

Sri Lanka GYTS, 2003

REPORT ON THE RESULTS OF THE GLOBAL
YOUTH TOBACCO SURVEY (GYTS – REPEAT),

SRI LANKA 2003

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1.0 Executive Summary

This paper contains the major findings of Sri Lanka's Global Youth Tobacco (repeat) Survey (GYTS) carried out island wide in 2003. Through the survey, it was expected to draw the attention of policy makers, political masters, professionals, community members, researchers, NGOs, donor agencies and religious organizations on the ever-growing tobacco consumption by the younger generation.

Sri Lanka is proud to be associated with two GYT Surveys, originally in 1999 along with 8 other countries, and subsequently, in 2003 to repeat the same. The sample size in 1999 was 100 schools and in 2003 it was reduced to 50 schools to represent around 10,000 schools in the island.

Tobacco use is a major public health problem that has adverse health effects that cause in multiple diseases like oral cancer, lung cancer, bronchitis, emphysema etc. The Global Youth tobacco Survey (GYTS) is a major effort by the WHO to document the problem and determinants of tobacco use by adolescent age students. A repeat GYTS along with GSPS was conducted in Sri Lanka during the months of October 2003 to January 2004. The main objective of the GYTS repeat was to obtain an improved understanding of and to assess students' attitudes, knowledge and behaviors related to tobacco use and its health impact and to make comparisons by using both sets of GYTS data (1999 and 2003). . Students in 50 sample schools studying in grades eight, ninth and tenth participated in the survey. The GYTS participation rate in 2003 was 100%.

2.0 Introduction

Tobacco use according to the World Health Organization (WHO), is on the increase in many countries around the globe. WHO attributes about 4 million deaths a year to tobacco use, the figure, which is expected to rise to 10 million by the year 2030. Out of this forecasted 10 million deaths, 7 million (75%) is predicted to occur in low and middle income countries, including Sri Lanka. Tobacco causes major diseases like oral cancer, lung cancer, bronchitis and emphysema. It has been estimated that more than 60% of heart patients who are less than 40 years of age have got that disease as a result of their smoking habits. In USA alone it has been estimated at least 845,000 people die annually as a result of tobacco related diseases. Hence, resolute coordinated action must be taken in order to prevent not only tobacco-related deaths and diseases, but also to prevent the increasingly heavy burdens of tobacco use on health care, productivity and socio-economic development.

According to various research findings, mainly in countries where GYTS were conducted since 1999, it has been established that most people begin smoking cigarettes during their teens and prevalence rate among school going population is on the increase. Further, it has been revealed that, most children begin their smoking at the age of 12 or 13. If this pattern continued, tobacco use will result in death of 250 million children, young people alive today and, majority of them will be in developing countries. Therefore, adolescents and school-aged population should be the primary focus for intervention programs. A careful survey of the situation will provide a clear picture of the risk factor behaviors of young and school-aged children, and the data/information that emerged could be used to set up a more effective and comprehensive tobacco control policies.

2.1 Tobacco Use in Sri Lanka

Tobacco use in Sri Lanka is high among adults as well as youth. Tobacco is cultivated in some selected parts of Sri Lanka and tobacco products, mainly cigarettes, are traded extensively in the country, of course with some sort of restrictions. In spite of restrictions by law, it is possible for minors to purchase cigarettes in a store. Although cigarettes are the most widely consumed tobacco product among Sri Lankan smokers, Beedis, White Beedis and Black Cigars are also very popular, especially among low income groups. The table below illustrates the pattern of consumption of tobacco products by Sri Lankans.

Table: The Smoking population in Sri Lanka

Tobacco Consumption by Product Type and Gender, 1992		
	% Consumption	
	Male	Female
Cigarettes	74.0	58.0
Beedis	50.0	52.0
Cigars	15.0	21.0
Chewing Tobacco	11.0	na
Pipe	0.3	na

Source: (World Cigarettes 2/2002 : Office on Smoking and Health (CDC) p.14)

A study done in 1986 revealed that the habit of using cigarettes and other varieties of tobacco products is alarmingly high among teenage boys and girls. Following table illustrates the then situation.

