

# **A Global Youth Tobacco Study among 8<sup>th</sup>, 9<sup>th</sup> and 10<sup>th</sup> Grade Students in Myanmar, 2004**

## **Executive Summary**

*Objectives:* This report aims to describe the prevalence of cigarette and other tobacco use as well as information on five determinants of tobacco use of 8<sup>th</sup>, 9<sup>th</sup> and 10<sup>th</sup> students in Myanmar: access/availability and price, environmental tobacco smoke exposure (ETS), cessation, media and advertising, and school curriculum. These determinants are components of the comprehensive tobacco control programme of Myanmar. The report also describes the knowledge, attitudes and behaviour regarding to tobacco use, the extent to which they receive anti-tobacco information in schools and from media and the extent they were exposed to pro-tobacco messages.

*Method:* A multi-stage, school-based, two –cluster survey ( n= 6,100, 8<sup>th</sup>, 9<sup>th</sup> and 10<sup>th</sup> graders) was conducted in 100 basic education middle and high schools of Myanmar, using a pre-tested, modified questionnaire based on the Global Youth Tobacco Survey questionnaire developed by Office on Smoking and Health of Center for Communicable Disease Control, Atlanta.

*Results:* Among the sampled population of 6,100, about one in four students have ever tried tobacco and one third of the students were currently using some form of tobacco at the time of survey; 25.4% of males and 5.1% of females were reported as current users including smokeless tobacco. About 9.7% of students were currently smoking at the time of survey, the majority of which smoked cigarettes. About 5% of students currently smoked cigarettes and 4% currently smoked cheroots. More than 10% were using smokeless tobacco, mainly in the form of betel quid with tobacco. More than half of current tobacco users who bought any form of tobacco in a store were *not* refused purchase because of their age.

When asked about parental smoking, it was found that 47% of total population had one or more parents who smoke and 11.1% had most or all friends who smoke. Nearly half of the students definitely thought that smoke from other people's tobacco products is harmful to them.

More than half of the students reported to be taught dangers of smoking and nearly half of them had discussed tobacco and health as part of their lesson. Nine out of ten students had seen or heard anti-smoking messages from television and radio whereas seven out of ten students had seen pro-ads for cigarettes on billboards during the past 30 days.

About four in five current smokers reported that they have the desire to quit and nearly all of them had tried to stop. About four in five of those who tried to quit had received help to stop smoking.

*Conclusion:* Prevalence of tobacco use among the 8<sup>th</sup>, 9<sup>th</sup> and 10<sup>th</sup> graders of Myanmar students was relatively high. Access to tobacco products was reported to be easy. Lack of legislation to prohibit sale of tobacco to minors led to easy access of minors to tobacco products.

Although dangers of tobacco has been included in the school curriculum , only 66% reported as being taught at schools; only three in ten students discussed reasons why people their age smoke or chew and only 37.4% had discussed about dangers of tobacco among friends.

Myanmar Tobacco Control Programme was launched in 2000 and had increased momentum on promotion of community awareness on dangers of tobacco ; measures had also been taken to prohibit cigarette advertisement from TV, radio , billboards, newspapers and all printed articles; but the students were still reporting of seeing pro-ads on billboards, TV , newspapers and magazines. Tobacco Industry has changed its advertising techniques by using indirect advertisements and

producing millions of stickers to be seen in many public places. Hence, the students were still exposed to pro-tobacco ads and get confused where they had seen them.

It was encouraging that more than 90% had seen anti-tobacco messages from TV and other forms of media and billboards.

National legislation which covers prohibition of sale of tobacco to minors, prohibition of all forms of tobacco advertisements, prohibition of smoking at public places and promotion of education on dangers of tobacco is urgently required. Measures should also be sought to ensure that students were being taught of hazards of tobacco as part of their curriculum.

## **1. Preface**

This study was conducted by the Myanmar Tobacco Free Initiative Project of the Department of Health, Ministry of Health, in collaboration with the School Health Project of the Department of Health, the Department of Education Planning and Training, Department of Basic Education (1) (2) and (3).

The study design, data collection and analysis were carried under the direct supervision of the Office on Smoking and Health of Center for Communicable Disease Control and the Tobacco Free Initiative Project of World Health Organization.

