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Global Youth Tobacco Surveillance, 2000-2007

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Global Youth Tobacco Surveillance, 2000–2007

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Abstract

Problem: Tobacco use is a major contributor to deaths from chronic diseases. The findings from the Global Youth Tobacco Survey (GYTS) suggest that the estimate of a doubling of deaths from smoking (from 5 million per year to approximately 10 million per year by 2020) might be an underestimate because of the increase in smoking among young girls compared with adult females, the high susceptibility of smoking among never smokers, high levels of exposure to secondhand smoke, and protobacco indirect advertising.

Reporting Period Covered: This report includes GYTS data collected during 2000–2007 from 140 World Health Organization (WHO) member states, six territories (American Samoa, British Virgin Islands, Guam, Montserrat, Puerto Rico, and the U.S. Virgin Islands), two geographic regions (Gaza Strip and West Bank), one United Nations administered province (Kosovo), one special administrative region (Macau), and one Commonwealth (Northern Mariana Islands). For countries that have repeated GYTS, only the most recent data are included. For countries with multiple survey sites, only data from the capital or largest city are presented.

Description of System: GYTS is a school-based survey of a defined geographic site that can be a country, a province, a city, or any other geographic entity. GYTS uses a standardized methodology for constructing sampling frames, selecting schools and classes, preparing questionnaires, conducting field procedures, and processing data. GYTS standard sampling methodology uses a two-stage cluster sample design that produces samples of students in grades associated with students aged 13–15 years. Each sampling frame includes all schools (usually public and private) in a geographically defined area containing any of the identified grades. In the first stage, the probability of schools being selected is proportional to the number of students enrolled in the specified grades. In the second sampling stage, classes within the selected schools are selected randomly. All students in selected classes attending school the day the survey is administered are eligible to participate. Student participation is voluntary and anonymous using self-administered data collection procedures. The GYTS sample design produces independent, cross-sectional estimates that are representative of each site.

Results: The findings in this report indicate that the level of cigarette smoking between boys and girls is similar in many sites; the prevalence of cigarette smoking and use of other tobacco products is similar; and susceptibility to initiate smoking among never smokers is similar among boys and girls and is higher than cigarette smoking in the majority of sites. Approximately half of the students reported that they were exposed to secondhand smoke in public places during the week preceding the survey. Approximately eight in 10 favor a ban on smoking in public places. Approximately two in 10 students own an object with a cigarette brand logo on it, and one in 10 students have been offered free cigarettes by a tobacco company representative. Approximately seven in 10 students who smoke reported that they wanted to stop smoking. Approximately seven in 10 students who smoked were not refused purchase of

cigarettes from a store during the month preceding the survey. Finally, approximately six in 10 students reported having been taught in school about the harmful effects of smoking during the year preceding the survey.

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Interpretation: The findings in this report suggest that interventions that decrease tobacco use among youth (e.g., increasing excise taxes, media campaigns, school programs in conjunction with community interventions, and community interventions that decrease minors' access to tobacco) must be broad-based, focused on boys and girls, and have components directed toward prevention and cessation. If effective programs are not developed and implemented soon, future morbidity and mortality attributed to tobacco probably will increase.

Public Health Action: The synergy between countries in passing tobacco-control laws, regulations, or decrees; ratifying the WHO Framework Convention on Tobacco Control; and conducting GYTS offers a unique opportunity to develop, implement, and evaluate comprehensive tobacco-control policy that can be helpful to each country. The challenge for each country is to develop, implement, and evaluate a tobacco-control program and make changes where necessary.

Introduction

Tobacco use is one of the major preventable causes of premature death and disease in the world (1). A disproportionate share of the global tobacco burden falls on developing countries, where 84% of 1.3 billion current smokers reside (1). The World Health Organization (WHO) attributes approximately 5 million deaths a year to tobacco. The number is expected to exceed 10 million deaths by 2020, with approximately 70% of these deaths occurring in developing countries (2).

In July 1998, WHO established the Tobacco Free Initiative (TFI) to focus international attention, resources, and action on the global tobacco epidemic. One of the primary objectives of TFI was to promote ratification of the WHO Framework Convention on Tobacco Control (WHO FCTC), the first international public health treaty on tobacco control (3). The treaty urges countries to develop action plans for public policies (e.g., banning direct and indirect tobacco advertising, instituting tobacco tax and price increases, promoting smoke-free public places and workplaces, and placing health messages on tobacco packaging). WHO FCTC was initiated on February 27, 2005, and 149 countries were parties to the treaty as of August 2007. In addition to WHO FCTC, certain WHO Regional Offices have developed and implemented regional tobacco-control action plans (4–9). All of these efforts in tobacco control recognize the need for countries to establish surveillance efforts as stated in the WHO FCTC Article 20:

The Parties shall establish, as appropriate, programmes for national, regional and global surveillance of the magnitude, patterns, determinants, and consequences of tobacco consumption and exposure to tobacco smoke. Towards this end, the Parties should integrate tobacco surveillance programmes into national, regional and global health surveillance programmes so that data are comparable and can be analysed at the regional and international levels, as appropriate (3).

In December 1998, WHO, CDC, and the Canadian Public Health Association (CPHA) developed the Global Tobacco Surveillance System (GTSS) to assist countries in establishing

tobacco-control surveillance and monitoring programs (10,11). GTSS includes collection of data through four surveys: the Global Youth Tobacco Survey (GYTS) for youth, the Global School Personnel Survey, the Global Health Professions Student Survey, and the Global Adult Tobacco Survey for adults. This report focuses on data from GYTS, which countries use to enhance their capacity to monitor tobacco use among youth; guide national tobacco prevention and control programs; and facilitate comparison of tobacco-related data at the national, regional, and global levels. In 9 years, GYTS has achieved broad global coverage, especially in low- and middle-income countries where few surveillance activities had been conducted. Since 1999, GYTS has been conducted in 140 countries and 11 territories and across all six WHO regions. Participating countries are repeating the survey every 4–5 years (Appendix A). GYTS follows the standard public health definition of surveillance (12) and has become the most comprehensive youth tobacco surveillance system ever developed, implemented, and maintained.

Methods

GYTS is a school-based survey of a defined geographic site that can be a country, a province, a city, or any other geographic entity. GYTS uses a standardized methodology for constructing sampling frames, selecting schools and classes, preparing questionnaires, conducting field procedures, and processing data. The survey includes questions on tobacco use, knowledge and attitudes regarding tobacco, secondhand smoke (SHS) exposure, pro- and antitobacco media and advertising exposure, desire for cessation, access and availability to obtain tobacco products, and having been taught in school about the harmful effects of tobacco use.

Sample Design

Within each country, the scope of GYTS is defined through consultation among the country GYTS research coordinator, WHO TFI regional advisors, and CDC technical advisors.

Depending on data requirements of the country, resources available, and safety concerns, the scope of GYTS can be national, regional, or focused on specific urban or rural areas. In addition, certain samples are designed to yield information that is representative of country geographic regions but can be pooled to yield nationally representative estimates.

After the sampling frames are defined, the GYTS research coordinator provides CDC with school enrollment information, and the samples are drawn using a standard protocol and software developed by CDC. GYTS standard sampling methodology uses a two-stage cluster sample design that produces samples of students in grades associated with students aged 13–15 years. Each sampling frame includes all schools (usually public and private) in a geographically defined area containing any of the identified grades. At the first stage, the probability of schools being selected is proportional to the number of students enrolled in the specified grades. At the second sampling stage, classes within the selected schools are randomly selected. All enrolled students in selected classes the day the survey is administered are eligible to participate. Student participation is voluntary and anonymous using self-administered data collection procedures. The GYTS sample design produces representative, independent, cross-sectional estimates for each sampling frame.

Data Analysis

A weighting factor is applied to each student record to adjust for nonresponse (by school, class, and student) and variation in the probability of selection at the school and class levels. A final adjustment sums the weights by grade and sex to the population of school children in the selected grades in each sample site. The weighting factor consisted of the following formula:

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

where

W1 = the inverse of the probability of selection for each school.

W2 = the inverse of the probability of selection of each classroom within each selected school.

f1 = a school level, nonresponse adjustment calculated by school enrollment size category (small, medium, or large); school nonresponse is calculated within each tertile.

f2 = a class level, nonresponse adjustment factor calculated for each school.

f3 = a student level, nonresponse adjustment factor calculated by class.

f4 = a poststratification adjustment factor calculated by sex and grade.

SUDAAN, a software package for statistical analysis of correlated data, was used to calculate weighted prevalence estimates and standard errors (SE) of the estimates (95% confidence intervals [CI] were calculated from SEs) (13). Differences in proportions are considered statistically significant at the $p < 0.05$ level.

Questionnaire

The core 2007 GYTS questionnaire includes 54 questions covering seven categories: tobacco use, knowledge and attitudes regarding tobacco, SHS exposure, pro- and antitobacco media and advertising exposure, desire for cessation, access and availability to obtain tobacco, and having been taught in school about the harmful effects of tobacco use (Appendix B). To maintain maximum comparability across countries that conduct GYTS, research coordinators are discouraged from altering core questions. Changes to the core are accepted for content that is not relevant to the country. Research coordinators are encouraged to develop and add questions to the core questionnaire to gather information important to their country or WHO region.

The final country questionnaires are translated into local languages as needed and back-translated to check for accuracy. GYTS country research coordinators conduct focus groups of students aged 13–15 years to further test the accuracy of the translation and student comprehension of the questions.

This report includes the following key indicators related to prevalence of tobacco use among adolescents and components of comprehensive tobacco-control programs: current cigarette smoking, current use of tobacco products other than cigarettes, and susceptibility of never smokers to smoking initiation (14). In addition, several factors that influence tobacco use are reported, including exposure to SHS, exposure to indirect protobacco advertising, desire to stop smoking, access to tobacco products, and teaching about the dangers of tobacco use in school (Table 1).

Coverage

In 1999, a total of 12 countries successfully pilot-tested GYTS (Barbados, China, Costa Rica, Fiji, Jordan, Poland, Russian Federation, South Africa, Sri Lanka, Ukraine, Venezuela, and Zimbabwe) representing each of the six WHO regions. WHO regions include the African Region (AFR), Region of the Americas (AMR), Eastern Mediterranean Region (EMR), European Region (EUR), South-East Asia Region (SEAR), and Western Pacific Region (WPR). Following the initial success, GYTS expanded rapidly among WHO member states in all regions, territories, and other geographic regions. GYTS has been completed in 140 WHO member

states, six territories (American Samoa, U.S. Virgin Islands, British Virgin Islands, Guam, Montserrat, and Puerto Rico), two geographic regions (Gaza Strip and West Bank), one United Nations administered province (Kosovo), one special administrative region (Macau), and one commonwealth (Northern Mariana Islands) (Table 2). GYTS has been repeated in 66 countries; by the end of 2008, a total of 48 other countries will conduct repeat surveys, and 26 new countries will complete their initial GYTS. Repeat surveys have been conducted in 4- or 5-year intervals. For the 66 countries that have repeated GYTS, only the most recent data are included in this report (Appendix C) and, for countries with multiple survey sites that cannot be pooled into a national estimate, only data from the capital or largest city are presented. For this report, the 140 WHO member states and 11 other populations will be referred to as "sites."

