Ministry of Health
Department of Regulatory Services

GLOBAL YOUTH TOBACCO SURVEY REPORT
ERITREA

(November 2005)

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TABLE OF CONTENTS

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Executive Summary

The GYTS is a school based tobacco specific survey, which focuses on adolescents aged 13 – 15 years. World Health Organization (WHO) and Center for Disease Control (CDC) developed the Global Youth Tobacco Survey (GYTS) to track tobacco use among youth across countries using a common methodology and core questioner. The GYTS surveillance system is intended to enhance the capacity of countries to design, implement, and evaluate tobacco control and prevention programs.

The Department of Regulatory Services, Ministry of Health - Eritrea conducted the survey in all the six regions i.e. Anseba, Debub, Gash Barka, Maekel, Northern Red Sea and Southern Red Sea in November 2005. For convenience of the study, Northern Red Sea and Southern Red Sea together were considered as one region. A two stage cluster sample design was used to obtain representative sample from Primary (5th grade); Middle (6th to 8th grade) and secondary (9th grade). A total of 100 schools, 20 schools from each of the four regions and another 20 schools from the Northern Red Sea and Southern Red Sea schools were selected. Out of the 10,979 Students 9, 639 participated in the study. The overall response rate was 100%*87.8% = 87.8%

Key findings

- Approximately 8% of students currently use any form of tobacco; 2% of students currently smoke cigarettes; 7% currently use some other form of tobacco.
- Nearly 1 in 5 students live in home where others smoke, and nearly one third of the students are exposed to smoke around others outside of home; almost 9% of the students have a parent who smokes and 5% of the students have friends who smoke.
- Not even half of the students think smoke from others is harmful to them
- Over 86% of current smokers want to stop smoking, and 89% have ever received help to stop smoking.
- Over one in ten students were offered a free cigarette by a tobacco company representative.
- Over two third of the students saw anti-smoking media messages; almost half of the students saw pro-cigarette advertisements in the past.

The survey result provide baseline data and evidence for the need to develop tobacco control interventions to reduce the potential tobacco related health care costs with emphasis for the young people in and out of school.

INTRODUCTION

Tobacco use is one of the chief preventable causes of death in the world. According to the World Health Organization (WHO), around 4 million people die prematurely from tobacco related illness each year. This number is expected to rise to 10 million annually by the year 2030. Whereas until recently this epidemic of death and disease primarily affected developed countries, it is rapidly shifting to developing countries. By the year 2020, 70% of all deaths from tobacco will occur in developing countries.

Many tobacco's future victims are today's children. If current trend continues, 250 million children alive today will be killed by tobacco. Tobacco use generally begins during adolescence and continues through adulthood, sustained by addiction to the nicotine in tobacco.

In many countries, tobacco use is rising among young people at the same time that the age of initiation is falling. In the United States, approximately 80% of regular smokers begin before the age of 18. Although in some developing countries the age of onset may be slightly latter, it is only a matter of few years and, significantly it appears to be dropping. If young people do not begin to use tobacco before the age of 20, they are unlikely to initiate use as adults. Thus preventing tobacco use among young people is of paramount importance.

Tobacco Use in Eritrea

Eritrea is situated in the horn of Africa. It has an area of 122,000 Square Kilometers. To the east the country is bordered by the Red Sea, Djibouti borders the country to the southeast, Ethiopia in the south, and the Sudan in the north and west. Though population census has not been conducted, based on a population count, the Ministry of Local Government estimated the total population of Eritrea to be 3.2million (DHS 2002). Eritrea is one of the poorest countries in the world, with GDP per capita of about US $200. The prolonged draught conditions and the border conflict with Ethiopia disrupted the promising growth of GDP from 7.7% to negative 11.9%.

In Eritrea tobacco can be commercially grown in the lowlands. There is also a cigarette factory in Asmara recently privatized. Import-export of tobacco is one of the growing private businesses in Eritrea and tobacco is one of the commonly consumed commodities that could generate reasonable income in short period.

Behaviors that could contribute to increased use of tobacco in reference to different cultures and population groups in Eritrea are: in a number of Eritrean nationalities, tobacco is snuffed and seen as a social activity for recreation. Smoking among urban population is seen as a sign of maturity, independence and may be intelligences and is not uncommon to see young teenagers smoking. Furthermore, in a situation where a lot of cultures and behaviors come together like in the army or National Service, there is an

increased opportunity to influence each other. Therefore, with the few facts mentioned above, it is not difficult to see that smoking could be a growing problem that needs due attention. It is with this intention that the Government of Eritrea in general and the Ministry of Health in particular is persistently working to curb the tobacco use in the country.

Map of Eritrea

Prevalence

The Ministry of Health's, National Non Communicable Disease (NCD) Risk Factor Baseline Survey conducted in 2004 indicates that the national prevalence of daily smokers is 7.2% and another 0.9% are non daily smokers. National prevalence of current use of smokeless tobacco is 2.9%. The survey was conducted for the age group of 15 – 65 years.

There is currently no specific data that links the types of the diseases and mortality to use of tobacco. There is also lack of data on consumption rates of tobacco products by various groups and population categories.

the objectives of the GYTS survey were therefore to document and monitor the prevalence of tobacco use; assess students attitudes, knowledge and behaviors related to tobacco use and environmental tobacco smoke (ETS) exposure, as well as youth exposure to prevention, curriculum in school, community programs and media messages aimed at preventing and reducing youth tobacco use. The other objective was to provide information to guide programming and advocacy work addressing youth tobacco use.

Tobacco Control Measures in Eritrea

The Ministry of Health has realized the seriousness of tobacco use in Eritrea and in the early 1999 established a committee, chaired by the D/G of the Regulatory Services that works to combat this problem. The committee was organized from different sections of the ministry as well as outside the ministry. The committee has played a big role in sensitizing the general population and target groups to combat the growing problem of tobacco use in Eritrea. To mention some of the activities conducted by the committee:

1. Prepared training manual for tobacco control
2. Conducted training of trainers on tobacco control for target groups like members of the army, the Eritrean Youths and Students Association.
3. Commemorated the World No Tobacco Days since 1999 by conducting public campaign activities through the mass media and other communication channels like films, banners, posters and leaflets.
4. Actively participated in the four sessions of the Intergovernmental Negotiating Body on the WHO Framework Convention on Tobacco Control (FCTC).
5. Coordinated the preparation, publication and enactment of the Eritrean Tobacco Control Act and its attendant regulations.

International Responses

WHO Resolutions

Between 1970 and 1995, WHO adopted 14 resolutions on the need for both national and international tobacco control policies. Four of the 14 resolutions are relevant to the United Nations Foundation for International Partnership (UNFPI) – project – GYTS.

Under this project Member states were encouraged to implement comprehensive tobacco control strategies. The project is conceived as dynamic and interactive process and will consist of three distinct, but overlapping phases. The first phase will focus on hastening the evidence for action by establishing a research-based evidence for developing future actions.

The second phase will be the activating phase which involves selecting and developing the components of comprehensive country based approach to addressing tobacco use among children and young people and promotes the exchange of experiences and issues between countries and global activities will be developed and strengthened.

The third phase will involve taking the project to scale by producing and disseminating resources, strengthening regional capacity to sustain activities; integrating the products and the results of the project into the ongoing tobacco control work at the national, regional and global levels; transferring technology experience between countries and regions; and strengthening cooperation and collaboration at all levels.

The WHO Framework Convention on Tobacco Control (FCTC)

In May 1999 the fifty-second World Health assembly paved the way for multilateral negotiations on the WHO Framework Convention on Tobacco Control (WHO FCTC) and possible related protocols. The WHO FCTC was unanimously adopted by WHO's 192 Member States in May 2003. The WHO FCTC represents a historic development both in terms of global efforts to tobacco consumption and exposure, but also because it was the first time that WHO member States exercised their treaty-making powers under Article 19 of the WHO Constitution.

Global Youth Tobacco Survey

The Global Youth Tobacco Survey focuses mainly on the following six areas:

1. PREVALENCE

Starting to smoke at younger age will increase the risk of death from smoking related causes, and lowers the age at which death is likely to occur. Young people who start smoking in their adolescent years will therefore die from the use of tobacco. The questions in this section will measure smoking experimentation, current smoking patterns, age of initiation, and other tobacco use. Data will be collected on cigarette smoking and use of other tobacco products.

2. SCHOOL CARRICULUM

Schools are an ideal setting in which to provide tobacco use prevention education. School-based tobacco prevention education programs that focus on skills training have proven effective in reducing the onset of smoking. These programs should enable and encourage children and adolescents who have not experimented with tobacco to continue to abstain from any use. For young persons who have experimented with tobacco use, or who are regular tobacco users, School Tobacco Prevention Education Programs may enable them to immediately stop all use. This section of GYTS will therefore measure student perception of tobacco use prevention and education.

