GLOBAL YOUTH TOBACCO SURVEY FOR NIGERIA

REPORT

BY

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INTRODUCTION

According to the World Health Organization (WHO), tobacco use is one of the chief preventable causes of death.\textsuperscript{1} It attributes 5 million deaths to tobacco annually and by 2020, the figure is expected to exceed 10 million with approximately 70% of these deaths occurring in developing countries.\textsuperscript{2} In 1999, the Global Youth Tobacco Survey (GYTS) was initiated by WHO, Centers for Disease Control and Prevention (CDC), and the Canadian Public Health Association (CPHA) to monitor tobacco use, attitudes about tobacco use, and exposure to second-hand smoke (SHS) among students aged 13--15 years. Since 1999, the survey has been conducted in 140 countries and 11 territories and across all six WHO regions.\textsuperscript{3} A key goal of GYTS is for countries to repeat the survey every 4 years. This report summarizes results from GYTS conducted in five centres in Nigeria. With a population size of about 140 million persons, it was difficult to carry out a national survey due to cost constraints, hence representative samples were collected from centres covering three geographical regions in the north, west and east (south--south). These comprise of four urban cities viz: Abuja, Ibadan Lagos, and Kano selected proportionate to their size as well as a state, Cross River state in 2008. A previous study was conducted in 2001 in Cross River State (CRS).\textsuperscript{4} The data from this survey, will provide baseline in monitoring the trend of tobacco use in the state and plan for future tobacco control programmes in the country even though limited in area of coverage.

Future declines in tobacco use in Nigeria will be enhanced through development and implementation of new tobacco-control measures and strengthening of existing measures that encourage smokers to quit, eliminate exposure to SHS, and encourage persons not to initiate tobacco use. As part of its national tobacco control strategies, Nigeria became signatory to the WHO Framework Convention on Tobacco Control (FCTC)\textsuperscript{5} in June 2004 and ratified it in October 2005. In June 2006, the Honourable Minister of Health inaugurated a multisectoral/interministerial committee on tobacco control in Nigeria. At the State levels, the Cross River State had in 2001, passed a law prohibiting advertisement of tobacco products in the media\textsuperscript{6} while The Federal Capital Territory Abuja has placed a ban on public smoking since May 31, 2008. Recently in 2008, a number of non governmental organizations (NGO) including the Nigerian Heart Foundation(NHF), Environmental Rights Action (ERA), Nigerian Cancer Society(NCS) among others, have come together to form an Anti Tobacco Control Alliance(ATCA). In so doing, a strong advocacy group is now in place to partner with Government in its tobacco control efforts. Most of these organizations already carry out activities during the World No Tobacco Day (WNTD) on May 31 each year to raise public awareness on the serious health, environmental and economic hazards posed by tobacco.
METHODS

GYTS Objectives

GYTS is a school-based anonymous questionnaire survey that collects data on students aged 13--15 years using a standardized methodology for constructing the sample frame, selecting schools and classes, and processing data.

The objective of this is two fold:

1. To document and monitor the prevalence of tobacco use including: cigarette smoking and current use of smokeless tobacco, cigars or pipes.
2. To understand, assess students’ attitudes, knowledge and behaviours related to tobacco use and its health impact, including cessation, environmental tobacco smoke, media and advertising, minors’ access and school curriculum.

The GYTS will attempt to address the following issues:

- Determine the level of tobacco use
- Estimate the age of initiation of cigarette use
- Estimate levels of susceptibility to become cigarette smokers
- Exposure to tobacco advertising
- Identify key intervening variables, such as attitudes and beliefs on behavioural norms with regard to tobacco use among young people which can be used in prevention programmes
- Assess the extent to which major prevention programmes are reaching school–based populations and establish the subjective opinions of those populations regarding such interventions

The Nigeria GYTS uses a two-stage cluster sample design that produces representative samples of students in classes comprising Junior secondary (JS) 2, Junior secondary (JS) 3 or Senior secondary (SS)1, whose ages are 13--15 years \(^3\). At the first sampling stage, school selection was proportional to the number of students enrolled in the selected classes. At the second stage, classes within the selected schools were randomly selected. All students attending school in the selected classes on the day the survey was administered were eligible to participate. A weighting factor was applied to each student record to adjust for nonresponse (by school, class, and student) and probability of selection at the school and class levels \(^3\). A final adjustment sums the weights by grade and sex to the population of school children in the selected grades in each sample site \(^3\).
DATA COLLECTION AND SURVEY ADMINISTRATION

School surveys have been found to be useful tools in gathering data as they are relatively inexpensive and easy to administer, provide reliable results and refusals are significantly lower than in household surveys.

The respective states Ministry of Education (MOE) and the Education Authority of the Federal Capital territory (FCT), Abuja provided assistance in terms of schools enrolment records for the sample selection. The Research Coordinator (RC) wrote letters to the selected school principals for their consent to participate in the GYTS. Each school had a survey assistant and organized the necessary contacts to the randomly selected schools. The Federal Ministry of Health (MOH) was duly informed of the GYTS for Nigeria.

GYTS QUESTIONNAIRE

The GYTS questionnaire was adapted from the standard 54 questions core document previously developed for the WHO international tobacco surveillance by a team of tobacco control experts from the WHO/TFI (Tobacco Free Initiative) and UNICEF. Additional country specific questions were added for Nigeria making a total of 58 questions.

PRE-SURVEY TRAINING WORKSHOP

A two day pre-survey training of trainer’s workshop was organized for the five zonal facilitators in Abuja, from 2 to 3 April, 2008. The facilitators consisted of three Consultant Pathologists, a Consultant Community Physician and a Sociologist who had taken part in the first Cross River State GYTS in 2001. For the 2008 GYTS in Nigeria, 100 schools were selected, representing 20 per survey site. Each facilitator paid pre-survey visits to the schools and scheduled dates for the fieldwork. The schools each had GYTS survey assistants who were trained before the questionnaires administration by the GYTS zonal facilitators. In some centres, the questionnaires were translated into vernacular language for clarity to the students and school survey assistants and field administrators. Dates for the actual field work were scheduled by each facilitator. In all the sites, the survey was carried out in the month of June; 2008. Each lasted for about 5 days. The duration of questionnaire administration was about 30 – 40 minutes in each class. All answer sheets were collected and sent to the RC for proper validation and thereafter sent to the CDC/OSH in Atlanta, GA, USA.
DATA ANALYSIS

Data from all 5 centres in Nigeria were statistically analysed using the Epi Info 3.3 version at the CDC /OSH, Atlanta, USA;

