

2000 GLOBAL YOUTH TOBACCO SURVEY GUYANA REPORT



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EXECUTIVE SUMMARY

Global Youth Tobacco Survey (GYTS) was developed by WHO and the US CDC to track tobacco use among youths in countries across the world. It is a school-based survey designed to use a two-stage cluster sample to produce representative data on smoking among school-age children 13 - 15 years old. Data collected include the prevalence of cigarette smoking and other tobacco use, access and price of tobacco, environmental tobacco smoke exposure, cessation, media and advertising and the school curriculum.

This survey was implemented in Guyana in July 2000 and the Executing Agency was the Division of Health Sciences Education of the Ministry of Health. Forty-three (43) of the 50 sampled schools participated in this survey. Out of the 1256 sampled students, 906 responded to the questionnaires. This gave a school response rate of 86.0 % and a student response rate of 72.1 %. The overall response rate was 62.0%. All schools containing students, ages 13 to 15 years, were included in the sampling frame. A two-stage cluster sample design was used to produce a representative sample of Forms one, two, three, four, and five. A weighting factor has been used to reflect the likelihood of sampling each student and to reduce bias by compensating for differing patterns of non-response.

Prevalence rate of ever smokers is 29.9 %, with 8.7 % current smokers, and 16.9 % who currently use any tobacco product while 9.9 % use other tobacco products. It is estimated that 14.2 % of never smokers are likely to initiate smoking next year.

About 30 % students think boys who smoke cigarettes have more friends than non-smokers while about 20% of the students think girls who smoke cigarettes have more friends than non-smokers. Students do not think boys or girls who smoke are more attractive than non-smokers. Attitude towards the acceptance of smoking do not vary by gender or grade.

More boys than girls smoke cigarettes. More than half (53.2%) of current smokers usually smoke at home and more than a quarter (28.2%) purchase their cigarettes in a store. About 85 % of current smokers who bought cigarettes in a store were not refused purchase because of their age.

Many students are exposed to tobacco smoke in their homes and in places outside their homes. One in three students live in homes where others smoke and about twice that amount are around others who smoke in places outside their home. About 65 % thought that tobacco smoke from others is harmful to them and about 75 % want smoking to be banned in public places.

As much as 8 in 10 smokers want to stop and have tried to stop smoking during the past year. One in ten have ever received help to stop smoking.

Students were exposed to both anti- and pro-smoking media messages, and some even had objects with cigarette brand logos.

Less than 50 % students in class were taught about the dangers of smoking, why people their age smoke and the effects of tobacco use.

Tobacco control legislation is needed to ban smoking in public places. An effective school curriculum is also necessary to enhance youth cessation programme and tobacco use prevention.

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INTRODUCTION

Tobacco use is considered to be the chief preventable cause of death in the world. The World Health Organisation (WHO) estimates that there are currently 4 million deaths each year from tobacco use. This figure is expected to rise to about 10 million by 2030. By that date 70 % of those deaths will occur in developing countries. In the Americas, at least 845,000 people die from tobacco use every year. Recent trends indicate that the smoking prevalence rate among adolescents is rising and the age of initiation is becoming younger. If these patterns continue, tobacco use will result in the deaths of 250 million children and young people living today, many of them in developing countries.

Despite widespread knowledge of the harm caused by smoking, only modest success has been achieved in global tobacco control initiatives. Since it is clear that children and young people are now more at risk than ever before, it therefore becomes imperative that they should be a primary focus for intervention strategies. It has been observed that the Caribbean currently lacks a mechanism for monitoring and tracking potential increases in tobacco use among our youths.

Tobacco in Guyana was formally grown by the Demerara Tobacco Company Limited (Demtoco), a subsidiary of British American Tobacco (Investments) Limited, formerly British American Tobacco Industries and British-American Tobacco Company Limited respectively. The original British American Tobacco Limited started as a small manufacturing concern in Georgetown in 1928. A major fire that swept the city of Georgetown on February 23, 1945 forced Demtoco to relocate in the Bel Air Park district on the outskirts of Georgetown where it still exists today.

On September 26, 1997 Demtoco ceased production of tobacco and from then on it became solely engaged in Trade Marketing and Distribution of cigarettes. Production of cigarettes for Demtoco is being done by its sister company in Trinidad. The volume of sales increased by 23 % over 1996. In 1998 Demtoco reaped the highest sales volume within the last decade, which gave a pre-tax profit of G\$194 million, that is, a 65 % increase over 1997. In 1996 Demtoco had launched Benson & Hedges Lights and Menthol brands of cigarettes. In 1997 Bristol Menthol was added and during the year Bensons & Hedges increased both volume and distribution. Today, the tobacco company is more aggressive than ever before in the promotion of the sale of its products.

The smoking prevalence in Guyana is not known, whether for youths or adults, neither is there any existing legislation governing tobacco product and its use. Whatever byelaws or regulations may exist these are not enforced. Tobacco products can be bought by anyone at anytime anywhere.

In response to the lack of data especially on youth tobacco use in countries like Guyana, the World Health Organisation, in 1998, in collaboration with the US Centres for Disease Control and Prevention, initiated a global surveillance project of tobacco use among young people that would allow for cross country comparisons. The project, the Global Youth Tobacco Survey (GYTS), uses a common methodology and protocol for collecting data on tobacco use among young people aged 13 to 15 across all countries. GYTS was intended to enhance the capacity of countries to monitor tobacco use among youth, and to guide the implementation and evaluation of tobacco prevention and control programmes and policies.

The GYTS is a school-based survey of students aged 13 to 15 years and is designed to gather information about smoking prevalence; knowledge and attitudes; media and advertising; young people's access to tobacco products; tobacco use prevention education

in the school curriculum; exposure to environmental tobacco smoke; and tobacco cessation. The information obtained from the survey may be used in decision-making and develop strategies to prevent and control tobacco use among young people.

School surveys have been found to be useful tools in gathering data as they are relatively inexpensive and easy to administer, tend to report reliable results, and refusals are significantly lower than in household surveys. The most common research approach for this specific population has been the self-administered questionnaire.

Objectives of the GYTS

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

Content of the GYTS

The GYTS addresses the following issues:

- the level of tobacco-use
- age at initiation of cigarette use
- levels of susceptibility to become cigarette smokers
- exposure to tobacco advertising
- identifying key intervening variables, such as attitudes and beliefs on behavioural norms with regards to tobacco-use which can be used in prevention programmes.

METHODS

Study Design and Sampling

A two-stage sample design was used for the GYTS:

Stage 1: Selection of Schools

Since the target population for the GYTS is youth aged 13 - 15 years, a list of schools eligible to participate in the survey was sent to the Office for Smoking and Health/CDC where the sample selection was done. This list included students from the Secondary Department of Primary Schools, Community High Schools and Secondary School in regions 2,3,4,5,6,7 and 10. The schools were selected with a probability proportional to enrolment size. This meant that large schools were more likely to be selected than small schools. The outcome of this selection process gave Guyana 50 schools with an expected survey population of 1500, with no replacement or substitution allowed for schools that did not agree to participate.

Stage 2: Selection of Classes and Students

In each selected school, the number of classes in Forms 2,3 and 4 and their respective enrolment were listed, and from this list, classes were randomly selected (based on the random start provided by OSH/CDC on the School-Level Form). It meant, then, that in each school,

depending on the number of classes listed, one or two or three of those classes were selected, and in each class selected, every student present was interviewed.

The US Office on Smoking and Health/Centre for Disease Control and Prevention did the analysis of the raw data. A weighting factor was applied to reflect the likelihood of sampling each student and to reduce bias by compensating for differing pattern of non-response. Also, a statistical analysis of correlated data was used to compute 95% confidence intervals.

The Questionnaire

The questionnaire was a self-administered type questionnaire which consisted of a 'core' component and an 'optional' component. The core questions allow for comparison between countries and regions, and the optional questions allow for specific issues pertaining to individual countries.

All the questions were multiple-choice and apart from 3 questions that asked for background information such as age, gender and class-level, the other 70 questions solicited information on the use of tobacco (prevalence, access, brand of cigarette and about other tobacco products), knowledge and attitude towards smoking, environmental tobacco smoke, cessation, media and advertising, school curriculum and community response to smoking.

The questionnaire was pre-tested before it was administered to schools.

Data Collection

One of the prerequisites for the implementation of the GYTS in Guyana was the acquisition of current (1999-2000) school enrolment data. Complete data for this academic year was not available, and the previous academic year (1998-1999) could only have been extracted from the available (raw data) questionnaires at the Statistical Section of the Ministry of Education.

The data extracted from the Ministry of Education statistical questionnaires was forwarded through PAHO/WHO (Guyana Office) to CDC Office on Smoking and Health, where the preliminary sample was drawn.

