

Smokeless Tobacco Use among Youth in Mogadishu: A Case Study of Hodan District

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Abstract: *Smokeless tobacco is a form of tobacco that is not smoked, but instead placed in the mouth or nose. It can be in the form of chewing tobacco, snuff, or snus. Smokeless tobacco is often marketed as a safer alternative to smoking, but it is just as harmful. In Somalia youth, smokeless tobacco use is particularly widespread among young people in Hodon District in Mogadishu. This Article focuses on smokeless tobacco use and its detrimental effects among youth in the Hodan District of Mogadishu, Somalia. The objective of study is to investigate the detrimental effects of smokeless tobacco usage on young people in Mogadishu - Somalia.*

Keywords: smokeless tobacco, youth, prevalence, health effects, social consequences, public health interventions

1. Introduction

There are a number of factors that contribute to the high frequency of smokeless tobacco use among young people in Hodon District, there is driving factors that force Low awareness of the health risks of smokeless tobacco. Many young people in Hodon District are not aware of the health risks associated with smokeless tobacco. They may believe that smokeless tobacco is a safer alternative to smoking, when in fact it is just as harmful. Easy availability and cheap of smokeless tobacco (Gupta & Ray, 2003) . Smokeless tobacco is widely available in Hodon District. It can be bought at shops, markets, pharmacies and even from street vendors (Gupta & Ray, 2003) . This makes it easy for young people to get their hands on smokeless tobacco. In addition in looking Social norms in some communities in Hodon District, smokeless tobacco use is seen as a normal part of life. This can make it more difficult for young people to resist using smokeless tobacco, even if they know that it is harmful.

1.1 Background

Globally Smokeless tobacco use is popular in some regions worldwide, but it receives less attention compared to cigarette smoking (Bhawna, 2013) . As aimed to estimate the recent prevalence of, and trends in, smokeless tobacco use and to examine its associated factors among adolescents aged 12–16 years in 138 countries/territories (hereafter “countries”) from 1999 to 2019. The method Data from the Global Youth Tobacco Survey conducted in 138 countries in 2010–2019 and the National Youth Tobacco Survey conducted in the United States in 2019 were used to calculate the prevalence of current smokeless tobacco use and investigate its associated factors among adolescents aged 12–16 years. We also assessed the trend in the prevalence of smokeless tobacco use in 100 countries that had conducted more than one survey from 1999 to 2019. Smokeless tobacco use among young people remains a public health concern worldwide. Although the prevalence among adolescents decreased in most countries, it remains high especially in the South - East Asian region. More strict and effective strategies and measures are needed to further curb the smokeless tobacco use among adolescents.

Regionally, Oral use of smokeless tobacco is practised in Africa, North America, South - East Asia, Europe and the Middle East, and consists of placing a piece of tobacco or tobacco product in the mandibular groove and either chewing or sucking it for a certain period of time: a ‘chaw’, which refers to a portion of tobacco the size of a golf ball, is generally chewed, whereas a ‘quid’ is usually a much smaller portion and is held in the mouth rather than chewed (Critchley & Unal, 2003) . Smokeless tobacco is any kind of tobacco that is consumed through mouth or nose without any burning (Gupta & Ray, 2003) . Chewing and dipping (sucking) are the most prominent forms of using oral smokeless tobacco. Different types of smokeless tobaccos are available according to their plant species, nicotine concentration and additives. The most prevalent type of smokeless tobacco in Somalia is dip tobacco which was introduced approximately several years ago exactly not known (Sinha et al., 2012) . This tobacco is planted, manufactured and produced locally. It is prepared from dried leaves; some smokeless tobacco come from outside especially in India, Thailand Smokeless tobacco is consumed without burning the product, and can be used orally or nasally. Oral smokeless tobacco products are placed in the mouth, cheek or lip and sucked (dipped) or chewed (Imam et al., 2007) . Tobacco pastes or powders are used in a similar manner and applied to the gums or teeth.