Table: Percentages of Students aged 13 – 15 who use Tobacco

Category	Currently Smoke Cigarettes	Currently Use other Tobacco Products
Boys	6.2	9.2
Girls	1.6	5.0
Boys, Girls Ratio	3.9:1.0	1.8 : 1.0

A study done in 1989 revealed that of those over 12 years, 54.5% of male population could be classified as daily or occasional smokers. Within the female population the percentage was much lower at 0.8%. A study published in 2000 put the total smoking population at around 40%. (Office on Smoking and Health (CDC) p.13)

The ‘Ceylon Tobacco Company’ a private owned subsidiary company to BAT is funding for the cultivation of tobacco and produce cigarettes in the country. They have a monopoly in the trade. Limited quantities of other famous brand products are imported to the country subject to some customs rules and regulations.

In order to combat the smoking habits of its people, the Democratic Socialist Republic of Sri Lanka, has enacted policies and regulations, which are now in force.

- A health-warning message is displayed on each package of cigarettes sold in the country.
- Smoking is restricted on all classes, on board of flights of the national carrier, ‘Sri Lankan Air’.
- Annually, the prices of cigarettes are increased in the government’s budget speech.
- Advertising cigarette brands are being implemented on all Television channels and radio broadcasts.
- Sale of cigarettes to teenagers under 18 years is legally prohibited.

The magnitude of the size of tobacco industry in Sri Lanka is reported in a WHO document (2000), which reveals that 88,572 people were engaged in tobacco manufacturing industry. By the year 2000 there were 5.66 million (total population is 18 million) smokers in Sri Lanka. The majority of smokers were male. Apart from cigarettes, the people with low income use other chief varieties of tobacco products, such as, cigars, beedi and white cigarettes.

However, there is a silver line in the dark cloud as far as the revelations of the two GYTS surveys are concerned. As has been emerged from the repeat survey in 2003 the 12.5% of ever smoker rate in 1999 has dropped to 6.2% after 3 years (203). But still the country needs some mechanisms of monitoring and tracking the potential increases in tobacco use among our student population, amounting to 4.3 million. Along with Sri Lanka became one of the 5 original countries to take immediate steps to ratify the Framework

Convention for Tobacco Control (FCTC) and through the imposition of above mentioned policies and regulations forcefully, we can be very optimistic of our ability to combating the epidemic to a great extent.

2.2 The GYTS and its objectives

As was mentioned earlier GYTS is a school-based survey conducted in more than 150 countries around the world. The international society spearheaded by the WHO, The Office on Smoking and Health (OSH) and Center for Disease Control (CDC) has been engaged in multi-faceted programs in forming a 'tobacco free society'. Among such programs, Global Youth Tobacco Survey is in the forefront. This specific Survey is focused on smoking related issues of adolescent age students in grades eighth, ninth and tenth. WHO South East Asian Regional Office (SEARO) is taking a concerted effort conduct GYTS and Global School Personnel Survey) GSPS in its member countries.

Objectives of GYTS

The objectives of the GYTS are manifold:

1. To document and monitor the prevalence of tobacco use including, cigarettes smoking, smoking of BEEDIS and CIGARS and us of smokeless tobacco like chewing tobacco with betel leaves.
2. to obtain a better understanding of students knowledge and attitudes and their behavior pattern in relation to tobacco use, its consequences and the health impact including students' access to tobacco products, cessation, second hand smoking, media and advertising and the school curriculum.
3. to make the policy makers and key ministerial level managers aware of the existing situation of the deadly disease.

The GYTS attempted to address the following issues:

- Determining the level of tobacco use.
- Estimating the age of initiation of cigarette use.
- Estimating the level of susceptibility to become a cigarette smoker.
- Estimating the exposure to tobacco advertising.
- Identifying key intervening variables.

- Assessing the extent to which major prevention programs are reaching the school going population to combat this deadly menace.
- Comparing the finding of GYTS 1999 with the finding through GYTS repeat in 2003.

3.0 METHODOLOGY

Sri Lanka was privileged to become one of the original countries in the world, which conducted the Global Youth Tobacco Survey (GYTS) in 1999, along with eight other countries. To assess the impact of tobacco related programs held island wide by Ministry of Health, Ministry of Education and other interveners to combat the menace, a repeat survey was launched in October to December 2003, with the technical support from WHO and the Center for Disease Control (CDC), Atlanta. The WHO Regional Office in New Delhi provided the guidance and financial support for the survey, in collaboration with WHO Colombo office.

3.1 School Sample

This school - based survey of students in grades eighth, ninth and tenth, with an age span of 12 to 16+, as carried out in 50 schools to represent 9850 schools in the island. Geographically, all eight administrative provinces were included in the survey.

All schools comprised above mentioned grades, with an enrollment of 40 or more students, were included in the sampling frame. A two-stage cluster sample was used to produce a representative sample of students in said grades. The CDC using the school census data 2000, provided by the Ministry of Education, designed the school sample.