3. Cessation

Many smokers, including youth, are addicted to nicotine and need assistance in quitting. To comprehensively address tobacco use among youth, the focus must be on both prevention and cessation. There has been an increased demand for cessation programs to be put in place, especially for the youth. This section of the GYTS will attempt to measure cessation among youth.

4. Environmental Tobacco Smoke (ETS)

As the theme for 2001 World No Tobacco focused on "Second Hand Smoke Kills" to protect families and friends it is of paramount importance to measure exposure to environmental tobacco smoke (ETS), especially to the youth.

5. Knowledge and attitudes

Increase in positive attitudes towards tobacco use and decreased agreement with statements about the risks of tobacco use have been related to increase in youth tobacco rates. Questions regarding susceptibility predict the risk of future smoking experimentation, as do those about the number of friends who smoke, attitudes and knowledge about tobacco. Parental involvement, attitudes towards the social benefits of smoking, knowledge and attitudes towards risk of tobacco use, and potential peer pressure to use tobacco are concepts also especially addressed.

6. Media and advertising

The tobacco control act of 2004 prohibits tobacco advertising. This survey was attempting to measure the exposure of young people to both pro and anti tobacco use messages in the mass media and other publications.

Methods

The Eritrean GYTS includes data on prevalence of cigarette and other tobacco use as well as information on five determinants of tobacco use: access/availability and price, environmental tobacco smoke exposure (ETS), cessation, media and advertising, and school curriculum. These determinants are components Eritrea could include in a comprehensive tobacco control program.

Sample description

The Eritrea GYTS was a school-based survey of students in Primary (5th grade); Middle (6th to 8th grade) and secondary (9th grade) conducted in 2005. All the schools private and public which include these grades were identified from the Ministry of Education and sent to the Center for Disease Control for sampling. A total of 100 schools, 20 schools from each of the four regions and another 20 schools from the Northern and Southern Red Sea regions together were selected. A two stage cluster sample design was used to produce representative data for each of the six regions in Eritrea. At the first stage, schools were selected with probability proportional to enrolment size (PPE). At the second stage, classes were randomly selected from the eligible grades of the selected school and all students in selected classes were eligible to participate. Class selection was based on the random start provided by OSH/CDC on the School Level Form.

The Questioner

A self-administered questioner was used for data collection. The questioner consisted of 56 questions adopted from a core questioner previously developed by OSH/CDC. The questioner was carefully translated into Tigrigna, a commonly spoken local language and the questions were adapted to the Eritrean context. It includes questions on the prevalence of tobacco use, access and availability of tobacco products, perception and attitudes, cessation, media and advertising, environmental tobacco use, and school curriculum on tobacco related issues. The questioner was pre-tested to evaluate its relevance and applicability.

Data Collection

A research team composed of 8 people was formed to conduct the survey. The research team was divided into 4 groups consisting two people each. The members of each group (survey administrators) were selected from the Department of Regulatory Service, Ministry of Health and trained in data collection for one day. The survey administrators were provided with survey procedures and instructions. A vehicle was assigned to each team and each team went to the 4 zobas. Each of the four groups covered 20 schools in their assigned Zoba. All the four groups were participated in data collection in 20 schools in the central zone before they go to their respective regions. Data was collected on 1-2 November on the Central Region and from 7–18 November 2005 on the other 4 regions.

A letter of cooperation to carry out the survey was sent to the Ministry of Education ahead of the survey date. And the Ministry of Education sent a letter to the six Zonal Ministry of Education directors to fully collaborate with the survey team assigned in their respective region. School directors were briefed on the objectives of the survey and the way it will be administered before the actual data collection took place.

Answer sheets, header sheets, school and classroom-level forms used to capture information from students and enrolment data were edited at the end of each day of field work. The answer sheets, the header sheets and pencils were provided by OSH/CDC. The research coordinator undertook the responsibility of the final checking/editing and packaging of the Answer Sheets, the Header Sheets, the Classroom Level Forms, and the School Level Forms. They were then sent to the Center for Disease Control, USA, for scanning and preliminary analysis.

Analysis

Sample Description

All schools containing 5th – 9th grades that contained 40 or more students were included in the sampling frame. A two-stage cluster sample design was used to produce a representative sample of students in grades, Primary 5/Middle 6-8/Secondary 9.

School Level

The first-stage sampling frame consisted of all schools containing grades Primary 5/Middle 6-8/Secondary 9. Schools were selected with probability proportional to school enrolment size.

Class Level

The second sampling stage consisted of systematic equal probability sampling (with a random start) of classes from each school that participated in the survey. All classes in the selected schools were included in the sampling frame. All students in the selected classes were eligible to participate in the survey.

Weighting

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

$$W = W1*W2*f1*f2*f3*f4$$

W1 = the inverse of the probability of selecting the school
W2 = the inverse of the probability of selecting the classroom within the school
f1 = a school-level nonresponse adjustment factor calculated by school size category (small, medium, large)
f2 = a class adjustment factor calculated by school
f3 = a student-level nonresponse adjustment factor calculated by class
f4 = a post stratification adjustment factor calculated by gender and grade.

Use of the weighted results

The weighted results can be used to make important inferences concerning tobacco use risk behaviors of students in grades Primary 5/Middle 6-8/Secondary 9.

Limitations of the Study

1. The Global Youth Tobacco Survey (GYTS) is administered to students and may not be representative of all adolescents aged 13 – 15. However, it is believed that the majority of children at this age group in Eritrea attend schools.
2. These data apply only to youths who were in school on the day of the survey and who completed the survey. Student response rates were high approximately 87%, suggesting that bias attributable to absence or non response is limited.
3. Data are based on the self-report of students, who might underreport or over report their use of tobacco. The extent of this bias cannot be determined from these data
4. Data on the use of specific types of tobacco products other than cigarettes like chewing tobacco, snuff and others was not included in the questioner and not collected.

Results

Response Rate:

All of the 100 schools sampled participated in the survey with school response rate of 100%. Furthermore, 9,639 of the 10,979 sampled students completed usable questioner with a student response rate of 87.7%. The overall response rate is 87.7%.The number of students participated in the survey varies from Zoba to Zoba depending on size of classes selected in each Zoba. The highest number is from Zoba Anseba which is 2,215 and the lowest from Gash Barka which is 1,543. The response rate summary by Zoba is as follows:

Table 1.0

Zoba	School Response Rate	Student Response Rate	Overall Response Rate	No. of Schools Sampled	No. of Schools participating	No. of Students sampled	No. of Students participating
NRS & SRS	100.00	83.30	83.30	20	20	2,114	1,761
G. Barka	100.00	85.63	85.63	20	20	1,802	1,543
Anseba	100.00	88.07	88.07	20	20	2,515	2,215
Maekel	100.00	91.33	91.33	20	20	2,226	2,033
Debub	100.00	89.88	89.88	20	20	2,322	2,087
Total	100.00	87.79	87.79	100	100	10,979	9,639

Socio-Demographic Characteristics

Age and Sex Distribution:

Even though the target age group for the survey was 13 to 15 years, and most of this age group are found in the middle school i.e. 6th to 8th grade. As age of students is not uniformly distributed in classes, students in 5th and 9th grades were also incorporated in the study in order to capture most of the students at this age group. Some students were excluded from the age/sex analysis based on missing age or sex or both.

Table 1 show that the subjects were uniformly distributed among the groups and sex for all Zobas.

Chart 1

Distribution of respondents by Zoba

	Anse	Deb	Gas	Mae	NRS
Series1	2215	2087	1543	2033	1761
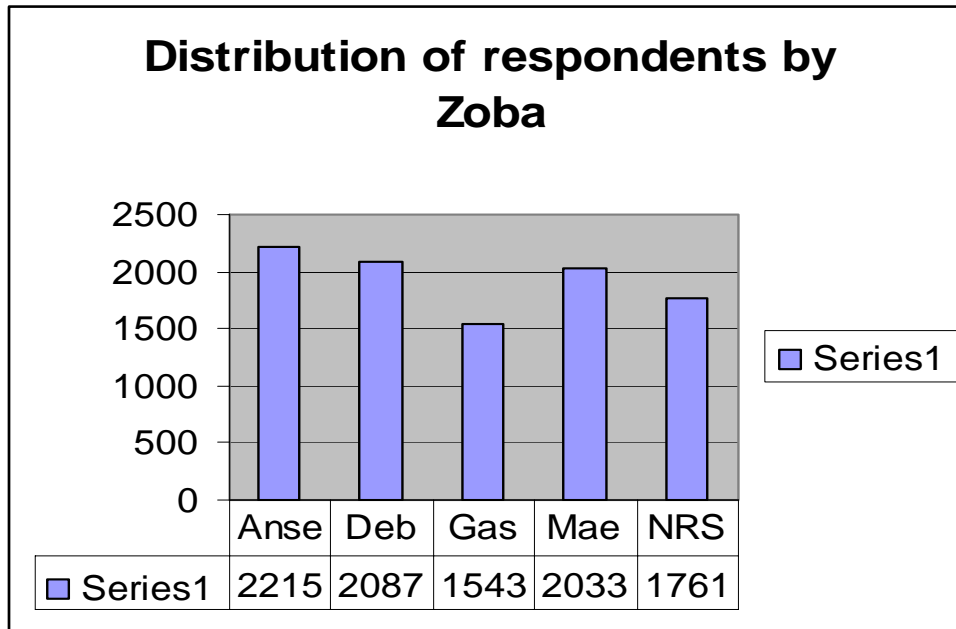
Table 2.0 Distribution of Respondents by Age Group and Sex %

