



Zimbabwe

# ZIMBABWE 2014 COUNTRY REPORT GLOBAL YOUTH TOBACCO SURVEY (GYTS)



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## FOREWORD

Zimbabwe is primarily an agro-based economy contributing to the Gross Domestic Product (GDP). Zimbabwe emerges as the largest producer of tobacco in Africa and fourth largest producer in the world. Zimbabwe approved accession of WHO Framework Convention on Tobacco Control (WHO FCTC) in July 2014. However tobacco control measures have been in place and the activities have been guided by the Zimbabwe Public Health Act Statutory Instrument 264 of 2002.

It is widely known that tobacco is the most important preventable cause of premature death in many countries. Starting to smoke at younger ages increases the risk of death from smoking-related cause, and lowers the age at which death is likely to occur. Young people who start smoking early in life will often find it difficult to quit smoking. Half of persistent smokers who start smoking in adolescence will die from the use of tobacco.

This current survey is the fourth of the GYTS surveys conducted in Zimbabwe (1999, 2003 and 2008), although the previous ones were regional. This report focuses on the GYTS that was conducted by Ministry of Health and Child Care in July 2014. These findings and interpretations contribute to pro-active and sustained tobacco control efforts to ensure that our youths are protected from harmful use of tobacco.

I would like to thank all those who were involved in conducting the survey and in production of this report and also thanking the WHO and CDC for their efforts in giving financial and technical support for this important survey.

I hope this document will enable us to successfully implement the newly signed WHO FCTC Treaty

Brigadier General (Dr) G Gwinji

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## EXECUTIVE SUMMARY

Global Youth Tobacco Survey (GYTS) was conducted in 2014 at national level. The national level representative sample of students in Grade 7, Form 1, 2 and 3 associated with ages 13-15 years were selected. The survey consisted of 100 sampled schools and random classes were selected within the sampled schools. A total of 6427 eligible students in Grade 7 of primary and Forms 1-3 of secondary completed the survey questionnaires, of which 5114 were aged 13-15 years. The overall response rate of all students surveyed was 70,4%.

### **Findings:**

#### **Tobacco Use**

Findings from the GYTS showed that 20% overall, 22% boys and 15,8% of girls currently used any tobacco products, and 11,2% overall, 11,3% of boys and 8,9% of girls currently smoked cigarettes. Six in ten current smokers tried to stop smoking in the past 12 months.

#### **Second hand smoke**

31.8% of students were exposed to tobacco smoke at home and 48.7% of students were exposed to tobacco smoke inside enclosed public places.

#### **Access and availability**

56.1% of current cigarette smokers obtained cigarettes by buying them from a store, shop, street vendor, or kiosk/tuck shop. Among current cigarette smokers who bought cigarettes, 37.9% were not prevented from buying them because of their age.

#### **Media**

More than 4 in 10 students noticed anti- tobacco messages in the media and 4 in 10 students noticed tobacco advertisements or promotions when visiting points of sale.

#### **Knowledge and attitude**

39.3% of students definitely thought other people's tobacco smoking is harmful to them and 40.9% of students favour banning smoking inside enclosed public places.

The Ministry of Health and Child Care and its Stakeholders recommend that the Statutory Instrument 264 of 2002 be reviewed (e.g. Cessation, banning of tobacco advertisements, promotion and sponsorship), in accordance with the WHO FCTC and implemented by 2016. Law enforcement needs to be strengthened.

Both Ministries of Health and Child Care and Ministry of Primary and Secondary Education should continuously work together to review teaching materials on tobacco control with emphasis on new products that are targeting the youths and reinforce education on the health effects of tobacco use.

# INTRODUCTION

Tobacco use is the leading global cause of preventable death. WHO attributes nearly 6 million deaths a year to tobacco use. That figure is expected to rise to more than 8 million deaths a year by 2030.<sup>1</sup> Most people begin using tobacco before the age of 18.<sup>2</sup>

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 present comprehensive tobacco prevention and control information on young people. The GYTS provides a global standard to systematically monitor youth tobacco use and track key tobacco control indicators. GYTS is a nationally representative school-based survey of students aged 13-15 years, using a consistent and standard protocol across countries. It is intended to generate comparable data within and across countries.

## 1.1 Country Demographics

Zimbabwe is a Member State of the WHO African-Region and is considered a low income country. Zimbabwe, located in southern Africa is land locked, with a surface area of approx. 400,000 square kms. It is bordered to the east by Mozambique, to the south by South Africa, Botswana in the west and Zambia on the north and northwest. Zimbabwe is divided into 10 administrative provinces of Harare (which harbours the Capital city), Bulawayo, Mashonaland West, Mashonaland East, Mashonaland Central, Matabeleland North, Matabeleland South, Masvingo, Midlands and Manicaland. The population is estimated to be 13 million with an annual population growth rate estimated at 2.6%. Life expectancy currently stands at 37, 7 years for males and 38 for females. The main languages spoken are Shona, Ndebele, and English with the literacy levels estimated at 92% (Index Mundi 2011). The main religion is Christian.

Zimbabwe is primarily an agriculture-based economy with mining and tourism also being major contributors to the economy.

## 1.2 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 (WHO FCTC) at the 56<sup>th</sup> 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 surveillance, research, 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:

- M**onitor tobacco use and prevention policies
- P**rotect people from tobacco smoke
- O**ffer help to quit tobacco use
- W**arn about the dangers of tobacco
- E**nforce bans on tobacco advertising, promotion and sponsorship
- R**aise taxes on tobacco



The GYTS supports WHO MPOWER by monitoring country-specific data on key tobacco indicators, including prevalence, knowledge, and behavior.

### **1.3 Purpose and Rationale**

GYTS enhances 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/provincial, 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 Zimbabwe's participation in the GYTS includes the following:**

The ill-effects of tobacco smoking are enormous and increasing burdens to the health of persons all over the world. It is well documented that smoking can cause cancers of the lung, bladder, kidney, throat, mouth, pancreas and stomach and is also associated with respiratory diseases, ischemic heart disease and other circulatory diseases hence the major concern that during the past two decades, cigarette consumption has increased five-fold in low income countries compared to a similar decline in the high income countries. A review of the Cancer Registry in Zimbabwe focusing on the incidence of cancer and the importance of some selected risk factors in its etiology show that smoking causes between 80-90% of lung cancer deaths in Zimbabwe. Zimbabwe is the largest producer of tobacco in Africa and the fourth largest producer of tobacco in the world with tobacco itself contributing 8.5% of the Gross Domestic product (GDP). As far back as 1997, the Zimbabwe Advertising Marketing Promotion Survey showed smoking prevalence rates of 6.9% in the 15-19 year age group; 24.2% in ages 20-29; 27.5% in ages 30-39 and 41.4% in those 40 years and above. Similar figures were reported by the Ministry of Health for 1997 and 1999 whilst in 2000 the prevalence of tobacco use in adults was shown to be at a rate as high as 26.2%, with males smoking more than twice as much as women, as well as the smoking rates increasing with age. According to the WHO 2008 MPOWER report, the Global Youth Tobacco Survey (GYTS) results from Zimbabwe were consistent with the adult pattern as boys were significantly more likely than girls to smoke cigarettes. In terms of youth tobacco use-the GYTS country report for 1999 to 2008 showed that in both Harare and Manicaland, between 1999 and 2008, 13-15years old students reported a decrease in prevalence of current cigarette smoking but the prevalence of current use of other tobacco products remained similar. This was also observed for Matabeleland & Bulawayo in 2003, but in Bulawayo in 2008, there was a decrease of students currently smoked cigarettes but an increase in those currently using other tobacco products. In a more recent school-based survey the prevalence of smoking among school going secondary school students in Harare showed that among 650 students with a mean age 16 years prevalence of ever-smoked was 28.8% (95% CI 25.3 to 32.3). Prevalence of ever-smoked among males (37.8%) was significantly ( $p < 0.001$ ) much higher than among females (18.5%). This study provides recent estimates of prevalence of smoking, and indicates that there is still a high prevalence of smoking among urban secondary school students. WHO further asserted that if current trends persist, tobacco will kill more than 8 million people worldwide each year by the year 2030, with 80% of these premature deaths in low- and middle-income countries including Zimbabwe. Adding the further burden of HIV and AIDS, which manifests itself largely as opportunistic infections of the respiratory tract, it becomes obvious that the negative effect on the smoker, or vice versa, cannot be ignored. The latter has been documented in a smoking and HIV associated study in factory workers in Zimbabwe.

