

Discussion

The Global Youth Tobacco Survey is a school-based survey, whereby in Kenya it was conducted among primary and secondary school students in standards 7- 8 and forms 1-2 respectively. The country was subdivided into three regions, Nairobi, which has a population of over 3million people, is the capital city; Mombasa is the second largest city with a strong influence from tourism. The third category was the rural and small urban centers combined.

The three regions represent different risky behaviors among the youth from urban and rural settings, influence from tourists as well as access to information on tobacco. This survey presents a clear picture of the magnitude of the problem of tobacco use among the youth in the country.

Prevalence

It has been established that most people begin smoking before the age of 18 years, with the median age of initiation less than 15 years in many countries. From this survey it was established that about 15% of the youth have ever smoked cigarettes while 13% of the youth currently use any tobacco product. About 20% of the youth indicated that they are likely to initiate cigarette smoking during the next year. This calculates to over 2 million youth intending to pick up the habit.

Young people frequently experiment with new and sometimes risky behaviors. However, they often do not take into serious consideration, the long-term consequences of such behaviors. For the youth, the risks of tobacco use are perceived to be remote and are outweighed by what they see as the immediate effects. They tend to underestimate the addictive effect of nicotine and the difficulties associated with quitting, believing it is easier for young people to quit than adults are.

Starting to smoke at younger ages increases the risk of death from tobacco smoking related illnesses and lowers the age at which death is likely to occur. It is widely known that tobacco is the most important preventable cause of premature death. Young people who start smoking early in life often find it difficult to quit smoking. Half of persistent smokers who start smoking in adolescence will die from their use of tobacco. Cigarette smoking is associated with heart diseases; cancers of the lung, larynx, mouth, esophagus and bladder; stroke and chronic obstructive airway diseases among others.

School Curricula

A large number of individual evaluations and review articles regarding controlled educational interventions to reduce youth tobacco use have been published. A wide range of evaluation results from experimental and quasi-experimental studies suggest that some of these educational programs resulted in a significant short term reduction in smoking, a delay in initiation, or a desirable change in attitudes towards tobacco use. Many guidelines for developing and implementing school based tobacco prevention programs previously issued by the National Center Institute and Centers for Disease Control and Prevention (CDC) include;

- a) That the instructions should provide information on the social influences of and peer norms regarding tobacco use in addition, to information on the short and long term physiologic consequences of smoking,
- b) Program specific training for teachers should be provided and
- c) That schools should develop and enforce tobacco free policies, to make sure prevention programs are implemented in a setting with broad policy support.

Schools are an ideal setting in which to provide tobacco use prevention education. School based health education programs should enable and encourage children and adolescents who have not experimented with tobacco, to maintain abstinence from tobacco use, or those who are regular tobacco users. Tobacco prevention education programs may enable them to quit tobacco use. From the survey, four out of five students had been taught about dangers of smoking in the past one year and about half of the students had discussed reasons on why people their age smoke. There was a significant difference between those who had discussed the topic in class and those who had just been taught. Encouraging debates and active participation on the topic of tobacco is very essential and more practical to the student than just being taught in class.

Apart from school curricula, parents should play the major role in educating their children on the harmful effects of drug abuse particularly tobacco use, which is the gatekeeper of the rest of the drugs of abuse. From the survey, only half of the students who smoke had discussed the harmful effects of cigarette smoking with a family member. More than half of the current smokers reported that their parents smoked too. This usually has a great influence on the children's behavior.

Cessation

The results of a number of descriptive studies and focus group studies suggest that many teenage smokers are motivated to quit smoking. It has been estimated that 74% of occasional teenage smokers and 65% of daily users have a desire to quit, although some studies suggest that the success rate among those who do attempt to quit is low. It is however important to intervene to keep occasional smokers from becoming daily smokers.

In this study, seven out of ten students who currently smoke cigarettes stated that they desire to stop smoking while 70.2% had tried to stop smoking during the past year but failed. Although desire to stop smoking is high, the failure rate is also very high. This therefore calls for early interventions.

Many smokers including youth are addicted to nicotine and need assistance in quitting. To comprehensively address the problem of tobacco use among the youth, the focus must be on both prevention and cessation.