Zoba		≤ 11 years		12 years		13 years		14 years		15 years		16 years		≥ 17 years		Total	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Anseba	Male	193	16.3	187	15.8	156	13.2	236	20.0	219	18.5	125	10.6	65	5.5	1181	100
	Female	141	15.8	174	19.6	134	15.1	184	20.7	155	17.4	79	8.9	23	2.6	890	100
	Total	334	16.1	361	17.4	290	14.0	420	20.3	374	18.1	204	9.9	88	4.2	2071	100
Debub	Male	150	12.7	218	18.4	215	18.2	186	15.7	189	16.0	123	10.4	102	8.6	1183	100
	Female	123	15.2	157	19.4	175	21.7	149	18.4	109	13.5	76	9.4	19	2.4	808	100
	Total	273	13.7	375	18.8	390	19.6	335	16.8	298	15.0	199	10.0	121	6.1	1991	100
Gash Barka	Male	134	15.0	142	15.9	163	18.2	170	19.0	165	18.5	76	8.5	44	4.9	894	100
	Female	99	17.0	117	20.1	122	21.0	123	21.2	80	13.8	34	5.9	6	1.0	581	100
	Total	233	15.8	259	17.6	285	19.3	293	19.9	245	16.6	110	7.5	50	3.4	1475	100
Maekel	Male	273	24.6	158	16.4	145	15.0	172	17.8	136	14.1	49	5.1	67	7.0	964	100
	Female	215	22.1	162	16.6	159	16.3	206	21.1	154	15.8	50	5.1	29	3.0	975	100
	Total	452	23.3	320	16.5	304	15.7	378	19.5	290	15.0	99	5.1	96	5.0	1939	100
NRS & SRS	Male	151	12.9	135	11.5	171	14.6	212	18.1	185	15.8	186	15.9	130	11.1	1170	100
	Female	77	15.5	66	13.3	86	17.3	101	20.4	84	16.9	51	10.3	31	6.3	496	100
	Total	228	13.7	201	12.1	257	15.4	313	18.8	269	16.6	237	14.2	161	9.7	1666	100

Table 3.0   Distribution of Respondents by the amount of pocket money/income/allowance received per month by Zoba

Zoba	Monthly pocket money/income/allowance received in Nakfa, %							
		Zero	<15.00	15.00-75.00	90.00-150.00	165.00-300.00	300.00-450.00	>450.00	Total
Anseba	N=2182	77.8%	14.7%	4.1%	1.6%	0.6%	0.3%	0.9%	100%
Debub	N=2066	89.9%	7.0%	1.5%	0.9%	0.2%	0.2%	0.3%	100%
G. Barka	N=1516	73.3%	16.0%	4.6%	2.8%	1.1%	1.2%	1.1%	100%
Maekel	N=2008	82.1%	11.1%	2.6%	1.5%	0.9%	0.4%	1.3%	100%
NRS & SRS	N=1715	63.1%	17.0%	8.1%	4.5%	2.7%	1.6%	2.9%	100%

**Table 4.0   Distribution of Respondents by Age group and Zoba in %**

Zoba	Distribution of respondents by age group															
	≤ 11years		12 years		13 years		14 years		15 years		16 years		≥ 17 years		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Anseba	348	16.3	374	17.6	299	14.0	428	20.1	383	18.0	207	9.7	92	4.3	2131	100
Debub	286	14.1	382	18.9	397	19.6	340	16.8	299	14.8	200	9.9	121	6.0	2025	100
G. Barka	237	15.9	264	17.7	290	19.4	296	19.8	246	16.5	110	7.4	50	3.3	1493	100
Maekel	465	23.5	331	16.7	308	15.6	384	19.4	293	14.8	101	5.1	98	4.9	1980	100
NRS & SRS	234	13.8	208	12.3	263	15.5	316	18.6	271	16.0	238	14.0	166	9.8	1696	100
Total	1570	16.8	1559	16.6	1557	16.7	1764	18.9	1492	16.0	856	9.2	527	5.6	9325	100

Table 5.0   Distribution of respondents by educational level and Zoba in %

Zoba	Distribution of respondents by educational level													
	≤ Grade 5		Grade 6		Grade 7		Grade 8		Grade 9		≥ 10		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Anseba	519	24.2	454	21.2	513	23.9	213	9.9	439	20.5	6	0.3	2144	100
Debub	296	14.5	628	30.9	499	24.5	483	23.7	127	6.2	2	0.1	2035	100
G. Barka	481	32.0	371	24.7	288	19.1	246	16.3	118	7.8	1	0.1	1505	100
Maekel	457	23.0	279	14.0	407	20.5	436	21.9	395	19.9	14	0.7	1988	100
NRS & SRS	183	10.6	569	33.0	460	26.7	364	21.1	144	8.4	4	0.2	1724	100
Total	1936	20.6	2301	24.5	2167	23.0	1742	18.5	1223	13.0	27	0.3	9396	100

National Prevalence

Chart 2
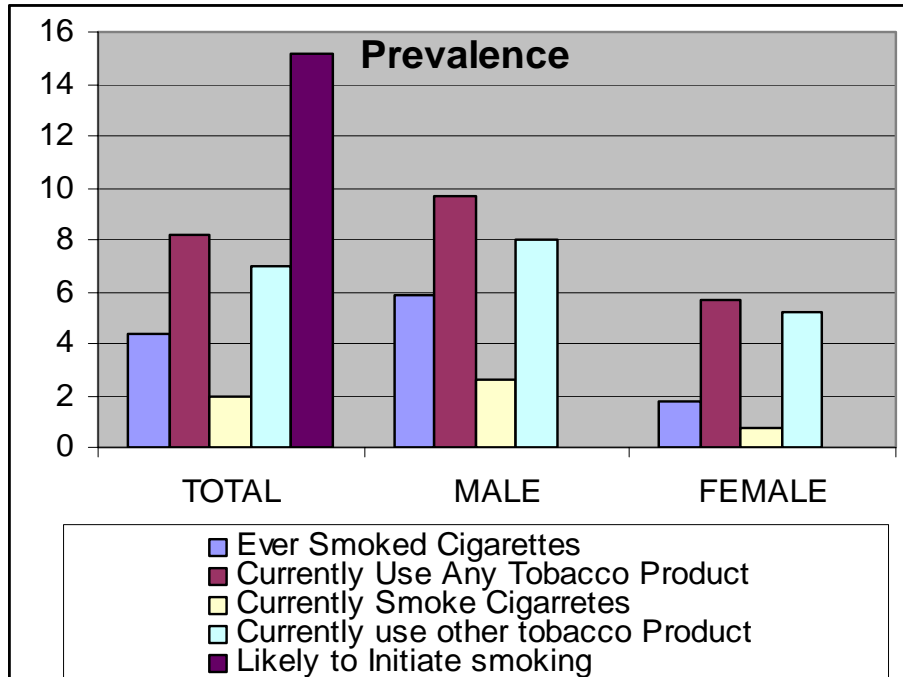
The main categories, which the students were classified with, were:
- Never smokers
- Ever smokers and
- Current smokers

Never smokers are those students who have not admitted to, or have never tried or experimented with cigarette smoking, even one or two puffs. Ever smokers are all those students who have admitted to have ever tried or experimented with cigarette smoking. 4.4% of students had ever smoked cigarettes, about 2% currently smoke cigarettes i.e. males 2.6% and females 0.7%. More than 8% of the students currently use any tobacco product and 7% currently use other tobacco products. 15.2% of the never smokers are susceptible to initiating smoking.