## **11. Introduction**

Tobacco use is the biggest public health tragedy since it is estimated to kill approximately half of its long-term users, and of these, half will die during productive middle age, losing 20 to 25 years of life. Peto and Lopez estimated that about 100 million people were killed by tobacco in the 20<sup>th</sup> century and that for the 21st century; the cumulative number could be 1 billion of current smokers.<sup>1</sup>

The increased use of tobacco is one of the greatest public health threats for the 21st century and the tobacco epidemic is being spread and reinforced through complex mix of factors that transcend national borders. For the international public health community tobacco is clearly a global threat. Globalization of the tobacco epidemic restricts the capacity of countries to regulate tobacco through domestic legislation alone. In response to the globalization of the tobacco epidemic, the 191 member States of World Health Organization unanimously adopted the WHO Framework Convention on Tobacco Control at the 56<sup>th</sup> World Health Assembly in May 2003, as a global complement to national actions.

Myanmar, along with other Member Countries of the WHO South-East Asia Region is one of the Parties to the Convention. Surveillance of tobacco use is one of the components of the WHO FCTC; more than a surveillance tool on prevalence of tobacco use, the GYTS covers many important determinants of tobacco use which has been addressed in the FCTC such as advertising, cessation, education at schools, promoting of community awareness through anti-tobacco campaigns, access of tobacco products by minors and exposure to environmental tobacco smoke (ETS).

### **11.1 Tobacco use in Myanmar and the South-East Asia Region**

Tobacco use has long been culturally and socially accepted in most countries of the WHO South-East Asia Region. Home to one-quarter of the world's population and undergoing significant demographic and socio-economic changes, the Region has become a lucrative market for the tobacco industry. The multinational tobacco companies had intensified their marketing practices in the

Region during the last two or three decades through a variety of complex factors with cross-border effects such as advertising, promotion and sponsorship, trade liberalization and foreign direct investment.

Myanmar, like other Member Countries of the Region is a fertile ground for the tobacco habit and a possible scene of tobacco-related morbidity and mortality explosions by the turn of the century. With the opening of the market economy, multinational tobacco companies came to invest in the country in the 1990s. New cigarette brands were introduced through vast investments on advertisement; hundreds of cigarette advertising billboards were erected in major cities and gradually expanded to rural areas. The cigarettes were sold at relatively cheaper prices than imported cigarettes and the “foreign” brands with colorful pictures attracted many customers. With the lack of tobacco control legislation, youth had easy access to tobacco products which were sold in loose forms without age limitation. Cigarette consumption increased rapidly among all ages, especially among adolescent males and young adults.<sup>2</sup>

A few studies had been conducted on prevalence of youth tobacco use:

- a) The study of smoking habits among middle and high school children carried out in 1991 in a peri-urban area of Yangon City reported prevalence of current smokers as (47.7)% of boys and (2.9)% of girls. The smoking prevalence was found to be highest among children aged 16 years of age and attending the eighth standard.<sup>3</sup>
- b) In September 1999, the Institute of Medicine 1 conducted a cross-sectional analytic study on the prevalence of youth smoking in 29 townships belonging to Bago, Magwe and Mandalay divisions. The study covered a total of (3,856) youths 15 to 24 years of age. The overall prevalence of smoking was found to be over (50)% with the prevalence among males being (68)% and that among females a little below (6)%. Among the population studied, cheroots were the most common tobacco product used; followed by cigarettes. The occasional use of cigars and homemade cheroots was also found among young smokers.<sup>4</sup>
- c) The adolescent reproductive health survey conducted by MCH section of the Department of Health in the year 2000 revealed that among the sampled *male adolescents*, 68.8% had ever experienced smoking in their life time, and 56.3% were *current smokers* whereas 8.8% of *female adolescents* had experienced smoking although *only 1.4% were current smokers*. It was found that for male adolescents, smoking was more common among urban dwellers, but for females, rural dwellers had used tobacco more often than urban dwellers. Comparison between in- school and out- of -school youths revealed that there was a higher percentage of tobacco use among the out- of -school youths<sup>5</sup>.
- d) The Myanmar Sentinel Tobacco Use Prevalence Study 2001, conducted in two sentinel townships reported prevalence of current smoking among 10 to 19 years as (4.4)%; (6.7)% of males and (2.3)% of females<sup>6</sup>.
- e) In the Study on Tobacco Economics in Myanmar 2001, a household survey conducted in five townships reported prevalence of current smoking among 10 to 19 years of age as (2.5)%; (4.7)% of males and (0)% of females<sup>7</sup>.
- f) The Global youth Tobacco Survey conducted in 2001 at 96 schools, among 8<sup>th</sup>, 9<sup>th</sup> and 10<sup>th</sup> graders between 13 to 15 years age group reported that among the sampled population of (4721), about one in four students have ever tried tobacco and one in five students were currently using some form of tobacco at the time of survey; (37.3)% of males and (4.7)% of females were reported as current users. About (21.3)% of students were currently smoking at the time of survey, the majority of which smoked cigarettes. More than (20)% were using smokeless tobacco, mainly in the form of betel quid with tobacco<sup>8</sup>.

