

The Gambia

A Global Youth Tobacco Survey (GYTS)

Country Report (2008).

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Abstract

Objectives

This study describes the prevalence as well as knowledge and attitudes of Grades Six to Grade Eight students in The Gambia of tobacco use. It analyses their exposure to smoking cigarettes and other forms of tobacco products, to environmental tobacco smoke (ETS) as well as the extent to which they receive anti-tobacco instruction in schools and information from the media and exposure to pro-tobacco activities such as media/advertisement. In addition, it describes the students' access to and availability of tobacco products.

Method

This is a cross-sectional survey of students in Grade Six to Grade Eight conducted in 2007 in 25 Lower and Upper Basic schools of Region One (two Districts of Banjul, the Capital City and Kanifing Municipality), and the 'rest of the country' (ROC) represented by 5 Regions in Gambia. A two-stage cluster sample design was used to produce representative data for the study. At the first stage, schools were selected with probability proportional to enrolment size. At the second stage, classes were randomly selected and all students in selected classes were eligible to participate. A pre-tested, modified Global Youth Tobacco Survey (GYTS) questionnaire was used.

1. Introduction

According to the World Health Organisation (WHO), one of the chief preventable causes of death in the world is tobacco use. Some 4 million deaths a year are tobacco related a figure which is expected to rise to 8.4 million deaths a year by 2020. The areas most affected by this problem are developing countries.

World Health Organization sources indicate that tobacco use prevalence in Africa was 29% in males and 7% in females in 2000¹. In addition, there were 200,000 tobacco-related deaths².

Africa's tobacco related fatalities are expected to rise because its countries are projected to experience some of the highest increases in the rate of tobacco use amongst developing countries. Moreover, Africa has one of the world's weakest tobacco regulatory and policy frameworks. Africa's tobacco related figures are consistent with the model of the smoking epidemic³ based on evidence from countries with longest history of tobacco use, which describe evolution of cigarette smoking and the subsequent mortality. Africa is in stage 1, where health consequences are not yet apparent on a large scale and fewer women than men have taken up the habit.

Many of tobacco's future victims are today's children because tobacco use is initiated in early adolescence and continues through adulthood as a result of addiction to the habit. This is a major challenge in African countries where the majority of the population is under 18 years.

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

1.1 WHO Framework Convention on Tobacco Control

The provisions of the WHO Framework Convention Tobacco Convention (FCTC) urge countries to develop action plans for public policies, such as bans on direct and indirect advertising of tobacco and tobacco, tax and price increases, promoting smoke-free public spaces and workplaces, and placing health messages on tobacco packaging, to name a

¹ Guindon, E, Boxcar D., *Past, current and future trends in tobacco use. HNP Discussion Paper, Economics of Tobacco Control Paper, No.6*, Geneva, WHO/World Bank, 2003.

² WHO, *The World Health Report 2002: Reducing risks, promoting health life*, Geneva, World Health Organisation, 2002.

³ Lopez AD, Collishaw NE, Piha T. *A descriptive model of cigarette epidemic in developed countries. Tobacco Control* 1995; 3:242-7.

few key actions. WHO FCTC also calls on countries to establish surveillance programmes on “the magnitude, patterns, determinants, and consequences of tobacco consumption and exposure to tobacco smoke”. It is in accordance with this provision, that the WHO, with the collaboration of the U.S Centers for Disease Control and Prevention

(CDC), and the Canadian Public Health Association came together and developed the Global Tobacco Surveillance System (GTSS) of which the Global Youth Tobacco Survey (GYTS) is part, to assist WHO Member States in establishing continuous tobacco control, surveillance and monitoring. Gambia has signed and ratified the World Health Organisation Framework Convention on Tobacco Control⁴; the world’s first public health treaty on tobacco control.

3. The Global Youth Tobacco Survey (GYTS)

The GYTS is an international surveillance project being carried out in member countries of the WHO that generates comparisons of tobacco use between countries with the aim of enhancing the capacity of countries to monitor tobacco use and to evaluate preventive programmes.

WHO/AFRO, in collaboration with the US Centers for Disease Control and Prevention (CDC) of Atlanta held a training session in Congo Brazzaville in October 2006 for the designated Research Coordinators from participating countries in Sub-Saharan Africa. Gambia participated in this training and this report gives the subsequent findings of the GYTS conducted in the country.

