

**FACTORS ASSOCIATED WITH AWARENESS OF
THE LAW BANNING PUBLIC SMOKING AND
REASONS BEHIND SMOKING IN PUBLIC IN
KALINGALINGA TOWNSHIP, LUSAKA**

By

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**A dissertation submitted in partial fulfilment of the
requirements for the Degree of Master of Public Health in
Policy and Management**

The University of Zambia

Lusaka

2019

DECLARATION

I hereby declare that to the best of my knowledge the work presented in this study, for the Master in Public Health has not been presented either wholly or in part for any other Master's in Public Health degree and is not currently submitted for any other degree.

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APPROVAL

This dissertation of Curthbert Chipepo Chilibo is approved in partial fulfilment of the requirement for the award of the degree in Master of Public Health by the University of Zambia

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ABSTRACT

The hazardous effects of tobacco smoking on health have been re-echoed world all over for over half a century now. Nearly, 80 % of the world's tobacco-related deaths occur in low and middle income countries. Zambia, a middle income country and a signed party to the World Health Organization Framework Convention on Tobacco Control (WHO, FCTC) has instituted restrictive policies (laws) to curb cigarette smoking behaviour. The Public Health Act Cap 295 enforced into a punishable offence by the introduction of Statutory Instrument No. 39 of 2008 of the Local Government forbids smoking of cigarettes in public places. However, despite the existence of this law cigarette smoking behaviour, even in public places, estimated at 19% for males above the age of 15 and 2% for women above the age of 15 years is believed to be on an increase in Zambia and the rest of Africa.

The objectives of the study were to assess awareness levels of the law banning public smoking, determine socio-economic predictors of awareness of the same law as well as reasons behind public smoking, using Kalingalinga Township as a study site. The study also aimed to establish efficient and effective forms of media for relegating tobacco legislative information. This was a cross-sectional study of 420 households of Kalingalinga Township in which a structured questionnaire was used to collect information. The 420 households were selected by way of systematic sampling procedure and participants of consenting age were the only ones included in the study. The information collected was entered and analysed using Stata V.12.

The study found 60.71% of the participants were aware of the law banning public smoking. Of the whole respondents 16.8% were totally aware of all aspects of the law; when the law was instituted and how long a person can be jailed for. Those merely aware of when the law was instituted were 31.76 % whilst those aware of how long a person can be jailed for were 35.07 %. The odds of being aware of the law banning public smoking, for those in constant touch with some form of media (Television, Newspaper, Radio) were 1.78 ($p < 0.001$, C.I 1.54 - 2.05) to none. Television was found to be the most effective and efficient form of media accounting for 33% awareness whilst the Radio 16% and News paper 17%. The majority in the smoker group (54 %) as well as the majority in the non-smoker group (34%) were both of the view that public smoking is due to lack of enforcement of the law prohibiting public smoking.

From the findings, it is recommended that policy makers consider using television more than any other form of media when promulgating information of statutory nature on tobacco or any information related to tobacco smoking since it has the greatest coverage and impact. Policy makers should also consider strict enforcement of the law prohibiting public smoking to promote awareness of the same law and to curb tobacco smoking behaviour believed to be on an increase. Lastly, research to assess and determine challenges faced with implementation of the law banning public smoking seems imperative since no such research has been conducted before.

Keywords: Public smoking, Tobacco legislature, Public Health, Tobacco control

DEDICATION

This dissertation is dedicated to the almighty God who saw me through hurdles which were beyond my comprehension during my MPH studies. I also dedicate it to my lovely boy Nobert Chipepo Chilibo, whose face reminds me that all is possible and has given me the impetus to go even further. I also dedicate it to the one who gave me my lovely boy and is constantly looking after him as I attend to school and other necessities; My Wife (Margaret N Simasiku Chilibo). I cannot forget my parents, siblings and friends for all their words of encouragement.

ACKNOWLEDGEMENTS

This dissertation would not have been possible without the concerted effort and support of many people.

I thank my supervisor Dr. Bornwell Sikateyo who is a Lecturer at the University Of Zambia School Of Medicine, for his dedication to see me complete my studies. I also thank Mr. Peter Hangoma the co- supervisor for his inputs.

I thank all the Lecturers from the Public Health Department who were always ready to listen and offer advice. The support staff cannot be left out for making the department conducive for our studies

Special thanks also go to my close companions during the program Mr. Perfect Shankalala, Mr. Chomba Mwangi, Mr. Zakeyo Mvula and Mr. Chomba Mandyata who were always an encouragement.

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ACRONYMS

CSO	Central Statistics Office
ECZ	Environmental Council of Zambia
FCTC	Framework Convention on Tobacco Control
GRZ	Government of the Republic of Zambia
LCC	Lusaka city council
PS	Public smoking
UNICEF	United Nations Children’s Fund
UNZABREC	University of Zambia Biomedical Research Ethics Committee
WHO	World Health Organization
ZDHS	Zambia Demographic and Health Survey

CHAPTER 1: INTRODUCTION

1.1 Background

The hazardous effects of tobacco smoking on health have been re-echoed world all over for over half a century now. The Encyclopaedia Britannica (2009), indicates that the first research associating cigarette smoke to lung cancer was conducted in the 1950s. Thereafter, various research have highlighted the hazards that cigarette smoke poses to health (ibid). Hitchman et al., (2011) report that conclusions in the first US surgeon general's report on health effects of tobacco smoking led to further research on both the consequences of tobacco use and possible interventions to reduce tobacco prevalence and cigarette consumption.

In 2003, the World Health Organisation (WHO) adopted the World Health Organisation Framework Convention on Tobacco Control (WHO, FCTC) and on the 27 February 2005 made into international law. The WHO FCTC an evidence-based treaty was developed in response to the globalization of the tobacco epidemic. The treaty consists of articles aimed at both reducing the supply, demand and use of tobacco (WHO, 2005). The articles contained in the WHO FCTC among other interventions insist on: "National strategies, plans, programs and coordinating mechanisms; price and tax measures to reduce demand for tobacco products; protection from exposure to tobacco smoke; packaging and labelling of tobacco products, tobacco advertising, promotion and sponsorship" (AFRO, 2013). Worldwide there are 179 parties (countries), signed to this treaty, that have and still continue to ratify their tobacco policies. However, despite these and many other concerted global, regional and country level interventions against tobacco use, cigarette smoke still remains one of the leading contributing factors to the global burden of many non-communicable diseases not only for smokers alone but for non-smokers as well.

Information available indicates tobacco smoke has no safe level of exposure and is therefore a serious hazard to health requiring control. In adults, second-hand tobacco smoke causes serious cardiovascular diseases including coronary heart disease, respiratory disease and lung cancer whilst in infants it causes sudden death (WHO, 2013). Second-hand tobacco smoke contains over 4,000 chemicals of which 250 are known to be harmful and more than 50 are said to be cancer-causing (carcinogenic) substances (WHO, 2013). Among other compounds found in the cigarette smoke, as listed by the American Cancer Society web-site, include tar, formaldehyde,

ammonia, carbon monoxide, hydrogen cyanide and nicotine. Their caustic effects on health differ.

Tar is said to consist of several cancer causing chemicals and 70% of the tar remains in the lungs. The formaldehyde is associated with nasal cancer as well as damaging the digestive system, skin and lungs. Ammonia is associated with asthma and raises blood pressure whilst carbon monoxide decreases muscle and heart function leading to fatigue, weakness and dizziness. Nicotine is responsible for addiction to smoking cigarette whilst Hydrogen cyanide weakens the lungs bringing about fatigue, headaches and nausea (American Cancer society web).

The World Health Organization (WHO) estimates that tobacco kills up to one half of all its users worldwide. It is estimated that each year, nearly 6 million people die of tobacco related-diseases and of these, more than 600,000 die merely because of exposure to second-hand smoke (AFRO, 2013). Oberg et al.,(2011) estimate that those exposed to second-hand smoke in 2004, 379,000 died from ischaemic heart disease, 165,000 from lower respiratory infections, 36,900 from asthma and 21,400 from lung cancer bringing the total to 60,3000 deaths. It is projected that going by the current trends of tobacco consumption and exposure if there are no effective public health interventions to reduce smoking and exposure to second hand smoke by 2030 the number of people dying from tobacco related-diseases is likely to rise to more than eight million (Jha et al., 2006).