### **1.4 Current State of Policy**

Currently, in Zimbabwe, there is a Statutory Instrument 264 of 2002 on Tobacco Control under the Zimbabwe Public Health Act. There are specific provisions in this Statutory Instrument which include the following: Control of smoking in public premises, control of smoking in public transport, health message on use of tobacco and its products, promotion of tobacco products, imported tobacco products, no smoking

signs, inspections and enforcement. The Statutory Instrument also stipulates that any person who contravenes the stated provisions shall be guilty of an offence and liable to a fine not exceeding five hundred dollars or imprisonment for a period not exceeding six months or to both such fine and such imprisonment.

Since Zimbabwe acceded to the WHO FCTC in July 2014, coming into effect on the 6<sup>th</sup> of March 2015, the focus is on revision of the Statutory Instrument 264 of 2002 of the Public Health Act (Tobacco Control), 2002 so as to align it to the WHO FCTC and to strengthen law enforcement of the Instrument.

## **1.5 Other Tobacco Surveys**

The GYTS was conducted in Zimbabwe in 2008. In addition to this GYTS survey, the following surveys were conducted and implemented in Zimbabwe: GYTS 1999 and GYTS 2003. These surveys were not conducted nationally, but covered Harare, Manicaland and Bulawayo Provinces.

The findings from the surveys showed that the level of cigarette smoking for 13 to 15 year old girls was high in Harare and Manicaland Provinces but overall boys still smoking significantly more cigarettes than girls. The previous survey reports recommended that tobacco control programmes need to focus on implementation and enforcement of policies.

## **1.6 Country Specific Objectives**

Reduce current tobacco use in Zimbabwe in students in Grades 7, Form 1 to 3 from 10.7% in 1999 to 3.2% in 2018.

Reduce current cigarette use in Zimbabwe in students in Grades 7, Form 1 to 3 from 9% in 2014 GYTS to 8% in 2018 GYTS.

Increase tobacco use cessation attempts in Zimbabwe in students in Grades 7, Form 1 to 3 from 74% in 2014 to 81% in 2018.

## 2. METHODOLOGY

### 2.1 Questionnaire

The GYTS questionnaire contained 72 multiple-choice questions. The survey included 43 questions from the GYTS Standard Core Questionnaire, 29 selected optional questions, and no country-specific questions. The 2014 Zimbabwe questionnaire is provided in **Appendix A**.

### 2.2 Sampling Design

The 2014 Zimbabwe GYTS is a school-based survey, which employed a two-stage cluster sample design to produce a national level representative sample of students in Grade 7, Form 1, 2 and 3. The sampling frame consisted of all Private and Government schools containing Grades 7, Form 1,2 and 3. In the first stage, 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 103 schools and 195 classrooms. 6427 students participated in the GYTS.

### 2.3 Data Collection

Data collection took place from 14 July 2014 to 25 July 2014, and was supported by 12 field staff.

Survey procedures were designed to protect the students' privacy by allowing for anonymous and voluntary participation. The questionnaire was self-administered in the classroom. Students recorded their responses directly on an answer sheet that could be scanned by a computer.

### 2.4 Data Analysis

A weighting factor was applied to each student record to adjust for probability of selection, non-response, and post-stratification adjustment to population estimates. 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). Frequency tables were developed for the survey questions that are considered key tobacco control indicators from the GYTS. Indicators are in accordance with the WHO FCTC and MPOWER technical package.

**Table 1** provides sample size and response rate information. For the 2014 Zimbabwe GYTS, 6,427 questionnaires were completed in 100 schools. A total of 6,427 students participated in the GYTS of which 5,114 were aged 13 to 15 years, (Males: 2 835 and Females: 3 592). The school response rate was 100%, the class response rate was 100%, and the student response rate was 70.4%. The overall response rate was 70.4%.

**Table 1:** Sample sizes and response rates, by region (unweighted) – GYTS ZIMBABWE 2014.

	Region				Total
	Harare	Bulawayo	Manicaland	ROC	
<b>School Level</b>					
Number of Sampled Schools	26	26	25	26	103
Number of Participating Schools	26	26	25	26	103
School Response Rate (%)	100.0	100.0	100.0	100.0	100.0
<b>Class Level</b>					
Number of Sampled Classes	52	60	28	55	195
Number of Participating Classes	52	60	28	55	195
Class Response Rate (%)	100.0	100.0	100.0	100.0	100.0
<b>Student Level</b>					
Number of Sampled Students	2387	2823	1591	2330	9131
Number of Participating Students	2207	1361	1479	1380	6427
Student Response Rate (%)	92.5	48.2	93.0	59.2	70.4
<b>Overall Response Rate (%)<sup>1</sup></b>	<b>92.5</b>	<b>48.2</b>	<b>93.0</b>	<b>59.2</b>	<b>70.4</b>

<sup>1</sup>Overall Response Rate = School Response Rate X Class Response Rate X Student Response Rate

### 3. RESULTS

#### 3.1 Tobacco Use

**Table 2:** Detailed tobacco use status among students 13-15 years old, by gender – GYTS ZIMBABWE 2014.

	Overall	Boys	Girls
	<i>Percentage (95% CI)</i>		
<b>Smoked Tobacco</b>			
Current tobacco smokers <sup>1</sup>	16.2 (10.6 - 24.1)	17.3 (11.4 - 25.5)	12.8 (7.9 - 19.9)
Current cigarette smokers <sup>2</sup>	11.2 (6.9 - 17.8)	11.3 (6.9 - 17.9)	8.9 (5.2 - 14.8)
Frequent cigarette smokers <sup>3</sup>	4.1 (2.0 - 8.0)	3.4 (1.8 - 6.3)	3.9 (1.8 - 8.3)
Current smokers of other tobacco <sup>4</sup>	6.2 (4.2 - 9.1)	7.4 (4.8 - 11.2)	4.6 (2.9 - 7.1)
Ever tobacco smokers <sup>5</sup>	31.8 (23.5 - 41.4)	36.4 (27.3 - 46.5)	26.0 (18.4 - 35.3)
Ever cigarette smokers <sup>6</sup>	18.6 (13.5 - 25.1)	20.4 (15.1 - 27.0)	15.8 (10.7 - 22.8)
Ever smokers of other tobacco <sup>7</sup>	18.1 (12.5 - 25.5)	20.4 (14.3 - 28.1)	15.6 (10.3 - 22.9)
<b>Smokeless Tobacco</b>			
Current smokeless tobacco users <sup>8</sup>	5.6 (4.1 - 7.5)	6.5 (4.7 - 8.9)	4.6 (3.1 - 6.8)
Ever smokeless tobacco users <sup>9</sup>	15.7 (11.2 - 21.4)	16.2 (11.6 - 22.3)	14.6 (10.2 - 20.4)
<b>Tobacco Use</b>			
Current tobacco users <sup>10</sup>	20.0 (13.5 - 28.6)	22.0 (14.8 - 31.4)	15.8 (10.2 - 23.6)
Ever tobacco users <sup>11</sup>	38.1 (28.9 - 48.3)	43.2 (32.9 - 54.1)	31.7 (23.3 - 41.4)
<b>Susceptibility to Tobacco Use</b>			
Never tobacco users susceptible to tobacco use in the future <sup>12</sup>	35.2 (27.0 - 44.3)	33.0 (25.4 - 41.7)	37.0 (27.3 - 47.9)
Never smokers who thought they might enjoy smoking a cigarette <sup>13</sup>	11.0 (7.8 - 15.2)	10.8 (7.0 - 16.3)	11.1 (7.7 - 15.9)
<sup>1</sup> Smoked tobacco anytime during the past 30 days. <sup>2</sup> Smoked cigarettes anytime during the past 30 days. <sup>3</sup> Smoked cigarettes on 20 or more days of the past 30 days. <sup>4</sup> Smoked tobacco other than cigarettes anytime during the past 30 days. <sup>5</sup> Ever smoked any tobacco, even one or two puffs. <sup>6</sup> Ever smoked cigarettes, even one or two puffs. <sup>7</sup> Ever smoked tobacco other than cigarettes, even one or two puffs. <sup>8</sup> Used smokeless tobacco anytime during the past 30 days. <sup>9</sup> Ever used smokeless tobacco. <sup>10</sup> Smoked tobacco and/or used smokeless tobacco anytime during the past 30 days. <sup>11</sup> Ever smoked tobacco and/or used smokeless tobacco. <sup>12</sup> Susceptible to future tobacco use includes those who answered "Definitely yes", "Probably yes", or "Probably not" to using tobacco if one of their best friends offered it to them or those who answered "Definitely yes", "Probably yes", or "Probably not" to using tobacco during the next 12 months. <sup>13</sup> Those who answered "Agree" or "Strongly agree" to the statement: "I think I might enjoy smoking a cigarette".			