The GYTS is a school-based tobacco specific global survey, which focuses on adolescents of ages 13-15 and corresponding grades (in Gambia this corresponds to middle and senior schools – covering some classes in Lower Basic and some in Upper Basic Grades – Six, Seven and Eight). It establishes the prevalence of tobacco use status of school-going students in a country, assesses knowledge, attitude and behaviour related to tobacco use and exposure to environmental tobacco smoke (ETS) and related factors. It also assesses students' exposure to pro-tobacco and anti tobacco activities in the country.

The aim of the Gambia GYTS, like in all other participating countries, was to build the capacity of the country to design, implement and evaluate its comprehensive tobacco control programmes. Being a school-based tobacco-specific survey, it focused on adolescents aged from 13 to 15 years of age. The specific objectives of the survey were:

- a) To assess knowledge, attitudes and practices related to tobacco smoking, exposure, prevention, community programs and media interventions at the level of schools in the country,
- b) To assess the role, attitudes and practices of school personnel vis a vis smoking and tobacco use in general, and the place of tobacco education in the curriculum and
- c) To come up with suggestions for Government including the Legislature, and local partners – NGOs and local international organization representatives on the best modalities for initiating, implementing and up-scaling of tobacco control programs.

This report introduces tobacco prevalence, age of onset, minor's access to tobacco, exposure to advertising, smoking cessation, environmental tobacco use and school curriculum

In most countries, tobacco smoking starts early in life, in most cases much before the age of 18. However, comprehensive tobacco prevention and control information on young people is not easily available for most developing countries, including Gambia. In order to address this problem of lack of information on tobacco use, Gambia conducted the Global Youth Tobacco Survey (GYTS) in 2008 initially covering the Greater Banjul Area and the Rest of the Country. Unfortunately, it was found at the completion of the initial data collection, that an incommensurately large portion of the responses came from students who were over the target ages of 13 to 15 years. A fresh data collection therefore had to be carried out in July 2008 this time targeting only the Greater Banjul Area, that is Banjul the Capital and the adjoining areas of the Kanifing Municipality. The Grade Nine group was also excluded.

- Objectives of GYTS in the Gambia:

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

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

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

4. Methodology

The first survey done in 2008, employed a two-stage cluster sampling design to produce a two-stage cluster representative sample from Banjul (Gambia's capital) and Kanifing Municipality which form the Region One education area and the 'Rest of the Country' (ROC) which comprised five Regions of Western Region (Two), North Bank (Region Three), Lower River (Region Four), Central River (Region Five), and Upper River (Region Six) respectively (see map under appendix 1). The school Grades selected then were 6, 7, 8 and 9.

However, after the questionnaires were administered and the results obtained, a large portion of the respondents were found to be over the targeted age group of 13, 14 and 15.

Consequently, it was decided therefore to repeat the survey this time excluding Grade 9 and restricting it to the Greater Banjul Area that is Banjul the Capital City and the Kanifing Municipality the two of which form the Region One education area.

4.1. Study design and sampling technique:

With the two-stage cluster design being used in this present GYTS survey sample, public and private secondary schools catering for Grades Six, Seven, Eight, were selected randomly with a probability proportional to enrolment size in the first stage of the sampling. School enrolment data was obtained from the Department of State for Education, through the Regional Education Office. A total of 25 Lower and Upper Basic schools were sampled, with 4 schools from Banjul and 21 schools from the much larger Kanifing Municipality. Schools with a big enrolment size had a greater chance of being selected.

The second stage consisted of systematic equal probability sampling. Classes (Grades Six, Seven, and Eight) were randomly selected from within the selected schools and all the students from within the selected classes were eligible to participate in the survey.

A self-administered questionnaire was used for data collection. It consisted of 54 questions with core questions adapted from a questionnaire developed under the guidance of WHO and the Centers for Disease Control (CDC). This comprised core components that provided similar data for the comparison between countries and regions and a set of optional components that provided data to analyse the special issues relevant to the Gambian situation.

A weighting factor was applied to each questionnaire to reflect the likelihood of sampling each student and reduce bias by compensating for different patterns of non-response.