A weight was associated with each questionnaire to reflect the likelihood of sampling each student within a two-stage sampling frame and to reduce bias by compensating for differing patterns of non-response. The weight used for estimation is given by the equation: \( W = W_1 \times W_2 \times \frac{1}{f_1} \times \frac{1}{f_2} \times \frac{1}{f_3} \times \frac{1}{f_4} \) where \( W_1 \) is the inverse of the probability of selecting the school, \( W_2 \) is the inverse of the probability of selecting the classroom within the school, \( f_1 \) is a school-level non-response adjustment factor calculated by school size category (small, medium, large), \( f_2 \) is a class adjustment factor calculated by school, \( f_3 \) is a student-level non-response adjustment factor calculated by class, and \( f_4 \) is a post-stratification adjustment factor calculated by gender and grade. The weighted results can be used to make valid inferences concerning tobacco use and other findings of students in classes junior secondary 2, 3 and Senior secondary 1. Analyses were made using the Epi info 3.3 version. 95% confidence intervals were calculated for all weighted estimates of frequency. Differences between categories of sex, age and current smoking status that reached a P value of <0.05 have been highlighted.

For each of the five centres, there were 20 participating schools. The response rate for participating students was as follows: Abuja 1399 of 1568(89.2%), Cross River State 1018 of 1060(96%), Ibadan 637 of 910(70%), Kano 944 of 1049(90%) and Lagos 1461 of 1557(93.8%)

Figure 1.0: NIGERIA GYTS 2008 STUDENT’S RESPONSE RATES
RESULTS

PREVALENCE

Table 1: Percent of students who had ever smoked cigarettes and percent of students who had never smoked that were susceptible to start smoking in the next year, NIGERIA - GYTS, 2008.

<table>
<thead>
<tr>
<th>State</th>
<th>Ever smoked cigarettes, even one or two puffs</th>
<th>Percent never smokers likely to initiate smoking within a year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abuja</td>
<td>12.0 (7.9 - 17.8)</td>
<td>13.4 (9.1 - 19.3)</td>
</tr>
<tr>
<td>Boy</td>
<td>15.1 (9.8 - 22.6)</td>
<td>17.1 (10.8 - 25.9)</td>
</tr>
<tr>
<td>Girl</td>
<td>8.0 (4.6 - 13.5)</td>
<td>10.5 (5.7 - 18.4)</td>
</tr>
<tr>
<td>Cross River State</td>
<td>13.4 (8.4 - 20.7)</td>
<td>10.4 (6.1 - 17.3)</td>
</tr>
<tr>
<td>Boy</td>
<td>13.9 (7.8 - 23.6)</td>
<td>12.9 (6.6 - 23.7)</td>
</tr>
<tr>
<td>Girl</td>
<td>9.9 (5.6 - 16.9)</td>
<td>8.7 (3.7 - 18.9)</td>
</tr>
<tr>
<td>Ibadan</td>
<td>4.7 (1.9 - 11.1)</td>
<td>3.6 (1.3 - 9.7)</td>
</tr>
<tr>
<td>Boy</td>
<td>3.0 (1.6 - 5.6)</td>
<td>4.3 (1.3 - 13.2)</td>
</tr>
<tr>
<td>Girl</td>
<td>6.4 (1.8 - 20.6)</td>
<td>2.9 (0.8 - 10.7)</td>
</tr>
<tr>
<td>Kano</td>
<td>16.1 (7.9 - 30.3)</td>
<td>9.8 (5.7 - 16.3)</td>
</tr>
<tr>
<td>Boy</td>
<td>29.2 (20.7 - 39.4)</td>
<td>5.9 (2.4 - 13.6)</td>
</tr>
<tr>
<td>Girl</td>
<td>3.7 (0.9 - 14.6)</td>
<td>12.4 (8.8 - 17.3)</td>
</tr>
<tr>
<td>Lagos</td>
<td>7.7 (4.9 - 11.9)</td>
<td>16.2 (12.0 - 21.4)</td>
</tr>
<tr>
<td>Boy</td>
<td>9.1 (5.3 - 15.4)</td>
<td>13.5 (8.2 - 21.4)</td>
</tr>
<tr>
<td>Girl</td>
<td>5.5 (2.9 - 10.0)</td>
<td>17.8 (11.9 - 25.9)</td>
</tr>
</tbody>
</table>

*cell size <35

From this survey, the smoking experimentation rate among 13-15 year old youths in Nigeria ranged from 4.7% in Ibadan to 16.1% in Kano where the boys are more likely (29.2%) to do so than the girls (3.7%). The likelihood of initiating cigarette smoking within a year was also low, (3.6%) in Ibadan compared to other centres with Lagos having the highest rate (16.2%).
Table 2: Percent of students who were current cigarette smokers, current users of tobacco products other than cigarettes, and percent of current smokers who were dependent on tobacco products, NIGERIA - GYTS, 2008.

<table>
<thead>
<tr>
<th>State</th>
<th>Current cigarette smoker</th>
<th>Currently use other tobacco products</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Abuja</strong></td>
<td>3.5 (1.9 - 6.2)</td>
<td>13.9 (9.3 - 20.2)</td>
</tr>
<tr>
<td>Boy</td>
<td>5.6 (2.9 - 10.7)</td>
<td>16.9 (11.7 - 23.7)</td>
</tr>
<tr>
<td>Girl</td>
<td>1.3 (0.3 - 5.8)</td>
<td>10.7 (6.8 - 16.3)</td>
</tr>
<tr>
<td><strong>Cross River State</strong></td>
<td>4.1 (1.4 - 11.1)</td>
<td>23.3 (16.6 - 31.6)</td>
</tr>
<tr>
<td>Boy</td>
<td>6.8 (2.4 - 17.7)</td>
<td>23.9 (16.2 - 33.9)</td>
</tr>
<tr>
<td>Girl</td>
<td>1.2 (0.2 - 6.4)</td>
<td>17.5 (9.9 - 29.0)</td>
</tr>
<tr>
<td><strong>Ibadan</strong></td>
<td>3.5 (0.9 - 13.0)</td>
<td>16.1 (10.0 - 25.0)</td>
</tr>
<tr>
<td>Boy</td>
<td>1.4 (0.3 - 6.9)</td>
<td>13.7 (5.5 - 30.5)</td>
</tr>
<tr>
<td>Girl</td>
<td>5.5 (1.2 - 22.2)</td>
<td>18.0 (12.5 - 25.4)</td>
</tr>
<tr>
<td><strong>Kano</strong></td>
<td>6.2 (2.5 - 14.5)</td>
<td>19.7 (16.1 - 23.9)</td>
</tr>
<tr>
<td>Boy</td>
<td>11.4 (5.5 - 22.2)</td>
<td>24.0 (17.8 - 31.6)</td>
</tr>
<tr>
<td>Girl</td>
<td>0.3 (0.0 - 3.9)</td>
<td>14.3 (9.2 - 21.5)</td>
</tr>
<tr>
<td><strong>Lagos</strong></td>
<td>2.6 (1.5 - 4.5)</td>
<td>13.1 (9.7 - 17.6)</td>
</tr>
<tr>
<td>Boy</td>
<td>2.8 (1.4 - 5.7)</td>
<td>13.2 (8.9 - 19.2)</td>
</tr>
<tr>
<td>Girl</td>
<td>1.8 (1.1 - 3.0)</td>
<td>12.9 (8.3 - 19.5)</td>
</tr>
</tbody>
</table>