A training workshop for Research Coordinators in the Caribbean was held at the PAHO/WHO Office of Caribbean Program Coordination, Barbados, from April 10 - 12, 2000. The basic aim of the training workshop was the standardization of the research methodology. At the training workshop, with the use of the GYTS 2000 Handbook, the core questions and optional questions to be included in the final questionnaire were reviewed, item-by-item. Tasks of the Research Coordinator were identified and discussed, namely, GYTS Survey Design and Procedures, as well as the List of Sample Selection and the final sample size.

Because GYTS is a school-based survey, cooperation of the Ministry of Health and the Ministry of Education was necessary, especially the latter since government schools were under its immediate control. And even though all the selected schools were under the Ministry of Education and permission was granted by the Head Office to execute the survey, permission and cooperation had to be obtained from the Regional Education Officers and School Heads in the various regions of the country.

The Research Coordinator was responsible for the overall management of the project, for the development of the final questionnaire, for making the initial contact with and securing participation of the schools selected, for identifying Survey Administrators and to train and assign them to schools selected. The purpose of the training was to ensure that all the Survey Administrators had the same information about GYTS and follow the same survey administration procedures. The training dealt with the purpose of GYTS, confidentiality, scheduling survey

administration, documenting school and class participation, presenting and administering the GYTS to the students, and materials needed for survey administration.

The survey procedure employed allowed for students' voluntary participation, anonymity, and privacy.

The Survey Administrators were selected mainly from the staff of the Division of Health Sciences Education. They were assigned to specific schools and were responsible for the delivery and collection of all survey documentation forms, Answer Sheets, Header Sheets, and Questionnaires.

Two forms were provided for each selected school - the School-Level Form and the Classroom Level Form. These two forms provided the necessary identification information and were the primary data management forms.

The School-Level Form contained the Coordinating Agency, the School name, the sample size, and the School ID (this was supplied by the OSH/CDC). The grades taught and the grades surveyed in the school, as well as the total number of eligible classes, were filled in by the Survey Administrator. A list of random numbers was supplied by OSH/CDC and appeared just above the Class Tracking information. The Survey Administrator was expected to fill in the Class Tracking information. This contained a grid that was used to catalogue the completion status of each selected class.

The Classroom Level Form also showed the Coordination Agency (Guyana), the School name, the sample, the School ID and the Class ID. This information was previously entered by the OSH/CDC. Only one copy of the Classroom Level Form was provided by OSH/CDC. Additional copies were provided by the Coordinating Agency and each class participating in the selected school was given one. The Survey Administrator entered the number of students who were enrolled in the classes and the number of students who actually participated in the survey. All students in the selected classes were eligible for participation.

The Answer Sheet and the Header Sheet were also provided by OSH/CDC. One Answer Sheet was given to each student. Students were not required to write their names on the Answer Sheet, or provide any other kind of identifying information. This answer sheet on which students were asked to record their responses was machine-readable. A Header Sheet was completed for each participating class in each school and showed the School ID (from the School Level Form) and the Class ID (from the Classroom Level Form).

Instructions were provided to the Survey Administrator for procedures to be followed prior to, during and after the survey in the classroom. Before the start of the survey a script of instructions for students was read.

Each of the ten Survey Administrators was assigned to five schools and each had the responsibility to collect the enrolment data of all the classes in Forms II, III, and IV in each school and transmit such information to the Research Coordinator by hand or by phone so as to confirm the selection of the correct class or classes to be interviewed. The administration of the questionnaire, documentation of the class and school participation, and the security of the Answer Sheets were the assigned responsibility of the Survey Administrators. The Research Coordinator undertook the responsibility of the final editing and package of the Answer Sheets, the Header Sheets, the Classroom-Level Forms, and the School-Level Forms. This was done simply to establish quality data management throughout the data gathering process.

RESULTS

Forty-three (43) of the 50 sampled schools participated in this survey. Out of the 1256 sampled students, 906 responded to the questionnaires. This gave an overall response rate of

62.0%. There were 334 (40.2%) male students and 484 (59.8%) female students, with 205(23.3%) in Form II, 271(36.4%) in Form III, and 363 (40.3%) in Form IV.

For the purpose of analysis, three main categories of students were identified in this survey: never smokers, ever smokers and current smokers.

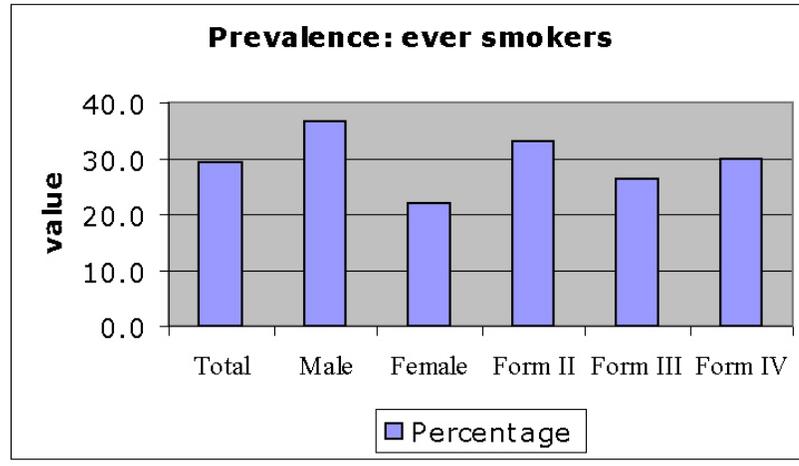
Never smokers are those students who have *not* admitted to, or have *never* tried or experimented with cigarette smoking, even one or two puffs. There were 567 (70.5%) students who can be associated with this category.

Ever smokers are all those students who have admitted to have ever tried or experimented with cigarette smoking, even one or two puffs. There were 264 (29.5%) students who are identified with this category.

Current smokers are those students who have smoked on one or more days during the 30 days before the survey. There were 79 (8.7%) students in this category.

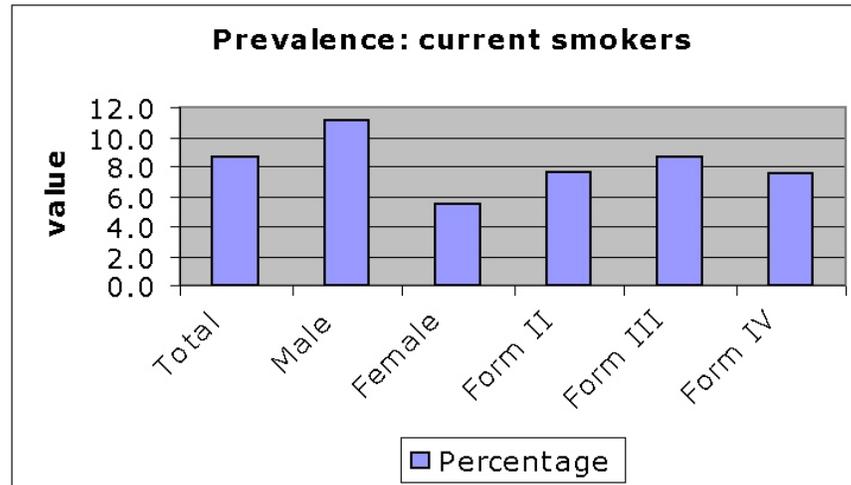
Prevalence

More than a quarter (29.5%) of students have ever smoked cigarettes.

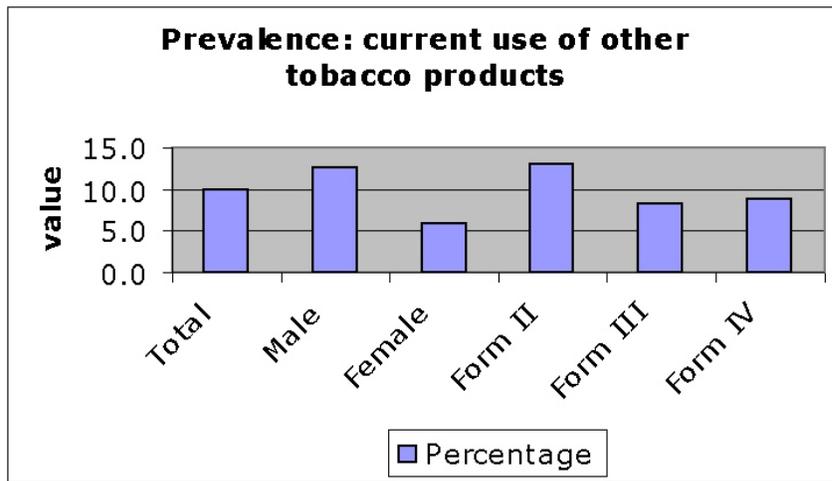


Graph 1: Prevalence: ever smokers

One in six students currently use some type of tobacco product, with 8.7% currently smoking cigarettes and 9.9% currently using some other tobacco product.

