

The Sierra Leone Global Youth Tobacco Survey Report (2008)



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GYTS 2008

Contents

ACKNOWLEDGEMENTS.....	3
ABSTRACT	5
1. INTRODUCTION	ERROR! BOOKMARK NOT DEFINED.
2. TOBACCO USE IN SIERRA LEONE.....	ERROR! BOOKMARK NOT DEFINED.
3. THE GLOBAL YOUTH TOBACCO SURVEY (GYTS)	10
4. METHODOLOGY	ERROR! BOOKMARK NOT DEFINED.
TABLE 1: STUDY SAMPLE SIZES AMONG SCHOOLS AND STUDENTS	11
5. DATA COLLECTION AND ANALYSIS	12
6. RESULTS.....	ERROR! BOOKMARK NOT DEFINED.
6.1. PREVALENCE	ERROR! BOOKMARK NOT DEFINED.
6.3. ENVIRONMENTAL TOBACCO SMOKE	ERROR! BOOKMARK NOT DEFINED.
6.4. SCHOOL CURRICULUM	ERROR! BOOKMARK NOT DEFINED.
6.5. MEDIA AND ADVERTISING	ERROR! BOOKMARK NOT DEFINED.
6.6. ACCESS AND AVAILABILITY.....	ERROR! BOOKMARK NOT DEFINED.
7. DISCUSSION.....	ERROR! BOOKMARK NOT DEFINED.
8. LIMITATIONS	23
9. RECOMMENDATIONS	23
10. CONCLUSION.....	24
APPENDICES	ERROR! BOOKMARK NOT DEFINED.

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ACRONYMS

- AFRO.....Africa Regional Office**
- AIDS.....Acquired Immune Deficiency Syndrome**
- CDC.....Centre for Disease Control**
- DSA.....Daily Subsistence Allowance**
- FCTC.....Framework Convention for Tobacco Control**
- GTSS.....Global Tobacco Surveillance System**
- GYTS.....Global Youth Tobacco Survey**
- HIV.....Human Immuno Deficiency Virus**
- JSS.....Junior Secondary School**
- MEYS.....Ministry of Education, Youth and Sports**
- MOHS..... Ministry of Health and Sanitation**
- MPOWER**
- M – monitor tobacco use**
 - P – protect people from tobacco smoke**
 - O – offer help to quit tobacco use**
 - W – warn about the dangers of tobacco**
 - E – enforce bans on tobacco advertising and promotion**
 - R – raise taxes on tobacco products**
- OSH.....Office of Smoking and Health**
- PPE.....Proportional to Enrollment Size**
- SHS.....Second Hand Smoking**
- SSS.....Senior Secondary School**
- WHO.....World Health Organization**

Abstract

Objectives

This study describes the prevalence as well as knowledge and attitudes of Junior Secondary 2 (JSS2) to Senior Secondary 2 (SSS2) students in Western Area of Sierra Leone as pertains to tobacco use. It analyses their exposure to second hand smoke (SHS) as well as the extent to which they receive anti-tobacco instruction in schools and information from the media and exposure to pro-tobacco activities such as media/advertisement. In addition, it describes the students' access to and availability of tobacco products.

Method

This is a cross-sectional survey of students in Junior Secondary 2 (JSS2) to Senior Secondary 2 (SSS2) conducted in 2008 in 31 secondary schools of Western urban and rural area. A two-stage cluster sample design was used to produce representative data for the study. At the first stage, schools were selected with probability proportional to enrolment size. At the second stage, classes were randomly selected and all students in selected classes were eligible to participate. A pre-tested, modified Global Youth Tobacco Survey (GYTS) questionnaire was used.

Results

Overall 15.5% of the students have ever smoked cigarettes. There was no significant statistical difference among boys and girls that have ever used tobacco. The overall percentage of students currently using tobacco product was 23.5%. The majority of students (58.3%) were taught about the dangers of smoking and its effect as part of lessons in the class. Perhaps, as a consequence, a majority (74.9%) of the current smokers expressed desire to quit and also made an attempt (79.6%) to stop tobacco use.

Almost half of the students (44.2%) live in homes where others smoke in their presence and more than 50% (56.5%) are around others who smoke in places outside their homes even though more than half of the students (54.9%) are aware of the harmful effects of smoke from others to them. About three-fifths (59.9%) of the students think smoking should be banned from public places.

Findings also indicate high levels of exposure to tobacco messages for students. Over half of students both in the urban and rural categories had seen pro-tobacco billboards (66.2% and 64.4%, respectively) in the past 30 days and about a half had seen pro-cigarette ads in newspapers and magazines (52.8%; 61.8% respectively).

The perceptions of school students pertaining to their smoking habits were also evident from the findings. Overall, nearly a third (38%) think boys who smoke have more friends while 23.4% think girls who smoke had more friends.

Conclusion

Sierra Leone is yet to ratify the WHO FCTC on tobacco prevention and control, and enact policies regulating smoking in public places, findings from the GYTS 2008 indicate high levels of prevalence of tobacco use, exposure to ETS and pro-tobacco messages through media and advertising among adolescent school students. Moreover, the differences in gender tobacco use patterns that exist among the adult population are changing- the study found no statistical differences in prevalence of

tobacco use among boys and girls. It is imperative that Sierra Leone ratify the WHO FCTC on tobacco prevention and control and put in place tobacco control programmes. Efforts need to focus on implementation and enforcement of the WHO FCTC policies and enactment of additional control policies. The tobacco control efforts needs to be comprehensive, broad based and focused on boys and girls.

