems of education that are gender-equitable can help to lessen hazardous behaviors like smoking in society as well as gender-based violence in schools.

4.2.2 Category of the University

Respondents were required to indicate the university they belong, and the questionnaire data results are presented in figure 4.2.

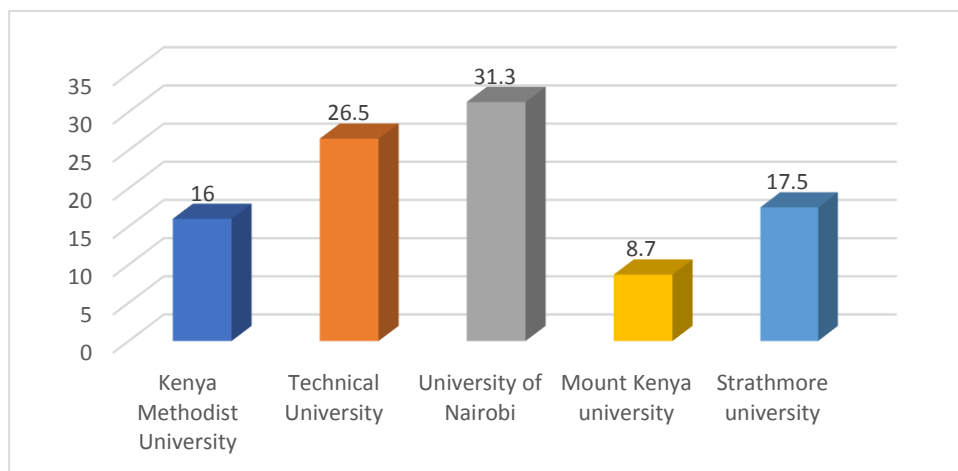


Figure 4.2 University category

Results show that the majority 31.3% respondents indicated that their University of Nairobi, 26.5% respondents were from Technical University of Kenya, 17.5% were from Strathmore University and 16.0% respondents were from Kenya Methodist University. Those respondents who indicated that they were from Mount Kenya University were 8.7%. These study

results implies that almost all universities within county of Nairobi were represented. It is crucial to look into the health habits of university students since they are at a critical stage in life where many significant lifestyle decisions are made, the time between youth and early adulthood. At this stage of development, the beginnings of problematic habits might emerge; these behaviors may be changeable or solidify into lifetime patterns.

4.2.3 Respondents year of study at the university

The student year of study may influence attitudes and behaviors towards tobacco use, and how this may inform tobacco control policies and interventions targeted at specific academic levels. Participants were requested to specify their current year of study at the university, and the outcomes are displayed in Table 4.2.

Table 4.2 Respondents year of study at the university

	Frequency	Percent
First Year	82	24.7
Second Year	70	21.1
Third Year	93	28
Fourth Year	87	26.2
Total	332	100

Source: Research Findings (2023)

Finding in table 4.2 show that the majority 28.0% respondents were in their third year of study, followed by 26.2% in their fourth year, 24.7% in their first year, and 21.1% in their second year. These results imply that students from all level of year of their study were equally represented. Place of living and having or having acquaintances who smoke are important characteristics connected with tobacco consumption among university students.

4.2.4 Age of the Respondents

The age question provides valuable insights into nature and scope of tobacco use among students and helps in developing effective tobacco control policies and programs. Respondents were asked to indicate their age bracket and results are as shown in figure 4.4.

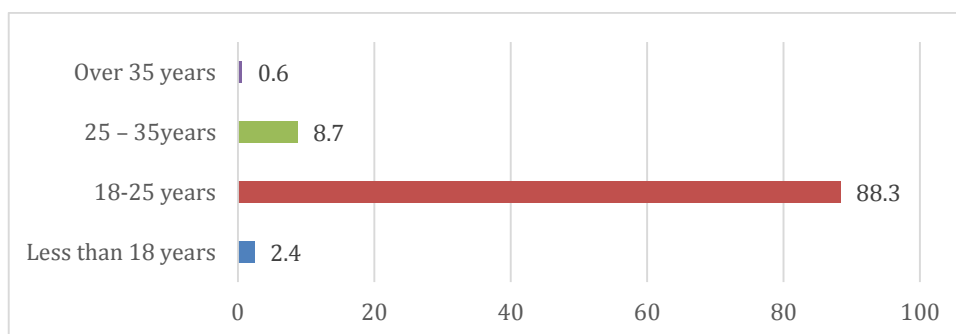


Figure 4.3 Age of Respondents

The data results show that 88.3% respondents were aged between 18 to 25 years, 8.7% were age between 25 to 35 years and respondents that aged less than 18 years were 2.4%. Only 0.6% respondents indicated they were of age 35 years and above. In 2019, approximately 155 million persons aged 15 to 24 smoked (WHO, 2021b). Additionally, it is recognized that 82.6% of current smokers began smoking between the ages of 14 and 25. Tobacco use in teenagers and young adults can result in serious and sometimes life-threatening health consequences.

4.2.5 Money at Students Disposal

This section aimed at gathering information about the financial resources available to the students. Study respondents were asked to indicate approximately how much money do you have at disposal in a week. The results are presented in figure 4.4.



Figure 4.4 Money you have at your disposal

Results show that majority 38.9% respondents indicated that the amount of money they had in a week at their disposal was approximately between Kshs (500-1000), 29.5% indicated less than Kshs 500, 21.4% indicated between Kshs (1000-2000) and 10.2% indicated above Kshs2000. These results implies that majority of students have fairly good sums of money at disposal, hence they can easily afford tobacco products. Several studies have linked young people's cigarette purchases to their discretionary income. Youth employment engagement has been linked to increasing smoking and cigarette spending (Breslin & Adlaf, 2002). The quantity of pocket money earned by university students has been linked to smoking.

4.3 Knowledge of tobacco policies and tobacco consumption among youth in universities

The first objective of the study was to establish the extent of the effect of knowledge of the tobacco policies on consumption of tobacco products among the youth in Kenyan

universities. In order to address this objective, the study hypothesized that; increased knowledge of tobacco policies reduces tobacco consumption prevalence among the youth in Kenyan Universities. This section provides descriptive findings and cross-tabulation outcomes.

4.3.1 Descriptive Statistics

On each of the characteristics evaluated, respondents were asked to rate their level of agreement with statements. The descriptive information was presented in terms of frequencies and corresponding percentages for every response. The study sought to determine whether the respondents were aware of tobacco. The study results are shown in table 4.3.

Table 4.3: Knowledge of tobacco products

	Frequency	Percent
Yes	317	95.5
No	15	4.5
Total	332	100

Results reveal that 95.5% respondents agreed that they were aware of tobacco products while 4.5% indicated that they were not aware of tobacco. This study finding also imply that the majority of study participants were cognizant of tobacco. Increased tobacco knowledge among students can be linked to greater public knowledge of the fatal and devastating effects of tobacco use and exposure to smoke from others, as well as efforts to discourage tobacco use. Given the well-known harms of smoking to our health, governments are limiting tobacco advertising in an effort to reduce the number of smokers.

In addition, respondents were questioned about their familiarity with various tobacco products. Based on the data, the study results are displayed in Table 4.4.

Table 4.4 Familiarity with various tobacco products

	Frequency	Percent
Cigarettes	114	34
Cigar	10	3
Shisha/pipe tobacco	178	53.6
Chewing tobacco	5	1.5
Electronic cigarettes/vape	7	2.1
None of the above	18	5.4
Total	332	100

The study results displayed in Table 4.4 show that 53.6% of the respondents reported being familiar with shisha/pipe tobacco closely followed with cigarettes at 34% and those who were familiar with cigar and electronic cigarette were 3.0% and 2.1% respectively. Only 1.5% of the study respondents indicated they were familiar with chewing of tobacco and 5.4% indicated none of the above. Overall, results indicates that the majority of respondents are familiar with shisha. These results are consistent with a study by Magu D, Mutugi M., Ndahi, and Wanzala (2013) among public university students in Kenya, which found that 17.1% of students were current cigarette smokers and 69.5% had used tobacco at some point.

The study further sought respondents to indicate whether they had ever used any form of tobacco (smoke/none-smoke). The results are as shown in table 4.5.

Table 4.5 Usage any form of tobacco (smoke/none-smoke)

	Frequency	Percent
Yes	168	50.6%
No	164	49.4%
Total	332	100

Table 4.5 shows that the majority 50.6% respondents agreed that indicated that they had used some form of tobacco (smoke/none-smoke), 49.4% had contrary opinion. These findings imply that more than half of the study respondents had used some form of tobacco. These findings supported the position of the interviewed respondents, who claimed that university students had a solid understanding of the effects of tobacco smoking and that others have favorable attitude toward tobacco consumption. One of interviewed students stated:

“Since I started attending this university, cigarettes have become the tobacco product that I have seen students use the most frequently. In their rooms, some students routinely consume "shisha." How tobacco related drugs is sneaked into students' rooms is still a major issue”

In another interview, a student added;

“Yes, I understand some various forms of tobacco, I have seen some students walking round the campus smoking cigarettes.”

These results agreed with study results by Lim et al. (2010) that suggest the use of tobacco remains a big public health concern all over the world. Of the 1.2 billion smokers in the world at the moment, young people make 50% with the prevalence varying depending on the

region and country as well. According to a WHO report from 2022, smoking among young people is particularly concerning. The use of shisha, which is more common among young people than cigarettes, falls under this category.