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 non-response adjustment factor calculated by school size category (small, medium, large)

f2 = a class adjustment factor calculated by school

f3 = a student-level non-response adjustment factor calculated by class

f4 = a post stratification adjustment factor calculated by gender and grade

A second Questionnaire was prepared for school personnel the Global School Personnel Survey (GSPS) to be completed by staff willing to participate in the exercise. This was however, not used in the second survey.

4.2. Ethical considerations

Informed consent was obtained from respondents before collecting data from respondents. For this purpose, a specially designed form was read to respondents so that they were informed what the study was about and for them to give informed consent before any data collection could be done. Since this study involved disclosure of intimate knowledge as responded to questions, participants were assured of confidentiality and that names would not be written down. Parents' consent letters were also given to the students explaining what the exercise was all about and reassuring them that the information obtained would be strictly anonymous and confidential

5. Data Collection and analysis

Printed questionnaires along with School ID forms and Class level ID forms were made available to the survey administrators. A letter was earlier sent to heads of all selected schools for their consent to undertake the survey. The purpose and details of the survey were discussed with the school authorities and the classes were selected as per the prepared school level form filled in by the respective schools. Following the selection of classes by the CDC/OSH in Atlanta, the anonymous self-administered questionnaire was administered with due explanation of the nature and the intent of the survey. The teachers and school personnel were not present during administration of the questionnaire to encourage the students to provide their own answers without bias or influence. The survey was carried out in March and April 2008.

The completed answer sheets were sent to the CDC where data was entered and analysed using *Epi Info*, a software package, which executed the complex sampling design and weighting factors in the data set, to calculate standard errors and prevalence estimates.

The statistical differences included in this report were determined by comparing the range of the 95% confidence interval (95%CI) for the estimates. If the ranges for the 95% CI did not overlap then the differences were statistically significant. The weighted results were used to make important inferences concerning tobacco use risk behaviours of surveyed students.

A total of 1959 out of 2,345 sampled 13-15 year old students participated in the Gambia - Greater Banjul GYTS. The school response rate was 100.0%, the class response rate was 100.0%, the student response rate was 83.5% and the overall response rate was 81.2%.

6. Results

Overall 24.5% of the students have ever smoked cigarettes. There was no significant statistical difference among boys and girls that have ever used tobacco (28.6% for Boys and 20.3% for Girls). The overall percentage of students currently using tobacco product was 10.8%. The majority of students (70.5%) were taught about the dangers of smoking and its effect as part of lessons in the class. Perhaps, as a consequence, a majority (70.3%) of the current smokers expressed desire to quit and also made an attempt (76.6%) to stop tobacco use.

One fifth of the students (20%) live in homes where others smoke in their presence and close to half (45.6%) are around others who smoke in places outside their homes. This is so even as most of the students (69.4%) are aware of the harmful effects of smoke from others to them. About half (48.3%) of the students think smoking should be banned from public places.

The findings also indicate high levels of exposure to tobacco messages for students. Over half of students had seen some form of pro-tobacco advertisements and publicity (54.7% and 57.5%, respectively) in the past 30 days and about a half had seen pro-cigarette ads in newspapers and magazines (48.3%; 49.0% respectively).

The existence of wrong perception of school students about their smoking habits was also evident from the findings. Overall, nearly a third (26.8%) think boys who smoke have more friends while 14.9% think girls who smoke had more friends.

6.1. Prevalence

In order to analyse prevalence of tobacco use, students were asked questions pertaining to whether they had ever-smoked, status of current tobacco and cigarette use, and the likelihood of starting to smoke. The results were remarkable;

- 24.5% of students had ever smoked cigarettes (Boys = 28.1%, Girls = 20.3%)
- 36.1% currently use any tobacco product (Boys = 34.0%, Girls = 36.6%)
- 10.8% currently smoke cigarettes (Boys = 12.7%, Girls = 8.6%)
- 32.7% currently use other tobacco products (Boys = 29.5%, Girls = 34.3%)
- 21.5% of never smokers are likely to initiate smoking next year. 1 in 10 students currently smoke cigarettes. Findings also suggest high usage of tobacco in other forms rather than cigarettes (nearly one-third of students use tobacco products other than cigarettes). 1 in 5 students admit to being likely to initiate smoking next year.