Prevalence – Currently Smoke Cigarettes
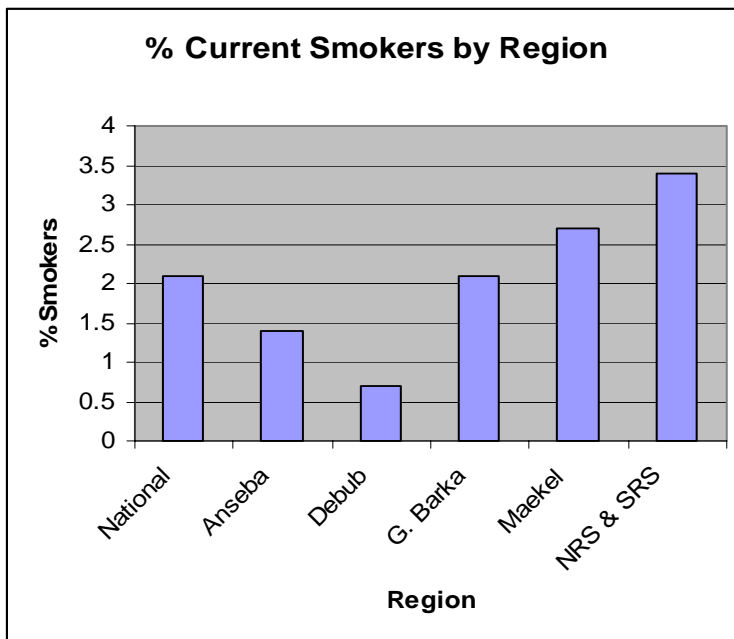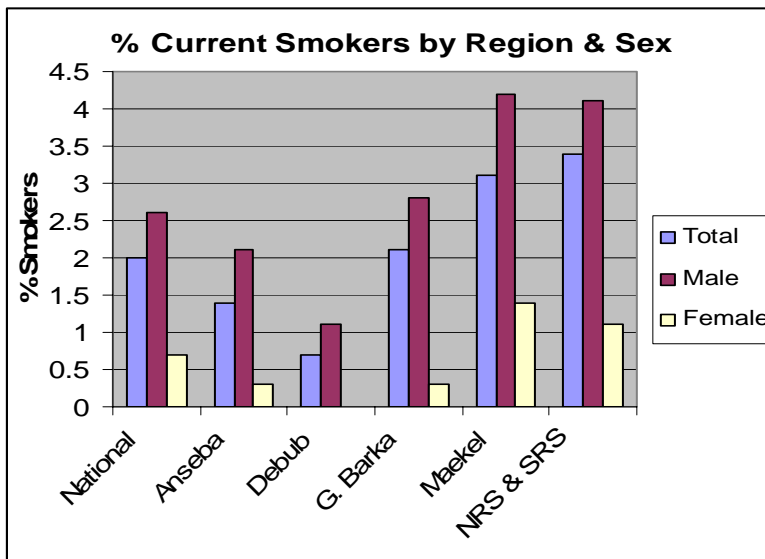
Chart 3

% Current Smokers by Region

A bar chart showing %Smokers on the y-axis (0 to 4) and Region on the x-axis with the following approximate values:
- National: 2.1
- Anseba: 1.4
- Debub: 0.7
- G. Barka: 2.1
- Maekel: 2.7
- NRS & SRS: 3.4

Chart 4

% Current Smokers by Region & Sex

A bar chart showing %Smokers on the y-axis (0 to 4.5) and Region on the x-axis with Total, Male, and Female values:
- National: Total 2.0, Male 2.6, Female 0.7
- Anseba: Total 1.4, Male 2.1, Female 0.3
- Debub: Total 0.7, Male 1.1, Female –
- G. Barka: Total 2.1, Male 2.8, Female 0.3
- Maekel: Total 3.1, Male 4.2, Female 1.4
- NRS & SRS: Total 3.4, Male 4.1, Female 1.1

As can be seen from chart No. 3, the National prevalence of current smokers is about 2%. The lowest prevalence of current smokers being in Zoba Debub which is about 0.7% and the highest in NRS and SRS combined, which is 3.4% followed by Zoba Maekel 2.7%. The prevalence of female current smokers in Zoba Debub is almost zero, the highest female prevalence being in Zoba Maekel 1.4% followed by Zoba NRS & SRS combined which is 1.1.

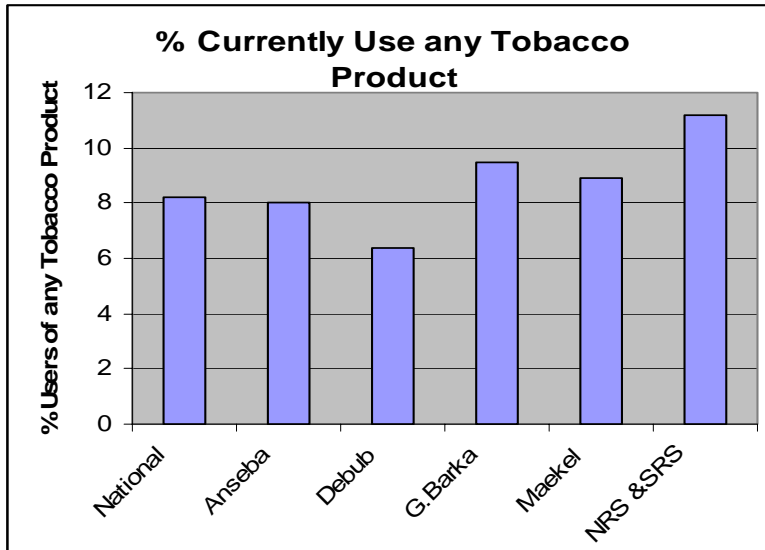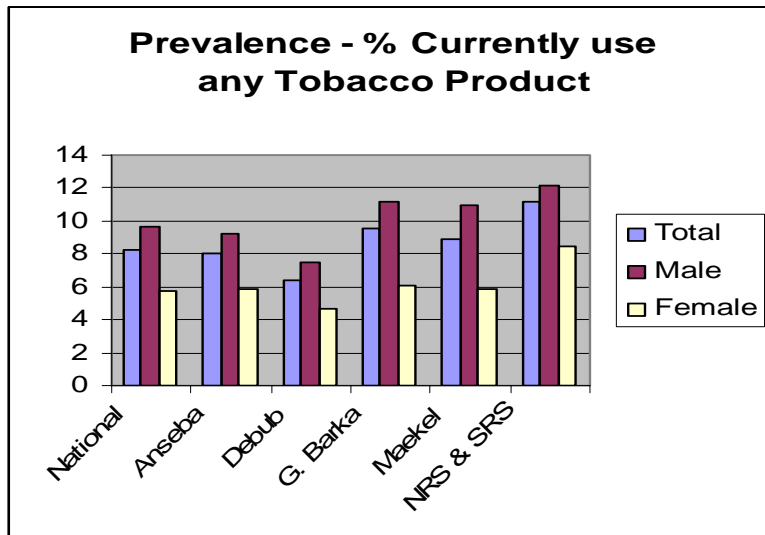## Prevalence – Currently Use any Tobacco Product

Chart 5

% Currently Use any Tobacco Product

Chart 6

**Prevalence - % Currently use any Tobacco Product**

The national prevalence of students who currently use any form of tobacco is 8.2% as compared to the prevalence of current cigarette smokers only which is about 2%. This indicates that students are currently using more of other forms of tobacco products like chewing tobacco. The current use of any tobacco product by students varies from Zoba to Zoba with the highest prevalence in NRS & SRS combined which is about 11.2% followed by Zoba Gash Barka which is 9.5%. The lowest being Zoba Debub 6.4%. Interestingly enough the female prevalence of current cigarette smokers in Zoba Debub is about 0% while the prevalence of females who currently use any tobacco product is 4.7%.

Prevalence – Never Smokers who are susceptible to start smoking.

