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.

World Health Organization
Regional Office for the Eastern Mediterranean

CDC
Centers for Disease Control and Prevention

GYTS 2007 LIBYA Report

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Introduction:

No one in our world today can ignore the fact which indicating that tobacco use is one of the main chief preventable causes of death in the world. WHO estimates that there are currently about 5 million deaths a year to tobacco. With the increasing awareness of this devastating tragedy, anti- tobacco campaigns in developed as well as in developing countries have become progressively vigorous, at least in case of developing countries, academically and theoretically.

Investigating the practices of many multinational tobacco companies for example Philip mores, Birth American tobacco company BAT, The Japanese company shown that they specifically target adolescents (aged 12 to 16 years) in their advertising campaigns ,(not only has the tobacco industry conducted careful marketing polices and research to entice the young into smoking but they have also added specific substances, which promote addiction and turn children into regular clients. It has been indicated that if the patterns of smoking continued as it is now, tobacco use will result in the death of more than 250 million children and young people alive today, most of them in developing countries.

Because of this, school- aged children, and adolescents aged 10 to 18 years or a little bet more should be a primary focus for prevention, and for intervention strategies.

It is very important to conduct scientific and well designed surveys in order to provide a good picture of the risk factor behaviors (especially behaviors of young and school –age children, which then can be used to design an effective and comprehensive tobacco control programs and policies.

In the last GYTS which has been completed in Libya in 2003 indicated that about 15% of school children aged 13 to 15 have an experiences with smoking and about 7% are now currently smokes (6.5% males and 1.7% females)

Libya is conducting the GYTS for the second time, it will be very interesting to compare the results of this survey with the results of the last one , especially in the absence of real scientific intervention programs toward the target school children aged 13 to 15 years.

Objectives of the GYTS in the second time:

1- **To compare and monitor the prevalence of tobacco among school children (aged 13 to 15 years) in the first and the second surveys.**
2- **To see if there is any changes in the schools children's attitudes, knowledge and behaviors related to tobacco use and its health impact including : Cessation, environmental tobacco-smoke (ETS), media, and advertising, young people's access, and school curriculum.**
3- **To obtain and at the same provide evidence-based information to the policy decision makers to guide programming and advocacy work addressing youth tobacco use.**

Methods :

Sampling:

The 2007 Libyan GYTS is a school-based survey, which employed a two-stage cluster sample design to produce a national representative sample of students in grades 9, 10, and 11. A list of schools eligible to participate in the survey was submitted to the WHO office in Tripoli, to be sent to US Office on Smoking and Health/CDC in USA where the sample selection was done.

The first stage consisted of all regular schools containing any of grades 9, 10, and 11. Schools were selected with probability proportional to school enrollment size. Fifty schools were selected. 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 school were included in the sampling frame. All students in the selected classes were eligible to participate in the survey. The outcome of this selection process gave Libya 50 schools with an expected population of more than 2028 students, with no replacement or substitution allowed for schools that may do not agree to participate. Fortunately, all the schools agree to participate in the survey. The school response

rate was 100%, the student response rate was 94.1%, and the overall response rate was 94.1%,A total of 2028 students participated in the Libyan Arab Jamahiriya GYTS.

Data Collection

Before data collection could take place, extensive networking occurred with the various stakeholders in the department of Health and Education to obtain their endorsement and support for the project.

Two training work shops for research coordinators, or survey administrators were held , one in Tripoli and the second in Benghazi, to train 17 heath professionals working in the ministry of health and environment concerning the content of the questionnaire, how to select the classes and how to select the students. The basic aim of the training workshop was the standardization of the research methodology. The fieldwork was done from month 12- 2006 to month 5-2007.

The Questionnaire:

The questionnaire was a self-administered type questionnaire, which consisted of a "core" component and an optional component. The core question allows for comparison between countries, and the optional questions allow for specific issues pertaining to individual countries. All the questions were MCQ, and apart from three question that asked for background information such as age, class level, and sex.

Survey procedures were designed to protect the students, privacy by allowing for anonymous and voluntary participation. Data collection was self-administered in the classroom. Students recorded their responses directly on an answer sheet that could be scanned by a computer. The questionnaire contained 72 multiple-choice questions.

Results:

The results of the GYTS for Libya will be analyzed according to the following issues: prevalence, exposure to secondhand smoke, access to tobacco, cessation, knowledge and attitudes, and media and advertising. The results are limited to students aged 13-15 years old in order to facilitate comparison with data collected in 2003. Students outside this age range have been excluded from these

analyses because the sample was not designed to be representative of these students. Regardless, few students fell into these age categories.