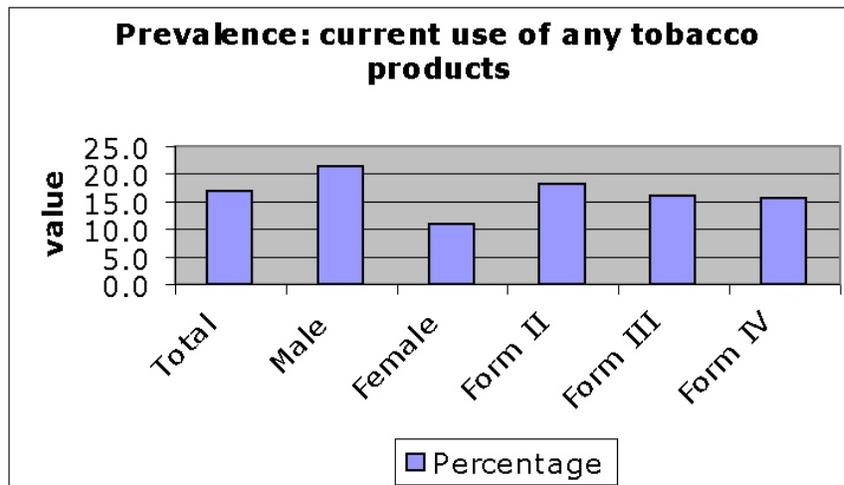


Graph 2: Prevalence: current smokers



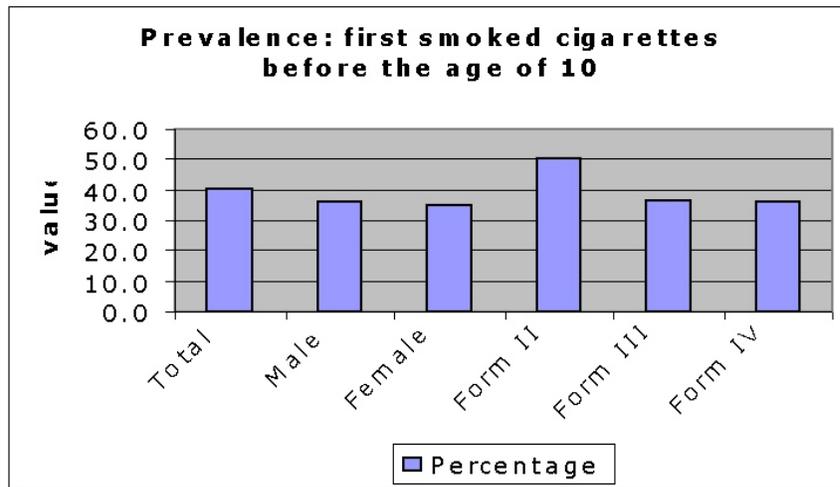
Graph 3: Prevalence: current use of other tobacco products

Current use of any tobacco product and use of other forms of tobacco were significantly higher for male students than female students but no significant differences by grade.



Graph 4: Prevalence: current use of any tobacco products

Two-fifths (40.3%) of ever smokers have smoked cigarettes before age 10, with no significant differences by gender or grade. One in seven never smokers (14.2%) indicated they were likely to initiate cigarette smoking during the next year.

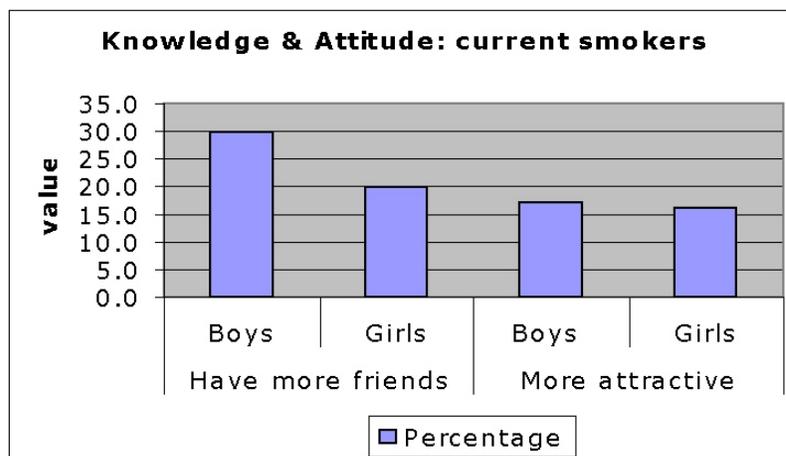


Graph 5: Prevalence: first smoked cigarettes before the age of 10

Knowledge and Attitude

About 30 % students think boys who smoke cigarettes have more friends than non-smokers while about 20% of the students think girls who smoke cigarettes have more friends than non-smokers. Students do not think boys or girls who smoke are more attractive than non-smokers. Attitude towards the acceptance of smoking do not vary by gender or grade.

There seemed to be little variation, whether male or female, in the attitude of students towards seeing a man or a woman smoking. However, most students felt that when they saw a man or a woman smoking, they believed that that man or woman lacked confidence. Some felt that they were either stupid or just losers, while some felt the 'macho' image for men and the 'sophisticated' image for women were okay. Only a handful of students attributed success or intelligence to such smokers.



Graph 6: Knowledge & Attitude: current smokers

More students (46.4%) believed that smoking cigarettes could make you lose weight while only 5.5% believed it could make you gain weight.

More than half (57.3%) students had parents who did not smoke while 5.0% had both parents smoking. Fathers tend to smoke nine times more than mothers. Some students (14.8%) believed that their parents (grandparents, guardians) did not know that

they smoked while others (3.3%) said that their parents were aware of their smoking. While about 73 % said none of their closest friends smoked, about 25 % students had a close friend who smoked.

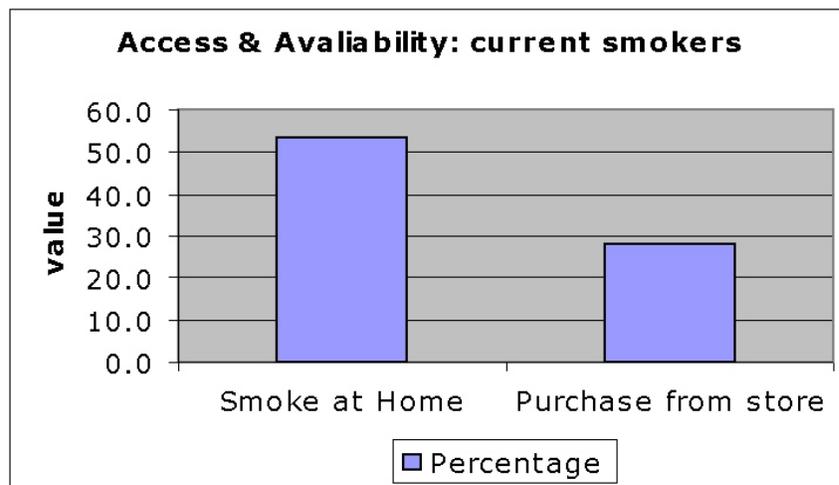
A little more than 3% students said that although they smoked they have never drunk alcohol. About 1% students said that they were likely to smoke more when they drunk alcohol but 2.2% said that they tended to smoke less; 1.1% said they smoked about the same when they drunk alcohol.

Access and Availability

More than half (53.2%) of current smokers usually smoke at home and more than a quarter (28.2%) purchase their cigarettes in a store.

The sample size of current smokers is too low to determine differences with precision, but from the data available it can be observed that of current smokers who usually smoke at home, females outnumbered males. About 15% of current smokers usually smoke at friend's home, nearly 3 times more males than females. The percentage of current smokers who usually smoke at school was very small (4%); 8.2% smoked at social events; and 13.3% in public places, where male outnumbered females six times.

Bristol was the most popular brand of cigarette smoked by 7.7% students. The next most popular brand was Benson & Hedges (2% students). Other brands such as 555, MORE, Rothman's were less popular, perhaps because they were more costly and less accessible than Bristol or Benson & Hedges.



Graph 7: Access & Availability: current smokers: those who smoked at home and how cigarettes were obtained

A little more than half the numbers (10.3%) of students who ever smoked did not buy cigarettes or did not buy them in packs. Of the 9.2% students who bought cigarettes, 3.2% spent less than \$120 for a pack of 20 cigarettes, 3.5% spent \$120 to \$140, 0.4% spent \$140 to \$160, 0.5% spent \$161 to \$200, 0.4% spent \$201 to \$260, and 1.2% spent more than \$260. The 6.7% students who did not spend more than \$140 on a pack of 20 cigarettes could only purchase the popular brand, Bristol, for that amount of money, or "no usual brand" that 3.7% students claimed that they smoked, or they might simply buy "loose" or single cigarettes.

