

6.4. Media and advertising

Table 5: Media and advertising

Category	Percent who saw pro-cigarette ads on billboards in the past 30 days	Percent who have seen pro-cigarette ads in newspapers or magazines in the past 30 days	Percent who have an object with a cigarette brand logo	Percent were offered free cigarettes by a tobacco company representative
TOTAL	55.5 (52.3-58.6)	62.2 (58.9-65.6)	24.6 (20.2-29.7)	23.0 (20.0-26.3)
Male	55.7 (51.0-60.3)	63.0 (58.8-67.1)	26.7 (21.7-32.4)	25.2 (19.8-31.4)
Female	55.0 (50.8-59.1)	60.5 (55.6-65.2)	22.0 (17.6-27.1)	20.8 (18.2-23.5)

Over half of students from the national sample had seen pro-tobacco billboards (55.5%). Again about over a half of the students across sexes had seen pro-cigarette ads in newspapers and magazines in the past 30 days. About one-quarter of students reported owning an object with a cigarette brand logo and nearly as many had been offered free cigarettes by representatives of a tobacco company.

6.5. School curriculum and tobacco use

Table 6: School curriculum and tobacco, GYTS Lesotho 2008

Category	Percent who had been taught in class, during the past year, about the dangers of smoking	Percent who had discussed in class, during the past year, reasons why people their age smoke	Percent who had taught in class, during the past year, the effects of smoking
National	38.1 (32.5-44.0)	26.7 (24.1-29.6)	40.2 (36.0-44.4)
Male	35.3 (26.3-45.5)	23.5 (20.0-27.4)	38.6 (30.8-47.0)
Female	39.8 (34.7-45.1)	28.9 (25.3-32.9)	41.9 (36.8-47.3)

To examine the awareness levels of students about tobacco use and effects, questions about health education at school were asked. About 4 in 10 students had been taught in the year preceding the survey about the dangers and effects of smoking (see table 6). About one-quarter of students had discussed in class reasons why people their age smoke.

6.6. Access, availability and cessation

Students were also asked questions regarding their access to and availability of cigarettes to them as well as being refused cigarette because of their age. However the results were statistically insignificant to be reported.

6.7. Comparison between 2002 and 2008 Lesotho GYTS findings

As noted the GYTS 2002 study did not draw a scientific national sample to allow direct comparisons of the findings of the two studies at the national level.

This section compares data across the two studies on the basis of prevalence and factors influencing tobacco use.

Table 7: Prevalence –Lesotho 2002 and 2008

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)

The findings above suggest that there were no statistical differences between the 2002 and 2008 GYTS studies of the students in Lesotho as regards ever smokers and current smokers or use of other tobacco product. This shows that the level of tobacco use among young people in schools remains a problem yet to be addressed.

Table 8: Factors influencing tobacco use –Lesotho 2002 and 2008

Factors	2002			2008		
	Total	Boy	Girl	Total	Boy	Girl
EXPOSURE TO SMOKE						
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)
SCHOOL 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)
MEDIA/ADVERTISING 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)
CESSATION 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)
ACCESS 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)

In 2008, the number of students in Lesotho who reported that their parents were smokers were (33.3%) was slightly higher than that of 2002 (31.7%). Regarding students who had seen cigarette advertisements on billboards in 2002 the percentage was 64.7% while in 2008 the percentage had gone down to 56.9%, this shows that there has been some efforts done to discourage cigarette advertising.

7. Discussion

This section discusses the 2008 GYTS findings in Lesotho. The general situation of tobacco as regards young people all over the world, including in less developed countries such as Lesotho, shows that they are at a high health risk not only as users but non-users exposed to environmental tobacco smoke.

It is a well-known fact that tobacco use starts early in life when apparently, children and teenagers know less about the health effects of tobacco use than adults and are yet to fully appreciate the risk of becoming addicted to nicotine. The tobacco industry is targeting this age group all over the world to hook them with nicotine addiction.