Prevalence

Approximately 13%, or about 1 in 10 of students (ages 13 - 15) had ever smoked cigarettes, even one or two puffs (Table 1). Boys (19.9%) were significantly more likely than girls (5.8%) to have ever smoked cigarettes. Almost, 40% of ever smokers had initiated smoking before age 10. Approximately 2 in 10 never smokers (18.5%) indicated they are likely to initiate smoking during the next year (i.e., susceptibly); there was no statistical difference between boys and girls.

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, LIBYA GYTS, 2007 (Ages 13-15).

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
LIBYA	13.1 (9.7 - 17.4)	36.9 (25.6 - 49.7)	18.5 (15.2 - 22.3)
Boys	19.9 (14.4 - 26.8)	37.9 (23.8 - 54.5)	22.1 (18.0 - 26.9)
Girls	5.8 (3.5 - 9.4)	*	15.0 (11.5 - 19.3)

* < 35 cases in the denominator

Overall, 4.6% of students are current cigarette smokers, with boys (7.7%) significantly higher than girls (0.9%) (Table 2). Overall, 7.2% of students aged 13-15 reported that they currently use other tobacco products, with no statistical difference between boys and girls. For girls, current use of other tobacco products (5.6%) is significantly higher than cigarette smoking (0.9%). Approximately 1 in 10 (10.6%) of current smokers feel like having a cigarette first thing in the morning (i.e., dependency on tobacco).

Table 2: Percent 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, LIBYA GYTS, 2007 (Ages 13-15).

State	Current cigarette smoker	Currently use other tobacco products	Percent of current cigarette smokers who feel like having a cigarette/chew first thing in the morning
LIBYA	4.6 (2.9 - 7.2)	7.2 (5.4 - 9.5)	10.6 (4.1 - 24.6)
Boys	7.7 (4.9 - 11.9)	8.6 (5.2 - 14.0)	*
Girls	0.9 (0.3 - 2.5)	5.6 (4.1 - 7.7)	*

* < 35 cases in the denominator

Exposure to Secondhand Smoke (SHS)

Exposure to secondhand smoke was high for both males and females, whether in their homes or in public places (Table 3). Almost 4 in 10 students live in homes where others smoke in their presence (37.8%), and are exposed to smoke in public places (41.5%). Almost 8 in 10 (77.1%) of all students think smoking should be banned in public places.

Table 3: Percent of students exposed to smoke at home, exposed to smoke in public, and supported banning smoking in public places, LIBYA GYTS, 2007 (Ages 13-15).

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
LIBYA	37.8 (34.2 - 41.6)	41.5 (38.5 - 44.5)	77.1 (73.1 - 80.6)
Male	41.4 (35.6 - 47.4)	46.4 (41.4 - 51.4)	73.5 (67.6 - 78.7)
Female	33.4 (29.1 - 38.1)	36.0 (32.7 - 39.5)	80.8 (77.6 - 83.7)

Almost 5 in 10 of all students (48.7%) had been taught in class, during the past year, about the dangers of smoking (Table 4). Over 3 in 10 of all students (36.1%) had discussed in class, during the past year, reasons why people their age smoke. More than 4 in 10 (44.3%), had been taught in class, during the past year about the effect of tobacco use.

Table 4: Percent of students who were taught dangers of smoking, discussed reasons why people their age use tobacco, taught effects of using tobacco, LIBYA GYTS, 2007 (Ages 13-15).

State	Percent taught dangers of smoking/chewing tobacco	Percent discussed reasons why people their age smoke/chew tobacco	Percent taught about the effects of smoking/chewing tobacco
LIBYA	48.7 (43.8 - 53.6)	36.1 (31.6 - 40.8)	44.3 (39.9 - 48.7)
Male	46.9 (40.8 - 53.2)	31.9 (26.1 - 38.2)	43.2 (37.6 - 49.0)
Female	51.1 (44.9 - 57.4)	39.2 (34.1 - 44.6)	45.3 (38.9 - 51.9)

Media and Advertisement:

Two indicators of "direct" advertising showed that 6 in 10 students (63.3%) saw many ads for cigarettes on billboards in the past month and more than half of students (52.6%) saw many ads for cigarettes in newspapers or magazines in the last month (Table 5). There was statistical difference between boys and girls. GYTS included two indicators of "indirect" advertising of tobacco. Over 1 in 10 students (11.3%) have an object with a cigarette or tobacco logo on it and 8.6% of the students were ever offered "free" cigarettes by a tobacco company representative. Boys were significantly more likely than girls to have an object with a tobacco company logo on it.