The study also sought the respondents to indicate their most preferred form of tobacco. The study results from the questionnaire data are as shown in

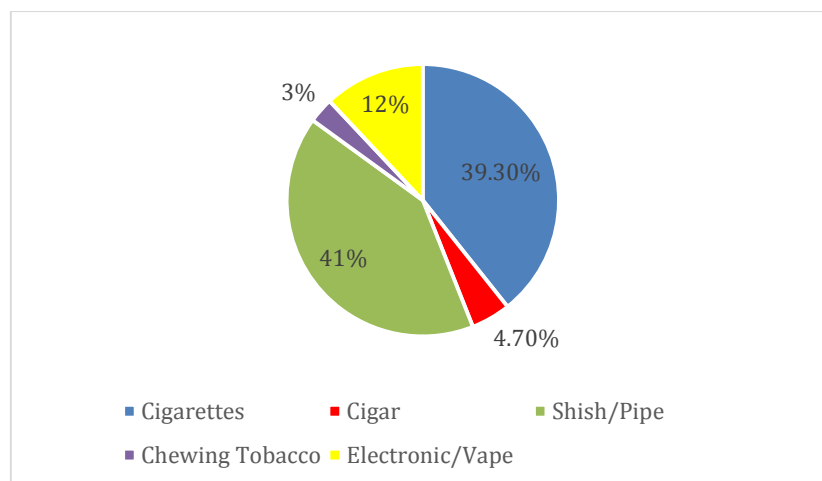


Figure 4.5 Most preferred form of tobacco

The observation from Figure 4.5 unveiled that the largest portion of participants, accounting for 41%, concurred that their most preferred form of tobacco was shisha/pipe tobacco closely followed by 39.3% preferring cigarettes, 12% stated most preferred form of tobacco was electronic cigarettes/vape and 4.7% and 3% who indicated that their most preferred form of tobacco was cigar and chewing tobacco respectively. These study outcomes suggest that a considerable number of participants concurred that their most preferred form of tobacco was shisha.. These findings were contrary to those of NACADA that ranked cigarettes as the most preferred drug by students (NACADA, 2012a). This implies that tastes and preferences may have changed over time and cigarettes are no longer preferred as much as they were before. The common forms of tobacco products commonly used by students in the university are cigarettes and shisha. One of the interviewed respondents said:

“Shisha smoking is more common here, some students pull together resources to purchase it, since it is mostly smoked in groups”

In another interview, a student said;

“Alcohol, tobacco, cannabis, and shisha were among the main substances. I personally smoked cigarettes throughout my first years on university. But I had to stop since I lost a lot of my money on it. I could not continuously finance the habit.”

The results agreed with findings by World Drug Report (2018) the estimated number of people who use drugs internationally has been rising. Increases in substance use from 46% in 2008 to 52% in 2014 and 56% in 2016 have been seen.

Additionally, the study asked participants to state their age at the time they first used any tobacco product. Study results are as shown in table 4.6.

Table 4.6: Age at first use any tobacco product

	Frequency	Percent
Between 0-17years	56	33.3
18 and Above	112	66.7
Total	168	100

The questionnaire data analysis results in table 4.6 showed that the majority (60.1%) of the respondents agreed that their age at the time they first used any tobacco product was 18 years and above but with a significant 39.9% who indicated that age at the time they first used any tobacco product were 17 years and below. These results implies that majority of the respondents who first used any tobacco product was 18 years and above, however, a good number were still underage at the time they first used any tobacco product. These results agree with by Jha et al. (2002) that indicated, in the African continent, smokers that are aged 15 years and above are estimated to be 18% with the exception of North Africa. According to a WHO report from 2022, smoking among young people is particularly concerning, with Eastern Mediterranean Region rates of 42% for boys and 31% for girls. The use of shisha, which is more common among young people than cigarettes, falls under this category. The study also revealed that young people between the ages of 18 and 25 had the highest rates of substance use and its associated health effects.

The study also sought respondents to indicate whether they had any tobacco users in their family. Results are as shown in table 4.7

Table 4.7 Family member using tobacco

	Frequency	Percent
Yes	133	40.1
No	199	59.9
Total	332	100

The results in table 4.7 shows that the 59.9% respondents agreed they had a tobacco user the in family, 40.1% disagreed with the statement. These findings imply that majority of students in the universities at least have a tobacco user in family. Alexander et al. (2001) revealed that, due to their surroundings, which include family and also their physiological changes as well as social environments, young people might adapt tobacco use practices as a fun activity but end up being addicts. The use of tobacco is becoming the genesis of substance use coupled with other social anomalies.

The study also sought respondents to indicate whether they aware of the existence of Kenya’s tobacco control policy. The results are as shown in table 4.8

Table 4.8 Awareness on Kenya’s tobacco control policy

	Frequency	Percent
Yes	214	64.5
No	118	35.5
Total	332	100

The study results in table 4.8 show that majority 64.5% of the respondents agreed that they are aware of existence of Kenya’s tobacco control policy while those that disagreed with the statement were 35.5%. Kenya has in efforts to control the consumption of tobacco also ratified international treaties, enacted acts, and formulated policies with varying degrees of success. Some of the tobacco policies in Kenya include; Kenya’s ratification of the Framework Convention on Tobacco Control (FCTC) in 2004, 2007 the Tobacco Control Act; Tobacco Act Regulations (WHO, 2021a)).

The study respondents were required to rate their level of agreement with Kenya tobacco control policy, and study findings are as shown in table 4.9

Table 4.9 Level of agreement with Kenya tobacco control policy

	Frequency	Percent
Agree	72	21.7
Strongly Agree	162	48.8
Disagree	91	27.4
Strongly Disagree	7	2.1
Total	332	100

Results show that 48.8% respondents strongly agreed with Kenya tobacco control policy, 27.4% disagreed, 21.7% agreed and only 2.1% strongly disagreed with Kenya tobacco control policy. These findings implies that majority of university students were in agreement with Kenya tobacco control policy as shown by a sum of 70.5% respondents. These results were in line with the majority of respondents' views, who thought that colleges had a duty to enact tobacco-free policies that reduce the danger of tobacco addiction and guarantee smoke-free air to breathe. The results of the interviews, however, revealed that a policy that allowed for restricted smoking areas on campus was preferable to one that prohibited tobacco use altogether.

These results were consistent with findings by WHO (2021a) and KNBS (2018) that revealed several interventions have been put in place starting as early as 1940, when a public health act came into action that was laid out to enhance policies on different health sectors in Kenya. After 14 years of deliberation, in 2007 the Tobacco Control Act was finally legislated to uphold the public health act on tobacco-related issues that became law and its sole purpose was to control tobacco consumption.

Additionally, the study asked respondents if there was a campus regulation that specifically forbade students from smoking on school grounds. The analysis findings are as shown in table 4.10.

Table 4.10 Policy that prohibit tobacco use among students on school premises

	Frequency	Percent
Yes	175	52.7
No	52	15.7
I do not know	105	31.6
Total	332	100

The study results in table 4.10 reveal that 52.7% respondents agreed that their campus had a policy that specifically prohibits tobacco use among students on school premises, 15.7% disagreed with statement. Regarding whether there was policy on campus particularly forbidding student tobacco use on school grounds, 31.6% of respondents were neutral. The table also shows that a significant number making up 47.3% either do not know or disagreed with the question. These findings imply that there is a good level of awareness of tobacco policies in schools however a notable proportion of respondents (15.7%) disagreed with the statement about the presence of a tobacco use policy on campus. Additionally, a significant number of respondents (31.6%) expressed neutrality towards the question. This implies that there is a lack of awareness

or uncertainty among a considerable portion of the student population regarding the existence or specifics of their campus tobacco policy.

These findings are consistent with the findings of the interviewed students, who stated that university campuses had implemented smoke-free rules that prohibit smoking in both indoor and outdoor places. According to the majority of those interviewed, the best tobacco policies were "prohibit use indoors and outdoors at all times," "prohibit use indoors; allow consumption outdoors in specific locations only," "prohibit use indoors; allow use outdoors everywhere," and "allow use inside and outdoors everywhere." One of the interviewees alluded that:

“Our university campuses are also tobacco-free, which prohibits cigarette and chewing tobacco product use in all both indoor and outdoor areas”.

According to Alexander et al. (2001) given that there exists proof that educational settings can encourage young people to smoke, school tobacco policies (STPs) may show to be a fruitful method of preventing adolescents from starting to use tobacco. STPs are accessible, affordable, and relatively simple to implement, although it is unclear whether this strategy is successful in limiting smoking uptake.

Lastly, on establishing the extent of the effect of knowledge of the tobacco policies on consumption of tobacco products among youth in Kenyan universities, the study respondents were asked to indicate whether tobacco use should be banned in university compound even for the lecturers. The results are as shown in the table 4.11.

Table 4.11 Tobacco use should be banned in university compound even for the lecturers

	Frequency	Percent
Yes	234	70.5
No	47	14.2
Not sure	51	15.4
Total	332	100

The study results in table 4.11 show that 70.5% respondents agreed that tobacco use should be banned in university compound even for the lecturers, 14.2% respondents disagreed with the statement, and 15.4% of respondents were unsure if smoking should be prohibited in university buildings, including for lecturers. These findings imply that the majority of study participants believed that cigarette use should be prohibited in university buildings, even by professors. The interview findings on some of the issues respondents had observed with students

and tobacco use at school or in environment show that the use of cigarettes, alcohol, and illegal drugs by university students is a major concern for Kenyan university. In this age group, drug use is linked to an increased risk of accidents, aggression, and high-risk sexual conduct, which leads to diseases like HIV, interpersonal issues, a drop in academic performance, and not finishing school. Students taking drugs are more likely to experience behavioral and emotional difficulties.

Smoking bans in educational environments are widespread over the world, but due to lax implementation, teenagers are routinely exposed to teachers and other students smoking during the school day (Poulsen 2002).

4.3.2 Cross Tabulation on knowledge of Kenya's tobacco control policy

Study cross tabulation results on university category and use of tobacco product among university students is as shown in figure 4.6.

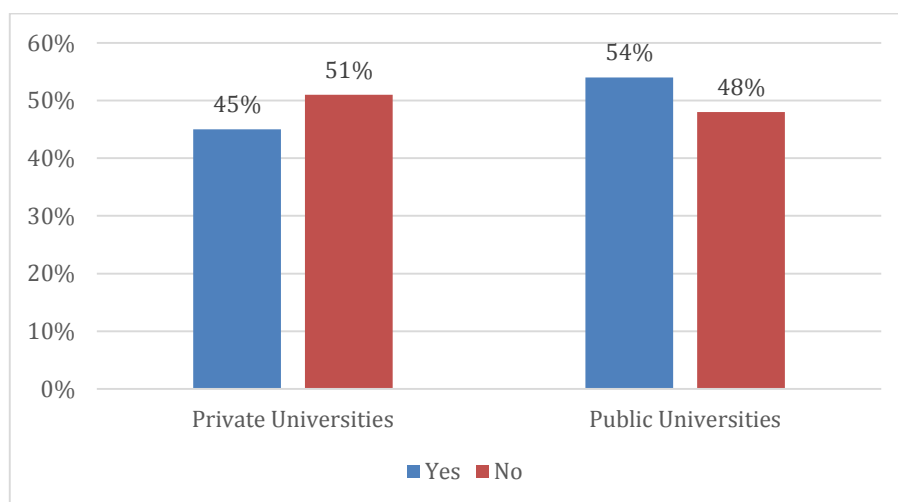


Figure 4.6 Cross tabulation results on university category and use of tobacco product among university students

Figure 4.6 shows that out of 168 students who indicated had used tobacco product, majority 90 (54%) students were from public universities. Those respondents who indicated that they have never used tobacco product majority 85(51%) were from private universities. The implication of these results is that majority students that use tobacco products are from public universities. However, a significant number of students from private universities were also tobacco users.