The 2008 GYTS results show that the number of current smokers among students 13-15 is 10.1% which is significantly lower than that of current user of other tobacco products (19.5%). In 2001 the Lesotho Ministry of Health and Social Welfare conducted a survey on prevalence of diabetes and hypertension shows the prevalence of current tobacco smoking among males to be 47.9% while among women it was found to be 34.2%, this just shows that the smoking prevalence among adults in Lesotho is very high, thus implies that tobacco control interventions targeting both young people and adults need to be strengthened with the priority being given to reducing tobacco use among young females even though the problem is just beginning.

Although Lesotho has signed and ratified the WHO FCTC there is still neither legislation nor policy in place as yet but on the 31st May 2000 during the World No Tobacco Day the Honourable Prime Minister of Lesotho declared all Government premises, Health Facilities as well as schools to be smoke-free, he again appealed to public transport owners to keep their transport smoke free. Further more through net-working with other government Ministries and non-government organisations Lesotho has in place a body that is called The Lesotho Network On Anti-smoking coordinated by the Ministry of Health and Social Welfare through the tobacco control focal point, this net-work is responsible for disseminating anti-smoking information to the general public, coordinating anti-smoking clubs in schools as well as discouraging tobacco advertising and promoting.

The main goal of the 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, also the tobacco control programme include non-price interventions such as restrictions on smoking in public places and workplaces; a complete ban on advertising and promotion of tobacco companies; promotion of quitting among adults and youth; mobilising community efforts to restrict minors' access to tobacco product; development and implementation of school-based educational programmes in combination with community-based activities; and dissemination of information on health consequences of smoking, such as having prominent warning labels on cigarette packs⁸.

WHO Framework Convention on Tobacco Control

The WHO FCTC includes specific articles related to each of these interventions. This section reviews tobacco control programme efforts in Lesotho in relation to the findings of the 2008 GYTS.

Second hand smoke

Article 8 of the WHO FCTC addresses the issue of "Protection from exposure to tobacco smoke. The article states

⁸ WHO Report on the Global Tobacco Epidemic, 2008 : The MPOWER package. Geneva, World Health organisation, 2008

Parties recognise 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.

The 2008 WHO Report on the Global Tobacco Epidemic summarises this coverage regarding eight specific public places (i.e. health care facilities, educational facilities, university facilities, government facilities, indoor offices, restaurants, pubs, bars, and other indoor workplaces) The Lesotho Prime Minister declaration does not cover all these places but through the efforts made by the Lesotho Network On Anti-smoking some indoor workplaces are starting to comply.

The GYTS 2008 study reported high levels of exposure by students to second hand smoke in public places (52.6%) as did the GYTS 2002 which was (60.4%) this slight reduction shows that although there is no law in place but the network in collaboration with the tobacco focal point has been making an effort to banish second hand smoking.

Tobacco Advertising, promotion and sponsorship

Article 13 of the WHO FCTC addresses the issue of "Tobacco advertising, promotion and sponsorship." The article states

Parties recognise that a comprehensive ban on advertising, promotion and sponsorship would reduce the consumption of tobacco products. Each party shall ... undertake a comprehensive tobacco 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.

Tobacco advertising bans

The WHO Report on the Global Tobacco Epidemic, 2008 summarises advertising bans for all countries including Lesotho. The report includes whether the countries have national and international bans on TV, radio, newspaper, billboard, and point of sale advertising. According to the report, Lesotho has not passed any laws banning direct advertising on billboards as well as both local and international radio, TV, magazines and newspapers.

The GYTS 2008 study found that over a half of the students in Lesotho reported exposure to advertisements for cigarettes on billboards and in newspapers and magazines. This significantly high exposure rate to advertising remains a major extenuating factor in tobacco use among young people in Lesotho. This study, therefore, provides further evidence that laws banning tobacco advertising are urgently needed in Lesotho as well as the will to actively implement them.

Promotion

The 2008 WHO Report on the Global Tobacco Epidemic 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, e.t.c.). The study found that more than five in 10 students had an item with a tobacco company logo on it and two in five had seen a tobacco promotion in the last 30 days.

According to the 2008 WHO Report on the Global Tobacco Epidemic, Lesotho is among the African countries with no laws banning promotions and sponsorship of tobacco products. GYTS

studies thus are testimony to the need for total bans in Lesotho on tobacco promotion and sponsorship.