Environmental Tobacco Smoke

Environmental Tobacco Smoke (ETS) is a significant risk factor for lung cancer, heart disease, asthma exacerbation and/or induction, respiratory infections and adverse reproductive outcomes, it is therefore important to assess exposure in youth. From this study, a significantly high percentage of current smokers were exposed to ETS as compared to never

smokers, both in their homes and in public places (74.6% Vs 22.2%). Although there have been no significant studies on the economic costs of ETS in Kenya, it is estimated that annual costs are very high. Thus the detrimental economic and health impacts of ETS are colossal and in need of further studies. It has been shown that passive smoking increases the chances of contracting or aggravating tobacco related diseases. The Kenya Government, the community and individuals are making efforts, to prohibit tobacco smoking in public places. For instance, all government premises in the country are now designated No-Tobacco Smoke zones, Kenya Airways which is the National airline, operates only No-Tobacco Smoke flight. Public transport and most of the public places in the country are No-Tobacco Smoke zones. The proposed, Tobacco Control Bill, once enacted will effectively address all these issues.

Knowledge and Attitudes

Increase in positive attitudes towards tobacco use and decreased agreement with statements about the risks of tobacco use has been related to increases in youth tobacco use rate. Parental knowledge and attitudes towards tobacco use is very essential and so are the role models. In the study, about one third of the students thought that boys who smoke had more friends than the non-smokers. This has a great impact on the youth, as peer pressure is very strong amongst the youth. A high percentage of youth that smoke (25%) think that those who smoke are more attractive than the non-smokers are. It is therefore very essential to give correct facts about the harmful effects of tobacco. The acquisition of such information can help monitor the broader or more general impact of media counter-advertising and de-glamorisation campaigns, school curricula and youth empowerment efforts.

Media and Advertising

Sophisticated mass media campaigns that involve essential elements of social marketing and are theoretically driven may well have an effect on the attitudes and behaviours of youth regarding tobacco use. Of all the consumer products, cigarettes are the most heavily advertised and marketed. There is great concern that tobacco advertising and marketing including the distribution of promotional products such as clothing, sporting equipment, and gear for outdoor activities- is positively associated with youth smoking.

Pro-use messages: - Children buy the most heavily advertised brands and are three times more affected by advertising than are adults. The average youth has already been exposed to billions of dollars in imaging advertising and promotions creating a “friendly familiarity” for tobacco products- an environment in which smoking is seen as glamorous, social and normative. The youth are not able to recall virtually any anti-smoking messages on television or in the movies, yet they are able to recall specific movies that portray smoking and are able to identify actors and actresses who smoke in their entertainment roles

Ant-use messages: - An intensive mass media campaign can produce significant declines in both adults and youth smoking and demonstrate that comprehensive educational efforts, combining media, school-based and community based activities can postpone or prevent smoking onset in adolescents.

In the study, eight out of ten students saw anti smoking media messages and also almost the same number had seen pro tobacco messages. There was no significant difference by gender. Almost half of the youth that were current smokers had an object with a cigarette logo on it. About 20% of the non-smokers also had such an item; this is very worrying, as these youth can easily be candidates of tobacco use. About 40% of the students who currently smoke had been offered free cigarettes by tobacco company representative, with only 10% of non smokers having received such free offers. These offers indeed have direct impact on the youth’s attitude and behaviour towards cigarette use.

Access and Availability

It is undeniable that the current state of regulatory, judicial and legislative pressure on tobacco industry and tobacco retailers represents an unprecedented and concentrated assault on youth access to tobacco products. In Kenya, there is no prohibition to children and youth that are less than 18 years in age access tobacco products. As such, the products are easily available to the youth. No child is refused to purchase tobacco products because of his or her age. Parents/guardians who smoke actually sent their underage children to purchase for them this commodity. From the study, a fifth of the smokers actually smoked at their homes, three out of ten purchased their cigarettes at a store. Seven out of ten students who purchase and smoke their cigarettes were never refused to purchase because of their age. As such boys or girls can purchase their tobacco products without being questioned or refused to purchase. Indeed, the accessibility and availability of tobacco products to the youth is not a problem in Kenya. The long awaited tobacco control bill addresses this problem.