What this paper adds

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

INTRODUCTION

1. The tobacco epidemic

Tobacco use is the largest preventable cause of death and a leading public health problem worldwide (1-3). Globally, smoking causes approximately 30-40 percent of all deaths among the middle-aged population (35 to 69 years) and those killed by tobacco lose in average 20-25 years of the non-smokers' life expectancy (4). According to the World Health Organization, tobacco use caused 4 million deaths per year in 2000 and this figure is expected to rise to 10 million by the year 2030, as tobacco use spreads (particularly in the developing countries). Various mechanisms underlie the epidemic of tobacco: the strongly addictive nature of nicotine -which is as powerfully addictive as heroin or cocaine (5), large social acceptance of this culturally ingrained habit, and the low recognition of this health hazard by the public hindered by tobacco industry's advertising and promotion (6,7). Although about 70-80% of smokers want to quit, less than half of smokers succeed in stopping permanently before the age of 60.

In all countries, most adult smokers (often more than 80%) start using tobacco in their teens or earlier. Young people are indeed at particularly high risk of taking up smoking, as they constitute the preferred target of the tobacco industry and because children underestimate, even more than adults, the health hazards of smoking and the strong addictive nature of nicotine. This is a major challenge in African countries where the majority of the population is under 18 years. Hence, young people should be a primary focus for intervention strategies to curb the tobacco epidemic.

In Africa, according to the World Health Organization tobacco use prevalence was 29% in males and 7% in females in 2000(8).in addition there were 200,000 tobacco-related deaths. Africa's tobacco related fatalities are expected to rise because its countries are projected to experience some of the highest increases in the rate of tobacco use amongst developing countries. Moreover, Africa has one of the world's weakest tobacco regulatory and policy frameworks.

Africa's tobacco related figures are consistent with the model of the smoking epidemic based on evidence from countries with longest history of tobacco use, which describe evolution of cigarette smoking and the subsequent mortality (9). Africa is in stage 1, where health consequences are not yet apparent on a large scale and fewer women than men have taken up the habit.

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

Sierra Leone is yet to ratify the World Health Organisation Framework Convention on Tobacco Control (WHO FCTC); the world's first public health treaty on tobacco control. The WHO FCTC urges countries to develop action plans for public policies,

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

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2. Tobacco use and tobacco control in Sierra Leone

In a study done in adults in the Western Area (urban and rural) in 1999, prevalence of cigarette smoking was found to be very high 21.5% in the total population with males having 40.8% and females having 7.4% (10). Unfortunately in the more recent years there has been a dearth of data regarding tobacco smoking.

According to the WHO MPOWER Report, Sierra Leone is still to meet with most if not all of the set recommendations. The country has no official Tobacco Control Programme and we are among the 4 countries in the WHO AFRO region that are yet to accede and ratify the FCTC. (11)

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Ethnicity and Disease 1999; 9:254-63

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3.0 The Global Youth Tobacco Survey (GYTS)

The GYTS is a school-based tobacco specific global survey, which focuses on adolescents of ages 13-15 and corresponding grades (in Sierra Leone this corresponds to high school grades – Junior Secondary Two to Senior Secondary Three). It establishes the prevalence of tobacco use status of school-going students in a country, assesses knowledge, attitude and behaviour related to tobacco use and exposure to environmental tobacco smoke (ETS) and related factors. It also assesses students' exposure to pro-tobacco and anti tobacco activities in a country.

Objectives of GYTS:

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

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

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

4.0. Methodology

The 2008 Sierra Leone GYTS was a school based cross-sectional survey, which employed a two-stage cluster sampling design to produce a two-stage cluster representative sample from Western Urban Area (Sierra Leone's capital) and the Western Rural Area.

4.1. Study design and sampling technique:

The GYTS survey sample used a two-stage cluster design. In the first stage of sampling, public secondary schools with Junior Secondary Two to Senior Secondary Two. Classes were selected randomly with a probability proportional to enrolment size. National school enrolment data was obtained from the Ministry of Education and Sports. A total of 31 secondary schools were sampled, with 21 schools from Western urban Area, and 10 schools from Western rural Area were selected. Schools with big enrolment size had a greater chance of being selected. See *Table 1* for the number of schools and students drawn for the sample.

Table 1: Study sample sizes among schools and students

District/Region	No. of schools in the sample	No. of students selected (JSS2-SSS2)
Western Area (urban)	21	2,218
Western Area (rural)	10	1,564
Total	31	3,782

The second stage consisted of systematic equal probability sampling. Classes (JSS2-SSS2) were randomly selected from within the selected schools and all the students from within the selected classes were eligible to participate in the survey.

4.2. Development of questionnaire

A self-administered questionnaire was used for data collection. It consisted of 55 questions with core questions adopted from a questionnaire developed under the guidance of WHO and the Centres for Disease Control, which comprised core component that provided similar data for the comparison between countries and regions and a set of optional component that provided data to analyse the special issues relevant to the Sierra Leonean situation.

4.3. Pre-Survey activities

The following activities were undertaken, and accomplished before the survey proper was conducted.

