

MYANMAR 2011 COUNTRY REPORT
GLOBAL YOUTH TOBACCO SURVEY (GYTS)



CONTENTS

1. Foreword
2. Acknowledgements
3. Summary
4. Introduction
 - a. Country Demographics
 - b. WHO Framework Convention on Tobacco Control and MPOWER
 - c. Purpose and Rationale
 - d. Current State of Policy
 - e. Other Tobacco Surveys
 - f. Country-Specific Objectives
5. Methods
 - a. Sampling
 - b. Data Collection
 - c. Data Analysis
6. Results
 - a. Prevalence
 - b. Knowledge and Attitudes
 - c. Access and Availability
 - d. Exposure to Secondhand Smoke
 - e. Cessation
 - f. Media and Advertising
 - g. School Curriculum
7. Discussion
 - a. Summary of Results
 - b. Comparison to Previous Tobacco Surveys
 - c. Relevance to WHO FCTC/WHO MPOWER
 - d. Relevance to Country
 - e. Proposed Interventions/Further Studies
8. Recommendations
9. References

Foreword

Tobacco use is a major preventable cause of premature death and disease worldwide. It also causes a significant proportion of death and disability in the countries of South-East Asia Region. The WHO Framework Convention on Tobacco Control (WHO FCTC) was developed in response to the globalization of the tobacco epidemic. To assist countries in meeting the WHO FCTC requirements, WHO introduced MPOWER, a package of selected demand reduction measures contained in the WHO FCTC.

One of the essential components of a comprehensive global tobacco control effort is an efficient and systematic surveillance mechanism to monitor the epidemic. In 1998, the World Health Organization (WHO), the Centers for Disease Control and Prevention (CDC) and the partners initiated the Global Tobacco Surveillance System (GTSS) to assist countries in establishing tobacco control surveillance and monitoring programs. GTSS provides a consistent framework for surveillance including standard sampling procedures, core questionnaire items, training in field procedures, data analysis, and consistent reporting across all participating countries. The Global Youth Tobacco Survey (GYTS) is one of the school-based surveys included in GTSS and it collects data on tobacco use and its related factors such as knowledge, attitude, behaviors and environmental influences among school youths in WHO Member States.

Being a party to the WHO FCTC, Myanmar has been implementing the provisions of the convention in line with the WHO recommended MPOWER policy package. Myanmar conducted the Global Youth Tobacco Surveys (GYTS) in 2001, 2004, 2007 and 2011 with the technical and financial support of WHO SEARO, CDC and WHO country office. The information obtained from those surveys will help Myanmar in formulating and implementing the comprehensive tobacco control policy not only in schools but also among communities.

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This report has been prepared by Dr. Nang Naing Naing Shein, Assistant Director (Basic Health), Department of Health and is based on the 2011 Global Youth Tobacco Survey findings in Myanmar.

Summary

Myanmar as a Party to the WHO Framework Convention on Tobacco Control had adopted the Control of Smoking and Consumption of Tobacco Products Law in 2006 which came into effect in May, 2007. Ministry of Health has been implementing tobacco control activities in collaboration with related ministries; school-based tobacco control activities are being conducted in coordination with the Ministry of Education. Myanmar conducted Global Youth Tobacco Surveys (GYTS) in 2001, 2004, 2007 and 2011. The GYTS is a school-based survey of students aged 13-15 years and conducted as a nation-wide survey in Myanmar.

When comparing the GYTS 2001, 2007 and 2011 results, there was a decreasing trend of current cigarette smoking among the boys in 2007, but no significant reduction were found among both boys and girls in 2011. The reported use of other tobacco products had significantly increased among the boys in 2007, but no significant changes were observed among both boys and girls in 2011. From 2007 to 2011, exposure to secondhand smoke at home and in public places did not change and stayed significantly high. There was very high demand from those children to ban smoking in public places. No significant changes were also observed in accessibility of youth to tobacco products, exposure to promotion and advertisement of tobacco products, education on dangers of tobacco in schools and cessation status among youth in GYTS 2011.

Introduction

Tobacco use is the leading global cause of preventable death. WHO attributes nearly 6 million deaths a year to tobacco. That figure is expected to rise to more than 8 million deaths a year by 2030. Most people begin using tobacco before the age of 18.