Overall, 24.5 percent of the students had ever smoked cigarettes (male: 28.1 and females: 20.3%). Current tobacco users were 28.9%, with no statistical difference between males and females students.. Overall 13.9% of the total sample reported current use of other tobacco products with the difference between male and female not statistically significant. Regarding another key prevalence factor - predisposition to smoke - overall, 21.5% of never smokers were likely to initiate smoking next year. There was no statistically significant difference between prevalence rates for boys (21.4%) and girls (19.7%).

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

State	Ever smoked cigarettes, even one or two puffs	Ever smokers who initiated smoking before age 10	Percent never smokers likely to initiate smoking within a year
GAMBIA-Banjul	24.5 (19.4 - 30.5)	46.4 (38.3 - 54.8)	21.5 (18.0 - 25.4)
Boy	28.1 (22.1 - 34.9)	44.0 (34.2 - 54.3)	21.4 (17.2 - 26.4)
Girl	20.3 (14.6 - 27.5)	44.8 (30.9 - 59.5)	19.7 (15.9 - 24.3)

6.2. Knowledge and Attitudes

Knowledge and attitudes are often a guide to behaviour. Thus, students were asked whether they thought of boys and girls who smoke had more friends or looked more attractive.

39.1% think boys and 19.2% think girls who smoke have more friends

25.4% think boys and 22.3% think girls who smoke look more attractive

Table 2: Percentage of students who were current cigarette smokers, current users of tobacco products other than cigarettes, and percent of current smokers who were dependent on tobacco products, GAMBIA - BANJUL GYTS, 2008.

State	Current cigarette smoker	Currently use other tobacco products	Percent of current cigarette smokers who feel like having a cigarette first thing in the morning
GAMBIA-Banjul	10.8 (8.5 - 13.6)	32.7 (26.3 - 39.7)	26.9 (20.2 - 34.8)
Boy	12.7 (9.6 - 16.5)	29.5 (23.6 - 36.1)	22.2 (13.8 - 33.6)
Girl	8.6 (5.8 - 12.6)	34.3 (26.8 - 42.7)	31.3 (17.8 - 48.8)

6.3 Environmental tobacco smoke exposure.

Article 8 of the WHO FCTC addresses the issue of “Protection from exposure to tobacco smoke”. The article states that Parties recognise that scientific evidence has unequivocally established that exposure to tobacco smoke causes death, disease and disability.

Consequently, each party was to 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...”

The overall environmental tobacco smoke (ETS) situation among high schools students in Gambia is viewed in terms of the extent to which students are exposed to second-hand smoking in their surrounding and their attitudes towards ETS.

Overall, exposure to second-hand smoking among students at home is almost half. Students reported being significantly exposed to tobacco smoke outside their homes. Almost half of the students in general think smoking in public places should be banned. There was no significant difference in the levels of exposure to ETS between boys and girls.

Exposure to Secondhand Smoke (SHS)

- Approximately one out of two (45.8%)students stated that they live in homes where other people smoke in their presence and over half of the students (59.2%) are around others who smoke in places outside their home.
- It is no wonder therefore that almost half of the respondents (49.1%0 think smoking should be banned from public places.
- Almost one third of the students (31.4%) think that smoke from others is harmful to them and one in five students (26.3%) have one or more parents who smoke
- Just over on in ten (12.1%) have most or all friends who smoke

SHS exposure is high – over 2 in 5 students live in homes where others smoke; nearly 3 in 5 students are exposed to smoke of others outside their home; more than one-quarter of students have at least one parent who smoke.