Table 2 shows prevalence of tobacco use amongst the students by gender. On smoked tobacco use overall prevalence of current tobacco smokers was 16.2% with a higher prevalence in boys (17.3%) compared to the girls (12.8%) of girls currently smoked tobacco. Specifically on currently smoked cigarettes. It was 11.2% overall again with boys reporting more current cigarettes smoking (11.3%) than the girls (8.9%). The percentages of ever smokers, both tobacco and cigarettes was much higher than the current users (overall ever smoked tobacco 31.8% with boys at 36.4% and girls 26.0% and overall smoking cigarettes 18.6%, with boys at 20.4% compared to girls at 15.8%. Current users of smokeless tobacco was very reduced (5.6% overall with 6.5% of boys, and 4.6% of girls reporting current use of smokeless tobacco.

**Table 3:** Cigarettes smoked per day among current cigarette smokers 13-15 years old, by gender – GYTS ZIMBABWE 2014.

<b>Number of cigarettes usually smoked<sup>1</sup></b>	<b>Overall</b>	<b>Boys</b>	<b>Girls</b>
	<i>Percentage (95% CI)</i>		
Less than 1 per day	26.3 (20.1 - 33.5)	27.8 (18.7 - 39.2)	25.1 (16.4 - 36.4)
1 per day	23.8 (18.6 - 30.0)	23.2 (13.9 - 36.1)	25.8 (15.7 - 39.2)
2 to 5 per day	18.5 (13.4 - 24.9)	17.7 (9.4 - 30.8)	19.6 (11.0 - 32.4)
6 to 10 per day	12.8 (7.9 - 20.0)	12.7 (5.9 - 25.4)	9.9 (4.7 - 19.8)
11 to 20 per day	7.1 (3.7 - 13.3)	11.2 (5.6 - 21.3)	3.9 (1.5 - 9.5)
More than 20 per day	11.5 (7.7 - 16.9)	7.4 (3.1 - 16.6)	15.7 (9.9 - 24.1)
<b>Total</b>	100	100	100

<sup>1</sup> On the days that current cigarette smokers smoked cigarettes during the past 30 days.

Table 3. Amongst the students who reported current cigarette smoking, the largest group, overall 26.3%, reported smoking less than one cigarette per day, with slightly more in boys (27.8%) than girls (25.1%). However, quite a large number of girls (15.7%) reported smoking more than 20 per day compared to the boys (7.4%)

**Table 4:** Age at cigarette smoking initiation among ever cigarette smokers 13-15 years old, by gender – GYTS ZIMBABWE 2014.

<b>Age when first trying a cigarette<sup>1</sup></b>	<b>Overall</b>	<b>Boys</b>	<b>Girls</b>
	<i>Percentage (95% CI)</i>		
7 years old or younger	12.4 (7.5 - 19.8)	11.0 (6.2 - 18.8)	12.1 (4.8 - 27.4)
8 or 9 years old	10.5 (5.9 - 18.0)	8.4 (3.8 - 17.4)	12.2 (5.5 - 25.1)
10 or 11 years old	12.0 (7.1 - 19.6)	20.0 (11.5 - 32.3)	2.9 (1.5 - 5.5)
12 or 13 years old	28.7 (22.0 - 36.5)	32.7 (23.4 - 43.6)	26.8 (20.2 - 34.5)
14 or 15 years old	36.4 (24.7 - 49.8)	28.0 (16.6 - 43.3)	46.0 (32.5 - 60.1)
<b>Total</b>	100	100	100

<sup>1</sup> Among those that have ever tried a cigarette.

Table 4 shows the age at which the “ever smokers” first tried their first cigarette. The largest group was at age 14 or 15 years (overall 36.4 %) with more girls (46%) starting later than boys (28%). Of note was the 11% of boys and 12% of girls who had tried smoking cigarettes early were 7 years or younger.

**Table 5:** Current smokers 13-15 years old who are showing signs of smoking dependence, by gender – GYTS ZIMBABWE 2014.

	<b>Overall</b>	<b>Boys</b>	<b>Girls</b>
	<i>Percentage (95% CI)</i>		
Signs of smoking dependence <sup>1</sup>	85.6 (79.1 - 90.3)	82.7 (73.4 - 89.3)	84.7 (74.4 - 91.3)

<sup>1</sup> Those who answered: 1) they sometimes or always smoke tobacco or feel like smoking tobacco first thing in the morning, or they start to feel a strong desire to smoke again within one full day after smoking.

Table 5 shows that there was quite a large proportion, over 80% ( 82.7% boys and 84.7%), who were showing signs of smoking dependency reflected by having a strong feeling of wanting to smoke first thing in the morning or within a full day of not having smoked.

## 3.2 Cessation

**Table 6:** Smoking tobacco cessation indicators among current smokers 13-15 years old, by gender – GYTS ZIMBABWE 2014.

	Overall	Boys	Girls
<i>Percentage (95% CI)</i>			
<b>Current smokers who...</b>			
Tried to stop smoking in the past 12 months	60.6 (49.6 - 70.7)	60.2 (50.3 - 69.4)	68.1 (48.4 - 82.9)
Want to stop smoking now	65.0 (53.0 - 75.3)	66.7 (53.3 - 77.9)	66.5 (53.2 - 77.7)
Thought they would be able to stop smoking if they wanted to	54.1 (44.4 - 63.5)	63.5 (48.8 - 76.0)	51.5 (41.0 - 61.9)
Have ever received help/advice from a program or professional to stop smoking	35.9 (25.6 - 47.5)	36.6 (22.2 - 54.0)	38.5 (26.5 - 52.0)

As shown in Table 6, 60.6 % of current smokers(overall), indicated that they had tried to stop smoking (60% boys vs. 68% girls) with an almost similar proportion (65% overall) wanting to quit smoking now. However, only 35.9% of them had ever received help or advice from a program or professional to stop smoking.

## 3.3 Secondhand Smoke

**Table 7:** Students 13-15 years old who were exposed to tobacco smoke during the past 30 days, by gender – GYTS ZIMBABWE 2014.

	Overall	Boys	Girls
<i>Percentage (95% CI)</i>			
Exposed to tobacco smoke at home	31.8 (25.7 - 38.6)	31.3 (26.2 - 36.8)	30.9 (23.6 - 39.3)
Exposed to tobacco smoke inside any enclosed public place	48.7 (42.0 - 55.4)	46.2 (38.6 - 53.9)	50.2 (43.6 - 56.8)
Exposed to tobacco smoke at any outdoor public place	49.8 (43.3 - 56.3)	47.3 (39.9 - 54.8)	51.6 (45.1 - 58.0)
Saw anyone smoking inside the school building or outside on school property	32.9 (26.8 - 39.7)	32.0 (25.7 - 39.0)	33.0 (26.5 - 40.2)

Table 7. shows that overall, over one third of the students were exposed to secondhand smoke during the past 30 days of the survey period with 31.8% exposed to smoke at home (31% of both boys and girls) and 48.7% exposed inside enclosed public places (46% boys and 50% girls). The schools themselves- inside and outside the school property, was another area where students were possibly exposed to secondhand smoke, at 32.9%, (32% boys and 33% girls) as they reported having seen someone smoking on school property.



