



**LESOTHO**

**The Lesotho Global Youth Tobacco Survey Report (2008)  
Tobacco Control Policy Implications.**

**LESOTHO**

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## Abstract

### *Objectives*

This study describes the prevalence as well as knowledge and attitudes of standard 7, form A and B students in Lesotho of tobacco use. It analyses their exposure to second-hand smoke (shs) as well as the extent to which they receive anti-tobacco information in schools and information from the media and exposure to pro-tobacco activities such as media/advertisement. In addition, it describes the students' access to and availability of tobacco products.

### *Method*

This is a cross-sectional survey of students in standard 7, form A and B in 50 primary and secondary schools of Maseru, Berea and the 'rest of the country' (ROC) represented by 10 districts in Lesotho. A two-stage cluster sample design was used to produce representative data for the study. At the first stage, schools were selected with probability proportional to enrolment size. At the second stage, classes were randomly selected and all students in selected classes were eligible to participate. A pre-tested, modified Global Youth Tobacco Survey (GYTS) questionnaire was used.

### *Results*

Overall 22.3% of the students have ever smoked cigarettes. There was no significant statistical difference among boys and girls that have ever used tobacco. The overall percentage of students currently using tobacco product was 10.1%. About (38.1%) students were taught about the dangers of smoking while (26.7%) discussed in class reasons why people their age smoke and (40.2%) were taught about the effects of smoking as part of lessons in the class.

In 2002 about 31.7% students lived with one or more parents who smoked while in 2008 the number had slightly increased to 33.3% this just shows why it would be difficult for students to be in favour of tobacco ban.

### *Conclusion*

Although Lesotho has signed and ratified the WHO FCTC<sup>1</sup> on tobacco prevention and control, findings from the GYTS 2008 indicate high levels of prevalence of tobacco use, exposure to ETS and pro-tobacco messages through media and advertising among adolescent school students. Moreover, the differences in gender tobacco use patterns that exist among the adult population are changing- the study found no statistical differences in prevalence of tobacco use among boys and girls. Lesotho's tobacco control programme efforts need to focus on developing and enforcing the WHO FCTC policies that are presently not existent. The tobacco control efforts needs to be comprehensive, broad based and focused on boys and girls.

### *What this paper adds*

Results from this GYTS study indicate that Lesotho faces a number of serious challenges in preventing and controlling tobacco. The country also faces a dearth of data to guide and support the anti-tobacco effort. GYTS data can enhance a country's capacity to monitor tobacco use among youth, guide development, implementation, and evaluation of national tobacco prevention and control programme; and allow comparison of tobacco-related data at national, regional and global levels.

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<sup>1</sup> The World Health Organisation. *WHO Framework Convention on Tobacco Control*. Geneva Switzerland: World Health Organisation, 2003.

## 1. Introduction

Tobacco use is one of the leading preventable causes of disease and death in the world, estimated to kill 4.9 million people annually compared to 3 million annual deaths due to HIV/AIDS.<sup>2</sup> The World Health Organization (WHO) estimates 1.1 billion smokers in the world today – a figure expected to rise to 1.64 billion by 2025. By 2020, tobacco's death toll will be 10 million, 70% of these in the developing countries as the tobacco industry is steadily relocating to the poor South due to tighter regulation in the developed countries<sup>3</sup>.

According to the World Health Organization tobacco use prevalence in Africa was 29% in males and 7% in females in 2000<sup>4</sup>. In addition, there were 200,000 tobacco-related deaths<sup>5</sup>.

Africa's tobacco related fatalities are expected to rise because its countries are projected to experience some of the highest increases in the rate of tobacco use amongst developing countries. Moreover, Africa has one of the world's weakest tobacco regulatory and policy frameworks. Africa's tobacco related figures are consistent with the model of the smoking epidemic<sup>6</sup> based on evidence from countries with longest history of tobacco use, which describe evolution of cigarette smoking and the subsequent mortality. Africa is in stage 1, where health consequences are not yet apparent on a large scale and fewer women than men have taken up the habit.

Many of tobacco's future victims are today's children because tobacco use is initiated in adolescence and continues through adulthood as a result of addiction to the habit. This is a major challenge in African countries where the majority of the population is under 18 years and Lesotho is not an exception.