More so, 32.2% students claimed that they received no pocket money (allowance) and 10.4% received less than \$180 per month. In other words, 42.6% students or less could afford one pack of Bristol cigarettes per month, providing all the pocket allowance was

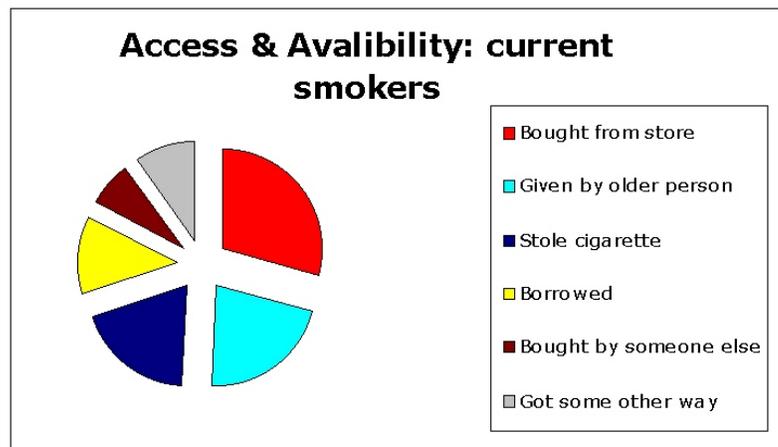
spent on cigarettes only. This gives an indication that the large pack of cigarettes is often out of reach of a lot of students.

How, then, did students usually get their own cigarettes?

During a month period (30 days), current smokers obtained their cigarettes in the following manner:

- 28.2% claimed to have bought their cigarettes in a store, shop or from a street vendor,
- 20.9% said an older person gave them the cigarettes,
- 18.6% stole the cigarettes,
- 12.4% borrowed the cigarettes from someone,
- 7.2% gave someone else money to buy the cigarettes.
- 9.4% got their cigarettes some other way.

The pattern was the same for *ever smokers*.

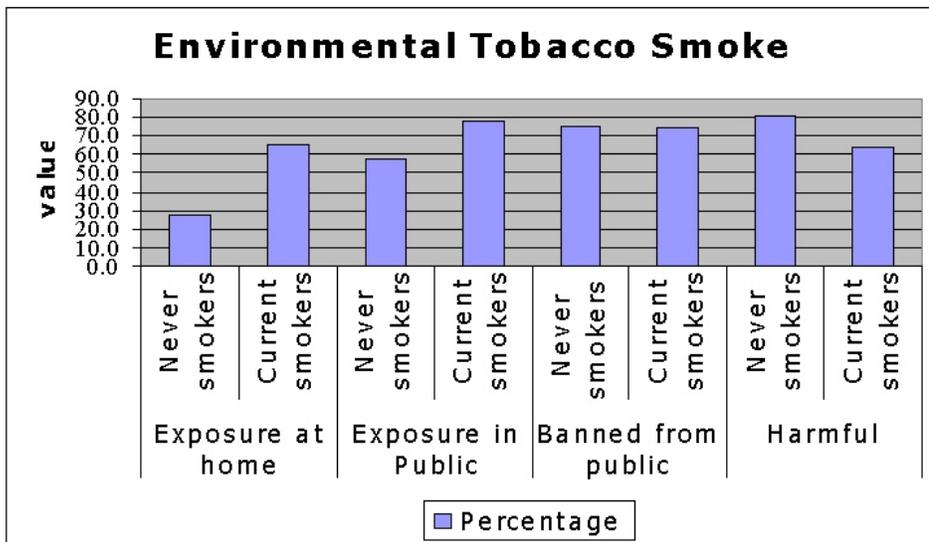


Graph 8: Access & Availability: current smokers: how students acquired cigarettes

More students (8.2%) who were ever smokers said their age did not keep them from buying cigarettes than those (4.5%) who said they tried to buy cigarettes but were refused on the grounds of their age. In the areas where they live, 83.9% of all students interviewed knew of places that sold single or 'loose' cigarettes. For current smokers, 73.2% bought cigarettes and were not prevented because of their age.

Environmental Tobacco Smoke (ETS)

Exposure to second-hand smoke was very high for students who currently smoke cigarettes, both in their homes (65.4 %) and in public places (77.4 %). Students who had never smoked cigarettes were significantly different by gender in their exposure to second-hand smoke at home but not significantly different in public places.



Graph 9: Environmental Tobacco Smoke: students' exposure to cigarette smoke and their attitudes towards it

About 7 in 10 students, both those who have never smoked and current smokers, think smoking should be banned from public places, such as, in restaurants, in buses, among commuters, in schools, on playgrounds, in gyms and sport areas, and in discos. Over 8 in 10 never smokers and over 6 in 10 current smokers think smoke from others is harmful to them. Most students (83.1%) believed that a person who smokes around others should ask permission. But, even if they did ask permission, 83.7% said they would not give it.

Cessation

The sample size of current smokers is too small to determine differences with sufficient precision on cessation of cigarette smoking. However, the data available indicate that nearly 8 in 10 students who currently smoke cigarettes stated that they currently desire to stop smoking and that they tried to stop smoking during the past year but failed.

Among current smokers, about 82.1 % said that they could have stopped smoking if they want to, 78.7 % indicated that they want to stop smoking while 81.2 % said they have tried to quit in the past year. Only 32.7 % maintained they have smoked 2 or more cigarettes in the past 30 days.

The main reasons given by students for deciding to stop smoking was to improve their health, or because their family did not like it, or they did so to save money, or that their friends did not like it.

If offered a cigarette by their friend, 90.5 % of never smokers would definitely not smoke it, but less than 1% said they definitely would. If offered a cigarette by a friend, most students said they would refuse it. Among current smokers, 5.4 % said they would definitely smoke the cigarette.

At any time during the next 12 months (1 year), 1.2 % students said they would definitely smoke but 82.3 % said they would not. However, 4.9% current smokers said they would definitely smoke cigarettes 5 years from now.

On the question about the harmful effect of smoking, the majority of students (72.5%) disagreed that it is safe to smoke for only a year or two as long as you quit after that. Once someone has started smoking, 24.7% students thought that it would not be difficult to quit, while 30.9% believed that it would be difficult.

About two-thirds (67.7 %) students said that a family member had discussed the harmful effects of smoking with them but about one-third (32.3 %) students said no one ever did so. A large percentage (69.5%) of never smokers had a family member who had discussed the harmful effects of smoking.

Among current smokers 63.0 % said they had such advice.

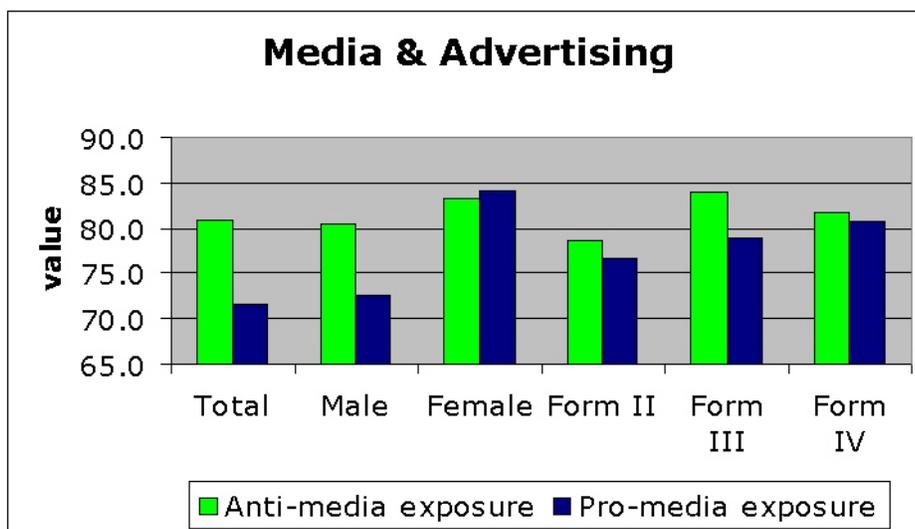
Media and Advertising

Eight in ten students saw anti-smoking media messages in the past 30 days. Nearly 9 in 10 current smokers and 8 in 10 never smokers had seen a pro-tobacco message in newspapers or magazines during the past 30 days. Although 9.0 % students said that they never watch TV, video or movies, 44.4 % students who did watch said they have seen a lot of times when actors smoked cigarettes. There was no statistical difference in media exposure by gender or grade for never smokers.

The sample size of current smokers is too small to determine differences with sufficient precision. However, data available suggest no difference in media exposure.

Generally, cigarette companies promote their products by putting cigarette brand logos on items such as T-shirts, pen, satchel, etc. About 1 in 3 *current* smokers and 1 in 6 *never* smokers had an object with a cigarette brand logo on it.

