

global youth tobacco survey

Country reports

The World Health Organization (WHO) and the Centers for Disease Control and Prevention (CDC), Atlanta, developed the Global Youth Tobacco Survey to track tobacco use among youth across countries using a common methodology and core questionnaire. Information from the Survey is compiled within the participating country by a Research Coordinator nominated by the Ministry of Health, and technically reviewed by WHO and CDC. The content has not otherwise been edited by WHO or CDC.

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**World Health
Organization**

Regional Office for the Eastern Mediterranean



KUWAIT GYTS, 2006

REPORT ON THE RESULTS OF THE GLOBAL YOUTH TOBACCO SURVEY (GYTS) 2001 and 2006.

KUWAIT 2006

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CONTENTS

1. Executive summary
2. Introduction
 - 2.1 Tobacco Use in Kuwait
 - 2.2 The GYTS and its objectives
3. Methodology
 - 3.1 School Sample
 - 3.2 The Questionnaire
 - 3.3 Data Collection
4. Analysis of Results
5. Discussion
6. Conclusions and Recommendation
7. References

Introduction:

Tobacco use is considered to be one of the main preventable causes of death all over the world. WHO is concerned about the number of the smokers as it increases rapidly.

WHO attributes 5 million deaths a year to tobacco use and this figure is expected to be doubled by the year 2020.

It is estimated that 70% of these deaths will occur in developing countries. Studies revealed that in many countries, most people start using tobacco in their teens and the median age of smoking is being less than 15 years.

Recent trends indicate rising smoking prevalence rates among children and adolescents and thus contributing to earlier age initiation.

If these patterns continue, tobacco use will result in the death of 250 million children and adolescents, alive today.

Therefore, adolescents and school-aged population should be the primary focus for intervention programs.

Tobacco use in Kuwait:

Tobacco cultivation is prohibited in Kuwait. The national committee for tobacco control in Kuwait has been instructed with some achievements:

- Banning smoking in closed public places.
- Banning smoking in public transport.
- No sponsorship for any kind of sport or contents by tobacco companies.
- Prohibition of sales to minors below (18 years).
- Periodic increase of taxes on imported tobacco.

A study done in Kuwait (2) revealed that 70% of all male smokers had started smoking before they reached age 20 years. Another study among medical students at Kuwait University showed that 33% of those who had ever used tobacco began at high school, and 50% began at medical school (3).

Objectives of GYTS:

1. To document and monitor the prevalence of tobacco use including cigarettes smoking and current use of smokers tobacco, cigars or pipes.
2. To obtain an improved understanding of and to assess learners' attitudes, knowledge and behavior related to tobacco use and its health impact including cessation, environmental tobacco smoke (ETS), media and advertising, young people access and school curriculum.
3. To provide, information to guide programming and advocacy work addressing youth tobacco use.
4. To better understand and assess student attitudes, knowledge, including cessation, environmental tobacco smokers (ETS), media advertising, minors' access, and school curriculum.

Content of GYTS:

The GYTS addresses the following issues:

- Level of tobacco-use age at initiation of cigarette use.
- Level of susceptibility to become cigarette smokers.
- Exposure to tobacco advertising.

- Identifying key intervening variables, such as attitudes and beliefs on behavioral norms with regards to tobacco-use which can be used in prevention programmers.
- Assess that extent to which major prevention programmers are reaching school-based population and establish the subjective opinion of these populations regarding such intervention.

Methods

The 2006 GYTS in Kuwait is a cross sectional school based survey, which employed a two stages cluster sampling design to produce a nationally representative sample of students in grades 8-10 in governmental schools aging 13-15 years old.

Study design and sampling

Stage 1: selection of schools

Since the target population for GYTS in youth aged 13-15 years, a list of governmental schools eligible to participate in the survey was collected in co-ordination with ministry of education (MOE).

The list of eligible schools and the number of students were forwarded to CDC to draw the sample. The sample was selected with probability to enrollment size this meant that large schools were more likely to be selected than the small one. A total of 50 schools were selected from 263 schools all over the 6 governorates of Kuwait Alassema, Hawalli, Alfarwania, Algahraa, Alahmadi and Mubark Alkabeer

Stage 2: selections of classes

The second sample stage consisted of systematic equal probability sampling (with random start) of classes from each school that participated in the survey.

All students in the selected classes were eligible to participate in the survey. So in each school, one or two or three of those classes were selected and all the students in the selected classes were eligible to participate in the survey.