The GYTS data in this report include 29 member states in AFR (19 national and 10 subnational); 34 member states and four territories in AMR (25 national and 13 subnational); 21 member states and two geographic regions in EMR (17 national and six subnational); 28 member states and one United Nations administered province in EUR (28 national and one subnational); 10 member states in SEAR (eight national and two subnational), and 18 member states, two territories, one special administrative region, and one commonwealth in WPR (19 national and three subnational).

The school response rate is calculated as the number of participating schools divided by the number of selected schools. The class response rate is calculated as the number of participating classes divided by the number of selected classes. The student response rate is calculated as the number of participating students divided by the number of students enrolled in the class. The overall response rate is calculated as the product of the school response rate, the class response rate, and the student response rate. Of the 151 sites, five had school response rates below 80%; 84 had 100% school response rates (Table 3). Of the 151 sites, four had class response rates lower than 100%. The student response rate was <80% in 17 sites (with a low of 53.2% in Samoa); the overall response rate was >80% in 119 sites and <60% in eight sites.

Results

Prevalence

Overall, 9.5% of students currently smoked cigarettes. The rate was highest in EUR (19.2%) and lowest in EMR (4.9%) (Table 4). Approximately 15% of students smoked cigarettes in four of the 29 sites in AFR, 13 of the 38 sites in AMR, one

of the 23 sites in EMR, 15 of the 29 sites in EUR, one of the 10 sites in SEAR, and 13 of the 22 sites in WPR. Current cigarette smoking was >30% in Bulgaria, Chile (Santiago), Colombia (Bogota), Cook Islands, Czech Republic, East Timor, Latvia, and Papua New Guinea. Boys were significantly more likely than girls to smoke cigarettes in AFR, EMR, SEAR, and WPR; no significant differences were observed by sex in AMR and EUR. Of the 151 sites, no sex differences were observed in 87 sites, boys were significantly more likely than girls to smoke cigarettes in 59 sites, and girls were significantly more likely than boys to smoke in five sites.

One in 10 (10.1%) students currently used tobacco products other than cigarettes (e.g., pipes, water pipes, smokeless tobacco, and bidis), with the rate highest in EMR (12.0%) and lowest in WPR (6.6%) (Table 4). Approximately 15% of students used other tobacco products in five of the 28 sites in AFR, none of the 38 sites in AMR, six of the 23 sites in EMR, one of the 29 sites in EUR, one of the 10 sites in SEAR, and six of the 19 sites in WPR. Current use of other tobacco products was >30% in Latvia, Lebanon, Micronesia, and the Northern Mariana Islands. Boys were significantly more likely than girls to use other tobacco products overall and in AMR, EUR, and SEAR; no significant differences were reported by sex in the other regions. Of the 147 sites where data could be reported, no sex differences were reported in 98 sites, boys were significantly more likely than girls to use other tobacco products in 49 sites, and in no site were girls significantly more likely than boys to use other tobacco products.

Among students who had never smoked cigarettes, 19.1% indicated they were susceptible to initiate smoking during the next year. The rate was highest in EUR (29.8%) and lowest in WPR (13.4%) (Table 4). Approximately 15% of students reported they were susceptible to initiating smoking in the next year in 12 of the 29 sites in AFR, 26 of the 38 sites in AMR, 13 of the 22 sites in EMR, 22 of the 24 sites in EUR, three of the nine sites in SEAR, and 14 of the 22 sites in WPR. No significant differences were reported by sex in any region. Of the 144 sites where data could be reported, no sex differences in susceptibility were reported in 122 sites, boys were significantly more likely than girls in 16 sites, and girls were significantly more likely than boys in six sites.

Cigarette smoking was significantly higher than other tobacco use in AMR, EUR, and WPR; other tobacco use was significantly higher than cigarette smoking in EMR and SEAR; and no differences in AFR or overall were reported across all sites. Susceptibility was significantly higher than current cigarette smoking overall and in every region except WPR, where no difference was reported.

Factors Influencing Tobacco Use

Exposure to Secondhand Smoke

Overall, approximately four in 10 students (42.5%) were exposed to smoke in their home during the week preceding the survey (Table 5). Among the six regions, exposure to SHS at home was highest in EUR (77.8%) and lowest in AFR (27.6%). In the other four regions, exposure to SHS at home ranged from 50.6% (WPR) to 34.3% (SEAR). Approximately half of the students were exposed to SHS at home in one of the 29 sites in AFR, five of 38 sites in AMR, five of 23 sites in EMR, 27 of 29 sites in EUR, four of 10 sites in SEAR, and 13 of 22 sites in WPR.

Approximately half (55.1%) of all students were exposed to SHS in public places during the week preceding the survey (Table 5). Exposure to SHS in public places was highest in EUR (86.1%). For the other five regions, exposure to SHS in public places ranged from 64.1% (WPR) to 43.7% (AFR). Across all regions, approximately 50% of students were exposed to SHS in public places in 13 of the 29 sites in AFR, 25 of 38 sites in AMR, six of 23 sites in EMR, all 29 sites in EUR, seven of 10 sites in SEAR, and 18 of 21 sites in WPR.

More than three fourths (78.3%) of students in all regions thought smoking should be banned in all public places (Table 5). Six in 10 students (58.9%) in AFR thought smoking should be banned in public places, compared with more than seven in 10 students in SEAR (77.5%) and more than eight in 10 students in the other four regions. Approximately 80% of students support smoke-free public places in seven of 29 sites in AFR, 18 of 35 sites in AMR, 13 of 23 sites in EMR, 17 of 29 sites in EUR, six of 10 sites in SEAR, and seven of 16 sites in WPR.

Indirect Pro-Tobacco Advertising

Overall, 14.9% of students owned an object with a cigarette brand logo on it. The rate was highest in AFR and EUR (18.0% and 17.8%, respectively) and lowest in SEAR (9.2%) (Table 5). Across all regions, approximately 20% of students owned an object with a cigarette brand logo on it in 11 of 28 sites in AFR, two of 38 sites in AMR, three of 23 sites in EMR, 13 of 29 sites in EUR, two of 9 sites in SEAR, and six of 18 sites in WPR.

Overall, one in 10 students (10.0%) had been offered free cigarettes by a tobacco company representative. The rate was highest in AFR (12.2%) and lowest in WPR (8.0%) (Table 5). Across all regions, approximately 15% of students had been offered free cigarettes by a tobacco company representative in three of 27 sites in AFR, two of 35 sites in AMR, two of 23 sites in EMR, five of 29 sites in EUR, three of 10 sites in SEAR, and one of 16 sites in WPR.

Cessation

Overall, 68.7% of students who currently smoke cigarettes reported that they desired to stop smoking (Table 6). The desire to stop smoking was highest in WPR (80.7%) and lowest in AMR (53.3%). Across all regions, approximately 80% of students who currently smoked desired to stop smoking in eight of 21 sites in AFR, three of 30 sites in AMR, two of 17 sites in EMR, one of 28 sites in EUR, two of 8 sites in SEAR, and 11 of 19 sites in WPR.

Access and Availability

Overall, five in 10 (46.7%) students who currently smoke cigarettes usually purchased their cigarettes in stores (Table 6). The rate was highest in EUR (61.7%) and lowest in AMR (20.2%). Across all regions, approximately 50% of students who currently smoke cigarettes usually bought their cigarettes in a store in three of 25 sites in AFR, nine of 35 sites in AMR, one of 20 sites in EMR, 20 of 28 sites in EUR, five of eight sites in SEAR, and four of 19 sites in WPR.

Seven in 10 (70.5%) students who bought cigarettes in a store were not refused purchase of cigarettes during the month preceding the survey because of their age (Table 6). The rate was lowest in WPR (47.9%) and approximately 70% in EUR, EMR, and AMR. Across all regions, approximately 75% who smoked were not refused purchase of cigarettes from a store during the month preceding the survey because of their age in three of 13 sites in AFR, 16 of 21 sites in AMR, nine of 12 sites in EMR, 20 of 27 sites in EUR, three of seven sites in SEAR, and two of 10 sites in WPR.

School Curriculum

Overall, more than half of the students (57.6%) reported having been taught in school about the dangers of tobacco during the preceding school year (Table 6). The rate was highest in WPR (68.8%) and lowest in EMR (47.5%). Across all regions, approximately 60% of students had been taught about the dangers of tobacco in seven of 29 sites in AFR, eight of 38 sites in AMR, three of 23 sites in EMR, 15 of 28 sites in EUR, four of 10 sites in SEAR, and 12 of 21 sites in WPR.

Discussion

This report includes tobacco surveillance data from 151 sites. Despite variation among individual sites and WHO regions in students' tobacco use prevalence and factors associated with tobacco use, several patterns emerge that have substantial implications for global tobacco control.

Within the 151 sites, no difference was observed in smoking prevalence between boys and girls in 87 sites; boys had

higher rates than girls in 59 sites, and girls had higher rates than boys in five sites. Other reports have indicated that the prevalence of cigarette smoking among girls aged 13–15 years in GYTS exceeds that of adult females in 60 of the 117 countries where comparisons can be made (15). Furthermore, the proportion of never smokers susceptible to initiating smoking is similar among boys and girls in 122 sites and is higher than current cigarette smoking in all regions except WPR. These findings suggest that cigarette smoking is high among girls compared with rates observed among adult females in other studies. Two reasons have been identified in support of this contention (16–17). First, for decades the tobacco industry has targeted females and continues to expand this market (18–19). The tobacco industry targets women through advertisements showing smoking associated with independence, stylishness, weight control, sophistication, and power (20). In addition, sex-neutral brands such as Marlboro are marketed to women using independent and fun-loving imagery. Second, although smoking rates among adult females might be low compared with adult males, millions of women smoke. This might be contributing to a change in cultural traditions and social influences, making smoking among women and young girls more acceptable (21).

The findings in this report also indicate that efforts are needed to reduce the impact of the factors that have the most influence on tobacco use among adolescents. Approximately half of the students reported they were exposed to SHS in public places during the week preceding the survey, although approximately eight in 10 favor a ban on smoking in public places. Approximately two in 10 students own an object with a cigarette brand logo on it, and one in 10 students have been offered free cigarettes by a tobacco company representative. Despite extensive marketing by the tobacco industry, approximately seven in 10 students who currently smoked reported that they wanted to stop smoking. Although some countries have laws or regulations banning the sale of tobacco products to adolescents, GYTS results indicate that approximately seven in 10 students who smoked were not refused purchase from a store. Finally, only six in 10 students reported learning about the harmful effects of smoking in school during the year preceding the survey.

