
GLOBAL YOUTH TOBACCO SURVEY REPORT

UGANDA

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January 2003

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Acknowledgements

The following organisations and people are duly and sincerely acknowledged for their invaluable contributions.

World Health Organisation and Centre for Disease Control- for entrusting me to carry out the Global Youth Tobacco Survey Uganda, and for being very supportive from the planning, implementation to final outcome of the report. In particular, Ms. Leanne Riley-WHO/TFI, Dr. Wick Warren-CDC, Mr. Curtis Blanton-CDC, Ms. Juliette Lee-CDC, Dr. Charles Maringo-WHO/AFRO , Ms Karen D. Klimowski-WHO/AFRO, Mr. Benjamin Sensasi-WHO Uganda.

The students who took part in the survey so willingly, and for volunteering to give us the information, without whom, this work would not have been accomplished. To the District Contact Persons, Head Teachers and School Contact Persons of the schools visited in the districts of Arua, Kampala, Mpigi and Rest of Central Districts (Kiboga, Luwero, Masaka, Mukono, Mubende, Rakai and Ssembabule), I appreciate your input.

The Supervisors and Survey Administrators for the four study districts did a commendable job of good quality. I would like to thank them for their perseverance and dedication. To the officials from Ministry of Education and Sports- Mr. Brian Musoke and Frank Ssenabulya, and Ministry of Health- Ms. Liliane Luwaga, I acknowledge your support.

The Parliamentary Research Service and the Clerk's Office-Parliament of Uganda provided the usual much-needed logistical and administrative support. I also thank Enoth Tumukwasibwe, Paul Ssenagooba and Phillip Karugaba for their contribution through the planning and editing of the report.

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List of Acronyms

Ads	Advertisements
CDC	Center for Disease Control
ETS	Environmental Tobacco Smoke
FCTC	Framework Convention on Tobacco Control
GYTS	Global Youth Tobacco Survey
NEMA	National Environment Management Authority
TFI	Tobacco Free Initiative
WHO	World Health Organization

Operational Definitions

Adolescents are persons in the 10-19 years age group while youths are defined as those between 15-24 years (WHO 1989). The two groups overlap into one entity of 'young people', covering the age range of 10-24 years. Uganda has under the draft adolescent health policy already adopted the same definition and classification of youth and young people. This study covers 13-15 age group.

Current Smokers means students who are currently smoking cigarettes.

Never Smokers means students who are not or have never tried to smoke cigarettes.

Rest of Central Districts refers to schools selected in the study districts of Kiboga, Luwero, Masaka, Mubende, Mukono, Rakai and Ssembabule.

Secondhand smoke/environmental tobacco smoke exposure refer to tobacco smoke exhaled by a smoker and smoke that comes off the end of a lit cigarette.

Tobacco products includes cigarettes, chewing tobacco, snuff, cigars, cigarillos, pipe.

Executive Summary

The GYTS is a school based tobacco specific survey, which focuses on adolescents aged 13-15 years. In 2002, Uganda conducted this survey in two regions. The objectives of the survey were: to document and monitor the prevalence of tobacco-use; assess students' attitudes, knowledge and behaviors related to tobacco use and environmental tobacco smoke (ETS) exposure, as well as youth exposure to prevention curriculum in school, community programs, and media messages aimed at preventing and reducing youth tobacco use. The other objective was to provide information to guide programming and advocacy work addressing youth tobacco use.

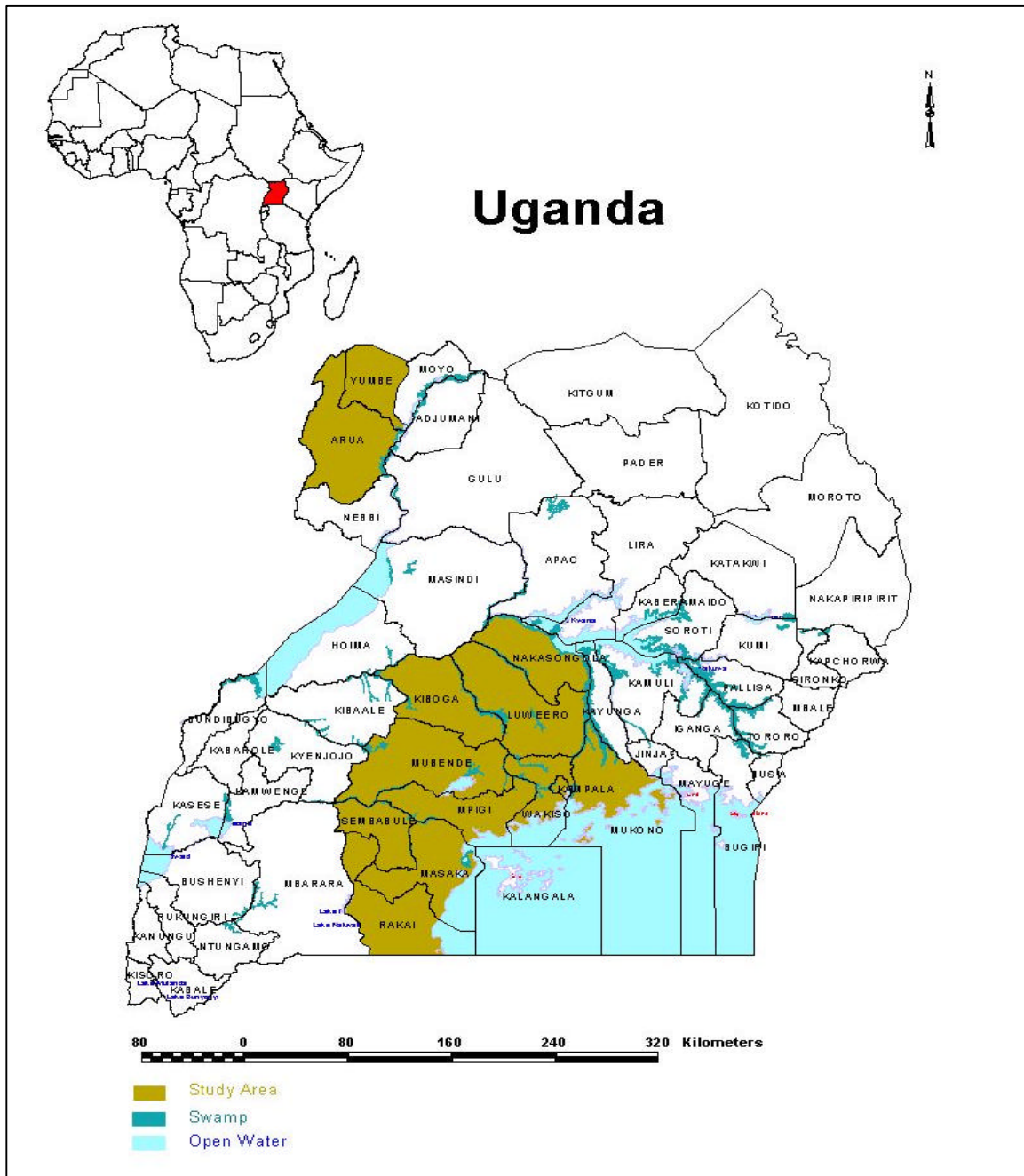
The survey was carried out in July-August 2002 in two regions of Uganda-Central and Northern regions. In Central region- Kampala, Mpigi and Rest of Central Districts and Arua district in the Northern region. A two-stage cluster sample design was used to obtain the sample of students from Senior One-Senior Three. A total 77 out of 85 secondary schools participated in the survey, with 22 schools in Arua, 19 in Kampala, 18 in Mpigi and Rest of Central Districts, respectively. Out of the 10,390 selected students from all the four study districts, 8,078 participated. The overall response rate ranged between 80.7% and 62.1%.

Key findings:

- The prevalence rate of ever smokers (a cigarette, even one or two puff) among students aged 13-15 years is high, with 33.1% in Arua, 17.5% in Kampala, 18.2% in Mpigi and 12.6% in Rest of Central Districts. Of the students who were reported to have ever smoked, nearly 40% had initiated cigarette smoking before 10 years in Kampala, Mpigi and Rest of Central Districts compared to 18.4% of the students in Arua. Almost one in ten never smokers are likely to initiate smoking in next year.
- The percentage of students currently using any tobacco product is significantly high in all the districts. Current smokers account for 21.9% in Arua, 5.3% in Kampala, 6.7% in Mpigi and 4.7% in Rest of Central Districts. Similarly, Arua district (21.2%) reported with the highest percentage of students had used tobacco products other than cigarettes like chewing tobacco, snuff and cigars and Kampala district the lowest rate at 11.0%.
- Boys who smoke are likely to have more friends and attractive compared to their female counterparts. About twice as many students in all the districts think boys who smoke cigarettes have more friends than to those who think girls who smoke. Few students think that boys and girls who smoke are more attractive than non-smokers.