The over all response rates were as follow:

- School response rate was 100% (50 of the 50 sampled schools participated).
 - Student response rate was 88.7% (3935 of 4438 sample) student completed the self administrated questionnaire
- Over all response rate was 88.7 %

Study questionnaire:

The Kuwait version of the GYTS questionnaire consisted of 67 questions. It was a self- administrated type which consisted of core component and optional component.

The questions were selected by GYTS and staff members of WHO and some question were selected and modified according to the situation in Kuwait because of the culture and religion believes.

In order to ensure face validity, the questionnaire were translated and pre-tested in Arabic.

Data collection

Survey procedures were designed to protect the students' privacy by allowing for anonymous and voluntary procedures.

A training workshop was done in Hawally Health region in February 2006. It aimed to standardize the research methodology.

All necessary materials and copies of papers, envelopes, pencils, answer sheets, header sheets and questionnaires were offered.

In coordination with MOE permission to enter the schools and run the survey procedures was done and offered to all the survey administrators to be attached with letters to each school.

School visits were undertaken in order to explain the right way of answering the questionnaire to the target students participated in the study.

Data Analysis

Data of the survey was sent to CDC and analyzed. A weighting factor is applied to each student record to adjust for non-response (by school, class, and student) and variation in the probability of selection at the school, class, and student levels. A final adjustment sums the weights by grade and gender to the population of school children in the selected grades in each sample site.

SUDAAN, a software package for statistical analysis of correlated data, was used to compute standard errors of the estimates and produced 95% confidence intervals which are shown as lower and upper bounds (6). Statistical differences are noted at the $p < 0.05$ level.

The Result **Prevalence**

In 2006, almost one third (33%) of the student in Kuwait had ever smoked cigarettes compared to (28.8%) in 2001. current user any tobacco product were (27 %), boys (35.2%) were significantly more likely than girls (18.5%). Between 2001 and 2006 there was no change among current user of cigarettes (table1).

In 2006 the prevalence of current users other tobacco products (mainly water pipe or shisha) was (18.5%) compared to (20.4%) in 2001. (18.6%) of students who never smoke susceptible to initiate smoking in the next year. Susceptibility did not change significantly between 2001 and 2006, and no gender difference regarding susceptibility to initiating smoking during the next year.

Knowledge and attitude:

In 2006, 27.6% of students in Kuwait think boys who smoke have more friends, 20.4% reported that they think girls who smoke have more friends (table 1). Between 2001 and 2006, students who think that boys and girls smoke have more friends did not change (26.8%, 20.5%) and (27.6%, 20.4%) respectively. There was no change regarding thinking smoking maker boys or girls look more attractive.

Cessation:

In 2006, (62.5%) of current smokers stated that they wanted stop smoking now, (65.1%) reported that they had tried to stop smoking during the past year but failed, and (84.1%) of current smokers reported they had received help to stop smoking. Between 2001 and 2006 there was no change in the desire by current smoker to stop or receiving help to stop smoking. While, smokers who tried to stop smoking during the past year, were significantly increased, (27.6% and 65.1% respectively). (table 2).

Environmental tobacco smoking:

In 2006, 48.5% of the students reported that they were exposed to smoke other compared to 45.5% in 2001 year. Between 2001 and 2006, exposure to smoke in place outside their home did not change. In 2006, (81.3%) of students thinking

that, smoking should be banned from public place (table 2). There was no significant change between 2001 and 2006.

In 2006, (42.4%) of students reported that they have one or more parents smoke, this prevalence was higher compared to 2001 (37.2%). Between 2001 and 2006 there was no difference regarding students who have most or all friends smoke but boys were significant more likely than girls in 2001 and 2006 (table2).

Access

In 2006, 18.6% of the current smoker's students reported that they usually smoke at home. Between 2001 and 2006 the percent of current smokers who smoke at home did not change significantly. On the other hand, girls were significantly more likely than the boys to smoke at home.

In 2006, 16.6% of current smoker who buy cigarette in a store and 79.2% of them were not refused purchase because of their age. There was no significant change between 2001 and 2006 (table3).

Media and advertising:

In 2006, 68% of the students reported that they saw antismoking media message in the past 30 days and (82.7%) of the students saw pro-cigarette advertising on bill board in newspapers and magazine in the past 30 days. 19.5% of the students reported that they were had an objection with a cigarette brand logo. Between 2001 and 2006 there was no change by gender.

In 2006, 13.4% of the students were offered free cigarette by tobacco company representative compared to (26.7%) in 2001. There was significant change between 2001 and 2006 (table 3). Boys were significantly more likely than girls in either year regarding offering free cigarette.

Taught in school about the dangers of tobacco:

Students were asked if during the past year in classes, they had been taught about the danger of tobacco if they had the discussing reasons why in their age smoke.