### 3.4 Access and Availability

**Table 8:** Source for obtaining cigarettes among cigarette smokers 13-15 years old, by gender – GYTS ZIMBABWE 2014.

Source <sup>1</sup>	Overall	Boys	Girls
<i>Percentage (95% CI)</i>			
Purchased from a store or shop	20.3 (11.3 - 33.9)	20.8 (11.0 - 35.7)	23.6 (13.5 - 37.8)
Purchased from a street vendor	23.5 (13.9 - 36.9)	20.9 (10.5 - 37.2)	23.2 (10.7 - 43.4)
Purchased from a vending machine	18.8 (11.8 - 28.6)	17.2 (9.7 - 28.5)	23.0 (11.1 - 41.8)
Purchased from a kiosk/tuck shop	12.3 (7.4 - 19.8)	12.4 (6.5 - 22.5)	9.5 (4.6 - 18.5)
Got them from someone else	9.4 (6.0 - 14.6)	10.4 (6.3 - 16.5)	7.6 (3.2 - 16.7)
Got them some other way	15.7 (10.5 - 23.0)	18.4 (10.4 - 30.5)	13.1 (7.1 - 23.0)
<b>Total</b>	100	100	100
<sup>1</sup> How cigarette smokers obtained the cigarette they last smoked during the past 30 days.			

Table 8 shows that overall and on average, 56.1% of current cigarette smokers obtained cigarettes by buying them from a store, shop, street vendor, or kiosk/truck shop.

**Table 9:** Current cigarette smokers 13-15 years old who were not prevented from buying cigarettes because of their age, by gender – GYTS ZIMBABWE 2014.

	Overall	Boys	Girls
<i>Percentage (95% CI)</i>			
Current cigarette smokers who were not prevented from buying cigarettes because of their age <sup>1</sup>	37.9 (26.5 - 50.9)	38.7 (22.8 - 57.4)	40.4 (28.4 - 53.6)
<sup>1</sup> Among those who tried to buy cigarettes during the past 30 days.			

Table 9 further indicates that amongst the current smokers who bought cigarettes, 37.9% were not prevented from buying them because of their age.

**Table 10:** Unit of cigarette purchase among current cigarette smokers 13-15 years old, by gender – GYTS ZIMBABWE 2014.

Unit of purchase <sup>1</sup>	Overall	Boys	Girls
<i>Percentage (95% CI)</i>			
Individual sticks	22.6 (17.3 - 28.9)	19.9 (13.6 - 28.1)	22.5 (14.1 - 33.9)
Pack	23.1 (14.6 - 34.6)	30.5 (17.4 - 47.8)	19.2 (12.2 - 28.8)
Carton	16.7 (8.5 - 30.2)	18.5 (7.7 - 38.2)	9.0 (5.4 - 14.7)
Rolls	15.4 (8.5 - 26.4)	11.7 (5.4 - 23.4)	23.4 (10.3 - 44.8)
Loose tobacco for hand-rolled cigarettes	22.2 (15.7 - 30.5)	19.5 (9.2 - 36.7)	25.9 (18.0 - 35.8)
<b>Total</b>	100	100	100
<sup>1</sup> Based on the last purchase, among those who bought cigarettes during the past 30 days.			



On investigating the unit of purchase amongst those students who bought cigarettes, Table 10 shows that individual sticks (22.6%); packs of cigarettes (23.1%) and loose tobacco hand-rolled cigarettes (22.2%) were the most common. Individual sticks and loose tobacco/hand roiled seem to be preferred by girls (sticks girls 22.5% vs. 19.9% boys and hand-rolled 25.9% girls vs. boys 19.5%) compared to packs \* 30.5% boys vs. 19.2% girls.

**Table 11:** Cost of cigarettes among students 13-15 years old, by gender and smoking status – GYTS ZIMBABWE 2014.

Cost of a pack (20 cigarettes) <sup>1</sup>	Overall	Boys	Girls
Less than \$0.50	23.4 (18.7 - 28.9)	23.9 (18.1 - 30.8)	23.5 (19.1 - 28.5)
\$0.50 - \$0.80	19.0 (16.1 - 22.3)	20.7 (17.3 - 24.6)	18.4 (14.5 - 22.9)
\$0.90 - \$1.00	20.4 (16.8 - 24.5)	20.1 (15.8 - 25.2)	21.2 (17.2 - 25.9)
\$1.10 - \$1.50	12.1 (9.3 - 15.5)	12.7 (8.7 - 18.2)	10.1 (7.3 - 13.8)
\$1.60 - \$2.00	9.0 (6.4 - 12.5)	9.6 (6.2 - 14.5)	7.4 (4.7 - 11.6)
\$2.10 - \$2.50	3.6 (2.4 - 5.3)	2.9 (1.6 - 5.4)	4.2 (2.8 - 6.3)
More than \$2.50	12.5 (9.0 - 17.2)	10.1 (7.2 - 14.1)	15.2 (10.0 - 22.4)
<b>Total</b>	100	100	100

On the issue of the price of buying cigarette versus smoking prevalence Table 11 shows that overall, for both girls and boys, smoking prevalence was higher in the groups who indicated buying cigarette packs for between \$1.50 to less than 50 cents (23.4% for packs less than 50 cents compared to 19% for between 50 cents and \$1.00, 20.4% for packs between 0.90c and \$1; 12% for packs between \$1.60 and \$2.00 to as low as 3.6% 5 for packs between \$2.10 and %2.50. However, when looking at prevalence by gender, there was no difference in purchasing power between both boys and girls.

### 3.5 Media

#### 3.5.1 Anti-Tobacco

**Table 12:** Noticing anti-tobacco information among students 13-15 years old, by gender – GYTS ZIMBABWE 2014.

	Overall	Boys	Girls
<i>Percentage (95% CI)</i>			
Noticed anti-tobacco messages in the media <sup>1</sup> in the past 30 days <sup>2</sup>	44.6 (38.7 - 50.7)	44.0 (36.7 - 51.6)	45.4 (39.8 - 51.1)
<i>Noticed anti-tobacco messages at sporting or community events</i>			
Among all students in the past 30 days	27.3 (23.5 - 31.4)	27.9 (23.9 - 32.3)	27.0 (21.6 - 33.3)
Among those who attended sporting or community events in the past 30 days	38.1 (32.3 - 44.2)	39.2 (33.9 - 44.8)	37.4 (29.6 - 45.9)
Taught in school about the dangers of tobacco use in the past 12 months <sup>2</sup>	44.5 (37.6 - 51.6)	44.9 (38.0 - 52.0)	44.6 (37.1 - 52.4)
<sup>1</sup> For example, television, radio, internet, billboards, posters, newspapers, magazines, movies. <sup>2</sup> Among all students aged 13-15 years old.			

From Table 12, one sees that more than 4 in 10 students (44.6%) reported having noticed anti-tobacco

messages in the media whilst Table 13 shows current smokers who noticed health warnings on cigarette packs to be as many as 69.1% (67.4% boys and 70.7% girls).

**Table 13:** Noticing of health warnings on cigarette packages among current and never smokers 13-15 years old, by gender – GYTS ZIMBABWE 2014.

	Overall	Boys	Girls
<i>Percentage (95% CI)</i>			
Current smokers who noticed health warnings on cigarette packages <sup>†</sup>	69.1 (60.7 - 76.4)	67.4 (57.4 - 76.0)	70.7 (56.6 - 81.7)
<i>Thought about quitting smoking because of health warnings on cigarette packages<sup>†</sup></i>			
Among current smokers	39.7 (34.7 - 44.9)	36.5 (28.1 - 45.9)	42.9 (31.3 - 55.4)
Among current smokers who noticed health warnings	57.5 (51.8 - 62.9)	54.2 (40.0 - 67.7)	60.7 (48.9 - 71.4)
Never smokers who thought about not starting smoking because of health warnings on cigarette packages <sup>†,1</sup>	48.5 (43.4 - 53.6)	51.1 (44.0 - 58.1)	46.1 (39.1 - 53.4)
<sup>†</sup> During the past 30 days. <sup>1</sup> Among never smokers who noticed health warnings on cigarette packages in the past 30 days.			

However as also shown in Table 13, only 39.7% thought about quitting smoking because of these health warnings on cigarette packages, although there was a higher proportion (57.5%) among those who were current smokers and had seen the health warnings.