- Approximately, 30% of the current smokers in the districts of Kampala, Mpigi and Rest of Central Districts usually smoke at home and their friend's house compared to only 19.4% in Arua district. 60% of the current smokers in Arua, Kampala and Rest of Central Districts were not refused to purchase cigarettes from the store because of their age.
- Exposure to second-hand smoke both at home and public places is significantly high. About twice as many current smokers as never smokers were exposed to someone's smoke in public places. About seven in ten students, both current smokers and never smokers in all the districts thought that smoke from others is harmful to them and about half are in favor of a ban on smoking in public places.
- A significant number of current smokers expressed a desire to stop smoking (80%) with over 2/3 having attempted to stop smoking during the past year preceding the survey but not succeed. Over 80% of the current smokers had ever received help to stop smoking. A large proportion of students have been exposed to tobacco advertising in print and electronic media. Awareness level of students about tobacco use and effects is high. Approximately three-quarters (76.9%) of the students in Arua had been taught about the dangers and nearly 2/3 of the students in Kampala (65.6%), Mpigi (66.2%) and Rest of Central Districts (64.1%).

The survey results provide baseline data and evidence for the need to develop tobacco control interventions to reduce the potential tobacco related health care costs with emphasis on the young people through: increased taxation on tobacco products; tobacco control legislation to ban smoking from public places; restricting advertisement of tobacco products in print and electronic media; provide health education programs on tobacco use prevention and cessation to both in-and out-of-school adolescents. In this respect the following will be development partners parents, professional individuals- (teachers, health workers, community development and youth workers, welfare/probation officers, police, lawyers), and any other relevant adolescent friendly organizations, who/or which are willing to work for the health and welfare of young people.



INTRODUCTION

Tobacco is one of the major sources of income to many countries with an annual turnover of almost US\$ 400 billion. However, the globalization of its marketing, trade, research and industrial influence represents a major threat to public health worldwide including economic, environmental and social dangers.

Tobacco use is one of the leading causes of preventable death in world. The World Health Organization (2001) estimates that 11,000 people die daily due to tobacco related diseases. It is also estimated that 4.9 million deaths occur annually from tobacco-related illnesses, a figure expected to rise to 10 million by the year 2030. By that date, based on current smoking trends, tobacco is predicted to be the leading cause of disease burden in the world, causing about one in eight deaths. 70% of those deaths will occur in developing countries.

The sheer scale of tobacco's impact on global disease burden, and particularly what is likely to happen without appropriate intervention in developing countries, is often not fully appreciated. The extremely negative impact of tobacco on health now and in the future is the primary reason for giving explicit and strong support to tobacco control on a worldwide basis.

Many of tobacco's future victims are today's children because tobacco use is usually initiated in adolescence and continues through adulthood, sustained by addiction to the nicotine in tobacco. Murray et al (1996) indicate that if the current trends continue, 250 million children alive today will be killed by tobacco. 750 million children are exposed to second-hand smoke. Although it is evident that there are many tobacco related diseases and deaths, tobacco use among young people is increasing as the tobacco industry aggressively promotes its products through media and advertising to a new generation of potential smokers. Therefore, tobacco control is of paramount importance.

Tobacco-use in Uganda

Uganda is on the Eastern Coast of Africa with an area of approximately 236, 040 square kilometers and a population estimated at 23 million people (2002 Census results). The GDP is approximately \$ 6.2 billion per year with per capita of about US\$ 260. Between 1990-1999, Uganda's economy grew at an average of 7.1% per annum.

Tobacco farming was first introduced in Uganda by the British-American Tobacco (B.A.T) Limited in the early 1920's. Currently, it is the second largest cash crop grown in over 16 districts and a major source of revenue for 11 districts. Overall B.A.T contributes approximately 8% (about US\$35

million) of the taxes collected per annum, and over 600,000 people derive a livelihood from the industry hence, contributing to economic development (Karugaba 2001).

Prevalence

Recent data on prevalence of tobacco-use in Uganda is limited. The Uganda Demographic Health Survey (2001) indicated that cigarette smoking prevalence amongst adults is at 25% for males and 3% for females. Kanyesigye et al (1997) noted that among the youth 19% of the secondary students and about 35% of the students in tertiary institutions including the medical school do smoke. This was attributed to a lot of tobacco products' advertisement in relation to style/fashion; and peer influence. With common advertisement slogans like: **Rex-the test of success; Safari-your best companion; Sportsman-Yee Ssebo; Embassy-smooth all the way.** Advertising increases consumption of tobacco products and this increases the death and disease burden.

Per capita consumption of cigarettes is approximately 150 units (Karugaba 2002). However, with such level of consumption of cigarettes, the health risks seem to be underestimated by many especially within health warning on cigarette packets '*cigarettes smoking can be harmful to your health*' which many may not understand and/or pay attention to. A study carried at Mulago Hospital found that 75% of the patients of oral cancer had a history of smoking with a minimum number of years smoked ranging from 2-38 years (Bataringaya 2001). In addition, 45% of the patients had a history of smoking within the 10-19 year duration. Lukwiya (2000) reported that the mean initiation age for smoking was 13.4 years with a range from 6 to 22 years in Jinja district. Nambi et al (2001) in their study carried out in Arua, Kampala, Lira, Mbale, Mbarara and Masaka districts it was noted that initiation age of underage smokers was below 9 year.

Tobacco control measures

Despite the damaging effects of tobacco products on human health, many countries, Uganda inclusive, find it difficult to take significant control measures to reduce its toll. This is because of concerns that their interventions might have harmful economic consequences like loss of thousand of jobs and that higher taxes would result in lower government revenues (World Bank Publication 1999).

In Uganda, regulations on tobacco are mainly for promotion of tobacco growing through licensing of green leaf buyer Tobacco (control on marketing) Act 1966. Tobacco control measures in place include the mandatory health warning '**smoking can be harmful to your health**' appearing on cigarette adverts on the electronic media and billboards. In 1995, Government of Uganda banned the advertisement of tobacco products on state media: Radio Uganda and Uganda Television. This ban

however, did not affect popular privately owned radio and television stations. Although, BAT announced withdrawal from electronic media advertisement and pulled down its billboards, point of sale advertising, neon signs for restaurants, bars, shops, and road signs are still up and other ways of promoting tobacco products are used like the street bash. It also carries out theme bars in discotheques like it was the main sponsor of Club Silk's birthday.

In addition, Uganda commemorates the World No- Tobacco Day and through Ministry of Health, various NGOs and individuals, public health campaigns on effects of tobacco use have intensified through media, both electronic and print. In schools, for example, smoking is prohibited and any student found is suspended or expelled. This is as a disciplinary measure rather than a health concern. In December 2002, the High Court of Uganda ordered National Environmental Management Authority (NEMA) to make regulations on second-hand smoke exposure in public places. However, there is need to legislate these control measures and protect the population especially the young people who are the window of hope.

International Response

World Health Organization Resolutions

World Health Organization between 1970-1995 adopted a number of resolutions on the need for both national and international tobacco control policies. Through the resolutions, member states were encouraged to implement comprehensive strategies with the following contents:

- Measures to ensure that non-smokers receive effective protection, to which they are entitled, from involuntary exposure to tobacco smoke.
- Measures to promote abstention from the use of tobacco so as to protect children and young people from becoming addicted.
- Establishment of educational and public information programs on tobacco and health issues, including smoking cessation programs, with active involvement of the health professionals and the media.
- Monitoring of trends in smoking and other forms of tobacco use, tobacco-related diseases, and effectiveness of national smoking control action.

Framework Convention on Tobacco Control (FCTC)

Arising out of a resolution of the WHO Assembly in 1999, a global/multilateral treaty was initiated aimed at curbing tobacco consumption around the world and reducing the death toll caused by tobacco. This marks the first time that the WHO has used its constitutional mandate to develop a global treaty and the FCTC is to be the world's first treaty in public health.