- ◆ Letters were written to the various Principals of both Junior Secondary and Senior Secondary Schools (31) in Western Area (both Rural and Urban) which had already been selected by CDC to notify the various principals about the role their school is going to play in the surveys.
- ◆ 6th & 7th May the letters were distributed to the various schools
- ◆ 9th May compilation of class list
- ◆ 10th May, follow up visits were made to ensure that the various Principals received their letters and to get their consent (as to whether they are willing for their schools to participate in the surveys).
- ◆ 13th May, 2008, selection of classes
- ◆ 22nd May training of survey administrators for GYTS

The training of survey administrators which was conducted on the 22nd of May attracted 10 participants (all of whom are medical personnel). Training of the school coordinators was done on the 23rd and it attracted 30 participants who were teachers from the various selected schools. Lectures pertaining to the survey were giving by the School Health Programme Manager (Research Coordinator) and the WHO representative. The lectures were giving in two methods i.e. Theory and practical exercises were done. Each participant had the opportunity to do the practical exercise, at the end of the training; each of them could do it to perfection. At the end of each presentation, issues were discussed and questions were asked. Each trainee was given his/her survey material to take home so that it can be properly checked.

4.4. Survey Proper

The survey which started on the 26th May, ended on the 28th May 2008. The survey administrators left very early each morning (for the JSS classes) and early in the afternoon hours (for the SSS classes). After going through all the formalities with the Principals, the pupils were put in one class room with seats far apart (so that they will not compare). The administrator distributed the survey materials to them, read the instructions over and over, and allowed them to ask questions if any before they

could start work. Supervisors went round all the schools to supervise the work that the survey administrators are doing. The administrator stayed with them to ensure that nobody compared their work. A class period was usually allocated for the administration of the questionnaires. On completion of the administration of the questionnaires the administrator collected the questionnaires and answer sheets, packed them in the order they were taught to be returned to the office. All survey administrators usually thanked the pupils and handed each of them a ruler souvenir. The Principals were also thanked and given a certificate of participation in the survey on behalf of the school.

5.0. Data Collection and analysis

Each survey administrator returned his completed answer sheets in an orderly packed school bundle to the office of the survey coordinator; each bag was properly checked to ensure that the work was properly done. These people were also thanked and their monies (balance DSAs) for the survey handed over to them. The answer sheets were sent to CDC/Office on Smoking and Health where data was entered and processed. Data analysis was done using SUDAAN and Epi Info, statistical software packages, which execute the complex sampling design and weighting factors in the data set, to calculate standard errors and prevalence estimates. The statistical differences included in this report were determined by comparing the range of the 95% confidence interval (95%CI) for the estimates. If the ranges for the 95% CI did not overlap then the difference were statistically significant. The weighted results were used to make important inferences concerning tobacco use risk behaviours of surveyed students. The following response rate was obtained in the study:

Schools: 100%

Students: 77.5%

Overall response rate: 77.5%

6.0. Results

Table 1: Percent of students who had ever smoked cigarettes, percent of students who ever smoked that first tried a cigarette before age 10, and percent of students who had never smoked that were susceptible to start smoking in the next year, SIERRA LEONE GYTS, 2008.

State	Ever smoked cigarettes, even one or two puffs	Ever smokers who initiated smoking before age 10	Percent never smokers likely to initiate smoking within a year
SIERRA LEONE –	15.5 (11.7 - 20.2)	32.1 (18.5 - 49.6)	15.5 (12.0 – 19.8)
Boy	19.4 (13.4 - 27.2)	19.0 (8.0 - 38.8)	17.5 (10.7 - 27.2)
Girl	11.9 (7.9 - 17.6)	48.3 (32.9 - 64.1)	13.6 (11.1 - 16.6)

State	Ever smoked cigarettes, even one or two puffs	Ever smokers who initiated smoking before age 10	Percent never smokers likely to initiate smoking within a year
Western Area Urban	14.5 (10.5 - 19.7)	30.9 (15.9 - 51.5)	14.9 (11.0 - 19.7)
Boy	18.7 (12.1 - 27.7)	18.5 (6.7 - 41.9)	16.8 (9.5 - 27.8)
Girl	11.1 (6.8 - 17.5)	*	13.1 (10.4 - 16.4)
Western Area Rural	31.8 (25.1 - 39.4)	48.2 (35.3 - 61.3)	29.2 (22.8 - 36.5)
Boy	29.2 (23.4 - 35.6)	*	28.2 (20.7 - 37.2)
Girl	31.0 (21.8 - 42.0)	*	28.3 (19.5 - 39.1)

* cell size is less than 35

Overall, 15.5 percent of the students in the Western Area had ever smoked cigarettes (male: 19.4% and females: 11.9%). There was no statistically significant difference between boys and girls contrary to what was expected. However, there was a significant difference between students in the urban and rural areas, (urban: 14.5% and rural: 31.8%) especially so amongst girls where the difference was almost doubled (urban: 11.1% and rural: 31.0%). 32.1% of the ever smokers initiated smoking before the age of 10. 15.5% of the never smokers were likely to initiate smoking within a year with students in the rural area being more susceptible, rural: 29.2% and urban: 14.9%.

Table 2: Percent of students who were current cigarette smokers, current users of tobacco products other than cigarettes, and percent of current smokers who were dependent on tobacco products, SIERRA LEONE GYTS, 2008.

