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Promoting Youth Participation in Tobacco Control and Smoke-Free Public Health Policy in Nigeria

Muhammad Kabiru Usman*, Philemon Babylon, Gansheya Danazumi Samuya, Hafsat Yahaya Hayat, Sigwe Baba, Nelly Tatah, Ladifa Sulaiman Sa'ad

Gongola Health and Development Initiative, Jalingo, Taraba State, Nigeria

Abstract

Tobacco use is a major public health problem and one of the most important preventable causes of morbidity and premature mortality in the world. In Nigeria, although there is legislation to control tobacco and public health prevention policies to reduce tobacco use, many young people continue to use tobacco, thereby increasing their risk of heart diseases, respiratory diseases, cancer and other non-communicable diseases. This policy brief seeks to explore the contribution youth participation can make to the successful development and implementation of tobacco control and the implementation of smoke-free public health policies in Nigeria. The brief was created based on the qualitative findings from Key Informant Interviews (KIIs) and Focus Group Discussions (FGDs) with youth, community stakeholders, and public health actors. Thematic content analysis was used to identify issues that emerged from the data with regard to tobacco use, awareness of tobacco control policies, youth involvement, and opportunities for policy change. Results showed that tobacco products, such as cigarettes, shisha, snuff, and other products containing nicotine, continue to be easily available to the youth. Peer pressure, poverty, environmental factors, exposure, and social media were mentioned as key factors in smoking initiation among adolescents and young adults. The study also revealed a lack of awareness regarding current tobacco control laws, low uptake of smoking bans, and limited youth participation in the development and implementation of tobacco control policies. Participants indicated that smoking is still prevalent in public places and the community. The results also confirmed that youth have great potential to help in tobacco prevention by engaging in peer education, community sensitisation, school-based campaigns, digital advocacy, and supporting smoke-free initiatives.

Keywords: *Tobacco control, youth participation, smoke-free policy, public health advocacy, tobacco prevention, youth engagement.*

1. Introduction

Tobacco use is one of the biggest preventable risk factors in the world for the burden of disease and death, and continues to be a major public health problem, especially in LMICs. Tobacco use has been proven to cause harm in various ways, such as an increased risk of lung cancer, chronic respiratory diseases, cardiovascular diseases, stroke, and many other non-communicable diseases (NCDs) (WHO, 2023; Drope et al., 2018). While the health impacts of smoking are obvious for smokers, the risk of non-smokers of illness and premature death due to exposure to second-hand smoke is significant, particularly for children, adolescents, pregnant women and other vulnerable people (Öberg et al., 2011; Reitsma et al., 2021). Tobacco control is therefore a worldwide public health issue and an important part of strategies to prevent disease.

Nigeria has taken significant strides in tobacco control with legislation and policies aimed at limiting tobacco advertising, controlling tobacco sales, creating smoke-free areas, and safeguarding public health, including the National Tobacco Control Act (Egbe et al., 2019). The laws are consistent with the international agreement reached at the World Health Organization Framework Convention on Tobacco Control and represent a country's commitment to lowering the impact of tobacco. But in spite of these, tobacco products are still readily available in many communities, and smoking is still common in public areas with minimal consequences for those who smoke. Poor enforcement, low awareness of tobacco control policies, low monitoring capacity, and low community involvement were identified

*Corresponding Author: Philemon Babylon, PhD
Email Address: pheelbylon@gmail.com

as some of the barriers to the successful implementation of tobacco control policies in Nigeria (Ayo-Yusuf & Olutola, 2020; Egbe et al., 2016).

Young people make up a large share of Nigeria's population and are one of the groups at high risk of being initiated into tobacco use and nicotine dependence. Adolescence and early adulthood are pivotal periods in which many people start using tobacco (U.S. Department of Health and Human Services, 2012). Studies have found that starting smoking in adolescence leads to greater tobacco dependency and smoking in adulthood, which heightens lifetime risk of tobacco-related diseases (Marcon et al., 2018; Reitsma et al., 2021). This makes the prevention of tobacco initiation among youth one of the most promising approaches to decrease future health costs and improve communities.