The Global Youth Tobacco Survey (GYTS) was developed by the Tobacco Free Initiative (TFI), World Health Organization (WHO) and the Office on Smoking and Health (OSH) of the United States Centers for Disease Control and Prevention (CDC) in collaboration with a range of countries representing the six WHO regions to gather comprehensive tobacco prevention and control information on young people. The GYTS is a school-based survey that uses a two-stage cluster sample design to produce representative samples of students in grades associated with the age group 13-15 years. All classes in the selected grades were included in the sampling frame. All students in the selected classes were eligible to participate in the survey.

Country Demographics

Myanmar is a Member State of the WHO South East Asia Region and is considered a low income country.

WHO Framework Convention on Tobacco Control and MPOWER

In response to the globalization of the tobacco epidemic, the 191 Member States of the World Health Organization unanimously adopted the WHO Framework Convention on Tobacco Control (FCTC) at the Fifty-sixth World Health Assembly in May 2003. The FCTC is the world's first public health treaty on tobacco control. It is the driving force behind, and blueprint for the global response to the pandemic of tobacco-induced deaths and diseases. The treaty embodies a coordinated, effective, and urgent action plan to curb tobacco consumption and lays out cost-effective tobacco control strategies for public policies such as banning direct and indirect tobacco advertising, increasing tobacco tax and price, promoting smoke-free public places and workplaces, displaying prominent health messages on tobacco packaging, and tobacco research, surveillance, and exchange of information.

To help countries fulfill their WHO FCTC obligations, in 2008 WHO introduced MPOWER, a technical package of six evidence-based tobacco control measures that are proven to reduce tobacco use and save lives:

- Monitor tobacco use and prevention policies
- Protect people from tobacco smoke
- Offer help to quit tobacco use
- Warn about the dangers of tobacco
- Enforce bans on tobacco advertising, promotion and sponsorship
- Raise taxes on tobacco

The GYTS supports WHO MPOWER by monitoring country-specific data on key tobacco indicators, including prevalence, knowledge, and behavior. The final questionnaire was translated into Myanmar language and back-translated into English to check for accuracy.

Purpose and Rationale

The purpose of participating in the GYTS is to enhance countries' capacity to monitor youth tobacco consumption and tobacco use initiation, guide national tobacco prevention and control programs, and facilitate comparison of tobacco-related data at the national, regional, and global levels. Results from the GYTS are also useful for documenting the changes in different variables of tobacco control measures for monitoring the implementation of different provisions of the tobacco control law and the relevant Articles of the WHO Framework Convention.

The rationale for Myanmar's participation in the GYTS include the following:

In Myanmar culture, tobacco use has been socially and culturally accepted since ancient times. It is being used as a well-wishing gift to the guests and at weddings and donation ceremonies. This social and cultural acceptance of tobacco use as a social norm greatly challenges tobacco control programme and calls for widespread education and information activities to promote community awareness on dangers of tobacco use and exposure to tobacco smoke.

Like other developing countries, the tobacco related diseases like NCDs became prevalent in Myanmar. According to the Annual Hospital Statics Report (2008), the leading grouped causes of morbidity are the respiratory diseases (5.7%), CVD (4.9%) and cancer (3.7%), and the leading grouped causes of mortality are also the CVD (16.2%), respiratory diseases (6.9%) and cancer (5.3%).

Studies show high prevalence of tobacco use in Myanmar. According to the GYTS 2001 and 2007, although the prevalence of current cigarette smoking became decreased (overall prevalence from 10.2% to 4.9%) the current use of other tobacco products was found to increase (overall prevalence from 5.7% to 14.1%) among both boys and girls. The WHO NCD STEPS survey conducted in 2009 revealed a high prevalence of tobacco use among adult population. It showed that 33.61% of men and 6.13% of women were the current daily smokers and 37.73% of men and 12.24% of women were the current user of smokeless tobacco products. Furthermore, despite the national law prohibits all forms of tobacco advertisements, the law enforcement is still weak and the youth became more susceptible to initiate smoking due to various attractions of tobacco companies.

Current State of Policy

Currently, in Myanmar, there is “The Control of Smoking and Consumption of Tobacco Products Law” in place. The law includes the provisions for limiting environmental tobacco smoke i.e designation of no-smoking areas, prohibiting sale of tobacco to or by minors under 18 years of age, sale of cigarettes in loose forms and selling of tobacco products within the compound or 100 feet from the compound of the schools, the provision regarding to packaging and labeling of tobacco products and preventing all forms of tobacco advertising, promotion and sponsorship among others.