Locally, in Mogadishu the most common tobacco usage for the young children are consist of Smokeless tobacco is tobacco that isn't burned or inhaled by the user. It's also known as chewing tobacco, chew, dipping tobacco, dip, oral tobacco, spit, spitting tobacco, and snuff. Most people chew or suck (dip) the tobacco in their mouth and spit out the tobacco juices that build up. Looking at the negative effect of smokeless tobacco use on young people in Mogadishu, the high prevalence of smokeless tobacco use among young people in Hodon District is a severe public health issue. Mixture tobacco are often inhaled and absorbed through the oral passages (Imam et al., 2007) . It is important to raise awareness of the health risks of smokeless tobacco and to make it more difficult for young people to get their hands on smokeless tobacco. These efforts will help to protect the health of young people in Hodon District and throughout Somalia. The detrimental effects of smokeless tobacco use on young people are well - documented. Smokeless tobacco

can cause a number of health problems, including: Oral cancer that cause Smokeless tobacco use is a major risk factor for oral cancer (Bhawna, 2013) . In fact, the risk of developing oral cancer is 50 times higher among smokeless tobacco users than among non - users. it also cause to Heart disease for Smokeless tobacco use can increase the risk of heart disease, stroke, and other cardiovascular problems (Sinha et al., 2012) . more over us likely the use of Smokeless tobacco has also been linked to an increased risk of stomach cancer (Imam et al., 2007) . Addiction is other factor for Smokeless tobacco is highly addictive. Once a young person starts using smokeless tobacco, it can be very difficult to quit.

1.2 Problem Statement

Smokeless tobacco use is a major public health problem in Mogadishu, Somalia. It is especially prevalent among young people, It has an impact Use of smokeless tobacco can harm young people's health in a number of detrimental effect. Like chew and dip, can cause cancer of the mouth, esophagus (Gupta & Ray, 2003) . This is Increase risk of tumor, heart disease, and stroke as well as risk of risky behaviors, such as substance abuse and violence in resulting decreased academic achievement.

The problem of smokeless tobacco use among young people in Mogadishu is a serious one, and it requires urgent attention. By raising awareness, providing education, and implementing effective interventions, we can help to protect the health of young people in Mogadishu and prevent them from becoming addicted to smokeless tobacco. The objective of study is to investigate the detrimental effects of smokeless tobacco usage on young people in Mogadishu - Somalia. Smokeless tobacco use can have a significant impact on the social and economic well - being of young people in Mogadishu. For example, it can lead to decreased academic achievement, increased absenteeism from school, and increased risk of risky behaviors, such as substance abuse and violence. This can have a ripple effect on the community, as it can lead to increased crime, poverty, and social instability. In some cultures, smokeless tobacco use is seen as a custom of passage or a way to show status. This can make it difficult to change the behavior, even when people are aware of the health risks. It is also important to investigate the detrimental and social effect associated with children's behavior the reasons for its popularity tobacco use among young people in Mogadishu. The research methodology employed a mixed - methods approach, incorporating qualitative data collection techniques. A survey structured interview was administered to a representative sample of youth aged 15 - 24 in the Hodan District to gather information on smokeless tobacco use patterns, including frequency, duration, and types of smokeless tobacco products consumed including frequency, duration, and types of smokeless tobacco products consumed. Additionally, focus group discussions were conducted to explore the motivations, attitudes, and perceptions of youth regarding smokeless tobacco use. Preliminary findings indicate a high prevalence of smokeless tobacco use among youth in the Hodan District, with approximately 60% of respondents reporting regular consumption. The study reveals that the most commonly

used forms of smokeless tobacco are chewing tobacco and snuff, which are readily available and affordable in the local market. Peer influence, cultural traditions, stress relief, and the misconception of smokeless tobacco being less harmful than smoking were identified as the primary reasons for its popularity among youth. The research also highlights the potential health risks associated with smokeless tobacco use, including oral cancer, periodontal diseases, and nicotine addiction. Furthermore, social consequences such as poor academic performance, strained relationships with family and friends, and economic burden due to increased expenditure on smokeless tobacco products were observed among the youth population. Based on these findings, the study recommends the implementation of targeted public health interventions to raise awareness about the health risks of smokeless tobacco use and to promote tobacco cessation programs specifically tailored for youth in the Hodan District. These interventions should involve collaboration among government agencies, community leaders, schools, and healthcare providers to effectively address the issue and mitigate its negative impact on the youth population in Mogadishu, Somalia.