However, data collected from stakeholder meetings and youth discussions suggest that peer influence, social interactions, environment exposure, poverty, and family practices are the main issues influencing tobacco use among adolescents. Sponsored by the community, cigarettes, shisha, snuff and other tobacco products are widely available within communities and can sometimes be bought without restriction, participants said. In a previous study, peer pressure, social acceptance, exposure to smoking role models and lack of awareness of health risks were identified as major determinants of tobacco use among adolescents and young adults (Odukoya et al., 2016), and these factors were also observed in this study. In addition, many participants reported that they lacked awareness of current tobacco control legislation and smoke-free policies, indicating significant gaps in public awareness and health education.
The continued use of tobacco products by youth underscores the importance of developing new, age-inclusive and lasting prevention strategies. There is growing evidence that meaningful youth involvement can enhance public health efforts and health-related behaviours among adolescents and youth (Villa-Torres & Svanemyr, 2015; Patton et al., 2016). Youth have different perspectives on the social issues impacting their peers and are likely to be better at delivering prevention messages to a youth audience. They can play a big role in helping to decrease tobacco use and create a healthier environment when they participate in peer education, awareness campaigns, school-based programmes, social media, community mobilisation and policy implementation.

Increasing the involvement of young people in tobacco control work is thus a very significant opportunity to improve the impact of tobacco control policies and programmes. Engaging youth as advocates, educators, community mobilisers and partners in tobacco control policy implementation is a key strategy in building community ownership, ensuring behavior changes in compliance with tobacco control laws and regulations, and setting the stage for healthy environments for current and future generations. Fostering youth involvement in tobacco prevention programs is a public health imperative and a wise investment in lasting community development and national health and wellbeing.

2. Problem Statement

Overall, Nigeria's tobacco control framework offers a legal basis for tobacco regulation and protection of public health. But what the evidence shows from stakeholders is that there are significant implementation gaps. A large proportion of participants reported that tobacco products are readily available, public smoking is common, and adherence to smoke-free rules is not consistent. These obstacles have a negative impact on the nation's goals of decreasing tobacco-related harm and promoting healthier places to live. One of the key issues raised with the stakeholders is the underrepresentation of youth in tobacco control policy processes. Youth are an important target group for tobacco prevention efforts, but they are not often included in policy discussions, implementation committees or monitoring systems. Consequently, many interventions are not attuned to the reality, vision and communication style of the youth.

Youth have always been seen as having great potential as influencers of peer smoking behaviours. Adolescents and youth use channels that are more accessible and likely to be credible to other youth than traditional public health channels. But training is not being provided, financial resources are not adequate, institutional capacities are weak, and the value of youth contributions is not recognised, which renders this potential underutilised. The results also

show that tobacco use among youth is malleable and depends on a complex interplay of social, economic and environmental factors. Smoking initiation and continuation are influenced by peer pressure, unemployment, poverty, family influences, exposure to social media and the ease of access to tobacco products. These drivers need extensive intervention, which is not just police-based, but involves community involvement, education, empowerment and behavioural change.

Solving these problems calls for a shift in how young people are perceived, from being viewed merely as beneficiaries of tobacco control interventions to being viewed as active partners in the policy development and implementation process. Enhanced youth participation can help to raise awareness, improve implementation of the smoke-free policy, boost community support for tobacco control initiatives and help to reduce tobacco use in Nigeria over the long term.

3. Methodology

The qualitative data for this policy brief were gathered from Key Informant Interviews (KIIs) and Focus Group Discussions (FGDs) with a National Drug Law Enforcement Agency (NDLEA) Officer, community stakeholders, public health actors, as well as youth participants from different youth groups and community settings. The participants had a wealth of experience in public health promotion, drug demand reduction, youth development, community mobilisation, and policy implementation. The purposive sampling method was applied to recruit respondents who had relevant knowledge and experience in tobacco use and public smoking, tobacco control programmes, youth engagement and public health advocacy. Semi-structured interview and discussion guides were used to explore tobacco use patterns and risk factors, awareness of tobacco control laws, youth involvement in tobacco prevention programs, barriers to involvement, and priorities for policy reform in-depth.