### 3.5.2 Tobacco Marketing

**Table 14:** Noticing tobacco marketing among students 13-15 years old, by gender – GYTS ZIMBABWE 2014.

	Overall	Boys	Girls
<i>Percentage (95% CI)</i>			
<i>Noticed tobacco advertisements or promotions at points of sale</i>			
Among all students in the past 30 days	30.1 (26.7 - 33.8)	32.1 (28.0 - 36.5)	28.3 (24.2 - 32.8)
Among those who visited a point of sale in the past 30 days	39.4 (34.6 - 44.3)	42.9 (37.8 - 48.1)	36.3 (30.5 - 42.5)
<i>Noticed anyone using tobacco on television, videos, or movies</i>			
Among all students in the past 30 days	41.3 (37.4 - 45.3)	40.0 (35.7 - 44.5)	43.0 (37.7 - 48.3)
Among those who watched television, videos, or movies in the past 30 days	55.7 (51.9 - 59.6)	55.8 (48.7 - 62.6)	56.7 (51.3 - 62.0)
Ever offered a free tobacco product from a tobacco company representative	20.3 (14.2 - 28.1)	22.4 (15.3 - 31.5)	18.1 (12.5 - 25.5)

Table 14: Approximately one third, 30%, (32.1% boys and 28.3% girls) and slightly more, 39%, (42.9% boys and 36.3% girls) had noticed tobacco advertisement or promotions at points of sale and including those

who visited point of sale, respectively. In additions on average 20% (22.4% boys and 18.1% girls) had been offered a free tobacco product from a tobacco company.

**Table 15:** Ownership and receptivity to tobacco marketing among students 13-15 years old, by gender – GYTS ZIMBABWE 2014.

	Overall	Boys	Girls
<i>Percentage (95% CI)</i>			
<b>Students who...</b>			
Owned something with a tobacco brand logo on it <sup>1</sup>	23.9 (19.4 - 29.1)	25.9 (20.5 - 32.0)	21.6 (17.5 - 26.4)
Own something with a tobacco brand logo on it or might in the future <sup>2</sup>	35.2 (28.4 - 42.6)	34.0 (27.4 - 41.3)	36.3 (28.2 - 45.2)
<sup>1</sup> For example, a t-shirt, pen, backpack.			
<sup>2</sup> Those who might use or wear something that has a tobacco company or product name or picture on it.			

Table 15 shows approximately 1 in 5 (23.9%) of the students (25.9% boys be 21.6%) actually owned an item (e.g. t-shirt, pen, back-pack) with tobacco brand on it.

### 3.6 Knowledge and Attitudes

**Table 16:** Knowledge and attitudes towards smoking cessation and social smoking among students 13-15 years old, by gender – GYTS ZIMBABWE 2014.

	Overall	Boys	Girls
<i>Percentage (95% CI)</i>			
<b>Students who...</b>			
Definitely thought it is difficult to quit once someone starts smoking tobacco	24.6 (18.8 - 31.4)	24.2 (17.4 - 32.8)	24.9 (19.7 - 30.9)
Thought smoking tobacco helps people feel more comfortable at celebrations, parties, and social gatherings	23.1 (19.4 - 27.4)	23.9 (19.3 - 29.2)	21.8 (17.8 - 26.4)

Table 16 shows that 24.6% of the students (similar proportions of boys and girls) recognize the fact that it is difficult to quit smoking, with almost a similar proportion saying they thought that smoking helps people to feel more comfortable at celebrations, parties, etc.

**Table 17:** Knowledge and attitudes towards secondhand smoke among students 13-15 years old, by gender – GYTS ZIMBABWE 2014.

	Overall	Boys	Girls
<i>Percentage (95% CI)</i>			
<b>Students who...</b>			
Definitely thought other people's tobacco smoking is harmful to them	39.3 (32.9 - 46.0)	37.4 (29.6 - 45.9)	40.9 (35.3 - 46.7)
Favored banning smoking inside enclosed public places	40.9 (33.0 - 49.2)	41.4 (31.8 - 51.7)	40.2 (32.9 - 47.9)
Favored banning smoking at outdoor public places	40.8 (34.3 - 47.5)	40.9 (33.0 - 49.3)	41.0 (34.2 - 48.1)

As shown on Table 17, overall 39% students (37.4% boys and 40.9% girls) recognized that second hand smoke

was harmful to themselves and others with 1 in 4 of all the students favoring banning of smoking in every enclosed and outdoor public place.

## 4. DISCUSSION

### 4.1 Discussion of Survey Findings

The first GYTS in Zimbabwe was undertaken in 1999 after purposive sampling of two provinces to represent an urban area, (Harare province) and a predominantly rural and agricultural population, (Manicaland province) from the 10 administrative provinces. In 2003 the same two provinces were selected so as to allow comparison and an additional province was added, which is the Bulawayo province. The province has an urban population and represents a predominantly Ndebele population which is the second biggest ethnic group in the country. Form 1, 2 and 3 were the classes that were selected to have children in the age group 13-15 years.

For 2008, the three provinces were selected again so as to make further comparisons and perhaps determine a trend. Children in Grade 7 were also included in 2008's sample since the two previous surveys indicated that there were some children in the age-group 13-15 years who were still in Grade 7 and who would therefore be missed if the survey only concentrated on children from Form 1 onwards. The 2008 report analyzed trend of tobacco use among students in Manicaland and Harare provinces that had been included in the first two surveys carried out in 1999 and 2003 and also made a comparison of the Bulawayo 2003 and 2008 data— hence was a sub-national representation.

This discussion section is of the most recent Global Youth Tobacco Survey (GYTS) that was conducted in 2014 at national level. The discussion describes the results in relation to the current tobacco control policies in Zimbabwe and its relevance to the WHO FCTC. 2014 GYTS was a national level representative sample of students in Grade 7, Form 1, 2 and 3 associated with ages 13-15 years sampled from 100 schools with further random selection of classes within the sampled schools. Although 2014 was a national survey there will be an attempt in this discussion to make comparisons, where appropriate, with the 2008 sub-national data so as to attempt to establish trends in tobacco use among school children as the years have progressed.

### Tobacco Use

Rules and regulations for tobacco control in place include Statutory Instrument 264 of 2002, Public Health (Control of Tobacco) Regulations, 2002 and the Child Protection Adoption Act (Chapter 5:06) of the Statute Law of Zimbabwe, which prohibits sale of liquor, tobacco and drugs to children. Additionally, Zimbabwe commemorates the World No Tobacco Day every year and also advertisements are flighted on national radio and television to educate the population about the dangers of tobacco smoking.

In 2014, overall, 11.2% of students currently smoked cigarettes, with 6.2% of students currently smoking tobacco products other than cigarettes (e.g., pipes, water pipes, smokeless tobacco, and bidis). This means cigarette smoking was significantly higher than other tobacco smoking. However if you compare these findings with the 2008 GYTS at sub-national level overall for youth aged 13-15 years you see the reversal where there is an overall current cigarette smoking of only 3.2% with current "other" tobacco use 12% prevalence. Furthermore if you look at the results of the 2011 Zimbabwe Demographic Health Survey (ZDHS) which is a national survey, you also find in the adult males (15-54 years) a smoking prevalence of around 21% with a similar adult tobacco use of about 23%. This obviously demonstrates a rise in cigarette smoking over the years, with an increase that seems more pronounced in the adult population.

On disaggregating by gender, as has been documented in other findings of the previous Global Tobacco Surveillance System which indicated that girls are much less likely to smoke cigarettes than boys in the region of Africa, Eastern Mediterranean, South-East Asia, and Western Pacific, you see a similar trend in this 2014 Zimbabwe GYTS which was also evident in the 2008 sub-national as well as 2011 ZDHS. Boys were significantly more likely than girls to currently smoke cigarettes. Of note is that surveys have established that most people begin smoking before the age of 18 years, with the median age of initiation less than 15 years in

many countries.

Our findings suggest a need for a concerted effort to curb smoking in this youthful group.

### **Cessation**

Article 14 of the WHO FCTC addresses the issue of "Demand reduction measures concerning tobacco dependence and cessation." The Article states that each Party shall endeavor 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.

In addition the MPOWER Report states that countries must establish programmes providing low-cost, effective treatment for tobacco users who want to escape their addiction." The GYTS asks students who currently smoke cigarettes if they would like to stop smoking now. Overall, 65.0% of students who currently smoke cigarettes reported that they desired to stop smoking and this need was also apparent as in the sub-national 2008 GYTS, which had a similar figure of 61.7%. The WHO Report on the Global Tobacco Epidemic Country Profile of 2015 indicates that Zimbabwe should have Nicotine replacement therapy (e.g., patch, gum, lozenge, spray or inhaler) and indeed this product can be legally purchased in the country in a pharmacy to help those who want to quit smoking. In addition the country profile also indicates that one can get anti-smoking medication such as Bupropion from pharmacies with a prescription. However there was no health insurance/ medical aid to cover the cost of such a support.