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

State	Percent exposed to smoke from others at home	Percent exposed to smoke from others in public places	Percent who think smoking should be banned in public places
GAMBIA-Banjul	45.8 (41.8 - 49.8)	59.2 (55.4 - 62.9)	49.1 (43.4 - 54.9)
Boy	45.8 (40.7 - 50.9)	61.6 (56.7 - 66.3)	54.5 (47.0 - 61.9)
Girl	44.4 (40.5 - 48.4)	57.2 (52.8 - 61.5)	45.4 (40.3 - 50.5)

6.5 Media and advertising

66.5% saw pro-cigarette ads on billboards, in the past 30 days

50.5% saw pro-cigarette ads in newspapers or magazines, in the past 30 days

25.1% have an object with a cigarette brand logo

23.1% were offered free cigarettes by a tobacco company representative

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

State	Percent who saw ads for cigarettes on billboards in the past month	Percent who saw ads for cigarettes in newspapers or magazines in the past month	Percent who have an object with a cigarette or tobacco logo on it
GAMBIA-Banjul	66.5 (61.2 - 71.5)	50.5 (46.8 - 54.3)	25.1 (20.8 - 29.9)
Boy	67.4 (59.3 - 74.6)	53.1 (48.0 - 58.2)	25.6 (21.0 - 30.8)
Girl	65.5 (60.4 - 70.3)	48.4 (44.0 - 52.8)	23.6 (18.5 - 29.6)

6.6. School curriculum and tobacco use

To examine the awareness levels of students about tobacco use and effects, questions about health education at school were asked. Over 1 in 3 (38.2%) students had been taught in the year preceding the survey about the dangers and effects of smoking (see table 4). About 1 in 3 students also had discussed in class reasons why people their age smoke. 33.5% had discussed in class, during the past year, reasons why people their age smoke.

Table 4: Percent of students who were taught dangers of smoking, discussed reasons why people their age use tobacco, taught effects of using tobacco, GYTS GAMBIA, 2007.

State	Percent taught dangers of smoking tobacco	Percent discussed reasons why people their age smoke tobacco	Percent taught about the effects of smoking tobacco
GAMBIA-Banjul	38.2 (33.9 - 42.8)	33.5 (30.0 - 37.2)	41.3 (35.6 - 47.2)
Boy	42.4 (36.5 - 48.5)	34.5 (29.8 - 39.5)	44.0 (36.4 - 51.9)
Girl	35.6 (30.8 - 40.8)	32.5 (27.3 - 38.1)	40.4 (35.2 - 45.9)

6.6. Access and Availability - Current Smokers and cessation

Students were also asked questions regarding their access to and the availability of cigarettes to them as well as cessation. 60.4% of those who smoke express the desire to stop. 63.2% stated that they have tried to stop smoking during the past year and 81.8% have ever received some help to stop smoking

Table 6: Percent of current smokers who want to quit, current smokers who tried to quit, and current smokers who received help to quit, GAMBIA - BANJUL GYTS, 2008.

State	Percent of current cigarette smokers who desire to stop smoking	Percent of current cigarette smokers who tried to stop smoking during the past year	Percent of current smokers who received help to stop smoking
GAMBIA-Banjul	60.4 (40.3 - 77.6)	63.2 (47.1 - 76.7)	81.8 (71.8 - 88.9)
Boy	*	*	84.4 (71.8 - 92.0)
Girl	*	*	78.1 (66.7 - 86.4)

Over one in five (27.8%) admit to smoking at home and one in five (28.9%) indicate that they buy cigarettes in a store. What is strange and could hardly be explained is that almost one-quarter of students were offered a free cigarette by a tobacco company representative. This means that in spite of the ban on advertisement, and promotion, the cigarette company representatives find a way of making cigarettes reach young people.

Table 7: Percent of current smokers who usually buy tobacco in a store, percent of current smokers who buy tobacco in a store and were not refused purchase because of their age, and percent of all students who have been offered free cigarettes by a tobacco company representative, GAMBIA - BANJUL GYTS, 2008.

State	Percent current smokers who usually buy their tobacco in a store	Percent current smokers who buy their tobacco in a store and were not refused cigarette purchase because of their age	Percent who have been offered "free" cigarettes by a tobacco company representative
GAMBIA-Banjul	28.9 (20.6 - 39.0)	*	23.1 (19.3 - 27.4)
Boy	34.0 (24.1 - 45.5)	*	23.4 (19.8 - 27.5)
Girl	21.8 (11.4 - 37.7)	*	22.1 (17.0 - 28.2)

7. Discussion

This section discusses the 2008 GYTS findings in relation to existing tobacco policies in Gambia within the context of the WHO FCTC framework.