Face-to-face interviews and group discussions were used to gather data. Content analysis was carried out on the data obtained from the interviews and discussions, with a particular concern for themes. Responses were read, coded and aggregated into the following main thematic areas: prevalence and drivers of tobacco use, awareness of smoke-free policies, effectiveness of current tobacco control measures, youth involvement in tobacco prevention, obstacles to involvement, and policy changes desired. The results were triangulated among categories of participants to determine commonalities, agreements, and policy priorities. Existing tobacco control literature, national public health policies and international best practices on youth involvement in public health governance were consulted to inform additional insights. The recommendations in this policy brief are based on the evidence generated.

4. Key Findings

The results indicate that tobacco use is a public health problem for the youth. Tobacco products used by youth were defined, such as cigarettes, shisha, snuff and other nicotine-containing products. Additionally, respondents also reported that tobacco is used concurrently with other psychoactive substances, suggesting that tobacco use may be a gateway to other substance use behaviours. Peer influence was found to be one of the most powerful influences on teens and young adults to use tobacco. Many of the participants indicated that youth are frequently pressured into smoking by friends, wanting to be accepted by friends, curiosity or a desire to fit in with friends. Family and community exposure to smoking behaviours were also found to be important factors in smoking initiation.

It was determined that social and economic factors were significant influences on tobacco use. The participants identified poverty, unemployment, idleness, emotional stress, and limited recreation opportunities as contributing factors to the vulnerability of young people to smoking. Participants suggested that tobacco use can be seen as a way for youth to cope with stress and social problems by youth, and that smoking can sometimes be viewed as a sign of maturity, popularity and social status. The results also showed low knowledge of current tobacco control legislation and smoke-free policies among youth. Few participants in most focus groups had no knowledge of policies that limit

smoking in public spaces or policies that limit access to tobacco products. This unawareness decreases adherence to public health rules and diminishes community involvement in tobacco control.

Participants regularly indicated that there was a lack of community enforcement of tobacco control laws. Despite the presence of regulations that would create a smoke-free environment, smoking was common in markets, social gathering areas, transport areas and other public areas. Lack of enforcement and monitoring was cited as a problem, as tobacco products are still easily available to youth and underage children. All participants were aware of the health impacts of smoking. Youth respondents linked smoking to lung disease, heart disease, cancer, breathing issues, poor grades in school, addiction, and poor social wellbeing. Despite this awareness, many of the participants said that knowledge is not enough to stop smoking as the social influences and environment continue to promote smoking.

Another noteworthy finding is the under-representation of youth in the planning and implementation of tobacco control. The majority of the respondents reported that youth are rarely involved in discussions on tobacco policies, programme design, implementation of policies, or decision-making processes on tobacco control. Some youths are involved in awareness campaigns and peer education, but this involvement is in a non-formal and informal way. The study also identified some challenges that are facing youth involvement in tobacco control efforts. They involve lack of funding, limited training opportunities, lack of mentorship, inadequate institutional support, access to decision-making platforms and lack of recognition of youth contributions. Participants made it clear that these barriers hamper the effectiveness and sustainability of youth-led tobacco prevention initiatives.

5. Policy Problem Statement

Although there is legislation and public health interventions to ban or curb tobacco use among youth, Nigeria still has wide-ranging problems in achieving this. Current tobacco control strategies have been found to be less effective due to poor policy implementation, enforcement, public awareness and lack of youth participation. Young people are often underrepresented in policy development, delivery, tracking and promotion, and are a high-risk population and a precious asset in prevention.

There are few opportunities for meaningful youth involvement in tobacco prevention and smoke-free advocacy due to a lack of institutional structures that provide support. However, tobacco control interventions frequently do not sufficiently consider the perspectives, behaviors and communications of youth. If intentional policy changes are not made to include youth in the governance of tobacco use, the problem of tobacco use by adolescents and young adults is likely to continue. A multi-faceted approach is needed to close this policy gap, including increasing the involvement of youth; raising general awareness; ensuring effective implementation of smoke-free policies; and establishing long-term avenues for youth to be involved in making healthy community environments.