Nearly 80% of the world's one billion smokers are reported to live in low and middle income countries which seem to be offsetting the effects of antismoking sentiments (WHO, 2013). This implies that 80% of the tobacco-related deaths are in low and middle income countries (WHO, 2013). Developed nations, notably the United Kingdom, the United States and China have taken a wide range of measures to discourage and control the smoking of cigarettes in public. Smoking of cigarettes usually takes place in designated places because members of the public are aware of the legislative restrictions on smoking and the consequences of smoking in public. Recently, the Chinese government took a step further by announcing and enforcing a country-wide ban on smoking of cigarettes in public (Patience, 2015). The announcement was highly publicised that it was resounded world-wide on international news media such as Cable Network News (CNN) and British Broadcasting Corporation (BBC).

In Africa, the WHO estimates tobacco use to be about 11.5% for both sexes and at 18% among the youth. About half of the youths (48%) are believed to be exposed to second-hand tobacco smoke in public places (WHO, 2013). This could possibly be because of the lack of awareness by the general public of the legislative ban on public smoking in their countries or perhaps the non-existence and enforcement of the legislative ban on public smoking. A report on the prevalence of smoking in Africa released by the American Cancer Society warns that Africa is likely to face a severe health threat because of the fast growing tobacco use. Following through with the same report, “Tobacco use in Africa: Tobacco control through prevention,” Lewis (2013), of the American Cancer Society, advises that without “aggressive interventions the continent will experience a significant increase in smoking.” This means that along with the increase will be an increase in tobacco smoking related diseases and this could spell doom for African countries where health systems are already significantly over-stretched because of the burden of infectious diseases (ibid).

In Zambia, tobacco smoking behaviour was estimated at 3.8 % for women of age 15 and above; and 24.3% of men aged 15 and above (GRZ, 2008). Recent information from the Zambia Demographic and Health Survey 2013-14, shows a reduction in the tobacco smoking behaviour. It is now estimated that 2% of the women aged between 15 and 45 smoke and 19% of the men in the age range 15 to 45 smoke (CSO, 2015). The Tobacco World Atlas estimates that every year in Zambia more than 3300 die because of tobacco related diseases. Despite the number of deaths attributed to tobacco more than 56,000 children and 1,052,000 adults still continue to use tobacco each day in Zambia.

1.2 Statement of the problem

In Zambia, a law exists banning public smoking. Zambia like many other countries is a signed member of the World Health Organisation Framework Convention on Tobacco Control (WHO, FCTC). In relation to Article 8 of WHO FCTC, on protection of persons from exposure to tobacco smoke, the Zambian government has a number of laws. The Public Health Act Cap 295 and the Public Health Regulations 1992 issued under Statutory Instrument No. 163 ; which was enforced into a punishable offence by the introduction of Statutory Instrument No. 39 of 2008.

The Statutory Instrument was instituted on the 9th of April 2008, by the then Minister of Local Government and Housing, Ms. Silvy Masebo. The Act defines public smoking as “smoking indoors in Educational and Governmental facilities, Health-Care facilities, Universities, in-door offices, other In-door workplaces, Public Transport, Restaurants, and Pubs and Bars” (GRZ, 2008). The Statutory Instrument No. 39 of 2008 of the Local Government reads as follows;

Prohibition of smoking in public places defines and states:

“Public place” means any building, premises, conveyance or other place to which the public has access.

(1). A person shall not smoke in a Public Place within the area

(2). A person who contravenes sub-regulation (1) commits an offence and is liable, upon conviction to a fine not exceeding two thousand five hundred penalty units or to imprisonment for a term not exceeding two years or to both.

The above Statutory Instrument on public smoking was announced by the same Minister of Local Government and Housing, Ms. Silvia Masebo through various forms of media. The Lusaka City Council printed some notices that were pasted in some public places such as markets, local bars and pubs. To also help sensitize the public and ensure its enforcement, the Ministry of Health also published a manual on the enforcement of smoke-free laws as well as trained health inspectors both in public and private institutions (AFRO, 2013).

The ban on public smoking was welcomed and appreciated especially by members of the public who do not smoke. It ensured and secured tobacco smoke-free environments public places, and as such, addressed the injustice of exposure to cigarette smoke, whose hazardous effects are said to be more for non-smokers compared to the one smoking the cigarette.

Since the time the pronouncement was made there has been a notable reduction in smoking behaviour, especially in public smoking behaviour, from 24.3% (GRZ, 2008) to 19 % (CSO,

2013/14). However, there are still a number of people who smoke freely in public places whilst a few excuse themselves from the public to smoke privately. This situation signifies that a certain number of people may be aware of the law banning public smoking whilst another may not be aware. As such there was need to investigate the prevalence of awareness of the law banning public smoking, awareness levels and the determinants of awareness of the same law using Kalingalinga Township as a study site.

1.3 Research questions

- What factors determine awareness of the law banning smoking in public in Kalingalinga Township?
- What are the reasons behind smoking in public in Kalingalinga Township?

1.4 General objective

The overall objective of this study was to investigate predictors of awareness of the law banning public smoking and reasons behind public smoking in Kalingalinga Township.

1.5 Specific objectives

1. To determine levels of awareness of the law banning smoking in public.
2. To determine socio-economic determinants of awareness of the law banning smoking in public.
3. To determine forms of media effective and efficient in bringing about awareness of the law banning smoking in public.

1.6 Justification

The study aimed at assessing socio-economic determinants of awareness of the law banning public smoking and reasons behind public smoking in Kalingalinga Township for a number of reasons. Knowing and understanding the factors determining awareness was important as these could be used to promote and improve awareness of the law. Awareness of the law by the public is important as this will help ensure tobacco smoke free public places. Awareness of the law is also important for the members of the public who smoke as this will help them avoid being arrested by not smoking in public places. The other objective of the study was to assess levels of awareness among those that are aware such as how long a person can be jailed for or when the law was instituted. Knowing the knowledge levels of the people in Kalingalinga was important as this would help understand what people know about the law and what is needed to be done to help people know and understand the law banning public smoking. The study also intended to

bring out the reasons why people smoke in public. This was important because knowing why people smoke in public would help in addressing the problem of public smoking in a way that would not have been imagined.

The study was conducted with the view of identifying efficient and effective forms of media for relegating information of statutory nature to people of various social strata in Lusaka. Knowing the most effective and efficient form of media for relegating tobacco related information or policies is important for purposes of planning and strategizing the ever limited resources. The study was also conducted as a way of informing patrons of Kalingalinga who may not be aware, about the existence of the law banning public smoking. Lastly, the study also intended to inform authorities on whether much remained to be done as regards informing the public about the existence of the law banning public smoking.

1.6.1 Strengths

Strengths of this study lie in the manner interviews were conducted and data collected. To win confidence and trust of the interviewee the researcher always introduced himself with the aid of the school ID. The school ID was a useful tool in securing the participants' trust and confidence. Once the participant's trust was won, interviews flowed in an amicable fashion leading to sharing of more information by the participants on the topic and their personal experience. Nearly all participants felt that their time was not wasted and were glad to have participated because the interview helped them learn one or two new things. These remarks were especially common for those not aware about the law prohibiting smoking of cigarettes in public. It can be said with confidence that the information collected is a true reflection of the participant's knowledge and awareness because respondents not very conversant with the English language were free enough to ask for clarification either in Nyanja or Bemba on questions they did not understand.

The data collected was always entered the same day in Stata after the interviews. This was very important as it helped the interviewer to have a good idea of the characteristics of the participants and what their summed responses would imply as regards awareness of law banning public smoking.

1.7 Organisation of the Dissertation

The study is organized as follows: Chapter One (1) presents the background information to the study and is followed by Chapter Two (2) where literature related to the study is reviewed and the conceptual framework presented. Chapter Three (3) presents the methodology of the study. The results for the statistical analysis conducted (descriptive and logistic analysis) are presented in Chapter Four (4) and discussed in Chapter Five (5). The conclusion and policy recommendations follow in chapter Six (6).