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

It is a well-known fact that tobacco use starts early in life when apparently children and teenagers know very little about the health effects of tobacco use than adults and are yet to fully appreciate the risk of becoming addicted to nicotine. The tobacco industry cognisant of this fact, are targeting this age group all over the world to hook them with nicotine addiction. It is thus important that countries take this problem very seriously and plan anti-tobacco programmes with special focus on the youth.

In the past, the prevalence, including attitudinal and behavioural aspects of tobacco smoking habit, has been studied in a limited way in some countries including Gambia, but no uniform and standardized criteria have been used to make results strictly comparable among countries. In this regard the GYTS is unique in the sense that it is done uniformly and using rigorous methodology in a global context. This has already given some valuable data to plan effective tobacco control programs.

The 2008 GYTS results show that although the number of current smokers among students 13-15 is relatively low in Gambia (28.9%), one in 3 students reported using other tobacco products. This is rather high and difficult to explain. Since hand (self) rolled cigarettes locally called *Manis* are cheap, students may be referring to this form of tobacco use. However, we should not rule out also a part of this percentage could be made up of students who use cannabis. Nevertheless, more research is needed to establish what constitutes this reported “other forms of tobacco use” by students.

Another very significant finding of this study is the changing pattern of tobacco use among boys and girls. It is remarkable that there is no statistically significant difference between boys and girls, which means that more girls are taking up the tobacco habit. This implies that tobacco control interventions targeting young people mainly at the level of schools, need to reinforce reducing tobacco among young females even though the problem is just beginning.

The main goal of comprehensive tobacco control programme is to improve the health of the population by encouraging smokers to quit, eliminating exposure to second hand smoke, and encouraging people not to initiate tobacco use. Previous studies have shown that demand reduction measures primarily those that increase the price of tobacco, are effective in significantly reducing initiation of tobacco use and consumption among young people⁵. In addition, comprehensive tobacco control programs often include non-price interventions such as restrictions on smoking in public places and workplaces; a complete ban on advertising and promotion of tobacco companies; promotion of quitting among adults and youth; mobilising community efforts to restrict minors' access to tobacco product; development and implementation of school-based educational programmes in combination with community-based activities; and dissemination of information on health consequences of smoking, such as having prominent warning labels on cigarette packs⁶.

The MPOWER report of WHO focuses on the following guidelines in tobacco control :

M – Monitor tobacco use

P - Protect people from tobacco smoke

O – Offer help to quit tobacco

W – Warn about the dangers of tobacco smoke

E - Enforce bans on tobacco advertising and promotion

R - Raise taxes on tobacco products

⁶ WHO Report on the Global Tobacco Epidemic, 2008: The MPOWER package? Geneva, World Health organisation, 2008

MPOWER requires “that proven tobacco policies and interventions be implemented, that they be informed by data from systematic surveys designed to target and refine implementation , and that rigorous monitoring is done to evaluate their impact”. The WHO Framework Convention on Tobacco Control includes specific articles related to each of the interventions mentioned in the MPOWER. The purpose of this section is to review the tobacco control programme efforts in the Gambia in relation to the findings of the GYTS.

. Gambian laws prohibits advertisements of tobacco products in the media and on billboards and though the highways are devoid of billboards advertising cigarettes, the points of sale – grocery shops have been seen displaying subtle messages on cigarette smoking provided by the tobacco companies. The study in fact shows that students indicated that they have seen advertisements for cigarettes. They may be referring to these displays more than the large billboards that used to be visible in the countryside and along highways.

The GYTS 2008 study reported high levels of exposure by students to second hand smoke in public places (45.8%) despite the fact that there is the law against smoking in the public. This suggests that although the law has been in existence for over six years, its enforcement does not seem to be working.

Tobacco Advertising, promotion and sponsorship

Article 13 of the WHO FCTC addresses the issue of “Tobacco advertising, promotion and sponsorship.” The article states:

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

The MPOWER summarises this coverage regarding eight specific public places (i.e. health, education, university, government facilities, offices, restaurants, pubs and other indoor work places. Gambia has laws banning smoking in public places but enforcement

is very minimal. The GYTS data shows that 59.2 % of the students reported being exposed in public to other people's smoke and 45.8 % live in homes where others smoke.