State	Current cigarette smoker	Currently use other tobacco products	Currently use any tobacco products
SIERRA LEONE – Western Area	5.8 (3.7 - 9.1)	20.7 (16.4 - 25.8)	23.5(19.3-28.3)
Boy	6.6 (3.8 - 11.3)	16.7 (11.6 - 23.5)	20.3(14.5-27.8)
Girl	5.0 (3.0 - 8.0)	21.8 (17.2 - 27.4)	24.1(19.9-28.8)

State	Current cigarette smoker	Currently use other tobacco products	Currently use any tobacco products
Western Area Urban	5.4 (3.1 - 9.2)	20.1 (15.2 - 26.1)	22.7(18.0-28.3)
Boy	6.3 (3.2 - 12.0)	16.0 (10.4 - 23.6)	19.5(13.1-28.0)
Girl	4.6 (2.6 - 8.1)	21.3 (16.0 - 27.8)	23.5(18.7-29.0)
Western Area Rural	14.0 (9.1 - 20.8)	29.9 (22.8 - 38.1)	34.9 (26.8-44.0)
Boy	11.1 (7.2 - 16.8)	25.6 (18.8 - 33.8)	30.1(23.0-38.5)
Girl	13.1 (6.9 - 23.6)	32.1 (22.6 - 43.3)	35.3(24.8-47.4)

* cell size is less than 35

Current tobacco users were 5.8%, with no statistical difference between males and females students. Findings also suggest high usage of tobacco in other forms rather than cigarettes. Overall 20.7%of students in Western Area reported current use of other tobacco products with the no statistically significant difference between male and female or urban and rural areas. The use of any tobacco use is extremely high almost 1 in 5.

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

State	Percent exposed to smoke from others at home	Percent exposed to smoke from others in public places	Percent who think smoking should be banned in public places
SIERRA LEONE –	44.2 (39.1 - 49.4)	56.5 (52.6 - 60.4)	59.9 (50.2 - 68.9)
Boy	46.3 (37.8 - 55.1)	59.9 (54.5 - 65.1)	67.8 (54.4 - 78.8)
Girl	42.9 (35.6 - 50.6)	53.4 (48.8 - 58.0)	54.9 (44.2 - 65.2)

State	Percent exposed to smoke from others at home	Percent exposed to smoke from others in public places	Percent who think smoking should be banned in public places
Western Area Urban	43.9 (38.1 - 49.9)	56.5 (52.0 - 60.8)	60.4 (49.3 - 70.6)
Boy	46.1 (36.2 - 56.2)	60.1 (53.8 - 66.2)	68.9 (53.5 - 81.0)
Girl	42.7 (34.5 - 51.4)	53.3 (48.0 - 58.4)	55.3 (43.1 - 66.8)
Western Area Rural	48.3 (41.2 - 55.6)	57.9 (49.9 - 65.6)	51.5 (45.8 - 57.1)
Boy	49.0 (41.0 - 57.0)	57.2 (50.7 - 63.4)	54.9 (48.5 - 61.1)
Girl	46.4 (36.2 - 57.0)	56.8 (44.3 - 68.5)	48.4 (39.1 - 57.9)

The overall second-hand smoke (SHS) situation among high schools students in the Western Area of Sierra Leone and is viewed in terms of the extent to which students are exposed to second-hand smoking in their surrounding and their attitudes towards SHS. In Western Area, exposure to second-hand smoking among students at home is very high, almost 50% of students in both the rural and urban areas. Greater than 50% reported being exposed to tobacco smoke outside their homes. Almost 60% of the students in general think smoking in public places should be banned. There was no significant difference in the levels of exposure to SHS between boys and girls and the urban and rural areas.

Table 4: Percent of students who were taught dangers of smoking, discussed reasons why people their age use tobacco, taught effects of using tobacco, GYTS SIERRA LEONE , 2008.

State	Percent taught dangers of smoking tobacco	Percent discussed reasons why people their age smoke tobacco	Percent taught about the effects of smoking tobacco
SIERRA LEONE –	58.3 (53.1 - 63.4)	41.7 (37.8 - 45.6)	55.6 (52.6 - 58.5)
Boy	61.2 (52.1 - 69.5)	41.3 (37.7 - 45.0)	57.0 (51.3 - 62.4)
Girl	56.6 (52.6 - 60.5)	41.3 (36.2 - 46.6)	54.7 (51.7 - 57.7)

State	Percent taught dangers of smoking tobacco	Percent discussed reasons why people their age smoke tobacco	Percent taught about the effects of smoking tobacco
Western Area Urban	58.4 (52.3 - 64.1)	41.7 (37.4 - 46.3)	55.5 (52.1 - 58.9)
Boy	60.9 (50.3 - 70.5)	40.8 (36.7 - 45.0)	56.4 (49.8 - 62.8)
Girl	57.0 (52.7 - 61.3)	41.5 (35.8 - 47.4)	54.9 (51.5 - 58.2)
Western Area Rural	58.2 (50.0 - 66.0)	40.8 (34.9 - 46.9)	56.5 (49.0 - 63.6)
Boy	64.7 (55.1 - 73.3)	47.3 (38.0 - 56.7)	63.4 (56.0 - 70.2)
Girl	48.5 (39.7 - 57.3)	37.4 (29.5 - 46.0)	51.6 (43.2 - 59.9)

To determine the awareness levels of students about tobacco use and effects, questions about health education at school were asked. About 6 in 10 students had been taught in the year preceding the survey about the dangers and effects of smoking. The difference between boys and girls both for Western Area urban and rural was not statistically significant. About 4 in 10 students had discussed in class reasons why people their age smoke. Over 5 in 10 had been taught about the effects of smoking tobacco.