CHAPTER 2: LITERATURE REVIEW

Literature available indicates that there was a study conducted investigating the attitudes of urban and rural community members towards total banning on smoking in public places in 2004 in China. The study explored the factors associated with attitudes toward tobacco control policy in public places among adults in three counties/cities in China. This study was conducted in Xin County, in the Henan province, the Anyi County of Jiangxi province and Mianzhu city of Sichuan province. The study was conducted by Mei et al., (2009) and found that the prevalence of current smoking among respondents was 44.3%. Of those who smoked it was observed that 80.7% (1379/1709) reported smoking often or sometimes in public places. From the findings in the study it was suggested that a thorough smoke-free policy in public places should be developed and implemented in these three counties/cities (Mei et al., 2009). In the same research, only 9.6% (479/4983) of the respondents reported that their in-door work places had totally banned on smoking. Among the smokers only 43.5% of the respondents supported a total smoking ban strategy in public venues. Therefore, enforcement of the law, source of income (workplace) were identified as factors that may contribute to awareness of the law banning public smoking and play a vital role in whether one will smoke publicly or not.

Another related study was conducted among students at Indiana University and Purdue University by Dong-Chula et al., (2011). The study focused on smoking behaviour and attitudes associated with implementation of smoke-free campus policy. The study showed results that can be related to the findings in China. It was found that students exposed to the smoke-free campus policy demonstrated significant favourable changes in smoking behaviour (16.5% to 12.8%, $p < 0.001$), perceptions of peer tobacco use (73.6% to 66.8%, $p < 0.001$) and smoking norms (45.5% to 40.4%, $p < 0.001$) compared to students on the control campus. In the longitudinal analyses, students exposed to the smoke-free campus policy demonstrated these changes plus significant favourable changes in attitudes toward regulation of tobacco. From the results, implementation of the campus policy contributed to awareness of the policy itself and was also an effective intervention for reducing tobacco use among college students (Dong-Chul et al., 2011).

A review (meta-analysis) of 50 studies on legislation on tobacco smoking was conducted by Callinan, et al.,(2010). It assessed the extent to which legislative smoking bans reduce exposure to second-hand smoke, help people who smoke to reduce tobacco consumption or lower smoking prevalence and affect the health of those in areas which have a ban or restriction in place. The study showed that implementation of legislative smoking ban often led to awareness of the legislation by those who may not be aware and consequently reduction in exposure to passive smoking. An increase was also noted in support for and compliance with smoking bans after the legislation (Callinan et al., 2010). Similarly in studying behaviour in smoke restricted places Ritchie et al., (2010) found that smoke-free legislation can influence individual and collective smoking behaviour in public spaces within re-shaped socio-cultural environments (Ritchei, et al., 2010). As such legislative enforcement, social groups or discussion and cultural settings are also factors that have a bearing on the awareness of the ban and smoking patterns.

In West Africa, in Nigeria, in Osun State, there was a study conducted by Olowooker et al., (2014) that assessed public awareness of the ban on public smoking in Osun State (Olowooker, 2014). The study found that of the 520 consenting respondents only 38% were aware of the law while none had seen the actual document on the legal ban on public smoking. The study found media to be a contributing factor of awareness in the following ways: the radio accounted for 58 %, bill boards 45% and newspapers 44 %. As regards the problem of cigarette smoking, 56% felt that cigarette smoking was a problem requiring control by implementation or enforcement of the law (Olowooker, et al., 2014). In the same study 20% of respondents felt that the law could reduce tobacco use if enforced and could have improved awareness of the same law if it had been enforced. Enforcement of the law and media were therefore, factors contributing to awareness of the law banning smoking in public.

Literature also indicates that there was a study conducted in Lusaka in Kanyama Township by Sinyangwe in 2013. The study merely assessed awareness of the law banning public smoking among residents of Kanyama. Among the 61 participants, the study found that 93% of the participants were aware of the ban on public smoking. The study however, did not explore factors associated with awareness of the law banning public smoking and reasons behind public smoking behaviour. From my personnel observation, people who are economically sound and whose social activities include social drinking (drinking or taking alcoholic beverages only when

in the company of other people) and smoke cigarettes appear to be aware of the ban on public smoking.

From the five studies noted above, it was evident that media, work places or source of income, education level, implementation, economic standing, social activity and smoking behaviour have a bearing on awareness of the legislative ban on smoking in public. It was therefore, imperative to assess the degrees to which each of the above factors could be associated with awareness of the legislative ban on public smoking as well as reasons behind public smoking.

2.1 Conceptual framework

Public awareness of the law banning public smoking is determined by many factors as shown in Figure 1 below. Some underlying determinants of awareness include public interventions such as enforcement of the law and public sensitization in various forms of media. The socio-economic characteristics such as being a smoker, area or residency / economic activity and hobby are also likely determinants of awareness. The underlying determinants have a bearing on immediate determinants such as access to particular forms of media and attitude towards smoking behaviour. The immediate determinants lead to the outcome awareness which consequently helps deter people from public smoking behaviour.

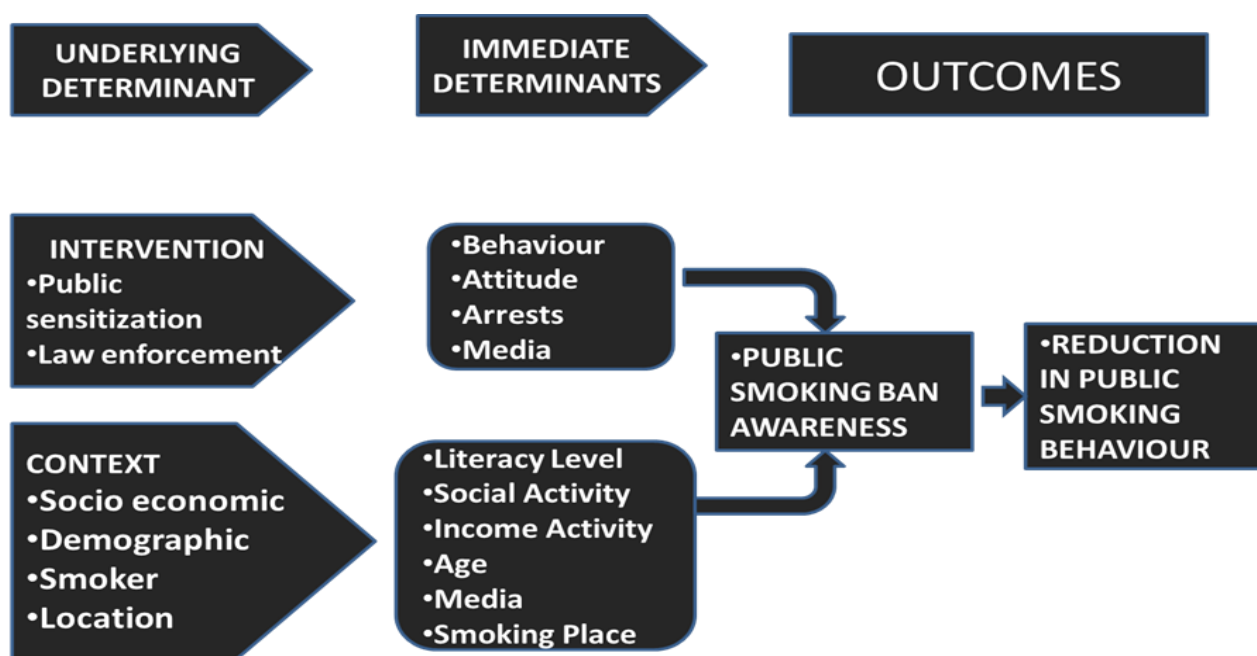


Figure 1: Conceptual framework of awareness of legal ban

2.2 Measurement

Since this was a cross-sectional study, aimed at determining whether there was an association between awareness of the legislative ban on public smoking with one's social economic status, the dependent variable, as shown in Table 1 below, was awareness, and was tested against the independent variables (also listed in Table 1) using multiple logistic regression to assess the strength of association between the dependent variable (awareness) and independent variables.

TYPE OF VARIABLE	VARIABLE	VARIABLE TYPE	METHOD	MEASUREMENT
Dependant	Awareness	Categorical	Questionnaire	Nominal
Independent	Age	Continuous	Questionnaire	Nominal
	Sex	Categorical	Questionnaire	Nominal
	Media (Newspaper, Television, Radio etc...)	Categorical	Questionnaire	Nominal
	Social activity Church Bar Sports Other	Categorical	Questionnaire	Nominal
	Education None Primary Secondary Tertiary	Categorical	Questionnaire	Nominal
	Employment status Formal Informal None Other	Categorical	Questionnaire	Nominal
	Ever smoke	Categorical	Questionnaire	Nominal

Table 1: Dependent and Independent Variables

CHAPTER 3: METHODOLOGY

3.1 Study design

This was a cross-sectional study of 420 households in Kalingalinga Township. The study attempted to associate the prevalence of awareness of the law banning public smoking with quantified social, economic and demographic responses (independent variables) given by respondents in the households. By so doing the study was trying to establish the best framework describing the relationship between the given summarized variables as responses with awareness of the legislative ban and public smoking. The study did not only attempt to compare predictor variables but also to describe how each variable in relation with other variables would be associated to awareness of the ban on public smoking and public smoking behaviour.