In 2001, (29.1%) of the students reported that they taught danger of smoking, this percent increased to (53.7%) in 2006. In 2001 30% of the students, were discussing reasons why in their age smoke increased to (50.1%) in 2006 .and in 2001 (29.9%) of students were taught the effect of tobacco use, this percent increased to (51.4%) in 2006 .There was significant change between 2001 and 2006 with the rate for boys significantly higher than girls (table 3).

Discussion

From the 2001 and 2006 GYTS data of Kuwait, it is evident that the prevalence of ever smoked cigarette between 2001 and 2006 is significantly higher in both boys and girls. Further the prevalence of girls who use other tobacco products (shisha) is still significantly higher than girls who smoke cigarette. This may be an indication that other tobacco use will soon be increasing among young girls illustrating the need to encompass all types of tobacco use when developing intervention strategies and considering the misconception that water pipe are harmless.

However nearly 2 in 10 never smoker were susceptible to initiate smoking in the next year (more in boys than in girls) and there was no change between 2001 and 2006 this may be an indication that cigarette smoking will be increasing among boys.

The current smokers students think that, smoker's students have more friends and look more attractive .this indicate shortness in knowledge and bad attitude regarding smoking which need to be change.

The Kuwait GYTS result (2001 and 2006) revealed an important indicator that, 6 of 10 students expressed their readiness to quit smoking. This reminds the policy maker and policy implementer of their duty to act immediately to get the maximum out of these students' readiness to quit smoking and plan an effective school health program against smoking.

Further, a good indicator in result of GYTS 2006 was the significant higher of current smokers who tried to stop smoking during the past year (27.6% in 2001) and (65.5% in 2006) but have failed those students need the vital role of health education in both the schools environment and the community and this finding suggest a need to develop, pilot test and implement effective youth cessation programs.

An alarming picture emerged through survey data in 2001 and 2006, students were exposed to second hand smoke from home and public places as café restaurant or recreation facilities.

Despite the presence of legislation in Kuwait banning smoking in public places, the law has not been successfully implemented.

In 2006 (48.5%) of students reported they exposed to smoke from others at home and 42.4% of them have one or more parents smoke.

On the other hand, we need wide awareness campaigns to alert current smokers' parents about harmful effect of smoking on themselves and other around them.

A positive finding in Kuwait GYTS data was the high percentage of students who want to ban smoking from public places and no change between 2001 and 2006.

An important finding in Kuwait GYTS data is the higher significant –smoking at home for girls than boys in both 2001 and 2006. This reflects the cultural factor in Kuwait and need a

parent's guidance to smoking especially for girls which need parental awareness regarding smoking control.

GYTS data show that, percent of current smokers who buy their cigarettes in stores were not refused purchases because of their age, decrease from (89.4%)in 2001 to (79.2%) in 2006 public awareness and community empowerment need to be enforce that issue in Kuwait as well as passing a law prohibiting the sale of tobacco products near educational facilities.

Only 13.4% of students were offer free cigarette by tobacco company representative in 2006, compared to (26.7%) in 2001. this significant change need the adoption and implementation and enforcement of new laws to ban advertising for tobacco could have a significant impact on tobacco control in Kuwait.

Overall GYTS 2006 revealed that half of the students in Kuwait reported they had been taught dangers of smoking and effect of tobacco use compared to 30 % of them were reported the same issues in 2001.

This significant increase return to the cooperation between the Ministry of Health and the Ministry of Education in entry of health hazards of smoking to school curriculums to control tobacco among the students.

Conclusion Recommendation

- Tobacco use is one of the main health problems among students that cannot be ignored due to its increased use by youth and the long effects to their health.

From Kuwait GYTS 2006 result many recommendation can be drawn:

- The Kuwait GYTS 2006 has shown high prevalence of ever smoking among school students. There is an alarm increase in the number of young people who use other types of tobacco especially water pipe. Like in most countries Kuwaiti boys are more likely than girls to use tobacco.
- The study focus on the need for urgent intervention to control tobacco use through comprehensive national tobacco control legislation.
- Students in Kuwait can buy their cigarette from the stores without any prohibition of sale for their age. This need to enforce legislation for total pan of tobacco sale for less than 18 years.
- The need for stronger ant-smoking legislation, the World Bank Report Recommendation, there is an urgent need to increase tobacco taxes. These are proven effective strategies in other countries.
- The Ministry of Health needs to develop strategies on how to further implement and effectively enforce the laws for banning smoking in public places.
- School can play a vital role in smoking cessation program by discussing the danger of smoking for the students.
- Kuwait needs to use the GYTS data to assist in developing a national tobacco control policy and plan of action as recommended in WHO strategies.
- Initiate smoking cessation program in school and make this more accessible for students who wants to quit through smoking cessation clinics in every governorate in Kuwait.
- Strengthen information, Education and Communication campaigns on health effect of cigarette and shisha smoking in all setting community. The non-government organization, professional could contribute their coordination in this aspect.