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

State	Percent who saw ads for cigarettes on billboards in the past month	Percent who saw ads for cigarettes in newspapers or magazines in the past month	Percent who have an object with a cigarette or tobacco logo on it	Percent who have been offered "free" cigarettes by a tobacco company representative
SIERRA LEONE –	66.1 (62.1 - 69.8)	53.3 (48.0 - 58.5)	19.7 (18.3 - 21.2)	13.3 (10.8 - 16.3)
Boy	68.3 (62.7 - 73.3)	52.3 (46.1 - 58.5)	20.4 (17.4 - 23.8)	14.2 (10.5 - 18.9)
Girl	64.6 (62.1 - 67.1)	53.5 (47.5 - 59.4)	17.9 (16.0 - 19.9)	12.0 (9.7 - 14.8)

State	Percent who saw ads for cigarettes on billboards in the past month	Percent who saw ads for cigarettes in newspapers or magazines in the past month	Percent who have an object with a cigarette or tobacco logo on it	Percent who have been offered "free" cigarettes by a tobacco company representative
Western Area Urban	66.2 (61.6 - 70.5)	52.8 (46.8 - 58.6)	19.5 (18.0 - 21.1)	12.6 (9.9 - 15.9)
Boy	68.7 (62.6 - 74.3)	51.9 (44.8 - 58.9)	20.3 (16.8 - 24.2)	13.5 (9.5 - 19.0)
Girl	64.5 (61.6 - 67.2)	52.8 (46.0 - 59.4)	17.6 (15.5 - 20.0)	11.4 (9.0 - 14.4)
Western Area Rural	64.4 (58.3 - 70.1)	61.8 (56.6 - 66.7)	22.6 (17.2 - 29.2)	25.0 (20.5 - 30.0)
Boy	62.4 (54.1 - 70.1)	57.3 (52.2 - 62.3)	21.5 (17.7 - 25.9)	23.3 (17.9 - 29.7)
Girl	68.3 (57.4 - 77.5)	66.8 (58.6 - 74.0)	23.0 (16.2 - 31.7)	24.4 (16.2 - 35.0)

66.1% of students in Western Area had seen pro-tobacco billboards. Again over half of the students across sexes had seen pro-cigarette ads in newspapers and magazines in the past 30 days. Almost one in five students for both sexes in Western Area urban as well as the rural area reported owning an object with a cigarette brand logo or had been offered free cigarettes by representatives of a tobacco company. 12.6% reported to have been offered cigarettes by a tobacco company representative. There was no statistically significance between the boys and the girls. However girls from the rural areas seem to have been offered cigarettes more frequently than their colleagues from the urban area (11.4% and 24.4% respectively)

7.0 Discussion

This section discusses the 2008 GYTS findings in relation to almost non-existent tobacco policies in Sierra Leone within the context of the WHO FCTC framework.

The general situation of tobacco as regards young people all over the world, including in less developed countries such as Sierra Leone, shows that they are at a high health risk not only as users but also as non-users exposed to SHS.

Sierra Leone is yet to ratify the FCTC. It is among the 5 countries in the AFRO region that are still to sign the treaty. As such tobacco control seems to be lagging behind other countries in the region. Very little data is available to compare with this as there has been no published result on tobacco prevalence or control in the country.

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

The 2008 GYTS results show that although the number of current smokers among students 13-15 is low in Sierra Leone (5.8%). However, one in five students reported using other tobacco products. This indicates that even though the current cigarette smoking is low, tobacco use is a significant problem as students use a lot of other products such as tobacco tea, chewing tobacco, snuff and cigarillos. More research is needed to establish the reported other forms of tobacco use by students.

A significant finding of this study was the changing pattern of tobacco use among boys and girls. Previous study in Sierra Leone in 1999 shows that in adults more men smoke compared to women (prevalence was estimated to be 40.8% in Men and 7.4% in Women)(11). This study however found no statistically significant difference between boys and girls, although girls in the rural area appeared to be smoking cigarettes and using other tobacco products more than their male colleagues (see Table 2) which means that more girls are taking up the tobacco habit. This implies that tobacco control interventions targeting young people need to prioritise reducing tobacco among young females even though the problem is just beginning.

The main goal of comprehensive tobacco control programme is to improve the health of the population by encouraging smokers to quit, eliminating exposure to second hand smoke, and encouraging people not to initiate tobacco use. Previous studies have shown that demand reduction measures primarily those that increase the price of tobacco, are effective in significantly reducing initiation of tobacco use and consumption among young people (13).

13) Jha P . Chaloupka FJ. Tobacco Control in Developing Countries. Oxford, UK: Oxford University Press, 2000.

In addition, comprehensive tobacco control programs often include non-price interventions such as restrictions on smoking in public places and workplaces; a complete ban on advertising and promotion of tobacco companies; promotion of quitting among adults and youth; mobilising community efforts to restrict minors' access to tobacco product; development and implementation of school-based educational programmes in combination with community-based activities; and dissemination of information on health consequences of smoking, such as having prominent warning labels on cigarette packs¹.