* Cell size is less than 35

The findings show that during 2008, the percentage of students aged 13--15 years who are currently cigarette smokers ranged, from 2.6% in Lagos to 6.2% in Kano. The likelihood of smoking is more among males than females in Kano, but there are no significant gender differences in current smoking rates in any other centre. During this period, the percentage of smokers currently smoking other tobacco products in this age group range from 13.9% in Abuja to 23.3% in Cross River State. There were no significant differences in using tobacco products other than cigarettes between boys and girls in any centre. It is important to note the high use of tobacco products other than cigarettes compared to manufactured cigarettes.
## EXPOSURE TO SECONDHAND TOBACCO SMOKE (SHS)

Table 3: Percent of students exposed to smoke at home, exposed to smoke in public, and supported banning smoking in public places, NIGERIA - GYTS, 2008.

<table>
<thead>
<tr>
<th>State</th>
<th>Percent exposed to smoke from others at home</th>
<th>Percent exposed to smoke from others in public places</th>
<th>Percent who think smoking should be banned in public places</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Abuja</strong></td>
<td>21.7 (18.7 - 25.0)</td>
<td>39.7 (31.3 - 48.9)</td>
<td>57.0 (46.5 - 66.9)</td>
</tr>
<tr>
<td>Boy</td>
<td>29.2 (24.5 - 34.4)</td>
<td>43.6 (34.3 - 53.5)</td>
<td>55.5 (41.1 - 69.1)</td>
</tr>
<tr>
<td>Girl</td>
<td>12.8 (10.1 - 16.1)</td>
<td>36.0 (26.8 - 46.5)</td>
<td>59.0 (46.2 - 70.7)</td>
</tr>
<tr>
<td><strong>Cross River State</strong></td>
<td>31.3 (23.4 - 40.4)</td>
<td>46.9 (39.3 - 54.7)</td>
<td>70.8 (60.5 - 79.3)</td>
</tr>
<tr>
<td>Boy</td>
<td>38.4 (29.5 - 48.1)</td>
<td>50.6 (37.8 - 63.4)</td>
<td>70.7 (60.7 - 79.0)</td>
</tr>
<tr>
<td>Girl</td>
<td>25.6 (16.9 - 36.9)</td>
<td>43.7 (31.0 - 57.3)</td>
<td>73.7 (56.9 - 85.6)</td>
</tr>
<tr>
<td><strong>Ibadan</strong></td>
<td>14.5 (9.0 - 22.5)</td>
<td>35.0 (26.7 - 44.3)</td>
<td>69.3 (61.8 - 75.9)</td>
</tr>
<tr>
<td>Boy</td>
<td>9.2 (5.6 - 14.8)</td>
<td>30.7 (18.7 - 46.1)</td>
<td>64.0 (54.8 - 72.3)</td>
</tr>
<tr>
<td>Girl</td>
<td>19.6 (12.3 - 29.8)</td>
<td>39.2 (29.9 - 49.2)</td>
<td>74.6 (63.9 - 83.0)</td>
</tr>
<tr>
<td><strong>Kano</strong></td>
<td>18.7 (8.7 - 35.6)</td>
<td>55.8 (36.9 - 73.2)</td>
<td>70.9 (38.9 - 90.3)</td>
</tr>
<tr>
<td>Boy</td>
<td>17.0 (12.0 - 23.7)</td>
<td>65.5 (54.3 - 75.3)</td>
<td>55.1 (21.8 - 84.4)</td>
</tr>
<tr>
<td>Girl</td>
<td>19.1 (5.7 - 48.1)</td>
<td>49.0 (26.3 - 72.1)</td>
<td>83.4 (48.6 - 96.4)</td>
</tr>
<tr>
<td><strong>Lagos</strong></td>
<td>25.9 (21.8 - 30.3)</td>
<td>43.1 (36.4 - 50.1)</td>
<td>52.9 (46.2 - 59.6)</td>
</tr>
<tr>
<td>Boy</td>
<td>30.1 (23.9 - 37.1)</td>
<td>48.9 (41.4 - 56.6)</td>
<td>54.9 (47.9 - 61.7)</td>
</tr>
<tr>
<td>Girl</td>
<td>20.4 (16.7 - 24.7)</td>
<td>37.4 (29.8 - 45.6)</td>
<td>50.8 (40.8 - 60.7)</td>
</tr>
</tbody>
</table>

In all centres, exposure to second-hand tobacco smoke is a problem. The rate of exposure ranging from 14.5% in Ibadan to 31.3% in Cross State at home and 35.5% in Ibadan to 55.8% in Kano in public areas. Majority or 7 in 10 of the students in Kano, Cross River and Ibadan favour the ban on smoking in public places. However, fewer students in Lagos (about 1 in 2) and (over 1 in 2) Abuja favour the ban. On the whole, over 50% of the youths favour the ban on smoking.
### Table 4: Percent of students who were taught dangers of smoking, discussed reasons why people their age use tobacco, taught effects of using tobacco, GYTS NIGERIA, 2008.