Chart 7

Prevalence - % Never Smokers likely to initiate smoking next year
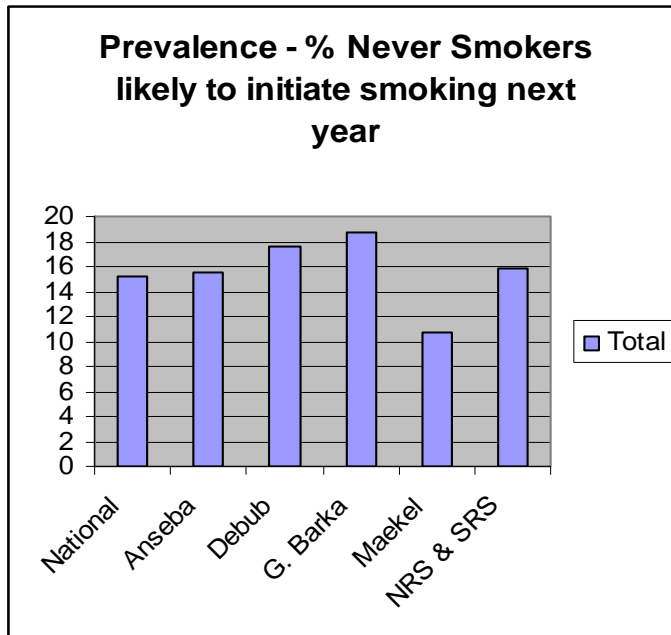
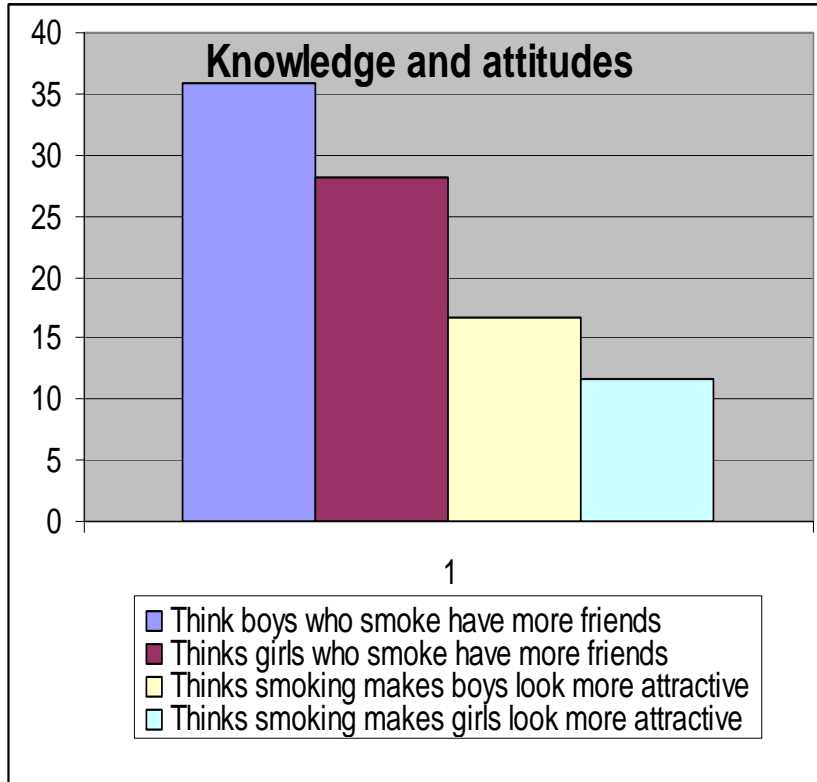As can be seen from the above graph, the national prevalence of never smokers who are likely to initiate smoking next year is 15.2%. The percent of never smokers likely to initiate smoking next year is lowest i.e. 10.8% in Zoba Maekel and highest in Zoba Gash Barka. This figure shows us that students in Zoba Maekel are relatively better in their awareness about the ill effects of tobacco than the other Zobas.

Knowledge and Attitudes

Chart 8

Knowledge and attitudes

(Chart showing four bars with values approximately 36, 28, 16.7, and 11.6)

Legend:
- Think boys who smoke have more friends
- Thinks girls who smoke have more friends
- Thinks smoking makes boys look more attractive
- Thinks smoking makes girls look more attractive
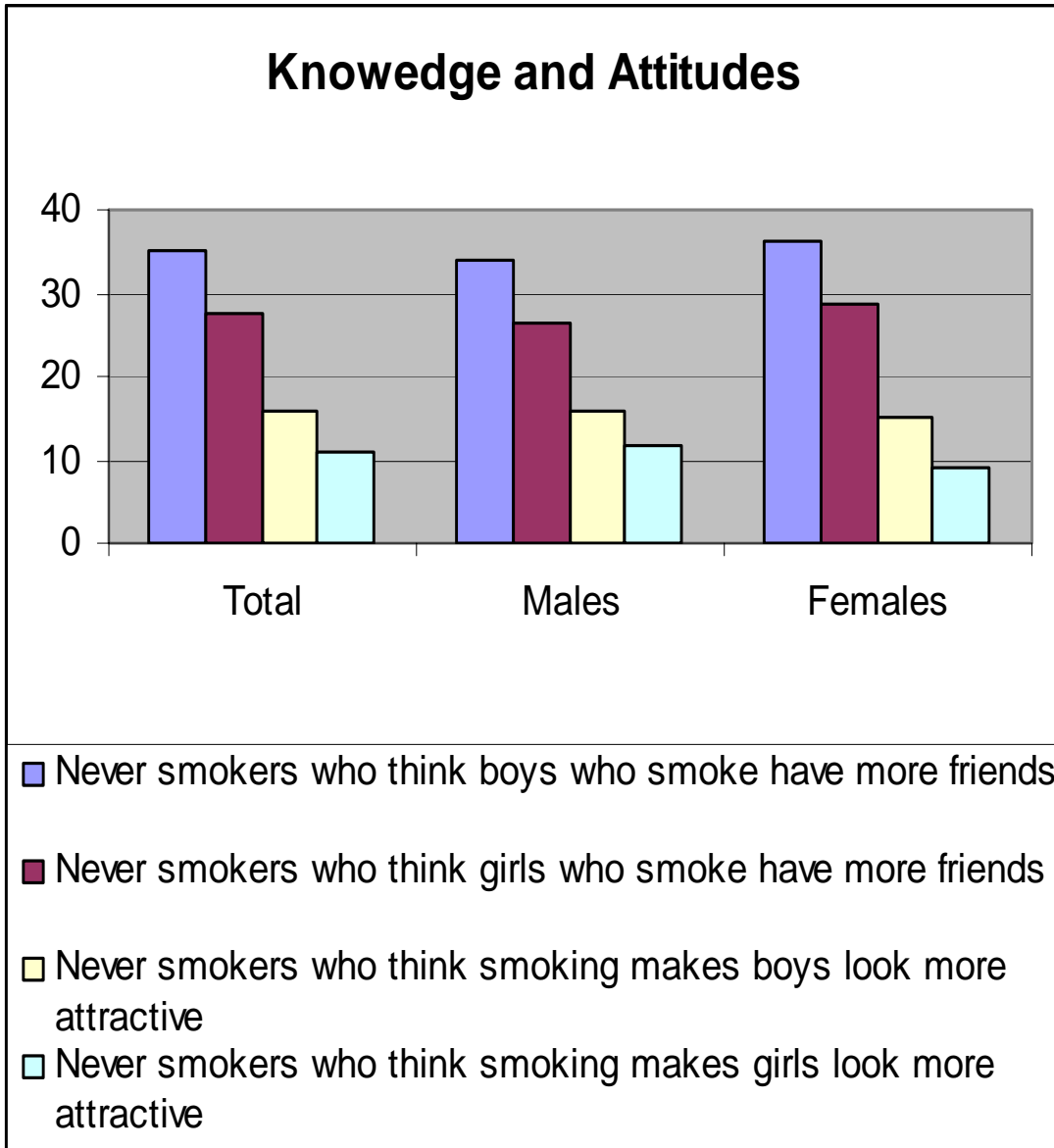
More than 35% of the students think boys who smoke have more friends and about 28% think girls who smoke have more friends. However, 16.7% of the students think boys who smoke look more attractive while 11.6% think girls who smoke look more attractive.

Chart 9

Knowedge and Attitudes

Bar chart with categories Total, Males, Females. Vertical axis from 0 to 40.

Legend:
- ■ Never smokers who think boys who smoke have more friends
- ■ Never smokers who think girls who smoke have more friends
- ☐ Never smokers who think smoking makes boys look more attractive
- ☐ Never smokers who think smoking makes girls look more attractive