The increasing tobacco related disease burden thus represents an enormous challenge and drain on the continent's impoverished public health services already grappling with severe health challenges that include the twin burdens of HIV/AIDS and Malaria.

Lesotho has signed and ratified the World Health Organisation Framework Convention on Tobacco Control<sup>7</sup> (WHO FCTC); the world's first public health treaty on tobacco control. The WHO FCTC urges countries to develop action plans for public policies, such as bans on direct and indirect

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<sup>2</sup> *Implementation of the Framework Convention on Tobacco Control in the African Region: Current Status and the Way Forward: Report of the Regional Director, Fifty-fifth session, Maputo, Mozambique August 2005, Provisional Agenda Item 8.7.*

<sup>3</sup> Guindon E, Boxcar D., *Past, current and future trends in tobacco use. HNP Discussion Paper, Economics of Tobacco Control Paper, No.6, Geneva, WHO/World Bank, 2003.*

<sup>4</sup> Guindon, E, Boxcar D., *Past, current and future trends in tobacco use. HNP Discussion Paper, Economics of Tobacco Control Paper, No.6, Geneva, WHO/World Bank, 2003.*

<sup>5</sup> WHO, *The World Health Report 2002: Reducing risks, promoting health life*, Geneva, World Health Organisation, 2002.

<sup>6</sup> Lopez AD, Collishaw NE, Piha T. *A descriptive model of cigarette epidemic in developed countries. Tobacco Control 1995; 3:242-7.*

<sup>7</sup> The World Health Organisation. *WHO Framework Convention on Tobacco Control*. Geneva Switzerland: World Health Organisation, 2003.

tobacco advertising, tobacco tax and price increases, promoting smoke-free public places and workplaces, and placing health messages on tobacco packaging. WHO FCTC also calls on countries to establish surveillance programmes of "the magnitude, patterns, determinants, and consequences of tobacco consumption and exposure to tobacco smoke. WHO, the U.S Centres for Disease Control and Prevention, and the Canadian Public Health Association developed the Global Tobacco Surveillance System (GTSS) to assist WHO Member States in establishing continuous tobacco control, surveillance and monitoring.

## **2. Tobacco use in Lesotho**

Lesotho does not grow nor package tobacco, but most of the tobacco products that are found in the country have been imported from other countries except for a few like dagga (matekoane). Presently there is no law or policy that stops the tobacco industry from advertising and selling tobacco. Comprehensive studies of prevalence of tobacco use in Lesotho are limited. However a study that was carried out in 2002 indicated that there has not been any statistical significant change on the cigarette smoking prevalence among the 13-15 year olds.

The study found high levels of exposure to second-hand tobacco both at home and in public places among adolescents, 4 in 10 students live in homes where others smoke while over a half of the students are around others who smoke in places outside of their homes, 6 in 10 students think smoking should be banned from public places.

Most students who were current smokers expressed a desire to stop smoking, (80.4%) in 2002 while in 2008 it was (82.0%) this just shows that students might have heard or understood the public health as well as the tobacco control programme plea that smoking is dangerous.

## **3. The Global Youth Tobacco Survey (GYTS)**

The GYTS is a school-based tobacco specific global survey, which focuses on adolescents of ages 13-15 and corresponding grades (in Lesotho this corresponds to primary school standard 7 – secondary school form A and form B). It establishes the prevalence of tobacco use status of school-going students in a country, assesses knowledge, attitude and behaviour related to tobacco use and exposure to environmental tobacco smoke (ETS) and related factors. It also assesses students' exposure to pro-tobacco and anti tobacco activities in the country.

### *Objectives of GYTS:*

- To find out the magnitude and extent of tobacco use among school students with special focus to 13-15 years age group and to monitor the change over years.
- To assess and understand the level of exposure to pro-tobacco and anti-tobacco activities and corresponding knowledge and attitudes of students regarding tobacco use so as to plan and implement effective anti-tobacco programmes in a country.

This report, like GYTS in other countries, attempts to unveil the following issues related to tobacco use in Lesotho:

- Determine the level of tobacco use by school students
- Estimate age of initiation of cigarette use
- Assess students' knowledge and attitude regarding tobacco use
- Find out the level of exposure of school students to pro-tobacco activities such as media / advertisement, access and availability
- Assess students' exposure to environmental tobacco smoke and cessation efforts
- Assess anti-tobacco educational activities in school
- Provide data to guide tobacco control activities in Lesotho and to be used in benchmarking tobacco control Legislation and Policies in Lesotho.