<table>
<thead>
<tr>
<th>State</th>
<th>Percent taught dangers of smoking tobacco</th>
<th>Percent discussed reasons why people their age smoke tobacco</th>
<th>Percent taught about the effects of smoking tobacco</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abuja</td>
<td>53.9 (49.4 - 58.4)</td>
<td>30.0 (25.6 - 34.8)</td>
<td>58.6 (50.5 - 66.2)</td>
</tr>
<tr>
<td>Boy</td>
<td>54.6 (47.1 - 61.9)</td>
<td>29.7 (23.4 - 37.0)</td>
<td>60.4 (50.5 - 69.5)</td>
</tr>
<tr>
<td>Girl</td>
<td>54.4 (48.0 - 60.6)</td>
<td>30.0 (24.5 - 36.0)</td>
<td>59.2 (48.6 - 69.0)</td>
</tr>
<tr>
<td>Cross River State</td>
<td>52.1 (40.9 - 63.1)</td>
<td>28.9 (21.6 - 37.4)</td>
<td>53.6 (43.2 - 63.8)</td>
</tr>
<tr>
<td>Boy</td>
<td>45.0 (29.0 - 62.1)</td>
<td>31.9 (23.0 - 42.3)</td>
<td>52.9 (41.7 - 63.9)</td>
</tr>
<tr>
<td>Girl</td>
<td>58.1 (46.3 - 69.0)</td>
<td>26.8 (20.1 - 34.8)</td>
<td>55.2 (43.8 - 66.1)</td>
</tr>
<tr>
<td>Ibadan</td>
<td>50.4 (38.3 - 62.5)</td>
<td>29.1 (17.9 - 43.5)</td>
<td>54.2 (43.5 - 64.5)</td>
</tr>
<tr>
<td>Boy</td>
<td>53.8 (41.0 - 66.1)</td>
<td>30.6 (12.8 - 57.1)</td>
<td>59.1 (43.6 - 73.0)</td>
</tr>
<tr>
<td>Girl</td>
<td>47.1 (33.6 - 61.0)</td>
<td>27.8 (19.3 - 38.1)</td>
<td>49.6 (38.2 - 61.0)</td>
</tr>
<tr>
<td>Kano</td>
<td>48.3 (30.7 - 66.3)</td>
<td>30.1 (20.4 - 41.9)</td>
<td>42.2 (32.6 - 52.5)</td>
</tr>
<tr>
<td>Boy</td>
<td>50.9 (26.0 - 75.4)</td>
<td>33.6 (13.6 - 61.8)</td>
<td>48.6 (28.6 - 68.9)</td>
</tr>
<tr>
<td>Girl</td>
<td>47.4 (28.4 - 67.3)</td>
<td>28.1 (17.4 - 42.0)</td>
<td>38.1 (25.1 - 53.0)</td>
</tr>
<tr>
<td>Lagos</td>
<td>44.0 (38.5 - 49.5)</td>
<td>24.0 (18.9 - 30.0)</td>
<td>52.3 (46.9 - 57.6)</td>
</tr>
<tr>
<td>Boy</td>
<td>43.5 (36.3 - 51.0)</td>
<td>21.5 (16.4 - 27.6)</td>
<td>51.4 (44.5 - 58.2)</td>
</tr>
<tr>
<td>Girl</td>
<td>44.8 (38.6 - 51.1)</td>
<td>26.1 (19.1 - 34.5)</td>
<td>52.9 (46.6 - 59.0)</td>
</tr>
</tbody>
</table>

In all centres, there was considerable knowledge of the dangers of tobacco use and in two centres, Abuja and Cross Rivers State, more than half of students were taught about the dangers of smoking tobacco. The lowest was in Lagos (44.0%). Regarding the discussion on reason for smoking at their age, only about 1 in 5 (Lagos) and 3 in 10 in other centres responded in the affirmative.
MEDIA AND ADVERTISING

Table 5: Percent of students who saw ads on billboards, saw ads in newspapers, and had an object with a tobacco company logo on it, NIGERIA - GYTS, 2008.

<table>
<thead>
<tr>
<th>State</th>
<th>Percent who saw ads for cigarettes on billboards in the past month</th>
<th>Percent who saw ads for cigarettes in newspapers or magazines in the past month</th>
<th>Percent who have an object with a cigarette or tobacco logo on it</th>
<th>Percent who have been offered “free” cigarettes by a tobacco company representative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abuja</td>
<td>43.1 (37.6 - 48.8)</td>
<td>46.4 (40.3 – 52.5)</td>
<td>16.1 (11.9 - 21.3)</td>
<td>11.3 (8.3 - 15.1)</td>
</tr>
<tr>
<td>Boy</td>
<td>44.3 (38.5 - 50.2)</td>
<td>49.0 (42.6 – 55.5)</td>
<td>18.1 (13.6 - 23.6)</td>
<td>13.3 (9.1 - 18.9)</td>
</tr>
<tr>
<td>Girl</td>
<td>42.5 (34.1 - 51.4)</td>
<td>44.1 (35.5 – 53.0)</td>
<td>13.8 (9.8 - 18.9)</td>
<td>8.4 (5.4 - 12.7)</td>
</tr>
<tr>
<td>Cross River State</td>
<td>47.6 (36.1 - 59.4)</td>
<td>53.7 (41.8 – 65.2)</td>
<td>15.4 (9.6 - 23.8)</td>
<td>14.2 (7.7 - 24.6)</td>
</tr>
<tr>
<td>Boy</td>
<td>48.8 (35.4 - 62.4)</td>
<td>59.1 (42.7 – 73.8)</td>
<td>15.6 (9.0 - 25.6)</td>
<td>18.5 (10.0 - 31.5)</td>
</tr>
<tr>
<td>Girl</td>
<td>47.0 (34.4 - 60.0)</td>
<td>48.3 (39.5 – 57.2)</td>
<td>15.3 (10.1 - 22.5)</td>
<td>7.4 (2.7 - 18.4)</td>
</tr>
<tr>
<td>Ibadan</td>
<td>38.4 (27.7 - 50.4)</td>
<td>39.7 (30.5 – 49.7)</td>
<td>15.7 (10.3 - 23.2)</td>
<td>5.4 (2.8 - 10.1)</td>
</tr>
<tr>
<td>Boy</td>
<td>34.0 (25.1 - 44.3)</td>
<td>42.4 (32.4 – 53.0)</td>
<td>18.4 (11.9 - 27.3)</td>
<td>6.6 (2.8 - 15.1)</td>
</tr>
<tr>
<td>Girl</td>
<td>42.3 (27.5 - 58.7)</td>
<td>37.4 (26.2 – 50.2)</td>
<td>12.8 (7.6 - 20.8)</td>
<td>4.2 (1.3 - 12.9)</td>
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<tr>
<td>Kano</td>
<td>52.7 (42.9 - 62.4)</td>
<td>52.6 (39.4 – 65.5)</td>
<td>26.8 (14.8 - 43.7)</td>
<td>9.5 (5.7 - 15.3)</td>
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<tr>
<td>Boy</td>
<td>62.5 (46.7 - 76.0)</td>
<td>62.1 (46.3 – 75.7)</td>
<td>41.3 (27.1 - 57.3)</td>
<td>11.4 (6.9 - 18.1)</td>
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<tr>
<td>Girl</td>
<td>45.8 (38.1 - 53.8)</td>
<td>45.1 (38.8 – 51.6)</td>
<td>14.2 (7.0 - 26.5)</td>
<td>5.7 (2.2 - 14.1)</td>
</tr>
<tr>
<td>Lagos</td>
<td>42.9 (38.9 - 47.0)</td>
<td>52.4 (45.4 – 59.4)</td>
<td>14.2 (12.1 - 16.5)</td>
<td>7.1 (5.1 - 9.8)</td>
</tr>
<tr>
<td>Boy</td>
<td>42.2 (37.0 - 47.6)</td>
<td>48.8 (40.9 – 56.8)</td>
<td>15.7 (11.9 - 20.4)</td>
<td>6.8 (3.9 - 11.6)</td>
</tr>
<tr>
<td>Girl</td>
<td>43.1 (35.7 - 50.8)</td>
<td>55.3 (46.6 – 63.7)</td>
<td>11.7 (8.8 - 15.5)</td>
<td>6.4 (4.0 - 10.0)</td>
</tr>
</tbody>
</table>