Negotiations for the FCTC are scheduled to be completed in May 2003, after which it will be open for ratification. The draft treaty covers a wide range of policy measure intended to reduce tobacco-related death and diseases, including measures to:

- Eliminate or restrict tobacco advertising, promotion and sponsorship;
- Protect people from second-hand smoke;
- Require prominent health warning on packages that will occupy a significant portion of the package and could contain pictures or pictograms;
- Ban misleading tobacco descriptors such as '**light**' and '**low tar**' which imply that the products as less hazardous;
- Clamp down on widespread tobacco smuggling; and
- Eliminate duty free tobacco sales.

United Nations Foundation Project

The Tobacco Free Initiative (TFI/WHO) recently received a tobacco prevention grant from United Nations Foundation for International Partnerships (UNFIP), to initiate a joint project with UNICEF titled ' Building alliances and taking action to create a generation of tobacco free children and youth.' The aim of the project is to collate evidence, provide technical support, and create strategic alliances necessary to address the negative impact of tobacco, encourage and support children and adolescents in leading healthy and active lives free of tobacco.

The project is conceived as a dynamic and interactive process. The activities and products of each phase will be used to inform and guide subsequent activities. The project consists of three overlapping phases.

Phase I: Focuses on harnessing the evidence from countries, some of which may participate in subsequent phases; undertaking new areas of research to support actions, and establishing a research-based evidence for developing future actions.

Phase II: Activating phase where Country Activating Groups (CAGs) with broad membership, will be formed in each of the participating countries as the coordinating and implementing mechanism to select and develop components of a comprehensive country-based approach in addressing tobacco-use among children and young people. Opportunities to promote exchange of experiences and issues will be developed and strengthened.

Phase III: Involves taking the project to scale, producing and disseminating resources; strengthening regional capacity to sustain activities; integrating the products and results of the project into ongoing tobacco control work at national, regional and global levels; transferring technology and experience between countries and

regions; and strengthening cooperation and collaboration at all levels.

Phase 11, in 1998 WHO/CDC planned for the development and implementation of an initial baseline assessment of tobacco use among young people in each country using a school survey instrument- the Global Youth Tobacco Survey. Presently, several countries have either completed, in the field or planned to implement the GYTS. Among which include: Benin, Botswana, Burkina Faso, Cameroon, Chad, Gambia, Ghana, Kenya, Lesotho, Malawi, Mali, Mauritania, Mozambique, Namibia, Niger, Nigeria, Poland, Russian Federation, Senegal, South Africa, Sri Lanka Swaziland, Ukraine, United States of America, Venezuela, Zambia and Zimbabwe.

The Global Youth Tobacco Survey (GYTS)

The GYTS is a school based tobacco specific survey, which focuses on adolescents aged 13-15 years. According to the Ugandan education structure¹, this age-group is at secondary education level i.e. Senior One-Senior Three students. It assesses students' attitudes, knowledge and behaviors related to tobacco use and environmental tobacco smoke (ETS) exposure, as well as youth exposure tobacco use to prevention curriculum in school, community programs, and media messages aimed at preventing and reducing youth tobacco use. The GYTS provides information on where tobacco products are obtained and used, and information related to the effectiveness of enforcement measures.

School surveys are a useful data collection technique as they are relatively cheap and easily administered with a self-administered questionnaire, tend to get reliable and accurate results, and non-response is lower compared to other settings where surveys are implemented. Hence, justification for conducting a global school-based survey under the UN project on Youth and Tobacco.

Objectives of the GYTS

1. To document and monitor the prevalence of tobacco-use including: cigarette smoking, and current use of tobacco, cigars or pipes;
2. To obtain an improved understanding of and to assess students' knowledge, attitudes, and behaviors related to tobacco-use and its health impact, including cessation, environmental tobacco smoke (ETS), media and advertising, young people's access, and school curriculum;
3. To provide information to guide programming and advocacy work addressing youth tobacco use.

Tasks of the GYTS

The GYTS attempts to address the following issues:

- Prevalence of tobacco use;
- Age of initiation of cigarette use;
- Levels of susceptibility to become smokers;
- Exposure to environmental tobacco smoke;
- Exposure to tobacco advertising;
- Identify key intervening variables, such as perceptions and attitudes towards tobacco-use, which can be used in prevention programs.

¹The education structure of Uganda at secondary school level is six years-Senior One to Senior Six for 13-18 age-group.

METHODOLOGY

Study Area

The GYTS was carried out in two regions of Uganda-Central and Northern regions purposively selected. In Central region the GYTS was carried in all the districts-but with more schools selected in Kampala district and Mpigi district because of having the highest number of secondary schools country wide, urban and location of the tobacco company, assuming high levels of consumption. Arua district-Northern region was selected because it is the main tobacco-growing district in the country.

Sample Design

The GYTS survey sample design was a two-stage cluster design. In the first stage of sampling, public and private secondary schools with Senior One-Three classes were selected randomly with a probability proportional to enrolment size. Schools with big enrolment size had a greater chance of being selected (See Appendix 1 list of selected schools). Enrollment data was obtained from Ministry of Education and Sports. A total of 85 secondary schools were selected, with twenty-five schools from Arua district and twenty schools from each of the three districts of Kampala, Mpigi and Rest of Central districts (Table 1).

Table 1: Study sample sizes among schools and students

Region	District	No. of schools in the sample	No. of students selected (Senior 1-3)
Northern	Arua	25	2,166
Central	Kampala	20	3,284
	Mpigi	20	2,505
	Rest of Central Districts	20	2,435
Total		85	10,390

The second stage consisted of systematic equal probability sampling. Classes (Senior One to Senior Three) were randomly selected from within the selected schools and all the students within the selected class were eligible to participate in the survey. The number of eligible classes/streams ranged from 3 to 15 in schools.

The questionnaire

A self-administered questionnaire was used for data collection. The Ugandan version consisted of 58 questions with core questions adopted from a questionnaire developed by WHO/TFI and UNICEF. Issues explored included: prevalence of tobacco use, access and availability of tobacco products, perceptions and attitudes, cessation, media and advertising, environmental tobacco use, and school curriculum on tobacco related issues. Various consultative meetings were held with WHO, Ministry of

Health, The Environmental Action Network (TEAN) and the Research Team to review the 'core' questionnaire. In addition, pre-testing of the questionnaire with students (Senior One-Senior Three) through self-administering of the questionnaire and group discussion was carried out to determine its relevance and applicability in relation to the Ugandan situation.

Data collection

A Research Team of thirty-five people (thirty Survey Administrators, four Supervisors and one Coordinator) was selected to implement the Global Youth Tobacco Survey (GYTS) in Uganda from July 15 to August 2, 2002. The team comprised of members from the Uganda Parliamentary Research Service and Ministry of Health. Prior fieldwork, logistical and administrative preparations were made as follows.

- Obtained information on school enrolment and geographical location of schools.
- Pre-visits to districts and school head-teachers to obtain permission to conduct the survey and obtained lists of eligible classes for each school.
- Obtained and reviewed /existing data on tobacco-related issues
- Held training workshops with supervisors and survey administrators in the two regions.

For purposes of data quality and management, Supervisors and Survey Administrators were provided with survey procedures and instructions. Answer sheets, header sheets, school and classroom-level forms used to capture information from students and enrolment data were edited at the end of each day of fieldwork. The district research teams also met regularly to discuss the day's activities and plan for the following day's work. The Research Coordinator collected all fieldwork data- the answer sheets and enrolment data, did final editing, packaging and couriered it to CDC, United States of America.

Data Analysis

To analyze the survey data, Epi Info: C-Sample and SUDAAN, software packages for statistical analysis of correlated data, were used to compute prevalence rates and 95% confidence intervals for the estimates. Differences between prevalence estimates were considered statistically significant if the 95% confidence intervals did not overlap. A weighting factor was applied to each student's questionnaire to reflect the likelihood of sampling each student and to reduce bias by compensating for differing patterns of non-response. The weight used for estimation was given by:

$$W = W1 * W2 * f1 * f2 * f3 * f4$$

Where,

- W1** = the inverse of the probability of selecting the school.
- W2** = the inverse of the probability of selecting classroom within the school.
- f1**= a school-level non-response adjustment factor calculated by school size category (small, medium, large).
- f2**= a class adjustment factor calculated by school.
- f3**= a student-level non-response adjustment factor calculated by class.
- f4**= a post stratification adjustment factor calculated by gender and grade.