#### 4. Methodology

The 2008 Lesotho GYTS was a school based cross-sectional survey, which employed a two-stage cluster sampling design to produce a two-stage cluster representative sample from Maseru and Berea and the 'Rest of the Country' (ROC) which comprised ten districts of Lesotho where the low-lands, the mountain and foot hills of the country are represented.

##### 4.1. Study design and sampling technique:

The GYTS survey sample used a two-stage cluster design. In the first stage of sampling where primary and secondary schools with standard 7, form A and form B, Three classes were selected randomly with a probability proportional to enrolment size. National school enrolment data was obtained from the Ministry of Education and Training. A total of 50 primary and secondary schools were sampled, with 25 schools from Maseru and Berea and 25 schools from the Rest of the Country i.e. the low-lands, the mountain and the foot hills of the country were represented.

See *Table 1* for the number of schools and students drawn for the sample.

**Table 1: Study sample sizes among schools and students**

District/	No. of schools in the sample	No. of students selected std7 form A and B)
Maseru and Berea	25	1,910
<i>Rest of the country (low-lands, mountain and foot hills of Lesotho)</i>		
ROC	25	1,713
<b>Total</b>	<b>50</b>	<b>3,623</b>

The second stage consisted of systematic equal probability sampling. Classes (standard 7, form A and B) were randomly selected from within the selected schools and all the students from within the selected class were eligible to participate in the survey.

##### 4.2. Development of questionnaire

A self-administered questionnaire was used for data collection. It consisted of 61 questions with core questions adopted from a questionnaire developed under the guidance of WHO and the Centres for Disease Control, which comprised core component that provided similar data for the comparison between countries and regions and a set of optional component that provided data to analyse the special issues relevant to the Lesotho situation.

A weighting factor was applied to each questionnaire to reflect the likelihood of sampling each student and reduce bias by compensating for different patterns of non-response.

The weight used for estimation is given by:

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

W1 = the inverse of the probability of selecting the school

W2 = the inverse of the probability of selecting the 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

## 5. Data Collection and analysis

Printed questionnaires along with School ID forms and Class level ID forms were made available to the survey administrators. A letter was sent to all selected schools for their consent to undertake the survey. The purpose of the survey was discussed with the school authorities and the classes were selected as per the school level form. After selection of class, the anonymous self-administered questionnaire was administered with due explanation of the nature and the intent of the survey. The teachers and school personnel were not present during administration of the questionnaire to encourage the students to provide their own answers without bias. The survey was carried out from February to April 2008.

The answer sheets were sent to CDC/ Office on Smoking and Health where data was entered and analysed using SUDANN, a software package, which executed the complex sampling design and weighing factors in the data set, to calculate standard errors and prevalence estimates; Epi Info was also used for data analysis. The statistical differences included in this report were determined by comparing the range of the 95% confidence interval (95%CI) for the estimates. If the ranges for the 95% CI did not overlap then the difference were statistically significant. The weighted results were used to make important inferences concerning tobacco use risk behaviours of surveyed students. The following response rate was obtained in the study:

**Schools:** 88.0%

**Students:** 94.6%

**Overall response rate:** 83.2%

## 6. Results

To analyse prevalence of tobacco use, students were asked questions pertaining to whether they had ever-smoked, status of current tobacco and cigarette use, and the likelihood of starting to smoke.

Table 1: Prevalence – LESOTHO-NATIONAL 2002 and 2008 (13-15 Years ONLY)