3.2. Study setting

Lusaka District accounts for an estimated population of 1,715,032 (CSO, 2010). Lusaka District population has features of both the very poor found in highly densely populated areas called compounds and the very rich in the sparsely populated areas. Lusaka District has more than 41 residential areas (Sinkolongo, 2015). Most of these residential areas are found along the major roads which lead out of the City Centre of Lusaka.

The study took place in Lusaka in Kalingalinga settlement area located on the Eastern part of Lusaka. It shares its boundaries with the University of Zambia main campus, Long Acres, Helen Kaunda and Kabulonga. It is on the left side of Alick Nkata Road when heading Eastwards past the Mass Media area immediately after Total Filling Station. Kalingalinga is a relatively dense populated area and was selected on the basis of convenience as well as that some of the popular bars and pubs are situated in Kalingalinga. It holds a population of 39,139 consisting of the some upper class, middle class and lower class citizens who if not in formal employment are involved in some income generating activity (even by their homestead). Kalingalinga has about 8,356 households and the majority of the population 20,194 are female whilst the rest 18,945 are male (CSO, 2010).

3.3 Study population

The study included any one member of the household in Kalingalinga systematically selected of 18 years and above who consented to participate in the study.

3.3.1 Inclusion criteria

- All households systemically selected for the study were included in the study.
- Respondents above the age of 18 qualified to be part of the study.
- In residential places with no houses but a shop, the shop owner was always recruited in the study.

3.3.2 Exclusion criteria

- Respondents who were not residents of the households of Kalingalinga were excluded from the study.
- Those not well or chronically ill were excluded from participating in the study to avoid the possibility of bias.

3.4 Sample size consideration

The required sample size was calculated using the statistical formula shown below. The minimum sample size was found to be 384 households.

$$n = \frac{(Z)^2 p(1 - p)}{\xi^2}$$

Where:

n = required sample size

Z=standard normal deviate (a constant set at 1.96 on basis of using the 95% C.I)

P= estimated proportion of awareness 0.5. The 0.5 awareness estimate was adopted since no such study had been conducted before in Kalingalinga Township.

ξ = confidence error (0.05)

To cater for incomplete or non- responses, 10% of the required sample size was added to the calculated sample making a total of 420 households, as the desired sample

3.4.1 Sampling procedure

The selection of households from which respondents were picked to constitute the sample for the study was by way of systematic sampling procedure. Kalingalinga on average has 42 main roads which divide it into different zones. To ensure sample variability and to reach a sample size of 420, 10 households in systematic intervals of 4 from each of the 42 roads were approached until

a sample size of 420 was reached. The interval of 4 was reached by dividing 42 by 10 households. The 10 households per road was arrived at by dividing the required 420 sample size by the 42 main roads of Kalingalinga. The first house on the right was the first one to be approached. This sampling approach helped to improve sample variability as some of the respondents who consented to participate lived in households attached to shops. Some participants were also from the proximally close bars, pubs, shops and markets which because of the sampling procedure had become part of the study since they were not households. The owners of the market stands/ shop or bar were asked to participate.

Members of the household who were below the age of eighteen (18) or were not residents were not included in the study. In such instances where a member of the household present was not eligible to participate in the study the household directly opposite it was approached and an eligible participant was usually found. As regards households with other households or flats in the same yard, the household closer to the gate or entrance was the one selected to be part of the study. If the member of that first household among the flats could not be included, the household following it was approached. However, in many instances the household outside the yard or fence, on the other side of the road was normally the one approached.

In situations where there were more than one respondent qualifying for the study in the household a simple random sampling procedure by way of lots was used to select the respondent.

3.5. Data collection

The researcher employed a pre-tested structured questionnaire as a tool to collect information. The questionnaire was pretested in Chawama Township to assess whether respondents were able to understand the questions and give responses accordingly. One-to-one interviews were conducted and the questionnaire was filled in by the researcher. This method helped avoid omissions of certain information as the researcher ensured the questionnaire was satisfactorily completed. This was an ideal method of data collection especially for the respondents who were not able to read. For those that were not so conversant with the English language, Nyanja or Bemba was used to explain the questions.

Information collected related to whether the respondent was aware of the presence of the law banning smoking in public, how the respondent came to know about the law (source), what they

knew about the law, their economic status, social factors likely to contribute to their awareness and whether they smoked or ever smoked in public.

3.6 Data management and analysis

The data collected using the interview questionnaire was always cross checked and entered in STATA version 12 at the end of each day. Data collection was done with utmost care to ensure accuracy and quality. Frequencies and proportions were used to summarise responses. Multiple logistic regression was used to summarise statistical relationships as regards age, occupation, sex, social and economic status with awareness of the legislative ban. Multiple Logistic regression was used since the summarised information was used to assess the probability of one being aware of the legislative ban (dependant variable) against their sex education, income status, source of income and social activities (independent variables).

3.7 Study limitations

There were a number of challenges faced during the study. One main challenge was finding participants of consenting age in the household during working days because most of the adults were at their various work places. Respondents were easy to find on Saturday during the morning hours and the late afternoons. Most respondents would initially refuse to participate because they were of the view that the study should be targeted at those who smoke as these would add more value. This however was an advantage in the sense that most respondents would ask their friends/ relative who smoke to participate and hence it helped to have respondents who smoked would otherwise would not have been part of the study As a limitation this perhaps made the number of smokers in the participants group to be slightly more than those who would have initially been part of it.

Another limitation in this study exists in the manner sampling was done. In each of the 42 roads only 10 households were required to ensure that the study population was representative of the population of Kalingalinga Township. However, some roads are longer than others and others are shorter. This meant that by the time the desired 10 households were reached there would be extra households remaining to be approached in longer roads whilst in certain shorter roads it was not possible to reach the desired 10 households and hence affecting the representation of the sample. The researcher however made use of the longer roads with extra households to make up

for the shorter roads with few households. The longer roads helped to compensate for the shorter roads.

During the study most females approached refused to participate saying they were busy with house chores and also that they did not smoke. This refusal by most women compromised the study sample. Going by the population distribution of Kalingalinga there were more females than males. Therefore, the study sample was expected to have more females than males. Since most women refused to participate and per protocol they could not be coerced, the study ended up with more males (70 %) than females (30%).

Some respondents were kind enough to inform the researcher that what they were only aware of was the law banning smoking or use of cannabis because it is enforced. Others even mentioned that they believe that smoking of cannabis in public is prohibited and should only be done in privacy. When informed that there was a law banning public smoking of tobacco cigarettes the respondents noted that they were not aware. With this the researcher learnt that it was necessary to clearly distinguish that the law of interest was about tobacco cigarettes and not cannabis.

CHAPTER 4: RESULTS

4.1 Descriptive characteristics

Table 2.1 below shows grouped background characteristics of the 420 participants in terms of frequency and awareness. The mean age for the participants was 29 and standard deviation was 9. The table also shows how the 255 participants who are aware are distributed according to each demographic characteristic. The mean age for those aware was 29 and standard deviation was 10.