The Myanmar Tobacco Free Initiative Project was launched in the year 2000. Promotion community awareness campaigns on hazards of tobacco use have been carried out extensively since then.

Restriction of tobacco advertising, prohibition of smoking at schools, health facilities and sports grounds and restriction of smoking at certain public places have taken place. High political commitment was proven by the formation of the National Tobacco Control Committee in March 2002; signing of the WHOFCTC in October 2003 and ratifying the WHOFCTC in April 2004. A comprehensive tobacco control legislation has been approved and is in the process of being enacted. The GYTS studies in Myanmar carried out in 2001 and 2004 will serve as a baseline data to monitor and evaluate the short term and long term impact of TFI activities on the youth in Myanmar.

## **11.2 GYTS-goals and objectives**

The Global Youth Tobacco Survey is a school-based tobacco specific survey which focuses on adolescents age 13 to 15. It assesses students' attitudes, knowledge and behaviours related to tobacco use and environmental tobacco smoke (ETS) exposure, as well as youth exposure to prevention curriculum in school, community programmes, and media messages aimed at preventing and education youth tobacco use. The GYTS also contains information on where tobacco products are obtained and used, and information related to the effectiveness of enforcement measures.

In 1998, the World Health Organization (WHO) Tobacco Free Initiative (TFI) and the US Centers for Disease Control (CDC) Office on Smoking and Health (OSH) began work on the development and implementation of a Global Youth Tobacco Survey (GYTS), as part of the WHO/ UNICEF supported project on youth and tobacco.

GYTS is a project for international surveillance and comparisons of tobacco use, which is intended to enhance the capacity of countries to monitor tobacco use among youth, and to guide the implementation and evaluation of tobacco prevention and control programmes.

### **Objective of the GYTS**

The Objective of the GYTS is two fold:

- 1) To document and monitor prevalence of tobacco use including: cigarette smoking and current use of smokeless tobacco, cigars or pipes.
- 2) To better understand and assess students' attitudes, knowledge and behaviours related to tobacco use and its health impact, including cessation, environmental tobacco smoke (ETS), media and advertising, minor's access, and school curriculum.

The GYTS attempts to address the following issues:

- Determine the level of tobacco use
- Estimate age of initiation of tobacco use
- Estimate levels of susceptibility to become cigarette smokers
- Identify key intervening variables such as attitudes and beliefs on behavioral norms with regard to tobacco use among young people which can be used in prevention programmes.
- Assess to the extent to which major prevention programmes are reaching school-based populations and establish the subjective opinions of those populations regarding such interventions.<sup>6</sup>

### **Content of GYTS**

- Smoking status of youth
- Age of initiation of tobacco use
- Number of cigarettes and tobacco products smoked in lifetime
- Frequency of smoking

- Likelihood of smoking
- Knowledge and attitudes towards smoking
- Knowledge and attitude towards cessation
- Exposure to environmental tobacco smoke (ETS) –amount/duration
- Access to cigarettes
- Exposure to media and advertising
- School curriculum <sup>7</sup>

WHO- Tobacco Free Initiative (TFI) and CDC-Office on Smoking and Health provide technical assistance to the GYTS.

Myanmar Repeat GYTS was conducted in 2004 .

## **111. Study Design and Methods**

### **111.1 Sample Description**

The GYTS survey sample design is a 2stage design. For the first stage of sampling, schools were selected randomly within the grade range specified with a probability proportional to enrollment size. At the second stage, classes were randomly selected from within the selected schools and all the students within a class were surveyed. The sampling frame usually consists of 3 or 4 grades/ forms that capture most of students ages 13-15 years old.