On February 27, 2005, WHO FCTC was initiated, and parties to the treaty agreed to strong obligations to improve tobacco control. The 149 countries that have ratified WHO FCTC are required to enact comprehensive legislation to restrict advertising, require a higher standard of health warnings on product packaging, reduce SHS exposure by prohibiting smoking in public places, raise tobacco taxes to increase prices, reduce cigarette smuggling, and diversify agriculture

away from tobacco (3). To support WHO FCTC, WHO regional offices are developing tobacco-control action plans to provide clear strategies to countries for reducing and controlling tobacco use (4–9). These efforts call on countries to develop, implement, and enforce comprehensive tobacco-control programs to improve the health of the population by encouraging smokers to quit, eliminating exposure to SHS, and discouraging nonsmokers from initiating tobacco use. Comprehensive tobacco-control programs generally include public education campaigns to counteract tobacco advertising, community-based programs to reduce tobacco use, cessation-assistance programs, school-based programs, enforcement of existing tobacco restrictions, monitoring and evaluation of the control program, and related policy efforts to support the program (e.g., increased excise taxes, chronic disease programs targeting tobacco-related health problems, and environmental tobacco smoke restrictions) (1,22,23). Data from GYTS can provide countries with valuable feedback to monitor and evaluate tobacco-control action plans and to develop plans where none exist.

WHO FCTC and GYTS are part of the same goal of developing, implementing, and evaluating effective tobacco-control programs. WHO FCTC contributes to the strengthening of tobacco control in countries, both in terms of public health advocacy and with respect to collaboration between governmental and nongovernmental agencies. GYTS measures certain factors that WHO FCTC asks countries to monitor among youth (Table 7) and provides indicators to measure progress towards achieving seven WHO FCTC articles. WHO FCTC calls for countries to use consistent methods and procedures in their surveillance efforts. GYTS provides a globally implemented and consistent framework for conducting surveillance, including standard sampling procedures, core questionnaire items, training in field procedures, and analysis of data consistent across all GYTS sites. GYTS also enhances the role of the nongovernmental sector by supporting participation by civil society agencies in surveillance, monitoring, and policy and program development.

Limitations

The findings in this report are subject to at least four limitations. First, because GYTS is limited to students, the survey is not representative of all youths aged 13–15 years from participating countries. However, in the majority of countries, the majority of persons in this age group attend regular, private, or technical schools (24). Second, these data apply only to youths who were in school on the day of the survey and who completed the survey. However, student response rates

were high (146 of the 151 sites had student response rates of $\geq 80\%$), suggesting that bias attributable to absence or nonresponse was limited. Third, GYTS has not been completed in countries in Western Europe, Canada, Australia, Japan, and certain central African countries. Seventeen central African countries plan to implement GYTS in 2008. Finally, data were based on the self-report of students, who might underreport or overreport their behaviors or attitudes. The extent of this bias cannot be determined from these data; however, reliability studies in the United States have indicated good test-retest results for similar tobacco-related questions (25).

Although GYTS has achieved broad geographic coverage in a short time, future expansion of GYTS should focus on two goals. First, countries that have not conducted GYTS should be encouraged to implement the survey. AFR and EUR are planning to expand GYTS in 2008 to include 21 new countries. Second, countries that have completed subnational surveys should be encouraged to expand coverage to the national level.

Conclusion

The findings in this report suggest that interventions that decrease tobacco use among youth (e.g., increasing excise taxes, media campaigns, school programs in conjunction with community interventions, and community interventions that decrease minors' access to tobacco) must be broad-based, focused on boys and girls, and have components directed toward prevention and cessation. If effective programs are not developed and implemented soon, future morbidity and mortality attributed to tobacco probably will increase. WHO FCTC, WHO regional tobacco-control action plans, and country tobacco-control action plans provide useful frameworks for implementing such a comprehensive approach. The synergy between countries passing tobacco control laws, regulations or decrees; ratifying and complying WHO FCTC; and conducting GYTS offers a unique opportunity to develop, implement and evaluate comprehensive tobacco control policy that can be helpful to each country.

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TABLE 1. Definitions of indicators, Global Youth Tobacco Survey

Current cigarette smoking	Students who smoked cigarettes on at least 1 day during the month preceding the survey.
Current use of tobacco products other than cigarettes	Students who used tobacco products other than cigarettes on at least 1 day during the month preceding the survey.
Susceptible to tobacco use initiation	Students who have never smoked and whose response was anything but “definitely no” to both of the following questions: <ul style="list-style-type: none"> • If your best friend offered you a cigarette, would you smoke it? • Do you think you will try smoking a cigarette in the next year?
Exposure to secondhand smoke (SHS) and support for ban on smoking in public places	<ul style="list-style-type: none"> • Students who reported being exposed to SHS at home during the 7 days preceding the survey. • Students who reported being exposed to SHS in public during the 7 days preceding the survey. • Students who reported that they support a ban on smoking in public places.
Exposure to indirect protobacco advertising	<ul style="list-style-type: none"> • Students who reported having an object with a tobacco company logo on it. • Students who reported having been offered “free” cigarettes by a tobacco company representative.
Cessation	Current smokers who reported they wanted to stop smoking now.
Access and availability to cigarettes	<ul style="list-style-type: none"> • Current smokers who reported they usually got their cigarettes by purchasing them in a store. • Current smokers who reported they usually got their cigarettes by purchasing them in a store and that they were not refused purchase of cigarettes because of their age during the month preceding the survey.
Taught in school about the dangers of smoking tobacco	Students who responded “yes” to having been taught in school about the dangers of smoking tobacco in the school year preceding the survey.

TABLE 2. Sites that have completed the Global Youth Tobacco Survey (GYTS), by World Health Organization (WHO) region, 2000–2007

WHO Region	WHO member states	WHO Member states that completed GYTS	Territories, geographic regions, United Nations Administered Province, special administrative regions, or commonwealth that completed GYTS
African	46	29	0
Region of the Americas	35	34	4 (British Virgin Islands*, Montserrat, Puerto Rico,† and US Virgin Islands†)
Eastern Mediterranean	21	21	2 (Gaza Strip and West Bank)
European	53	28	1 (Kosovo§)
South-East Asia	11	10	0
Western Pacific	27	18	4 (American Samoa†, Guamb, Macau¶, and Northern Mariana Islands**)
Total	193	140	11

* Territory of United Kingdom.

† Territory of United States.

§ United Nations Administered Province.

¶ Special Administrative Region of China.

** Commonwealth in political union with United States.

TABLE 3. Response rates, by World Health Organization (WHO) region and WHO member state, territory, geographic region, United Nations Administered Province, special administrative region, or commonwealth and age and sex — Global Youth Tobacco Survey, 2000–2007

WHO region and WHO member state, territory, or special administrative region and year	Response rates				No. aged 13–15 years	Sex	
	School* %	Class† %	Student§ %	Overall %		Girls %	Boys %
African region							
Algeria (Constantine), 2007	100.0	100.0	97.5	97.5	1,565	54.3	45.7
Benin (Atlantique Littoral), 2003	100.0	100.0	84.6	84.6	1,019	40.7	59.3
Botswana, 2001	96.0	97.4	95.6	89.3	1,084	55.6	44.4
Burkina Faso (Ouagadougou), 2006	100.0	100.0	94.7	94.7	1,356	50.4	49.6
Comoros, 2007	100.0	100.0	80.8	80.8	811	52.4	47.6
Congo, 2006	100.0	100.0	57.0	57.0	1,347	48.4	51.6
Côte D'Ivoire (Abidjan), 2003	100.0	100.0	86.1	86.1	2,068	45.4	54.6
Eritrea, 2006	100.0	100.0	87.8	87.8	4,813	39.8	60.2
Ethiopia (Addis Ababa), 2003	100.0	100.0	82.0	82.0	979	56.7	43.3
Ghana, 2006	96.7	100.0	88.5	85.6	5,185	45.4	54.6
Kenya, 2001	100.0	100.0	97.1	97.1	3,093	49.3	50.7
Lesotho, 2002	100.0	100.0	88.5	88.5	1,989	58.3	41.7
Malawi, 2005	96.8	100.0	84.2	81.6	2,957	50.1	49.9
Mali (Bamako), 2001	100.0	100.0	86.3	86.3	1,079	43.1	56.9
Mauritania, 2006	94.3	100.0	88.3	83.3	2,040	46.0	54.0
Mauritius, 2003	95.8	100.0	92.7	88.9	1,609	51.5	48.5
Mozambique (Maputo), 2002	100.0	100.0	88.3	88.3	912	53.9	46.1
Namibia, 2004	94.0	100.0	85.1	80.0	3,646	55.5	44.5
Niger, 2006	100.0	100.0	84.0	84.0	1,055	49.0	51.0
Nigeria, 2000	90.0	100.0	85.7	77.1	914	48.6	51.4
Senegal, 2007	92.0	100.0	89.3	82.1	1,611	50.4	49.6
Seychelles, 2002	100.0	100.0	90.9	90.9	942	50.5	49.5
South Africa, 2002	92.3	100.0	68.1	62.9	4,325	52.9	47.1
Swaziland, 2005	100.0	99.8	86.5	86.2	7,628	53.6	46.4
Tanzania (Arusha), 2003	100.0	100.0	92.6	92.6	1,253	54.8	45.2
Togo, 2007	100.0	100.0	91.5	91.5	1,947	38.0	62.0
Uganda, 2007	96.1	100.0	84.5	81.2	2,551	45.1	54.9
Zambia (Lusaka), 2002	96.0	100.0	87.5	84.0	1,241	48.2	51.8
Zimbabwe (Harare), 2003	100.0	100.0	85.4	85.4	1,433	51.0	49.0
Region of the Americas							
Antigua and Barbuda, 2004	100.0	100.0	91.8	91.8	1,089	48.9	51.1
Argentina (Capital Federal), 2003	91.7	100.0	82.0	75.2	1,295	48.0	52.0
Bahamas, 2004	96.0	100.0	86.9	83.5	1,018	55.9	44.1
Barbados, 2002	100.0	98.7	85.7	84.6	1,097	51.0	49.0
Belize, 2002	94.1	100.0	91.9	86.5	1,016	51.6	48.4
Bolivia (La Paz), 2003	95.0	100.0	91.8	87.3	3,246	47.5	52.5
Brazil (Rio de Janeiro), 2005	87.5	100.0	86.5	75.7	1,858	54.7	45.3
British Virgin Islands**, 2001	75.0	100.0	85.6	64.2	368	59.2	40.8
Chile (Santiago), 2003	100.0	100.0	88.9	88.9	1,539	50.1	49.9
Colombia (Bogota), 2001	100.0	100.0	92.1	92.1	2,016	49.4	50.6
Costa Rica, 2002	92.0	100.0	80.8	74.3	2,698	49.1	50.9
Cuba, 2004	100.0	100.0	91.5	91.5	1,663	50.2	49.8
Dominica, 2004	100.0	100.0	89.2	89.2	990	54.7	45.3
Dominican Republic, 2004	97.3	100.0	86.2	83.9	3,600	51.5	48.5
Ecuador (Quito), 2001	100.0	100.0	96.3	96.3	1,672	46.1	53.9
El Salvador, 2003	50.0	100.0	88.5	44.2	1,797	58.9	41.1
Grenada, 2004	100.0	100.0	89.3	89.3	1,216	55.7	44.3
Guatemala (Guatemala City), 2002	84.0	100.0	80.1	67.3	1,482	60.0	40.0
Guyana, 2004	100.0	100.0	78.6	78.6	890	51.3	48.7
Haiti (Port au Prince), 2005	68.0	100.0	62.2	42.3	767	51.7	48.3
Honduras (Tegucigalpa), 2003	91.3	100.0	81.7	74.6	1,119	55.4	44.6
Jamaica, 2006	100.0	100.0	79.9	79.9	1,398	50.5	49.5
Mexico (Mexico City), 2006	96.0	100.0	84.5	81.2	1,412	50.2	49.8
Montserrat**, 2000	100.0	100.0	100.0	100.0	129	50.3	49.7
Nicaragua (Centro Managua), 2003	100.0	100.0	86.4	86.4	881	51.6	47.4
Panama, 2002	98.0	100.0	89.1	87.3	1,296	50.4	49.6