FINDINGS

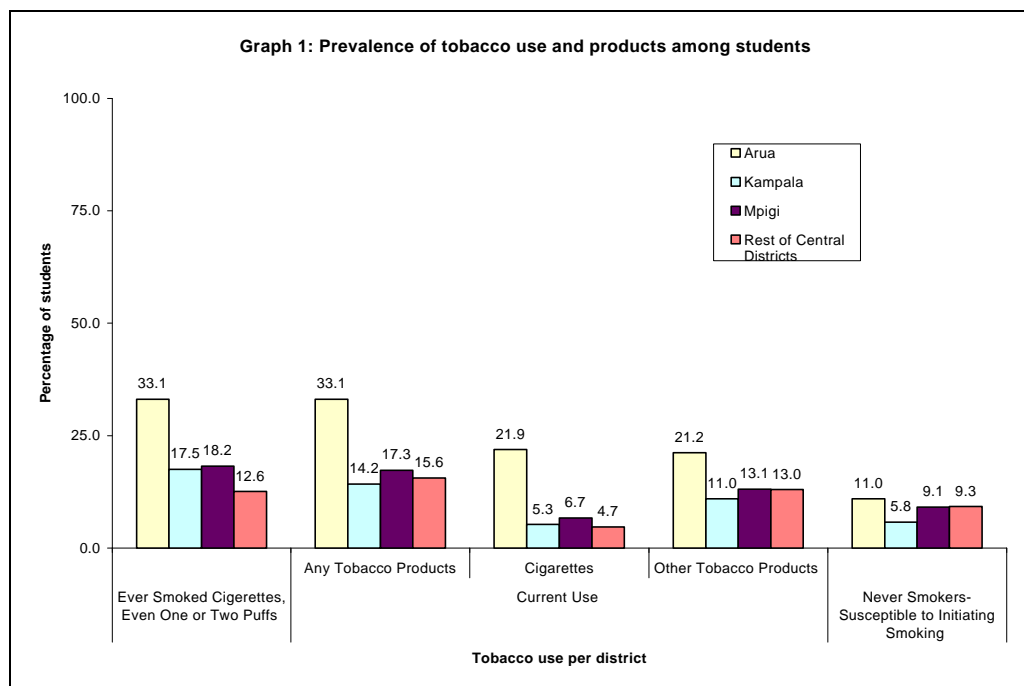
Results of GYTS

The results compare the extent of tobacco use among students aged 13-15 years across 4 study areas in Uganda (Arua, Kampala, Mpigi and Rest of Central districts). Gender specific data are not shown in the Tables and Graphs but reported about in the text. School and student response rates for the GYTS were high in all the four districts visited (Table 2). The school response rate ranged from 95% in Kampala to 88% in Arua. The student response rate ranged from 84.9% in Kampala to 70.5% in Arua. The overall response rate ranged between 80.7 % and 62.1%.

Table 2: Study sample sizes and response rates among schools and students

District	No. of schools in the sample	No. of schools that participated	Response rate by schools (%)	No. of students selected (S.1-3)	No. of students that participated	Response rate by students (%)	Response rate: overall (%)
Arua	25	22	88.0	2166	1528	70.5	62.1
Kampala	20	19	95.0	3284	2789	84.9	80.7
Mpigi	20	18	90.0	2505	1944	77.6	69.8
Rest of Central districts	20	18	90.0	2435	1817	74.6	67.2

Prevalence



The highest prevalence rate of students who had ever smoked cigarettes was in Arua district (33.1%) and the lowest in Rest of Central districts (12.6%) (Graph 1). In Kampala district, 17.5% and Mpigi 18.2% of the students reported to have ever smoked. Boys were significantly more likely

than girls to have ever smoked cigarettes in Arua and Kampala than in Mpigi and Rest of Central Districts.

Of the students who reported to have tried smoking, in Kampala 39.2% had initiated smoking before 10 years, Rest of Central District 37.9%, Mpigi 38.8% and Arua 18.4%. Girls were likely to have tried smoking before 10 years in Kampala and Mpigi than Rest of Central Districts and Arua.

Of the students who had never smoked cigarettes, almost one in ten were susceptible to initiate smoking during the next year, with 11.0% in Arua, 9.3% in Rest of Central Districts, 9.1% in Mpigi and 5.8% in Kampala (Graph 1). There were no significant differences in susceptibility by gender.

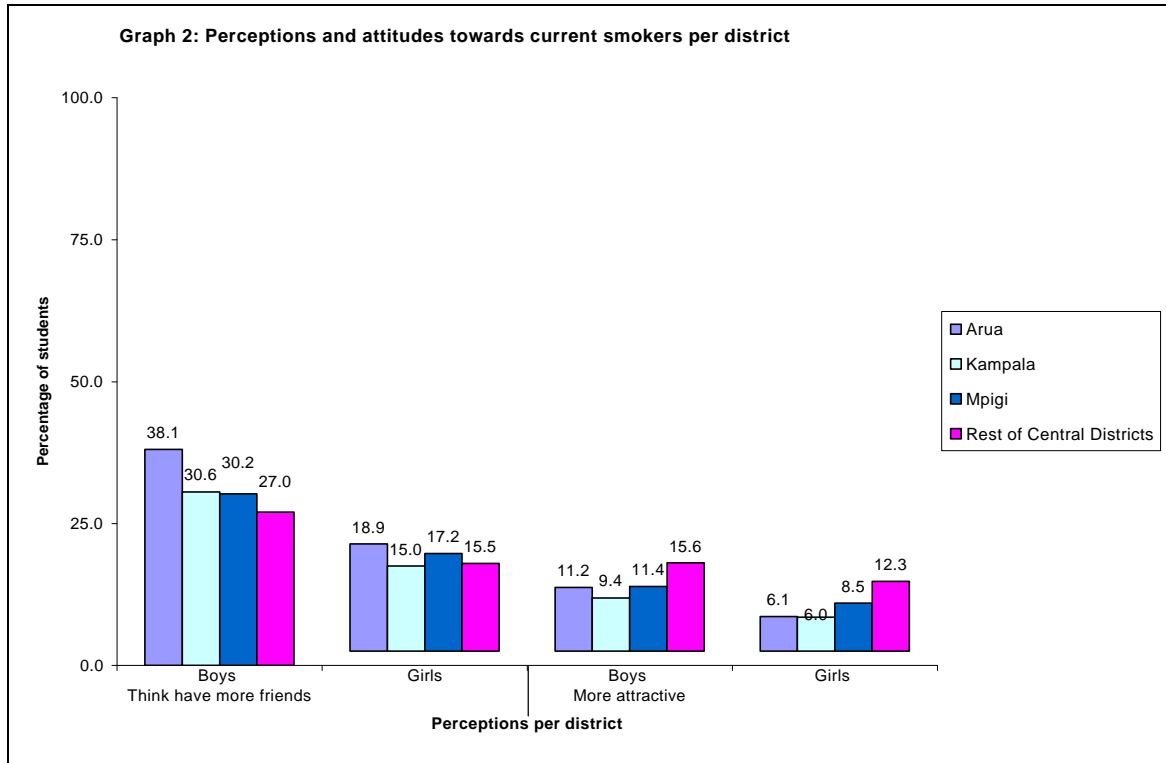
Current use of tobacco products

Data from the districts indicates that a significant percentage of students had used some form of tobacco product (Graph 1). The highest rate for current use² of any tobacco product was found in Arua (33.1%), and lowest in Kampala (14.2%). One in five students in Arua were current users of cigarettes and had used other tobacco products other cigarettes like chewing tobacco, snuff, cigars, cigarillos and pipe compared to almost one in ten of the students in Kampala, Mpigi and Rest of Central. Boys in Mpigi were significantly more likely than girls to currently use any tobacco product.

Perceptions and attitudes

Data indicates that some students were receptive to boys and girls who smoke in terms of friendship and attraction as summarized in Graph 2. From the District data, it is evident that smoking has more influence on friendship compared to attractiveness. More students perceived boys who smoke to have more friends than girls. Overall, few students thought smoking makes boys and girls more attractive.

² Current use refers to students who had smoked cigarettes, used any or other forms of tobacco products on one or more days preceding the survey.