It was further confirmed in both the sub-national 2008 and 2014 GYTS from responses from youth there indeed was no smoking cessation support available in the Health clinics or other primary care facilities; Hospitals, etc.

These findings, which highlighted the lack of the quality and consistency of findings to allow conclusive recommendations about effective practices show that the problem will continue in Zimbabwe, as with other countries. There is an obvious lack of the quality and consistency of findings to allow conclusive recommendations about effective practices that can be adopted.

### **Secondhand Smoke**

Article 8 of the WHO FCTC addresses the issue of "Protection from exposure to tobacco smoke." The Article states that 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.<sup>4</sup>

In the 2008 sub-national GYTS data on exposure to second-hand-smoke (SHS) in Zimbabwe shows 29.8% of students in Manicaland and 40.1% students in Harare reported being exposed to smoking in public during the past week,, The 2014 national findings are quite similar in fact slightly higher , with approximately half (48.7%) of all students participating in the survey being exposed to SHS in enclosed public places. Again of note was that more than three fourths (40.9%) of students thought smoking should be banned in enclosed indoor public places.

The WHO Report on the Global Tobacco Epidemic Country Profile of 2015 does however document that Zimbabwe has public places such as health care facilities, educational facilities and universities with some form of smoke free legislation, but the latter facility with the least compliance. However they found no sub-national laws on smoke free environments

In the home and/or parents who smoke, again you see that, overally for 2014 approximately three in 10 students (31.8%) were exposed to smoke in their home. And this is slightly higher than findings from the sub-national survey of 2008, which had 23.4% of students in Manicaland and 21.5% of students in Harare, reporting that their parents smoke.

### **Access and Availability**

Access and availability of cigarettes is an issue of concern as the 2014 GTYS shows overall, two in 10 (20.3%) students who currently smoke cigarettes usually purchasing their cigarettes in stores and more important four in 10 (37.9%) students who bought cigarettes in a store were not refused purchase of cigarettes because of their age. One can conclude from this that although the legislation of selling cigarettes to minors maybe there, there is a general trend of the lack of enforcement of the laws in the country. On examining purchasing power, higher prevalence of smoking was reported in these groups of youth having to spend less than USD 1.00 for the cigarettes indicating that increase in pricing could have a role in accessibility and utilisation of cigarettes by the youth. However of interest was that prevalence then also increased for students buying packs for more than USD 2.50 and one assumes that these may be the slightly older youth who may now have more disposable income in terms of pocket money, etc,

### **Exposure to Anti-Tobacco Information**

Article 12 of the WHO FCTC addresses the issue of "Education, communication, training and public awareness." The Article states that each Party shall promote and strengthen public awareness of tobacco control issues, using all available communication tools, as appropriate....each Party shall promote broad access to effective and comprehensive educational and public awareness programmes on the health risks including the addictive characteristics of tobacco consumption and exposure to tobacco smoke.

Overall, in this survey less than half of the students (44.5%) reported having been taught in school about the dangers of tobacco during the preceding school year which is almost similar to the sub-national figures of 2008 GYTS showing 47.5% and 56% of students in Harare and Manicaland respectively reporting that they had been taught in school in the past year about the dangers of tobacco smoking. Studies of the effectiveness of school-based smoking prevention programs have been mixed. Studies have found some programs results in short-term decreases; but other studies have looked at long-term program results and found no effective program. WHO recognizes school and community tobacco control program efforts are important but they are most likely to be successful after a favorable 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.

### **Awareness and Receptivity to Tobacco Marketing**

The MPOWER Report 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, etc). In Zimbabwe, the 2014 showed overall that 23.9% of students owned an object with a cigarette brand logo on it with two in 10 students (20.3%) reporting that they been offered free cigarettes by a tobacco company representative. This figure is higher than what was reported in the sub-national levels (for the 2008 GYTS 16.7% in Manicaland and 14.8% in Harare for the logos and for free cigarettes it was 12.5% and 8.8% in Manicaland and Harare, respectively)

### **Knowledge and Attitudes**

On examining knowledge and attitudes to cigarette smoking four in 10 (39.3%) of the students definitely thought other people's tobacco smoking is harmful to them. However this proportion is low considering the dangers of smoking and the effects of second hand smoke hence the need for a concerted effort to reinforce the messages.



## 4.2 Relevance to WHO FCTC

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

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

Protect people from tobacco smoke: The GYTS data show that 48.7% of students are around others who smoke outside their home and 31.8% 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:

1. 65.0% want to stop smoking.
2. 60.6% tried to stop smoking in the past year.
3. 35.9% have ever received help to stop smoking.

Warn about the dangers of tobacco: During the past year, 44.5% of students had been taught in class about the dangers of smoking. Enforce bans on tobacco advertising, promotion, and sponsorship: The GYTS data show that 44.6% of students saw anti-smoking media messages in the past 30 days. Further, 23.9% of students have an object with a cigarette brand logo and 20.3% 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 WHO 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.

## 4.3 Relevance to Country

Many youth report wanting to quit in Zimbabwe, but teachers are not adequately trained to prevent tobacco use among their students, and cessation services are very limited.

Susceptibility to begin smoking in the next year is high among both boys and girls, but there are few laws prohibiting use of tobacco on school-grounds.

The data suggests an early age of initiation of cigarette usage among Zimbabwe adolescents. Tobacco control education therefore needs to start at a very young age. However, coverage of tobacco-related prevention and issues is currently very limited in the formal school curriculum.

The majority of youth in Zimbabwe report exposure to secondhand smoke in multiple venues with 31.8% at home and 48.7% inside enclosed public places. Given that there is no safe level of exposure to secondhand smoking, policies that will protect youth from possible exposure are needed.

Zimbabwe adolescents are faced with the double burden of cigarette use and the use of other forms of tobacco products such as chewing tobacco and snuff.

Despite the existence of information on tobacco control, a significant information gap exists on tobacco use

information in this country, specifically around harmful effects of smoking, second hand smoking effects, and new emerging products like smokeless tobacco products (e-cigarettes) and water pipe use.

Students in Zimbabwe are still reporting being exposed to pro-smoking media campaigns. Controlling this exposure has been shown to reduce youth initiation.

## 5. RECOMMENDATIONS

Based on the most pressing GYTS findings, Zimbabwe should consider rapidly implementing expanded comprehensive tobacco control measures. Such action will save lives, reduce illness, and help reduce the economic burden associated with tobacco-related illness and lost productivity. Below are the proposed evidence-based interventions:

A significant number of students were exposed to tobacco smoke at home and public places, and 40.9% of students believe that smoking in public places should be banned. There is a need to effectively enforce the laws that ban tobacco smoking in enclosed indoor public places.

Many students who smoke expressed the desire to quit smoking (65%) and many have even attempted to quit (61%). With the proper assistance and tools, those students could stop smoking forever. Non governmental organizations could play a vital role as a resource for youth interested in quitting.

Many youth were exposed to pro-cigarette advertising (39%) and 20 % own something with a tobacco brand logo on it. There is an urgent need to police more strictly the existing law banning all forms of advertisement of tobacco products and paraphernalia in Zimbabwe.

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.

Since Zimbabwe adolescents are faced with the double burden of cigarette use and the use of other forms of tobacco products such as chewing tobacco and snuff further studies or enhanced surveillance are recommended to be carried out to improve tobacco control program and regulation of these other products

A comprehensive health promotion strategy and effective and comprehensive tobacco cessation programs need to be implemented to prevent tobacco use and assist school personnel and the general community in quitting.

School rules and policies should be framed for the prevention and control of tobacco use. Both Ministries of Health and Education should work together to review teaching materials on tobacco use control targeting the youth.



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**Global Youth Tobacco Survey (GYTS)  
Core Questionnaire with  
Optional Questions**

Version 1.0  
July 2012

# Global Youth Tobacco Survey (GYTS) Comprehensive Standard Protocol

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GYTS Core Questionnaire with Optional Questions

GYTS Sample Design and Weights

GYTS Implementation Instructions

GYTS Analysis and Reporting Package

GYTS Data Dissemination Guidance

GYTS Data Release Policy

## Acknowledgements

### *GYTS Collaborating Organizations*

- Centers for Disease Control and Prevention
- CDC Foundation
- RTI International
- World Health Organization

**Disclaimer:** The views expressed in this document are not necessarily those of the GYTS collaborating organizations.

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## Contents

Global Core Questionnaire

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# Global Core Questionnaire

## 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.

## Example:

<p><b>24. Do you believe that fish live in water?</b></p> <ul style="list-style-type: none"><li>a. Definitely yes</li><li>b. Probably yes</li><li>c. Probably not</li><li>d. Definitely not</li></ul>	24.	<input checked="" type="radio"/>	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E	<input type="radio"/> F	<input type="radio"/> G	<input type="radio"/> H
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## Introduction

Thank you for participating in this survey. Before you start, please read the following information that will help you to answer the questions.

