



# Foreword

The South African Tobacco Products Control Amendment Act of 1999 was one of the most groundbreaking pieces of public health legislation, not just in South Africa but in the world. The National Health Promotion Research and Development Group of the Medical Research Council in South Africa, provided much of the research evidence that underpinned the formulation of that Act, assisted in its defence through public hearings in parliament and challenges in law courts, and advised on the development of its regulations. With such comprehensive legislation in place – banning smoking in public places and prohibiting advertising and sponsorship of cigarettes – one might have thought the job done; and time for these behavioural scientists and their fellow public health activists to move on to the next dragon to slay.

Not so. This little band of humanitarians were prescient enough to realise that the industry, acknowledging defeat in this quarter, had already moved on to a new battlefield for the new century – a field that stands at the heart of the entire business model of tobacco – if you get them addicted young, you have a revenue stream for life. As in any theory of war, a new front requires early reconnoitring and surveillance before battle is enjoined. The Global Youth Tobacco Survey (GYTS) is just that. Conceived by the Tobacco Free Initiative of WHO, it seeks to provide insights into the determinants of tobacco-using behaviour that place young people and school-aged children at risk. This data can then be used to develop scientifically robust interventions to increase adolescent tobacco health literacy and self-efficacy, so as to prevent adolescents starting to smoke; or in order to help them to quit.

This is critical if we are to prevent the currently estimated 4 million tobacco-related deaths annually increasing to a projected 10 million deaths per year by 2030. By that date 70% of such deaths would be in developing countries such as ours – where smoking already kills 25 000 annually, or 7% of the total deaths per annum.

The team is to be commended for their remarkable achievement in rapidly adding South Africa to the list of GYTS participating countries, raising the necessary funds and completing the nationwide study in record time. This would have been impossible without the assistance of the National Department of Health, particularly its Health Promotion Directorate, National Department of Education, UNICEF, WHO/TFI and CDC.

Undoubtedly the data from this study will provide a solid logistical base for the next onslaught in the battle to protect our fellow citizens, and ensuing generations, from premature and unpleasant death and disability from tobacco.

Dr AD MBewu  
Executive Director of Research  
Medical Research Council

# Executive Summary

The Global Youth Tobacco Survey (GYTS) is a school-based tobacco specific survey which focuses on adolescents aged 13-15. In 1999 thirteen countries, including South Africa, conducted this survey. Presently one hundred and eleven countries are currently involved in various stages of participating in the GYTS.

The survey aimed to document and monitor the prevalence of tobacco-use such as smoking cigarettes, cigars, pipes and the use of smokeless tobacco. In addition, this survey assessed learners' knowledge, beliefs and attitudes related to tobacco-using behaviour, as well as smoking cessation, environmental tobacco smoke (ETS), minor's access to tobacco, school curriculum, and media and advertising.

This nationally representative survey was conducted in all nine provinces of South Africa. A two-stage cluster sample design was used to obtain a sample of learners from Grades 8, 9 and 10. The first-stage sampling frame consisted of all public schools. Schools were selected with a probability proportional to the school enrollment size. The second sampling stage consisted of systematic equal probability sampling of classes from each selected school. All Grade 8, 9 and 10 classes in the selected schools were included in the sampling frame. All learners in the selected classes were eligible to participate in the survey. The South African version of the questionnaire consisted of 54 core questions and 39 country specific questions. The questionnaire was administered in seven languages. Survey administrators were trained intensively and were assigned schools within their geographic area of responsibility.

The data was analysed by applying a weighting factor to adjust for non-response and for the varying probabilities of selection. Prevalence rates were computed with 95% confidence intervals for the estimates. Of the 160 selected schools, 123 schools participated in the survey. The survey was completed by 6045 out of 7074 selected learners.

Ever smokers (smoked a cigarette, even a puff or two) made up 46.7% of the sample. Current smokers (smoked cigarettes on one or more days in 30 days preceding the survey) made up 23% of the sample. On the issue of age at

initiation, 18.5% of learners reported first smoking cigarettes before the age of 10. Almost a fifth of the sample (18.2%) had used tobacco products other than cigarettes such as chewing tobacco and snuff.

Almost two thirds of current smokers (64.2%) were not refused cigarettes because of their age when they purchased them in a store. A significant percentage of current smokers (73.9%) expressed a desire to stop smoking with equal numbers making an attempt to stop smoking (76.6%). A large proportion of adolescents in this study have been exposed to tobacco advertising in magazines, newspapers and on billboards. About twice as many current smokers than never smokers were exposed to someone else's smoke in their homes or in places other than their homes in their presence in seven days preceding the survey. The level of smoking-related issues covered in the school curriculum was low.

The findings of this survey provide evidence for the need to develop adolescent specific tobacco control interventions to avert the potential escalation in tobacco-related health care costs. Before developing these interventions, determinant studies on the use of cigarettes and other tobacco products are needed. In addition, in order to tailor programmes to the specific needs of learners, these determinant studies must address the historical "racial", gender and provincial differences that have emerged from the data.

Community wide interventions that educate, encourage and support adults in protecting themselves and their children from tobacco will augment adolescent specific programmes. The Global Youth Tobacco Survey should be repeated periodically and it should become an integral part of the surveillance system to monitor tobacco-use in South Africa.