The cross-tabulation results are presented in table 4.12, and another goal of the study was to determine whether there was a connection between where students at universities were from and the age at which they first used any tobacco product.

Table 4.12 Cross tabulation between category of university and age when respondents first used any form of tobacco product

		How old were you when you first used any tobacco product?		Total
		Between 0-17years	18 and above	
Which category does your university belong to?	Public	25(44%)	69 (62%)	94
	Private	31(56%)	43 (38%)	74
Total		56	112	168

Table 4.12 findings show that of the 56 respondents who said they first used tobacco between the ages of 0 and 17 years, the majority (31) at 56% were from private universities while 25 at 44% who did so were from public universities. The majority (69) making 62% of the respondents who said they started using tobacco at age 18 or older were from public universities, while 98 respondents making 38% were from private universities. According to these findings, the majority of tobacco-using students at private institutions started smoking before the age of 17, but those at public universities started smoking more often after the age of 18. This data implies that there is a relationship between tobacco use and the type of university respondents were from.

The study also set out to establish whether there is a relationship between students who used tobacco and had a tobacco user in the family, the cross-tabulation results are as shown in Table 4.13

Table 4.13 Cross-tabulation between university category and whether the respondents had any tobacco users in family

		Are there any tobacco users in your family? (smoke/non-smoke tobacco)		Total
		Yes	No	
Which category does your university belong to?	Public	133 (67.9%)	59 (43.3%)	192
	Private	63 (32.1%)	77 (56.7%)	140
Total		196	136	332

Table 4.13 shows that 133(67.9%) respondents from public universities and 63 (32.1%) students from private institutions were among the 196 students who acknowledged having tobacco users in their family. In comparison to 59 (43.3%) students from public universities, the majority 77 (56.7%) of students who said they did not have tobacco users in their family attended private universities. These results imply that there is a higher proportion of students from both public and private universities having tobacco users in their family suggesting that familial factors, such as genetics, environmental exposure, and social modelling, may contribute to tobacco use initiation and maintenance among university students. This outcome was consistent with Albert Bandura's social cognitive learning theory, which was founded on the idea that learning is influenced by factors in the environment, the brain, and behavior (Bandura, 1989, 1999; Nabavi, 2012).

The study aimed to establish the level of awareness of Kenya's tobacco policies and highlight any disparities between public and private universities and the cross-tabulation results are as shown in figure 4.7.

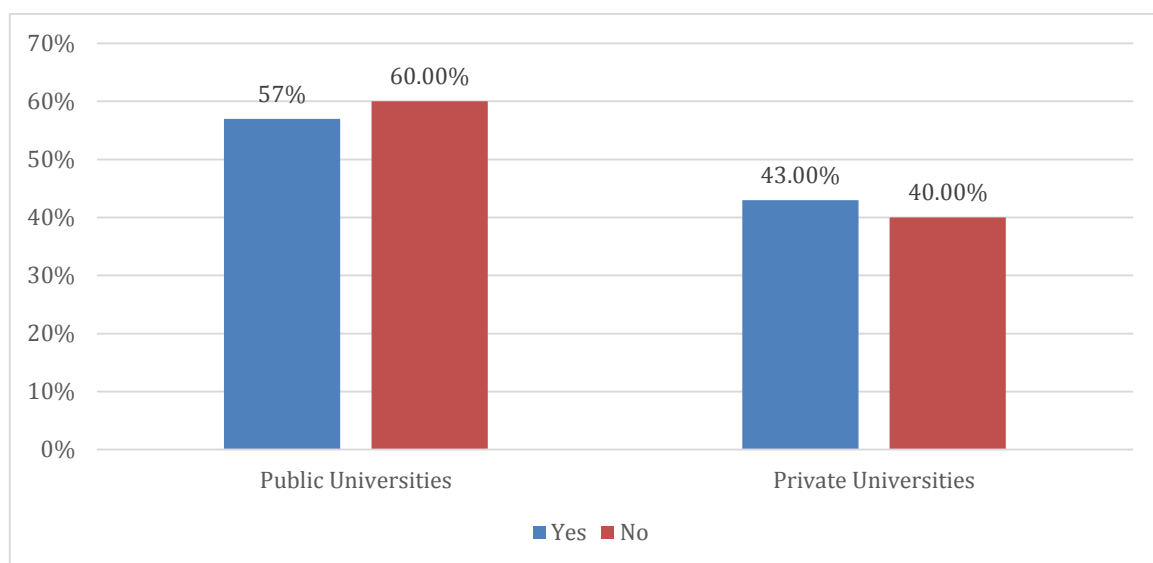


Figure 4.7 Cross tabulation results between university category and students' knowledge about Kenya's tobacco control policy

Figure 4.7 the study's findings shows that, of the 214 students who agreed that they understood Kenya's tobacco control policy, 122 (57%) were from public universities and 92 (42.9%) were from private universities. These findings suggest that students in public institutions knew more about Kenya's tobacco control policies than their counterparts in private universities. This implies that the lower level of awareness among students in private universities suggests a potential gap in knowledge regarding Kenya's tobacco control policies. It indicates

the importance of implementing similar educational initiatives and awareness campaigns in private universities to ensure that students in these institutions also have a comprehensive understanding of the policies.

The study sought to establish the awareness level of their campus tobacco policies and highlight any disparities between public and private universities and the cross-tabulation results are as shown in Figure 4.8

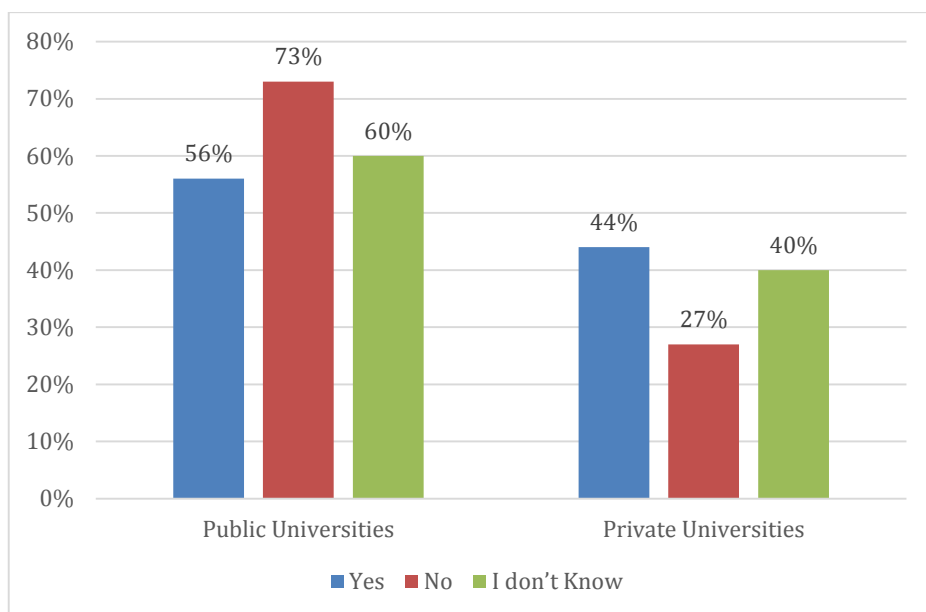


Figure 4.8 Cross tabulation results between university category and whether their campuses had policies that prohibit tobacco use among students on school premises

Figure 4.8 shows that majority 142 (55.9%) out of 254 students who agreed that their campus had a policy clearly prohibiting tobacco use among students on school grounds were from public institutions, and 112 (44.1%) of them were from private universities. These results indicate that both public and private institutions had campus policies that specifically forbid students from using tobacco on school grounds. A smaller proportion of students from private universities acknowledged the presence of a tobacco use policy suggested that private universities also recognized the importance of addressing tobacco use on their premises, although to a relatively lesser extent compared to public institutions.

In conclusion, majority of the students were aware of Kenya's tobacco control policies and supported Kenya's tobacco control legislation. The study findings showed that both public and private universities had policies that specifically prohibit tobacco use among students on school premises. Majority of the students also preferred that tobacco use be banned in university compounds even for the lecturers. Based on these cross-tabulation findings, it is possible to

conclude that improved understanding of tobacco legislation among university students reduces tobacco usage prevalence among university students. The first study hypothesis was accepted, that; increased knowledge of tobacco policies reduces tobacco consumption prevalence amongst the youth in Kenyan universities.

4.4 Attitude towards tobacco policies and use of tobacco amongst youth in universities

The study's second goal was to investigate how youth tobacco usage at Kenyan colleges has been impacted by attitudes toward tobacco policies. The study's hypothesis was that students in Kenyan universities' attitudes regarding tobacco policies would have an impact on their consumption of tobacco products. This subsection provides descriptive and cross tabulation results.

4.4.1 Descriptive Results

The second study research objective examined how attitude towards the tobacco policies has affected the use of tobacco products amongst youth in Kenyan universities. The respondents were asked to indicate how likely they wear a product (t-shirt, hats, glasses) that is branded with tobacco products. Table 4.14 presents the study results.

Table 4.14 Wear t-shirt, hats, glasses branded with tobacco products

	Frequency	Percent
Very likely	74	22.3
Somewhat likely	51	15.4
Somewhat unlikely	48	14.5
Very unlikely	159	47.9
Total	332	100

Results show that majority 47.9% respondents indicated that very unlikely do they wear a product (t-shirt, hats, glasses) that is branded with tobacco products within the university, 22.3% indicated very likely, while 15.4% and 14.5% respondents indicated somewhat likely and somewhat unlikely. These results imply that it is rare for university students to wear clothing such as t-shirts, hats, or spectacles with tobacco product branding.