Some of the questions will ask about smoking **cigarettes**.

Other questions may ask about **smoking tobacco** in general that includes cigarettes and other types of smoked tobacco products.

Other questions may ask about using **smokeless tobacco**, which is tobacco that is not smoked, but is sniffed through the nose, held in the mouth, or chewed.

Finally, other questions may ask about any **tobacco use** or any **tobacco products** – this includes smoking cigarettes, smoking tobacco other than cigarettes, and using smokeless tobacco.

Here is a chart that provides examples of various tobacco products:

<b>Smoking Tobacco includes:</b>	<b>Smokeless Tobacco includes:</b>
Cigarettes Manufactured cigarettes Hand-rolled cigarettes/chimonera Kretek cigarettes  Other types of smoked tobacco: Pipes Cigars, mini cigars/cigarillos Waterpipes/hookah/shisha/ narguileh/hubble-bubble Bidis	Snuff Chewing tobacco Held in the mouth tobacco Dip Betel quid with tobacco Gutka

**The first few questions ask for some background information about yourself.**

- 1. 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
  
- 2. What is your sex?**
  - a. Male
  - b. Female
  
- 3. In what grade/form are you?**
  - a. Grade 7
  - b. Form1
  - c. Form 2
  - d. Form3
  
- 4. During an average week, how much money do you have that you can spend on yourself, however you want?**
  - a. I usually don't have any spending money
  - b. Less than \$1
  - c. \$1-\$2
  - d. \$3-\$5
  - e. \$6-\$8
  - f. \$9-\$10
  - g. More than \$10

**The next questions ask about your use of tobacco.**

- 5. Have you ever tried or experimented with cigarette smoking, even one or two puffs?**
  - a. Yes
  - b. No
  
- 6. How old were you when you first tried a cigarette?**
  - a. I have never tried smoking a cigarette
  - 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
  
- 7. During the past 30 days, 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

- 8. Please think about the days you smoked cigarettes during the past 30 days. How many cigarettes did you usually smoke per day?**
- a. I did not smoke cigarettes during the past 30 days
  - 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
  - h. More than 20 cigarettes per day
- 9. Where do you usually smoke?**  
(SELECT ONLY ONE RESPONSE)
- a. I do not smoke
  - b. At home
  - c. At school
  - d. At work
  - e. At friends' houses
  - f. At social events
  - g. In public spaces (e.g. parks, shopping centers, street corners)
  - h. other
- 10. Have you ever tried or experimented with any form of smoked tobacco products other than cigarettes (such as cigars; pipes; water pipes; bidis)?**
- a. Yes
  - b. No
- 11. During the past 30 days, did you use any form of smoked tobacco products other than cigarettes (such as cigars; pipes; water pipes; bidis)?**
- a. Yes
  - b. No
- 12. Do you ever smoke tobacco or feel like smoking tobacco first thing in the morning?**
- a. I don't smoke tobacco
  - b. No, I don't smoke tobacco or feel like smoking tobacco first thing in the morning
  - c. Yes, I sometimes smoke tobacco or feel like smoking tobacco first thing in the morning
  - d. Yes, I always smoke tobacco or feel like smoking tobacco first thing in the morning
- 13. How soon after you smoke tobacco do you start to feel a strong desire to smoke again that is hard to ignore?**
- a. I don't smoke tobacco
  - b. I never feel a strong desire to smoke again after smoking tobacco
  - c. Within 60 minutes
  - d. 1 to 2 hours
  - e. More than 2 hours to 4 hours
  - f. More than 4 hours but less than one full day
  - g. 1 to 3 days
  - h. 4 days or more
- 14. Have you ever tried or experimented with any form of smokeless tobacco products (such as snuff; chewing tobacco; held in the mouth tobacco; dip; betel quid with tobacco; gutka)?**
- a. Yes
  - b. No

15. **During the past 30 days, did you use any form of smokeless tobacco products (such as snuff; chewing tobacco; held in the mouth tobacco; dip; betel quid with tobacco; gutka)?**
- a. Yes
  - b. No

**The next questions ask about your feelings toward stopping smoking.**

16. **Do you want to stop smoking now?**

- a. I have never smoked
- b. I don't smoke now
- c. Yes
- d. No

17. **During the past 12 months, did you ever try to stop smoking?**

- a. I have never smoked
- b. I did not smoke during the past 12 months
- c. Yes
- d. No

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

- a. I have never smoked
- b. I don't smoke now
- c. Yes
- d. No

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

**(SELECT ONLY ONE RESPONSE)**

- a. I have never smoked
- 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

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

**(SELECT ONE RESPONSE ONLY)**

- a. I have never smoke
- 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 do not like it
- g. Other

**The next questions ask about your exposure to other people's smoking.**

21. **During the past 7 days, on how many days has anyone smoked inside your home, in your presence?**

- a. 0 days
- b. 1 to 2 days
- c. 3 to 4 days
- d. 5 to 6 days
- e. 7 days



- 22. How often do you see your father (stepfather or mother's partner) smoking in your home?**
- Don't have/don't see this person
  - About every day
  - Sometimes
  - Never
- 23. How often do you see your mother (stepmother or father's partner) smoking in your home?**
- Don't have/don't see this person
  - About every day
  - Sometimes
  - Never
- 24. How often do you see your brother/sister smoking in your home?**
- Don't have/don't see this person
  - About every day
  - Sometimes
  - Never
- 25. How often do you see other people smoking in your home?**
- Don't have/don't see this person
  - About every day
  - Sometimes
  - Never
- 26. During the past 7 days, on how many days has anyone smoked in your presence, inside any enclosed public place, other than your home (such as : school, shops, restaurants, shopping malls, movie theaters, airport, commuter/kombi/bus)?**
- 0 days
  - 1 to 2 days
  - 3 to 4 days
  - 5 to 6 days
  - 7 days
- 27. During the past 7 days, on how many days has anyone smoked in your presence, at any outdoor public place (such as : playgrounds, sidewalks, entrances to buildings, parks, school/public swimming pools ,bus stop/bus terminus)?**
- 0 days
  - 1 to 2 days
  - 3 to 4 days
  - 5 to 6 days
  - 7 days
- 28. During the past 30 days, did you see anyone smoke inside the school building or outside on school property?**
- Yes
  - No
- 29. Do you think the smoke from other people's tobacco smoking is harmful to you?**
- Definitely not
  - Probably not
  - Probably yes
  - Definitely yes

30. **Are you in favor of banning smoking inside enclosed public places (such as : schools, shops, restaurants, shopping malls, movie theaters, airport, commuter/kombi/bus)?**
- a. Yes
  - b. No
31. **Are you in favor of banning smoking at outdoor public places (such as : playgrounds, sidewalks, entrances to buildings, parks, school/public swimming pools, bus stop/bus terminus)?**
- a. Yes
  - b. No

**The next questions ask about getting cigarettes.**

32. **The last time you smoked cigarettes during the past 30 days, how did you get them?**

**(SELECT ONLY ONE RESPONSE)**

- a. I did not smoke any cigarettes during the past 30 days
  - b. I bought them in a store or shop
  - c. I bought them from a street vendor
  - d. I bought them at a kiosk/tuck shop
  - e. I bought them from a vending machine
  - f. I got them from someone else
  - g. I got them some other way
33. **During the past 30 days, did anyone refuse to sell you cigarettes because of your age?**
- a. I did not try to buy cigarettes during the past 30 days
  - b. Yes, someone refused to sell me cigarettes because of my age
  - c. No, my age did not keep me from buying cigarettes
34. **The last time you bought cigarettes during the past 30 days, how did you buy them?**
- a. I did not buy cigarettes during the past 30 days
  - b. I bought them in a pack
  - c. I bought individual sticks (singles)
  - d. I bought them in a carton
  - e. I bought them in rolls
  - f. I bought tobacco and rolled my own
35. **Can you purchase tobacco products/cigarettes near your school?**
- a. Yes
  - b. No
  - c. I don't know
36. **How easy or difficult would it be for you to get tobacco products/cigarettes if you wanted some?**
- a. Very difficult
  - b. Fairly difficult
  - c. Fairly easy
  - d. Very easy
  - e. I don't know
37. **On average, how much do you think a pack of 20 cigarettes costs?**
- a. Less than \$0.50
  - b. \$0.50-\$0.80
  - c. \$0.90-\$1.00
  - d. \$1.10-\$1.50
  - e. \$1.60-\$2.00
  - f. \$2.10-\$2.50
  - g. More than\$2.50
  - h. I don't know

The next questions ask about your knowledge of messages that are against using tobacco (might include cigarettes, other smoked tobacco, and smokeless tobacco).