Over all, tobacco advertisement is quite rampant in Nigeria as no less than nearly 4 in 10 students saw billboards bearing tobacco advertisements but in Kano, more than half of the students did so. The same was the case with magazine and newspaper tobacco advertisements though over 1 in 2 students in Cross River State, Kano, and Lagos saw such adverts. Possession of objects with cigarette logo was commonest in Kano (26.8%) with statistical gender significance, males being more likely (41.3%) than girls (14.2%) to have the objects.
The number of students offered free cigarettes by a tobacco company was highest in Cross River State (14.2%) and followed by Abuja (11.3%); Kano (9.5%) and Lagos (7.1%) respectively. Ibadan students had the least free cigarette offers (5.4%)

CESSATION

Few observations (<35) were made on cessation of cigarette smoking in all locations hence the data could not be analysed.

ACCESS /AVAILABILITY OF TOBACCO

Few observations (<35) were made on access and availability of tobacco products to youths in all locations hence the data could not be analysed.

DISCUSSION

In Nigeria, the GYTS was first conducted in Cross River State among 13 -15 year old students in 2001. Results from that study were consistent with the adult pattern which shows a significantly low rate of cigarette smoking especially among females. Among adults, the current smoking rate in Nigeria is 9.0% for males and 0.2% in females while in CRS, current smoking rate in 2001 was 7.0%.(Boys 7.7%, Girls 3.3%)

However, from the GYTS in 2008 conducted in four major urban centres viz: Abuja, Ibadan, Kano, Lagos and Cross River State, the level of cigarette smoking for 13 to 15 year-old girls was already higher (Abuja 1.3%,Cross River 1.2%, Ibadan 5.5%, Kano 0.3%, Lagos 1.8%) than for adult females in Nigeria. Reducing tobacco use by females, especially young girls, should be a priority in Nigeria.

The main goal of a comprehensive tobacco control programme is to improve the health of the population by encouraging smokers to quit, eliminating exposure to second-hand smoke, and encouraging people not to initiate tobacco use. The MPOWER report focuses on the following:

M – Monitor tobacco use
P – Protect people from tobacco smoke
O – Offer help to quit tobacco use
W – Warn about the dangers of tobacco
E – Enforce bans on tobacco advertising and promotion
R – Raise taxes on tobacco products.
MPOWER requires “that proven tobacco policies and interventions be implemented, that they be informed by data from systematic surveys designed to target and refine implementation, and that rigorous monitoring is done to evaluate their impact.” The WHO FCTC includes specific articles related to each of the interventions mentioned in MPOWER\(^7\). The purpose of this section is to review the tobacco control programme efforts in Nigeria relative to the findings from the GYTS.

**Second Hand Smoke**

Article 8 of the WHO FCTC addresses the issue of “Protection from exposure to tobacco smoke.”\(^5\) The Article states

*Parties recognize that scientific evidence has unequivocally established that exposure to tobacco smoke causes death, disease and disability. Each Party shall adopt and implement measures, providing for protection from exposure to tobacco smoke in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.*\(^5\)

The MPOWER Report summarizes this coverage regarding eight specific public places (i.e. health care facilities, education facilities, university facilities, government facilities, indoor offices, restaurants, pubs and bars, and other indoor workplaces).\(^7\) Nigeria has laws banning smoking in health care facilities, education facilities and Government facilities indoor offices; however, enforcement is very weak and none exists for restaurants and pubs or bars.

GYTS data on exposure to SHS in Nigeria shows in Abuja 39.7%, Cross-River 46.9%, Ibadan 35%, Kano 55.8%, and Lagos 43.1.0% of the students report being exposed in public during the past week while between 14.5% and 31.3% live in homes where others smoke, and between 2.1% and 11.1% of their parents smoke.

**Tobacco Advertising, Promotion and Sponsorship**

Article 13 of the WHO FCTC addresses the issue of “Tobacco advertising, promotion and sponsorship.”\(^5\) The Article states

*Parties recognize that a comprehensive ban on advertising, promotion and sponsorship would reduce the consumption of tobacco products. Each Party shall undertake a comprehensive ban of all tobacco advertising, promotion and sponsorship. This shall include...a comprehensive ban on cross-border advertising, promotion and sponsorship originating from its territory.*\(^5\)
Tobacco Advertising Bans

The MPOWER Report summarizes advertising bans including whether the countries have national and international bans on TV, radio, newspaper, billboard, and point of sale advertising. In Nigeria, laws banning advertising are not in place for national TV and radio, local and international magazines and newspapers, and billboards and outdoor advertising except in Cross- River State where such a law came into force in 2002. However, enforcement of the laws is very weak. Data from the GYTS showed exposure to pro-tobacco advertising on billboards and in magazines was high in Nigeria (ranging from 38.4% in Ibadan to 52.7% in Kano for billboards and from 39.7% in Ibadan to 53.7% in Cross- River State for newspapers and magazines).

Promotion

The MPOWER Report includes information on whether the countries have laws banning promotion of free distribution of tobacco products and promotion of non-tobacco products. The GYTS includes an indicator on whether the students have an item with a tobacco company logo on it (e.g., a shirt, cap, back-pack, etc). In Nigeria, promotional bans are not in place for the appearance of tobacco products in TV or movies, and sponsored events hence enforcement is absent. Since Nigeria has no promotional ban on tobacco, some of the students ranging from 14.2% in Lagos to 26.8% in Kano reported having a promotional item and similarly some students ranging from 5.4% in Ibadan to 14.2% in Cross- River State had been offered free cigarettes by a tobacco company representative.

Cessation

Article 14 of the WHO FCTC addresses the issue of “Demand reduction measures concerning tobacco dependence and cessation.” The Article states

Each Party shall endeavour to design and implement effective programmes aimed at promoting the cessation of tobacco use, in such locations as educational institutions, health care facilities, workplaces and sporting environments.