6. Policy Reform Priorities

The results of this study highlight the need for tobacco control policy to focus on youth in tobacco control planning, implementation, monitoring and advocacy to achieve sustainable reductions in tobacco use among young people. Current tobacco control legislation offers a solid foundation for the protection of public health. Still, enforcement has been weak, the public is not well informed, and there is a lack of youth involvement. The importance of seeing youth as not just consumers of tobacco control programmes, but as changemakers who can bring about behavioural change and better community settings was emphasised by stakeholders throughout. A key priority for reform is to embed youth voices into tobacco control governance. Participants called for youth advocates to be formally included on national, state, and local tobacco control committees, public health advisory groups, and platforms to implement smoke-free policies. Representing young people in this way would help to include the voices of youth in decision-making, and interventions would respond to the lived reality of youth.

The study also underscores the importance of increasing awareness and public education about the health risks of tobacco and the current laws regulating tobacco. A lack of knowledge of the regulations regarding a smoke-free environment and tobacco control policies was reported by many participants. Increasing awareness across the population and improving compliance and healthy behaviour through public education efforts, including in schools, community groups, youth associations, faith groups and online, would have a positive impact. Another key policy priority was capacity building. The respondents noted that youth advocates need to be trained in leadership, communication in public health, advocacy, community mobilisation, behavioural change promotion and policy engagement. The development of these capacities could help ensure that young people are able to effectively engage in tobacco prevention and policy implementation efforts.

A second major reform issue is the need to enhance the tobacco control law's enforcement. Public smoking and accessibility to tobacco products were consistently reported by participants as widespread and accessible, including for underage people. Enforcement is needed to support the implementation of smoke-free laws and help limit access to tobacco among youth, along with community involvement and public education efforts. The results also highlight the need to pay attention to other social and economic factors that increase the likelihood of tobacco use. The factors that make people more vulnerable to take up smoking – poverty, unemployment, idleness and lack of opportunities for youth development – were identified. In turn, tobacco control efforts should be woven into programmes of youth empowerment, education, vocational training and employment support which address underlying factors that drive risky behaviors among young people.

7. Proposed National Youth Tobacco Control Framework

There is a need to develop a National Youth Tobacco Control Framework to ensure that there is a structured mechanism for incorporating young people in the prevention and smoke-free public health policies and campaigns implemented in Nigeria. The framework should consider youth as key partners in public health promotion and outline the role of youth in policy development, programme implementation, monitoring, evaluation and advocacy. The framework should facilitate the development of national, state, local government, and community-level Youth Tobacco Control Networks. These networks would serve as a conduit for youth to conduct awareness campaigns, attend policy consultations, conduct peer education work, and mobilise their communities for tobacco use prevention.

Regular training and certification programs should also be incorporated into the framework for youth advocates to build knowledge and skills to promote tobacco prevention. Tobacco-related health risks, advocacy strategies, public communication, leadership development, policy analysis, community engagement and monitoring techniques are some of the topics that should be included in training. In addition, the framework should include sustainable financing for youth tobacco control efforts. Youth organisations should be provided with a dedicated grant as well as community support funds, partnership opportunities, and funding to conduct prevention campaigns, school-based programmes, media outreach activities, and smoke-free advocacy projects. Partnerships between government institutions, educational institutions, civil society organisations, traditional leaders, religious institutions, development partners and youth groups should be a key part of the framework. Coordination, resource mobilisation, knowledge sharing and sustainability of tobacco control interventions would be improved by such collaboration.

8. Implementation Strategy

The effective implementation of youth-focused tobacco control policies will need a multi-sectoral response from government, educational institutions, civil society organisations, community institutions and youth organisations. Implementation guidelines should be created by the relevant ministries and public health agencies, outlining responsibilities of stakeholders and providing for youth participation at all levels. Schools are important venues to address tobacco prevention through incorporating tobacco education into health promotion events, creating anti-tobacco clubs and facilitating peer education programmes. Youth advocates should be given the authority to run awareness campaigns and activities within schools and to campaign for smoke-free school environments.