Other Tobacco Surveys

The GYTS has previously been conducted in Myanmar in 2001, 2004 and 2007. In addition to the GYTS, the following surveys have been run in Myanmar: Global School Personnel Survey (GSPS) in 2004 and 2007, and Global Health Profession Students Survey (GHPSS) in 2006 and 2009.

Country Specific Objectives

1. To reduce current tobacco use in Myanmar students in grades 8, 9, 10 and 11 from 18.6% in 2011 to 15% in 2015.
2. To reduce current cigarette smoking in Myanmar students in grades 8, 9, 10 and 11 from 6.8% in 2011 to 4% in 2015.
3. To increase tobacco use cessation attempts in Myanmar students in grades 8, 9, 10 and 11 from 89.1% in 2011 to 95% in 2015.

Methods

Sampling

The 2011 Myanmar GYTS is a school-based survey, which employed a two-stage cluster sample design to produce a national level representative sample of students in grades 8, 9, 10 and 11. The first-stage sampling frame consisted of all Basic Education Middle Schools and High Schools containing grades 8, 9, 10 and 11. Schools were selected with probability proportional to school enrollment size. The second sampling stage consisted of systematic equal probability sampling (with a random start) of classes from each school selected during the first stage. The GYTS was conducted in 50 schools and 56 class rooms. 2,666 students participated in the GYTS. The grades that were sampled for the 2011 GYTS were grades 8, 9, 10 and 11.

A weighting factor was applied to each student record to adjust for non response and for the varying probabilities of selection. For the 2011 Myanmar GYTS, 68 questionnaires were completed in 50 schools. A total of 2,666 students participated in the Myanmar GYTS of which 1,652 were ages 13 to 15 years (Male: 767, Female: 879). The school response rate was 100%, and the student response rate was 95.9%. The overall response rate was 93.4%. SUDAAN, a software package for statistical analysis of complex survey data, was used to calculate weighted prevalence estimates and standard errors (SE) of the estimates (95% confidence intervals [CI] were calculated from the SEs).

Data Collection

Data collection took place from 15th June, 2011 to 12th August, 2011 and was supported by 25 field staff.

Survey procedures were designed to protect the students' privacy by allowing for anonymous and voluntary participation. The self-administered questionnaire was administered in the classroom. Students recorded their responses directly on an answer sheet that could be scanned by a computer. The questionnaire contained 68 multiple-choice questions. The survey included () questions from the core questions and () from the optional questions available.

Data Analysis

Frequency tables for each survey question are developed which show the number of cases, percentage, and the 95% confidence interval. Preferred tables are also developed highlighting the questions that are considered key tobacco control indicators from the GYTS. Indicators are in accordance with the WHO FCTC and MPOWER technical package.

Results

Prevalence – Article 20 of WHO FCTC: Research, Surveillance and Exchange of Information

Table 1: Percent of students who use tobacco, Myanmar, 2011

Category	Ever smoked cigarettes % (95% CI)	Current Any Tobacco Users % (95% CI)	Current Cigarette Smokers % (95% CI)	Current Other Tobacco Users % (95% CI)	Never Smokers Susceptible to Start Smoking in the Next Year % (95% CI)
Total	14.8 (11.4 - 19.1)	18.6 (15.2 – 22.7)	6.8 (4.8 – 9.5)	17.4 (14.0 – 21.5)	14.7 (11.6 – 18.6)
Male	26.1 (19.5 – 34.0)	30.0 (24.1 – 36.7)	13.0 (8.8 – 18.8)	27.8 (21.9 – 34.5)	22.7 (17.3 – 29.3)
Female	3.4 (2.1 – 5.6)	6.8 (4.8 – 9.6)	0.5 (0.2 – 1.5)	6.7 (4.7 – 9.5)	8.7 (6.2 – 12.1)

In Myanmar, 14.8% of students overall reported ever using tobacco. Overall, 18.6% reported current tobacco use (at least once in the last 30 days), 6.8 % reported currently smoking cigarettes, and 17.4% reported using tobacco other than cigarettes within the previous 30 days. In addition, 14.7% indicated that they were susceptible to start smoking in the next year.