38. During the past 30 days, did you see or hear any anti-tobacco media messages on television, radio, internet, billboards, posters, newspapers, magazines, or movies?
- Yes
  - No
39. During the past 30 days, did you see or hear any anti-tobacco messages at sports events, fairs, concerts, or community events, or social gatherings?
- I did not go to sports events, fairs, concerts, or community events, or social gatherings in the past 30 days
  - Yes
  - No
40. During the past 30 days, did you see any health warnings on cigarette packages?
- Yes, but I didn't think much of them
  - Yes, and they led me to think about quitting smoking or not starting smoking
  - No
41. During the past 30 days, did you see any signs stating that adolescents are not allowed to buy any tobacco products?
- Yes
  - No
42. During the past 12 months, were you taught in any of your classes about the dangers of tobacco use?
- Yes
  - No
  - I don't know

The next questions ask about your knowledge of advertisements or promotions for tobacco (might include cigarettes, other smoked tobacco, and smokeless tobacco).

43. During the past 30 days, did you see any people using tobacco when you watched TV, videos, or movies?
- I did not watch TV, videos, or movies in the past 30 days
  - Yes
  - No
44. During the past 30 days, did you see any advertisements or promotions for tobacco products at points of sale (such as : stores, shops, kiosks tuck shops, vendors, etc.)?
- I did not visit any points of sale in the past 30 days
  - Yes
  - No
45. During the past 30 days, did you see any advertisements for tobacco products on the Internet?
- I did not use the Internet in the past 30 days
  - Yes
  - No

46. **During the past 30 days, did you see any videos on the Internet that promote smoking tobacco or make smoking tobacco look fun/cool?**  
a. I did not use the Internet in the past 30 days  
b. Yes  
c. No
47. **Do you think tobacco advertising should be banned?**  
a. Yes  
b. No
48. **Would you ever use or wear something that has a tobacco company or tobacco product name or picture on it such as a lighter, t-shirt, hat, or sunglasses?**  
a. Yes  
b. Maybe  
c. No
49. **Do you have something (for example, t-shirt, pen, backpack) with a tobacco product brand logo on it?**  
a. Yes  
b. No
50. **Has a person working for a tobacco company ever offered you a free tobacco product?**  
a. Yes  
b. No

The next questions ask about your attitudes and beliefs about using tobacco.

51. **If one of your best friends offered you a tobacco product, would you use it?**  
a. Definitely not  
b. Probably not  
c. Probably yes  
d. Definitely yes
52. **At anytime during the next 12 months do you think you will use any form of tobacco?**  
a. Definitely not  
b. Probably not  
c. Probably yes  
d. Definitely yes
53. **Once someone has started smoking tobacco, do you think it would be difficult for them to quit?**  
a. Definitely not  
b. Probably not  
c. Probably yes  
d. Definitely yes
54. **Do you think smoking tobacco helps people feel more comfortable or less comfortable at celebrations, parties, or in other social gatherings?**  
a. More comfortable  
b. Less comfortable  
c. No difference whether smoking or not

55. **Do you agree or disagree with the following: “I think I might enjoy smoking a cigarette.”**
- a. I currently smoke cigarettes
  - b. Strongly agree
  - c. Agree
  - d. Disagree
  - e. Strongly disagree

**The next questions ask about smokeless tobacco. This includes chewing tobacco such as mudhombo; applying tobacco such as bute; snuff such as bute).**

56. **How old were you when you first tried using smokeless tobacco?**
- a. I have never tried using smokeless tobacco
  - 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
57. **During the past 30 days, on how many days did you use smokeless tobacco?**
- 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
58. **Do your parents work?**
- a. Father (stepfather or mother's partner) only
  - b. Mother (stepmother or father's partner) only
  - c. Both
  - d. Neither
  - e. Don't know
59. **What level of education did your father (stepfather or mother's partner) complete?**
- a. Primary (Grade 1-6)
  - b. Primary (Grade 7)
  - c. Secondary (Form1-3)
  - d. Secondary-O-levels
  - e. Secondary- A-levels
  - f. University (First degree/Diploma)
  - g. Post-graduate (Masters/PhD)
  - h. Don't know
60. **What level of education did your mother (stepmother or father's partner) complete?**
- a. Primary (Grade 1-6)
  - b. Primary (Grade 7)
  - c. Secondary (Form1-3)
  - d. Secondary-O-levels
  - e. Secondary- A-levels
  - f. University (First degree/Diploma)
  - g. University (Post-graduate (Masters/PhD)
  - h. Don't know

61. **About how many students in your grade smoke tobacco?**  
a. Most of them  
b. About half of them  
c. Some of them  
d. None of them
62. **Do you think young people who smoke tobacco have more or less friends?**  
a. More friends  
b. Less friends  
c. No difference from non-smokers
63. **Do you think smoking tobacco makes young people look more or less attractive?**  
a. More attractive  
b. Less attractive  
c. No difference from non-smokers
64. **Do you think smoking tobacco is harmful to your health?**  
a. Definitely not  
b. Probably not  
c. Probably yes  
d. Definitely yes
65. **Do you think smoking tobacco is more harmful to your health if you are HIV positive or have TB?**  
a. Definitely not  
b. Probably not  
c. Probably yes  
d. Definitely yes
66. **Has anyone in your family discussed the harmful effects of smoking tobacco with you?**  
a. Yes  
b. No
67. **During the past 12 months, did you read in your school texts or books about the health effects of tobacco?**  
a. Yes  
b. No  
c. I do not have school texts or books
68. **During the past 12 months, were you taught in any of your classes about the effects of using tobacco like it makes your teeth yellow, causes wrinkles, or makes you smell bad?**  
a. Yes  
b. No  
c. Not sure
69. **During school hours, how often do you see teachers smoking in the school building?**  
a. About every day  
b. Sometimes  
c. Never  
d. Don't know
70. **During school hours, how often do you see teachers smoking outdoors on school premises?**  
a. About every day  
b. Sometimes  
c. Never  
d. Don't know
71. **Do you think the sale of tobacco products to minors should be banned?**  
a. Yes  
b. No
72. **Do you believe that tobacco companies try to get young people under age 18 to use tobacco products?**  
a. Yes  
b. No

# School Policy Questionnaire

1. **What is your primary position in this school?**
  - a. Administrator/Headmaster/Headmistress
  - b. Teacher
  - c. School health services personnel (ex. Nurse)
  - d. Clerical staff
  - e. Other type of school personnel ( \_SDC member; General Hand; Security Guard: Ground staff, etc)\_\_\_\_\_ )
  
2. **Does your school have a policy or rule specifically prohibiting tobacco use among students inside school buildings?**
  - a. Yes
  - b. No
  - c. I don't know
  
3. **Does your school have a policy or rule specifically prohibiting tobacco use among students outside school buildings on school premises/property?**
  - a. Yes
  - b. No
  - c. I don't know
  
4. **Does your school have a policy or rule specifically prohibiting tobacco use among school personnel inside school buildings?**
  - a. Yes
  - b. No
  - c. I don't know
  
5. **Does your school have a policy or rule specifically prohibiting tobacco use among school personnel outside school buildings on school premises/property?**
  - a. Yes
  - b. No
  - c. I don't know
  
6. **How well does your school enforce any of its policy (or rule) on tobacco use among students?**
  - a. There is no policy or rule on tobacco use among students
  - b. Completely
  - c. Partially
  - d. Not at all
  
7. **How well does your school enforce any of its policy (or rule) on tobacco use among school personnel?**
  - a. There is no policy or rule on tobacco use among school personnel
  - b. Completely
  - c. Partially
  - d. Not at all