Secondly, the study respondents were asked for their opinion on whether tobacco use is addictive. The results are as shown in 4.15

Table 4.15 Tobacco use is addictive

	Frequency	Percent
Not at all	18	5.4
Very addictive	197	59.3
Moderately	68	20.5
Don't know	49	14.8
Total	332	100

Results in table 4.15 show that 59.3% agreed that tobacco use is very addictive, 20.5% indicated that tobacco use is moderately addictive, 14.8% were not sure whether tobacco use is addictive and only 5.4% respondents indicated that tobacco use was not addictive at all. These findings implies that tobacco use is very addictive as agreed by majority respondents. Majority of respondents who participated in the interview also agreed that tobacco use is addictive among youths. A student interviewed stated:

“Yes. The majority of smokers smoke frequently because they are nicotine addicts. Despite the presence of harmful health effects, obsessive drug seeking and usage characterizes addiction. Before being able to stop smoking permanently, the majority of smoker are going to have to make several tries.”

These sentiments were supported by a student interviewed who added that:

“Yes, smoking is addicting. For instance, nicotine is a key ingredient in chemicals found in tobacco. Since it activates the reward center in the brain by allowing dopamine release, it is to blame for cigarette habit. Dopamine elevates mood and produces pleasurable experiences, which encourage cigarette usage.”

The use of tobacco over a period of time can, like the use of other drugs, lead to a psychological as well as physical addiction, according to NACADA (2012b). Snuff and chewing tobacco are examples of smokeless tobacco-based goods to which this additionally applies.

The study also sought the respondents to indicate whether they have you tried to quit taking tobacco products, and table 4.16 provides the results.

Table 4.16 Quit taking tobacco products

	Frequency	Percent
Yes	156	46.9
No	176	53.0
Total	332	100

Table 4.16 results show that 46.9% university students agreed that they tried to quit taking tobacco products, and 53.0% disagreed with statement. These results imply that a significant number of tried to stop using tobacco products. According to Jessor and Jessor (1977), the majority of smokers want to quit after learning about the dangers of tobacco usage. Only 4% of those who desire to cease using tobacco will succeed without aid since the nicotine in cigarettes and cigars is very addictive. With expert assistance and efficient cessation medications, a smoker's chances of successfully quitting can more than double.

The participants of the study were also asked whether they would stop the consumption of tobacco products if they had initiated it themselves.. Data results of the questionnaire are as shown in table 4.17.

Table 4.17 Stop taking tobacco products if initiated by user

	Frequency	Percent
Yes	282	84.9
No	50	15.1
Total	332	100

Table 4.17 results show that majority 84.9% of university students participated in the study agreed that they would stop taking tobacco products if initiated it while 15.1% were of contrary opinion. These findings are consistent with research by WHO (2021a) and KNBS (2018), which found that when smokers learn about the hazards connected with tobacco use, the majority of them want to quit. However, because of how addictive the chemical nicotine in cigarettes and cigars is, only 4% of users who attempt to stop smoking tobacco will be succeeded.

Further, the study sought respondents to indicate whether they had ever received help or advice to stop using tobacco. The results are as in table 4.18

Table 4.18 Help/advice to stop using tobacco

	Frequency	Percent
Yes	174	52.4
No	158	47.6
Total	332	100

Findings of the study in table 4.19 show that 52.4% university students agreed that ever received help or advice to stop using tobacco and those that indicated that they had never received help or advice to stop using tobacco were 47.6%. These results imply that the majority of students who smoke received advice to stop smoking tobacco at some time. The findings of the interview indicated that with qualified assistance and reliable cessation medications, a tobacco user's chances of quitting effectively can more than double. One of the respondents interviewed stated.

“However, there remains the possibility that motivating interviews may actually lower an individual's likelihood of quitting compared to other stop smoking treatments. People were marginally more inclined to stop cigarette smoking if they received motivational interviewing than if they received a different kind of treatment.”

Moreover, study sought university students to indicate amount of money spend on last purchase of a tobacco product. Results are as presented in table 4.19

Table 4.19 Amount of money spent on last purchase of a tobacco product

	Frequency	Percent
0-50 Kshs	211	63.6
51-100 Kshs	50	15.1
101-500 Kshs	31	9.3
500 Kshs and more	40	12.0
Total	332	100

Results in the table 4,19 show that majority 63.6% respondents indicated that the amount of money spend on last purchase of a tobacco product was 63.6%, 15.1% indicated Kshs 51 to 100, 12.0% indicated they had spent more than Kshs.500 and those that indicated they had spent Kshs 101 to 500 were only 9.3%. These imply that while certain tobacco items are pricey, most tobacco products are still within the price range of university students.

The study also sought respondents to indicate whether the used a coupon or discount to buy a tobacco product in last purchase. Table 4.20 presents the study results.

Table 4.20 Coupon or discount is used to purchase tobacco product

	Frequency	Percent
Yes	84	25.3
No	248	74.7
Total	332	100

The results in table 4.20 show that majority (74.7%) respondents to the questionnaire disagreed that they used a coupon or discount to buy a tobacco product in last purchase whereas of 25.5% agreed. These findings imply that university students do not frequently use coupons or discounts to purchase tobacco products.

Lastly on attitude towards tobacco policies and use of tobacco products amongst youth in universities, if the money were to be utilized for improving public health, the question of whether the respondents would be in favor of higher taxes on cigarettes and other tobacco goods was posed. The outcomes are displayed in table 4.21.

Table 4.21 Favor an increase in taxes on tobacco products

	Frequency	Percent
Yes	258	77.7
No	74	22.3
Total	332	100

Observation of Table 4.21 indicates that a significant proportion at 77.7% of the study participants agreed they would favor an increase in taxes on tobacco products if the money was to be used for public health benefit. Those that disagree with the statement were 22.3%. These findings suggest that most university students support raising the tax on tobacco products, but only if the additional revenue is used for improving public health. Hefler and Chapman (2015) contend that imposing tobacco taxes, which also increase revenue in many countries, is the most cost-effective way to reduce health care costs and cigarette consumption, particularly among young people and those with low incomes. The tax increases must be substantial enough to drive up prices faster than income growth.

4.4.2 Cross Tabulation on attitude towards tobacco policies

The second study hypothesis of the study was; “attitude towards tobacco policies affects the consumption of tobacco products among the youth in Kenyan universities.” Study results on cross tabulation between questions on attitude towards policies and consumption of tobacco products among the youth in Kenyan universities are as presented.

Figure 4.9 provide cross tabulation results on university category and students amount on last purchase of a tobacco product.

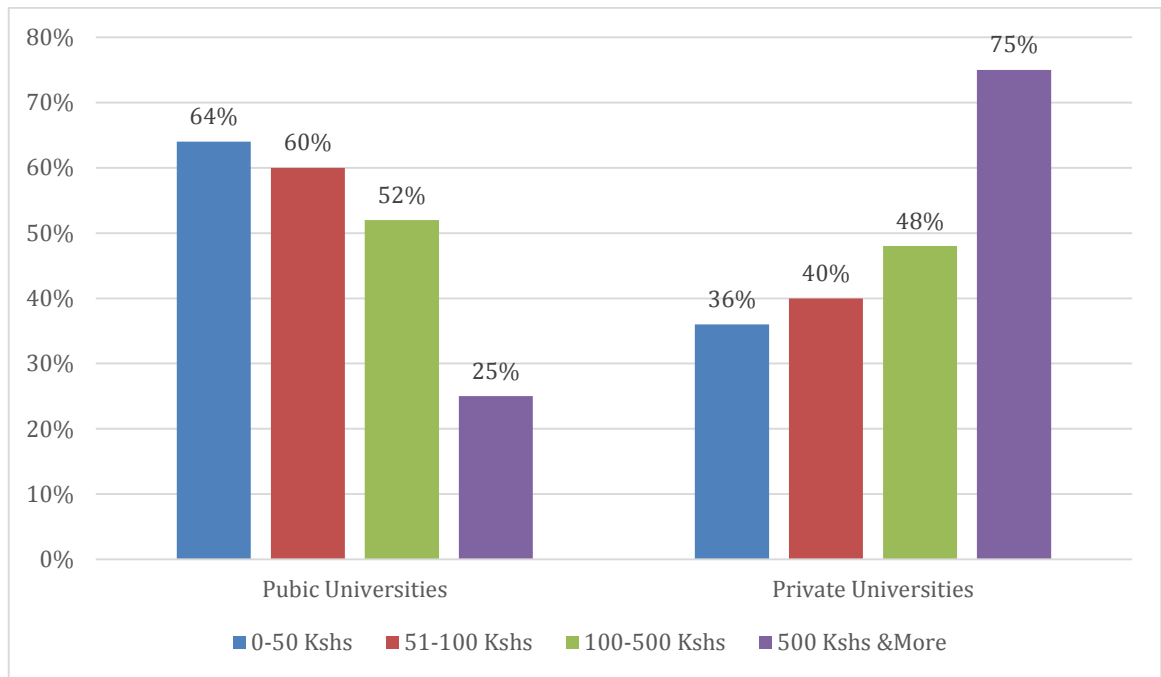


Figure 4.9 Cross tabulation results on university category and students amount on last purchase of a tobacco product

Figure 4.9 results show that (64%) respondents from public universities agreed that they had spent between Kshs 0 and 50 on their most recent tobacco purchase, 60% of the respondents said they had spent between Kshs 51 and 100, and only 25% of the respondents said they had spent more than Kshs 500. 48% of respondents from private universities reported that their most recent tobacco product spending was between Kshs (100 to 500), and 75% of the respondents from private universities who participated in the study indicated that they had spent more than Kshs 500 on tobacco products compared to their counterparts in Public Universities at 25%. These findings imply that student spending on tobacco products varies by university; the majority of students at private universities prefer expensive tobacco products, whilst their peers at public universities prefer less expensive tobacco products.