The MPOWER Report states, “Countries must establish programmes providing low-cost, effective treatment for tobacco users who want to escape their addiction." Nigeria does have Nicotine Replacement Therapy (NRT) and Bupropion available in pharmacies. The GYTS asks students who currently smoke cigarettes if they would like to stop smoking now. Results from the present GYTS is unable to comment on the current smokers who desire to stop smoking as the number of respondents were few (< 35) for all the five locations. The problem facing Nigeria, as with other countries, is summarized in the report, Youth Tobacco Cessation: A Guide for Making Informed Decisions, “...a
literature review of 66 published studies on youth tobacco-use cessation and reduction...concluded that most of the studies lacked the quality and consistency of findings to allow conclusive recommendations about effective practices..."8 More research is needed to evaluate and identify effective youth tobacco cessation programmes.

School

Article 12 of the WHO FCTC addresses the issue of “Education, communication, training and public awareness."5 The Article states

Each Party shall promote and strengthen public awareness of tobacco control issues, using all available communication tools, as appropriate....each Party shall....promote broad access to effective and comprehensive educational and public awareness programmes on the health risks including the addictive characteristics of tobacco consumption and exposure to tobacco smoke.5

Results from the GYTS show between 44% and 59% of the students reported that they had been taught in classes the past school year about the dangers of tobacco. Studies of the effectiveness of school-based smoking prevention programmes have been mixed. Studies have found some programmes result in short-term decreases; but other studies have looked at long-term programme results and found no effective programme.9 WHO recognizes school and community tobacco control programme efforts are important but they are most likely to be successful after a favourable policy environment has been created, including tax and price policies, 100% smoke-free public places and indoor workplaces, and a comprehensive ban on all tobacco advertising, promotion, and sponsorship.10

Conclusion

Although Nigeria ratified the WHO FCTC on 20th October 2005, the findings in this report suggest that the tobacco control programme effort needs to focus on implementation and enforcement of policies already in place as well as expansion into additional programme efforts. The tobacco control effort needs to be comprehensive, broad-based, focused on boys and girls, and tobacco products other than cigarettes. If Nigeria does not address these issues soon, future morbidity and mortality attributed to tobacco will increase. The WHO FCTC provides useful frameworks for implementing such a comprehensive approach. The synergy between countries passing tobacco control laws, regulations or decrees and ratifying the WHO FCTC and in conducting initial and repeat GYTS offers countries a unique opportunity to develop, implement and evaluate comprehensive tobacco control policies that can be most helpful to each country.
HIGHLIGHTS GYTS NIGERIA

FACT SHEET Highlights: Abuja, Cross River, Ibadan, Kano and Lagos

Global Youth Tobacco Use Prevalence

- About 700 million children, almost half of the world’s children breathe air polluted by tobacco smoke, particularly at home. (WHO, 1999)

- On 4, February 2008, World Cancer Day message directed to parents stated: “Second Hand Smoke is a health hazard for you and your family. There is no safe level of exposure to second-hand smoke. Give your child a smoke free childhood.”(UICC.2008)

- Overall low proportion of students currently smoked cigarettes in Nigeria. The rate was highest in Kano (6.2%) and lowest in Lagos (2.6%). The likelihood of smoking is more among males than females in Kano and not in other centres.

- Current use of any tobacco products was surprisingly high. Cross River had the highest rate (26.1%) and Lagos the lowest rate (14.6%). There was no significant difference between boys and girls in any centre.

- Among students who had never smoked cigarettes, 16.2% in Lagos and only 3.6% in Ibadan indicated they were susceptible to initiate smoking during the next year. No difference in susceptibility was reported between boys and girls in all the sites.

Determinants of Tobacco Use

Second hand Smoke Exposure

- Exposure to second-hand smoke is a problem in all centres. Rate of exposure at home ranges from 14.5% in Ibadan to 31.3% in Cross River State. While exposure in public places is highest in Kano (55.5%) and lowest in Ibadan (35%).

- Majority of the students in Kano, Cross River, and Ibadan about (7 in 10) favour the ban on smoking in public places. Fewer students in Lagos about 1 in 2 and Abuja, over 1 in 2 favour the ban. On the whole, 50% of the Nigerian youth favour the ban on smoking in public places.
• In all centres there was considerable knowledge of the dangers of tobacco use. The highest rate of knowledge that smoking from others is harmful was in Ibadan (67.8%) and lowest was in Cross River (38.2%).

Indirect Pro-Tobacco Advertising
• Over all, tobacco advertisement is quite rampant in Nigeria including indirect methods. 26.8% of students in Kano owned objects with a cigarette brand logo on it. The males were more likely (41.3%) than the females (14.2%) to have the objects. About 14.2% of students in Cross River State had been offered free cigarette by a tobacco company representative compared to 5.4% in Ibadan which had the least cigarette offers.

Youth Anti-Tobacco Awareness
• More than half of the students in Ibadan, Abuja and Cross River reported having been taught in the school about the dangers of tobacco during the preceding school year.

References:

Campaign Statement

For additional information, please contact:
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University of Calabar, Calabar
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November 10, 2008
Recommendations

1. Nigeria ratified the FCTC since 2005 hence there is an urgent need to domesticate it by 2010.

2. Tobacco control strategies should be developed to address the use of tobacco products other than cigarettes (e.g. hand-rolled, snuff, other local products).

3. Implementation of a comprehensive law by 2012 ensuring complete smoke-free environments for all citizens, including, bans on smoking in – all health care facilities, educational facilities, government facilities, restaurants, pubs and bars, and other indoor workplaces.

4. Include strong enforcement measures for the comprehensive smoke-free law.

5. Implement a comprehensive law by 2010 banning all pro-tobacco advertising and promotion.

6. Include strong enforcement measures for the comprehensive law banning pro-tobacco advertising and promotion.

7. Develop an effective youth smoking cessation programme.

8. Work with the Federal and State Ministry of Education to include the most effective school anti-tobacco programmes available.

ACKNOWLEDGEMENT

World Health Organization (WHO), US Centers for Disease Control and Prevention / Office on Smoking and Health (CDC / OSH), Atlanta, GA, University of Calabar, State Ministries of Education in Cross-River State, Oyo State, Lagos State, Kano State and Education Authority of the Federal Capital Territory Abuja, Nigerian Cancer Society and The Federal Ministry of Health, Abuja are appreciated for their respective roles towards the success of the 2008 Global Youth Tobacco Survey in Nigeria.