Access and Availability - Current Smokers
Chart 10

Access and Availability

Legend:
- Percent current smokers who sually smoke at home
- Percent current smokers who by cigarettes in a shop
- Percent current smokers who bought cigarettes in a shop were NOT refused purc[...] because of their age
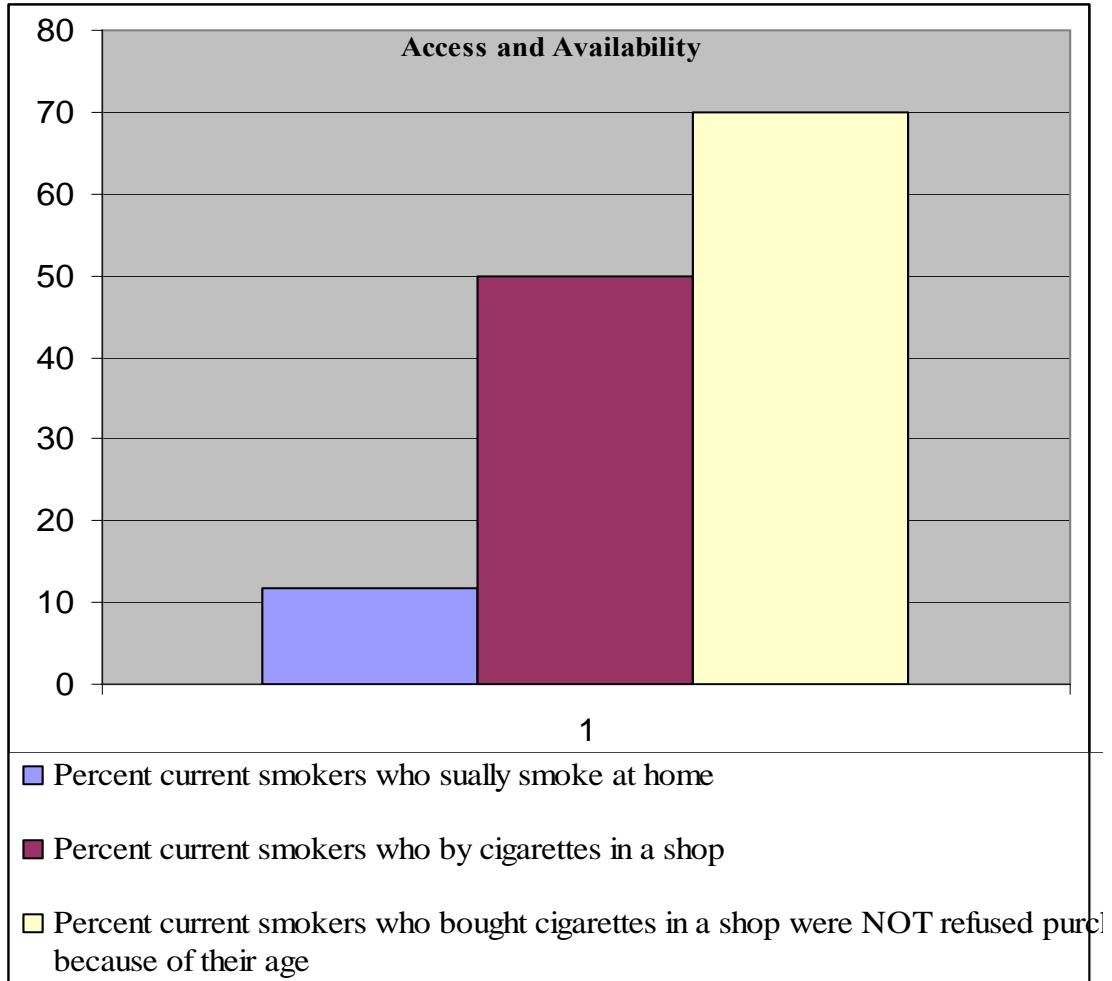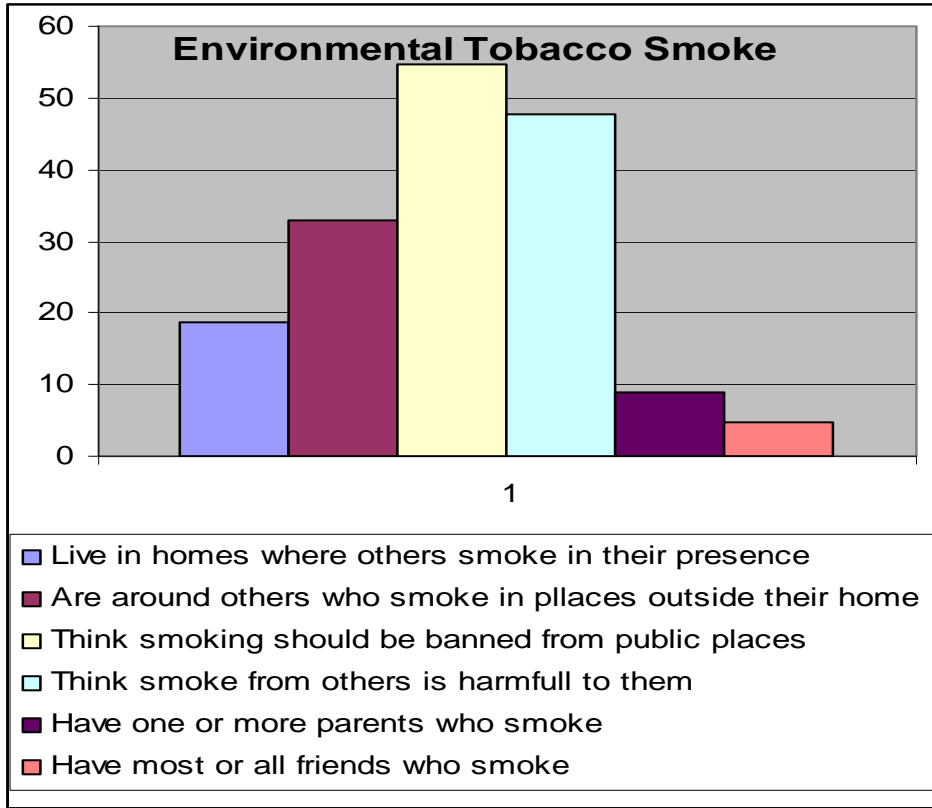
Almost one out of ten students (11.8%) indicated that they usually smoke at home. About half (50%) of the current smokers buy their cigarettes from a shop and about 70% who bought cigarettes in a shop were not refused purchase because of their age.

Environmental Tobacco Smoke

Chart 11

Environmental Tobacco Smoke

- Live in homes where others smoke in their presence
- Are around others who smoke in pllaces outside their home
- Think smoking should be banned from public places
- Think smoke from others is harmfull to them
- Have one or more parents who smoke
- Have most or all friends who smoke

Nearly 1 in 5 students (18.7%) live in homes where others smoke in their presence and nearly one third of the students are exposed to smoke around others outside of the home. 47.8% think smoke from others is harmful to them and 54.8 think smoking should be banned from public places. Almost 9% of students have a parent who smokes and 5% of the students have friends who smoke.
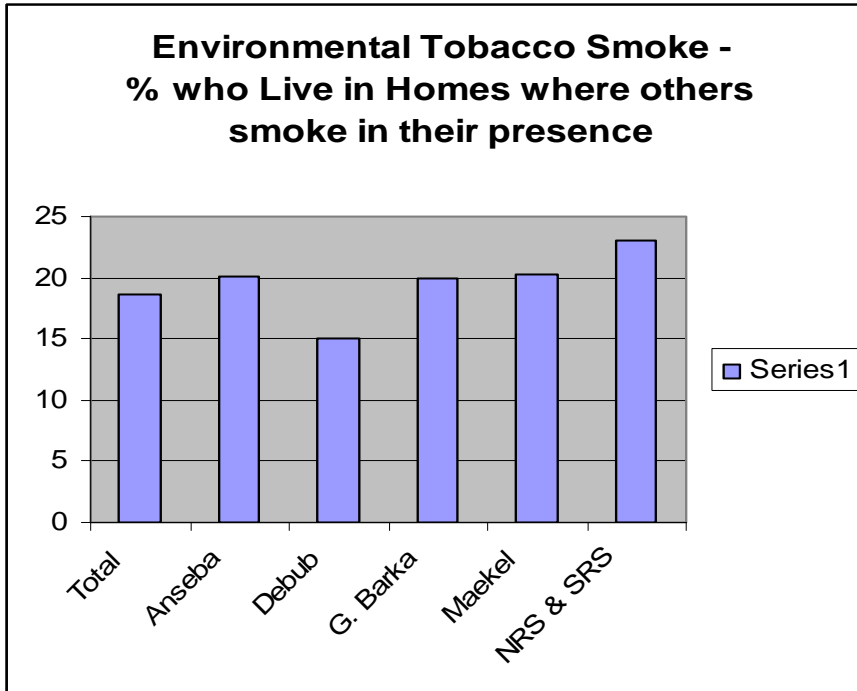
Chart 12

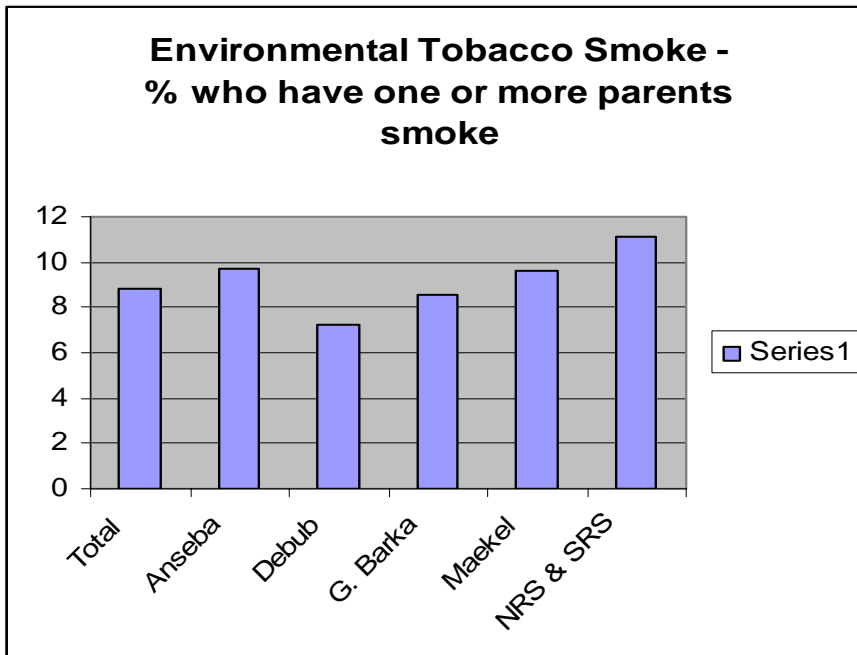**Environmental Tobacco Smoke -
% who Live in Homes where others
smoke in their presence**