The study included a cross-tabulation to determine the association between university type and the roughly available financial resources for students. The study results are as shown in figure 4.10.

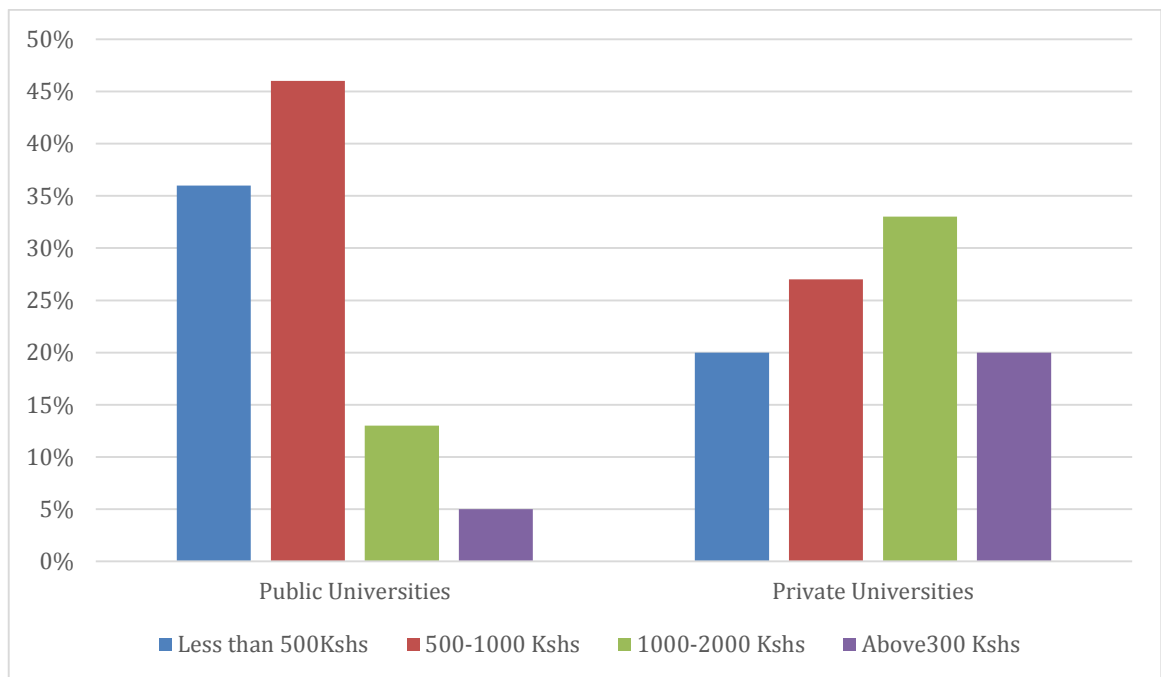


Figure 4.10 Cross tabulation between university category and roughly available financial resources for students

Results from Figure 4.10 show that roughly available financial resources for students for majority students in public universities was Ksh (500 to 1000), this is as indicated by majority (129) students from public university. For private universities, the roughly available financial resources for students was more than Ksh 1000 as indicated by majority students from private university. According to the findings of this survey, students at private universities have more financial resources at their disposal than students at public universities.

Study results on cross tabulation between whether respondents favor increase in taxes on tobacco products if the money was to be used for public health benefit and university category are provided in Figure 4.11.

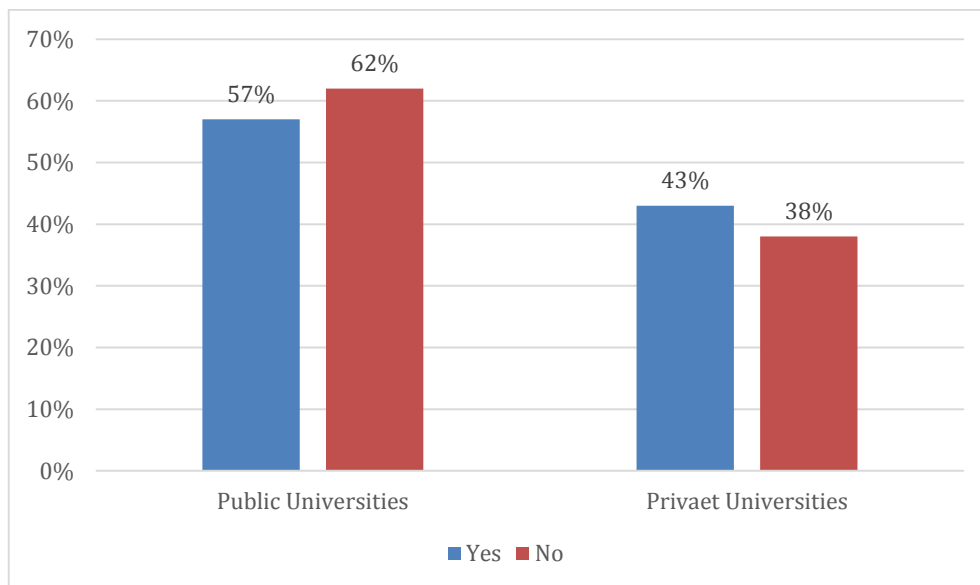


Figure 4.11 Cross tabulation between favoring an increase in taxes on tobacco products if the money was to be used for public health benefit and university category

Figure 4.11 depicts that a substantial portion of the respondents from both universities private 57% and public 43% would be in favor of higher cigarette taxes if the extra revenue went toward improving public health. A significant number of the respondents had a contrary opinion on whether they preferred increase in taxes on tobacco products if the money was to be used for public health benefit. The findings imply that attitudes toward tobacco legislation have an impact on youth tobacco use in Kenyan universities.

The study results on cross tabulation between whether the respondents had received help or advice to stop using tobacco and university category is as shown in table 4.22.

Table 4.22 Cross tabulation between whether the respondents had received help or advice to stop using tobacco and university category

		Ever received help or advice not to use tobacco?		Total
		Yes	No	
Which category does your university belong to?	Public	169 (61%)	23(40%)	192
	Private	106 (39%)	34(60%)	140
Total		275	57	332

Study results in table 4.22 show that majority of the respondents from both private 39% and 61% public universities had received help or advice not to use tobacco. Few respondents

across all university classifications said they had never had support or advice to quit smoking. This result suggests that majority of university students in Kenya have gotten support or guidance not to use tobacco products.

The study found that most participants said they would support higher tobacco product taxes if the proceeds were put toward improving public health. Hefler and Chapman (2015) contend that imposing tobacco taxes, which also increase revenue in many countries, is the most cost-effective way to reduce health care costs and cigarette consumption, especially among young people and those with low incomes. The tax increases must be substantial enough to drive up prices faster than income growth.

These findings imply that attitudes toward tobacco legislation have an impact on tobacco use in Kenyan universities. Therefore, the second hypothesis was accepted: that the attitude towards tobacco policies affects the consumption of tobacco products among the youth in Kenyan universities.

4.5 Communication strategies of tobacco policies and consumption of tobacco products amongst youth in universities

The third objective of this study was to determine how the communication strategies of the tobacco policies have affected the consumption of tobacco products amongst the youth in Kenyan universities. In order to address this objective the study hypothesized that increased targeted communication policies are likely to result in reduced tobacco use among the youth in Kenyan universities.

This subsection provides descriptive and cross tabulation results.

4.5.1 Descriptive Results

The first question inquired respondents on whether they had seen warnings on tobacco products. The results of the study are presented in Table 4.23.

Table 4.23 Warnings on tobacco products

	Frequency	Percent
Yes	311	93.7
No	21	6.3
Total	332	100

The findings of the study outlined in Table 4.23 demonstrate that, majority 93.7% respondents had seen warnings on tobacco products. About 6.3% respondents were of the opinion that they had never seen warnings on tobacco products. These findings imply that

tobacco products have warning on their packets. Hammond (2011) suggested that these cautionary messages, which are frequently seen on the packaging of cigarettes and other tobacco products, alert consumers about the dangers of tobacco use to their health. Tobacco box warnings are being implemented in an effort to raise public and student understanding of the negative effects of smoking.

Secondly, participants were prompted to provide their viewpoints regarding whether in the preceding two months if at all, they had noticed health warning labels on tobacco packages. The outcomes of the analysis of questionnaire data are depicted in Figure 4.13.

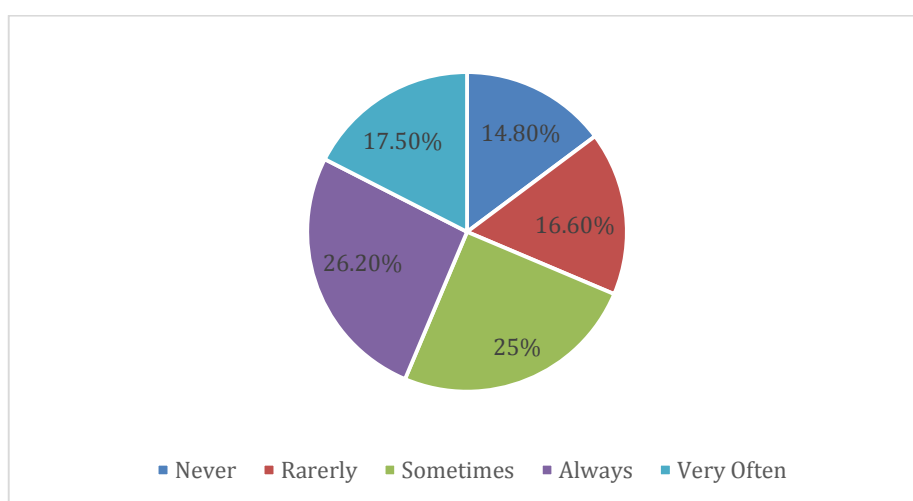


Figure 4.12 Noticed health warning signs in the last two months

The results in figure 4.12 show that only 26.2% of the respondents indicated that they have always noticed health warning labels on tobacco packages in the last two months, 25.0% indicated sometimes, 17.5% of respondents indicated very often and 16.6% indicated that they rarely see health warning labels on tobacco packages. About 14.8% of the university students responded to the questionnaire indicated that they have never seen health warning labels on tobacco packages. According to Hammond (2011), cautionary messages, which are frequently seen on the packaging of cigarettes and other tobacco products, alert consumers about the dangers of tobacco use to their health. Warning messages can assist in educating children and lowering tobacco use among this population by giving clear and simple information about the harms connected with tobacco use.