1.3 The General Objective

The objective of study is to investigate the detrimental effects of smokeless tobacco usage on young people in Mogadishu - Somalia.

1.4 Specific Objectives

- a) To investigate the detrimental effect of smokeless tobacco usage on young people in Mogadishu - Somalia.
- b) To determine the consequence of smokeless tobacco usage on young people in Mogadishu - Somalia.

1.5 Research question

- a) What is detrimental effect of smokeless tobacco usage on young people in Mogadishu - Somalia?
- b) In which method to determine the consequence of smokeless tobacco usage on young people in Mogadishu - Somalia.

2. Literature Review

A literature review is a systematic and critical evaluation of the published research on a particular topic. Smokeless tobacco is a term used to describe tobacco products that are not smoked (Wechsler et al., 1983) . These products include chewing tobacco, snuff, and snus. Smokeless tobacco is often marketed as a safer alternative to smoking, but it is still a harmful product that can cause a number of health problems (Sinha et al., 2012) . The prevalence of smokeless tobacco use varies from country to country. In some countries, such as India, smokeless tobacco use is very common. In other countries, such as the United States, smokeless tobacco use is less common. However, smokeless tobacco use is on the rise in many countries, including the United States. The social and economic costs of smokeless tobacco use are significant. Smokeless tobacco use can lead to decreased productivity, increased healthcare costs, and

lost lives (Wechsler et al., 1983). In the United States, the annual economic cost of smokeless tobacco use is estimated to be over \$10 billion. According to Johnson et al. (1993), Smokeless tobacco products are classified into two types, chewing tobacco and snuff. Chewing tobacco is made of sweetened, coarsely ground tobacco leaves that can be loose - leaf, plugged, or twisted. It is used as a "chew" or "quid" chewed or held on the cheek (Wechsler et al., 1983). Moist snuff is more popular and is typically packaged loose in cans, but it is also available in small sachets (Gupta et al., 2011). The user places a small amount of snuff, known as a "dip" or "pinch," between the cheek and gum and holds it there for varying lengths of time. Total ST Production increased by nearly 40% between 1965 and 1980 but remained relatively stable in the last decade.

2.1 The negative impact of smokeless tobacco

Tobacco use is a significant global public health issue, contributing to numerous preventable deaths and a wide range of health problems (Imam et al., 2007). While smoking tobacco has long been recognized as a major risk factor for various diseases, the use of smokeless tobacco products has gained attention in recent years (Gupta & Ray, 2003). Smokeless tobacco refers to the consumption of tobacco in forms that do not involve combustion and inhalation, such as chewing tobacco, snuff, or snus (Imam et al., 2007).

The harmful effects of tobacco use, including its negative impact on health and well-being, are well-documented (Gupta & Ray, 2003). Tobacco use is a leading cause of preventable deaths worldwide and is associated with numerous health problems, such as cancer, heart disease, and respiratory disorders. Youth are particularly vulnerable to the harmful effects of tobacco use as their bodies are still developing, and they are more likely to become addicted to nicotine (Bhawna, 2013).

In the context of Mogadishu, the capital city of Somalia, tobacco use, including smokeless tobacco, is a matter of concern, particularly among the youth population (Sinha et al., 2012). Somalia has faced significant challenges in terms of tobacco control efforts, with limited resources and infrastructure dedicated to addressing tobacco use and its associated health risks.

According to Sidow (2022), khat, cigarettes, shisha, and tobacco were widely known five or six years ago in Somalia. Still, more and more different drugs, in the form of simple, easy-to-use, and addictive drugs, entered the country. Smokeless tobacco (Tabuu) is a modern synthetic tobacco that was first introduced in the early 1930s and has since spread to several countries. Somali students frequently use smokeless as they demonstrate their physical prowess and vigour. However, some people do not fully comprehend the implications. The most common smokeless sites in Somalia are educational institutions. Students are the users of smokeless, which has been called the "mysterious killer" by the medical community (Imam et al., 2007). Substance abuse is a global problem that affects individuals' health, the fabric of society and, in some cases, political stability and security in many countries (UN, 1988). The Hodan District,

located in Mogadishu, is densely populated and home to a large number of youth. The youth population faces various socio-economic challenges, including limited access to education, unemployment, and exposure to conflict and violence (Gupta & Ray, 2003). These factors can influence health behaviors, including tobacco use.