Prevalence	2002			2008		
	Total	Boy	Girl	Total	Boy	Girl
Ever smoked cigarettes	21.9 (17.0 - 27.7)	34.0 (28.2 - 40.4)	15.3 (11.7 - 19.8)	22.3 (18.5 - 26.6)	29.0 (24.7 - 33.7)	16.7 (12.3 - 22.1)
Ever Smokers, first smoked cigarettes before age 10	26.2 (19.8 - 33.8)	19.9 (13.3 - 28.7)	34.3 (23.7 - 46.8)	31.8 (24.9 - 39.6)	20.7 (12.0 - 33.4)	41.0 (25.7 - 58.2)
Current cigarette smoker	9.2 (6.6 - 12.6)	16.6 (12.4 - 21.9)	4.8 (3.4 - 6.9)	10.1 (6.9 - 14.4)	11.8 (7.0 - 19.3)	7.5 (4.9 - 11.2)
Current user of other tobacco products	14.8 (12.7 - 17.2)	12.3 (9.5 - 15.7)	14.8 (12.6 - 17.3)	19.5 (16.1 - 23.4)	20.4 (15.2 - 26.9)	17.9 (14.6 - 21.8)
Never smokers likely to initiate smoking in the next year	33.2 (27.9 - 38.9)	34.1 (27.0 - 42.0)	32.9 (27.5 - 38.7)	33.7 (27.4 - 40.6)	33.7 (25.6 - 43.0)	33.1 (26.4 - 40.5)

\*cell size <35

The overall national prevalence of students who had ever smoked cigarette is 22.3%, boys being 29.0% while girls were 16.7%, those who currently smoke cigarette were a total of 10.1%, with boys at 11.8% and girls 7.5%. However it is sad to realize that the number of students who currently use other tobacco products is high at a total of 19.5%.



Table 2: Factors influencing tobacco use – LESOTHO-NATIONAL 2002 and 2008 (13-15 Years ONLY)

Factors	2002			2008		
	Total	Boy	Girl	Total	Boy	Girl
<b>EXPOSURE TO SMOKE</b>						
One or more parents smoke	31.7 (29.0 - 34.6)	32.3 (27.7 - 37.2)	31.5 (28.4 - 34.7)	33.3 (28.1 - 39.0)	30.0 (26.5 - 33.8)	34.8 (28.9 - 41.2)
All or most best friends smoke	10.6 (8.7 - 13.0)	12.5 (10.1 - 15.4)	9.1 (6.8 - 12.0)	10.8 (7.8 - 14.8)	12.7 (9.1 - 17.3)	8.7 (6.2 - 12.2)
Exposed to smoke in public places	60.4 (57.7 - 63.1)	60.2 (54.1 - 66.0)	60.3 (57.4 - 63.1)	52.6 (48.8 - 56.4)	50.2 (43.3 - 57.2)	53.2 (49.3 - 57.0)
In favor of banning smoking in public places	32.9 (25.5 - 41.1)	36.0 (29.9 - 42.6)	31.2 (22.8 - 41.2)	21.7 (19.8 - 23.8)	19.8 (16.4 - 23.7)	22.5 (19.2 - 26.1)
<b>SCHOOL</b> During this school year, were taught in any classes about the dangers of smoking	39.0 (34.6 - 43.7)	37.2 (32.7 - 42.0)	40.3 (35.3 - 45.5)	38.1 (32.5 - 44.0)	35.3 (26.3 - 45.5)	39.8 (34.7 - 45.1)
<b>MEDIA/ADVERTISING</b> During the past month saw any anti-smoking media messages	72.9 (69.2 - 76.3)	74.8 (68.8 - 79.9)	72.2 (68.2 - 75.9)	66.8 (62.4 - 70.9)	65.0 (60.2 - 69.5)	67.9 (63.1 - 72.4)
During the past month saw any advertisement for cigarettes on billboards	64.7 (61.8 - 67.4)	68.0 (63.3 - 72.3)	63.0 (59.7 - 66.1)	56.9 (50.8 - 62.8)	58.0 (48.9 - 66.6)	55.3 (50.7 - 59.9)
During the past month saw any advertisements or promotions for cigarettes in newspapers or magazines	64.6 (59.5 - 69.4)	65.2 (59.4 - 70.6)	64.6 (58.7 - 70.0)	60.2 (55.8 - 64.6)	59.9 (53.2 - 66.3)	60.3 (53.8 - 66.4)
Have an object (t-shirt, pen, backpack, etc) with a cigarette brand logo on it	14.2 (11.2 - 17.9)	14.1 (9.9 - 19.7)	13.4 (10.5 - 17.0)	16.3 (13.2 - 20.0)	16.7 (13.0 - 21.1)	14.3 (11.3 - 18.0)
<b>CESSATION</b> Current smokers who want to stop smoking now	80.4 (72.2 - 86.6)	83.8 (71.8 - 91.4)	85.1 (64.4 - 94.7)*	82.0 (72.9 - 88.5)	81.7 (58.5 - 93.4)	82.2 (67.4 - 91.1)
Current smokers who always feel like having a cigarette first thing in the morning	7.5 (4.7 - 11.9)	7.9 (2.9 - 19.9)	1.7 (0.4 - 7.3)	12.7 (5.1 - 28.4)	13.0 (2.2 - 49.5)	10.9 (4.0 - 26.2)
<b>ACCESS</b> Current smokers who usually buy their cigarettes in a store were not refused purchase because of their age	62.3 (42.8 - 78.6)	*	*	49.7 (36.3 - 63.2)	*	*
Ever offered a "free" cigarette by a cigarette company representative	13.7 (10.4 - 17.9)	14.5 (9.9 - 20.7)	12.5 (9.4 - 16.5)	18.0 (14.7 - 21.8)	17.3 (13.7 - 21.7)	17.4 (13.4 - 22.2)