Thirdly, the study sought to determine whether the respondents read the warning labels on tobacco packages. The study results are as presented in table 4.24.

Table 4.24 Read warning labels on tobacco packages

	Frequency	Percent
Never	74	22.3
Rarely	73	22
Sometimes	82	24.7
Always	53	16
Very often	50	15.1
Total	332	100

The results in table 4.24 show that majority 24.7% of the respondents agreed that they sometimes read health warning labels on tobacco packages, 22.3% indicated they never read warning labels, 22.0% respondents indicated they rarely read and only 15.1% indicated that they very often read the health warning labels on tobacco packages. Of the respondents, only 16.0% indicated that they always read health warning labels on tobacco packages. According to Hammond (2011), the warnings that are typically included on the packaging of tobacco products inform customers about the risks that tobacco use poses to their health. By providing straightforward and clear information about the risks associated with tobacco use, warning messages can help educate youngsters and reduce tobacco use among this population.

Fourthly, the study further sought respondents to indicate whether they had seen any signs that under age are not supposed to buy or use tobacco. The results from the analysis are as shown in the table 4.25.

Table 4.25 Signs that under age are not supposed to buy or use tobacco

	Frequency	Percent
Yes	246	74.1
No	86	25.9
Total	332	100

The outcomes presented in Table 4.25 reveal that a significant majority of 74.1% of the participants concurred that they have observed indications indicating that individuals under a certain age should not purchase or use tobacco. Only 25.9% of the university students participated in the study disagreed that they with the statement to have seen any signs that under age are not supposed to buy or use tobacco. Providing straightforward and clear information

about the risks associated with tobacco use can help educate youngsters and reduce tobacco use among this population.

The study respondents were further asked to rate how important is it to make sure there is no sale of tobacco to an underage. Table 4.26 presents data results.

Table 4.26 Importance of making sure there is no sale of tobacco to an underage

	Frequency	Percent
Not important	19	5.7
Very important	279	84.0
Somehow important	17	5.1
Not sure	17	5.1
Total	332	100

The results in table 4.26 show that the majority 84.0% of the respondents believed that it is very important to make sure there is no sale of tobacco to an underage, and 5.1% indicated that it is somehow important. Only 5.1% of respondents were unsure if it was important to ensure that no tobacco was sold to an underage person; however, 5.7% of respondents answered that ensuring that no tobacco was sold to an underage person was not important. To effectively implement tobacco legislation, public awareness of the intricacies of the rules is required, which also generates support among them. This entails a well-targeted communication plan on the legislation, methods of implementation, and enforcement actions, as well as the health benefits that come with the law.

Finally, regarding tobacco policy communication techniques and tobacco product consumption among youth in Kenyan universities, respondents were asked to determine whether there was any anti-tobacco campaign event at school during the previous Academic Semester. The results of the data analysis as are indicated in table 4.27.

Table 4.27 Anti-tobacco campaign event at school

	Frequency	Percent
Yes	90	27.1
No	242	72.9
Total	332	100

The findings presented in Table 4.27 indicate that only 27.1% agreed that there was anti-tobacco campaign event at school during the previous semester while a good number 72.9% of respondents had contrary view concerning the statement. The findings of this survey reveal that the majority of Kenyan universities do not hold anti-tobacco campaigns. According to Duncan, Pearson, and Maddison (2018), anti-tobacco campaigns can spark interpersonal conversations, alter societal norms, and support implementation of tobacco control measures that can alter the environment, increasing opportunities to quit and lowering barriers to change.

The survey also asked respondents who agreed that the institution had held an anti-tobacco campaign the previous semester whether they participated or not, the outcomes are presented in Table 4.28.

Table 4.28 Attended anti-tobacco campaign

	Frequency	Percent
Yes	57	63.3%
No	33	36.7%
Total	90	100.0%

The findings reveal that the majority, adding up to 63.3%, of the study respondents agreed that they attended anti-tobacco campaigns held at institutions, 36.7% indicated that they were unable to attend anti-tobacco campaigns held at institutions. Subsequently, it implies that a majority of university students attend anti-tobacco campaigns held at institutions. Anti-tobacco campaigns, as mentioned by Duncan et al. (2018), can generate interpersonal interactions, shift societal norms, and encourage the adoption of tobacco control policies that can change the environment, increasing opportunities to stop and lowering barriers to change.

The study respondents were asked to make suggestions for improving tobacco control policies in universities. Some of proposals made by the majority of university students included the need to raise policy awareness, push for clear sanctions for violators, and provide smoking cessation programs at institutions. Furthermore, more respondents stated that more research is needed on strategies to motivate people who do not want to stop, and direct marketing of books appears to be the best approach to reach those who want to stop.

The interviewees claimed that smoking was acceptable outside, especially on campuses, since "the great surroundings belong to everyone" and onlookers might choose to "move away." Additionally, smoking was permitted in some public interior settings, such as bars, as well as private indoor locations with the host's permission. In academic buildings like the library and

hostels, vaping was seen to be more popular than indoor smoking. Because it didn't have "an offensive smell" and was deemed to be less harmful than cigarette smoke, vapor from e-cigarettes was more acceptable indoors.

The majority of students believed that stress, having friends or family members who smoke, having a roommate, a lack of rules or signage prohibiting smoking on campus, the ease with which cigarettes are available there, the absence of parental influence, and frequent tobacco advertisements are the main factors that influence students to use tobacco products, mostly cigarettes. Students were informed that smoking causes lung conditions, lung cancer, heart conditions, hypertension, effects on pregnant children, delays in wound healing, and increases the likelihood that asthma would develop. These results agreed with Chirtkiatsakul, Jani, Hairi, and Talib (2022) that revealed that tobacco use among university students was influenced by perceived environmental, social-cultural, and personal variables.

4.5.2 Cross Tabulation on Communication strategies of tobacco policies

The study results on cross tabulation between questions on communication strategies of tobacco policies and consumption of tobacco products among the youth in Kenyan universities are as presented.

The study hypothesized that; increased targeted communication policies are likely to result in reduced tobacco use among the youth in Kenyan universities. The study results on cross tabulation between questions on communication strategies of tobacco policies and consumption of tobacco products among the youth in Kenyan universities are as presented.

Figure 4.13 displays findings of a cross-tabulation between on whether respondents have ever seen warnings on tobacco policy and their usage of any tobacco product.

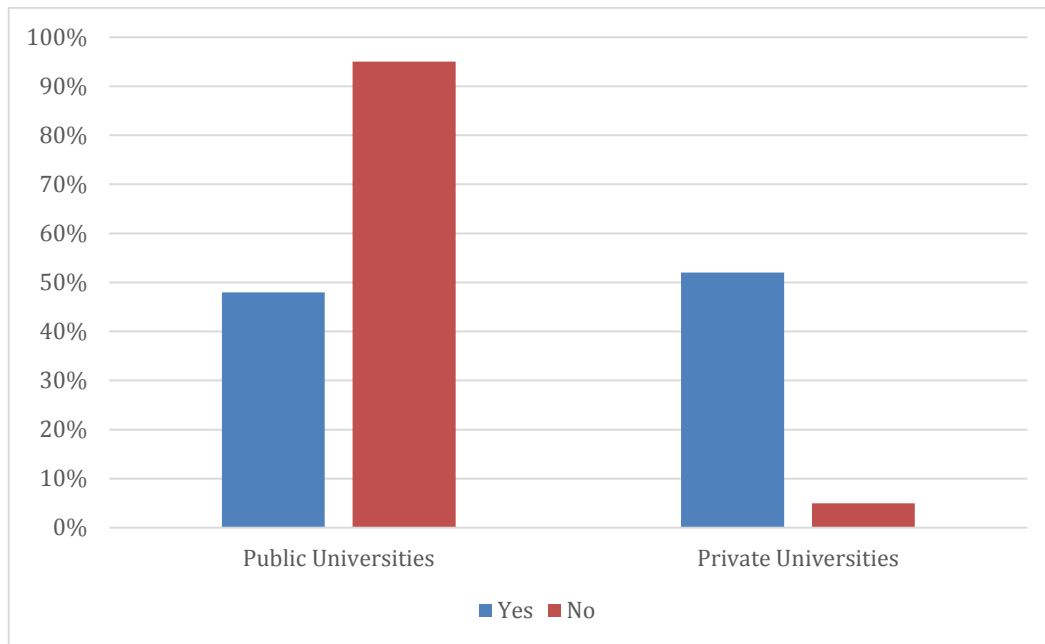


Figure 4.13 Cross tabulation between anti-smoking messages on television or in newspapers and university category

The findings show that majority 52% respondents who indicated that they had seen any anti-smoking messages on television or in newspapers for the past months were from private universities while 48% respondents were from public universities. Additionally, for respondents who indicated that they had never seen any anti-smoking messages on television or in newspapers for the past month's majority were from public universities 95% compared to only 5% of the respondents who were from private universities who had similar views. These findings imply that students at private institutions saw more anti-smoking commercials on television or in newspapers than students at public colleges. Anti-smoking commercials on television or in newspapers may influence tobacco use among university students.

Figure 4.14 provides results on cross-tabulation between on whether it is important to make sure there is no sale of tobacco to an underage and university category.

