TOBACCO SMOKING AMONG PEOPLE LIVING WITH HIV IN UGANDA
PROJECT RESULTS SUMMARY

1. Tobacco smoking and associated factors among people living with HIV in Uganda

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Abstract

Introduction: In Uganda, the prevalence of smoking among people living with HIV (PLWH) is higher than the general population prevalence. This study aimed to assess smoking patterns, behaviours and associated factors among PLWH in Uganda.
Methods: A cross-sectional survey was conducted among adults in HIV care in Uganda. Descriptive statistics were used to describe smoking patterns and behaviours. Logistic regression was used to identify factors associated with current smoking status.
Results: Of the 777 participants recruited between 1st October and 30th November 2019, 387 (49.8%) were current smokers and 390 (50.2%) were non-smokers; 60.9% were males, and the mean age was 40.5 (SD 10.7) years. In multivariate logistic regression, the following increased the odds of being a current smoker: being male (OR 5.98 (95%CI= 3.69 to 9.70)), living in smoking-permitted households (OR 2.70 (95%CI= 1.10 to 6.61), alcohol use (OR 3.69 (95%CI= 2.18 to 6.24)), a higher perceived stress score (OR 2.11 (95%CI= 1.38 to 3.33)), and higher health-related quality of life (OR 6.42 (95%CI= 1.62 to 25.46)). Among smokers, the mean Fagerstrom Test for Nicotine Dependence score was 3.0 (SD 1.9), and 203 (52.5%) were making a plan to quit. Self-efficacy to resist smoking and knowledge of the impact of smoking on PLWH's health were low.
Conclusions: Being male, living in smoking-permitted households, alcohol use, higher perceived stress scores and higher health-related quality of life were associated with being a current smoker. Among smokers, nicotine dependence was low to moderate, willingness to quit was high and self-efficacy was low.
Implications: Future behavioural smoking cessation interventions for PLWH should address co-consumption with alcohol and comorbid mental health conditions that are common among PLWH such as stress. In addition, they should take into account the lack of knowledge among this population of the impact of smoking on their health, and low self-efficacy. Given the relatively low levels of nicotine dependency and high levels of willingness to quit in our sample, smoking cessation interventions, if offered, are likely to support this population in achieving long-term smoking abstinence.

2. Tobacco use and cessation in the context of ART adherence: insights from a qualitative study in HIV clinics in Uganda

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Abstract

Sub-Saharan Africa carries a disproportionate burden of human immunodeficiency virus (HIV). Tobacco use amongst people living with HIV is higher than in the general population even though it increases the risk of life-threatening opportunistic infections including tuberculosis (TB). Research on tobacco use and cessation amongst people living with HIV in Africa is sparse and it is not clear what interventions might help. We carried out qualitative interviews in Uganda in 2019 with 12 current and 13 former tobacco users (19 men and 6 women) receiving antiretroviral therapy (ART) in four contrasting locations. We also interviewed 13 HIV clinic staff. We found that tobacco use and cessation were tied into the wider moral framework of ART adherence. Patients were advised to stop using tobacco; those who did not concealed this from health workers, who associated tobacco and alcohol use with ART adherence failure. Most of those who quit tobacco did so following the biographical disruption of serious TB rather than the HIV diagnosis itself, but social support from family and friends appeared to be crucial to sustained cessation. Smoking and drinking formed part of a register of masculinity which involved enforced sociality as well as physical strength, itself linked to tobacco in the popular imagination. Men who stopped using tobacco and alcohol in order to meet ART adherence requirements could call on an alternative register of masculinity as family responsibility and respectability, particularly if they had the support of friends and family in this role. However, many participants suffered from food insecurity and social isolation and were therefore unable to fulfil the role of breadwinner and responsible father. This made them liable to depression and more likely to turn to validation through smoking and drinking with their peers.

3. "… it should be something we should be handling as we do routine care…" HIV Care Providers' Perspectives on Smoking Cessation Integration into HIV Care in Uganda

Nyamurungi Namusisi K, Thirlway F, Miti AK, Mdege ND, Matovu JKB.

Abstract

Introduction: Integration of smoking cessation interventions into HIV care can play a crucial role in reducing the growing burden of tobacco smoking among people living with HIV (PLHIV). However, there is a dearth of information on HIV care providers' perspectives towards integration of smoking into HIV care programs.

Methods: This was a cross-sectional, qualitative study conducted among 12 HIV care providers, one (1) district health officer and one (1) tobacco program manager between October and November 2019. Data were collected on healthcare providers' awareness of and perceptions/attitudes about smoking among PLHIV; support provided to smoking patients to quit smoking, current level of knowledge and skills on smoking cessation integration and what needs to be done to support integration of smoking cessation into HIV care. We also explored the opportunities and threats towards integrating smoking cessation interventions into HIV care from the policy level perspective. Data were analysed deductively following a thematic framework approach.

Results: Most of the HIV care providers (86%) were in charge of the ART clinics in the health facilities surveyed. Our findings show that: a) the magnitude of tobacco smoking among patients is not known by healthcare providers; b) although some healthcare providers screen for tobacco smoking and provide quitting advice to current smokers, few patients, if any, receive a full package of smoking cessation interventions partly because tobacco screening is not routinely done and partly because of lack of smoking cessation integration guidelines; and c) although most health care providers viewed integration of smoking cessation into HIV care as essential, critical gaps still exist (e.g. health care providers' lack of training on how to support smoking patients to quit smoking) that need to be addressed to facilitate full integration.

Conclusion: Our study shows that screening for tobacco smoking among PLHIV who are in HIV care is sub-optimal; there are no smoking cessation intervention guidelines, and there is little evidence that smoking individuals receive a full package of interventions to help them go through the quitting process. These findings call for a need to train health care professionals in integrating smoking cessation interventions into HIV care.