School level: The first stage sampling frame consisted of all schools containing grades 8 to 10. Schools were selected with probability proportional to school enrollment size.

Class Level: 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 50 schools were included in the sampling frame. All students in the selected classes were eligible to participate in the survey.

The over all response rates were as follows:

Schools: 100%, 50 of 50 sample schools participated

Students: 79.12%; 1845 of the 2,332 sampled students completed the usable questionnaire.

Over all response rate: $100\% * 79.12 = 79.12\%$

A weight has been associated with each questionnaire to reflect the likelihood of sampling each student and to reduce bias by compensating for differing patterns of non-response. The weight used for estimation is $W = W1 * W2 * f1 * f2 * f3 * f4$.

$W1 =$ the inverse of the probability of selecting the schools

- 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.

3.2 The Questionnaire

As in GYTS 1999, for the repeat survey too, the same set of questionnaire was used with minor modifications. It comprised two components: the 'core' component and the 'optional' component. The 'core' questions provided data for the comparison between provinces and regions and the 'optional' questions provided data to analyze the special issues pertaining to Sri lankan situation. The questionnaire which was originally prepared in English was translated into two official languages namely, Sinhala and Tamil. Before launching the countrywide survey, the suitability of the instrument was tested with a set of children in 3 schools in the Colombo City.

Data Collection

Administration of the questionnaire and the entire Survey was carried out by an eminent and experienced set of 'Directors of Education' hand picked for the job. They were guided by some medical experts in the Health field. A two-day non-residential workshop was conducted at the Ministry of School Education on the 25th and 26th September 2003 for the data enumerators to make them aware as to how they should conduct a just and fair survey in the 50 schools selected island wide. At the training seminar following aspects were covered with:

- Purpose of GYTS.
- Confidentiality of the survey.
- Scheduling the survey administration.
- Documenting school and class participation,
- Presenting and administering the GYTS in schools.

Taking part by some of the Directors of Education who had been served as data enumerators in the first stage of GYTS, added a great value to the survey as far as its credibility and reliability is concerned. Along with the printed Sinhala and Tamil question papers and answer scripts, they were provided with instructional materials which should be sent to school principals, class teachers and parents. All educational authorities in charge of the sample schools were also issued with necessary instructions about the purpose of GYTS and the way it is expected to be conducted.

Before the survey conducted, all school principals were informed the time and date that their school is going to be surveyed, along with other relevant information. Even the parents were informed, to a great extent through the respective principals. All fifty

schools participated in the survey fully and supported the data enumerators to perform their tasks. Each director was assigned with around 4 to 5 schools and they spent one whole day in a school and the survey was done with utmost care to preserve the dignity and privacy of the school and the child. The administration of questionnaire was done in the 2nd period of the day. All school principals, teachers in the relevant classes, data enumerators and students deserve a big thank for participation and conduct of this very important survey.

After the completion of survey the data collectors sent all answer scripts to the Ministry of School Education and finally, they were sent to CDC for coding and tabulation.

4.0 ANNALYSIS OF RESULTS

Table 1: Percent of Students who use Tobacco

Category	Ever Smoke Cigarettes – ESMOKER (Variable 1)	Currently Use Any Tobacco Product – CTOB (Variable 5)	Currently Smoke Cigarettes - CSMOKER (Variable 3)	Currently Use Other Tobacco Product – OTOB (Variable 2)	Never Smokers Susceptibility – SUSCEPNS (Variable 113)
Total	6.9 (±1.9)	8.7 (±1.7)	2.5 (±1.0)	7.5 (±1.4)	4.5 (±1.1)
Sex					
Male	10.1 (±3.0)	9.7 (±2.9)	3.1 (±1.4)	7.9 (±2.5)	5.4 (±2.0)
Female	3.3 (±1.6)	7.1 (±1.6)	1.3 (±0.9)	6.7 (±1.4)	3.5 (±1.3)
Level					
Grade 8	6.5 (±2.6)	9.5 (±3.7)	1.8 (±1.0)	8.6 (±3.5)	4.9 (±2.4)
Grade 9	4.6 (±2.4)	6.5 (±2.7)	1.7 (±1.3)	5.5 (±2.5)	4.8 (±2.3)
Grade 10	9.0 (±4.3)	9.4 (±2.7)	3.3 (±2.2)	7.9 (±2.2)	3.7 (±1.7)