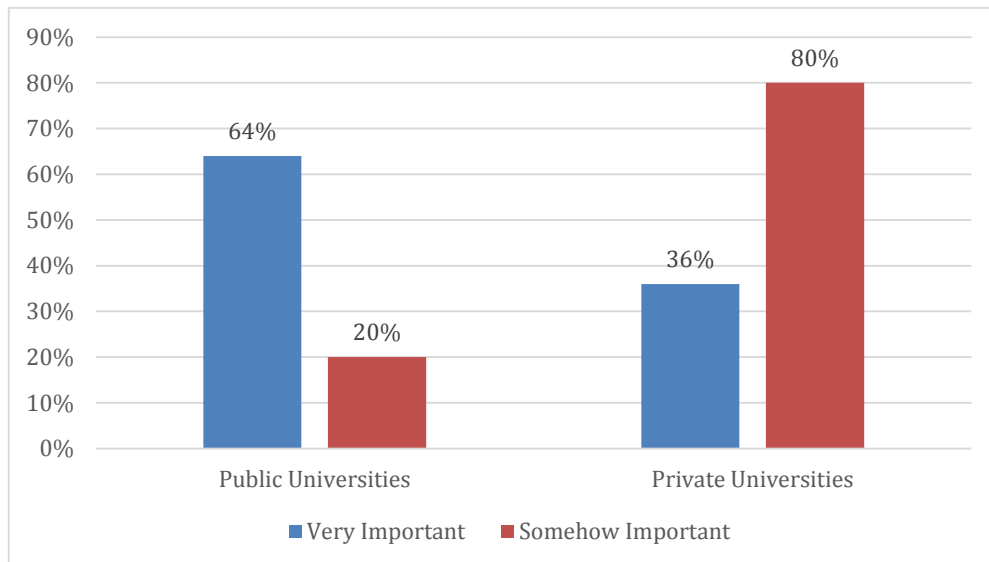


Figure 4.14 Cross tabulation between university category and whether it is important to make sure there is no sale of tobacco to an underage

According to study results, majority 64% of the respondents agreed that it was very important to make sure there is no sale of tobacco to an underage, were from public universities and respondents from private universities were 36%. While 80% of the respondents from private universities were of opinion that it was somehow important to make sure there is no sale of tobacco to an underage and only 20% of the respondents were from public universities. The implication of these results is that making sure there is no sale of tobacco to an underage is very important, this is as this is evident from the majority of respondents in both institution categories. Communication strategies of tobacco policies indicating that minors are not permitted to purchase or consume tobacco are often communicated. From the above observation, the study concluded that effective tobacco communication policies can help reduce tobacco use among youth.

The study results on cross tabulation between whether there has been any anti-tobacco campaign event in your school for past academic semester and university category are as shown in figure 4.14 below.

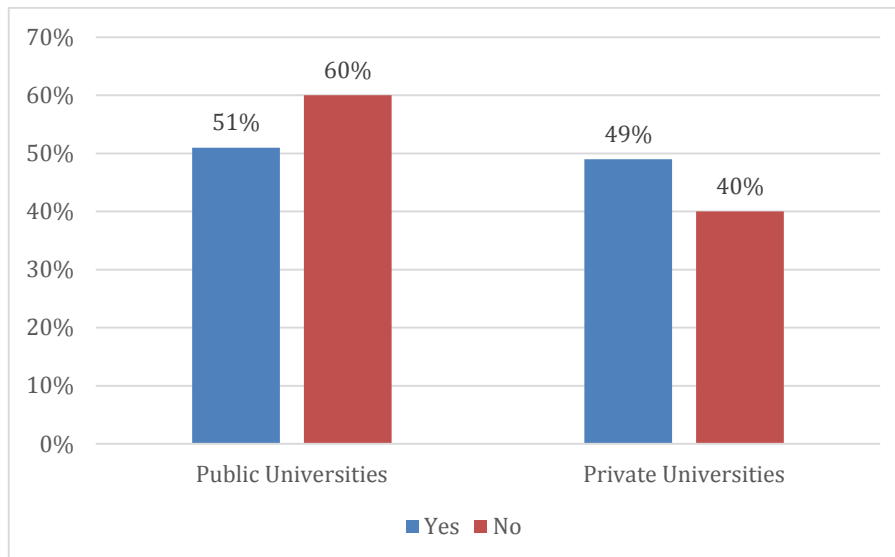


Figure 4.15 Cross tabulation between university categories and whether they there has been any Anti-tobacco campaign event in your school for the past academic semester

The findings indicate that most of respondents (51%), who agreed that there had been an anti-tobacco campaign event in a university over the previous semester, were from public universities. A sizable portion (49%), who were from private universities, had also expressed agreement with this statement. According to the findings, the majority of respondents (60%) who stated that there has never been an anti-tobacco campaign event at their school were from public universities, while at 40% were from private universities. According to the majority of respondents from both campuses, there is little anti-tobacco campaign activity at universities. Anti-tobacco campaigns can incite debates, shape societal norms, and promote the implementation of tobacco control measures that can alter the environment, increasing opportunities to give up and removing obstacles to change. From the above observation, the study concluded that effective tobacco communication policies can help reduce tobacco use among youth, therefore the study hypothesis was accepted, that: Increased targeted communication policies are likely to result in reduced tobacco use among the youth in Kenyan universities.

CHAPTER FIVE: SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

The study's summary is presented in this last chapter. It also examines the most important findings and offers conclusions in light of them. The implications of the findings, suggestions, and suggested future study directions are presented. The conclusions and recommendations presented in this chapter are rooted in the research findings.

5.2 Summary of the Study

The main purpose of the study was to investigate how tobacco policies in Kenya have influenced the consumption of tobacco among the youth in Kenyan Universities. Summary of the study findings are as presented therein as per the specific objectives.

5.2.1 The extent of the effect of knowledge of tobacco policies on consumption of tobacco products among the youth in Kenyan universities.

The first objective of this study was to establish the extent of the effect of knowledge of the tobacco policies on consumption of tobacco products among the youth in Kenyan universities. It was hypothesized that increased knowledge of tobacco policies reduces tobacco consumption prevalence amongst the youth in Kenyan universities.

According to the study findings, most of respondents were knowledgeable with tobacco control laws. The majority of respondents were knowledgeable about tobacco products, according to the results. The majority of respondents, according to the results, said they were aware of Kenya's tobacco control program. The results also indicated that a significant number of university students were in agreement with Kenya's tobacco control policy..

According to the study's findings, most participants were in agreement that campus rules clearly forbade students from smoking on school grounds. The majority of respondents, according to the results, agreed that smoking should be prohibited in university buildings, even for teachers. According to the study's findings, most of respondents said cigarettes and shisha/pipe tobacco were the two most popular types of tobacco. These findings were contrary to those of NACADA that ranked cigarettes as the most preferred drug by students (NACADA, 2012a). Furthermore, the outcomes revealed that a substantial portion of participants concurred that their age at the time they first used any tobacco product was 18 years and above, however, a good number were still underage at the time they first used any tobacco product. These results agree with study results by Jha et al. (2002) that indicated, in the African continent, smokers that are aged 15 years and above are estimated to be 18% with the exception of North Africa.

This finding revealed that the majority of students in the universities at least have a tobacco user in the family. Alexander et al. (2001) revealed that, due to their surroundings, which include family and also their physiological changes as well as social environments, young people might adapt smoking practices as a fun activity but end up being addicts. Overall, the evidence suggests that, while students may understand tobacco policies, there may be variations in their implementation and enforcement. Poulsen et al. (2002) argued that smoking bans in educational environments are widespread over the world, but due to lax implementation, teenagers are routinely exposed to teachers and other students smoking during the school day. Based on these findings, it is possible to conclude that improved understanding of tobacco legislation among university students reduces tobacco usage prevalence among university students. The first study hypothesis was accepted, that is; increased knowledge of tobacco policies reduces tobacco consumption prevalence amongst the youth in Kenyan universities.

5.2.2 To examine how the attitude towards the tobacco policies has affected the use of tobacco products amongst the youth in Kenyan universities.

The second objective of the study was to examine how the attitude towards the tobacco policies has affected the use of tobacco products amongst the youth in Kenyan universities. It was hypothesized that the attitude towards tobacco policies affects the consumption of tobacco products among the youth in Kenyan universities.

The results showed that a significant majority of the survey participants pointed out that it is uncommon for university students to wear clothing such as t-shirts, hats, or spectacles with tobacco product branding. Results also revealed that majority respondents agreed that tobacco use among students is very addictive. The use of tobacco over time can, like the use of other drugs, lead to a physical as well as psychological addiction (NACADA, 2012b). The snuff and tobacco used for chewing are examples of smokeless tobacco-based goods to which the aforementioned applies.

The majority of university students who participated in the study agreed that they would stop taking tobacco products if they initiated it. These findings are consistent with research by Jessor and Jessor (1977), which found that when people who smoke learn about the hazards connected with tobacco use, the majority of them want to quit. However, because of how addictive the nicotine in tobacco goods is, only 4% of users who make an effort to give up tobacco consumption will be successfully.

These findings are consistent with research by Jessor and Jessor (1977), which found that when people who smoke learn about the hazards connected with tobacco use, the majority

of them want to quit. However, because of how addictive the nicotine in tobacco goods is, only 4% among those who make an effort to give up tobacco consumption will be successfully. According to study findings, the majority of participants would support higher tobacco product taxes if the money were put toward improving the public's health. Hefler and Chapman (2015) stated that imposing taxes on tobacco products, which also increase revenue in many countries, is the most cost-effective way to reduce health care costs and cigarette consumption, especially among teenage people and those with low incomes. The tax increases must be substantial enough to drive up prices faster than income growth. The second hypothesis was accepted: that the attitude towards tobacco policies affects the consumption of tobacco products among the youth in Kenyan universities.

5.2.3 To determine how the communication strategies of the tobacco policies have affected the consumption of tobacco products amongst the youth in Kenyan universities.

The third objective of this study was to determine how the communication strategies of the tobacco policies have affected the consumption of tobacco products amongst the youth in Kenyan universities. It was hypothesized that increased targeted communication policies are likely to result in reduced tobacco use among the youth in Kenyan universities.

According to the study findings, the most respondents acknowledged having seen warnings on cigarette products. The majority of respondents to the study had consistently observed the health cautionary messages on tobacco packets throughout the previous two months, according to study results. The findings revealed that most respondents concur that they occasionally read health warning warnings on tobacco box. According to Hammond (2011), the warnings that are typically included on the packaging of tobacco products inform customers about the risks that tobacco use poses to their health. By providing straightforward and clear information about the risks associated with tobacco use, warning messages can help educate youngsters and reduce tobacco use among this population

The findings also showed that most of respondents agreed they had observed indications that children should not purchase or consume tobacco. The majority of respondents, according to the data, thought it was crucial to prevent the sale of cigarettes to minors. The findings indicated that most universities in Kenya don't run anti-tobacco initiatives. The results show that the majority of respondents concur that they participated the few events held at their colleges that they had observed. According to Duncan et al. (2018), anti-tobacco efforts can lead to interactions in society, modify social expectations, and promote the adoption of tobacco control

policies that can alter the environment, boosting possibilities to stop and lower barriers to change. These findings suggest that anti-smoking advertisements on television or in newspapers may have an impact on tobacco use among university students. Therefore, the third study hypothesis was accepted; that increased targeted communication policies are likely to result in reduced tobacco use among the youth in Kenyan universities.