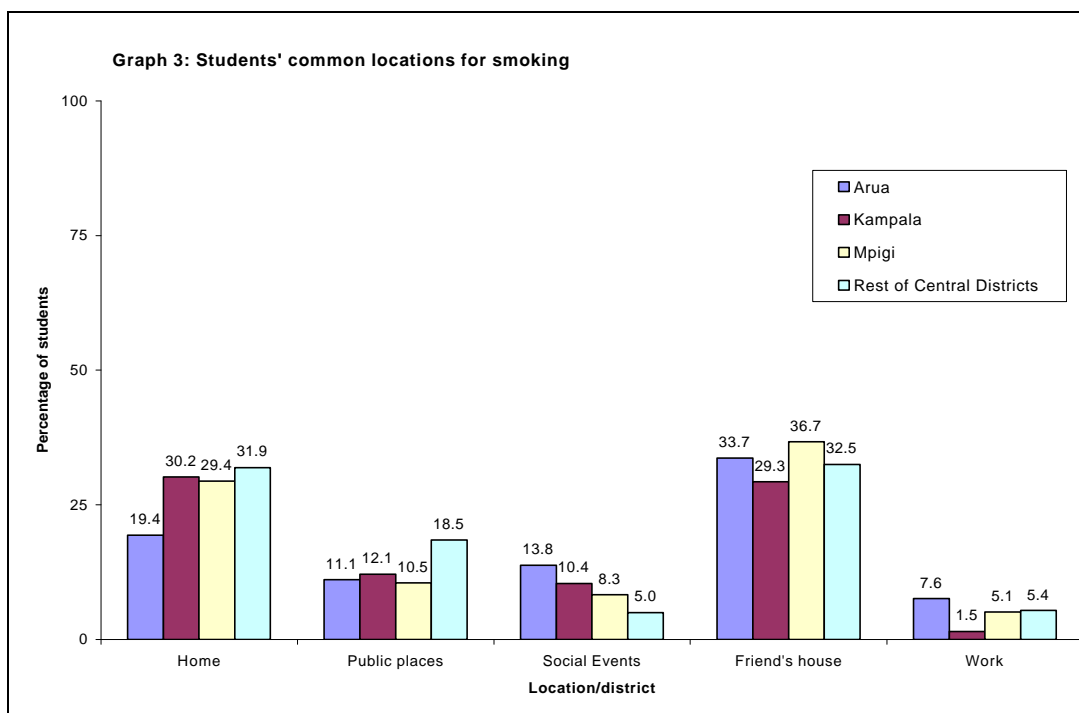


Findings further indicate that the majority of students regarded a man or woman who smokes as lacking confidence or stupid whereas some (over 10%) considered them as losers. A woman who smokes was considered to be either a *slut/prostitute* or *sexy/chic* whereas a man as *macho*. Very few students considered smokers as intelligent and successful.

The percentage of students who thought smoking makes one lose weight was high. In Arua 67.4%, Kampala 61.4%, Mpigi 60.6% and Rest of Central District 60.1% compared to less than 10% of the students who thought smoking leads to weight gain.

Access and availability

Students were asked questions regarding their access to cigarettes and the availability of cigarettes to them e.g. *where do you usually smoke from?* and *how did you usually get the cigarettes you smoked?* Places where students usually smoked varied from their homes, friend's house, public spaces, social events to work places, as shown below.



Approximately, one-third (30.0%) of the current smokers in the districts of Rest of Central Districts, Kampala and Mpigi mentioned that their homes and friend's house were the most likely locations for smoking and only 19.4% in Arua (Graph 3). Other locations identified as likely places where students smoked included, public spaces (e.g. leisure parks, trading centers, street corners, markets, discos), social events or work places. However, data showed that nearly none of current smokers smoked at or within the school premises.

Table 3: Access and Availability

District	Percent Current Smokers who purchased Cigarettes in a store	Percent Current Smokers who Bought Cigarettes in a store who were not refused because of age
Arua	40.8 (+6.8)*	60.9 (+6.3)
Kampala	31.2 (+6.4)	68.3 (+11.8)
Mpigi	25.9 (+7.9)	47.4 (+21.1)
Rest of Central Districts	30.9 (+24.5)	68.0 (+21.6)

*Figures in parentheses are 95% confidence interval

Students in Arua (40.8%) were the most likely to purchase their cigarettes from a store i.e. shop or street vendor, with 31.0% in Kampala and Rest of Central Districts, and the least likely in Mpigi district (25.9%)(Table 3). Other channels through which students (during one month period) usually obtained cigarettes included borrowing them from someone else, stealing them, giving someone else money to buy them or an older person giving them the cigarettes.

In Arua, Rest of Central District and Kampala, six in ten (60.0%) students had no age hindrance while purchasing cigarettes compared to one in two in Mpigi district. A comparison across districts indicates no variations by gender in terms of likely location for smoking or purchased cigarettes from a store.

Environmental Tobacco Smoke (ETS)

The overall environmental tobacco smoke situation in the four Districts was viewed in terms of the extent to which students are exposed to second-hand smoking in their surrounding and their attitudes towards ETS. Summarized findings are in Table 4.

Table 4: Environmental Tobacco Smoke exposure

District	Exposed to smoke from others in their homes		Exposed to smoke from others in public places		Percent in favor of banning smoking in public places		Definitely think smoke from others is harmful to them	
	Never Smokers	Current Smokers	Never Smokers	Current Smokers	Never Smokers	Current Smokers	Never Smokers	Current Smokers
Arua	34.9 (+3.4)	79.4 (+6.6)	55.8 (+2.1)	93.5 (+2.9)	29.5 (+3.0)	37.9 (+4.0)	61.1 (+4.7)	48.9 (+9.3)
Kampala	15.9 (+1.4)	56.4 (+12.8)	44.8 (+6.2)	75.5 (+8.4)	64.9 (+5.7)	54.4 (+6.7)	84.2 (+5.5)	72.4 (+6.9)
Mpigi	14.9 (+1.9)	57.5 (+7.7)	38.2 (+2.8)	77.7 (+6.5)	59.5 (+6.3)	51.8 (+10.0)	70.7 (+6.0)	66.6 (+5.5)
Rest of Central Districts	12.6 (+3.2)	73.9 (+13.9)	30.9 (+5.8)	83.6 (+10.3)	52.2 (+5.1)	58.2 (+7.8)	62.0 (+3.9)	68.5 (+6.3)

*Figures in parentheses are 95% confidence interval

At district level, exposure to second-hand smoking among current smokers is significantly high, at home and in public places (Table 4). The highest rates were reported in Arua with 79.4% current smokers exposed to second-hand smoking at home and 93.5% in public places, and least rates in Kampala (56.4% and 75.5%). More students who had never smoked were exposed to second-hand in public places than at home. The percentage of students who have or had one or both parents who smoke was high in Arua (37.7%) compared to Kampala (16.2%), Mpigi (14.7%), and Rest of Central Districts (13.8%). In all the four Districts, few students reported to have most or all their friends who smoke.

Over six in ten students, both current smokers and never smokers definitely thought that smoke from others was harmful to them. Except in Arua, about one-half of the students, both current smokers (mean 50.6%) and never smokers (mean 51.5%) thought that smoking should be banned from public places such as hotels, taxis, schools, on playgrounds, markets and shops. Approximately, 65% of the students never smokers in Kampala, Mpigi (59.5%) and Rest of Central Districts (52.2%) were in favor of a ban on smoking in public places and only 29.5% in Arua (Table 4).

Cessation

Table 5: Cessation levels of students per district

District	Current Smokers		
	Percent desire to stop	Percent tried to stop	Received help stop smoking
Arua	80.7 (+3.1)	71.8 (+5.3)	86.9 (+5.2)
Kampala	77.9 (+8.4)	76.9 (+11.2)	84.1 (+5.9)
Mpigi	68.7 (+18.5)	70.7 (+10.8)	88.8 (+3.9)
Rest of Central Districts	76.8 (+14.4)	67.2 (+14.4)	85.5 (+8.9)

*Figures in parentheses are 95% confidence interval

Overall, the majority of students currently smoking expressed a desire to stop smoking. Eight in ten current smokers desired to stop smoking in Arua, Kampala and Rest of Central Districts, and nearly seven in ten (68.7%) in Mpigi (Table 5).

Data further indicates that nearly seven in ten current smokers in all the Districts had tried to stop smoking in the past year preceding the survey. Kampala (76.9%) had the highest percentage of students who had tried to quit smoking during the past year, and Rest of central districts (67.2%) had the lowest. There was no significant difference by gender across districts.

Media and Advertising

Data collected from the four Districts shows that students were exposed to both anti-smoking and pro-tobacco message from print (Newspapers, magazines, billboards) and electronic media (radio, television etc.), see Table 6.