The above Table illustrates the pattern of smoking among school children who participated in the survey. 6.9% of students have had a habit of smoking even one or two puffs. Ever smoking rate in respect of males is as high as thrice (10.1%) the number of female students (3.3%). As far as the numbers of students who use cigarettes (2.5%) among current smokers are concerned, almost three times the number (7.5%) smokes other varieties of tobacco products. This pattern this is equally seen among males as well as females. However, almost one fifth of female students (6.7%) currently use other tobacco products, compared to the numbers who smoke cigarettes (1.3%). Current use of any other tobacco products is high in all grades (Grade 8 = 9.5%), Grade 9 = 6.5%, Grade 10 = 9.4%) compared to number of cigarette smokers in those classes (Grade 8 = 1.8%), Grade 9 = 1.7%, Grade 10 = 3.3%).

Table 2: School Curriculum and Tobacco Use.

Category	Taught Dangers of Smoking – CORE50C (Variable 27)	Discussed Reasons for Smoking – CORE51C (Variable 28)	Taught Effects of Smoking – CORE52C (Variable 29)
Total	78.8(±3.3)	42.0(±3.9)	71.8(±3.8)
Sex			
Male	76.8(±4.9)	39.6(±5.8)	68.6(±5.1)
Female	81.0(±3.2)	44.8(±5.3)	75.3(±4.1)
Level			
Grade 8	78.8(±6.0)	42.3(±5.8)	73.9(±5.8)
Grade 9	82.6(±4.2)	38.3(±7.5)	72.7(±4.7)
Grade 10	75.6(±6.2)	45.1(±5.9)	69.6(±5.5)

Four questions were asked about the nature of support they received in their taught courses in developing their knowledge and skills and changing their attitudes towards tobacco use. Nearly eight out of ten students (78.8%) believe that the smoking is dangerous for their health. Gender-wise more than seven in ten (76.8%) males and ten in eight females (81.0%) do believe that the smoking is harmful. But the opportunities they have had to learn in the classroom the various reasons why that the children of their age are smoking were not encouraging. Asked about whether they were taught in any of their classrooms regarding the harmful effects of smoking like: ‘ it makes your teeth yellow, causes wrinkles, or makes you smell bad’, little more than seven in ten have responded ‘yes’. But the chances they have had to learn the various reasons why that the children of their age use to smoke were appeared to be very little. Only a little more than four in ten (42.0%) had a conducive environment to discuss such reasons in their classroom settings.

Table 3: Access and Availability/ Dependency (Current Smokers)

Category	Usually Smoke at Home - CORE12A (Variable 10)	Bought Cigarettes in a Store - CORE12B (Variable 11)	Dependency, Feel Like Smoking in Morning - CORE13A (Variable 45)
Total	136(±142)	427(±192)*	36(±70)*
Sex			
Male	91(±11.7)*	498(±223)*	00(±00)*
Female	162(±283)*	246(±287)*	88(±168)*
Level			
Grade 8	220(±37.7)*	00(±00)*	00(±00)*
Grade 9	108(±183)*	347(±549)*	00(±00)*
Grade 10	147(±178)*	607(±194)*	00(±00)*

More than one in ten students (13.6%) did not have any barrier in smoking at their homes. Analyses of results show the chances they have had to smoke at home has been improved slightly in 2003 (13.6%) than in 1999 (12.2%)

Table 4: Environmental Tobacco Smoking

Category	Exposure at Home - CORE32C (Variable 13)	Exposure in Public Places - CORE33C (Variable 14)	One or More Parents Smoke - CORE14C (Variable 17)	Most or All Friends Smoke - CORE27C (Variable 18)	Think Smoking Should be Banned in Public Places - CORE34C (Variable 15)
Total	51.3 (±3.5)	68.3 (±3.2)	41.1 (±3.7)	3.9 (±1.0)	92.9 (±1.6)
Sex					
Male	52.6 (±4.5)	70.8 (±3.5)	42.5 (±5.0)	5.2 (±1.7)	91.9 (±2.1)
Female	50.1 (±4.1)	65.6 (±4.7)	39.7 (±4.8)	2.5 (±1.1)	93.9 (±2.0)
Level					
Grade 8	51.2 (±5.3)	67.5 (±5.3)	45.4 (±6.2)	2.5 (±1.2)	91.7 (±3.9)
Grade 9	51.6 (±7.4)	64.4 (±6.1)	37.5 (±7.4)	3.0 (±1.8)	93.0 (±2.6)
Grade 10	51.5 (±5.4)	72.9 (±4.6)	40.7 (±5.8)	6.0 (±2.5)	94.2 (±2.0)