Knowledge and Attitudes – Article 12 of WHO FCTC: Education, Communication, Training and Public Awareness

Table 2

Category	Percent who think boys who smoke have more friends (95% CI)	Percent who think girls who smoke have more friends (95% CI)	Percent who think boys who smoke are more attractive (95% CI)	Percent who think girls who smoke are more attractive (95% CI)
Total	37.6 (33.6 – 41.6)	15.1 (12.5 – 17.8)	32.4 (27.4 – 37.8)	22.1 (18.2 – 26.6)
Male	34.3 (29.3 – 39.8)	14.7 (12.1 – 17.8)	37.7 (32.3 – 43.3)	26.5 (21.7 – 31.9)
Female	40.9 (36.3 – 45.7)	15.5 (12.1 – 19.6)	26.9 (20.7 – 34.2)	17.4 (13.4 – 22.2)

Students reported that 37.6 % think boys and 15.1 % think girls who smoke have more friends, and 32.4 % think boys and 22.1 % think girls who smoke are more attractive.

Access and Availability – Article 20 of WHO FCTC: Research, Surveillance and Exchange of Information

Table 3

Category	Percent of current smokers who usually smoke at home (95% CI)	Percent of current smokers who buy cigarettes in a store (95% CI)	Percent of current smokers who bought cigarettes in a store in the past 30 days who were NOT refused because of their age (95% CI)
Total	24.4 (17.3 – 33.3)	39.2 (28.0 – 51.6)	48.4 (31.8 – 65.4)
Male	22.2 (14.9 – 31.7)	40.3 (29.2 – 52.5)	49.6 (33.6 – 65.7)
Female	80.7 (27.7 – 97.9)	23.7 (2.4 – 79.5)	0.0

Of current smokers, 24.4 % usually smoke at home, 39.2 % buy cigarettes in a store, and 48.4 % who bought cigarettes in a store were NOT refused purchase because of their age.

Secondhand Smoke

Table 4 - Article 8 of WHO FCTC: Protection from Exposure to Tobacco Smoke

Category	Percent who live in homes where others smoke (95% CI)	Percent who are around others who smoke in places outside their home (95% CI)	Percent who think smoking should be banned from public places (95% CI)
Total	32.2 (27.5 – 37.3)	38.4 (34.1 – 42.9)	90.6 (86.9 – 93.3)
Male	37.6 (31.3 – 44.4)	41.9 (35.4 – 48.6)	88.6 (83.7 – 92.2)
Female	26.8 (21.3 – 33.2)	35.1 (30.7 – 39.7)	92.7 (89.5 – 94.9)

Table 5 – Article 12 of WHO FCTC: Education, Communication, Training and Public Awareness

Category	Percent who think smoke from others is harmful to them (95% CI)	Percent who have one or more parents who smoke (95% CI)	Percent who have most or all friends who smoke (95% CI)
Total	51.1 (45.8 – 56.3)	47.0 (42.2 – 52.0)	3.0 (2.0 – 4.5)
Male	50.9 (45.6 – 56.3)	49.7 (43.8 – 55.5)	4.8 (3.1 – 7.5)
Female	51.3 (44.4 – 58.2)	44.5 (39.1 – 50.1)	1.1 (0.5 – 2.4)

Of the students that participated in the survey, 32.2% live in homes where others smoke, and 38.4 % are around others who smoke in places outside their home. Regarding environmental tobacco smoke, 90.6 % think that smoking should be banned from public places and 51.1 % think smoke from others is harmful to them. In their personal lives, 47.0% of students reported they have one or more parents who smoke, and 3.0% report having most or all friends who smoke.

Cessation – Article 14 of WHO FCTC: Demand Reduction Measures Concerning Tobacco Dependence and Cessation

Table 6

Category	Percent of current smokers who want to stop smoking (95% CI)	Percent of current smokers who tried to stop smoking during the past year (95% CI)	Percent of current smokers who have received help to stop smoking (95% CI)
Total	90.1 (77.2 – 96.1)	89.1 (76.2 – 95.5)	76.4 (64.7 -85.2)
Male	89.6 (76.0 – 95.9)	88.6 (75.7 – 95.1)	77.2 (65.9 – 85.6)
Female	100.0	100.0	52.7 (11.8 – 90.3)

Of current smokers, 90.1% reported that they want to stop smoking, and 89.1% tried to stop smoking within the past year. Regarding cessation attempts, 76.4% of current smokers report that they have received help to stop smoking.