TABLE 3. (Continued) Response rates, by World Health Organization (WHO) region and WHO member state, territory, geographic region, United Nations Administered Province, special administrative region, or commonwealth and age and sex — Global Youth Tobacco Survey, 2000–2007

WHO region and WHO member state, territory, or special administrative region and year	Response rates				No. aged 13–15 years	Sex	
	School* %	Class† %	Student§ %	Overall %		Girls %	Boys %
Paraguay (Asuncion), 2003	96.0	100.0	90.6	87.0	1,300	49.1	50.9
Peru (Lima), 2003	96.0	100.0	90.3	86.7	1,045	49.8	50.2
Puerto Rico††, 2004	52.0	100.0	83.4	43.4	521	52.9	47.1
Saint Kitts and Nevis, 2002	100.0	100.0	56.9	56.9	843	56.6	43.4
Saint Lucia, 2007	100.0	100.0	77.7	77.7	836	55.6	44.4
Saint Vincent and The Grenadines, 2007	100.0	100.0	84.5	84.5	872	54.2	45.8
Suriname, 2004	100.0	100.0	94.4	94.4	1,020	52.1	47.9
Trinidad and Tobago, 2007	100.0	100.0	74.5	74.5	1,802	50.6	49.4
United States of America, 2004	93.0	100.0	88.0	81.8	13,515	50.4	49.6
Uruguay, 2007	100.0	100.0	74.9	74.9	2,483	55.7	44.3
U.S. Virgin Islands††, 2004	94.3	100.0	89.8	84.6	1,433	52.0	48.0
Venezuela, 1999	93.2	100.0	99.7	92.9	2,237	55.3	44.7
Eastern Mediterranean region							
Afghanistan (Kabul), 2004	96.0	100.0	71.0	68.2	331	38.6	61.4
Bahrain, 2002	100.0	100.0	95.2	95.2	1,445	51.0	49.0
Djibouti, 2003	100.0	100.0	92.5	92.5	847	40.0	60.0
Egypt, 2005	90.2	100.0	85.4	77.0	2,898	43.6	56.4
Gaza Strip, 2005	100.0	100.0	94.5	94.5	1,395	50.3	49.7
Iran, 2003	92.2	100.0	95.4	87.9	3,841	53.0	47.0
Iraq (Kurdistan), 2006	100.0	100.0	95.6	95.6	957	41.9	58.1
Jordan, 2007	100.0	100.0	91.6	91.6	1,550	50.9	49.1
Kuwait, 2005	100.0	100.0	88.7	88.7	2,636	53.9	46.1
Lebanon, 2005	98.0	100.0	99.2	97.2	2,431	52.6	47.4
Libya, 2007	100.0	100.0	94.1	94.1	1,243	49.9	50.1
Morocco, 2006	98.0	100.0	93.5	91.6	1,991	44.7	55.3
Oman, 2007	96.0	100.0	90.9	87.3	943	63.1	36.9
Pakistan (Islamabad), 2003	96.8	100.0	85.1	82.3	1,130	48.8	41.2
Qatar, 2007	96.0	100.0	90.9	87.3	943	63.1	36.9
Saudi Arabia, 2007	94.0	100.0	87.4	82.1	2,574	47.3	52.7
Somalia (Somaliland), 2007	96.0	100.0	90.2	86.6	897	31.6	68.4
Sudan, 2005	92.0	100.0	93.2	85.7	2,831	51.7	48.3
Syrian Arab Republic, 2002	100.0	100.0	98.3	98.3	3,278	41.8	58.2
Tunisia, 2007	100.0	100.0	92.4	92.4	1,499	50.2	49.8
United Arab Emirates, 2005	100.0	100.0	93.1	93.1	10,821	49.9	50.1
West Bank, 2005	100.0	100.0	95.6	95.6	1,305	50.7	49.3
Yemen, 2003	100.0	100.0	84.3	84.3	9,040	37.8	62.2
European region							
Albania, 2004	100.0	100.0	91.1	91.1	3,213	54.2	45.8
Armenia, 2004	100.0	100.0	84.7	84.7	1,300	54.2	45.8
Belarus, 2004	100.0	100.0	86.5	86.5	3,909	49.7	50.3
Bosnia and Herzegovina, 2003	100.0	100.0	91.8	91.8	6,960	48.7	51.3
Bulgaria, 2002	100.0	100.0	91.1	91.1	1,763	50.1	49.9
Croatia, 2007	100.0	100.0	90.9	90.9	3,531	48.7	51.3
Cyprus, 2005	90.4	100.0	92.0	92.0	10,090	51.6	48.4
Czech Republic, 2007	100.0	100.0	84.7	84.7	3,191	46.9	53.1
Estonia, 2003	95.7	100.0	81.7	78.2	4,307	54.1	45.9
Georgia, 2003	100.0	100.0	85.3	85.3	3,410	47.4	52.6
Greece, 2005	90.0	100.0	88.7	79.8	5,204	48.5	51.5
Hungary, 2003	98.5	100.0	87.2	85.9	3,205	54.6	45.4
Kazakhstan, 2004	100.0	100.0	89.4	89.4	9,871	53.0	47.0
Kosovo§§, 2004	98.2	100.0	89.0	87.4	2,444	49.0	51.0
Kyrgyzstan, 2004	100.0	100.0	98.8	98.8	3,434	58.2	41.8
Latvia, 2007	98.0	100.0	83.0	81.4	2,476	54.4	45.6
Lithuania, 2005	100.0	100.0	82.8	82.8	1,646	52.5	47.5
Macedonia, 2003	96.0	100.0	88.0	84.5	2,987	49.6	50.4
Moldova, 2004	100.0	100.0	89.1	89.1	3,977	53.6	46.4

TABLE 3. (Continued) Response rates, by World Health Organization (WHO) region and WHO member state, territory, geographic region, United Nations Administered Province, special administrative region, or commonwealth and age and sex — Global Youth Tobacco Survey, 2000–2007

WHO region and WHO member state, territory, or special administrative region and year	Response rates				No. aged 13–15 years	Sex	
	School* %	Class† %	Student§ %	Overall¶ %		Girls %	Boys %
Montenegro, 2004	100.0	100.0	87.0	87.0	1,966	55.4	44.6
Poland, 2003	92.2	100.0	78.5	72.4	2,429	53.0	47.0
Romania, 2004	100.0	100.0	58.0	58.0	2,504	51.8	48.2
Russian Federation, 2004	97.7	100.0	87.9	85.9	10,956	48.5	51.5
Serbia, 2003	100.0	100.0	89.8	89.8	3,506	49.3	50.7
Slovakia, 2003	98.3	100.0	87.4	85.9	3,639	50.6	49.4
Slovenia, 2003	95.0	100.0	89.1	84.6	3,817	55.8	44.2
Tajikistan, 2004	100.0	100.0	96.6	96.6	5,121	47.5	52.5
Turkey, 2003	100.0	100.0	92.1	92.1	11,441	45.9	54.1
Ukraine, 2005	85.9	100.0	84.3	72.4	6,579	50.0	50.0
South-East Asia region							
Bangladesh (Dhaka), 2004	100.0	100.0	55.4	55.4	1,189	28.2	71.8
Bhutan, 2006	93.3	100.0	95.5	89.1	1,130	50.2	49.8
East Timor, 2006	96.0	100.0	84.5	81.1	899	48.2	51.8
India, 2006	99.4	100.0	82.3	81.8	11,789	42.1	57.9
Indonesia, 2006	100.0	100.0	94.3	94.3	3,737	52.7	47.3
Maldives, 2004	90.9	100.0	83.4	75.8	700	45.9	54.1
Myanmar, 2001	96.0	100.0	88.2	84.7	2,042	52.6	47.4
Nepal (Biratnagar), 2004	100.0	100.0	93.7	93.7	1,995	44.7	55.3
Sri Lanka, 2003	100.0	100.0	79.1	79.1	1,667	48.4	51.6
Thailand, 2005	100.0	100.0	99.9	99.9	15,420	54.0	46.0
Western Pacific region							
American Samoa††, 2005	100.0	100.0	96.0	96.0	1,293	49.6	50.4
Cambodia, 2003	98.0	100.0	89.2	87.4	752	36.4	63.6
China (Shanghai), 2005	100.0	100.0	98.9	98.9	2,202	50.9	49.1
Cook Islands, 2003	100.0	100.0	84.8	84.8	604	52.1	47.9
Fiji, 2005	100.0	100.0	80.9	80.9	1,687	50.6	49.4
Guam††, 2002	100.0	100.0	81.9	81.9	1,400	48.7	51.3
Laos (Vientiane Municipality), 2003	100.0	100.0	93.6	93.6	1,642	46.9	53.1
Macau¶¶, 2005	94.0	100.0	93.8	88.2	1,366	46.0	54.0
Malaysia, 2003	100.0	100.0	87.9	87.9	3,302	49.4	50.6
Micronesia, 2007	100.0	100.0	84.7	84.7	1,363	49.8	50.2
Mongolia, 2003	100.0	100.0	92.6	92.6	3,521	54.9	45.1
New Zealand, 2007	73.3	100.0	83.3	61.1	1,157	45.9	54.1
Northern Mariana Islands***, 2004	88.4	100.0	79.3	70.1	2,061	48.4	51.6
Palau, 2005	100.0	100.0	94.9	94.9	928	52.4	47.6
Papua New Guinea, 2007	100.0	100.0	82.1	82.1	1,368	45.5	54.5
Philippines, 2007	97.3	100.0	83.1	80.9	3,278	53.2	46.8
Samoa, 2007	100.0	100.0	53.2	53.2	900	52.0	48.0
Singapore, 2000	90.0	100.0	93.3	84.0	9,064	50.3	49.7
South Korea, 2005	92.0	100.0	95.3	87.7	4,765	51.2	48.8
Tuvalu, 2006	100.0	100.0	91.1	91.1	393	59.4	40.6
Vanuatu, 2007	95.8	97.7	74.8	70.0	1,355	55.3	44.7
Viet Nam (Hanoi), 2003	100.0	100.0	96.4	96.4	1,151	56.4	43.6

* The school response rate is calculated as the number of participating schools divided by the number of selected schools.