Traditional and religious leaders, parents and local organisations should become part of the community-based implementation of youth-led prevention initiatives. Enhance awareness and promote community ownership of tobacco control efforts through community sensitisation campaigns, public dialogues and outreach. Digital communication channels should also be leveraged to reach youth via social media campaigns, awareness-raising online initiatives, interactive learning tools, and digital advocacy efforts. With the impact digital platforms have on youth behaviour, technology-based solutions can reach and impact more youth with tobacco prevention efforts.

9. Monitoring and Evaluation Framework

It is important to have a monitoring and evaluation framework to gauge youth participation in tobacco control. It is important to look at programme outcomes, as well as the quality of youth engagement in policy implementation processes when monitoring activities. Some key indicators include the number of youth representatives on tobacco control committees, the number of youth-led awareness campaigns, level of public awareness on tobacco risks, compliance with smoke-free regulations, youth tobacco prevalence and availability of youth-focused prevention programmes.

Review should occur regularly to evaluate progress of implementation, challenges encountered, documentation of best practices and to inform policy improvement. It is also important to develop community feedback mechanisms to ensure interventions are responsive to local needs and priorities. Research institutions and academic organisations should be encouraged to conduct periodic research to study the effectiveness of youth-led tobacco control interventions, and their effect on tobacco smoking, public awareness and policy outcomes.

10. Conclusion

The findings obtained from this study confirm that tobacco smoking is still a serious public health problem among youth in Nigeria. Tobacco control legislation is only the first step in protecting public health, but there are significant gaps in awareness, enforcement, community involvement and youth involvement. Despite a reduction in tobacco advertising and marketing, youth remain exposed to a variety of social, environmental and economic factors that make them more susceptible to tobacco use, and there are fewer opportunities to engage youth in tobacco control meaningfully.

The results clearly suggest that youth can be powerful advocates against tobacco and smoke-free public health policies. Their status in their communities, schools, and online and offline peer networks makes them powerful allies to help lower tobacco use and encourage healthy living.

To make tobacco control more sustainable, policies need to be deliberately designed to ensure youth involvement, improve awareness campaigns, improve enforcement, offer capacity-building opportunities and promote youth-led advocacy. These investments will not only help to curb tobacco use but will also help to build community buy-in to public health investments and enable healthier environments for the generations to come.

It is time to transcend symbolism and build partnerships where young people are leaders, advocates and decision-makers in Nigeria's tobacco control agenda. Increasing youth involvement in tobacco prevention and smoke-free policy efforts is essential to enabling youth to be active agents in creating healthier communities and better public health across the country.

11. Policy Recommendations

The following policy recommendations have been proposed based on the results of the key informant interviews and focus group discussions to enhance youth involvement in the implementation of tobacco control and smoke-free public health policy in Nigeria:

1. The Federal Ministry of Health, State Ministries of Health, and relevant policy and regulatory bodies should formally include youth representatives in the national, state, and local government committees and advisory

boards that address tobacco control, as well as in structures for tobacco control policy implementation. This will allow young people to be actively involved in policy development, implementation, monitoring and evaluation processes.

2. Government and development partners should encourage school, community and tertiary institution-based youth tobacco control networks and advocacy platforms. These platforms will be used for peer education, community mobilisation, policy advocacy and smoke-free campaigns.
3. Prevention education about tobacco should be part of the school curriculum, youth development programs, and community outreach. Public awareness campaigns should leverage youth-targeted communication methods and tools such as social media, peer education, digital tools, sports events and community dialogues in local languages.
4. Frequent training sessions should be offered for youth advocacy skills in health communication, leadership, advocacy, tobacco control legislation, community mobilisation and policy engagement. There is also a need to establish mentorship programs for public health practitioners, teachers, and community leaders.
5. The government's tobacco control agencies should increase tobacco control enforcement of the National Tobacco Control Act and smoke-free measures. Specific schools, markets, motor parks, recreational areas, and any other areas of public assembly in which smoking is still widespread should be considered. Youth monitoring groups in the community can be contacted to assist in compliance reporting and public sensitisation.
6. Tobacco marketing to young people and minors should be further limited by the strengthening of measures to prevent the sale of tobacco products to minors and young people. To limit accessibility and availability of tobacco products in communities, regular checks, increased penalties for violations and monitoring of retail outlets should be put in place.

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