I wish to acknowledge with gratitude all the 5 zonal GYTS facilitators, school GYTS survey administrators, school principals and junior secondary 2, junior secondary 3 and senior secondary 1, students in the 100 participating schools located in Abuja, Cross River State, Ibadan, Kano and Lagos for their full co-operation and commitment to the success of the exercise.
The secretarial assistance provided by Mr. C.E. Okon and Mr. Boniface Ikwetiong of the Department of Pathology, College of Medical Sciences, University of Calabar, is appreciated.

Thank you all and God bless.

Professor Ima-Obong A. Ekanem
Research Coordinator,GYTS-Nigeria

REFERENCES

APPENDICES

Appendix 1.0

Map of Nigeria showing GYTS Survey sites

KEY

Selected Centres for GYTS Nigeria, 2008
## LIST OF GYTS SURVEY ADMINISTRATORS

<table>
<thead>
<tr>
<th>S/N</th>
<th>NAME</th>
<th>ADDRESS</th>
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<td></td>
<td><strong>RESEARCH COORDINATOR</strong></td>
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<td></td>
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<tr>
<td>1.</td>
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<tr>
<td></td>
<td><strong>ZONAL GYTS FACILITATORS</strong></td>
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<td></td>
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<tr>
<td>1</td>
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<tr>
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<tr>
<td>3</td>
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</tr>
<tr>
<td>4</td>
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</tr>
<tr>
<td>5</td>
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<td><a href="mailto:dozieanunobi@yahoo.com">dozieanunobi@yahoo.com</a></td>
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Appendix 3.0: Photograph of GYTS survey Administrators with Resource persons and the Chief Host, Dr A. Z. Ajuwon Chief Medical Director of the National Hospital at the Training of Trainers' Workshop in Abuja, April, 2008.

Sitting Left to Right: Dr. A.Z. Ajuwon, OON, Chief Medical Director National Hospital, Abuja, Prof. Ima-Obong Ekanem, GYTS Research Coordinator, Prof G.C. Onyemelukwe, Past Chairman Non-Communicable Diseases National Expert Committee, Dr. Patience Ameh, Chairman Medical Advisory Committee, National Hospital, Abuja.

Standing from Left to Right: Dr. Henry Ewunonu, Resource Person, Dr. Paul Jibrin, Abuja Zonal GYTS facilitator, Dr. Toyin Sekoni, Representative of Ibadan Zonal Facilitator, Rabiah M.B. Labaran, National Hospital information officer, Dr. Charles Anunobi, Lagos Zonal GYTS Facilitator, Mr. Stanley Ebem, Cross River State Zonal GYTS facilitator and Dr. Sani Malami, Kano Zonal GYTS Facilitator.
Appendix 4.0: ACRONYMS

ATCA ......................Anti Tobacco Control Alliance
CDC .........................Centers for Disease Control and Prevention
CRS ..........................Cross River State
ERA ..........................Environmental Rights Action
FCT ..........................Federal Capital Territory
FCTC ..........................Framework Convention on Tobacco Control
GA ...........................Georgia
GYTS .........................Global Youth Tobacco Survey
JSS ...........................Junior Secondary School
MOH ..........................Ministry of Health
MPOWER
  • Monitor tobacco use
  • Protect people from tobacco smoke
  • Offer help to quit tobacco use
  • Warn about the dangers of tobacco
  • Enforce bans on tobacco advertising and promotion
  • Raise taxes on tobacco products
NGO ..........................Non Governmental Organization
NRT ..........................Nicotine Replacement Therapy
OSH ..........................Office of Smoking and Health
RC  ..........................Research Coordinator
SHS ..........................Second Hand Tobacco Smoke
SSS ..........................Senior Secondary school
TFI ..........................Tobacco Free Initiative
UNICEF ........................United Nations Children's Fund
WHO ..........................World Health Organization
WNTD ..........................World No Tobacco Day
THE NEXT 11 QUESTIONS ASK ABOUT YOUR USE OF TOBACCO

1. Have you ever tried or experimented with cigarettes smoking, even one or two puffs?
   A. Yes
   B. No

2. How old were you when you first tried a cigarette?
   A. I have never smoked cigarettes.
   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.
3. During the past 30 days (one month), on 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 per day.
   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 your cigarettes? (SELECT ONLY ONE RESPONSE)
   A. I did not smoke cigarettes during the past 30 days (one month)
   B. I bought them in a store, shop or from a street vendor.
   C. I bought them from a vending machine.
   D. I gave someone else money to buy them for me.
   E. I borrowed them from someone else.
   F. I stole them.
   G. An older person gave them to me.
   H. I got them some other way.

6. During the past 30 days (one month), what brand of cigarette did you smoke? (SELECT ONLY ONE RESPONSE)
   A. I did not smoke cigarettes during the past 30 days.
   B. No usual brand.
C. Three Rings.
D. Sweet Menthol.
E. Gold Leaf.
F. High Society.
G. Link.
H. Other.

7. During the past 30 days (one month), did anyone ever refuse to sell you cigarettes because of your age?
   A. I did not try to buy cigarettes during the past 30 days (one month).
   B. Yes, someone refused to sell me cigarettes because of my age.
   C. No, my age did not keep me from buying cigarettes.

8. During the past 30 days (one month), have you used any form of tobacco products other than cigarettes (e.g. cigars, water pipe, pipe, little cigars, and cigarillos)?
   A. Yes.
   B. No.

9. During the past 30 days (one month), did you use any form of smokeless tobacco products e.g. (chewing tobacco, smitts dig)?
   A. Yes
   B. No

10. Where do you usually smoke (SELECT ONLY ONE RESPONSE)
    A. I have never smoked cigarettes.
    B. At home.
    C. At school.
    D. At work.
    E. At friend's houses.
    F. At social events.
    G. In public places (e.g. parks, shopping centres, street corners)
    H. Others.
11. Do you ever have a cigarette or feel like having a cigarette first thing in the morning?
   A. I have never smoked cigarettes.
   B. I no longer smoke cigarettes.
   C. No, I don’t have or feel like having a cigarette first thing in the morning.
   D. Yes, I sometimes have or feel like having a cigarette first thing in the morning.
   E. Yes, I always have or feel like have a cigarette first thing in the morning.

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

12. Do your parents smoke?
   A. None.
   B. Both.
   C. Father only.
   D. Mother only.
   E. I don’t know.

13. If one of your best friends offered you a cigarette, would you smoke it?
   A. Definitely not
   B. Probably not.
   C. Probably yes.
   D. Certainly yes.

14. Has anyone in your family discussed the harmful effects of smoking with you?
   A. Yes.
   B. No.

15. At any time during the next 12 months do you think you will smoke cigarettes?
   A. Definitely not.
   B. Probably not.
   C. Probably yes.
   D. Definitely yes.
16. Do you think you will be smoking cigarettes 5 years from now?
   A. Definitely not.
   B. Probably not.
   C. Probably yes.
   D. Definitely yes.