An alarming picture emerged, through survey data, in regard to exposure of our students to environmental tobacco use. More than five students out of ten (51.3%) have been exposed to tobacco smoke at their home as a result of their mothers or fathers or both are active smokers. Responding to the question asked: 'do your parents smoke, 39.36% of students have come out with the answer 'yes'. Both males (52.6%) and females (50.1%) have had this experience at their own homes. Further, approximately seven out of ten students (68.3%) have been subjected to environmental smoking at public places. Those who are fed up with this health hazard made a strong cry against smoking and they insist that the smoking in public places should be banned. More than nine out of ten (92.9%) students want to see that the tobacco use is banned in public places.

One important finding is that the students have got this health related threat not from their own colleagues, but definitely from their parents. Parents are to be labeled as the enemies of children as far as the exposure to second hand smoking is concerned. Compared to their parents, only 3.9% of their friends do smoke. Parents who should discuss the health effects of smoking with their children have been kept their children in the dark. Only little more than four in ten students (43.20%) have had the privilege of discussing the matter with their family members. The huge cry of students in favor of proscribing the smoking is greatly reflected in both studies in 1999 (90.6%) and 2003 (92.9%).

Table 5: Cessation Current Smokers

Category	Want to Stop Now – CORE35A (Variable 19)	Tried to Stop in Past Year – CORE36A (Variable 20)	Received Help to Stop – CORE40B (Variable 21)
Total	68.5 (±20.3)*	63.6 (±25.3)*	100.0 (±0.0)
Sex			
Male	67.2 (±24.5)*	80.5 (±23.0)*	100.0 (±0.0)*
Female	78.3 (±27.2)*	38.8 (±41.6)*	100.0 (±0.0)*
Level			
Grade 8	79.8 (±36.4)*	23.7 (±41.0)*	100.0 (±0.0)*
Grade 9	48.7 (±49.6)*	44.4 (±68.4)*	100.0 (±0.0)*
Grade 10	72.7 (±26.7)*	75.1 (±25.0)*	100.0 (±0.0)*

Responding to the question posed to them: ‘once some one has started smoking, do you think it would be difficult to quit’ almost fifty percent (49.00%) students responded ‘definitely not’. This is a clear indication of their readiness to quit smoking at any time.

Table 6: Media and Advertising

Category	Saw Anti-Smoking Media Messages - CORE41A (Variable 22)	Saw Pro-Smoking Messages on Billboards - CORE46AA (Variable 23)	Saw Pro-Smoking Messages in Newspapers or Magazines - CORE47C (Variable 24)	Have an Object with Tobacco Company Logo on it - CORE44C (Variable 25)	Ever Offered “Free” Cigarettes by Tobacco Company Representative – CORE49C (Variable 26)
Total	84.8 (±3.1)	79.1 (±2.5)	78.5 (±2.6)	11.2 (±1.7)	6.5 (±1.2)
Sex					
Male	81.1 (±5.1)	81.1 (±3.2)	77.8 (±3.5)	12.3 (±2.6)	8.3 (±1.7)
Female	88.6 (±2.3)	76.8 (±3.7)	79.2 (±3.9)	9.7 (±2.6)	4.5 (±1.4)
Level					
Grade 8	87.1 (±3.8)	79.3 (±4.6)	78.6 (±4.9)	12.3 (±2.5)	8.6 (±2.9)
Grade 9	81.8 (±6.9)	77.7 (±6.0)	78.7 (±5.4)	9.3 (±3.0)	4.8 (±1.7)
Grade 10	85.6 (±4.3)	80.0 (±3.2)	78.4 (±2.6)	11.2 (±3.5)	5.8 (±2.3)

More than eight out of ten students (84.8%) have seen anti-smoking media messages on billboards over a period of 30 days. More females (88.6%) have witnessed such messages than their male (81.1%) partners. On the other hand, when it comes to the pro-media messages, approximately eight in ten students (79.1%) have seen such messages on bill boards. Again, almost eight out of ten (78.5) students have seen such pro-tobacco messages in news papers and magazines they read. When they watch televisions, videos or movies they have seen (48.05% ‘a lot’: 35.43%, ‘sometimes’) their actors smoking. Similarly they have seen a lot of advertisements (28.26%) on promoting different brands of cigarettes when they watch sports event programs on their televisions.