Media and Advertising – Article 13 of WHO FCTC: Tobacco Advertising, Promotion and Sponsorship

Table 7

Category	Percent who saw anti-smoking media messages in the past 30 days (95% CI)	Percent who saw pro-cigarette ads on billboards in the past 30 days (95% CI)	Percent who have seen pro-cigarette ads in newspapers or magazines in the past 30 days (95% CI)
Total	91.8 (89.6 – 93.6)	69.4 (65.4 – 73.1)	58.4 (53.4 – 63.3)
Male	91.6 (89.1 – 93.7)	71.3 (66.5 – 75.7)	59.3 (53.2 – 65.2)
Female	91.9 (88.8 – 94.2)	67.2 (62.2 – 71.9)	57.4 (51.9 – 62.7)

Table 8

Category	Percent who have an object with a cigarette brand logo (95% CI)	Percent who were offered free cigarettes by a tobacco company representative (95% CI)
Total	8.8 (6.9 – 11.1)	12.5 (9.8 – 15.8)
Male	10.9 (8.4 – 14.0)	16.5 (12.5 – 21.3)
Female	6.4 (4.5 – 8.9)	8.3 (5.7 – 12.0)

In the past 30 days, 91.8% saw anti-smoking media messages while 69.4% reported that they saw pro-cigarette ads on billboards, and 58.4% reported that they saw pro-cigarette ads in newspapers or magazines during the same time period. Up to 8.8% reported that they have an object with a cigarette brand logo, and 12.5% have been offered free cigarettes by a tobacco company representative.

School Curriculum – Article 12 of WHO FCTC: Education, communication, training and public awareness

Table 9

Category	Percent who had been taught in class during the past year about the dangers of smoking (95% CI)	Percent who had discussed in class during the past year reasons why people their age smoke (95% CI)	Percent who had been taught in class during the past year the effects of smoking (95% CI)
Total	65.3 (58.8 – 71.3)	27.5 (24.5 – 30.7)	52.5 (47.2 – 57.7)
Male	60.7 (52.1 – 68.7)	25.8 (21.2 – 31.0)	50.8 (43.7 – 57.9)
Female	70.1 (63.6 – 75.8)	29.2 (25.3 – 33.4)	54.0 (49.1 – 58.8)

In the past year, 65.3% had been taught in class about the dangers of smoking, 27.5% had discussed in class why people their age smoke, and 52.5% had been taught in class about the effects of smoking.

Discussion

Prevalence, Cessation, and Addiction

In Myanmar, about one in five (18.6%) of students reported current use of any tobacco products where 6.8% were current cigarettes smoker, 8.2% were current cheroot smokers and 9.8% were current user of any smokeless tobacco products. As there was a wide spread myth that smokeless tobacco is not as harmful as cigarettes, parents and teachers tend to show less concern on their children's chewing betel with tobacco. The law also does not prohibit sale of smokeless tobacco to minors. This is one area which needs to be emphasized by the national tobacco control programme and to get incorporated into existing rules and regulations. Myanmar thus needs to ensure a broad comprehensive tobacco control strategy that includes cigarette smoking and use of other tobacco products like cheroots, chewing betel quid with tobacco and applied tobacco.

Despite nine in ten (89.1%) of current smokers reported that they had tried to quit smoking unsuccessfully in the last year, 16.0% to 18.9% believed that it was definitely or probably not difficult to quit smoking. About one in seven (14.7%) of non-smokers reported that they were susceptible to begin smoking within the next year.

Gender Differences

Myanmar GYTS 2011 showed that the boys are using any tobacco products currently 4 times more than the girls (boys:30.0%, girls:6.8%). It was found that the boys currently smoked cigarettes 26 times (boys:13.0%, girls:0.5%), currently smoked cheroots 7 times and currently used any smokeless tobacco 4 times (boys:15.2%, girls: 4.0%) more than the girls. The girls usually smoked at home than the boys (boys:22.2%, girls:80.7%). The boys are more exposed to the second hand smoke at home (boys:37.6%, girls:26.8%), in enclosed public places (boys:41.9%, girls:35.1%) and in outdoor public places (boys:37.2%, girls:27.9%). There was strong support to ban smoking in public places among both boys and girls (boys:88.6%, girls:92.7%) although only about half of them knew that the smoke from others is harmful to them (boys:50.9%, girls:51.3%). Nearly half of boys (49.7%) and girls (44.5%) have one or more parents who are smoking but only few have the friends who are smoking (boys:4.8%, girls:1.1%). They seemed to have high desire to stop smoking (boys:89.6%, girls:100%) and almost all of them tried to stop smoking during last year (boys:88.6%, girls:100%) but less girls (52.7%) received help than boys (77.2%). There was not much difference among boys and girls in noticing the anti-smoking media messages, and the pro-cigarette ads on billboards and news papers or magazines but more boys reported that they have the objects with a cigarette logo (boys:10.9%, girls:6.4%) and were offered free cigarettes by a tobacco company representative (boys:16.5%, girls:8.3%).