The MPOWER report focuses on the following:

- M – monitor tobacco use**
- P – protect people from tobacco smoke**
- O – offer help to quit tobacco use**
- W – warn about the dangers of tobacco**
- E – enforce bans on tobacco advertising and promotion**
- R – raise taxes on tobacco products.**

MPOWER requires “that proven tobacco policies and interventions be implemented, that they be informed by data from systematic surveys designed to target and refine implementation, and that rigorous monitoring is done to evaluate their impact.” The WHO FCTC includes specific articles related to each of the interventions mentioned in MPOWER(18)

Price and Taxes

In Sierra Leone price of a pack of the most commonly used cigarette is relatively low at \$1.18 compared to other countries. Taxes although present are low being only 20% of the price. In Sierra Leone, money is not readily available with more than 70% of the population living on less than a dollar per day. Most students cannot afford to buy cigarettes; this is probably why the study showed most students using other forms of tobacco. Increasing the prices of cigarettes and the taxes applied to them will serve as a further deterrent of cigarette smoking. The real challenge will be how to control prices of other forms of tobacco or apply taxes to them.

Second hand smoke

Article 8 of the WHO FCTC addresses the issue of “Protection from exposure to tobacco smoke.”(18)The Article states

Parties recognize that scientific evidence has unequivocally established that exposure to tobacco smoke causes death, disease and disability. Each Party shall adopt and implement...measures, providing for protection from exposure to tobacco smoke in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.⁴

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

The *2008 WHO Report on the Global Tobacco Epidemic* summarises this coverage regarding eight specific public places (i.e. health care facilities, educational facilities, university facilities, government facilities, indoor offices, restaurants, pubs, bars, and other indoor workplaces). In Sierra Leone because we have not ratified the FCTC there are no laws in place banning cigarette smoking in public places. However a lot of sensitization has been done in schools and on the media regarding the harmful effects of SHS. As such public awareness is on the increase and there is general desire for this law to be put in place and enforced. The GYTS 2008 study reported high levels of exposure by students to SHS in public places (56.5%). It also showed very high levels of students who think smoking should be banned in public places (59.9%) implying that sensitization messages on the harmful effects of SHS were going across and there is a call for smoking to be banned in public places.

Tobacco Advertising, promotion and sponsorship

Article 13 of the WHO FCTC addresses the issue of “Tobacco advertising, promotion and sponsorship.”(18) The Article states

Parties recognize that a comprehensive ban on advertising, promotion and sponsorship would reduce the consumption of tobacco products. Each Party shall...undertake a comprehensive ban of all tobacco advertising, promotion and sponsorship. This shall include...a comprehensive ban on cross-border advertising, promotion and sponsorship originating from its territory.⁴

Tobacco Advertising Bans

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

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

Promotion

The 2008 WHO MPOWER Report on the Global Tobacco Epidemic includes information on whether the countries have laws banning promotion of free distribution of tobacco products and promotion of non-tobacco products. The GYTS includes an indicator on whether the students have an item with a tobacco company logo on it (e.g. a shirt, cap, back-pack, e.t.c.). The study found that one in 5 students had an item with a tobacco company logo on it and more than 50% had seen a tobacco promotion in the last 30 days. According to this same report, Sierra Leone is among the

African countries with no laws banning promotions and sponsorship of tobacco products. This is so even as the tobacco industry in the country has over the years been focusing on promotions and sponsorships in targeting young people such as using street parties and sponsorship of events that are popular with young people as well as point of sale promotions. The findings of this GYTS study are thus a testimony to the need for total bans in Sierra Leone on tobacco promotion and sponsorship.

Cessation

Article 14 of the WHO FCTC addresses the issue of “Demand reduction measures concerning tobacco dependence and cessation.”⁽¹⁸⁾The Article states

Each Party shall endeavour to design and implement effective programmes aimed at promoting the cessation of tobacco use, in such locations as educational institutions, health care facilities, workplaces and sporting environments.⁴

The MPOWER Report states, “Countries must establish programmes providing low-cost, effective treatment for tobacco users who want to escape their addiction.”¹⁶ Sierra Leone does have NRT and Bupropion available in pharmacies. The GYTS asks students who currently smoke cigarettes if they would like to stop smoking now. Results from the GYTS show 74.9% of the current smokers desire to stop smoking. The problem facing Sierra Leone, as with other countries, is summarized in the report, *Youth Tobacco Cessation: A Guide for Making Informed Decisions*, “...a literature review of 66 published studies on youth tobacco-use cessation and reduction...concluded that most of the studies lacked the quality and consistency of findings to allow conclusive recommendations about effective practices...” (19) More research is needed to evaluate and identify effective youth tobacco cessation programs.

19) Milton MH, Manle CO, Yee SL, Backinger C, Backinger C, Malaicher AM , Hosten C G.
Youth Tobacco Cessation: A Guide for Making Informed Decision. Atlanta, U.S. Dept of Health and Human Services, CDC,2004

School

Article 12 of the WHO FCTC addresses the issue of “Education, communication, training and public awareness.” (18)The Article states

Each Party shall promote and strengthen public awareness of tobacco control issues, using all available communication tools, as appropriate....each Party shall shall....promote broad access to effective and comprehensive educational and public awareness programmes on the health risks including the addictive characteristics of tobacco consumption and exposure to tobacco smoke.⁴

Results from GYTS 2008 showed that 58.3% of the students in Sierra Leone- Western Area had been taught in classes the past school year about the dangers of tobacco. This figure was similar to the finding of the 2002 GYTS for Kampala schools and the Kenya 2001 GYTS. WHO recognises school and community tobacco control programme efforts are important but they are most likely to be successful after a favourable policy environment has been created, including tax and price policies, 100% smoke-free public places and indoor workplaces, and a comprehensive ban on all tobacco advertising, promotion, and sponsorship.