At the first step, grades that capture most of 13-15 years old were identified as 8<sup>th</sup>, 9<sup>th</sup> and 10<sup>th</sup> graders. In the Myanmar Basic Education System, there are basic education primary schools, basic education middle schools and basic education high schools. Basic middle schools have grades 0 to 8, and basic high schools have either grade 0 to 10 or 5 to 10. A detailed list of all schools in the whole country with 8 to 10 grades was collected from the State and Divisional Education Departments. Name of schools, enrollment of 8, 9 and 10 students and their addresses were compiled and entered into Spreadsheets.

A total of ( 3810 ) schools was eligible for the study. All schools containing eight, ninth and tenth grade that contained 40 or more students were included in the sampling frame. The list of the schools was sent to CDC, Office on Smoking and Health. A two-stage cluster sample design was used to produce representative sample of students in eight, ninth and tenth grade for all of Myanmar.

**School Level:** The first-stage sampling frame consisted of all schools containing eight, ninth and tenth grade. A total of 100 schools were chosen proportional to 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 schools were included in the sampling frame. All students in selected classes were eligible for participation.

### **111.2 Overall Response Rates**

**Schools:** 100.00%, 100 of the 100 sampled schools participated.

**Students:** 93.5%, 6,100 of the 6,524 sampled students completed usable questionnaires.

**Overall response rate:** 100.00% \* 93.5% = 93.5%

### **111.3. Conducting the Survey**

An approval from the Ministry of Health was obtained to conduct the nation wide survey in April, 2004. Letters of request were sent to the Department of Educational Planning and Training and Department of Basic Education (1) (2) and (3) and State and Divisional Health Departments to collaborate with the GYTS.

The Research Coordinator was responsible for overall management of the project and functions as a liaison between other agencies or departments in the country, WHO, UNICEF, CDC and other countries conducting GYTS. The TFI Project worked closely with the School Health Project of the Department of Health to conduct the survey.

Training for survey coordinators was conducted at the Department of Health on 14<sup>th</sup> June 2004. The Research Co-coordinator and the School Health Project Manager conducted the training. The surveyors include Divisional Director from Bago Division, Assistant Director (School Health), Social workers from Yangon Division, Township Health Officers, Township Medical Officers, School Medical Officers, MCH doctors, Statisticians, Health Assistants and Public Health Supervisors.

### **111.4 Questionnaire**

CDC provided a set of 56 tobacco-specific questions or “core” questionnaire which would provide essential data for comparisons between countries and regions. Based on the CDC core questionnaire, a modified questionnaire was produced to according to the nature of tobacco use in Myanmar. The Myanmar version of questionnaire and translated forms were shown in Annex 1.

This questionnaire was pre-tested at a group of students at a peri-urban school in Yangon. A few modifications were made and copies of the questionnaires were duplicated to be used at the 100 schools chosen. The eligible students from the selected schools were provided with the machine readable answer sheets which were also sent from CDC. They were asked to fill in the answer sheets in response to anonymous and confidential self-administered questionnaire. They were provided with 2B pencils to fill in the circles of the answer sheets. Student anonymity and school confidentiality was ensured. Prior to each survey, the survey administrator ensured that no one will know who they are or who their school is and that their grade or CPR will not be affected because they take the survey and that the results of the survey will never be reported by name, class (section) or school.

Survey procedures were designed to protect the students’ privacy by allowing for anonymous and voluntary participation. The students completed the self-administered questionnaire in their classrooms, recording their responses directly on a machine readable answer sheet.

The answer sheets, school level forms and class level forms were sent to Office of Smoking and Health, CDC by DHL. The code books and preferred tables were sent back from CDC to the coordinator, TFI Project of Department of Health.

## IV. Analysis

### IV.1 Weighting

To calculate point estimates from the GYTS data sampling weights had been used.

A weighting factor was applied to each questionnaire to reflect the likelihood of sampling each student and to reduce bias by compensating for different patterns of non response.