Harmful Effects of Smoking

The harmful effects of smoking are well known and well documented. The tobacco epidemic kills 5.4 million people a year from lung cancer, heart disease, and other illnesses¹. The younger children are when they first try smoking, the more likely they are to become regular smokers and the less likely they are to quit^{2,3,4,5}. And while evidence is strong, in many cases, young people are still unaware of the harmful effects. Schools are integral to educating youths about the dangers of tobacco use but in Myanmar, only 65.3% of youths surveyed had been taught in class during the past year about the dangers of smoking. Strengthening education is a focus of the FCTC. Educators are specifically mentioned as important sources of information about the dangers of tobacco use for their students.

Public Awareness and Dangers of Smoking

In Myanmar, the National Tobacco Control Programme had conducted a certain number of mass media campaigns and broadcasted through the national television channels periodically for raising awareness on the dangers of tobacco smoking and exposure to tobacco smoke. Most of them have been directly targeted at youths. However, this information has been diffused with other contradicting messages which portray positive images of smoking and using tobacco products, for example pro-cigarette ads in some social activities, musical concerts or on vinyl posters. In Myanmar, although 91.8% of youths reported seeing anti-smoking media messages in the previous 30 days, 69.4% reported seeing of pro-cigarette ads on billboards and 58.4% in news papers or magazines.

Although cigarette advertising billboards had been prohibited in Myanmar since 2002, and the law prohibits all forms of cigarette advertising, GYTS findings showed that exposure to pro-cigarette advertising was still high. Although cigarette billboards had disappeared from public places, the vinyl posters and stickers became prevalent during the last 3 years. Since the newspapers and local magazines also banned cigarette advertising; students could have seen cigarette advertisements in international publications. The cross-border advertising could be an issue to be taken into account for advocating policy makers.

The 8.8% of the students reported having the objects with a cigarette logo and 12.5% were offered free cigarettes by a tobacco company representative. The national legislation also prohibits promotion and sponsorship which needs to be strictly enforced.

Regulations in Country to Control Tobacco Use in Youths

In Myanmar, “The Control of Smoking and Consumption of Tobacco Product Law” is in place to control tobacco use in youths. The law prohibits the sale of tobacco to or by minors under the age of 18 and sale of tobacco products within the compound or within 100 feet from the compound of the schools. It also prohibits the sale of cigarettes in loose forms.

Despite having laws to control sale of tobacco products to youth, all of the students enrolled in this survey who reported they used tobacco were under the age of eighteen. In addition, about four in ten (39.2%) indicated that they were able to buy their cigarettes in a store and about half (48.4%) of them reported that they had not been refused for purchasing due to their age in the last 30 days.

Secondhand Smoke

In Myanmar, “The Control of Smoking and Consumption of Tobacco Product Law” is in place to regulate environmental tobacco smoke. The results of this survey showed that despite almost all (90.6%) of youths surveyed believed that smoking should be banned from public places, only half (51.1%) of them believed that secondhand smoke could be harmful to them. So, it is important to educate youths on the dangers of tobacco use, and in particular the risks associated with secondhand smoke.

Comparison to Previous Tobacco Surveys

In comparing the results of GYTS 2001, 2007 and 2011, the prevalence of current cigarette smoking had significantly reduced among boys in 2007 but no significant changes were found in 2011 among both boys and girls. The similar forms of results were noticed for those who never smoke were likely to initiate smoking in the next year. In 2007, there was significant rise of current use of any tobacco products other than cigarettes among boys, but no significant changes were observed in 2011 among both boys and girls.