Chart 13

**Environmental Tobacco Smoke -
% who have one or more parents
smoke**

Chart 14

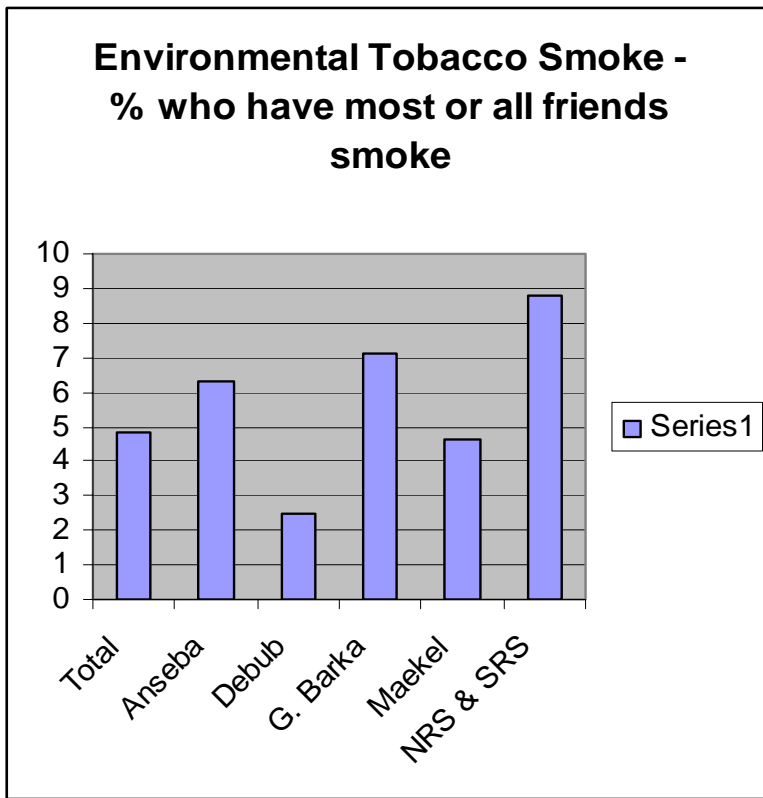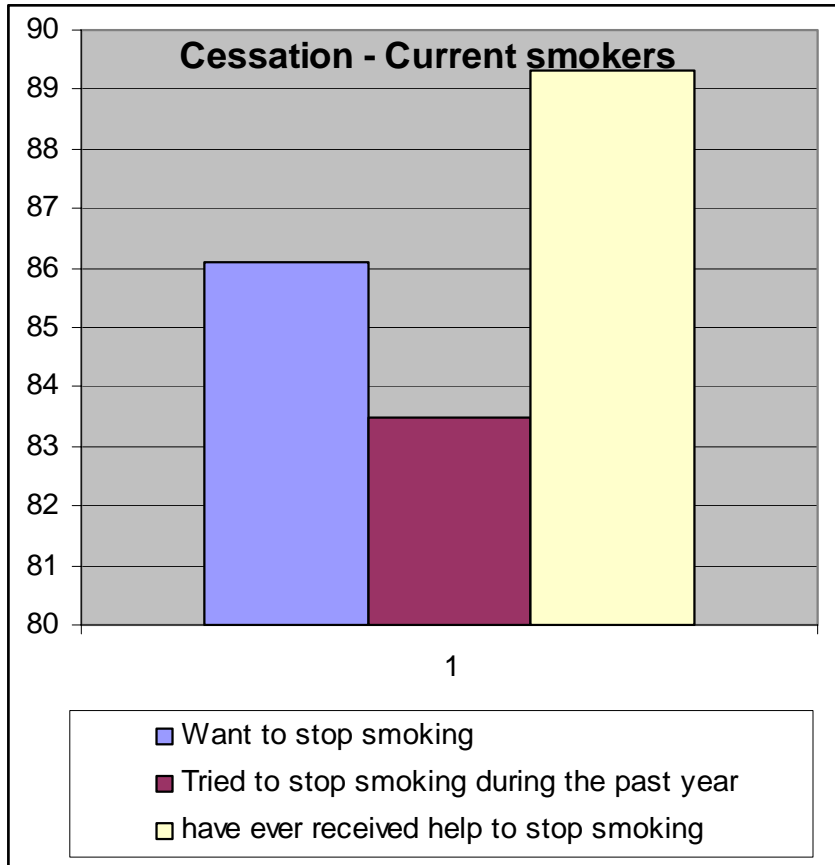Environmental Tobacco Smoke - % who have most or all friends smoke

Cessation – Current Smokers
Chart 15

Over 86% of current smokers want to stop smoking and 89% have ever received help to stop smoking. 83.5% tried to stop smoking during the past year.

Media and Advertising

Chart 16
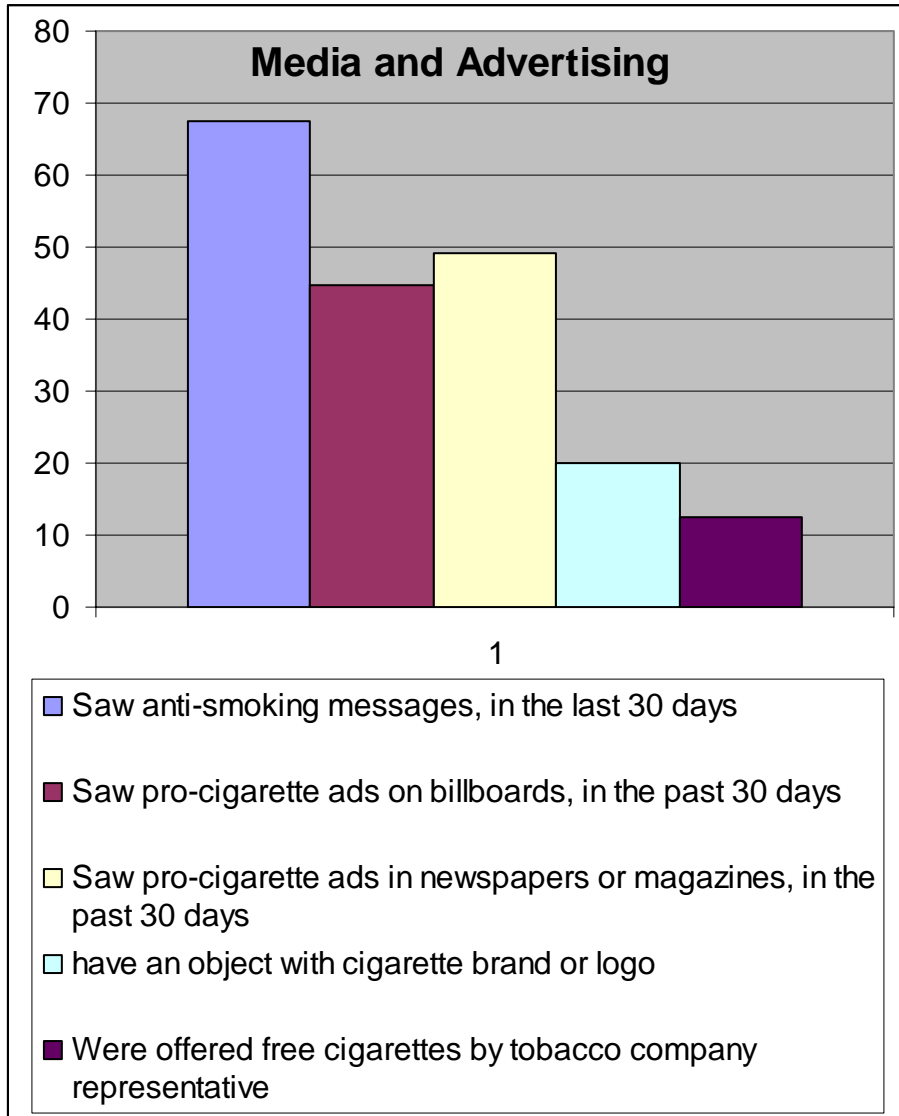
67.5% of the students saw anti-smoking media message and about 50% saw pro-cigarette advertisements in newspapers, magazines, films. Over 1 in 10 students (12.4%) were offered free cigarette by a tobacco company representative and 1 in 5 of the students have an object with a cigarette brand logo.