VARIABLE	FREQUENCY (%) (n=420)	AWARE (n=255) (%)
Age		
18-24	169 (40.24)	91 (35.69)
25-34	163 (38.81)	105 (41.18)*
35-44	56 (13.33)	37 (14.51)
45-54	22 (5.24)	17 (6.67)
≥ 55	10 (2.38)	5 (1.96)
Sex		
Male	290 (69.05)	176 (69.02)*
Female	130 (30.95)	79 (30.98)
Education level		
None	11 (2.62)	3 (1.18)
Primary	49 (11.67)	32 (12.55)
Secondary	252 (60)	160 (62.75)*
Tertiary	108 (25.71)	60 (23.53)
Smoking status		
Smoker	103 (24.52)	60 (23.53)
Non-Smoker	317 (75.48)	195 (76.47)*
Hobby		
Bar	90 (21.43)	57 (22.35)
Shopping	31 (7.38)	22 (8.63)
Visiting (friends, Family)	110 (26.19)	66 (25.88)
Other (Church, Sports etc...)	189 (45)	110 (44.76)*

* highlights characteristic with highest prevalence of awareness

Table 2.1: Demographic characteristics of participants

Continuation of Table 2.1 on background characteristics of participants

VARIABLE	FREQUENCY (%) (n=420)	AWARE (n=255) (%)
Economic activity		
Business	147 (35)	90 (35.29)8*
Employed (Formal/Informal)	134 (31.90)	86 (33.33)
School	53 (12.62)	31 (12.16)
Nothing	86 (20.48)	49 (19.22)
Income (per month)		
N/A	110 (26.19)	65 (25.49)
Less than K1000	109 (25.95)	66 (25.88)
Between K1000-K2000	96 (22.86)	71 (27.84)*
Between K2000-K3000	41 (9.76)	19 (7.45)
Above K3000	64 (15.24)	34 (13.33)
Hobby		
Bar	90 (21.43)	57 (22.35)
Shopping	31 (7.38)	22 (8.63)
Visiting (friends, Family)	110 (26.19)	66 (25.88)
Other (Church, Sports etc...)	189 (45)	110 (44.76)*

* highlights characteristic with highest prevalence of awareness

Table 3.1: Demographic characteristics of participants

Respondents' perspective on public smoking

Table 2.2 below describes the background perspectives of the participants towards public smoking in Kalingalinga Township. It shows majority of the respondents had never seen any notice prohibiting smoking in public, think public smoking is a problem requiring control by enforcement of the law and that public smoking is not due to lack of smoke zones or private places where they can smoke from.

VARIABLE	FREQUENCY (n=420) (%)	AWARE (N= 255) (%)
Seen any notice banning smoking in public in Kalingalinga		
Yes	184 (43.81)	120 (47.06)
No	236 (56.19)	135 (52.94)*
Public smoking a problem requiring law enforcement in Kalingalinga		
Yes	350 (83.33)	223 (87.45)*
No	70 (16.67)	32 (12.55)

Table 2.2 Respondent's background perspectives on public smoking

Continuation of Table 2.2 on respondent's background perspectives on public smoking

VARIABLE	FREQUENCY (n=420) (%)	AWARE (n= 255) (%)
Often seen someone smoking in public		
Yes	403 (96.18)	247 (97.24)*
No	16 (3.82)	8 (2.76)
Residents bothered by public smoking		
Yes	313 (74.40)	204 (79.92)*
No	107 (25.48)	51 (20.08)
Is public smoking due to lack of Smoke Zones in Kalingalinga		
Yes	142 (33.81)	82 (32.16)
No	278 (66.19)	173 (67.84)*

Table 2.2 Respondent's background perspectives on public smoking

Awareness levels

Figure 2.1 below shows levels of awareness among respondents. Those merely aware were 60.71 % whilst those aware about the law and how long a person can be jailed for were 35.07 % followed by those who were aware and the year the law was instituted were 31.76 %. Those who were aware of the law, year it was instituted and how long a person can be jailed for were only 16.86%.

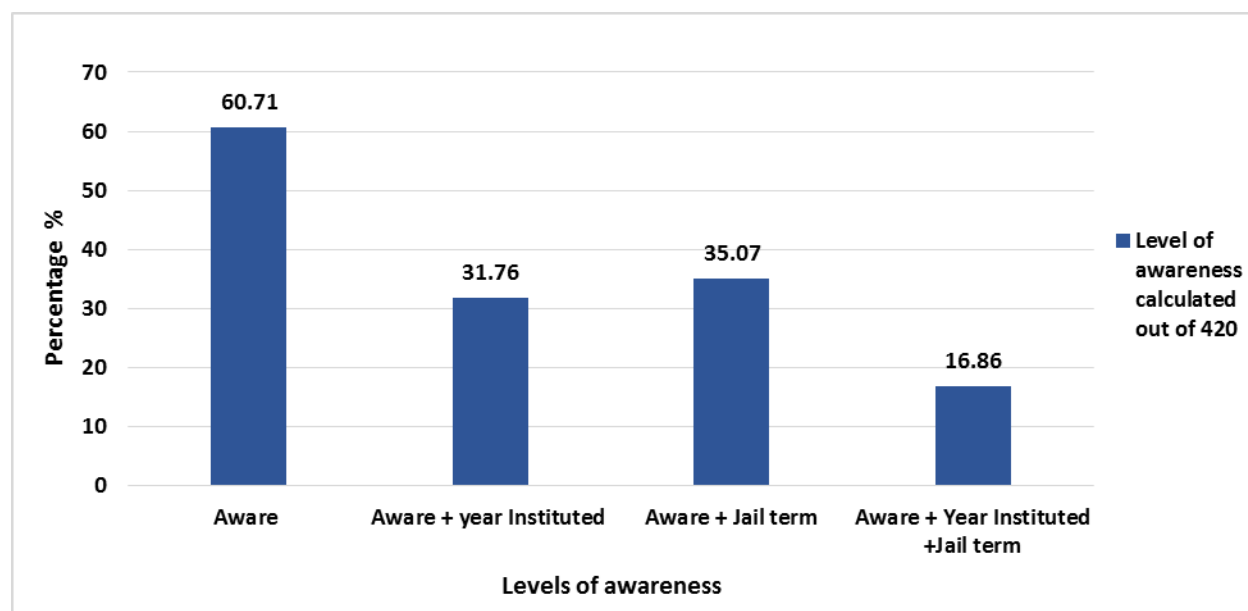


Figure 2 : Levels of awareness of the law banning smoking in public

Sources of awareness

Figure 3 below indicates the contributions of the various forms of media to awareness among those that were aware. Television had the greatest contribution to awareness with coverage of 33 % followed by News Papers 17% and Radio 16%. The 29% accounted for any other form of media such as bill boards, fliers, posters ...etc

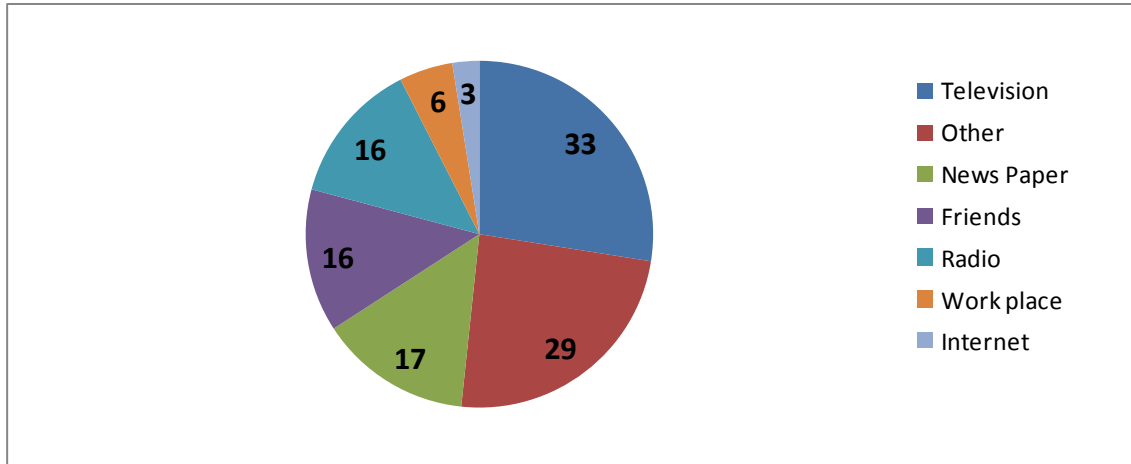


Figure 3: Sources of Awareness n=255

Reasons behind public smoking

The various reasons behind public smoking given between smokers and non-smokers shown in Figure 4 below. More than half of smokers (54%) said public smoking was due to lack of enforcement of the law. Non-smokers suggested public smoking to be due to lack of enforcement of the same law (34%) and also because there are no smoking zones (31%).