† The class response rate is calculated as the number of participating classes divided by the number of classes selected.

§ The student response rate is calculated as the number of participating students divided by the number of students enrolled in the class.

¶ The overall response rate is calculated as the school response rate times the class response rate times the student response rate.

** Territory of United Kingdom.

†† Territory of United States.

§§ United Nations Administered Province.

¶¶ Special Administrative Region of China.

*** Commonwealth in political union with the United States.

TABLE 5. (Continued) Prevalence of secondhand smoke exposure, support for bans on smoking in public places, and exposure to indirect tobacco advertising, by World Health Organization (WHO) region and WHO member state, territory, geographic region, United Nations administered province, special administrative region, or commonwealth — Global Youth Tobacco Survey, 2000–2007

WHO region and WHO member state, territory, or special administrative region and year	Exposed to smoke from others at home during the week preceding the survey		Exposed to smoke in public places during the week preceding the survey		Favored banning smoking in public places		Had object with a cigarette or tobacco logo on it		Ever offered a free cigarette by a tobacco company representative	
	%	(CI)*	%	(CI)	%	(CI)	%	(CI)	%	(CI)
Western Pacific region	50.6	(47.7–53.6)	64.1	(61.3–66.8)	83.6	(81.6–85.5)	12.7	(11.1–14.5)	8.0	(6.8–9.5)
American Samoa [†] , 2005	61.9	(58.5–65.3)	61.2	(57.9–64.3)	NA		14.2	(12.1–16.6)	NA	
Cambodia, 2003	47.0	(41.0–53.1)	58.5	(52.6–64.1)	82.9	(79.0–86.1)	39.7	(35.7–43.9)	10.3	(7.3–14.5)
China (Shanghai), 2005	47.0	(44.0–50.0)	35.2	(31.9–38.8)	58.7	(55.9–61.4)	9.5	(7.2–12.3)	5.5	(4.2–7.0)
Cook Islands, 2003	57.6	(53.2–61.8)	73.0	(69.8–76.0)	75.7	(70.4–80.3)	18.6	(15.6–22.0)	12.6	(10.3–15.4)
Fiji, 2005	47.1	(43.2–51.0)	56.8	(51.4–62.1)	39.1	(35.4–43.0)	13.1	(10.6–16.1)	7.2	(5.4–9.5)
Guam [†] , 2002	59.4	(56.3–62.4)	71.5	(68.6–74.2)	NA		21.8	(19.4–24.4)	NA	
Laos (Vientiane Municipality), 2003	43.2	(40.8–45.7)	57.0	(53.3–60.6)	60.2	(54.3–65.8)	NA		10.2	(8.1–12.7)
Macau ^{††} , 2005	42.1	(38.7–45.5)	67.3	(64.0–70.4)	63.1	(59.8–66.3)	14.1	(12.4–16.0)	3.6	(2.6–5.0)
Malaysia, 2003	59.0	(54.7–63.2)	75.7	(72.9–78.3)	81.2	(78.5–83.6)	14.7	(13.0–16.7)	4.7	(3.7–5.9)
Micronesia, 2007	60.7	(56.6–64.5)	71.3	(68.8–73.6)	32.5	(27.2–38.3)	25.1	(20.9–29.8)	21.7	(18.8–24.8)
Mongolia, 2003	63.7	(60.2–67.0)	48.4	(45.5–51.2)	83.2	(81.3–84.9)	8.2	(6.8–9.9)	7.5	(6.4–8.8)
New Zealand, 2007	37.3	(28.9–46.5)	64.6	(61.3–67.9)	NA		NA		NA	
Northern Mariana Islands ^{§§} , 2004	58.0	(55.6–60.3)	72.9	(70.6–75.2)	NA		NA		NA	
Palau, 2005	47.6	(43.9–51.2)	28.9	(25.7–32.3)	NA		36.2	(33.1–39.4)	NA	
Papua New Guinea, 2007	73.9	(71.1–76.6)	86.4	(84.0–88.4)	52.0	(47.2–56.8)	18.9	(16.1–22.1)	10.5	(9.1–12.0)
Philippines, 2007	54.7	(52.2–57.2)	65.0	(62.3–67.5)	90.9	(89.4–92.2)	11.1	(9.8–12.6)	5.5	(4.6–6.5)
Samoa, 2007	59.1	(52.8–65.1)	62.8	(58.1–67.3)	41.2	(34.9–47.8)	21.5	(17.1–26.7)	14.8	(11.9–18.4)
Singapore, 2000	35.1	(33.7–36.7)	65.1	(63.7–66.4)	NA		NA		NA	
South Korea, 2005	39.7	(38.2–41.1)	65.2	(63.2–67.2)	84.2	(82.8–85.6)	7.3	(6.4–8.3)	14.4	(12.9–16.1)
Tuvalu, 2006	76.6	(76.4–76.8)	76.7	(76.5–76.9)	89.5	(89.4–89.7)	25.9	(25.7–26.1)	13.3	(13.1–13.4)
Vanuatu, 2007	59.3	(57.9–60.8)	75.9	(74.6–77.1)	36.3	(34.9–37.7)	17.8	(16.7–18.9)	13.5	(12.5–14.6)
Viet Nam (Hanoi), 2003	57.7	(45.9–68.7)	NA		91.7	(88.9–93.8)	11.7	(7.8–17.3)	6.0	(3.9–9.1)
Total	42.5	(39.5–45.5)	55.1	(52.0–58.1)	78.3	(75.3–81.1)	14.9	(13.2–16.8)	10.0	(8.5–11.8)

* 95% confidence interval.

† Question not asked.

§ Territory of United Kingdom.

†† Territory of United States.

** United Nations Administered Province.

††† Special Administrative Region of China.

§§ Commonwealth in political union with the United States.

TABLE 6. Prevalence of measures of cessation, access to purchase tobacco products from stores, and tobacco-related school curriculum, by World Health Organization (WHO) region and WHO member state, territory, geographic region, United Nations administered province, special administrative region, or commonwealth — Global Youth Tobacco Survey, 2000–2007

WHO region and WHO member state, territory, or special administrative region and year	Current cigarette smokers							
	Desired to stop smoking		Usually bought their cigarettes in a store		Were not refused purchase because of their age when buying cigarettes in a store during the month preceding the survey		Taught about the dangers of smoking in school during the year preceding the survey	
	%	(CI)*	%	(CI)	%	(CI)	%	(CI)
African region	74.5	(61.2–83.7)	34.2	(24.7–45.7)	63.4	(46.9–77.3)	56.1	(51.5–60.6)
Algeria (Constantine), 2007	80.9	(71.1–87.9)	50.1	(43.8–56.4)	61.6	(46.4–74.8)	72.9	(67.4–77.7)
Benin (Atlantique Littoral), 2003	79.6	(51.8–93.4)	27.2	(17.8–39.2)	—†		47.0	(43.3–50.8)
Botswana, 2001	—		—		—		68.7	(63.0–73.8)
Burkina Faso (Ouagadougou), 2006	95.5	(82.9–98.9)	35.2	(25.0–47.0)	—		58.9	(53.7–64.0)
Comoros, 2007	—		23.4	(15.2–34.1)	—		36.5	(28.3–45.6)
Congo, 2006	77.1	(61.9–87.4)	30.7	(23.3–39.4)	49.7	(26.8–72.8)	48.6	(40.3–57.1)
Côte D'Ivoire (Abidjan), 2003	92.7	(84.6–96.7)	43.6	(36.3–51.1)	77.7	(64.8–86.8)	65.7	(61.3–69.9)
Eritrea, 2006	80.7	(65.3–90.3)	31.0	(19.7–45.1)	—		41.4	(38.4–44.4)
Ethiopia (Addis Ababa), 2003	—		—		—		59.8	(53.8–65.5)
Ghana, 2006	80.2	(72.2–86.3)	34.3	(23.6–46.8)	54.3	(36.1–71.5)	49.4	(47.2–51.7)
Kenya, 2001	80.0	(66.1–89.1)	30.3	(18.6–45.3)	66.3	(47.3–81.1)	78.5	(74.0–82.4)
Lesotho, 2002	80.4	(72.2–86.6)	30.4	(23.7–38.0)	62.3	(42.8–78.6)	39.0	(34.6–43.7)
Malawi, 2005	68.0	(46.8–83.6)	28.9	(19.6–40.3)	—		60.0	(54.7–65.1)
Mali (Bamako), 2001	86.0	(74.1–93.0)	35.3	(26.3–45.5)	50.5	(35.2–65.8)	35.6	(23.9–49.4)
Mauritania, 2006	73.7	(61.9–82.9)	32.3	(26.6–38.6)	57.3	(45.4–68.4)	39.6	(35.5–43.8)
Mauritius, 2003	59.5	(50.4–68.0)	50.9	(41.7–60.0)	61.3	(38.4–80.1)	51.3	(44.0–58.6)
Mozambique, 2002	—		—		—		43.0	(35.9–50.4)
Namibia, 2004	73.4	(65.4–80.1)	31.0	(25.9–36.7)	70.8	(60.0–79.6)	31.2	(28.7–33.8)
Niger, 2006	73.1	(54.1–86.2)	21.4	(9.3–41.9)	—		36.8	(28.7–45.8)
Nigeria (Cross River State), 2000	—		41.9	(23.6–62.8)	—		42.1	(37.1–47.3)
Senegal, 2007	77.4	(45.6–93.3)	37.4	(24.0–53.2)	—		55.3	(49.8–60.7)
Seychelles, 2002	76.1	(67.4–83.2)	23.4	(17.7–30.4)	77.1	(58.8–88.8)	60.4	(54.1–66.4)
South Africa, 2002	66.6	(59.5–73.1)	53.3	(45.2–61.1)	66.0	(52.2–77.6)	44.0	(40.2–47.9)
Swaziland, 2005	72.2	(63.5–79.5)	28.0	(22.9–33.7)	55.3	(46.9–63.4)	54.6	(52.9–56.4)
Tanzania (Arusha), 2003	—		—		—		73.4	(66.8–79.1)
Togo, 2007	78.5	(69.8–85.2)	22.1	(13.7–33.5)	—		44.2	(33.4–55.7)
Uganda, 2007	70.3	(57.1–80.8)	18.8	(12.8–26.9)	—		70.5	(67.2–73.7)
Zambia (Lusaka), 2002	—		20.6	(11.7–33.7)	—		46.6	(41.3–51.9)
Zimbabwe (Harare), 2003	—		44.5	(37.0–52.3)	—		53.6	(47.8–59.3)
Region of the Americas	53.3	(47.3–59.0)	20.2	(16.3–24.4)	74.5	(64.1–82.6)	54.2	(50.0–58.3)
Antigua and Barbuda, 2004	—		—		—		43.8	(40.7–46.9)
Argentina (Capital Federal), 2003	43.0	(34.8–51.7)	63.4	(51.8–73.6)	88.0	(81.3–92.5)	18.7	(12.4–27.1)
Bahamas, 2004	—		19.6	(8.0–40.7)	—		49.4	(43.2–55.5)
Barbados, 2002	54.8	(31.9–75.8)	9.4	(5.3–15.9)	—		41.4	(37.5–45.4)
Belize, 2002	76.1	(63.0–85.7)	20.9	(15.3–27.9)	—		57.3	(51.1–63.3)
Bolivia (La Paz), 2003	60.7	(51.0–69.6)	53.1	(46.9–59.2)	79.0	(70.6–85.4)	49.2	(44.4–54.0)
Brazil (Rio de Janeiro), 2005	39.2	(27.0–52.9)	40.3	(32.8–48.3)	97.4	(95.3–98.6)	37.9	(33.4–42.7)
British Virgin Islands ^a , 2001	—		—		—		46.5	(40.3–52.8)
Chile (Santiago), 2003	50.4	(40.8–60.0)	53.0	(47.8–58.1)	83.1	(74.1–89.4)	43.2	(37.7–48.9)
Colombia (Bogota), 2001	67.1	(60.6–72.9)	58.2	(52.2–64.0)	74.7	(68.0–80.4)	30.2	(24.9–36.1)
Costa Rica, 2002	52.8	(43.4–62.0)	37.6	(31.5–44.2)	69.5	(60.1–77.4)	46.2	(41.2–51.2)
Cuba (Havana), 2004	56.8	(47.1–66.0)	44.1	(35.5–53.0)	67.1	(41.8–85.3)	87.4	(84.3–89.9)
Dominica, 2004	58.6	(44.7–71.2)	17.6	(10.7–27.5)	—		56.8	(51.3–62.0)
Dominican Republic, 2004	50.9	(31.6–69.9)	18.6	(12.1–27.7)	70.2	(53.0–83.1)	56.1	(52.3–59.8)
Ecuador (Quito), 2001	72.3	(64.3–79.1)	57.1	(51.1–62.9)	65.9	(58.3–72.7)	45.0	(39.1–51.1)
El Salvador, 2003	97.7	(93.9–99.2)	32.5	(26.5–39.2)	79.7	(67.1–88.4)	59.2	(46.0–71.2)
Grenada, 2004	64.8	(51.5–76.2)	19.5	(13.4–27.4)	—		47.1	(41.9–52.3)
Guatemala (Guatemala City), 2002	61.6	(51.6–70.7)	58.5	(47.1–69.0)	76.0	(60.1–86.9)	49.2	(42.0–56.4)
Guyana, 2004	—		34.4	(19.7–52.7)	—		49.9	(45.7–54.1)
Haiti (Port-au-Prince), 2005	72.6	(56.6–84.4)	28.2	(17.9–41.4)	—		40.4	(32.5–48.8)
Honduras (Tegucigalpa), 2003	58.8	(44.5–71.7)	46.0	(31.2–61.5)	88.8	(79.4–94.2)	60.6	(52.4–68.2)
Jamaica, 2006	73.3	(58.4–84.2)	30.9	(21.6–42.2)	69.2	(45.7–85.7)	39.1	(32.5–46.2)
Mexico (Mexico City), 2006	42.2	(36.3–48.4)	50.1	(41.9–58.4)	59.3	(47.2–70.5)	68.2	(62.1–73.8)
Montserrat ^b , 2000	—		—		—		66.4	
Nicaragua (CentroManagua), 2003	60.4	(44.5–74.3)	29.9	(21.3–40.3)	77.8	(61.0–88.8)	66.1	(55.1–75.6)
Panama, 2002	54.3	(41.6–66.4)	46.2	(36.2–56.5)	76.0	(57.6–88.1)	64.6	(60.8–68.3)
Paraguay (Asuncion), 2003	47.6	(37.3–58.0)	47.0	(38.6–55.6)	87.6	(79.7–92.8)	69.6	(63.5–75.1)
Peru (Lima), 2003	62.2	(52.4–71.2)	59.3	(50.3–67.6)	73.9	(62.3–82.9)	43.2	(37.2–49.3)
Puerto Rico ^c , 2004	—		13.3	(5.2–29.9)	—		53.3	(44.8–61.6)