School
Chart 17

School

Legend:
- Had been taught in class, during the past year, about the dangers of smoking
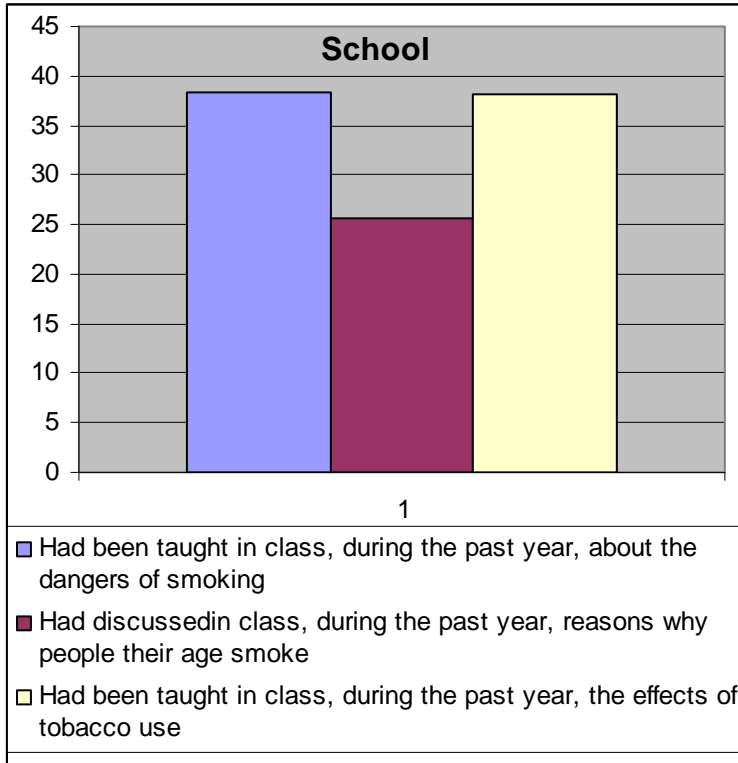- Had discussedin class, during the past year, reasons why people their age smoke
- Had been taught in class, during the past year, the effects of tobacco use

Students were asked several questions on what they were taught during the past year and 38.4% had been taught in class, during the past year, about the dangers of smoking and 25.6% had discussed in class, during the past year, reasons why people their age smoke.

Conclusions

The study shows that indeed youth in this country use tobacco products, as 8.2% currently use any form of tobacco and 2% currently smoke cigarette. It shows that almost 15% of never smokers are likely to initiate smoking. Therefore program to discourage initiation have to be introduced as soon as possible. About one third of the students think that boys and girls who smoke have more friends while others think it makes them attractive

Environmental Tobacco Smoke exposure is quite high since almost 2 out of 10 students live in homes where others smoke in their presence and more than 3 out of 10 are around others who smoke in place outside their home. Not even half of the students (47.8%) think smoke from others is harmful to them and only 54.8% think smoking should be banned from public places. Tremendous effort should be done in this area to increase the awareness of the students towards environmental tobacco smoke.

The study also reveals that students are taught in schools about the dangers of smoking and why students at their age smoke. This is a positive aspect and should be strengthened and expanded to all students at this age.

The fact that more than 86% of the current smokers want to stop smoking is encouraging; on the other hand about 90% of the current smokers have ever received help to stop smoking warns us to introduce cessation programs that will provide comprehensive help to current smokers.

Finally for effective tobacco control, demand reduction programs are not sufficient by themselves; the existing law regulating tobacco product advertisement, use, and distribution have to be enforced efficiently to protect the health of the youth. This should not be a work that has to be left to one organization. Participation of all governmental and non governmental organizations is required for comprehensive implementation of the Eritrean Tobacco Control Act.

The Questioner

THE NEXT 14 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 vendor
    c.   I bought them from a vending machine
    d.   I gave someone else money to buy them for me
    e.   I borrowed them from someone else
    f.   I stole them
    g.   An older person gave them to me
    h.   I got them some other way

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.   Rothman
    d.   Ideal
    e.   Marlboro
    f.   Winston
    g.   Kent
    h.   Other

7.   How much do you usually pay for a single cigarette?
    a.   I don't smoke cigarettes.
    b.   I don't buy cigarettes.
    c.   From 0.49 to 0.70 Nakfa (49 to 70 cents)
    d.   From 0.71 to 0.90 Nakfa
    e.   From 0.91 to 1.10 Nakfa
    f.   From 1.11 to 1.30 Nakfa
    g.   From 1.31 to 1.50 Nakfa
    h.   From 1.51 to 1.70 Nakfa

8.   During the past 30 days (one month) how much do you think you spent on cigarettes?
    a.   I don't smoke cigarettes.
    b.   I don't buy my cigarettes.
    c.   From 10.00 to 49.00 Nakfa
    d.   From 50.00 to 99.00 Nakfa
    e.   From 100.00 to 149.00 Nakfa
    f.   From 150.00 to 179.00 Nakfa
    g.   From 200.00 to 249.00 Nakfa
    h.   More than 250.00 Nakfa

9.   In a usual month (30 days) how much pocket money do you get?
    a.   I don't receive any pocket money (or income, allowance, etc)
    b.   less than 15.00 Nakfa.

  c.   15.00 to 75 Nakfa
  d.   90.00 to 150.00 Nakfa
  e.   165.00 to 300.00 Nakfa
  f.   300.00 to 450.00 Nakfa
  g.   More than 450.00 Nakfa

10. **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

11. **During the past 30 days (one month), have you ever used any form of tobacco products other than cigarettes (e.g. chewing tobacco, snuff, dip, cigars, cigarillos, little cigars, pipe)?**
  a.   Yes
  b.   No

12. **Where do you usually smoke? (SELECT ONLY ONE RESPONSE)**
  a.   I have never smoked cigarettes
  b.   At home
  c.   At school
  d.   At work
  e.   At friends' houses
  f.   At social events
  g.   In public spaces (e.g. parks, shopping centres, street corners)
  h.   other

13. **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.

14. **Do your parents smoke?**
  a.   None
  b.   Both
  c.   Father only
  d.   Mother only

e. I don't know

15. 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

16. Has anyone in your family discussed the harmful effects of smoking with you?
a. Yes
b. No

17. 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

18. Do you think you will be smoking cigarettes 5 years from now?
a. Definitely not
b. Probably not
c. Probably yes
d. Definitely yes

19. 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

20. Do you think boys who smoke cigarettes have more or less friends?
a. More friends
b. Less friends
c. No difference from non-smokers

21. Do you think girls who smoke cigarettes have more or less friends?
a. More friends
b. Less friends
c. No difference from non-smokers

22. **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

23. **Do you think smoking cigarettes makes boys look more or less attractive?**
a. More attractive
b. Less attractive
c. No difference from non-smokers

24. **Do you think smoking cigarettes makes girls look more or less attractive?**
a. More attractive
b. Less attractive
c. No difference from non-smokers

25. **Do you think that smoking cigarettes makes you gain or lose weight?**
a. Gain weight
b. Lose weight
c. No difference

26. **Do you think cigarette smoking is harmful to your health?**
a. Definitely not
b. Probably not
c. Probably yes
d. Definitely yes

27. **Do any of your closest friends smoke cigarettes?**
a. None of them
b. Some of them
c. Most of them
d. All of them

28. **When you see a man smoking what do you think of him? (SELECT ONLY ONE RESPONSE)**
b. Lacks confidence
b. Stupid
c. Loser
d. Successful
e. Intelligent
f. Macho

29. **When you see a woman smoking, what do you think of her? (SELECT ONLY ONE RESPONSE)**
a. Lacks confidence

b. Stupid
c. Loser
d. Successful
e. Intelligent
f. Sophisticated

30. 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

31. 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

32. 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

33. 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

34. **Are you in favor of banning smoking in public places (such as in restaurants, in buses, streetcars, and trains, in schools, on playgrounds, in gyms and sports arenas, in discos)?**
   a.   Yes
   b.   No

THE NEXT 6 QUESTIONS ASK ABOUT YOUR ATTITUDES TOWARD STOPPING SMOKING

35. **Do you want to stop smoking now?**
   a.   I have never smoked cigarettes
   b.   I do not smoke now
   c.   Yes
   d.   No

36. **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

37. **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

38. **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.   Other

39.   **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

40.   **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

41.   **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

42.   **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

43.   **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

44.   **Do you have something (t-shirt, pen, backpack, etc.) with a cigarette brand logo on it?**
  a.   Yes
  b.   No

45. **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?**
c. I never watch TV
d. A lot
e. Sometimes
f. Never

46. **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

47. **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

48. **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

49. **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

50. **During this school year, were you taught in any of your classes about the dangers of smoking?**
a. Yes
b. No
c. Not sure

51. **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

52. **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

53. **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.

54. **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

55. **What is your sex?**
a. Male
b. Female

56. **In what grade/form are you?**
a. Grade 5 or less
b. Grade 6
c. Grade 7
d. Grade 8
e. Grade 9
f. Grade 10 or above

Zoba	Team No	Team members	I.D. Number	Date
Maekel	1	All teams		1 – 2 Nov. 2005
Anseba	2	Tesfagiorgis Fesshaye	0936355	7 – 18 Nov. 2005
		Zemui Ghirmay	0879955	
Debub	3	Samuel Ghirmay	0975887	7 – 18 Nov. 2005
		Seare Gebreyesus	0879015	
Gash Barka	4	Dr. Tesfai Solomon	0935291	7 – 18 Nov. 2005
		Bereket Tesfayesus	1648854	
NRS & SRS	5	Asgedom Mosazghi	0058843	7 – 18 Nov. 2005
		Zekarias T/Mariam	0883866	