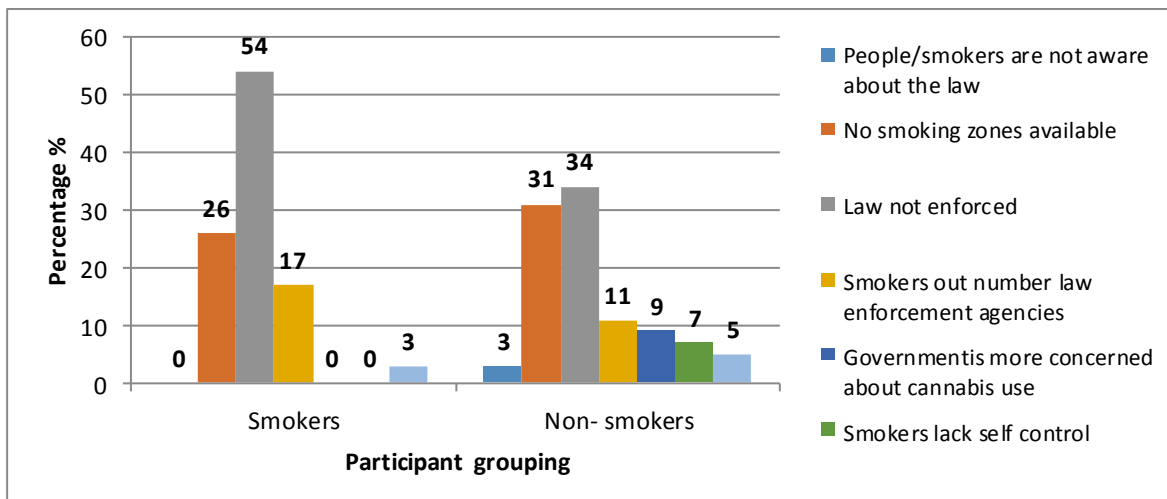


Figure 4: Reasons behind public smoking between Smokers and Non-smokers

Suggestions on how to address public smoking

Figure 5 below indicates percentage scores of each suggestion on how to address public smoking given by all respondents, by those aware of the law banning public smoking and by smokers only. The suggestion with the highest score in all groups was to enforce the law followed by sensitizing the public about the law.

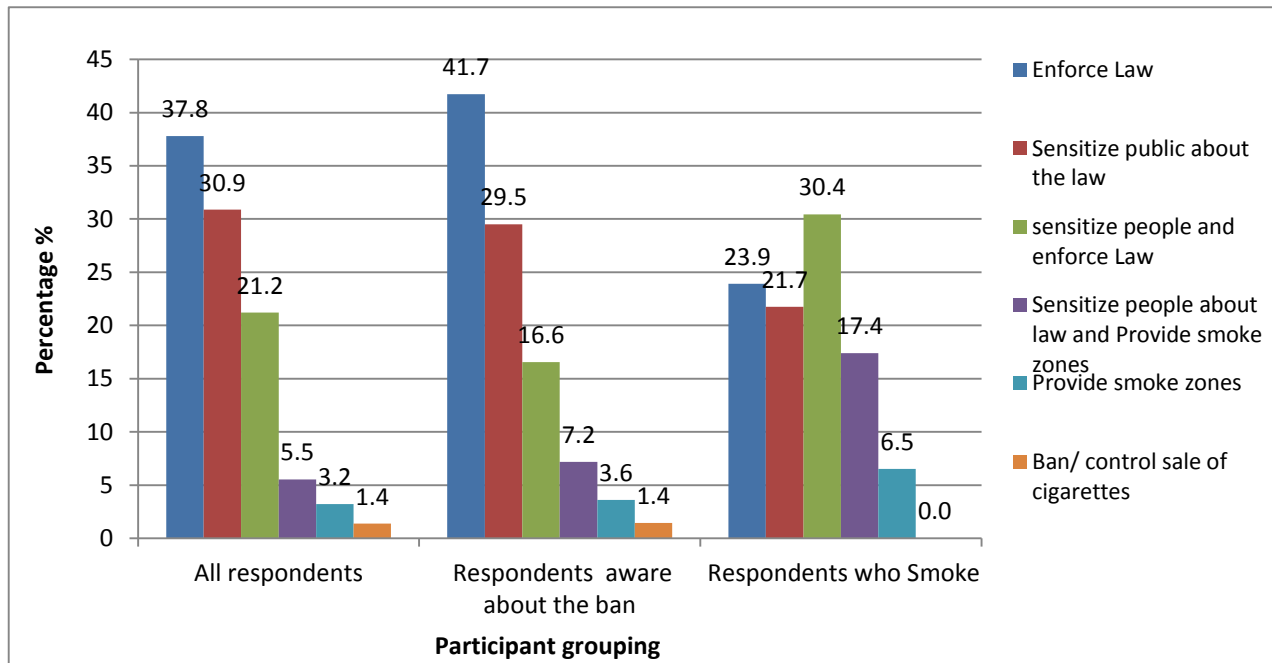


Figure 5: Suggestions on how to address public smoking

4.2 Uni-variate analysis

Table 3.1 on the following page shows the results for the uni-variate analysis performed to understand the relationship between awareness and each of the predictor variables. At uni-variate analysis those in the age range of 25 to 54 were more than 5 times likely to be aware of the law than those in the range 18 to 24. Media was also a significant factor determining awareness. Those in touch with some form of media were overwhelmingly likely to be aware with minimal odds of 82 compared to those not in touch with any form of media.

Table 3.1: Predictors of awareness (Uni-variate analysis)

Variable	Odds ratio	Confidence Interval	P-value
Age			
18-24	1		
25-34	9.17	2.41-34.87	0.00*
35-44	5.35	1.07-26.69	0.04*
45-54	7.80	0.93-65.70	0.06
≥55	3.94	0.29-53.22	0.30
Sex			
Male	1		
female	1.20	0.35- 4.07	0.77
Education level			
None	1		
Primary	4.58	0.12- 180.44	0.42
Secondary	1.68	0.05 - 52.75	0.77
Tertiary	2.01	0.06- 71.24	0.70
Smoking status			
Smoker	1		
Non-smoker	2.54	0.87 – 7.37	0.09
Economic activity			
Business	1.0		
Employed	1.27	0.41 -3.94	0.67
School	0.14	0.02 -1.11	0.06
Nothing	0.43	0.07 -2.48	0.34
Income level			
N/A	1		
< K1000	0.70	0.13 - 3.88	0.68
1000-2000	0.19	0.03- 1.25	0.08
2000-3000	0.04	0.00- 0.35	0.00
>K3000	0.12	0.02- 0.99	0.05
Hobby			
Other	1.00		
Bar	1.63	0.47 -5.69	0.44
Shopping	6.11	0.65 -57.20	0.11
Visiting friends	0.57	0.20- 1.67	0.31
Seen any notice			
Yes	1.0		
No	0.42	0.16	0.08

Continuation of Table 3.1 Predictors of awareness (Uni-variate analysis)

Variable	Odds ratio	Confidence Interval	P-value
Ps a problem in Kalingalinga			
yes	1.0		
No	0.47	0.14 -1.66	0.24
Seen someone PS			
Yes	1.0		
No	0.42	0.08-2.39	0.33
Residents bothered by PS			
Yes	1.0		
No	0.84	0.29 -2.41	0.75
No convenient place to smoke			
Yes	1.0		
No	2.23	0.85-5.81	0.10
Media			
None	1.0		
Television	1585.33	259.08 -9700	0.00*
Newspaper	127.89	34.74 - 470.81	0.00*
Internet	90.22	15.32 – 531.17	0.00*
Friends	171.85	44.32 - 666.33	0.00*
Radio	220.95	54.51-895.50	0.00*
Work place	82.16	19.83-340.92	0.00*
Other	127.04	30.56-528.01	0.00*
PS - Public smoking	* highlights p-value is significant (< 0.05)		

Table 3.1: Predictors of awareness (Uni-variate analysis)

4.3 Multi-variate analysis

Table 3.2 on the following page indicates the strengths of association of the variables which are closely related to the outcome, awareness, after adjusting for possible confounders (any third variable that may indicate the existence or non-existence of a relationship between a particular predictor and outcome variable). After adjusting for confounding age groups 25- 34, 35-44 and 45-54 were still significant with p-values less than 0.05 suggesting a strong association between age and awareness. All forms of media (sources of awareness) were found to play a significant role in determining awareness. The evidence was very overwhelming for media such that television had the

highest odds ratio of about 4,593 after adjusting for confounding compared to those who are not in touch with any form of media.