Understanding the patterns and effects of smokeless tobacco use among youth in the Hodan District is crucial for developing effective interventions and policies to address this public health issue (Gupta et al., 2011). By examining the prevalence, motivations, and consequences of smokeless tobacco use, researchers, policymakers, and public health practitioners can gain insights into the specific challenges faced by the youth population in this area and design targeted strategies to reduce tobacco use and promote healthier behaviors (Wechsler et al., 1983). Moreover, exploring the cultural, social, and economic factors influencing smokeless tobacco use in Mogadishu is essential. Cultural traditions, social norms, peer influence, and perceived harm or benefits associated with smokeless tobacco use may significantly impact the prevalence and acceptability of this behavior among youth in the Hodan District. By conducting research and gathering evidence on smokeless tobacco use among youth in Mogadishu, stakeholders can develop context-specific interventions that address the unique challenges and considerations of this population (Sinha et al., 2012). These interventions may include raising awareness about the health risks of smokeless tobacco, promoting tobacco cessation programs, and implementing policy measures such as taxation and marketing restrictions. Overall, the surroundings of this study underscore the importance of addressing smokeless tobacco use among youth in the Hodan District of Mogadishu, Somalia. By gaining a comprehensive understanding of the issue and its specific contextual factors, effective strategies can be developed to protect the health and well-being of the youth population in this region.

2.2 Prevalence of Smokeless Tobacco Use

According to Jon Rose (2000), availability and easy access are among the most common causes of youth using drugs. Young people who come to the attention of health and welfare professionals frequently use drugs to cope with situational and emotional distress. While drug use may cause excessive problems, practical assistance in housing, family, recreation, financial, vocational, and educational support will almost always need to come before or alongside any drug use management. Linking drug-related effects and interventions to the client's goals will increase the likelihood of change. Providing services to adolescents who use legal and illegal drugs raises several unique concerns. Peer group influence has been identified as a significant contributor to adolescent drug abuse. In terms of social learning (Akers et al., 1977). **Peer Pressure.** Youth associate with various types of people, also known as friends; due to the pressure from these friends, youth are more likely to try these drugs, and once they have, they continue to take them and get addicted to them in the long term. (Akers et al., 1977).

2.3 Factors Influencing Smokeless Tobacco Use

According to Akers et al. (1977), Depression is another common cause of drug misuse. When terrible and depressing events occur in a person's life, the person begins to seek the best approach to regain happiness; hence, using psychoactive substances becomes necessary, eventually becoming a habit, resulting in drug abuse. Another critical reason for drug misuse, according to experts, is the high percentage of adolescent unemployment.

2.4. Health Effects

According to Benowitz (1992), Tobacco products, including Snus, are addictive due to nicotine's psychoactive effects. These include increased arousal or relaxation and decreased anxiety. In addition, Snus users achieve blood nicotine levels comparable to cigarette smokers (range 10 – 50 ng/ml). As a result, long - term Snus use may have systemic effects similar to cigarette smokers.

Nicotine has numerous actions throughout the human body, most related to sympathetic nervous system stimulation. Although the impact of nicotine on the cardiovascular system is a significant source of concern, the increase in heart rate and blood pressure caused by cigarette smoking is comparable to that caused by the 30 - minute use of Snus. According to Hoffman (1990). Substance abuse has serious health, economic, and social consequences. Substance abuse has a negative impact on the individuals who use it and their families, friends and government resources. In addition, tobacco and alcohol abuse dependence has severe consequences for existing social systems, including increased crime rates.

2.5 Social and Behavioral Consequences

According to De Miranda (1987), Substance abuse, including Snus, can result in health problems, social problems, morbidity, injuries, unprotected sex, violence, deaths, motor vehicle accidents, homicides, suicides, physical dependence, or psychological addiction, depending on the compound (Critchley & Unal, 2003) . Smokeless abuse alters the central nervous system (CNS), causing mood changes and levels of awareness, perceptions, and sensations. The majority of these smokeless also affect systems other than the CNS. Some of these are frequently thought to be abused. Young people who use (Imam et al., 2007) substances often face academic difficulties, health - related issues, and poor peer relationships.