Tobacco advertising bans

The *WHO Report on the Global Tobacco Epidemic, 2008* summarises advertising bans for all countries including Gambia. The report includes whether the countries have national and international bans on TV, radio, newspaper, billboard, and point of sale advertising. According to the report, Gambia has passed laws banning direct advertising on billboards as well as local radio, TV, magazines and newspapers. However, international media, for reasons of lack of capacity to implement, has not been included.

This GYTS study found that one in two students in Gambia reported exposure to subtle advertisements for cigarettes through gifts and in foreign newspapers and magazines. This significantly high exposure rate remains a major extenuating factor in tobacco use among young people in Gambia. This study, therefore, provides further evidence that laws banning tobacco advertising and smoking in public places, need to be strictly enforced which is not the case at the present time according to the findings of the study..

Education, communication and Training

The 2008 WHO Report on the Global Tobacco Epidemic includes information on whether the countries have laws banning promotion of free distribution of tobacco products and promotion of non-tobacco products. The GYTS includes an indicator on whether the students have an item with a tobacco company logo on it (e.g. a shirt, cap, back-pack, key rings, pens bottle opener etc.). The study found that one in 10 students had an item with a tobacco company logo on it and one in two had seen a tobacco promotion in the last 30 days.

Article 12 of the WHO FCTC addresses the issue of "Education, communication, training and public awareness⁷."

⁷ World Health Organisation. *WHO Framework Convention on Tobacco Control*. Geneva, Switzerland: World Health Organisation, 2003.

The article states:

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

According to the 2008 *WHO MPOWER*, Gambia is among the African countries with laws banning promotions and sponsorship of tobacco products but which do not enforce these laws. This is even so since the cigarette companies and vendors have been subtly carrying on advertisement the distribution of gifts bearing logos or names of labels targeting young people. The findings of the study are thus a testimony to the need for the different legislative provisions in the statute books of the country to be enforced.

Results from GYTS 2007 showed that only 41% of the students in Gambia had been taught in classes the past school year about the dangers of tobacco. WHO recognises that school and community tobacco control programme efforts are important but they are most likely to be successful after a favourable policy environment has been created, including tax and price policies, legislation imposing 100% smoke-free public places and indoor workplaces, and a comprehensive ban on all tobacco advertising, promotion and sponsorship. In the Gambia, the legislative provision exists but the enforcement is weak or non existent.

8. Limitations of the study

The purpose of GYTS studies is to conduct a survey of school going adolescents for the ages 13 to 15 years, which in Gambia is around the last year of middle school and the first three years of senior school. However, it should be borne in mind that a significant number of adolescents of that age do not go to school or have dropped out by this age. This means that this section of the population has not been included in the study. However, with other studies done in some countries within the framework of GYTS have shown a decreasing trend of tobacco smoking rate and development of favourable attitudes with increasing educational status among young people. As the present study represents the school going adolescents, it does not capture the complete picture. The ongoing universal primary education (UPE) and universal secondary school education

(USE) initiatives which have seen greater numbers of young people go to school in Gambia than ever before, has somehow mitigated this factor for this study. However, even then, studies are needed to analyse tobacco prevalence among out of school young people.

9. Recommendations

A significant number of adolescents were exposed to pro-tobacco advertisement and many of them received free gifts.

1. A substantial number of students were exposed to tobacco smoke at home and public places and over half of the students demanded that tobacco smoking in public places should be banned. There is thus a need for effective implementation of the laws that ban tobacco smoking in public places, which have already been passed in Gambia.
2. The majority of students reported having learnt and discussed in class cigarette smoking and the effects of tobacco use. However, there is need to focus on the nature, comprehensiveness as well as standardisation of anti-smoking training in schools.
3. It is also worthy of note that one in five respondents of young people who smoke state that they buy cigarettes easily from the shops and were not refused purchase in spite of their young age. It is apparent from this that there is no control of minors purchasing cigarettes and this is an area that needs to be further looked at and legislation enacted prohibiting sale of tobacco products to the minors.
4. A majority of the respondents have expressed the desire to quit smoking and an even larger majority have indicated that they have even made attempts to quit. This means that with regular advice and counselling it is possible to help these to stop smoking permanently. This is an area that NGOs involved in the fight against smoking, with the collaboration of Government, could play a major role in this task.
5. The students are cognisant of the ills of smoking and the health hazard associated with second hand smoking to the extent that a large number of them believe that smoking should be banned in public places.