VARIABLE	A.O.R	C.I (95%)	P-Value
AGE			
18-24	1.0		
25-34	5.18	1.90 - 14.11	0.00*
35-44	3.70	1.01- 13.52	0.05*
45-54	12.54	1.66 - 94.80	0.01*
≥55	3.59	0.31 - 41.90	0.31
Economic Activity			
Business	1.0		
Employed	1.45	0.54 - 3.90	0.46
School	0.16	0.03 - 0.88	0.04
Nothing	0.38	0.09 - 160	0.19
Income level per month			
N/A	1.0		
≤1000	0.57	0.14 - 2.36	0.44
1000-2000	0.16	0.03 - 0.85	0.03
2000-3000	0.05	0.01 - 0.33	0.00
≥3000	0.06	0.01 - 0.35	0.00
Hobby			
N/A	1.00		
Bar	0.98	0.35 - 2.73	0.97
Shopping	6.28	0.95 - 41.56	0.057*
Visiting	1.07	0.41- 2.79	0.89
Other	1.00		
Seen Someone Smoking			
No	1.0		
Yes	0.37	0.08 - 1.72	0.20
Bothered			
No	1.0		
Yes	0.45	0.19 - 1.10	0.08
Media			
N/A	1.0		
TV	4593.96	488.92 - 43165.47	0.00*
News Paper	140.34	31.65 - 622.23	0.00*
Internet	104.28	14.77 - 736.18	0.00*
Friends	276.18	56.32 - 1354.29	0.00*
Radio	421.70	82.46 - 2156.67	0.00*
Work Place	196.10	33.39 - 1151.59	0.00*
Other (church, etc...)	303.44	55.76 -1651.32	0.00*

* = indicates variable that were statistically significant at 5% alpha.

Table 3.2: Predictors of awareness after adjusting for possible confounding

CHAPTER 5: DISCUSSION

5.1 Levels of awareness of the law banning public smoking

This study first assessed levels of awareness of the law prohibiting public smoking among respondents in Kalingalinga Township in Lusaka district. This study found that only a few number of respondents (16.86 %) were aware of the law in all its aspects: when the law was instituted and how long a person can be jailed for (Figure 2). This few number of respondents totally aware of the law in all its aspects possibly represents those respondents who in one way or another had or have been interested in the pronouncement because of their social or economic or political life styles. It could also represent or include those few who by chance may have come across the pronouncement (or legal document) more often than others in different ways. For policy makers, having only a few number of the population aware of the law in all its aspects suggests the need for further interventions to correct the situation. To help improve the numbers of people aware of the law in all its aspects, interventions or mediations need to be in such a way that they catch the interest of the whole population. One such way is by placing emphasis on the importance of the pronouncement in peoples' lives; the ban on public smoking prevents exposure to tobacco smoke which is a health hazard especially to children and adults already suffering from respiratory tract conditions.

There are also alternative explanations as to why those aware of the law and how long a person can be jailed for were slightly more than those who were merely aware when it was instituted. One possible explanation could be that people tend to pay particular interest in what the consequences of breaking a law would be than remembering when it was instituted. As such to promote awareness pronouncements could also accentuate the punishments for breaking the law than merely pronouncing or publicising the particular law.

The prevalence of awareness of the law banning public smoking in Kalingalinga Township (Lusaka, Zambia) was higher compared to the finding by Olowookere et al., (2014) in Nigeria. The prevalence of awareness was at 38% in Osuni State, Nigeria in the study conducted by Olowookere et al., (2014). This prevalence would be expected to be higher in Osuni state than the one found in this study since the law in Osuni state was enacted in November 2009, a year after the time the same law was pronounced in Zambia in April 2008. However, this difference

may be attributed to the various social, political and economic differences between Nigeria, West Africa and Zambia, Southern Africa.

When compared to the study findings by Nyambe Sinyangwe in Kanyama Township in Lusaka (Zambia) in 2013 in which 93% awareness was reported, the prevalence of awareness for this study was much lower (60.70%). The difference in the results is quite huge. Possible reasons behind this difference could be attributed to the small sample size of 60 participants compared to the study sample of this study of 420 participants. The small sample size may not be sufficient reason to fully explain the huge difference between the two prevalence in awareness. One possible contribution to a higher prevalence in Kanyama could be attributed to the proximity of Kanyama Township to City Market. The researcher learnt from some respondents who smoke that public smoking is strictly forbidden in City Market such that nearly all traders in City Market are aware and warn anybody who attempts to smoke or is seen smoking. The enforcement or implementation of the law prohibiting public smoking has contributed to the awareness of the law prohibiting public smoking and has helped City Market become a tobacco-smoke-free-area.

In Kalingalinga Township this study found that majority (84%) of the respondents feel that public smoking is an issue needing intervention by strict enforcement of the law even though the tobacco smoking prevalence is at 2% for women between the ages 15 and 45 and 19% for men between 15 and 45 (CSO,2015). This indicates that people who do not smoke are always affected by those who smoke because they smoke even in public places caring less about the people or persons near them. Enforcing the law will help to reduce exposure to second-hand smoke as well as help reduce tobacco consumption or lower the smoking prevalence. Callinan et al., (2010) from their study are of the view that implementation of legislative smoking ban negatively impacts tobacco smoking behaviour especially consumption. This finding is also reported by Dong-Chul et al., (2011) who insist that smoke-free policies significantly favour reduction in smoking behaviour.

The need to enforce the public smoking ban is imperative not only for the protection of non-smokers but also because of the warning sounded by the American Cancer Society that Africa is likely to face a severe health threat because of the fast growing tobacco use (Lewis, 2013). This warning seems resonate with the results of this research findings in Kalingalinga where the

prevalence of smoking cigarettes was found to be slightly higher (24.5%) than the one reported by the Zambia Demographic and Health Survey (2013-2014) of about 19 % for males above the age of 15 year and 2% for women of 15 years and above.

This study had also set out to determine whether income level, education level, being a smoker, source of income, hobby and media had a bearing on being aware of the law banning public smoking. The study found that media was the most significant factor determining awareness of the law banning public smoking. The odds of being aware of the law banning public smoking were overwhelming compared to those who were not constant touch with any form of media (Television, News paper, Radio). Media is a significant factor in awareness since it is the “tool” used to relegate official information to the public. This finding relates with the findings of Olowooker et al., (2014) in Osun State Nigeria where media was the major contributing factor to awareness.

Among the various forms of media contributing to awareness television was the major contributor to awareness of the law banning public smoking (Figure 3). The results indicate television covers an audience twice as much as that of News papers and Radio combined. This impact by television may be understood in the sense that television has become the common source of entertainment for most people in urban areas and is therefore a main source of information. However, although television has the greatest impact in Kalingalinga, it may not be the case for other places especially the rural areas where the radio is most preferred to television because it is portable and can also be powered by a few batteries as well as solar panels. To policy makers this information is useful when strategising resources for community awareness or sensitization programs in urban areas. In rural areas and peri-urban areas, the radio could be used together with other forms of media. For instance, in Osun State in Nigeria, it was found that the radio was the commonest source of general awareness among the population because it was the main media of entertainment and information (ibid).

After adjusting for confounding to see whether age, income, sex, hobby and economic activity would have a significant bearing on awareness, it was found that income, sex, hobby, economic activity were of less significance to awareness. However, age groups between 24 and 54 were found to be significant when media was taken into account; with the highest being the age group 45-54 (Table 3). These results may be suggesting that those of the ages between 54 were ten

times likely to be aware because they are in constant touch with at least one form of media and hence their high likelihood of being aware compared to those not in constant touch with any form of media. Shopping as a hobby was also found to be significant compared to all other hobbies. This could be indicating that those whose hobby is shopping possibly also visit places where the law is enforced like City Market and hence their awareness.

5.2 Reasons behind public smoking

This study also assessed the reasons behind public smoking in Kalingalinga Township. The responses were grouped and summarised between the smoker group and the non-smoker. From both groups only a few people were of the view that people who smoke in public do so because smokers are ignorant about the law whilst the majority in both groups felt that smokers smoke in public because the law is not enforced (Figure.4). This reason behind public smoking ardently suggests that to address public smoking policy makers may need to enforce the law since the problem of public smoking is basically due to the lack of enforcement of the law. As such law enforcers could look at ways of ensuring that the law is enforced.

Enforcing the law alone may not satisfactorily address the problem of public smoking. Some smokers feel smoking cigarettes is their personal right and therefore preventing them from smoking when they ought to may be interfering with their personal rights. In the study by Olowooker et al., (2014) majority of smokers 59.6% and 11.9% of non-smokers believed smokers deserve the right to smoke. As such, as indicated in Figure.5 smokers were of view that sensitizing people about the law as well as enforcing the law was the best solution to addressing public smoking unlike the mere enforcement of the law.