The weight used for estimation is given by:

$$W = W1 * W2 * f1 * f2 * f3 * f4$$

W1 = the inverse of the probability of selecting the school

W2 = the inverse of the probability of selecting the classroom within the school

f1 = a school-level nonresponse adjustment factor calculated by school size category (small, medium, large)

f2 = a class adjustment factor calculated by school

f3 = a student-level nonresponse adjustment factor calculated by class

f4 = a post stratification adjustment factor calculated by gender and grade

The weighted results were used to make important inferences concerning tobacco use risk behaviours of students in eighth, ninth and tenth grades.

## V. Findings

Table 1: Percent of students who use tobacco, Myanmar GYTS, 2004

Category	Ever Used Tobacco, Even One or Two Puffs ETOB Table 1	Current Use				
		Any tobacco Product CANYTOB1 Table 7	Any Smoked Product HSEYLEIK Table 6	Smokeless Products CANYCHAP Table 5	Cigarette CCIGARETTE Table 3	Cheroot CCHEROOT Table 4
Total	31.8 ( $\pm 3.4$ )	15.4 ( $\pm 2.4$ )	9.7 ( $\pm 1.7$ )	10.8 ( $\pm 1.8$ )	4.9 ( $\pm 1.0$ )	3.8 ( $\pm 0.7$ )
Sex						
Male	45.9 ( $\pm 4.8$ )	25.4 ( $\pm 3.7$ )	16.9 ( $\pm 2.9$ )	18.1 ( $\pm 2.9$ )	8.6 ( $\pm 1.8$ )	6.5 ( $\pm 1.2$ )
Female	17.3 ( $\pm 2.9$ )	5.1 ( $\pm 1.5$ )	2.5 ( $\pm 1.0$ )	3.6 ( $\pm 1.2$ )	1.0 ( $\pm 0.4$ )	1.0 ( $\pm 0.5$ )

One in three students had ever used tobacco; one in six students were currently using any tobacco products at the time of survey. (Table 1). Almost 5% of students were currently smoking cigarettes and almost 4% were currently smoking cheroots; males were reported to have higher prevalence of tobacco use than females in all categories.



Table 2: School Curriculum, Myanmar GYTS, 2004

Category	Percent taught dangers of smoking SCHOOL Q_50 Table 103	Percent discussed reasons why people their age smoke or chew SCHOOL Q_51 Table 104	Percent taught the effects of tobacco use in class SCHOOL Q_52 Table 105
Total	66.0 ( $\pm 2.9$ )	37.4 ( $\pm 2.4$ )	55.2 ( $\pm 2.0$ )
Sex			
Male	65.4 ( $\pm 3.0$ )	37.6 ( $\pm 2.8$ )	54.9 ( $\pm 3.1$ )
Female	66.8( $\pm 3.5$ )	37.2 ( $\pm 2.8$ )	55.2 ( $\pm 3.2$ )

About six in ten students reported to be taught dangers of smoking and about one in two been taught the effects of tobacco use in class. ( Table 2). Only 37.4% had discussed reasons why people their age smoke or chew. There is no difference between sexes regarding to school curriculum.

Table 3: Cessation, Myanmar GYTS, 2004

Category	Current Smokers		
	Percent desire to stop CESS_Q39A Table67	Percent tried to stop this year CESS_Q468 216	Percent ever received help to stop smoking CESS_Q44A Table 71
Total	85.1 ( $\pm 4.0$ )	80.8( $\pm 5.5$ )	81.7( $\pm 3.1$ )
Sex			
Male	84.1 ( $\pm 4.4$ )	80.1 ( $\pm 6.4$ )	81.7( $\pm 3.1$ )
Female	92.8 ( $\pm 12.7$ )	8.8 ( $\pm 15.7$ )	78.7 ( $\pm 13.0$ )

More than four in five of current smokers reported that they had the desire to quit and nearly all of them had tried to stop during the year of survey. (Table 3). There is no difference between sex groups. More than 80% of them reported that they had received help to stop smoking.

Table 4: Environmental Tobacco Smoke, Myanmar GYTS, 2004

Category	Percent who say one or both parents smoke		Percent who have classmates who smoke	
	Never tobacco user PARENTS_NTU Table 34	Current smoker PARENTS_HSEY Table 33	Never tobacco user KA_Q22B Table 42	Current Smoker KA_Q22A Table 41
Total	42.3 (± 3.0)	57.2 (± 4.7)	38.7(± 5.1 )	79.7(± 4.7)
Sex				
Male	42.9 (± 3.9)	58.1(±4.5)	40.4(±5.0 )	81.2(± 4.7)
Female	42.0 (± 3.94)	52.4(±13.1)	37.1(±5.8 )	68.7(±12.5)

More current smokers than never tobacco users had one or both parents who smoke; nearly twice of current smokers had classmates who smoke than never tobacco users. More males than females have classmates who smoke.