TABLE 6. (Continued) Prevalence of measures of cessation, access to purchase tobacco products from stores, and tobacco-related school curriculum, by World Health Organization (WHO) region and WHO member state, territory, geographic region, United Nations administered province, special administrative region, or commonwealth — Global Youth Tobacco Survey, 2000–2007

WHO region and WHO member state, territory, or special administrative region and year	Current cigarette smokers							
	Desired to stop smoking		Usually bought their cigarettes in a store		Were not refused purchase because of their age when buying cigarettes in a store during the month preceding the survey		Taught about the dangers of smoking in school during the year preceding the survey	
	%	(CI)*	%	(CI)	%	(CI)	%	(CI)
Saint Kitts and Nevis, 2002	—		16.0	(5.2–40.0)	—		41.3	(36.4–46.2)
Saint Lucia, 2007	57.8	(41.0–72.9)	15.2	(8.9–24.8)	—		48.4	(43.2–53.7)
Saint Vincent and The Grenadines, 2007	67.5	(46.9–83.0)	23.3	(15.3–33.8)	—		48.6	(42.5–54.8)
Suriname, 2004	—		23.4	(15.5–33.8)	—		47.7	(43.5–51.8)
Trinidad and Tobago, 2007	83.4	(76.2–88.7)	26.5	(18.0–37.3)	—		44.5	(40.5–48.5)
United States of America, 2004	51.5	(47.5–55.5)	7.7	(6.1–9.7)	72.6	(62.5–80.9)	57.1	(53.8–60.4)
Uruguay, 2007	46.3	(39.1–53.7)	63.9	(58.8–68.7)	79.4	(72.8–84.7)	67.0	(63.7–70.1)
US Virgin Islands [†] , 2004	83.6	(77.4–88.4)	12.2	(8.0–18.1)	—		51.9	(47.4–56.5)
Venezuela, 1999	69.8	(57.7–79.6)	46.2	(37.2–55.4)	89.3	(77.2–95.4)	42.1	(37.1–47.3)
Eastern Mediterranean region	70.5	(58.1–80.6)	42.2	(31.9–53.4)	74.7	(59.3–85.6)	47.5	(42.2–52.8)
Afghanistan (Kabul), 2004	—		—		—		21.0	(17.4–25.2)
Bahrain, 2002	64.3	(53.4–73.8)	45.6	(34.6–57.1)	73.2	(59.1–83.7)	41.8	(36.6–47.2)
Djibouti, 2003	70.8	(52.1–84.3)	45.1	(28.8–62.6)	—		44.1	(39.2–49.2)
Egypt, 2005	78.7	(68.1–86.5)	42.6	(32.6–53.2)	88.2	(73.3–95.3)	57.7	(52.5–62.7)
Gaza Strip, 2005	65.2	(49.4–78.2)	36.1	(26.8–46.5)	—		60.5	(53.8–66.8)
Iran, 2003	60.1	(44.7–73.8)	53.8	(40.1–66.9)	—		38.6	(34.4–43.0)
Iraq (Kurdistan), 2006	73.7	(58.9–84.6)	46.9	(31.3–63.1)	80.8	(67.2–89.6)	45.3	(34.3–56.9)
Jordan, 2007	58.2	(39.5–74.9)	40.2	(27.1–54.8)	75.7	(59.6–86.8)	41.8	(38.1–45.6)
Kuwait, 2005	65.7	(57.3–73.3)	15.9	(10.1–24.1)	—		56.5	(52.0–61.0)
Lebanon, 2005	54.0	(43.6–64.0)	22.5	(16.2–30.3)	88.7	(72.0–96.0)	50.9	(42.9–58.9)
Libya, 2007	—		14.1	(7.0–26.5)	—		48.7	(43.8–53.6)
Morocco, 2006	—		29.8	(18.5–44.2)	—		49.7	(44.8–54.5)
Oman, 2007	—		—		—		66.5	(57.5–74.5)
Pakistan (Islamabad), 2003	—		—		—		57.0	(51.4–62.4)
Qatar, 2007	59.6	(37.4–78.5)	29.2	(16.2–46.9)	—		49.7	(43.3–56.1)
Saudi Arabia, 2007	71.7	(61.7–80.0)	47.6	(36.6–58.8)	76.4	(65.3–84.7)	58.8	(53.4–64.1)
Somalia (Somaliland), 2007	—		40.3	(22.2–61.6)	—		47.3	(39.1–55.6)
Sudan, 2005	66.4	(49.9–79.7)	45.0	(36.5–53.8)	49.1	(26.9–71.7)	31.6	(26.2–37.6)
Syria, 2002	70.6	(62.4–77.7)	28.4	(21.0–37.0)	79.1	(61.6–89.9)	54.6	(46.4–62.6)
Tunisia, 2007	84.0	(71.0–91.8)	43.9	(35.2–53.1)	70.2	(50.1–84.7)	43.2	(38.5–48.0)
United Arab Emirates, 2005	60.5	(54.8–66.0)	32.3	(28.1–36.8)	61.2	(52.0–69.6)	42.8	(40.7–45.0)
West Bank, 2005	64.9	(47.4–79.2)	27.5	(18.5–38.7)	75.0	(63.1–84.0)	60.3	(53.5–66.8)
Yemen, 2003	81.3	(73.1–87.4)	44.1	(37.2–51.4)	66.0	(57.9–73.3)	42.7	(37.4–48.2)
European region	62.5	(56.0–68.7)	61.7	(56.7–66.4)	76.3	(69.6–81.7)	63.8	(49.3–68.0)
Albania, 2004	68.0	(57.8–76.8)	52.8	(42.0–63.3)	87.4	(77.9–93.2)	65.7	(62.0–69.2)
Armenia, 2004	80.3	(65.8–89.6)	72.3	(55.4–84.5)	—		31.1	(26.8–35.9)
Belarus, 2004	72.1	(67.8–76.1)	47.0	(39.9–54.2)	56.4	(49.0–63.5)	79.8	(76.4–82.8)
Bosnia and Herzegovina, 2003	57.1	(51.4–62.6)	57.1	(54.0–60.2)	92.0	(86.0–95.6)	60.0	(54.6–65.1)
Bulgaria, 2002	60.5	(53.6–67.1)	61.9	(56.4–67.1)	74.5	(66.0–81.5)	62.2	(56.9–67.2)
Croatia, 2007	41.2	(37.6–44.9)	55.5	(49.2–61.5)	71.5	(66.0–76.3)	73.7	(70.3–76.8)
Cyprus, 2005	48.6	(44.9–52.2)	51.4	(46.5–56.2)	92.0	(88.8–94.3)	48.6	(47.6–49.5)
Czech Republic, 2007	52.6	(47.7–57.5)	39.6	(32.8–46.7)	77.1	(69.7–83.1)	55.3	(49.8–60.6)
Estonia, 2003	61.0	(55.2–66.6)	41.2	(36.8–45.7)	64.6	(58.1–70.6)	59.0	(55.5–62.4)
Georgia, 2003	42.8	(34.3–51.7)	53.5	(47.2–59.6)	98.1	(94.6–99.4)	10.1	(8.0–12.7)
Greece, 2005	37.6	(31.3–44.4)	49.1	(43.0–55.3)	95.0	(89.5–97.7)	64.7	(61.3–67.9)
Hungary, 2003	37.6	(30.7–45.0)	60.1	(55.5–64.5)	70.7	(62.9–77.5)	48.6	(43.6–53.5)
Kazakhstan, 2004	75.7	(70.8–79.9)	76.9	(71.8–81.4)	64.1	(55.4–72.0)	83.9	(82.2–85.4)
Kosovo**, 2004	74.5	(60.5–84.7)	34.9	(25.7–45.3)	88.8	(73.4–95.8)	56.6	(52.4–60.6)
Kyrgyzstan, 2004	69.5	(48.2–84.8)	78.9	(71.5–84.7)	92.0	(79.5–97.1)	NA ^{††}	
Latvia, 2007	71.5	(66.7–75.8)	45.4	(37.9–53.2)	52.7	(47.5–57.9)	62.8	(57.5–67.8)
Lithuania, 2005	70.9	(63.4–77.5)	35.7	(29.9–42.0)	56.1	(47.9–63.9)	35.0	(30.0–40.4)
Macedonia, 2003	63.5	(54.4–71.8)	59.6	(48.6–69.8)	73.0	(59.8–83.0)	55.6	(51.7–59.4)
Moldova, 2004	47.7	(39.9–55.6)	64.9	(60.2–69.3)	78.1	(70.4–84.2)	80.8	(77.0–84.1)
Montenegro, 2004	45.2	(27.3–64.4)	59.6	(48.1–70.0)	88.1	(70.2–95.9)	54.4	(49.1–59.5)
Poland, 2003	51.3	(42.5–60.0)	51.0	(45.6–56.3)	76.2	(67.8–83.0)	57.3	(52.8–61.6)
Romania, 2004	55.4	(44.8–65.5)	59.9	(53.7–65.8)	68.9	(61.4–75.5)	61.6	(56.2–66.8)
Russian Federation, 2004	65.5	(59.0–71.5)	71.3	(68.5–73.8)	75.0	(69.3–79.9)	64.0	(57.4–70.1)
Serbia, 2003	54.2	(48.1–60.1)	69.4	(62.4–75.7)	94.4	(91.0–96.6)	64.1	(60.9–67.2)
Slovakia, 2003	62.9	(57.9–67.7)	54.4	(50.4–58.3)	80.3	(73.8–85.6)	70.0	(66.8–73.1)