Prevalence	2001			2007			2011		
	Total	Boy	Girl	Total	Boy	Girl	Total	Boy	Girl
Ever smoked cigarettes	18.0 (14.4 – 22.1)	30.0 (23.3 – 37.8)	8.9 (6.2 – 12.8)	14.7 (11.5-18.6)	23.4 (17.9 – 30.1)	6.3 (4.8 – 8.2)	14.8 (11.4-19.1)	26.1 (19.5– 34.0)	3.4 (2.1 – 5.6)
Current cigarette smoker	10.2 (8.3-12.6)	19.0 (15.5-23.1)	3.2 (2.3-4.5)	4.9 (3.6-6.5)	8.5 (6.2-11.6)	1.3 (0.6-2.6)	6.8 (4.8-9.5)	13.0 (8.8-18.8)	0.5 (0.2-1.5)
Current user of other tobacco products	5.7 (4.1-7.8)	9.0 (6.7-12.0)	3.1 (1.6-6.0)	14.1 (11.4-17.3)	20.3 (16.3-25.0)	7.9 (5.7-10.9)	17.4 (14.0-21.5)	27.8 (21.9-34.5)	6.7 (4.7-9.5)
Never smokers likely to initiate smoking in the next year	27.7 (24.6-31.1)	44.0 (28.9-49.3)	15.5 (12.3-19.4)	11.4 (9.4-13.8)	15.9 (12.5-20.0)	8.1 (6.2-10.6)	14.7 (11.6-18.6)	22.7 (17.3-29.3)	8.7 (6.2-12.1)

In compared with GYTS 2007 results, GYTS 2011 showed no significant changes in accessibility of youth to tobacco products (proportion of current smokers who buy cigarettes in a store), promotion and advertisement of tobacco products (proportion of students who have been offered free cigarettes by a tobacco company representative, proportion of students who saw ads on billboards, in newspapers or magazines, and had an object with a cigarette brand logo on it), control of environmental tobacco smoke (proportion of students exposed to second hand smoke at home or in public places), education on dangers of tobacco in schools (proportion of students who were taught dangers of smoking and effects of using tobacco, and discussed reasons why people their age use tobacco), and cessation status (proportion of current smokers who want to quit, who tried to quit and who received help to quit).

Relevance to FCTC

The results of this GYTS are critical for gauging progress toward WHO FCTC and MPOWER implementation and uptake.

Myanmar’s participation in GYTS addresses the first element of MPOWER (*Monitor tobacco use and prevention policies*). And GYTS asks students a range of questions that spans many of the remaining elements of MPOWER. The resulting data are critical for gauging Myanmar’s progress toward fully implementing the elements of MPOWER among its youth. The information provided by GYTS can address several provisions of the FCTC that relate to the role of school personnel and the comprehensive school tobacco control policy.

Relating to MPOWER, the following findings were observed:

- **Protect people from tobacco smoke**

The GYTS data showed that 38.4% of students are around others who smoke in enclosed public places and 32.2% live in homes where others smoke in their presence.

- **Offer help to quit tobacco use**

Results from GYTS show that students who currently smoke are interested in quitting.

Of students who currently smoke:

- 90.1% want to stop smoking.
- 89.1% tried to stop smoking in the past year.
- 76.4% have ever received help to stop smoking.

- **Warn about the dangers of tobacco**

During the past year, 65.3% of students had been taught in class about the dangers of smoking and 52.5% had been taught in class about the effects of tobacco use. The GYTS data also showed that during the past year, 27.5% of students had discussed in class reasons why people their age smoke.

- **Enforce bans on tobacco advertising, promotion, and sponsorship**

The GYTS data show that 91.8% of students saw anti-smoking media messages in the past 30 days. But, in the past 30 days, 69.4% saw pro-cigarette ads on billboards and 58.4% saw them in newspapers or magazines. Further, 8.8% of students have an object with a cigarette brand logo and 12.5% were offered free cigarettes by a tobacco company representative.

GYTS methodology provides an excellent framework for monitoring and guiding the implementation of school tobacco control programs while making it compliant with the requirements of FCTC.

The results of this survey will be disseminated broadly and, ideally, used to adopt and implement effective legislative measures for preventing and reducing tobacco consumption, nicotine addiction, and exposure to tobacco smoke.

Relevance to Country

In Myanmar, the adolescents are faced with the double burden of cigarette use (6.8%) and the use of other forms of tobacco products (17.4%) such as chewing tobacco, betel quid with tobacco, etc. So, the tobacco control measures should be focused to handle all those forms of tobacco products.

The data showed that about 2.9% of current smokers started smoking before the age of 10 and some even started before 7 years old. In order to prevent the early initiation of tobacco use among country adolescents, the tobacco control education needs to start at a very young age. However, very limited levels of tobacco-related issues are currently discussed in the formal school curriculum. Besides, about half of the current smokers (47.0%) reported that one or more of their parents are smokers. So, the educators should focus also on the parents and the family members for effective prevention of early initiation among youths.