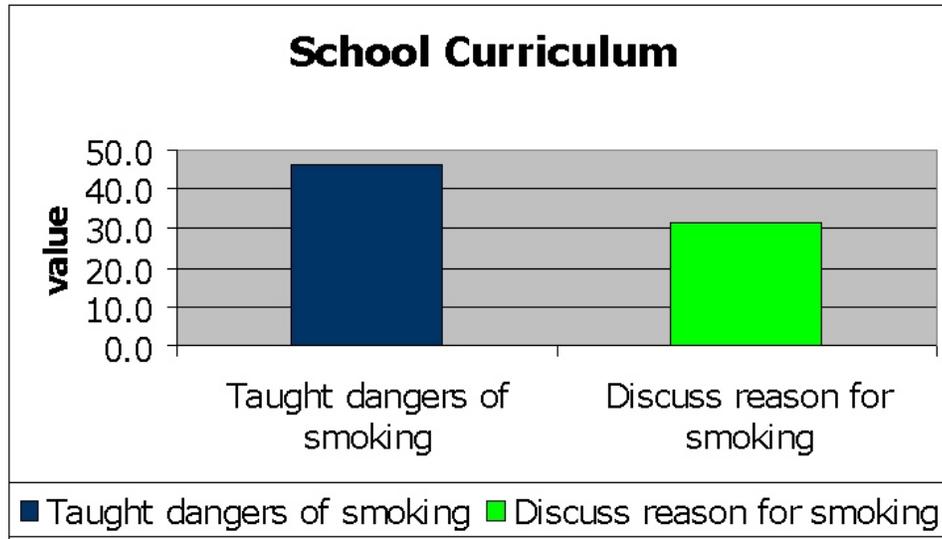
About 1 in 10 *never* smokers and 1 in 5 *current* smokers had been offered 'free' cigarettes by a tobacco representative.



Graph 10: Media & Advertising: showing students' exposure to media advertisement

School Curriculum

Nearly half of all students (46.0%) had been taught in school during the past year about the dangers of smoking. About one-third (31.5 %) had discussed in school during the past year reasons why people their age smoke. There was no significant difference by gender or grade for either lesson.



Graph 11: School Curriculum: what were taught in schools

During the past year, 62.3 % students said they heard from youth groups discouraging young people their own age from smoking. About 53 % students said health professionals explained to them why smoking is dangerous to their health while 61.4 % said that religious organization discouraged young people their own age from smoking.

DISCUSSION

GYTS was implemented in Guyana mainly to provide base-line data on tobacco use among youths since no reliable data on the current situation exists. Now that this has been done, the results confirm that we are not alone. Data now available on many countries around the world, where GYTS was implemented, show that tobacco use among young people range from a 10% low to a high of 33%, and as in Moscow and Kiev, more than one-third of youths aged between 13 and 15 years currently smoke.

The smoking prevalence rate among young people in Guyana may be considered low in relation to other countries but this is unacceptable since the desired rate ought to be zero. It is widely known that tobacco is the most important preventable cause of premature deaths in many countries. Cigarette smoking is responsible for heart disease; cancer of the lung, larynx, mouth, oesophagus, and bladder; stroke; and chronic obstructive pulmonary disease. In Guyana about 40 % of ever smokers start smoking before age 10. The current trend predicts an increase in tobacco use among young people. Starting to smoke at an early age portends a lifetime addiction and premature death from tobacco-related illnesses. More so, young people who start smoking early in life will often find it difficult to quit smoking.

Information on students' knowledge and attitudes towards is wide-ranging since it focuses on parental involvement, potential peer pressure to use tobacco, attitudes towards the social benefits of smoking as well as the knowledge and attitude towards risks of tobacco use and the susceptibility of never smokers regarding their intention to remain non-smokers. For example, more than 50 % students had parents who did not smoke while 5 % had both parents smoking. Fathers tend to smoke nine times more than mothers. Some students believed that their parents (grandparents, guardians) did not know that they smoked while others said that their parents were aware of their smoking. While about 73 % said none of their closest friends smoked, about 25 % students had a close friend who smoked.

The acquisition of such information could help monitor the broader or more general impact of media counter-advertising and deglamorization campaigns, school curriculum, and youth empowerment efforts. On the other hand, increases in positive attitudes toward tobacco use and decreased agreement with statements about the risks of tobacco use have been related to increases in youth tobacco use rates.

Legislation on tobacco control is necessary but if it is not enforced it is useless. Enforcement of tobacco control policies enhances their efficacy both by deterring violators and by sending a message to the public that the community leadership believes the policies are important. Numerous studies have shown that the combination of enforcing laws that restrict tobacco sales to minors and educating merchants can reduce illegal sales of tobacco to minors. In addition, providing comprehensive merchant education, including information on health effects, can deter retail violators.

This survey has shown that in the areas where students live, 83.9% of them interviewed knew of places that sold single or 'loose' cigarettes. For current smokers, 73.2% bought cigarettes and were not prevented because of their age.

Whenever strict control policies are enforced to prevent minors from accessing commercial sources of tobacco, young people tend to turn to social sources (e.g., older friends and family members) of tobacco products. Therefore, it is critical that minors' access restrictions be combined with a comprehensive tobacco control programme that reduces the availability of social sources and limits the appeal of tobacco products.

Since environmental tobacco smoke (ETS) is a significant risk factor for lung cancer, heart disease, asthma exacerbation and induction, respiratory infections and adverse reproductive outcomes, it is important to assess exposure to youth. The results of

the survey have shown that ETS exposure is very high in Guyana. Over a third of young people live in homes where others smoke. Although there have been few studies on the economic costs of ETS, those which have examined this issue have found annual costs very high. Obviously, this would have severe impact on both the economic and the health status of the country.

The limited data available indicate that nearly 80 per cent students who currently smoke cigarettes have expressed the desire to stop smoking, and many of them who have attempted to do so during the past year have failed. It must be remembered that many smokers, including youth, are addicted to nicotine and need assistance in quitting. So any programme that focuses on tobacco use among youths must address both prevention and cessation.

Students were exposed to both anti-smoking and pro-smoking media and advertising messages. This situation needs urgent attention. Studies have shown that children tend to buy the most heavily advertised brands of cigarettes and they are three times more affected by advertising than are adults. An intensive mass media campaign can produce significant results in helping to postpone or prevent smoking onset in adolescents, but there must be comprehensive education efforts, combined with media, school-based, and community-based activities.

Schools are an ideal setting in which to provide tobacco use prevention education. School-based tobacco prevention education programmes that focus on skills training have proven effective in reducing the onset of smoking. School-based health programmes should enable and encourage children and adolescents who have not experimented with tobacco to continue to abstain from any use. For young people who have experimented with tobacco use, or who are regular tobacco users, school tobacco prevention education programme may enable them to immediately stop all use.

CONCLUSIONS

The percentage of young people between the ages of 13 - 15 years who currently use any tobacco product is 16.9%, with 9.9% currently using other tobacco products and 8.7% currently smoking cigarettes. The percentage of students who ever smoked cigarettes, even one or two puffs, is 29.5%. It has been estimated that one year after this survey 14.2% of never smokers are likely to start smoking. This prevalence rate is considered low but if the present trend is not arrested many of those youths who currently smoke would have to endure a lifetime of addiction and may die prematurely from tobacco-related diseases.

Disheartening is the realisation that 40.3% children initiate cigarette smoking before the age of 10 years. This should be of great concern since the younger children start to smoke, the more likely they would become addicted. Addiction leads to heavy smoking and premature death from tobacco-related illnesses.

Generally, young people usually smoke at home. More boys than girls use tobacco but it has been observed that girls tend to smoke more at home than boys, while boys, especially older ones, tend to smoke in public places. More boys than girls smoke in a friend's house.

A high percentage of current smokers aged 13 - 15 years who have bought cigarettes in a store were not refused purchase because of their age and most of them obtained their own cigarettes from the store or from an older person.

Nearly 79% of current smokers desired to stop smoking. About 81% tried unsuccessfully to stop over the past year, although about 71% said they have received help.

Students were exposed to both anti- and pro-smoking media messages. A large percentage saw anti-smoking messages on the media and at sporting and other events. On the other hand, a large percentage saw advertisement for cigarettes on billboards, in newspapers and magazines and brand names at sport events or on television. Some even had an object with a cigarette brand logo on it.

Less than 50% students were taught in class during the past year about the dangers of smoking, the reasons why people their age smoke and the effects of tobacco.

Exposure of young people to tobacco smoke is high. About one-third students live in homes where others smoke and nearly twice that amount are around others who smoke in places outside their home. Almost 70% students felt that other people cigarette smoke is harmful to them and about 75% of them would like to see smoking banned from public places. The time is ripe for appropriate legislature to be introduced to create a tobacco-free environment in which children would be able to enjoy a healthy lifestyle.