5.3 Conclusion

The general objective of the study was to investigate how tobacco policies in Kenya have influenced the consumption of tobacco among the youth in Kenyan Universities. The focus on university students in this study was essential because it recognized the heterogeneity within the youth population and sought to understand how tobacco policies specifically impacted this demographic. The study provided evidence that the majority of university students had a fair understanding of tobacco products but a significant number remain consumers even with this knowledge. With products such as shisha gaining more popularity as tobacco companies continue to manufacture different flavors of tobacco making them more popular than the traditional cigarettes which are disliked for their pungent smells. The Study also showed evidence that stress, anxiety, depression, and peer pressure are significant contributors to tobacco use among students, indicating that mental health plays a critical role in fighting against tobacco use. It was evident that comprehensive strategies are needed to combat tobacco use among university students, considering their awareness of tobacco products, support for tobacco control policies, and the significant influence of mental health factors and peer pressure on their tobacco use.

Overall, popularization of national policies on tobacco can influence tobacco use among students in Kenyan Universities.

5.4 Recommendations of the Study

Based on study findings, following recommendations concerning tobacco policies and consumption of tobacco among the youth in Kenyan Universities are proposed to policy makers and university administration.

The study recommends that in order for improved knowledge of the tobacco policies on consumption of tobacco products among youth in Kenyan universities. NACADA and university administrations should strengthen coordination of public awareness and education initiatives against tobacco abuse among young in Kenyan universities and throughout the country. There is a need to develop school-based preventive measures free of tobacco industry influence, such as smoke-free school grounds rules, it have to be put into practice in conjunction with well-established, neighborhood-based youth tobacco prevention programs. NACADA should offer powerful media content to educate young people about the risks associated with tobacco use, and tobacco product prices should be raised to limit young adult initiation and usage. Smoking and e-cigarette usage in public indoor locations should likewise be prohibited under comprehensive smoke-free air rules. NACADA should also encourage the need to establish and consistently reinforce family policies against tobacco use, a set of clear rules that are explicitly against tobacco. The study found a significant number of respondents who agreed that they first used tobacco while below the age of 18 and with a majority also agreeing that they have at least one tobacco user in the family.

Other effective youth prevention measures that ought to be incorporated into a comprehensive plan include come up with a policy to raise smoking age to 21 years old, banning the sale of flavored tobacco products, and all tobacco products, including e-cigarettes should be stored behind the counter or in a locked box. Addressing mental health issues in students can potentially reduce their susceptibility to tobacco use and promote healthier behaviors. This should entail adopting focused prevention programs aimed at lowering peer pressure and harmful social impacts as well as offering support resources and services to assist students in managing stress, anxiety, and depression. There is a need for increased enforcement of tobacco control policies in Kenyan universities to ensure that they are effectively implemented and enforced.

The study suggests that attitude of young people regarding tobacco policies in Kenyan institutions needs to be changed. The negative attitudes towards tobacco use and promotion among students should be further encouraged and promoted through education campaigns and awareness-raising initiatives. During anti-tobacco education campaigns and awareness-raising

initiatives, NACADA should provide and ensure students to wear clothing such as t-shirts, hats, or spectacles with tobacco product branding. University students should have more access to mental health services to help them cope with stress, worry, and sadness, which can also lessen their propensity to smoke. University should reduce peer pressure and harmful social pressures that lead to student tobacco use by implementing targeted preventive initiatives.

The following recommendations are offered about tobacco policy communication strategies and youth tobacco use in universities in light of the study's findings. The policy makers should ensure that all tobacco products include health warning labels. On cigarette packs, the health warning labels should be clearly visible. To further inform students about the negative effects of smoking, warning messages on tobacco products should be developed and improved. NACADA ought to advise smokers to constantly read the health warnings on tobacco packs. NACADA and university administration should provide unambiguous information on the dangers of tobacco use, as well as warnings that can assist educate children and decrease tobacco use among adolescents and students. Moreover, study suggests that tobacco products should have warnings that children under the age of 18 years should not buy or consume tobacco.

5.5 Recommendation for Further Study

This study focused on youth in Kenyan universities. A similar study could be conducted to target students in other learning institutions other than universities. The other research studies will serve as critique to the current study. The studies will also address the research knowledge gaps of the current study.

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APPENDICES

Appendix I: Letter of Informed Consent

Dear Participant,

Hello, my name is Angel Mbuthia, and I am conducting research on national policies related to tobacco use among students in Kenyan universities as part of my studies at the University of Nairobi. The purpose of this study is to investigate students' awareness and understanding of these policies, as well as the communication strategies used to convey them. The research aims to contribute to a better understanding of the knowledge, attitudes and behaviours of university students towards tobacco use.

Participation in this survey is completely voluntary and anonymous. Please do not provide your name or any identifying information on the survey booklet. Your responses will be kept confidential, and the data will be used for research purposes only.

Your participation in this study is highly appreciated, and your honest answers will be crucial to the success of this research. If you have any questions or concerns, please feel free to contact me using the information provided below.

Thank you for your time and willingness to participate in this study.

Sincerely,

Angel Mbuthia,

University of Nairobi.

Email: angelmbuthia@students.uonbi.ac.ke

Appendix II: Questionnaire

TOPIC: National policies related to tobacco use among students in Kenyan universities as part of my studies at the University of Nairobi

Please put a tick (V) in the appropriate space given

Do I have your consent to continue with the survey?

Yes

No

PART 1: Preliminary Data (Tick as Applicable)

1. Gender

Male

Female

2. Which category does your university belong to?

Public

Private

3. Is your university in the county of Nairobi?

Yes

No

4. What is your Level of Study?

First Year

Second Year

Third Year

Fourth Year and Above

5. What is your Age?

Less than 18 years

18-25 years

25 – 35years

Over 35 years

6. In a week, approximately how much money do you have at your disposal?
- Less than 500 Kshs
 - 500-1000 Kshs
 - 1000-2000 Kshs
 - Above 3000 Kshs

PART 2: The extent to which the knowledge of tobacco policies has affected the use of tobacco products among the students.

7. Do you know of tobacco?
- Yes
 - No
8. Are you familiar with any of these forms of tobacco?
- cigarettes cigar shisha/pipe tobacco chewing tobacco
 - electronic cigarettes/vape None of the above
9. Have you ever used any form of tobacco (smoke/none-smoke)?
- Yes
 - No
10. Which is your most preferred form of tobacco among the following options:
- cigarettes cigars Shisha/Pipe tobacco chewing tobacco
 - electronic cigarettes/vape
- If not listed above kindly enter here_____
11. How old were you when you first used any tobacco product?
- Between 0-17years
 - 18 and Above
12. Are there any tobacco users in your family? (smoke/non-smoke tobacco)
- Yes
 - No
13. Do you know about Kenya's tobacco control policy?
-
- Yes No
- If yes, do you agree with it?
- Agree Disagree

Strongly Agree Strongly Disagree

14. Does your campus have any policy that specifically prohibit tobacco use among students on school premises?

Yes

No

I don't know

15. Should tobacco use be banned in university compound even for the lecturers?

Yes

No

Not sure

PART 3: To examine how the attitude towards the tobacco control policy has affected the use of tobacco products among the students.

16. How likely are you to wear a product (t-shirt, hats, glasses) that is branded with tobacco products?

Very likely

Somewhat likely

Somewhat unlikely

Very unlikely

17. Overall, would you say tobacco use is addictive?

Not at all

Very additive

Moderately

Don't know

18. In the past year, have you tried to quit taking tobacco products?

Yes

No

19. Do you think you would stop taking tobacco products if you initiated it?

Yes

No

20. Ever received help or advice to stop using tobacco?

Yes

No

21. How much did you spend on your last purchase of a tobacco product?

0-50 Kshs

51-100 Kshs

100-500 Kshs

500 Kshs and more

22. Did you use a coupon or discount to buy a tobacco product in your last purchase?

Yes

No

23. Would you favor an increase in taxes on tobacco products if the money was to be used for public health benefit?

Yes

No

PART 4: To determine how the communication strategies of the tobacco policy have affected the use of tobacco products among the students.

24. Have you seen warnings on tobacco products?

Yes

No

25. In the last two months how often, if at all, have you noticed health warning labels on tobacco packages?

Never

Always

Rarely

Very often

Sometimes

26. In the last month, how often, if at all, have you read the warning labels on tobacco packages?

Never

Always

Rarely

Very often

Sometimes

27. In the last month, have you seen any signs that under age are not supposed to buy or use tobacco?

Yes

No

Sometimes

28. How important is it to make sure there is no sale of tobacco to an underage?

Not important

Somehow important

Very important

Not sure

29. For the past month. Have you seen any anti-smoking messages on television or in newspapers?

Yes

No

30. In the past Academic Semester, has there been any Anti-tobacco campaign event in your school?

Yes

No

If yes did you attend?

Yes

No

31. What suggestions do you have for improving tobacco control policies in your university?

32. In your opinion, what factors contribute to tobacco use among students in your university?

Appendix III: Key Informant Interview Guide

1. How long have you been in the University? Tell us how your experience has been?
2. Have you ever heard of tobacco control policies?
3. In your own opinion, do you think tobacco control policies are known to students?
4. In your own opinion do you think the University has a role to play in popularizing tobacco control policies?
5. What are some of the concerns you have witnessed concerning students and tobacco use in school or your environment?
6. Does your campus have any policy that specifically prohibit tobacco use among students on school premises?
7. Does your campus have a rule that prohibits university personnel against the use of tobacco inside school building?
8. Does your campus have any policy that prohibits the use to tobacco outside school buildings but inside school property?
9. How well does your school administration enforce rules on tobacco use?
10. How well does your university administration enforce rules on tobacco use among campus students?
11. What do you suggest should be done to ensure that tobacco control policies are fully implemented in Universities in Kenya?