8.0 Limitations

The purpose of GYTS studies is to conduct a survey of school going adolescents for the ages 13 to 15 years, which in Sierra Leone is from JSS2-SSS2 of high school. However, in Sierra Leone-Western Area and the country as a whole the age of school enrolment differs resulting in significant number of students in the sample chosen being younger or older than the required 13-15years.

As the present study represents the school going adolescents, it does not capture the complete picture. Studies are needed to analyse tobacco prevalence among out of school young people.

Another limitation was that enrolment numbers were difficult to get from the Ministry of Education, Youth and Sports as such we actually had to go from school to school, and numbers provided by the schools especially those for schools in the rural area proved to be over estimated.

9.0 Recommendations

1. Sierra Leone needs to urgently ratify the Framework Convention on Tobacco Control (FCTC)
2. The Ministry of Health and Sanitation needs to make tobacco control and prevention a Primary Health Issue.
3. A significant number of adolescents were exposed to pro-tobacco advertisement and many of them received free gifts. There is an urgent need to pass legislation for a total ban on tobacco on all forms of tobacco advertisement in Sierra Leone as well as a full implementation of the Framework Convention on Tobacco Control (FCTC). Advocacy and political will are needed to achievement enactment and implementation of laws intended to achieve this objective.
4. A substantial number of students were exposed to tobacco smoke at home and public places and over half of the students demanded that tobacco smoking in public places should be banned. There is thus a need for a comprehensive law by 2010 that bans tobacco smoking in public places starting of with schools and hospitals. This will require the effective collaboration of relevant stakeholders like the Ministry of Education, Youth and Sports and The Sierra Leone Medical and Dental Association.
5. Include strong enforcement measures for the comprehensive law banning pro-tobacco advertising and promotion.
6. The majority of students reported having learnt and discussed in class cigarette smoking and the effects of tobacco use. However, there is need to focus on the nature, comprehensiveness as well as standardisation of anti-smoking training in schools.
7. Young people who smoke in Sierra Leone are able to buy tobacco the products in the shop and they were not refused purchase in spite of their young age. It is therefore imperative laws prohibiting sale of tobacco products to the minors are enacted.
8. With the high prevalence of use of other tobacco products, there is a dire need to develop control strategies to address the use of tobacco products other than cigarettes(e.g. hand rolled, snuff, marijuana and tobacco tea and other local products
9. Develop an effective youth smoking cessation programme.
10. Increase the price of and taxes attributed to tobacco.

10. Conclusion

The Government of Sierra Leone realises the health, social and economic costs linked to tobacco use but very little has been done. This study is a wake up call. As a country we need to urgently ratify the FCTC and focus on implementation and enforcement as regards tobacco control policies that are in it and their enactment in areas where they do not exist. It is crystal clear that a lot needs to be done. We must set feasible goals for the next 4 years. The tobacco control efforts need to be comprehensive, broad based and focused on boys and girls. The WHO FCTC provides useful frameworks for implementing such a comprehensive approach.

The 2008 GYTS study found high levels of prevalence of tobacco use, exposure to SHS and pro-tobacco messages through media and advertising among adolescent school students in Western Area. If Sierra Leone does not address these issues soon, future morbidity and mortality attributed to tobacco will increase. The WHO FCTC provides useful frameworks for implementing such a comprehensive approach. The synergy between countries passing tobacco control laws, regulations or decrees and ratifying the WHO FCTC and in conducting initial and repeat GYTS offers countries a unique opportunity to develop, implement and evaluate comprehensive tobacco control policies that can be most helpful to each country.

APPENDIX 1:

MAP OF SIERRA LEONE



APPENDIX 2:

MAP OF WESTERN AREA OF SIERRA LEONE



CORE QUESTIONS

GLOBAL YOUTH TOBACCO SURVEY (GYTS)

2008

INSTRUCTIONS

- Please read each question carefully before answering it.
 - Choose the answer that best describes what you believe and feel to be correct.
 - Choose only **one** answer for each question.
 - On the answer sheet, locate the circle that corresponds to your answer and fill it in completely with the pencil that was provided to you.
 - Correctly fill in the bubbles:

☺ Like this: ●
 - If you have to change your answer, don't worry, just erase it completely, without leaving marks.
 - Remember, each question only has one answer.
-

Example:

Questionnaire

24. Do you believe that fish live in water?
- a. Definitely yes
 - b. Probably yes
 - c. Probably not
 - d. Definitely not

24. ● (B) (C) (D) (E) (F) (G) (H)

THE NEXT 11 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. During the past 30 days (one month), how did you usually get your 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
- c. I gave someone else money to buy them for me
- d. I borrowed them from someone else
- e. I stole them
- f. An older person gave them to me
- g. I got them some other way

6. 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. Cosmos
- d. 555
- e. Ducal Mentol/plain
- f. Bond Street
- g. Boss Mentol
- h. Other

7. Do you sometimes smoke tobacco mixed with other drugs, (locally appropriate types....such as cannabis or hash)?

- a. I have never smoked.
- b. I no longer smoke.
- c. No, I smoke, but I never mix tobacco with other drugs.
- d. Yes, but only once or twice.
- e. Yes, I have mixed tobacco with other drugs more than twice.