RECOMMENDATIONS

While some have considered smoking prevalence in the Caribbean as being low, others have regarded it as being too high. Whatever is the perspective any figure above zero, for children and adolescents especially, should be a cause for grave concern and as such all countries in the Region must adopt strategies to avoid increase and facilitate decrease in this preventable risk factor for non-communicable diseases, which are the main causes of death and illnesses. Guyana is no exception. It is necessary to implement a surveillance system that would enhance and strengthen the present data-base on tobacco use, for it can offer a useful tool for supporting medium-term and long-term programmes and advocacy actions for youth-oriented tobacco control.

The following recommendations can be found useful within the Guyanese context:

1. Enact legislations to restrict or ban smoking in public places, such as, restaurants, cinemas, play parks, supermarkets, public transport, e.g. taxis, buses, steamers, ferries, etc.
2. Restrict the advertisement of cigarette smoking on billboards, newspapers, radio and television, and at the same time increase public awareness campaign on the harmful effects of smoking cigarettes, as well as other tobacco use, on the mass media.
3. Appeal to sporting clubs to refuse sponsorship from tobacco entrepreneurs and to avoid the use of cigarette advertisement in the promotion of their respective sport.
4. Work towards the banning of cigarette smoking at workplaces.
5. Enact and enforce legislations that prevent minors from purchasing cigarettes and other tobacco products by prosecuting those who sell tobacco products to minors.
6. Formulate public policies and enact legislations that regulate tax increases for tobacco products, as well as point of sale and distribution.
7. Involve the Ministries of Health and Education, as well as NGO's, in the campaign to promote the cessation of cigarette smoking and use of other tobacco products especially among youths.
8. Design and implement cessation programmes for schools and all youth-oriented or affiliated organisations. Cessation programmes in schools must be integrated in the school curriculum and should not be done on an *ad hoc* basis

The goals of tobacco control include: ensuring that children grow up in an environment free of inducements to smoke; that adults (and children and adolescents) who want to quit smoking are given the support to do so, and that non-smokers are protected from the harmful effects of involuntary exposure to tobacco smoke.

According to the 1999 World Bank report, "Curbing the Epidemic: Governments and the Economics of Tobacco Control", the most effective ways to achieve the goals of tobacco control are: comprehensive policy initiatives, particularly tobacco tax increases; bans on tobacco promotion; and the creation of smoke-free spaces.

Tobacco Taxation: The single most effective tobacco control measure is tax policy since there is a strong relationship between per capita consumption of tobacco products and real price. In developing countries, a 10 % increase in the real price of tobacco products will result in a decline in per capita consumption of about 4 %, about 8 % in Latin America and the Caribbean. This would mean that an additional 4 million smokers in Latin America and the Caribbean would quit and about 1 million lives saved. Taxes are very

effective among low-income groups and youth who have less disposable income and are much more price-sensitive than the general population.

Restriction on Tobacco Promotion: Evidences show that comprehensive restrictions (bans or near-bans) on tobacco promotion decrease tobacco use. Partial restrictions on promotion have little or no impact on use.

Restriction on Smoking: Restrictions on smoking in public and work places reduce both overall smoking prevalence and consumption by smokers who continue to smoke. This action can have long-term effect on societal norms since young people who grow up around smoke-free spaces are more likely to see tobacco use as uncommon and socially unacceptable. For this reason, smoke-free spaces are a central social marketing tool for tobacco control.

Other Demand-Reduction Measures: Several other measures can be implemented to help in achieving the goals of tobacco control:

- Consumer information and public education can raise awareness of the health effects of tobacco use and motivate smokers to quit. Several strategies can be employed, and these include publicizing the findings of new research, mass media campaigns to inform and to change attitudes, and health messages on tobacco packages.
- Direct support for smokers who want to quit smoking is also effective and requires access to affordable behavioural and pharmaceutical treatments for tobacco addiction. The provision of such services necessitate the development of health systems that: facilitate affordable access to trained health professionals who provide the necessary therapy; cover pharmaceutical treatments under government and private insurance plan; make available without prescription certain pharmaceutical treatments; and provide support for and sponsorship of non-profit health organizations to provide community-based counselling services.
- *Control of Smuggling:* The control of tobacco smuggling can effectively reduce the supply of tobacco. Smuggled tobacco products are usually cheaper and undermine the impact of tobacco taxes on consumption.

Many governments have expressed concerns about the impact of reduced tobacco use on the economy. However, numerous studies have shown that the reduction or elimination of tobacco use will have no negative economic impact for the vast majority of countries, and, as in some cases, will instead be beneficial, for the money that people usually spend on tobacco will now be spent on other things.

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- 4) Framework Convention On Tobacco Control, 128th Session Of The Executive Committee, PAHO/WHO, Washington, D. C. USA, 25-29 June 2001.
- 5) Tota C. Mangar, 'Demerara Tobacco Company Limited (DEMTOCO) 1934-1999'.

APPENDICES

Appendix I: Tables

Table 1: Study sample size and response rate among school and students - 2000 Guyana GYTS

No. of schools in the sample	No. of schools participating	Response rate of schools	No. of students selected	No. of students participated	Response rate of students	Overall response rate
50	43	86%	1256	906	72.1%	62.0%

The following table shows the percentage of students who participated in the survey, according to age, gender and class-level:

Table 2: Background information of students - 2000 Guyana GYTS

AGE (Years)	<11 & 11	12	13	14	15	16	17+	MALE	FEMALE	FORM II	FORM III	FORM IV
TOTAL	3.1	4.8	14.8	26.6	30.6	15.7	4.3	40.2	59.8	23.3	36.4	40.3
GENDER												
Male	4.3	5.3	15.6	24.4	26.8	18.4	5.2	100	0	29.7	32.8	37.5
Female	1.2	1.9	14.5	29.7	34.7	14.5	3.4	0	100	19.0	36.9	44.1
FORM/GRADE												
Form II / 8	8.0	9.7	54.0	22.1	3.4	1.3	1.6	51.8	48.2	100	0	0
Form III / 9	2.5	2.5	6.1	55.8	28.1	4.5	0.5	38.0	62.0	0	100	0
Form IV / 10	0.2	1.4	1.4	6.5	51.6	30.1	8.9	37.0	63.0	0	0	100
AGE												
12yrs	39.4	60.6	0	0	0	0	0	67.1	32.0	62.2	28.1	9.8
13yrs	0	0	100	0	0	0	0	41.7	58.3	81.7	14.8	3.6
14 yrs	0	0	0	100	0	0	0	35.4	64.6	18.0	72.8	9.2
15 yrs	0	0	0	0	100	0	0	33.9	66.1	2.4	32.5	65.0
16 yrs	0	0	0	0	0	78.4	21.6	46.7	53.3	3.6	10.3	86.1

Table 3: Percentage of students who use tobacco, Guyana, GYTS, 2000

Category	Ever Smoked Cigarettes, Even One or Two Puffs	Current Use				Never Smokers-Susceptible to Initiating Smoking
		Any Tobacco Product	Cigarettes	Other Tobacco Products	Percent Ever Smokers who Smoked Cigarettes Before Age 10	
Total	29.5 23.5 -35.5	16.9 13.6 -20.2	8.7 5.8 - 11.6	9.9 7.7 - 12.1	40.3 32.1- 48.5	14.2 10.4 -18.0
Gender						
Male	36.7 29.6 - 43.8	21.1 16.9 -25.3	11.1 7.2-15.0	12.6 9.1- 16.1	35.7 25.2 - 46.2	19.7 12.7 - 26.7
Female	22.2 15.3 - 29.1	10.8 7.7-13.9	5.5 2.5- 8.5	6.0 3.8 - 8.2	35.1 21.6 - 48.6	9.8 5.2 - 14.4
Form/Grade						
II / 8	33.1 24.2 - 42.0	18.0 10.4-25.6	7.7 1.9- 13.5	13.0 7.0 -19.0	50.3 37.3 - 63.3	13.7 6.1 - 21.3
III / 9	26.5 17.3 - 35.7	15.8 9.6 - 22.0	8.7 5.1- 12.3	8.2 3.9 -12.5	36.4 20.6 - 52.2	14.6 6.0 - 23.2
IV / 10	30.0 23.5 - 36.5	15.5 13.1- 17.9	7.6 4.5-10.7	8.8 6.2 - 11.4	36.0 28.6 - 43.4	10.8 5.9 - 15.7