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, LIBYA GYTS, 2007 (Ages 13-15).

State	Percent who saw a lot of ads for cigarettes on billboards in the past month	Percent who saw a lot of ads for cigarettes in newspapers or magazines in the past month	Percent who have an object with a cigarette or tobacco logo on it	Percent who have been offered "free" cigarettes by a tobacco company representative
LIBYA	63.3 (59.8 - 66.6)	52.6 (48.9 - 56.2)	11.3 (9.8 - 13.0)	8.6 (6.9 - 10.7)
boys	66.6 (62.1 - 70.9)	54.7 (50.4 - 58.9)	13.9 (11.1 - 17.2)	9.9 (7.6 - 12.8)
girls	60.0 (55.0 - 64.7)	49.8 (45.2 - 54.5)	8.6 (7.2 - 10.2)	7.1 (5.0 - 10.1)

Comparison between GYTS 2003 and GYTS 2007:LIBYA

The first GYTS was conducted and, analyzed in Libya in 2003, and then repeated and analyzed in this present study 1n 2007.compersion of the results from the two surveys show no statistically change in prevalence, exposure to SHS ,taught about harms of tobacco in school, or in levels of pro-tobacco advertising.(Table 6)

Table 6: Change over time – LIBYA 2003 and 2007

	2003			2007		
	Total	Boy	Girl	Total	Boy	Girl
Prevalence Ever smoked cigarettes	12.3 (9.3 - 16.1)	19.2 (14.2 - 25.3)	5.2 (3.2 - 8.4)	13.1 (9.7 - 17.4)	19.9 (14.4 - 26.8)	5.8 (3.5 - 9.4)
Ever Smokers, first smoked cigarettes before age 10	23.7 (13.6 - 38.0)	25.5 (13.5 - 42.9)	*	36.9 (25.6 - 49.7)	37.9 (23.8 - 54.5)	*
Current cigarette smoker	4.1 (2.6 - 6.5)	7.3 (4.5 - 11.6)	0.8 (0.3 - 2.4)	4.6 (2.9 - 7.2)	7.7 (4.9 - 11.9)	0.9 (0.3 - 2.5)
Current user of other tobacco products	9.8 (7.4 - 12.8)	11.7 (8.1 - 16.4)	7.5 (5.1 - 10.8)	7.2 (5.4 - 9.5)	8.6 (5.2 - 14.0)	5.6 (4.1 - 7.7)
Never smokers likely to initiate smoking in the next year	19.5 (15.4 - 24.3)	23.5 (18.2 - 29.7)	15.7 (11.1 - 21.8)	18.5 (15.2 - 22.3)	22.1 (18.0 - 26.9)	15.0 (11.5 - 19.3)
EXPOSURE TO SMOKE One or more parents smoke	31.4 (27.4 - 35.7)	33.8 (27.9 - 40.3)	29.2 (24.6- 34.3)	34.4 (30.8- 38.1)	34.1 (29.5- 39.0)	33.7 (29.4 - 38.4)
All or most best friends smoke	4.7 (3.4 - 6.5)	5.8 (3.6 - 9.1)	3.0 (2.0 - 4.6)	5.0 (3.6 - 7.0)	6.4 (4.4 - 9.1)	2.8 (1.5 - 5.2)
Exposed to smoke in public places	38.6 (35.2 - 42.2)	39.2 (34.5 - 44.0)	38.3 (33.2- 43.7)	41.5 (38.5 - 44.5)	46.4 (41.4 - 51.4)	36.0 (32.7 - 39.5)
In favor of banning smoking in public places	77.3 (73.4 - 80.8)	75.5 (70.5 - 80.0)	79.0 (73.4- 83.7)	77.1 (73.1 - 80.6)	73.5 (67.6 - 78.7)	80.8 (77.6 - 83.7)
SCHOOL During this school year, were taught in any classes about the dangers of smoking	51.5 (45.5 - 57.4)	48.0 (40.0 - 56.2)	55.1 (48.3- 61.7)	48.7 (43.8 - 53.6)	46.9 (40.8 - 53.2)	51.1 (44.9 - 57.4)
MEDIA/ADVERTISING During the past month saw any anti-smoking media messages	70.0 (66.5 - 73.3)	71.0 (66.5 - 75.1)	69.2 (63.5- 74.3)	70.6 (66.8 - 74.1)	70.7 (65.9 - 75.1)	70.3 (66.1 - 74.1)
During the past month saw any advertisement for cigarettes on billboards	54.6 (51.1 - 58.1)	56.2 (52.3 - 59.9)	53.2 (48.4 - 57.9)	63.3 (59.8 - 66.6)	66.6 (62.1 - 70.9)	60.0 (55.0 - 64.7)
During the past month saw any advertisements or promotions for cigarettes in newspapers or magazines	50.6 (47.2 - 54.1)	49.7 (43.9 - 55.6)	52.2 (46.7 - 57.6)	52.6 (48.9 - 56.2)	54.7 (50.4 - 58.9)	49.8 (45.2 - 54.5)
Have an object (t-shirt, pen, backpack, etc) with a cigarette brand logo on it	10.1 (8.1 - 12.6)	13.7 (10.4 - 17.9)	6.2 (4.3 - 8.7)	11.3 (9.8 - 13.0)	13.9 (11.1 - 17.2)	8.6 (7.2 - 10.2)
Ever offered a “free” cigarette by a cigarette company.representative	8.2 (6.6 - 10.2)	10.2 (7.4 - 14.0)	5.9 (4.3 - 7.9)	8.6 (6.9 - 10.7)	9.9 (7.6 - 2.8)	7.1 (5.0 - 10.1)