TABLE 6. (Continued) Prevalence of measures of cessation, access to purchase tobacco products from stores, and tobacco-related school curriculum, by World Health Organization (WHO) region and WHO member state, territory, geographic region, United Nations administered province, special administrative region, or commonwealth — Global Youth Tobacco Survey, 2000–2007

WHO region and WHO member state, territory, or special administrative region and year	Current cigarette smokers							
	Desired to stop smoking		Usually bought their cigarettes in a store		Were not refused purchase because of their age when buying cigarettes in a store during the month preceding the survey		Taught about the dangers of smoking in school during the year preceding the survey	
	%	(CI)*	%	(CI)	%	(CI)	%	(CI)
Slovenia, 2003	42.6	(37.3–48.0)	60.0	(53.4–66.3)	92.3	(86.8–95.6)	63.6	(58.5–68.3)
Tajikistan, 2004	—	—	—	—	—	—	83.2	(76.1–88.6)
Turkey, 2003	65.3	(60.4–69.9)	46.5	(40.6–52.4)	86.4	(80.5–90.8)	52.8	(50.9–54.7)
Ukraine, 2005	74.5	(70.2–78.4)	75.5	(70.3–80.0)	64.1	(57.0–70.6)	86.7	(84.1–88.9)
South-East Asia region	72.5	(63.6–79.9)	53.2	(46.0–60.2)	70.2	(60.3–78.6)	57.7	(54.3–60.9)
Bangladesh (Dhaka), 2004	—	—	—	—	—	—	43.3	(40.0–46.6)
Bhutan, 2006	91.7	(81.0–96.7)	36.4	(24.8–49.8)	59.2	(42.2–74.2)	59.8	(52.7–66.5)
East Timor, 2006	73.7	(63.9–81.5)	24.1	(17.6–32.1)	41.2	(26.6–57.4)	33.5	(28.3–39.1)
India, 2006	70.6	(61.9–78.1)	51.7	(44.1–59.1)	72.5	(62.4–80.7)	54.4	(51.9–57.0)
Indonesia, 2006	78.1	(68.5–85.4)	60.7	(55.5–65.7)	69.9	(60.5–77.9)	68.7	(61.5–75.1)
Maldives, 2004	42.5	(24.3–62.9)	57.0	(43.9–69.2)	—	—	39.8	(33.7–46.2)
Myanmar, 2001	89.5	(81.1–94.4)	72.9	(65.0–79.6)	77.0	(68.1–84.0)	69.8	(66.1–73.3)
Nepal (Biratnagar), 2004	7.3	(3.5–14.7)	83.8	(73.8–90.4)	96.7	(88.1–99.1)	10.5	(5.9–18.1)
Sri Lanka, 2003	—	—	—	—	—	—	79.8	(75.8–83.3)
Thailand, 2005	72.3	(63.2–79.9)	38.1	(31.7–45.1)	28.3	(18.9–40.1)	61.9	(58.6–65.2)
Western Pacific region	80.7	(74.6–85.7)	46.1	(40.6–51.8)	47.9	(38.7–57.3)	68.8	(64.1–73.1)
American Samoa [†] , 2005	83.6	(77.4–88.4)	12.2	(8.0–18.1)	—	—	51.9	(47.4–56.5)
Cambodia, 2003	—	—	—	—	—	—	66.9	(60.5–72.8)
China (Shanghai), 2005	—	—	—	—	—	—	62.7	(57.3–67.9)
Cook Islands, 2003	95.2	(90.0–97.7)	13.6	(10.0–18.2)	—	—	56.1	(51.5–60.5)
Fiji, 2005	88.2	(80.0–93.3)	24.9	(16.2–36.2)	—	—	56.0	(47.4–64.3)
Guam ^{††} , 2002	75.7	(69.3–81.1)	8.1	(5.3–12.2)	—	—	46.0	(42.0–50.0)
Laos (Vientiane Municipality), 2003	90.8	(78.2–96.4)	37.1	(28.2–46.9)	—	—	69.7	(64.6–74.4)
Macau ^{§§} , 2005	42.1	(32.9–51.9)	64.7	(53.8–74.2)	93.4	(83.5–97.6)	63.0	(55.8–69.7)
Malaysia, 2003	80.2	(75.0–84.5)	58.6	(53.4–63.6)	39.1	(31.6–47.2)	71.5	(68.1–74.6)
Micronesia, 2007	86.5	(82.8–89.4)	25.2	(20.7–30.3)	31.3	(20.8–44.3)	41.4	(37.2–45.8)
Mongolia, 2003	86.2	(77.4–92.0)	80.6	(71.5–87.4)	91.4	(84.8–95.3)	48.9	(40.4–57.5)
New Zealand, 2007	48.9	(38.3–59.7)	12.6	(7.6–20.1)	—	—	61.9	(51.5–71.2)
Northern Mariana Islands ^{†††} , 2004	79.4	(75.2–83.1)	15.5	(12.3–19.2)	63.9	(52.9–73.6)	56.2	(53.1–59.3)
Palau, 2005	78.1	(70.4–84.2)	15.6	(10.7–22.3)	—	—	86.8	(84.2–89.0)
Papua New Guinea, 2007	82.3	(77.9–86.1)	51.6	(47.1–56.0)	63.8	(55.3–71.5)	72.2	(68.6–75.5)
Philippines, 2007	88.2	(83.2–91.8)	49.0	(43.6–54.5)	59.6	(49.2–69.3)	71.4	(67.5–74.9)
Samoa, 2007	66.2	(50.0–79.4)	36.3	(20.9–55.0)	—	—	44.9	(35.7–54.4)
Singapore, 2000	61.9	(56.7–66.9)	44.6	(41.2–48.0)	50.0	(44.5–55.6)	NA	NA
South Korea, 2005	71.3	(62.9–78.5)	35.4	(29.5–41.8)	25.3	(16.9–35.9)	66.8	(61.3–72.0)
Tuvalu, 2006	98.7	(98.6–98.8)	23.7	(23.4–24.1)	—	—	69.2	(69.0–69.4)
Vanuatu, 2007	84.5	(81.3–87.2)	30.7	(27.5–34.2)	59.8	(52.7–66.5)	53.9	(52.5–55.4)
Viet Nam (Hanoi), 2003	—	—	—	—	—	—	72.0	(65.6–77.5)
Total	68.7	(60.1–75.9)	46.7	(39.9–53.6)	70.5	(60.3–78.8)	57.6	(53.6–61.5)

* 95% confidence interval.

† <35 cases in the denominator.

§ Territory of United Kingdom.

†† Territory of United States.

** United Nations Administered Province.

††† Question not asked.

§§ Special Administrative Region of China.

†††† Commonwealth in political union with the United States.