**< 35 cases in the denominator

Table 4: Knowledge and Attitudes, Guyana, GYTS, 2000

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 girls look more attractive	
	Never Smokers	Current Smokers	Never Smokers	Current Smokers	Never Smokers	Current Smokers	Never Smokers	Current Smokers
Total	27.7 22.9 -32.5	29.9 18.2 -41.6	14.2 11.2 -17.2	19.8 7.9 - 31.7	6.9 3.8 - 10.0	17.1 9.5 - 24.7	5.4 2.9 - 7.9	16.1 7.8 - 24.4
Gender								
Male	21.8 14.5 -29.1	29.0 12.7 -45.3	11.3 7.1- 15.5	36.2 14.3- 58.1	7.2 4.9- 9.5	13.5 0.3- 26.7	5.3 2.0- 8.6	19.9 6.1- 33.7
Female	29.8 22.2 -37.4	**	13.7 9.7- 17.7	**	5.8 2.5- 9.1	**	5.3 2.6- 8.0	**
Form/Grade								
II / 8	29.5 22.3 -36.7	**	15.8 8.7- 22.9	**	6.4 0.1- 12.7	**	8.4 1.0- 15.8	**
III / 9	29.7 16.6 -42.8	**	13.1 8.1- 18.1	**	7.5 1.4- 13.6	**	6.4 1.1- 11.7	**
IV / 10	27.0 21.2 -32.8	**	14.9 10.1- 19.7	**	6.5 3.7- 9.3	**	4.2 2.2- 6.2	**

** < 35 cases in the denominator

Table 5: Access and Availability

Category	Percent Current Smokers who Usually Smoke at Home	Percent Current Smokers who Purchase Cigarettes in a Store
Total	53.2 39.6 - 66.8	28.2 14.6 - 41.8
Gender		
Male	**	**
Female	**	**
Form/Grade		
II / 8	**	**
III / 9	**	**
IV / 10	**	**

** < 35 cases in the denominator

Table 6: Environmental Tobacco Smoke, Guyana, GYTS, 2000

Category	Exposed to smoke from others in their home		Exposed to smoke from others in public places		Percent think smoking should be banned from public places		Definitely think smoke from others is harmful to them	
	Never Smokers	Current Smokers	Never Smokers	Current Smokers	Never Smokers	Current Smokers	Never Smokers	Current Smokers
Total	27.5 23.6-31.4	65.4 52.8-78.0	58.1 53.7-62.5	77.4 67.1-87.7	74.9 66.7-83.1	74.2 63.5-84.9	69.9 62.4-77.4	54.9 42.4-67.4
Gender								
Male	33.6 26.5-40.7	59.3 44.2-74.4	51.9 42.9-60.9	78.8 65.9-91.7	68.8 59.1-78.5	73.6 59.2-88.0	66.0 59.6-72.4	57.4 35.6-79.2
Female	22.5 19.7-25.3	**	61.4 57.2-65.6	**	78.9 71.8-86.0	**	72.6 63.9-81.3	**
Form/Grade								
II / 8	19.9 14.0-25.8	**	49.9 40.1-59.7	**	68.3 53.7-84.9	**	53.7 41.5-65.9	**
III / 9	28.6 20.6-36.6	**	53.4 46.7-60.1	**	67.0 51.5-82.5	**	70.2 55.7-84.7	**
IV / 10	28.7 21.8-35.6	**	64.8 58.5-71.1	**	82.4 75.5-89.3	**	77.0 70.5-83.5	**

** < 35 cases in the denominator

Table 7: Media and Advertising, Guyana, GYTS, 2000

Category	Percent Saw Anti-smoking Media Messages	Percent Saw Pro- Tobacco Messages in Newspapers and Magazines		Percent Who Had Object With a Cigarette Brand Logo On It		Percent Offered 'Free' Cigarettes by a Tobacco Company	
		Never Smokers	Current Smokers	Never Smokers	Current Smokers	Never Smokers	Current Smokers
Total	80.8 76.7-84.9	79.6 76.2-83.0	87.4 78.9-95.9	15.5 10.7-20.3	28.1 17.6-38.6	10.4 6.4-14.4	20.7 12.1-29.3
Gender							
Male	80.6 76.2-85.0	72.6 66.4-78.8	85.1 71.4-98.8	19.4 12.4-26.4	25.6 11.0-40.2	15.5 10.6-20.4	14.0 2.0-26.0
Female	83.2 79.3-87.1	84.2 80.9-87.5	**	13.4 9.0-17.8	**	7.2 3.1-11.3	**
Form/ Grade							
II / 8	78.5 69.5-87.5	76.7 68.9-84.5	**	15.8 8.0-23.6	**	12.7 6.8-18.6	**
III / 9	83.9 76.3-91.5	79.0 73.8-84.2	**	18.9 10.9-26.9	**	13.4 6.3-20.5	**
IV / 10	81.6 77.0-86.2	80.7 75.6-85.8	**	11.3 5.5-17.1	**	7.2 2.8-11.6	**

** < 35 cases in the denominator

Table 8: School Curriculum, Guyana, GYTS, 2000

Category	Percent taught dangers of smoking	Percent discussed reasons why people their age smoke
Total	46.0 38.6-53.4	31.5 27.1-35.9
Gender		
Male	39.5 31.9-47.1	32.4 27.7-37.1
Female	52.5 45.1-59.9	31.2 24.6-37.8
Form / Grade		
II / 8	44.0 34.4-53.6	34.3 26.8-41.8
III / 9	44.9 32.8-57.0	29.6 25.0-34.2
IV / 10	48.8 34.7-62.9	32.4 22.9-41.9

**<35 cases in the denominator

Appendix II: Sample Description and Weighting

2000 Guyana Global Youth Tobacco Survey Sample Description and Weighting Procedures

SAMPLE DESCRIPTION:

All schools in Guyana containing students ages 13-15 were included in the sampling frame. A two-stage cluster sample design was used to produce a representative sample of Forms One, Two, Three, Four, and Five.

School Level - The first-stage sampling frame consisted of all schools containing any students ages 13-15. Schools were selected with probability proportional to school enrollment size.

Class Level - The second sampling stage consisted of systematic equal probability sampling (with a random start) of classes from each school that participated in the survey. All 2nd period classes in the selected schools

were included in the sampling frame. All students in the selected classes were eligible to participate in the survey.

OVERALL RESPONSE RATES:

Schools - 86% 43 of the 50 sampled schools participated.

Students- 72.13% 906 of the 1256 sampled students completed usable questionnaires

Overall response rate - $86\% * 72.13\% = 62.04\%$

WEIGHTING:

A weight has been associated with each questionnaire to reflect the likelihood of sampling each student and to reduce bias by compensating for differing patterns of non-response. The weight used for estimation is given by:

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

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

USE OF THE WEIGHTED RESULTS:

The weighted results can be used to make important inferences concerning tobacco use risk behaviors for students ages 13-15.

Appendix III: The Questionnaire

Global Youth Tobacco Survey (GYTS) 2000

THE NEXT 17 QUESTIONS ASK ABOUT YOUR USE OF TOBACCO.

1. Have you ever tried or experimented with cigarette 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 or older

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 during the past 30 days (one month)
 - b. Less than 1 cigarette per day
 - c. 1 cigarette per day
 - d. 2 to 5 cigarettes per day
 - e. 6 to 10 cigarettes per day
 - f. 11 to 20 cigarettes per day
 - g. More than 20 cigarettes per day

5. How many cigarettes have you smoked in your entire life?
 - a. None
 - b. 1 to 2 puffs only
 - c. 1 cigarette
 - d. 2 to 5 cigarettes
 - e. 6 to 15 cigarettes (about half a pack)
 - f. 16 to 25 cigarettes (about 1 pack)
 - g. 26 to 99 cigarettes
 - h. 100+ cigarettes (5 or more packs)

6. Do you smoke now?
 - a. Not at all
 - b. Occasionally, but less than once a month
 - c. Some time each month, but less than once cigarettes per week
 - d. Some time each week, but less than once cigarette per day
 - e. Every day at least one cigarette

7. During the past 30 days (one month), how did you usually get you own 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

8. During the past 30 days (one month), what brand of cigarettes did you usually smoke?
(SELECT ONLY ONE RESPONSE)

- a. I did not smoke cigarettes during the past 30 days
- b. No usual brand
- c. Bristol
- d. Benson & Hedges
- e. 555
- f. More
- g. Rothman's
- h. Other

9. How much do you usually pay for a pack of 20 cigarettes?

- a. I don't smoke cigarettes
- b. I don't buy cigarettes, or I don't buy them in packs
- c. Less than \$120
- d. \$120-\$140
- e. \$141-\$160
- f. \$161-\$200
- g. \$201- \$260
- h. More than \$260

10. During the past 30 days (one month) how much do you think you spend on cigarettes?

- a. I don't smoke cigarettes
- b. I don't buy my cigarettes
- c. Less than \$180
- d. \$180- \$900
- e. \$901-\$1800
- f. \$1801- \$3600
- g. \$3601- \$5400
- h. More than \$5400

11. In a usual month (30 days) how much pocket money (allowance) do you get?

- a. I don't receive any pocket money (allowance)
- b. Less than \$180
- c. \$180-\$900
- d. \$901-\$1800
- e. \$1801- \$3600
- f. \$3601 -\$5400
- g. More than \$5400

12. 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

13. In the area where you live, do you know of any places that sell single or loose cigarettes?

- a. Yes
- b. No

14. During the past 30 days (one month), have you ever used any form of tobacco products other than cigarettes (e.g. chewing tobacco, snuff, dip, cigars, cigarillos, little cigars, pipe)?