5. DISCUSSION

The harmful effects of tobacco use are widely documented in medical literature as well as non-medical literature. According to medical researches, it has been revealed that,

cigarette smoke contains over 4000 chemicals, which will lead to causing cancer, heart and circulation diseases, respiratory illnesses, brain damage, impotence etc. etc. High risk of improving cancer among society has been attributed mainly to smoking habits. Research findings have further revealed that it would take roughly 10 to 15 years to develop the symptoms of cancer in a person who use to smoke. This is a strong predictable indicator to presume that today's youth, who have been addicted to smoking are greatly vulnerable to suffer from cancer, especially, when they are at their thirties.

Like many other countries around the world, in Sri Lanka too, median age of smoking initiation is appeared to be under 15 years. Even though the prevalence rate is not alarmingly high when compared to many other developed and developing countries in the world, it is imperative to launch some in school and out of school educative programs in the form of seminars, workshops, discussions, conferences etc. especially by the Ministry of School Education and the Ministry of Health, targeting children as well as school managers and teachers. The non-governmental organizations should also take a keen interest in combating this menace.

The most alarming revelation of this study is the high rate of using chief varieties of tobacco products by our youth. The reason can be attributed to two factors: one is that the students' inability to afford to purchase cigarettes due to their high cost, and the second reason may be that they are refused to sell cigarettes by vendors.

The low level of prevalence of smoking among girls could be attributed to a reason of a cultural tradition prevailing in the country: 'those girls who smoke cigarettes do not deserve the respect from the society as a whole'. One could hardly see any female smoke cigarette, beedi or a cigar in public places, schools, work places, not to mention or in moving busses and trains. But they do use to chew tobacco along with betel.

Historically in Sri Lanka, restrictions on media advertising are in force through a mixture of government legislations and voluntary actions by the tobacco industry. The Consumer Protection Act, in 1999, banned tobacco advertisements on television and radio. This was further extended to cinemas, the national press, billboards etc. through its amendments in 1988 and 1999. In spite of such regulations are in force, it is evident through this survey, still the tobacco industry is making all efforts to convince the public by using billboards as an advertising mode. Hence this surveys through its findings, invites the attention of those law enforcing authorities to act swiftly against those errant publishers. Survey results supply extremely valuable information to the policy-makers to intervene and enforce new regulations to protect our youth.

At the same time, it reminds the policy-makers and policy-implementers of their duty to see that tobacco industry do not use objects such as caps, hats, tee shirts, boxes etc. with tobacco logo on it as an advertising strategy. At the time of survey in 1999 almost one in ten students (10.8%) had such objects in their possession. The percentage has gone up (11.2%) in 2003.

It was said earlier that almost 50% of students have expressed their readiness to quit smoking. That reminds all stakeholders concerned of their unreserved responsibility to act immediately to get the maximum out of this student's readiness to quit smoking, and plan and launch child-friendly programs to give them a helping hand.

The schools should play a vital role in combating the tobacco menace in the society. Teachers need to have act as 'role models' for students on anti-tobacco activities. As the students have not got enough opportunities to discuss the matter in their classrooms, it is imperative that the teachers provide such an opportunity to them, because the classroom is the most suitable entity to discuss the danger of smoking, openly and effectively. It is the ardent duty of all school managers to make such opportunities available to classroom teachers and their students.

6. RECOMMENDATIONS

It is recommended that the decisive actions be taken by the government of Sri Lanka to combat the highly dangerous and deadly disease of tobacco. Priority based public awareness programs should plan and be implemented targeting the school going population

It is proposed that the state and other concerned parties should alert the public to the new sophisticated promotional techniques of tobacco companies, through a continuous dialogue with tobacco industry and the electronic and print media to bear substantive results.

We strongly recommend that 'The National Authority on Tobacco Control' should be established as a national need. Such a body not only will advice the government on a suitable national policy on tobacco use, but will also propose a range of strategies to curb the epidemic.

It is suggested that the government should intervene in positive manner by making available sufficient funds for sports and other cultural bodies to meet their needs. This intervention should help them to keep away from seeking the patronage of the tobacco industry.

It is recommended that the government should take appropriate and immediate steps to initiate some medico-based research project with the view of establishing a data base to depict the close relationship between tobacco and oral and lung cancer.

As the illicit importation of cigarettes and other tobacco products are on the increase, it is recommended effective legislative measures be taken to eliminate all forms of smuggling, illicit manufacturing and counterfeiting of tobacco products.

It is highly recommended that the country should take all possible steps to implement the already ratified FCTC.

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