Table 6: Media and Advertising

District	Saw Anti-Smoking Media Messages	Saw Anti-Smoking Messages at sporting & other events	Saw Pro-Cigarettes Ads on billboards	Saw Pro-Tobacco messages at sports & other events	Saw Pro-Cigarette Ads in Newspapers & Magazines	Had an object with a cigarette brand logo	Offered a free cigarette by Tobacco Company
Arua	73.9 (+3.0)	74.1 (+2.5)	59.6 (+5.3)	53.1 (+3.2)	58.7 (+3.5)	24.0 (+2.1)	21.5 (+3.2)
Kampala	80.9 (+3.5)	77.5 (+2.9)	75.8 (+3.9)	66.1 (+3.7)	70.8 (+3.7)	15.7 (+1.9)	11.1 (+1.9)
Mpigi	74.7 (+3.4)	73.2 (+3.3)	68.5 (+3.1)	58.5 (+4.0)	63.0 (+3.6)	19.3 (+2.9)	13.8 (+3.5)
Rest of Central Districts	63.5 (+5.2)	71.4 (+4.1)	56.8 (+5.4)	59.9 (+3.0)	58.3 (+5.3)	20.9 (+1.5)	17.2 (+1.9)

A comparison across districts shows that more students in Kampala were exposed to anti-and pro- tobacco messages and advertisements. More students in Arua (73.9%), Kampala (80.9%) and Mpigi (74.7%) had seen anti-smoking media messages in the past 30 days preceding the survey compared to 63.5 % in Rest of Central districts (Table 6). Exposure to anti-smoking messages at sporting and other events was generally high, over 70% of students in all the districts.

Exposure to pro-cigarette advertisements on billboards was highest in Kampala (75.8%) and lowest in Rest of Central Districts (56.8%). Overall, 60% of the students in all the districts had been exposed to cigarette advertisements on billboards. A similar proportion had seen pro-cigarettes advertisements in the Newspapers and magazines, and at in sporting and other events the past month preceding the survey.

Approximately, one in five students in each district owned an object with a cigarette brand logo on it (mean 20%). The percentage of students who reported that a representative of a tobacco company had offered them free cigarettes was relatively high, with a mean of 15.9%. The highest rate was reported in Arua (21.5%) and lowest in Kampala (11.1%).

School curriculum and tobacco use

Table 7: School curriculum in four districts, GYTS Uganda

District	Percent taught dangers of smoking	Percent taught effects of tobacco use	Percent discussed reasons why people their age smoke
Arua	76.9 (+3.9)*	79.9 (+3.2)	68.1 (+4.0)
Kampala	65.2 (+3.1)	65.5 (+3.8)	60.0 (+3.2)
Mpigi	66.2 (+5.2)	66.7 (+5.1)	59.7 (+5.2)
Rest of Central Districts	64.1 (+3.1)	67.8 (+3.6)	58.4 (+4.0)

*Figures in parentheses are 95% confidence interval

To examine the awareness levels of students about tobacco use and effects, questions about the health education at school were asked. Over three-quarters of the students in Arua had been taught about the dangers of smoking and effects of tobacco use and 2/3 of students in Kampala, Mpigi and Rest of Central Districts (Table 7).

Approximately, 6 in 10 students had discussed reasons why people of their age smoke. However, this percentage was low compared to those who had been taught about the dangers and effects of smoking. A comparison across districts indicates that Senior Three students were more likely to be taught dangers of smoking and discuss reasons why people of their age smoke compared to Senior One-Two students.

DISCUSSION

The general situation of tobacco use among young people all over the world, and in less developed countries like Uganda in particular shows that young people are at a high health risk, not only as users but non-users exposed to environmental tobacco smoke. This is also attributed to the direct and indirect advertisements of tobacco products. The GYTS a school-based survey conducted in Uganda among secondary school students (Senior One-Senior Three) 13-15 age group presents the magnitude of the problem.

The prevalence rate of ever-smokers (a cigarette, even one or two puff) among students aged 13-15 years is high in all the districts (Arua 33.1%, Kampala 17.5%, Mpigi 18.2% and 12.6% in Rest of Central), with initiation age at less than 10 years. Current smokers account for 21.9% in Arua, 5.3% in Kampala, 6.7% in Mpigi and 4.7% in Rest of Central Districts. Yet, it is widely known that tobacco is the leading cause of preventable deaths in the world. Cigarette smoking is responsible for cancer of the lungs, mouth, esophagus and bladder, heart and respiratory diseases. The current trend predicts an increase in tobacco use among young people. This is attributed to the early age of trying to smoke, which develops into a habit difficult to quit. As indicated by over 70% current smokers who had tried to stop smoking in the past year preceding the survey but failed. Many young people tend to ignore the consequences of such risk-taking tendencies like tobacco use especially the addictiveness and premature death from tobacco related illnesses.

From the survey, high levels of tobacco use among students in Arua (33.1%) are attributed to the factor that tobacco is grown there, which makes it readily accessible and available.

In Uganda many people consider tobacco use among adolescents as an unhealthy social habit. To young people however, smoking is perceived as a tool to fit in with their peers who are also looking for social identity. For example, almost one in three of the students thought boys who smoke have more friends. In addition, over 60% thought smoking makes one lose weight. Research has shown that physical appearance especially looking thin/small among adolescent girls is of vital importance and valued more than any other lifestyle factor. Many start to smoke cigarettes with hope to lose weight ignoring the effects of its use. Such perceptions and attitudes towards smoking tend to potential grounds for peer pressure to use tobacco products. It is also increasingly evident that young people who are involved in such a health-risk behavior do it collectively and not as social isolates. Hence, peer groups are considered a critical factor in initiation and maintenance of adolescent smoking.

Although some health education programs within which tobacco effects is a component do exist, they are not specifically targeting the young people. Information is diffused with contradicting messages, which portray positive images of smoking and using tobacco products. These images are portrayed through advertisements in the media, on billboards, at public events and other means like concerts-street bashes. Cigarette smoking is a very powerful influence, especially when an adolescent model is promoting the product. Smoking is glamorized in the movies and television and often associated with modern life, sports, outdoor events and having fun. For example, with common advertisement slogans like: **Rex-the test of success; Safari-your best companion; Sportsman-Yee Ssebo; Embassy-smooth all the way** the youths are made to believe that smoking is 'cool', modern and foreign encourages them to smoke too. Students in Arua, Kampala, Mpigi and Rest of Central are exposed to both types of messages because of access to newspapers and popular FM radios.

Legislation on tobacco control is necessary but if it is not enforced it is useless. Enforcement of tobacco control policies enhances their efficacy both by deterring violators and sending a message to public that the community leadership believes the policies are important. Numerous studies have shown that the combination of enforcing laws that restrict tobacco sales to young people and sensitizing the public can reduce illegal sales of tobacco to minors. In Uganda like elsewhere this restriction does not seem feasible. The survey indicates that six in ten of current smokers in the districts of Arua, Kampala and Rest of Central Districts were not refused to purchase cigarettes because of their age. Similarly, research has shown that apart from accessing tobacco products from commercial outlets, young people tend use other channels like friends, older people to get access to tobacco product. Therefore, increased taxation on tobacco products could be an effective measure to reduce consumption and access of tobacco products to adolescents through social networks/channels yet also raise government revenue.

Efforts to ban smoking in public places are evident at NGO and individual levels. Some service providers have banned smoking in their premises by putting up '**No smoking**' stickers and signs. However, these efforts to prevent second-hand smoking or environmental tobacco smoke (ETS) exposure are not being supported at the policy level. The Environmental Action Network (TEAN) for example, in 2001 filed a suit in the High Court of Uganda; seeking declarations that smoking in public places violated non-smokers constitutional rights to a clean and healthy environment and to life. This was only recognized as a right on December 11, 2002, where the National Environment Management Authority (NEMA) was ordered to make regulations. The findings of the survey showed that a high percentage of the youths were exposed to ETS both at home and public places. Despite the awareness level of the obvious harmful effects of

second-hand smoking among the youths, only half were in favor of banning smoking in public places.

School environment is important for the building of a health foundation of a child. It also forms part of the hidden curriculum of the school like tobacco use prevention education. Smoking prevention education programs that focus on life skill training have proven effective in reducing tobacco use and other substance abuse among adolescents. From the survey, over 3/4 of the students in Arua, and nearly 2/3 of the students in Kampala, Mpigi and Rest of Districts had been taught effects of tobacco use in class. However, the Ugandan school curriculum does not specifically have tobacco and drug use as a topic/lesson, often speakers are visited to the school to sensitize the students. School clubs like Red Cross, Debate and Drama are also used as agents of health education. In many Ugandan schools, cigarette smoking is considered bad behavior punishable by suspension or expulsion. This can be influential to adolescent behavior.