- a. Yes
- b. No

15. 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 friends' houses
- f. At social events
- g. In public spaces (e.g. parks, shopping centres, street corners)
- h. Other

16. Are you more likely to smoke after you have drunk alcohol?

- a. I have never smoked cigarettes
- b. I no longer smoke cigarettes
- c. I smoke but never drink alcohol
- d. No, I smoke less when I drink alcohol
- e. Yes, I smoke more when I drink alcohol
- f. I smoke about the same when I drink alcohol

17. 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 having a cigarette first thing in the morning

THE NEXT 19 QUESTIONS ASK ABOUT YOUR KNOWLEDGE AND ATTITUDES TOWARD TOBACCO.

18. Do your parents/grandparents/guardians smoke?

- a. None
- b. Both
- c. Father only
- d. Mother only
- e. I don't know

19. If one of your best friends offered you a cigarette, would you smoke it?

- a. Definitely not
- b. Probably not
- c. Probably yes
- d. Definitely yes

20. Do your parents/grandparents/guardians know that you smoke cigarettes?

- a. I do not smoke cigarettes
- b. Yes
- c. No

21. Has anyone in your family discussed the harmful effects of smoking with you?

- a. Yes
- b. No

22. At any time during the next 12 months do you think you will smoke a cigarette?

- a. Definitely not
- b. Probably not
- c. Probably yes
- d. Definitely yes

23. Do you think you will be smoking cigarettes 5 years from now?
- Definitely not
 - Probably not
 - Probably yes
 - Definitely yes
24. Once someone has started smoking, do you think it would be difficult to quit?
- Definitely not
 - Probably not
 - Probably yes
 - Definitely yes
25. Do you think boys who smoke cigarettes have more or less friends?
- More friends
 - Less friends
 - No difference from non-smokers
26. Do you think girls who smoke cigarettes have more or less friends?
- More friends
 - Less friends
 - No difference from non-smokers
27. Does smoking cigarettes help people feel more or less comfortable at celebrations, parties, or in other social gatherings?
- More comfortable
 - Less comfortable
 - No difference from non-smokers
28. Do you think smoking cigarettes makes boys look more or less attractive?
- More attractive
 - Less Attractive
 - No difference from non-smokers
29. Do you think smoking cigarettes makes girls look more or less attractive?
- More attractive
 - Less Attractive
 - No difference from non-smokers
30. Do you think that smoking cigarettes makes you gain or lose weight?
- Gain weight
 - Lose weight
 - No difference

31. Do you think cigarette smoking is harmful to your health?
- a. Definitely not
 - b. Probably not
 - c. Probably yes
 - d. Definitely yes
32. Do you think smoking cigarettes is less dangerous for a person your age because they can always stop later?
- a. Definitely not
 - b. Probably not
 - c. Probably yes
 - d. Definitely yes
33. Do any of your closest friends smoke cigarettes?
- a. None of them
 - b. Some of them
 - c. Most of them
 - d. All of them
34. 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
35. When you see a woman smoking, what do you think of her? (SELECT ONLY ONE RESPONSE)
- a. Lacks confidence
 - b. Stupid
 - c. Loser
 - d. Successful
 - e. Intelligent
 - f. Sophisticated
36. 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 8 QUESTIONS ASK ABOUT YOUR EXPOSURE TO OTHER PEOPLE'S SMOKING

37. Do you think the smoke from other people's cigarettes is harmful to you?
- a. Definitely not
 - b. Probably not
 - c. Probably yes
 - d. Definitely yes
38. During the past 7 days, on 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
39. 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
40. Are you in favor of banning smoking in public places (such as in restaurants, in buses, streetcars, and trains, in schools, on playgrounds, in gyms and sports arenas, in discos)?
- a. Yes
 - b. No
41. Do you think a person who smokes around others should ask permission?
- a. Yes
 - b. No
42. If someone asks permission to smoke around you, do you let him or her?
- a. Yes
 - b. No

THE NEXT 10 QUESTIONS ASK ABOUT YOUR ATTITUDES TOWARD STOPPING SMOKING

43. Do you want to stop smoking now?
- a. I have never smoked cigarettes
 - b. I do not smoke now

- c. Yes
- d. No

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

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

45. 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

46. What was the main reason you decided to stop smoking? (SELECT ONE ONLY)

- a. I have never smoked cigarettes
- b. I have not stopped smoking
- c. To improve my health
- d. To save money
- e. Because my family does not like it
- f. Because my friends don't like it
- g. Other

47. How many times, if any, have you tried to quit smoking?

- a. I have never smoked
- b. 0 times
- c. 1 to 3 times
- d. 4 or more times

48. Have you ever tried to stop smoking and found that you could not?

- a. I have never smoked a cigarette
- b. I have successfully stopped smoking
- c. Yes
- d. No

49. When was the last time you smoked a cigarette, even one or two puffs?

- a. I have never smoked a cigarette
- b. Today
- c. Not today but sometime in the past week
- d. Not today but sometime in the past month

- e. Not today but sometime in the past 6 months
- f. Not in the past 6 months but in the past year
- g. 1 to 4 years ago
- h. 5 or more years ago

50. Do you think you would be able to stop smoking if you wanted to?

- a. I have never smoked cigarettes
- b. I have already stopped smoking cigarettes
- c. Yes
- d. No

51. Have you ever received help or advice to help you stop smoking? (SELECT ONLY ONE RESPONSE)

- a. I have never smoked cigarettes
- b. Yes, from a program or professional
- c. Yes, from a friend
- d. Yes, from a family member
- e. Yes, from both programs or professionals and from friends or family members
- f. No

52. At the present time do you consider yourself...(SELECT ONLY ONE RESPONSE)

- a. I have never smoked cigarettes
- b. An ex-smoker
- c. An occasional smoker
- d. A frequent smoker
- e. A daily smoker

THE NEXT 11 QUESTIONS ASK ABOUT YOUR KNOWLEDGE OF MEDIA MESSAGES ABOUT SMOKING

53. 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?

- a. A lot
- b. A few
- c. None

54. 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

55. When you watch TV, videos, or movies, how often, do you see actors smoking?
- I never watch TV, videos, or movies
 - A lot
 - Sometimes
 - Never
56. Do you have something (T-shirt, pen, backpack, etc) with a cigarette brand logo on it?
- Yes
 - No
57. During the past 30 days (one month), when you watched sports events or other programs on TV how often did you see cigarette brand names?
- I never watch TV
 - A Lot
 - Sometimes
 - Never
58. During the past 30 days (one month), how many advertisements for cigarettes have you seen on billboards?
- A lot
 - A few
 - None
59. During the past 30 days (one month), when you listened to the radio how often do you hear cigarette brand names mentioned?
- I never listen to the radio
 - A lot
 - Sometimes
 - Never
60. When you got to a store or shop, how often do you see advertisements for cigarettes, on items like sporting gear, t-shirts, hats, sunglasses, lighters, or ashtrays that have tobacco names or pictures on them?
- I never go to stores or shops
 - A lot
 - Sometimes
61. During the past 30 days (one month), how many advertisements or promotions for cigarettes have you seen in newspapers or magazines?
- A lot
 - A few
 - None

62. When you go to sports events, fairs, concerts, or community events, how often do you see advertisements for cigarettes?

- a. I never attend sports events, fairs, concerts, or community events
- b. A lot
- c. Sometimes
- d. Never

63. Has a person who sells cigarettes ever offered you a free cigarette?

- a. Yes
- b. No

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

64. During this school year, were you taught in any of your classes about the dangers of smoking?

- a. Yes
- b. No
- c. Not sure

65. During this school year, did you discuss in any of your classes the reasons why people your age smoke?

- a. Yes
- b. No
- c. Not sure

66. During this school year, were you taught in any of your classes about the effects of smoking like it makes your teeth yellow, causes wrinkle, or make you smell bad?

- a. Yes
- b. No
- c. Not sure

67. 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 COMMUNITY BASED RESPONSE TO SMOKING

68. During the past year, have you heard from youth groups discouraging young people your age from smoking?

- a. Yes
- b. No

69. During the past year, did any health professionals explain to you why smoking is dangerous to your health?

- a. Yes
- b. No

70. 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.

71. How old are you?
- a. 11 years old or younger
 - b. 12 years old
 - c. 13 years old
 - d. 14 years old
 - e. 15 Years old
 - f. 16 years old
 - g. 17 years old or older

72. What is your sex?

- a. Male
- b. Female

73. In what form are you?

- a. Form II
- b. Form III
- c. Form IV

THANK YOU FOR ANSWERING THIS QUESTIONNAIRE.