The susceptibility to begin smoking in the next year is high among both boys (22.7%) and girls (8.7%). Although the law restricted the sale of cigar within the school compounds and within 100 feet from the compound, the sale of tobacco products to or by minors under the age of 18, and the sale of cigarettes in loose forms, the monitoring mechanism and the law enforcement are still required. In addition, a large proportion of students reported seeing the pro-cigarette ads on billboards (69.4%) and in newspapers or magazines (58.4%). About one in ten of them has an object with a cigarette brand logo and about one in eight was offered free cigarettes by a tobacco company representative. In Myanmar, the tobacco advertisements on billboards, on printed

media and electronic media were prohibited since 2002 with collaborative efforts of the related sectors. The law also prohibited all forms of tobacco advertisements, promotion and sponsorship. So, it is pointed that the law enforcement is strongly required to control those issues as an effective preventive measure for starting tobacco use among youths.

Despite the existence of a lot of information on tobacco control, a significant information gap exists in Myanmar. Although a large portion of students (91.8%) reported to be seen the anti-smoking media messages in the past 30 days, only half (51.1%) of them reported that they think smoke from others is harmful to them.

During the past year, only two-third (65.3%) of students had been taught about the dangers of smoking and about half (52.5%) had been taught in class the effects of tobacco use. So, each and every school might need to review and revise the school curriculum to include the education session on prevention and control of tobacco use among the students.

In GYTS 2011, a high proportion of students reported that they want to quit tobacco use (90.1%) and made efforts to stop smoking during the past year (89.1%). But the trainings on cessation for school personnel and health professionals still required to get a nationwide coverage. The cessation clinics still need to be established and the availability and accessibility to nicotine replacement therapy is still limited in Myanmar.

Proposed Interventions/Further Studies

For effective prevention and control of tobacco use among youths in Myanmar, the following interventions should be implemented:

1. Multisectoral advocacy meetings for law enforcement regarding the banning of tobacco advertisement, promotion and sponsorship, the control of environmental tobacco smoke, the restriction of sale of tobacco products to or by the children under age of 18, sale of cigarettes within and near the compound of the schools, and sale of cigarettes in loose forms
2. Dissemination of fact sheet containing GYTS, GSPS findings and suggestions to all educational schools and institutions
3. Awareness raising campaigns on provisions of the national law and dangers of tobacco use and exposure to tobacco smoke, using various channels of mass media such as TV, radio, journals, newspapers, pamphlets, etc. and competitions on essay writing among all levels of Basic Education Schools
4. Implementation of pictorial health warning for effective education and warning on effects of tobacco use to general public especially for the youths
5. TOT on dangers of tobacco use and exposure to tobacco smoke, and counseling for cessation for State/ Regional health and education personnel
6. Trainings of Township health staff, teachers, NGOs and voluntary health workers by State/ Regional personnel
7. Health education to the rural community through basic health staff, teachers, NGOs, voluntary health workers and volunteers
8. Press conference on tobacco control in youths
9. Regular meeting of central tobacco control committee for establishment of regular monitoring mechanism
10. Revision of existing national law to include the control of smokeless tobacco products and illicit trade of tobacco

Based on the findings from GYTS, the following study should be conducted:

1. Study on factors relating to the use of smokeless tobacco products among school and out of school youths

Recommendations

1. A significant number of students were exposed to tobacco smoke at home and public places, and almost all of them believed that smoking in public places should be banned. The existing national law designating no-smoking areas should be effectively enforced.
2. Many youth were exposed to pro-cigarette advertising and were provided free cigarettes by tobacco company representatives. So, the national law prohibiting all forms of tobacco advertising, promotion and sponsorship should be strongly enforced.
3. A significant proportion of students were able to buy the cigarettes in a store and were not refused for purchasing due to their age, and large number of non-smokers were likely to initiate smoking next year. It should be urgently enforced the national law restricting the sale of tobacco products to or by minors under age of 18, sale of cigarettes within and near the compound of the schools and sale of cigarettes in loose forms.
4. A comprehensive health promotion strategy and effective and comprehensive tobacco cessation programs need to be formulated to prevent tobacco use and assist school personnel and the general community in quitting.
5. The training programs on tobacco control for basic health staff, school personnel, NGOs, voluntary health workers and volunteers should be expanded in order to cover the whole country within the short period.
6. Awareness raising campaigns using various communication strategies should be covered up to the grass root level.
7. To maintain a current understanding of tobacco use and other key indicators among youth and to gauge trends in WHO FCTC and MPOWER uptake and implementation, this survey should be completed at least every four years.
8. School rules and policies should be framed for the prevention and control of tobacco use.

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