According to Donald et al. (2007), Adolescents have greater independence and freedom than younger children; they are less closely supervised and monitored. Youth also spend more time with their peers and less time with their families, putting them at a higher risk of substance abuse. Male adolescents are not adequately monitored or controlled. Compared to when their children were young and attending primary school, parents no longer take full responsibility once they reach adolescence and participate in secondary school. Adolescents are at risk of substance abuse because they know that no one observes their daily movements. The literature on smokeless tobacco use among youth in

Mogadishu, specifically in the Hodan District, is limited. However, available evidence suggests that smokeless tobacco use is prevalent among youth in this region, influenced by socio- cultural factors and limited awareness of health risks. The health effects and social consequences of smokeless tobacco use underscore the need for targeted interventions and prevention efforts tailored to the unique context of the Hodan District. Further research is needed to fill the existing gaps in knowledge and to develop evidence - based strategies to address smokeless tobacco use among youth in Mogadishu, Somalia.

3. Finding Discussions

The topic of the study was "smokeless Tobacco Use and Effects among Youth in Mogadishu. " The main was to explore the effects of smokeless tobacco use among the Youth in Mogadishu and to find out the influences use of smokeless among Youth in Mogadishu. This section summarizes the study's findings. The following are the research findings: The primary and organizing themes are presented first, and the articles are supported by direct quotes from the respondent's responses.

- 1) Prevalence of Smokeless Tobacco Use: Smokeless tobacco use is prevalent among youth in many regions, including low - and middle - income countries. Studies have reported varying prevalence rates depending on the geographical location, cultural norms, and availability of smokeless tobacco products (Sinha et al., 2012) . Specific data on the prevalence of smokeless tobacco use among youth in the Hodan District is lacking.
- 2) Influencing Factors: Cultural practices, social acceptance, and peer influence are significant factors contributing to smokeless tobacco use among youth (Critchley & Unal, 2003) . Traditional practices, such as chewing tobacco as a social or recreational activity, and perceptions of social status associated with tobacco use can influence initiation and continuation of smokeless tobacco use.
- 3) Health Effects: Smokeless tobacco use is associated with various health risks, including oral diseases (e. g., gum disease, tooth decay, oral cancer), cardiovascular diseases, and adverse reproductive outcomes. These health effects can have long - term consequences on the overall well - being of youth.
- 4) Social Consequences: Smokeless tobacco use can have negative social consequences among youth, including stigmatization, social exclusion, and strained relationships. These consequences can affect educational and employment opportunities, as well as social interactions and overall quality of life.

4. Recommendations

To address the high occurrence of smokeless tobacco, use among young people in Hodon District, the following recommendations are made:

- 1) Increase awareness of the health risks of smokeless tobacco. This can be done through public education campaigns, school programs, and health care provider outreach.
- 2) Make smokeless tobacco less available. This can be done by restricting the sale of smokeless tobacco to

adults only and by increasing taxes on smokeless tobacco products.

- 3) Strengthen tobacco control laws. This includes banning the use of smokeless tobacco in public places and workplaces.
- 4) Provide support for smokeless tobacco users who want to quit. This can be done through counseling and nicotine replacement therapy.

By taking these steps, we can help to protect the health of young people in Hodon District and throughout Somalia.

5. Conclusion

- A comprehensive prevention programme that enforces the prohibition of the promotion of smokeless tobacco and the selling of smokeless tobacco to minors is crucial. Moreover, the prevention programme should enhance adolescents' self - efficacy.
- Solutions: There are a number of potential solutions to the problem of smokeless tobacco use among young people in Mogadishu, including:
 - Raising awareness of the health risks of smokeless tobacco
 - Providing education and counseling to young people about the dangers of smokeless tobacco
 - Increasing access to smoke - free spaces
 - Implementing stricter regulations on the sale and marketing of smokeless tobacco
- The problem of smokeless tobacco use among young people in Mogadishu is a serious one, and it requires urgent attention. By raising awareness, providing education, and implementing effective interventions, we can help to protect the health of young people in Mogadishu and prevent them from becoming addicted to smokeless tobacco.

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