Conclusions and Recommendations

Despite the obvious threat from tobacco products to global health, many governments, particularly the developing countries Uganda inclusive, have not taken significant action to reduce its toll. This is because of the scale of the threat is underestimated, or because of a belief that little can be done to reduce consumption or due to limited research about tobacco and health. The Ugandan government like many governments is reluctant to take action because of concerns that tobacco control/regulations will have undesirable economic consequences.

Economics of tobacco Vs health: Cigarettes are cheap to make and enormously addictive, and are among the world's most profitable industries. Tobacco is the second cash crop and accounts for approximately US\$ 35 million foreign exchange. This economic addiction however, makes it difficult for governments to take adverse decision on the industry. Many vested interests have to be overcome to deal with the tobacco epidemic because its use among young people is increasing, affecting their health.

From the survey, it is evident that there is high prevalence of tobacco use among in-school young people in Uganda. Therefore, need for recommendations that specifically deter young people from tobacco use and protect never smokers, but also taking into account the adults.

- Educational programs and health promotion campaigns can serve a useful role in tobacco control, particularly in areas where dangers of tobacco use are not known. However, implementation of programs should be backed by strong public policies, which may prevent tobacco use among young people and/or behavioral change.
- Enact legislations to ban smoking from public places, such as hospitals, restaurants, markets, discos etc.
- Restrict the advertisement of cigarette smoking in print and electronic media –billboards, newspapers, radio, television and other promotional events like prize winning (include t-shirts, radios, flashlights), scholarships.
- Interventions for piloting cessation programs for schools and out-school youths which includes identification of relevant organizations and structures, inputs and processes for active adolescent involvement and participation, e.g. through peer educators, and other students' groups in school, churches, communities, etc. Parents, professional individuals- (teachers, health workers, community development and youth workers, welfare/probation officers, police, lawyers), and any other relevant adolescent friendly organizations e.g. the mass media, the local FM radio stations, willing to work for the health and welfare of adolescents, and to be key actors, should be motivated/prepared to advocate, and be trained in the necessary skills for creating and offering tobacco

- use prevention and cessation health education services, in accordance with the local and needs of adolescents.
- Increase taxation on tobacco products would be considered the most effective way to deter young people from initiating smoking and reduce consumption among current smokers. In turn, taxation will impose costs on adult smokers as they purchase cigarettes.

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Appendices

Appendix 1: List of Supervisors and Survey Administrators

Kampala/ Rest of Central Districts	Mpigi District	Arua District
1. Julius Emma Matovu	Martha Songa	Flavia Osoa
2. Esther Nakayima	Stella Amony	Silas Oyo
3. Makata Martin	Marie Noelle Mugema	Shuaib Toko
4. David Ruhweza	Pierrelinos Kamugasha	Davis Candia
5. Ann Nyangoma	Gilbert Muyambi	Alex Aleti
6. Susan Katono	Rita Mwagale	Nathan Angudubo
7. Barbara Munube	Stella Kapaata	Knight Ajjo
8. Doreen Ekemu	Faith Kyembabazi	Beatrice Opiria
9. Henry Kasacca	Gracie Nakazzi	Peter Andigo
10. Kyabagi Amina	Peter Kafuko	Esther Ocokoru
11. Charles Oworii**	Lillian Luwaga**	Richard Okwii**
12. Francis Kidega**		

**** Supervisor**

Appendix 2: Letter of introduction to Head-teachers

LRI/2

July 15, 2002

The Head-Teacher

.....

.....

«Title» District

Dear Sir/Madam,

Re: The Global Youth Tobacco Survey (GYTS) in Uganda

The Uganda Parliamentary Research Service is conducting the above study in conjunction with Ministry of Health and World Health Organization to obtain baseline data on the knowledge, behaviors and attitudes toward tobacco and an assessment of other influences that might make youths susceptible to tobacco use.

Your school is among the eighty-five (85) schools selected to participate in the study. The study will involve Senior One to Senior Three students in the age group 13-15 years filling a GYTS questionnaire. This data will be used to plan and develop comprehensive tobacco control programs for Uganda, particularly addressing the needs of the youth.

The purpose of this letter is to introduce to you the research team whose leader will brief you on the schedule and purpose of the study in your school, and to request you to give the team all possible assistance to enable it accomplish this important study.

Yours Sincerely,

Aloysius Makata
Director,
Library, Research and Information Services

Appendix 3: Research Instrument

Questionnaire Global Youth Tobacco Survey (GYTS) Uganda-2002

THE NEXT 14 QUESTIONS ASK ABOUT YOUR USE OF TOBACCO

1. **Have you ever tried to smoke a cigarette, even one or two puffs?**
 - a. Yes
 - b. No
2. **How old were you when you first tried to smoke a cigarette?**
 - a. I have never tried to smoke
 - b. 7 years old or younger
 - c. 8 or 9 years old
 - d. 10 or 11 years old
 - e. 12 or 13 years old
 - f. 14 or 15 years old
 - g. 16 years old or older
3. **During the past 30 days (one month), how many days did you smoke cigarettes?**
 - a. 0 days
 - b. 1 or 2 days
 - c. 3 to 5 days
 - d. 6 to 9 days
 - e. 10 to 19 days
 - f. 20 to 29 days
 - g. All 30 days
4. **During the past 30 days (one month), on the days you smoked, how many cigarettes did you usually smoke?**
 - a. I did not smoke cigarettes during the past 30 days (one month)
 - b. Less than 1 cigarette per day
 - c. 1 cigarette per day
 - d. 2 to 5 cigarettes per day
 - e. 6 to 10 cigarettes per day
 - f. 11 to 20 cigarettes per day
 - g. More than 20 cigarettes per day.
5. **During the past 30 days (one month), how did you usually get the cigarettes you smoked? (SELECT ONLY ONE RESPONSE)**
 - a. I did not smoke cigarettes during the past 30 days (one month)
 - b. I bought them in a shop or from a street vendor
 - c. I gave someone else money to buy them for me
 - d. I borrowed them from someone else
 - e. I stole them
 - f. An older person gave them to me
 - g. I got them some other way.
6. **During the past 30 days (one month), what brand of cigarettes did you usually smoke? (SELECT ONLY ONE RESPONSE)**
 - a. I did not smoke cigarettes during the past 30 days
 - b. No usual brand
 - c. Sportsman
 - d. Rex
 - e. Embassy
 - f. Super match
 - g. Sweet Methal
 - h. Other (*Kali, Safari...*).

- 7. How much do you usually pay for a pack of 20 cigarettes?**
- I don't smoke cigarettes.
 - I don't buy cigarettes,
 - I don't buy them in packs.
 - Less than 1000/=
 - 1000 - 1,999/=
 - 2000 - 2,999/=
 - 3000 - 3,999/=
 - 4,000/= or more.
- 8. During the past 30 days (one-month) how much do you think you spent on cigarettes?**
- I don't smoke cigarettes.
 - I don't buy my cigarettes.
 - Less than 2,000/=
 - 2,000 - 4,999 /=
 - 5,000 - 7,999 /=
 - 8,000 - 10,999 /=
 - 11,000 -13,999 /=
 - 14,000 /= or more.
- 9. In a usual month (30 days) how much pocket money do you get?**
- I don't receive any pocket money
 - Less than 1,000/=
 - 1,000 - 5,999/=
 - 6,000 - 10,999/=
 - 11,000 - 15,999/=
 - 16,000 - 20,999/=
 - 21,000 – 25,999
 - 26,000/= or more.
- 10. During the past 30 days (one month), did anyone ever refuse to sell you cigarettes because of your age?**
- I did not try to buy cigarettes during the past 30 days (one-month)
 - Yes, someone refused to sell me cigarettes because of my age
 - No, my age did not keep me from buying cigarettes.
- 11. During the past 30 days (one month), have you ever used any form of tobacco products other than cigarettes (e.g. chewing tobacco, snuff, cigars, cigarillos, little cigars, pipe)?**
- Yes
 - No
- 12. Where do you usually smoke from? (SELECT ONLY ONE RESPONSE)**
- I have never smoked cigarettes
 - At home
 - At school
 - At work
 - At friends' houses
 - At social events
 - In public spaces (e.g. leisure parks, trading centers, street corners, Market, Beaches)
 - Other...
- 13. Do you ever have a cigarette or feel like having a cigarette first thing in the morning?**
- I have never smoked cigarettes
 - I no longer smoke cigarettes
 - No, I don't have or feel like having a cigarette first thing in the morning
 - Yes, I sometimes have or feel like having a cigarette first thing in the morning
 - Yes, I always have or feel like having a cigarette first thing in the morning