CHAPTER 6: CONCLUSION AND RECOMMENDATIONS

6.1 Conclusion

The purpose of this study was to determine factors associated with awareness of the law banning public smoking and reasons behind public smoking in Kalingalinga Township. The study found a few of the participants were totally aware of the law banning public smoking and more than half of the participants were aware about the law. Media was overwhelmingly the significant determinant of awareness compared to any other factor considered in the study. It was found that those who regularly watch television (local stations), were more than twice likely to be aware of the law banning public smoking compared to those who regularly listen to radio or use any other form of media. Other factors such as sex, economic activity, income level and education were not significant determinants of awareness. As regards the second purpose of the study; to determine reasons behind public smoking, this study found that lack of enforcement of the law prohibiting public smoking by authorities concerned was the reason why people smoke in public. As such to address public smoking in Kalingalinga many respondents were of the view that enforcement of the law accompanied by public sensitisation could improve levels of awareness of the law.

6.2 Recommendations

The need to reduce the prevalence of smoking cigarettes as well as exposure to second hand smoke is critical for Zambia as many other low and middle income countries. The warning by the American Cancer Society that tobacco consumption is likely to increase in low and middle income countries which already struggle with communicable diseases, suggest the need for effective interventions to address public smoking as well as exposure to second hand cigarette smoke.

This study found that even though the prevalence of awareness of the law banning public smoking was more than 50% (60.70%), majority (83%) of residents interviewed in Kalingalinga believes public smoking is a problem that needs to be addressed. Therefore, it is recommended that policy makers intervene by first sensitizing the public about the legal ban by use of television since it has the greatest coverage compared to any other form of media. After

sensitizing the public about the ban on public smoking, policy makers will need to ensure enforcement of the law not only in Kalingalinga but across the country.

Policy makers may also need to consider further research into the challenges faced with enforcement or implementation of tobacco related laws and policies. Onigbogi et al., (2015), also echo the same recommendation when they point out that low and middle income countries face different challenges with enforcement or implementation of laws and policies. However, Onigbogi et al., (2015) did not underline the various challenges faced.

Other than enforcement of the law banning public smoking in public places and researching into the challenges faced with implementation of the tobacco laws, policy makers may also need to consider implementing tobacco-smoke-free-work policies. Tobacco-smoke-free-work policies are believed to negatively impact on tobacco smoking behaviour (Kaleta et al., 2015). This recommendation is in line with Article 8 of the Framework Convention on Tobacco Control (FCTC). The FCTC insists on effective measures to protect people from exposure to tobacco smoke in public places including indoor public places such as work places.

Lastly, another option that could be explored with the hope of improving awareness of the law banning public smoking as well as curtailing the easy access to cigarettes even by those who are underage. This option is reserving the selling of cigarettes to the public to Pharmacies and Chemists alone. Such an option could possibly work as smokers would regard the cigarette as something seriously as harmful as the medicines sold in Chemists and Pharmacies.

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APPENDICES

Appendix I: Interview Schedule

STUDY TITLE:

FACTORS ASSOCIATED WITH AWARENESS OF THE LAW BANNING PUBLIC SMOKING AND REASONS BEHIND SMOKING IN PUBLIC IN KALINGALINGA TOWNSHIP

Interview Schedule 1. Introduce yourself

2. Establish rapport
3. Explain purpose of interview
4. Assure Respondent of Confidentiality
5. Consent form

Interview questionnaire

1. BACKGROUND

1	Interviewee Initials				
2	Status in house hold	1. Head of Household	2. Spouse	3. Dependant	
3	Age				
4	Gender 1=Male 2= Female				
5	Educational Level (None=0, Primary =1, Secondary=2 Tertiary=3)				
6	Do you smoke? 1 =Yes 2= No				

2. ECONOMIC STATUS

2a. What do you do for a living?

Business	Employed	School	Nothing
1	2	3	4

2b. What kind of business?

Marketeer	Bar	Restaurant	Grocery	Other (Specify)
1	2	3	4	5

2c. What kind of employment?

Formal (employed by an institution)	Informal Employment (working for someone; personal boss e.g. Grocery, maid)
1	2

2d. How much do you earn per month from the business you do?

Less than 1,000	Between 1,000-2,000	Between 2,000-3,000	Above 3,000
1	2	3	4

2e. How much do you earn per month from your employment?

Less than 1,000	Between 1,000-2,000	Between 2,000-3,000	Above ,3000
1	2	3	4

3. SOCIAL

3a. In your spare time what is your main social activity?

Bar	Shopping	Visiting	Other (Specify)
1	2	3	4

3b. Are there any notices in Kalingalinga informing people that smoking in public is prohibited?

1=Yes	2=No
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3c. Do you think cigarette smoking in public is a problem in Kalingalinga requiring control by enforcement of the law?

1=Yes	2=No
-------	------

3d. Have you seen any person smoking in public in Kalingalinga?

1=Yes | 2=No

3e. Do you think people in Kalingalinga are or can be bothered by those smoking in public?

1=Yes | 2=No

3f. Do you think people who smoke in public do so because there are no convenient places in Kalingalinga to smoke from?

1=Yes | 2=No

3g. Do you think people who smoke in public feel free to do so because the law is not enforced?

1=Yes | 2=No

3h. Are you involved in any social club?

1=Yes | 2=No

3i. What do you think is the reason behind people smoking in public?

.....

4. AWARENESS

4a. Are you aware of a law banning smoking in public in Lusaka?

1=Yes | 2=No

4b. How did you come to know of such a law?

T.V	News Paper	Internet	Friends	Radio	Workplace	Other (specify)
1	2	3	4	5	6	7

4c. Do you know a person can be jailed for two years for smoking in public?

1=Yes | 2=No

4d. Are you aware the Statutory Instrument banning public smoking was instituted in April 2008?

1=Yes | 2=No

4e. Are you aware of anyone who has been arrested for smoking in public?

1=Yes	2=No
-------	------

4f. Do you think much sensitization has been done to make people aware of the law banning public smoking?

1=Yes	2=No
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4g. Is there anything you want to add?

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Appendix II: Participant Information Sheet

STUDY TITLE:

FACTORS ASSOCIATED WITH AWARENESS OF THE LAW BANNING PUBLIC SMOKING AND REASONS BEHIND SMOKING IN PUBLIC IN KALINGALINGA TOWNSHIP

Dear Sir/ Madam,

My name is Curthbert Chipepo Chilibo. I am a Master of Public Health student at the University of Zambia in the Department of Public Health. I am undertaking a research as a partial fulfillment of the Master of Public Health program. This research will contribute to the body of knowledge to both health professionals and educators in Zambia.

The title of the study is: factors associated with awareness of the law banning public smoking and reasons behind public smoking in Kalingalinga Township in Lusaka, Zambia. The information to be collected will help identify areas for improvement and ultimately contribute to baseline information for instituting interventions by concerned partners, decision-makers and for future policy direction.

The information that you will provide will be confidential. No one will be able to link you to the information you provide. The interview will take about 15 minutes. It involves merely answering the questions asked in the questionnaire. The questions in the questionnaire are about your social-economic status, social activities and income activities. In the questionnaire are also questions relating to public smoking and whether you are aware of the law banning public smoking or not.

Be informed that you have the right to choose whether or not to participate in this study and are free at any time to stop without any explanation. You are also free to refuse to answer or respond to any question that is asked in questionnaire. Also be informed that there is no material gain to you personally in participating in this study as this is purely an academic exercise.

If you have any question or need a clarification you are free to contact me on **cell 0979445973 or the Secretary of the Research Ethics Committee at UNZABREC Tel 0211-256067, Fax: +260-1-250753, E-mail: unzarec@zamtel.zm, P.O. Box 50110, Ridgeway Campus, Lusaka, Zambia.**

Would you like to participate in the Study or not?

Appendix III: Participant's Informed Consent Form

STUDY TITLE:

FACTORS ASSOCIATED WITH AWARENESS OF THE LAW BANNING PUBLIC SMOKING AND REASONS BEHIND SMOKING IN PUBLIC IN KALINGALINGA TOWNSHIP

By signing below, you are agreeing that:

- (1) You understand the Participant Information Sheet,
- (2) Questions about your participation in this study have been answered satisfactorily,
- (3) You are taking part in this research study voluntarily (without coercion).

Participant's Initials

Participant's signature / Thumb Print

Date

Name of Researcher

Signature of Researcher

Signature of Witness