School

Article 12 of the WHO FCTC addresses the issue of "Education, communication, training and public awareness⁹."

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 addictive characteristics of tobacco consumption and exposure to tobacco smoke.

Results from GYTS 2008 showed that 38.1% of the students in Lesotho had been taught in classes the past school year about the dangers of tobacco. This figure was similar to the findings of the 2002 GYTS which is 39.0%. WHO recognises 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.

8. Limitations

The purpose of GYTS studies is to conduct a survey of school going adolescents for the ages 13 to 15 years, which in Lesotho is around the last year in primary school and the first two years of high school. However, in Lesotho, a significant number of adolescents of that age are shepherds, do not go to school or have dropped out by this age. This means that this section of the population has not been included in the study. However, studies done in some countries have shown a decreasing trend of tobacco smoking rate and development of favourable attitudes with increasing educational status among young people. As the present study represents the school going adolescents, it does not capture the complete picture of the country. The ongoing free primary education have seen greater numbers of young people go to school in Lesotho than ever before, has somehow mitigated this factor for this study. However, even then, studies are needed to analyse tobacco prevalence among out of school young people.

9. Recommendations

1. A significant number of adolescents were exposed to pro-tobacco advertisement and many of them received free gifts. There is an urgent need to pass legislation for a total ban on tobacco on all forms of tobacco advertisement in Lesotho as well as a full implementation of the Framework Convention on Tobacco Control (FCTC) to which Lesotho is a signatory. Advocacy and political will are needed to achievement enactment and implementation of laws intended to achieve this objective.
2. A substantial number of students were exposed to tobacco smoke at home and public places and six in ten of the students demanded that tobacco smoking in public places should be banned. There is thus an urgent need for legislation as well as tobacco control policy, the majority of students reported having learnt and discussed in class cigarette

smoking and the effects of tobacco use. However, there is need to focus on the nature, comprehensiveness as well as standardisation of anti-smoking clubs and training in schools.

3. Young people who smoke in Lesotho are able to buy tobacco products in the shop and they were not refused purchase in spite of their young age. It is therefore imperative laws prohibiting sale of tobacco products to the minors are enacted.

¹ World Health Organisation. *WHO Framework Convention on Tobacco Control*. Geneva, Switzerland: World Health Organisation, 2003.

10. Conclusion

The Government of Lesotho realises the health, social and economic costs linked to tobacco and has thus ratified the WHO FCTC. In line with this policy, the Ministry of Health and Social Welfare has made tobacco prevention and control a primary health issue. However, findings from this study as well as in the GYTS 2002 suggest that tobacco control programme efforts need to focus more on having tobacco control policies and legislation in place as well as their implementation and enforcement. The tobacco control efforts needs to be comprehensive, broad based and focused on boys and girls.

The 2008 GYTS study found high levels of prevalence of tobacco use, exposure to ETS and pro-tobacco messages through media and advertising among adolescent school students in Lesotho. Additionally, there is a need to study the tobacco use situation among out-of-school adolescents in Lesotho.

Conducting the first 2002 and repeat 2008 studies offer Lesotho an opportunity to have in place comprehensive tobacco control policies.

APPENDIX

TOBACCO CONTROL POLICY EFFORDS IN LESOTHO, 2008 WHO REPORT ON THE GLOBAL TOBACCO EPIDEMIC (12)

POLICY	Smoke-free places with laws, policies or regulations	Laws, policies or regulations banning advertising	Cessation programmes	Access	School
STATUS	No policy in place but a Prime Minister's declaration of smoke free - health care facilities, government offices, restaurants, and public transport Enforcement - Ranges from strict (e.g. schools) to no enforcement (e.g. university, pubs)	No laws against direct advertising or promotion and sponsorship Enforcement - none	Yes - There is support in most health care facilities, mental health hospitals, offices of health care professionals and rehabilitation centers	Presently no age limit	No specific programmes for Schools but through efforts made by Lesotho Network on Anti-smoking anti smoking clubs have been formed in some schools

(12) Source Who Report on the Global Tobacco Epidemic, 2008: The MPOWER package, Geneva, World Health Organisation, 2008

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