Table 5: Knowledge and Attitudes, Myanmar GYTS, 2004

Category	Think boys who smoke or chew have more friends		Think girls who smoke or chew have more friends		Think smoking makes boys look more attractive		Think smoking makes girls look more attractive	
	Never user of tobacco KA_Q23B Table 45	Current Smoker KA_Q23A Table 44	Never user of tobacco ICORE34D Table 76	Current Smoker ICORE34AS Table 203	Never user of tobacco KA_Q26B Table 53	Current Smoker KA_Q26A Table 52	Never user of tobacco KA_Q27B Table 55	Current Smoker KA_Q27A Table 54
Total	41.2 (+2.3)	42.1(+5.3)	9.3(+1.1)	11.5(+2.9)	31.9(+2.9)	45.0 (+4.6)	16.8(+2.1)	17.2(+3.7)
Sex								
Male	32.3(+3.2)	42.0(+5.4)	8.7(+1.6)	10.5(+3.0)	36.8(+3.9)	45.3(+5.1)	22.8(+3.0)	16.2(+3.9)
Female	46.9(+2.8)	46.6(+14.9)	9.4(+1.4)	18.7(+11.7)	28.7(+3.3)	44.1(+15.6)	12.8(+2.0)	21.4(+8.8)

More current smokers than never tobacco users thought smoking makes boys look more attractive; but less male never tobacco users thought smoking makes girls more attractive.

Table5B: Knowledge and Attitudes, Myanmar GYTS, 2004

Category	Percent who think smoking is definitely harmful to their health KA_Q29C Table 61
Total	66.9(+3.3)
Sex	
Male	64.8(+3.6)
Female	70.1(+3.4)

About two thirds of students thought that smoking is definitely harmful to health. There is no difference between sexes.

Table 6A Media and Advertising Myanmar GYTS, 2004

Category	Have something with a cigarette or cheroot brand logo on it		Seen a lot of advertisement and media messages about cigarette and cheroots on:							
			TV (in sporting events or TV programmes)		Billboards		Newspapers/Magazines		Community events	
	Never Tobacco User MEDIA_Q50B Table 88	Current Smoker MEDIAQ_50A Table 87	Never Tobacco User MEDIAQ15_B Table 90	Current Smoker MEDIAQ_15A Table 89	Never Tobacco User MEDIA_Q52B Table 93	Current Smoker MEDIA_Q52A Table 92	Never Tobacco User MEDIA-Q53B Table 96	Current Smoker MEDIA_Q53A Table 95	Never Tobacco User MEDIA-Q54B Table 99	Current Smoker MEDIA_Q54A Table 98
Total	11.1(±1.2)	22.7(±3.8)	14.7(±0.8)	19.8(±4.4)	30.0 (±1.8)	31.6(±4.8)	29.3(± 1.7)	26.0(±4.1)	17.2(+1.9)	18.2(+4.7)
Sex										
Male	13.2(±1.7)	22.6(±3.9)	16.8(±2.3)	18.8(±4.1)	32.5(±2.4)	29.8(±4.8)	29.9(±2.6)	25.6(±4.5)	18.6(+2.6)	16.2(+5.0)
Female	9.5(+1.4)	21.7(±9.20)	12.9(±1.9)	27.7(±14.9)	27.9(±2.3)	35.2(±14.9)	28.7(±2.2)	28.4(±12.6)	15.6(+2.7)	27.8(+14.0)

More current smokers than never smokers have something with a cigarette or cheroot brand logo on it. Among the never users more males than females have them. There is no difference between never users and current smokers that have seen a lot of advertisement and media messages about cigarettes and cheroots.

Table 6B Media and Advertising Myanmar GYTS, 2004

Category	Who has been offered a free cigarette or cheroot from a free cigarette or cheroot promoter	
	Never Tobacco User MEDIA_Q55B Table 102	Current Smoker MEDIAQ_55A Table 101
Total	8(±1.2)	34.3 (+ 4.2)
Sex		
Male	11.4 (±2.3)	36.4 (±4.5)
Female	5.7(±1.0)	20.4 (±8.0)

More current smokers than never tobacco users were offered free cigarettes or cheroots by a promoter. More males than females got the offer.