17. Once someone has started smoking, do you think it is difficult to quit?
   A. Definitely not.
   B. Probably not.
   C. Probably yes.
   D. Definitely yes.

18. Do you think boys who smoke cigarettes have more or less friends?
   A. More friends.
   B. Fewer friends.
   C. No difference from non-smokers.

19. Do you think girls who smoke cigarettes have more or less friends?
   A. More friends.
   B. Fewer friends.
   C. No difference from non-smokers.

20. 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.

21. Do you think smoking cigarettes makes boys look more or less attractive?
   A. More attractive.
   B. Less attractive.
   C. No difference from non-smokers.
22. Do you think smoking makes girls look more or less attractive?
   A. More attractive.
   B. Less attractive.
   C. No difference from non-smokers.

23. Do you think that smoking cigarettes makes you gain or lose weight?
   A. Gain weight.
   B. Loose weight.
   C. No difference from non-smokers.

24. Do you think cigarette smoking is harmful to your health?
   A. Definitely not.
   B. Probably not.
   C. Probably yes.
   D. Definitely yes.

25. Do any of your closest friends smoke cigarettes?
   A. None of them.
   B. Some of them.
   C. Most of them.
   D. All of them.

26. 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/Tough guy.

27. When you see a woman smoking what do you think of her? (SELECT ONE RESPONSE)
   A. Lacks confidence.
   B. Stupid.
   C. Loser.
D. Successful.
E. Intelligent
F. Sophisticated

28. Do you think it is safe to smoke for only a year or two as long as you quit after that?
   A. Definitely not.
   B. Probably not
   C. Probably yes
   D. Definitely yes

THE NEXT 5 QUESTIONS ASK ABOUT YOUR EXPOSURE TO OTHER PEOPLE’S SMOKING

29. Do you think that the smoke from other people’s cigarettes is harmful to you?
    A. Definitely not.
    B. Probably not.
    C. Probably yes.
    D. Definitely yes.

30. During the last 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

31. During the past 7 days, on 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
32. Are you in favour of banning smoking in public places (such as in restaurants, in buses, taxis, trains and airplanes, in schools, hospitals, on play grounds, airport waiting halls, sports stadia and in clubs).
   A. Yes
   B. No

33. If someone asks permission to smoke around you, do you let them?
   A. Yes
   B. No

THE NEXT 6 QUESTIONS ASK ABOUT YOUR ATTITUDES TOWARD STOPPING SMOKING

34. Do you want to stop smoking now?
   A. I have never smoked cigarettes.
   B. I do not smoke now.
   C. Yes
   D. No

35. During the past year, have you ever tried to stop smoking cigarettes?
   A. I have never smoked cigarettes.
   B. I have not smoked during the past year.
   C. Yes.
   D. No.

36. 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.
37. What was the main reason you decided to stop smoking? (SELECT ONE RESPONSE 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.

38. 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.
   C. Yes.
   D. No.

39. 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 programme or professional.
   C. Yes, from a friend.
   D. Yes, from a family member.
   E. Yes, from either programme or professionals and from friends or family members.
   F. No.

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

40. 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 or heard?
   A. A lot.
   B. A few.
   C. None.
41. When you go to sports events, fairs, concerts, community events, or social gatherings, how often do you see anti-smoking messages?
   A. I never go to sports events, fairs, concerts, community events, or social gatherings.
   B. A lot.
   C. Sometimes.
   D. Never.

42. 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.

43. Do you have something (T-shirt, hats, pen, backpack, carrier or shopping bag etc) with a cigarette brand logo on it)?
   A. Yes.
   B. No.

44. During the past 30 days (one month), when you watched sports events or other programmes on TV how often did you see cigarette brand names?
   A. I never watch TV.
   B. A lot.
   C. Sometimes.
   D. Never.

45. During the past 30 days (one month), how many advertisements for cigarettes have you seen on billboards?
   A. A lot
   B. A few.
   C. None.

46. During the past 30 days (one month), how many advertisements or programmes for cigarettes have you seen in newspapers or magazines?
   A. A lot
B. A few
C. None

47. When you go to sports events, musical concerts, beauty pageants, community events or cultural festivals, how often do you see advertisement for cigarettes?
   A. I never attend sports, events, musical concerts, beauty pageants, community events or cultural festival.
   B. A lot.
   C. Sometimes.
   D. Never.

48. Has a cigarette sales agent ever offered you a free cigarette?
   A. Yes.
   B. No.

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

49. During this school year, were you taught in any of your classes the dangers or smoking?
   A. Yes.
   B. No.
   C. Not sure.

50. During this school year, did you discuss in any of your classes the reason why people your age smoke?
   A. Yes.
   B. No.
   C. Not sure.

51. 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.
52. 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 NEXT 3 QUESTIONS ASK ABOUT WHAT YOU LEARNT FROM YOUR COMMUNITY ABOUT SMOKING

53. During the past year, have you heard from youth groups, discouraging young people your age from smoking?
   A. Yes.
   B. No.

54. During the past year, did any health professional explain to you why smoking is dangerous to your health?
   A. Yes.
   B. No.

55. During the past year, did any religious organization discourage young people your age from smoking?
   A. Yes.
   B. No.
THE LAST 3 QUESTIONS ASK FOR SOME BACKGROUND INFORMATION ABOUT YOURSELF

56. How old are you?
   A. 11 years old or younger.
   B. 13 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 form are you? (SELECT ONLY ONE RESPONSE)
   A. Junior Secondary 2
   B. Junior Secondary 3.
   C. Senior Secondary 1

THANK YOU FOR PARTICIPATING IN THIS SURVEY
Nigerian Cancer Society
GYTS Research Coordinator/Past President
Prof. Imo-Obong Ekangem, FMedSc, FMCAP, FICS

June/July 2008

World Health Organization (WHO) Global Youth Tobacco Survey in Nigeria

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GOVERNMENT MODEL SECONDARY SCHOOL

Certificate of Participation

Address:

LUNASEE, CALLABAR, SOUTH CROSS RIVER STATE

Name of School:
THE SMOKER’S BODY

**Chronic diseases**
- Stroke
- Coronary heart disease
- Aortic aneurysm
- Atherosclerotic peripheral vascular disease
- Chronic obstructive pulmonary disease (COPD)

**Cancers**
- Oral
- Pharynx
- Larynx
- Esophagus
- Lung
- Kidney and Ureter
- Bladder

BE WARNED

TOBACCO KILLS!!!