Discussion:

GYTS 2007 in Libya provides indicators for measuring achievements of the following issues: surveillance and monitoring, prevalence, exposure to secondhand smoke, school based to tobacco control and media and advertising. The main goal of WHO FCTC is to help WHO member states to develop, implement, and evaluate an effective tobacco control program on the previous issues, by using consistent and standardized methods and procedures. Finding from the 2007 Libya GYTS show 4.6% of students are current cigarette smokers with boys significantly higher than girls. Article 20 of the WHO FCTC calls for research, surveillance, and exchange of information. And GYTS 2003,and 2007 in Libya provides, data on youth tobacco prevalence locally, which can be used to compare with other regional and international data. The secretariat of the General people's Committee for Health and Environment as well as the secretariat of General people's Committee of general and higher education and other related sectors in the country can use this information to help develop and implement comprehensive tobacco control program that include efforts to reduce cigarette smoking and prevent youth to be prey of this epidemic. In2007 GYTS, almost 4 in 10 students are exposed to cigarette smoking at home and in public places, yet almost 8 in 10 (77.1%) want law banning smoking in public places Article 8 of the WHO FCTC mandates that parties should protect their citizens from exposure to tobacco smoking (1) Also in this report data shows that in-direct-pro-tobacco advertisement is high in Libya where 6 in 10 students have been seen pro-tobacco ads on billboards .Article 13 of WHO FCTC requires countries to ban tobacco advisement and sponsorship.
Indirect pro-tobacco advertising is also high, where 1in 10 students have an object with a tobacco logo no it. Although there is a law, which banning advertisement in television and local newspapers and magazines in Libya but advertisement for cigarettes can be seen everywhere in the streets and in the front side of food shops in Tripoli and other cites. Eradication of these billboards, and adopting, implementing, and enforcing a new law to ban these direct and indirect advertisement for tobacco will have a significant impact in tobacco control, not just on youth school children, but also on adults tobacco use as well.

Conclusion:

The WHO FCTC requires all parties' countries to inform all persons of the health consequences of tobacco consumption and exposure to tobacco smoke. Each party nation has agreed to develop, implement, and evaluate effective tobacco control programs. The GYTS conducted in Libya in 2003 and repeated in 2007 was developed to provide data on youth tobacco use to be used for the development of youth-based tobacco control programs. Libya signed the WHO FCTC in 2004 and ratified it in 2005.A new tobacco control law has been drafted, to be passed by the Libyan congress people committee in order to facilitate the implementation of at least some of the obligation of the Who FCTC that Libya committed to apply by ratifying this treaty. The secretariat of the General people's Committee for Health and Environment with the cooperation of other related sectors must develop, implement and maintain a strong, comprehensive tobacco-control program. While approximately 5% of young people smoke cigarettes or use other tobacco products, almost 20% of never smokers indicate they will likely initiate smoking during the next year. The consequences of such an increase in smoking in Libya will affect the social, health, and economic well-being of the entire population. Article 5 of the WHOFCTC call for countries which ratified the treaty(1) to develop ,implement, periodical update and review comprehensive multi-sectorial national tobacco control strategies, plans and programs in accordance with this convention and the protocols to which it is a party. Towards this end, each party shall in accordance with its capabilities: a) establish or reinforce and finance a national coordinating mechanism or focal points for tobacco control. Until this time, this national coordination mechanism does not exist. This national committee must be established, reinforced, and financed, and the new law should be passed and reinforced as soon as possible.

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