8. 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

9. During the past 30 days (one month), did you use any form of smoked tobacco products other than cigarettes (e.g. cigars, little cigars, pipe)?

- a. Yes
- b. No

10. During the past 30 days (one month), did you use any form of smokeless tobacco products (e.g. snuff, Marie Juana coffee (tea))?

- a. Yes
- b. No

11. 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 places, restaurants (e.g. parks, shopping centres, street corners)
- h. other

12. 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 17 QUESTIONS ASK ABOUT YOUR KNOWLEDGE AND ATTITUDES TOWARD TOBACCO.

13. Do your parents smoke?

- a. None
- b. Both

- c. Father only
- d. Mother only
- e. I don't know

14.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

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

- a. Yes
- b. No

16.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

17.Do you think you will be smoking cigarettes 5 years from now?

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

18.Once someone has started smoking, do you think it would be difficult to quit ?

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

19.Do you think boys who smoke cigarettes have more or less friends?

- a. More friends
- b. Less friends
- c. No difference from non-smokers

20. Do you think girls who smoke cigarettes have more or less friends?

- a. More friends
- b. Less friends
- c. No difference from non-smokers

21. Does smoking cigarettes help people feel more or less comfortable at celebrations, parties, or in other social gatherings?

- a. More comfortable
- b. Less comfortable
- c. No difference from non-smokers

22. Do you think smoking cigarettes makes boys look more or less attractive?

- a. More attractive
- b. Less attractive
- c. No difference from non-smokers

23. Do you think smoking cigarettes makes girls look more or less attractive?

- a. More attractive
- b. Less attractive
- c. No difference from non-smokers

24. Do you think that smoking cigarettes makes you gain or lose weight?

- a. Gain weight
- b. Lose weight
- c. No difference

25. Do you think cigarette smoking is harmful to your health?

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

26. Do any of your closest friends smoke cigarettes?

- a. None of them
- b. Some of them
- c. Most of them
- d. All of them

**27. 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. An Area Man

**28. 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. High Society Class / Posh.

29. 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 4 QUESTIONS ASK ABOUT YOUR EXPOSURE TO OTHER PEOPLE'S SMOKING.

30. 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

31. 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

32. 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

33. Are you in favor of banning smoking in public places (such as in restaurants, in buses, Taxis, and, in schools, on playgrounds, in gyms and sports arenas, in discos)?

- a. Yes
- b. No

THE NEXT 6 QUESTIONS ASK ABOUT YOUR ATTITUDES TOWARD STOPPING SMOKING.

34. Do you want to stop smoking now?

- a. I have never smoked cigarettes
- b. I do not smoke now
- c. Yes
- d. No

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

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

36. How long ago did you stop smoking?

- a. I have never smoked cigarettes

- b. I have not stopped smoking
- c. 1-3 months
- d. 4-11 months
- e. One year
- f. 2 years
- g. 3 years or longer

37. What was the main reason you decided to stop smoking?

(SELECT ONE RESPONSE ONLY)

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

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

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

39. Have you ever received help or advice to help you stop smoking?

(SELECT ONLY ONE RESPONSE)

- a. I have never smoked cigarettes
- b. Yes, from a 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

THE NEXT 9 QUESTIONS ASK ABOUT YOUR KNOWLEDGE OF MEDIA MESSAGES ABOUT SMOKING.

40. During the past 30 days (one month), how many anti-smoking media messages (e.g., television, radio, billboards, posters, newspapers, magazines, movies) have you seen or heard?

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

41. When you go to sports events, fairs, concerts, community events, or social gatherings, how often do you see anti-smoking messages?

- a. I never go to sports events, fairs, concerts, community events, or social gatherings
- b. A lot
- c. Sometimes
- d. Never

42. When you watch TV, videos, or movies, how often do you see actors smoking?

- a. I never watch TV, videos, or movies
- b. A lot
- c. Sometimes
- d. Never

43. Do you have something (t-shirt, pen, backpack, etc.) with a cigarette brand logo on it?

- a. Yes
- b. No

44. During the past 30 days (one month), when you watched sports events or other programs on TV how often did you see cigarette brand names?

- a. I never watch TV
- b. A lot
- c. Sometimes
- d. Never

45. During the past 30 days (one month), how many advertisements for cigarettes have you seen on billboards?

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

46. During the past 30 days (one month), how many advertisements or promotions for cigarettes have you seen in newspapers or magazines?

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

47. 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

48. Has a (cigarette representative) ever offered you a free cigarette?

- a. Yes
- b. No

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

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

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

50. 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

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

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

52. How long ago did you last discuss smoking and health as part of a lesson?

- a. Never
- b. This term
- c. Last term
- d. 2 terms ago
- e. 3 terms ago
- f. More than a year ago

THE LAST 3 QUESTIONS ASK FOR SOME BACKGROUND INFORMATION ABOUT YOURSELF.

53. 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

54. What is your sex?

- a. Male
- b. Female

55. In what grade/form are you?

- a. JSS 2
- b. JSS 3
- c. SSS 1
- d. SSS 2