6. It is necessary to find out why one in five students interviewed admits that he/she will initiate smoking next year. We appreciate that peer influences as well as subtle advertisements have a lot to do with this. The results indicate a sizeable number believing that smoking is a “in” thing, something fashionable.

10. Conclusion

Although Gambia has ratified the WHO FCTC⁸ on tobacco prevention and control, and enacted polices regulating smoking in public places, findings from the GYTS 2008 indicate high levels of prevalence of tobacco use, exposure to ETS and subtle pro-tobacco messages through gifts and paraphernalia among adolescent school students as well as tobacco vendors. Moreover, the differences in gender tobacco use patterns that exist among the adult population are changing- the study found no statistical differences for example, in prevalence of tobacco use among boys and girls. It is highly significant also that a high proportion of students, particularly girls, use other tobacco products. This needs to be further investigated. In the Gambia a comprehensive tobacco control programme needs to be formulated. At the present time no such programme is in existence and there is need to implement the already existing laws in the Statute Books pertaining to cigarette advertisement and promotion and smoking in public places. The policies and provisions of the WHO FCTC should be fully implemented and further enactment of additional control policies that do not exist should be done immediately. The tobacco control efforts need to be comprehensive, broad based and focused on boys and girls and there should be a close and meaningful collaboration between the stakeholders – government, NGOs working on tobacco problems, and WHO. Since the appropriate NGOs work directly with schools, they should be encouraged by Government and WHO to carry out their preventive campaigns at the level of schools and youth groups.

The results of this GYTS study indicate that there are a number of serious challenges in preventing and controlling tobacco. There is absolute need for example, for constant and reliable data to guide and support the anti- tobacco efforts which are an ongoing exercise.

⁸ The World Health Organisation. *WHO Framework Convention on Tobacco Control*. Geneva Switzerland: World Health Organisation, 2003.

GYTS data can enhance a country's capacity to monitor tobacco use among youth, guide development, implementation, and evaluation of national tobacco prevention and control programme; and allow comparison of tobacco-related data at national, regional and global levels. The information herein should therefore be used by government, NGOs and other stakeholders to carry out in earnest the measures and actions necessary to stem the tide of destruction that tobacco leaves in its way all over the world. The global action that WHO and other organisations have undertaken should be buttressed by individual countries and they should take this fight seriously rather than pay just lip service to the cause.

The Gambia government is fully cognisant of the health, social and economic costs linked to tobacco and have thus ratified the WHO FCTC. In line with this policy therefore, the Department of State for Health should make tobacco prevention and control a primary health issue. However, it is clear from the findings of this study that tobacco control programme efforts need to focus on implementation and enforcement as regards policies that are in place particularly the law banning cigarette smoking in public places since it is already in the statute books.

The tobacco control efforts need to be comprehensive, broad based and focused on boys and girls. In this effort, NGOs have a major role to play in implementation at schools and grassroots levels. The Government of the Gambia should now work, with assistance from WHO FCTC, on the formulation of a National Tobacco Control Plan which should provide a useful framework for implementing such a comprehensive approach.

The GYTS study found high levels of prevalence of tobacco use, exposure to ETS and pro-tobacco messages through peer influences and subtle advertising among adolescent school students and cigarette vendors in Gambia. Moreover, the differences in gender tobacco use patterns that exist among the adult population are changing in the young population as the study found no statistical differences in prevalence of tobacco use among boys and girls. Additionally, there is a need to further study the tobacco use

situation among out-of-school adolescents in Gambia as well as the products other than tobacco that a sizable number admit to using in the study.

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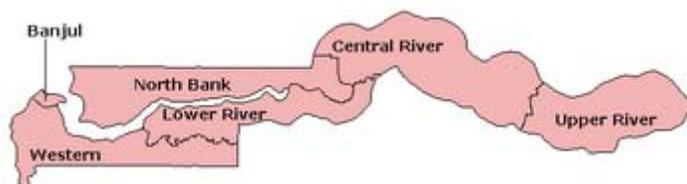
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Appendices

Appendix 1 Geographical Map of Gambia



Appendix 2 Regions and districts



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