\*cell size <35

## 6.2. Knowledge and attitudes

Knowledge and attitudes is often a guide to behaviour. Thus, students were asked whether they thought of boys and girls who smoke had more friends or looked more attractive.

Table 3: Knowledge and attitudes, Lesotho GYTS, 2008

Category	Think boys who smoke have more friends	Think girls who smoke have more friends	Think smoking makes boys look more attractive	Think smoking makes a girl look more attractive
National	44.8 (40.6-49.0)	23.8 (20.5-27.3)	28.5 (24.5-32.9)	17.7 (14.9-20.8)
Male	35.7 (27.9-44.3)	16.0 (11.6-21.7)	26.7 (20.8-33.5)	18.3 (14.1-23.3)
Female	51.0 (45.6-56.4)	28.4 (24.6-32.6)	29.1 (24.7-33.9)	17.1 (13.1-23.4)
Maseru and Berea	44.8 (40.6-49.0)	23.8 (20.5-27.3)	28.5 (24.5-32.9)	17.7 (14.9-20.8)
Male	35.5 (27.9-44.3)	16.0 (11.6-21.7)	26.7 (20.8-33.5)	18.3 (14.1-23.3)
Female	51.0 (45.6-56.4)	28.4 (24.6-32.6)	29.1 (24.7-33.9)	17.1 (15.2-19.2)
ROC	52.0 (45.0-58.9)	26.5 (21.4-32.3)	25.8 (20.1-32.5)	18.5 (15.2-22.5)
Male	44.3 (36.0-52.9)	22.5 (17.3-28.8)	21.9 (15.5-30.0)	20.4 (15.9-25.7)
Female	55.4 (49.2-61.5)	28.4 (22.3-35.4)	26.9 (20.1-35.1)	16.8 (13.2-21.2)

About (44.8%) of the students nationally thought that boys who smoke have more friends than those who did not smoke. Correspondingly, 17.7% of the students think that girls who smoke are more attractive than those who do not. The difference in the findings between the national level, the Maseru and Berea and the ORC was not statistically significant.

## 6.3. Environmental tobacco smoke

The overall environmental tobacco smoke (ETS) situation among high schools students nationally is viewed in terms of the extent to which students are exposed to second-hand smoking in their surrounding and their attitudes towards ETS.

Table 4: Environmental tobacco smoke exposure

Category	Percent who live in homes where others smoke	Percent who are around others who smoke in places outside their home	Percent who have one or more parents who smoke	Percent who think smoking should be banned from public places
National	36.9 (31.5-42.7)	52.6 (48.8-56.4)	33.3 (28.1-39.0)	21.7 (19.8-23.8)
Male	34.2 (28.7-40.1)	50.2 (43.3-57.2)	30.0 (26.5-33.8)	19.8 (16.4-23.7)
Female	37.3 (31.0-44.1)	53.2 (49.3-57.0)	34.8 (28.9-41.2)	22.5 (19.2-26.1)

At the national level, exposure to second-hand smoking among students in places outside their homes is very high at 52.2% but sad though to observe that only 21.7% of the students support the smoking ban in public places. There was no significant difference in the levels of exposure to ETS between boys and girls.