THE NEXT 17 QUESTIONS ASK ABOUT YOUR KNOWLEDGE AND ATTITUDES TOWARD TOBACCO

- 14. Do your parents smoke or did any of your parents smoke or ever smoke?**
- No
 - Both
 - Father only
 - Mother only
 - I don't know
- 15. If one of your best friends offered you a cigarette, would you smoke it?**
- No
 - May be not
 - May be yes

- d. Yes
- 16. Has anyone in your family or your friends discussed the harmful effects of smoking with you?**
 - a. Yes
 - b. No
- 17. At any time during the next 12 months do you think you will smoke a cigarette?**
 - a. No
 - b. May be not
 - c. May be yes
 - d. Yes
- 18. Do you think you will be smoking cigarettes 5 years from now?**
 - a. No
 - b. May be not
 - c. May be yes
 - d. Yes
- 19. Once someone has started smoking, do you think it would be difficult to quit?**
 - a. No
 - b. May be not
 - c. May be yes
 - d. Yes
- 20. Do you think boys who smoke cigarettes have more or less friends?**
 - a. More friends
 - b. Less friends
 - c. No difference from non-smokers
- 21. Do you think girls who smoke cigarettes have more or less friends?**
 - a. More friends
 - b. Less friends
 - c. No difference from non-smokers
- 22. Does smoking cigarettes help people feel more or less comfortable at celebrations, parties, or in other social gatherings?**
 - a. More comfortable
 - b. Less comfortable
 - c. No difference from non-smokers
- 23. Do you think smoking cigarettes makes boys look more or less attractive?**
 - a. More attractive
 - b. Less attractive
 - c. No difference from non-smokers
- 24. Do you think smoking cigarettes makes girls look more or less attractive?**
 - a. More attractive
 - b. Less attractive
 - c. No difference from non-smokers
- 25. Do you think that smoking cigarettes makes you gain or lose weight?**
 - a. Gain weight
 - b. Lose weight
 - c. No difference
 - d. I don't know
- 26. Do you think cigarette smoking is harmful to your health?**
 - a. No
 - b. May be not
 - c. May be yes
 - d. Yes
- 27. Do any of your closest friends smoke cigarettes?**
 - a. None of them
 - b. Some of them
 - c. Most of them
 - d. All of them
- 28. When you see a man smoking what do you think of him? (SELECT ONLY ONE RESPONSE)**
 - a. Lacks confidence
 - b. Stupid
 - c. Loser
 - d. Successful
 - e. Intelligent
 - f. Macho
 - g. Cool/Woo

29. When you see a woman smoking, what do you think of her? (SELECT ONLY ONE RESPONSE)

- a. Lacks confidence
- b. Stupid
- c. Loser
- d. Successful
- e. Intelligent
- f. Sophisticated
- g. Sexy/Chic
- h. Slut/Prostitute

30. Do you think it is safe to smoke for only a year or two as long as you quit after that?

- a. No
- b. May be not
- c. May be yes
- d. Yes

THE NEXT 4 QUESTIONS ASK ABOUT YOUR EXPOSURE TO OTHER PEOPLE'S SMOKING

31. Do you think the smoke from other people's cigarettes is harmful to you?

- a. No
- b. May be not
- c. May be yes
- d. Yes

32. During the past 7 days, how many days have people smoked in your home, in your presence?

- a. 0
- b. 1 to 2
- c. 3 to 4
- d. 5 to 6
- e. 7

33. During the past 7 days, how many days have people smoked in your presence, in places other than in your home?

- a. 0
- b. 1 to 2
- c. 3 to 4
- d. 5 to 6
- e. 7

34. Are you in favor of banning smoking in public places (such as in hotels, in taxi, in schools, on playgrounds, in discos, markets, shops)?

- a. Yes
- b. No

THE NEXT 6 QUESTIONS ASK ABOUT YOUR ATTITUDES TOWARD STOPPING SMOKING

35. Do you want to stop smoking now?

- a. I have never smoked cigarettes
- b. I do not smoke now
- c. Yes
- d. No

36. During the past year, have you ever tried to stop smoking cigarettes?

- a. I have never smoked cigarettes
- b. I did not smoke during the past year
- c. Yes
- d. No

37. How long ago did you stop smoking?

- a. I have never smoked cigarettes
- b. I have not stopped smoking
- c. 1-3 months
- d. 4-11 months
- e. One year
- f. 2 years
- g. 3 years or longer

38. If you have stopped smoking, what was the main reason you decided to stop smoking? (SELECT ONE ONLY)

- a. I have never smoked cigarettes
- b. I have not stopped smoking

- c. To improve my health
 - d. To save money
 - e. Because my family does not like it
 - f. Because my friends don't like it
 - g. Other...
- 39. Do you think you would be able to stop smoking if you wanted to?**
- a. I have never smoked cigarettes
 - b. I have already stopped smoking cigarettes
 - c. Yes
 - d. No
- 40. Have you ever tried to stop smoking and found that you could not?**
- a. I have never smoked a cigarette
 - b. I have successfully stopped smoking
 - c. Yes
 - d. No
- 41. How many times, if any, have you tried to quit/stop smoking?**
- a. I have never smoked
 - b. 0 times
 - c. 1 to 3 times
 - d. 4 or more times
- 42. Have you ever received help or advice to help you stop smoking? (SELECT ONLY ONE RESPONSE)**
- a. I have never smoked cigarettes
 - b. Yes, from a program or professional
 - c. Yes, from a friend
 - d. Yes, from a family member
 - e. Yes, from both programs or professionals and from friends or family members
 - f. No

THE NEXT 9 QUESTIONS ASK ABOUT YOUR KNOWLEDGE OF MEDIA MESSAGES ABOUT SMOKING

- 43. During the past 30 days (one month), how many anti-smoking media messages (e.g., television, radio, billboards, posters, newspapers, magazines, movies) have you seen/heard?**
- a. A lot
 - b. A few
 - c. None
- 44. When you go to sports events, trade-shows, concerts, bash, community events, or social gatherings, how often do you see anti-smoking messages?**
- a. I never go to sports events, bash, concerts, community events, or social gatherings
 - b. A lot
 - c. Sometimes
 - d. Never
- 45. When you watch TV, videos, or movies, how often do you see actors smoking?**
- a. I never watch TV, videos, or movies
 - b. A lot
 - c. Sometimes
 - d. Never
- 46. Do you have something (t-shirt, pen, bag, etc.) with a cigarette brand logo/symbol on it?**
- a. Yes
 - b. No
- 47. During the past 30 days (one month), when you watched sports events or other programs on TV how often did you see cigarette brand names?**
- a. I never watch TV
 - b. A lot
 - c. Sometimes
 - d. Never
- 48. During the past 30 days (one month), how many billboards with advertisements for cigarettes have you seen?**
- a. A lot
 - b. A few
 - c. None
- 49. During the past 30 days (one month), how many advertisements or promotions for cigarettes have you seen in newspapers or magazines?**

- a. A lot
 - b. A few
 - c. None
 - d. I did not mind about them
- 50. When you go to sports events, fairs, concerts, or community events, how often do you see advertisements for cigarettes?**
- a. I never attend sports events, fairs, concerts, or community events
 - b. A lot
 - c. Sometimes
 - d. Never
- 51. Has a (cigarette representative) ever offered you a free cigarette?**
- a. Yes
 - b. No

THE NEXT 4 QUESTIONS ASK ABOUT WHAT YOU WERE TAUGHT ABOUT SMOKING IN SCHOOL

- 52. During this school year, were you taught in any of your classes about the dangers of smoking?**
- a. Yes
 - b. No
 - c. Not sure
- 53. During this school year, did you discuss in any of your classes the reasons why people your age smoke?**
- a. Yes
 - b. No
 - c. Not sure
- 54. During this school year, were you taught in any of your classes about the effects of smoking like it makes your teeth yellow, causes wrinkles, or makes you smell bad?**
- a. Yes
 - b. No
 - c. Not sure
- 55. How long ago did you last discuss smoking and health as part of a lesson?**
- a. Never
 - b. This term
 - c. Last term
 - d. 2 terms ago
 - e. 3 terms ago
 - f. More than a year ago

THE LAST 3 QUESTIONS ASK FOR SOME BACKGROUND INFORMATION ABOUT YOURSELF

56. How old are you?

- a. 11 years old or younger
- b. 12 years old
- c. 13 years old
- d. 14 years old
- e. 15 years old
- f. 16 years old
- g. 17 years old or older

57. What is your sex?

- a. Male
- b. Female

58. In what class are you?

- a. S.1
- b. S.2
- c. S.3