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Results

Table (1) Prevalence of Tobacco use , Knowledge and Attitude , Kuwait GYTS 2001 and 2006

	Kuwait GYTS 2001			Kuwait GYTS 2006		
	Total	Boys	Girls	Total	Boys	Girls
Prevalence of Tobacco Use						
Ever smoked cigarette even one or two puff	28.8%	37.6%	17.6%	33%	44.9%	21.5%
Current user any tobacco product	27%	33.3%	18.4%	27%	35.2%	18.5%
Current user of cigarette	14.9%	21.1%	6.7%	16.3%	24.7%	7.7%
Current users other tobacco products	20.4%	24.1%	15.3%	18.5%	22.2%	14.9%
Never smokers susceptible to initiating smoking	20%	23.3%	17.6%	18.6%	21.2%	16.8%
Knowledge and Attitude						
Think boys who smoke have more friends	26.8%	28%	25.2%	27.6%	31.7%	23.8%
Think girls who smoke have more friends	20.5%	24.7%	15.8%	20.4%	24%	17.1%
Think smoking make boys look more attractive	24.4%	24.9%	22.8%	20.7%	21.5%	20.2%
Think smoking makes girls look more attractive	17%	21.6%	11.4%	16.2%	20.2%	13%

Table (2) Cessation of current smokers and Environmental tobacco smoking, Kuwait GYTS 2001 and 2006

	Kuwait GYTS 2001			Kuwait GYTS 2006		
	Total	Boys	Girls	Total	Boys	Girls
Cessation of current smokers						
Percent who want wants to stop smoking	63.9%	67.6%	50.4%	62.5%	64.5%	50.1%
Percent who tried to stop smoking during the past year	27.6%	23.6%	38.3%	65.1%	65.5%	61.1%
Percent who have ever received help to stop smoking	88.9%	91.1%	90.6%	84.1%	88.3%	73.9%
Environmental tobacco smoking						
Percent who exposed to smoke from others at home	45.5%	43%	45.6%	48.5%	46%	49.5%
Percent who are around others who smoke in places outside their homes	60.7%	63%	57.8%	58.2%	63.2%	53.6%
Thinking smoking should be banned from public places	80.8%	77.8%	84.4%	81.3%	78.5%	84.5%
Thinking smoke from others is harmful to them	64.4%	63.2%	67.3%	66.7%	63.4%	70.4%
Have one or more parents smoke	37.2%	36.3%	36.9%	42.4%	41.1%	43.1%
Have most or all friends smoke	11.9%	17.2%	5.8%	12.9%	19.6%	5.9%

Table (3) Access, Media and Advertising and Schools, Kuwait GYTS 2001 and 2006

	Kuwait GYTS 2001			Kuwait GYTS 2006		
	Total	Boys	Girls	Total	Boys	Girls
Access						
Percent current smokers who usually smoke at home	21.2%	13%	46.3%	18.6	12.2%	36.5%
Percent current smokers who buy cigarette in a store	24.6%	27.2%	16.5%	16.6%	18.1%	9.3%
Percent current smokers who bought cigarette in a store who were not refused because of their age	89.4%	88.7%	85.5%	79.2%	77.1%	73.5%
Media and Advertising:						
Percent saw antismoking media message in the past 30 days	68.4%	69.7%	66.9%	68%	70%	66.5%
Percent saw pro-cigarette advertising on bill board in the past 30 days	84.1%	85.4%	83.6%	82.7%	82.7%	82.6%
Percent who saw pro-cigarette advertising in news paper or magazine in the past 30 days	88.9%	88%	90.4%	83.2%	82.5%	83.6%
Percent who have an object with a cigarette brand logo	21.1%	24.4%	18%	19.5%	21.9%	16.7%
Percent who were offered free cigarette by tobacco company representative	26.7%	36.1%	17.5%	13.4%	17.1%	9.7%
School						
Percent taught dangers of smoking	29.1%	34.6%	24.3%	53.7%	55.9%	52.2%
Percent discussed reason why in their age smoke	30%	33.6%	26.9%	50.1%	51.6%	49.8%
Percent taught the effect of tobacco use	29.9%	35.7%	24.5%	51.4%	52.4%	50.8%