Table 7 Awareness of dangers of tobacco through anti-tobacco messages , Myanmar GYTS, 2004

Category	Percent who saw anti-smoking messages during the past 30 days			
	TV	Radio	Billboards	Sports and social events
	MEDIA_Q54CC Table 113	MEDIA_Q46CC Table 143	MEDIA_Q47CC Table 115	CORE_42C Table 110
Total	96.4(+0.9)	95.8 (±0.9)	83.3( +2.0)	80.0(±2.1)
Sex				
Male	95.5(+1.0)	94.8(±1.2)	82.1 (±2.7)	76.2(±2.8)
Female	97.4(+1.0)	97.0(±1.0)	84.3 (±2.1)	83.9(±2.4)

Over 9 in 10 students saw anti-tobacco smoking media messages on TV and 8 in 10 students saw anti-tobacco billboards and at sports and social events in the past 30 days. There is no difference among sexes.

Table8: Access and Availability, Myanmar GYTS, 2004

Category	Percent of Current Smokers who Usually Smoke at Home ICORE23AS Table 212	Percent of Current smokers who Purchased tobacco products in a Store ICORE10A Table 9	Percent of Current t smokers s who Bought tobacco in a Store Who Were Not Refused purchase Because of Their Age CNYSM 1022 Table 112
Total	15.9(+4.5)	42.8(6+.1)	61.7 (+9.1)
Sex			
Male	12.2(+4.0)	45.1(+6.4)	61.7 (+9.5)
Female	44.2(+17.5)	31.1(+15.8)	56.2(+28.8)

Only one in six students smoked at home. More females than males reported to smoke at home which is quite an unusual finding. More than half of current smokers purchased tobacco in a store. About half of current tobacco users who bought tobacco in a store were not refused purchase because of their age. There is no difference between sexes.

## **VI. Discussion**

Easy access of youth to tobacco products is still a major concern; more than half of the current smokers responded that they were not refused purchase of tobacco because of their age. Youth can easily purchase tobacco products due to lack of legislation that prohibits sale of tobacco to minors and sale of individual cigarettes and cheroots at relatively cheap prices. Getting tobacco easily promotes smoking at an early age which portends a lifetime of addiction, half of whom will die prematurely of tobacco-related diseases <sup>9</sup>. National legislation including prohibition of sale to and by minors is urgently required to prevent the youth from experimenting tobacco use.

Although dangers of tobacco has been included in the life-skills education curriculum and as co-curriculum at basic education schools, it was found that only six in ten taught students had been taught dangers of topic as part of the school curriculum. Although one third of never tobacco users thought smoking is definitely harmful to health, only half of the current smokers thought so. It is still needed to teach them about dangers of tobacco and to promote anti-tobacco messages using methods that could reach the youth.

Tobacco-Free schools had been established since 2000 and over (75)% of basic education schools had declared themselves to be tobacco-free. However, nearly (18)% of students reported that they had seen their teachers smoking in the classroom and in the school compounds; and nearly (15)% reported that they had seen students smoking in the classroom and over (20)% reported that they had seen other people smoking in the school compound. Only (2)% of current smokers said they smoke in the classrooms. It was clearly seen that enforcement is needed to have all the schools to be tobacco free. Restriction of smoking at public places is also a necessity as the youth were highly exposed to environmental tobacco smoke. Parental smoking is also high.

Since the Myanmar Tobacco Control Programme had enhanced its momentum on promoting the anti-tobacco messages through various channels, nine out of ten students had seen anti-tobacco messages on TV, radio, billboards, sporting and social events. However it was confusing that seven in ten students still responded to have seen pro-ads for cigarettes or cheroots on billboards and newspapers / magazines because advertising of tobacco products by billboards and in all print media had been strictly prohibited since 2002. The tobacco industry has responded to the partial bans by investing more on stickers, wall sheets and other forms of indirect advertisements. This finding indicated that a comprehensive ban on all forms of tobacco advertisement is an essential component of the tobacco control legislation.

Youth who had experimented and get hooked to the habit were desperately in need of help. Youth cessation programmes with counseling facilities should be established.

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