TABLE 7. Global Youth Tobacco Survey (GYTS) measures that can be used to monitor the World Health Organization (WHO) Framework Convention on Tobacco Control (WHO FCTC)

WHO FCTC article	GYTS measures
<p><i>Article 20: Research, surveillance and exchange of information</i></p> <p>2: The Parties shall establish, as appropriate, programs for national, regional and global surveillance of the magnitude, patterns, determinants and consequences of tobacco consumption and exposure to tobacco smoke. Towards this end, the Parties should integrate tobacco surveillance programs into national, regional and global health surveillance programs so that data are comparable and can be analyzed at the regional and international levels, as appropriate.</p>	<p>GYTS was developed by WHO, CDC and CPHA and was initiated in 1999. To date, 140 WHO member states, six territories, two geographic regions, one special administrative region, and one commonwealth have completed their initial GYTS. GYTS has been repeated in 66 countries. By the end of 2008, a total of 48 other countries will conduct repeat surveys, and 26 new countries will complete their initial GYTS.</p>
<p>Prevalence</p> <p><i>Article 21: Reporting and exchange of information</i></p> <p>1: Each Party shall submit to the Conference of the Parties, through the Secretariat, periodic reports on its implementation of this Convention, which should include the following: (d) information on surveillance and research as specified in Article 20 (Research, surveillance and exchange of information)</p>	<ul style="list-style-type: none"> • Ever smoked cigarettes • Initiated smoking before age 10 years • Current cigarette smoking • Current other tobacco use • Never smokers, likely to initiate smoking in the next year
<p>Exposure to Secondhand Smoke</p> <p><i>Article 8: Protection from exposure to tobacco smoke</i></p> <p>2: Each Party shall adopt and implement in areas of existing national jurisdiction as determined by national law and actively promote at other jurisdictional levels the adoption and implementation of effective legislative, executive, administrative and/or other measures, providing for protection from exposure to tobacco smoke in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.</p>	<ul style="list-style-type: none"> • Exposed to smoke from others in their home • Exposed to smoke from others in public places • Think smoking should be banned from public places
<p>School</p> <p><i>Article 12: Education, communication, training and public awareness</i></p> <p>Each Party shall promote and strengthen public awareness of tobacco control issues, using all available communication tools, as appropriate. Towards this end, each Party shall adopt and implement effective legislative, executive, administrative or other measures to promote:</p> <p>(f) public awareness of and access to information regarding the adverse health, economics, and environmental consequences of tobacco production and consumption.</p>	<ul style="list-style-type: none"> • During past year in school, students were taught dangers of smoking • During past year in school, students discussed reasons why people their age smoke • During past year in school, students were taught about the effects of smoking
<p>Media and Advertising</p> <p><i>Article 13: Tobacco advertising, promotion and sponsorship</i></p> <p>1: Parties recognize that a comprehensive ban on advertising, promotion and sponsorship would reduce the consumption of tobacco products</p>	<ul style="list-style-type: none"> • During the past month, saw actors smoking on television, videos, or movies • During the past month, saw advertisements for cigarettes on billboards • During the past month, saw advertisements for cigarettes in newspapers or magazines • During the past month, saw advertisements for cigarettes at sports events, fairs, concerts or community events • Have an object with a cigarette brand logo on it
<p>Cessation</p> <p><i>Article 14: Demand reduction measures concerning tobacco dependence and cessation</i></p> <p>1: Each Party shall develop and disseminate appropriate, comprehensive and integrated guidelines based on scientific evidence and best practices, taking into account national circumstances and priorities, and shall take effective measures to promote cessation of tobacco use and adequate treatment for tobacco dependence</p>	<ul style="list-style-type: none"> • Current smokers who desire to stop smoking • Current smokers who tried to stop smoking during the past year • Current smokers who ever received help or advice from a program or professional to help them stop smoking • Current smokers who have or feel like having a cigarette first thing in the morning
<p>Minor's Access and Availability</p> <p><i>Article 16: Sales to and by minors</i></p> <p>1. Each Party shall adopt and implement effective legislative, executive, administrative or other measures at the appropriate level to prohibit the sales of tobacco products to persons under the age set by domestic law, national law or eighteen.</p> <p>2. Each Party shall prohibit or promote the prohibition of the distribution of free tobacco products to the public and especially minors</p>	<ul style="list-style-type: none"> • Current smokers who usually get their cigarettes by buying them in a store, shop or from a street vendor • Current smokers who were not refused purchase of cigarettes because of their age • Students who were offered "free" cigarettes by a cigarette company representative

Appendix A

Number of Sites in World Health Organization Regions that Completed the Global Youth Tobacco Survey

TABLE. Number of sites* completing the Global Youth Tobacco Survey, by year and World Health Organization (WHO) region — baseline, repeat, and included in this report

Year	African region			American region†			Eastern Mediterranean region§			European region			South-East Asia region			Western Pacific region¶		
	Base-line	Repeat	Included in this report	Base-line	Repeat	Included in this report	Base-line	Repeat	Included in this report	Base-line	Repeat	Included in this report	Base-line	Repeat	Included in this report	Base-line	Repeat	Included in this report
1999	2			3		1	1			3			1			2		
2000	2		1	15		1							2			5		1
2001	8		3	9		3	9			1			2		1	1		
2002	7	1	5	5	2	6	4		2	3		1			1			1
2003	5	1	6	4	4	8	5		4	10	1	10		1	1	6		6
2004	1		1	2	9	11	3		1	10	1	11	3	1	3		1	1
2005		2	2		1	2		7	7	2	2	4	1		1	2	3	6
2006	2	4	6		1	2	1	1	2				1	3	4	1		1
2007	2	3	5		4	4		7	7		3	3				4	2	6
Total	29	11	29	38	21	38	23	15	23	29	7	29	10	5	10	22	6	22

* In this report, site refers to 140 WHO member states, six territories (American Samoa, US Virgin Islands, British Virgin Islands, Guam, Montserrat, and Puerto Rico), two geographic regions (Gaza Strip and West Bank), one special administrative region (Macau), and one Commonwealth (Northern Mariana Islands).

† Mexico established baseline at the state level in 2000 then expanded to Mexico City in 2006 (data presented in this report but not counted as a repeat above); Brazil established baseline at the state level in 2002 then expanded to Rio de Janeiro in 2005 (data presented in this report but not counted as a repeat above); United States established baseline in 2000, repeated in 2002 (not counted as a repeat above) and 2004 (data presented in this report and counted as a repeat in table).

§ Jordan established baseline in 1999, repeated in 2003 (not counted as a repeat above) and 2007 (data presented in this report and counted as a repeat above).

¶ China established baseline at the province level in 1999 then expanded to Shanghai in 2005 (data presented in this report but not counted as a repeat above); Philippines established baseline in 2000, repeated in 2004 (not counted as a repeat above) and 2007 (data presented in this report and counted as a repeat above).

Appendix B

Global Tough Tobacco Survey (GYTS) Core Questionnaire, 2007

Instructions

Please read each question carefully before answering it.

Choose the answer that best describes what you believe and feel to be correct.

Choose only **one** answer for each question.

On the answer sheet, locate the circle that corresponds to your answer and fill it in completely with the pencil that was provided to you.

Correctly fill in the bubbles:

Like this: ●

If you have to change your answer, don't worry, just erase it completely, without leaving marks.

Remember, each question only has one answer.

Example: Questionnaire

24. Do you believe that fish live in water?
- Definitely yes
 - Probably yes
 - Probably not
 - Definitely not

24. A B C D E F G H
● ○ ○ ○ ○ ○ ○ ○

THE NEXT 11 QUESTIONS ASK ABOUT YOUR USE OF TOBACCO.

- Have you ever tried or experimented with cigarette smoking, even one or two puffs?
 - Yes
 - No
- How old were you when you first tried a cigarette?
 - I have never smoked cigarettes
 - 7 years old or younger
 - 8 or 9 years old
 - 10 or 11 years old
 - 12 or 13 years old
 - 14 or 15 years old
 - 16 years old or older
- During the past 30 days (one month), on how many days did you smoke cigarettes?
 - 0 days
 - 1 or 2 days
 - 3 to 5 days
 - 6 to 9 days
 - 10 to 19 days
 - 20 to 29 days
 - All 30 days
- During the past 30 days (one month), on the days you smoked, how many cigarettes did you usually smoke?
 - I did not smoke cigarettes during the past 30 days (one month)
 - Less than 1 cigarette per day
 - 1 cigarette per day
 - 2 to 5 cigarettes per day
 - 6 to 10 cigarettes per day
 - 11 to 20 cigarettes per day
 - More than 20 cigarettes per day
- During the past 30 days (one month), how did you usually get your own cigarettes? (SELECT ONLY ONE RESPONSE)
 - I did not smoke cigarettes during the past 30 days (one month)
 - I bought them in a store, shop or from a street vendor
 - I bought them from a vending machine
 - I gave someone else money to buy them for me
 - I borrowed them from someone else
 - I stole them
 - An older person gave them to me
 - I got them some other way
- During the past 30 days (one month), what brand of cigarettes did you usually smoke? (SELECT ONLY ONE RESPONSE)
 - I did not smoke cigarettes during the past 30 days
 - No usual brand
 - c-g. (Add 5 most common brands)
 - Other
- During the past 30 days (one month), did anyone ever refuse to sell you cigarettes because of your age?
 - I did not try to buy cigarettes during the past 30 days (one month)
 - Yes, someone refused to sell me cigarettes because of my age
 - No, my age did not keep me from buying cigarettes
- During the past 30 days (one month), did you use any form of smoked tobacco products other than cigarettes (e.g. cigars, water pipe, cigarillos, little cigars, pipe)?
 - Yes
 - No
- During the past 30 days (one month), did you use any form of smokeless tobacco products (e.g. chewing tobacco, snuff, dip)?
 - Yes
 - No

10. Where do you usually smoke? (SELECT ONLY ONE RESPONSE)
- I have never smoked cigarettes
 - At home
 - At school
 - At work
 - At friends' houses
 - At social events
 - In public spaces (e.g. parks, shopping centres, street corners)
 - other
11. Do you ever have a cigarette or feel like having a cigarette first thing in the morning?
- I have never smoked cigarettes
 - I no longer smoke cigarettes
 - No, I don't have or feel like having a cigarette first thing in the morning
 - Yes, I sometimes have or feel like having a cigarette first thing in the morning
 - Yes, I always have or feel like having a cigarette first thing in the morning
18. Do you think boys who smoke cigarettes have more or less friends?
- More friends
 - Less friends
 - No difference from non-smokers
19. Do you think girls who smoke cigarettes have more or less friends?
- More friends
 - Less friends
 - No difference from non-smokers
20. Does smoking cigarettes help people feel more or less comfortable at celebrations, parties, or in other social gatherings?
- More comfortable
 - Less comfortable
 - No difference from non-smokers
21. Do you think smoking cigarettes makes boys look more or less attractive?
- More attractive
 - Less attractive
 - No difference from non-smokers

THE NEXT 17 QUESTIONS ASK ABOUT YOUR KNOWLEDGE AND ATTITUDES TOWARD TOBACCO.

12. Do your parents smoke?
- None
 - Both
 - Father only
 - Mother only
 - I don't know
13. If one of your best friends offered you a cigarette, would you smoke it?
- Definitely not
 - Probably not
 - Probably yes
 - Definitely yes
14. Has anyone in your family discussed the harmful effects of smoking with you?
- Yes
 - No
15. At any time during the next 12 months do you think you will smoke a cigarette?
- Definitely not
 - Probably not
 - Probably yes
 - Definitely yes
16. Do you think you will be smoking cigarettes 5 years from now?
- Definitely not
 - Probably not
 - Probably yes
 - Definitely yes
17. Once someone has started smoking, do you think it would be difficult to quit ?
- Definitely not
 - Probably not
 - Probably yes
 - Definitely yes
22. Do you think smoking cigarettes makes girls look more or less attractive?
- More attractive
 - Less attractive
 - No difference from non-smokers
23. Do you think that smoking cigarettes makes you gain or lose weight?
- Gain weight
 - Lose weight
 - No difference
24. Do you think cigarette smoking is harmful to your health?
- Definitely not
 - Probably not
 - Probably yes
 - Definitely yes
25. Do any of your closest friends smoke cigarettes?
- None of them
 - Some of them
 - Most of them
 - All of them
26. When you see a man smoking what do you think of him? (SELECT ONLY ONE RESPONSE)
- Lacks confidence
 - Stupid
 - Loser
 - Successful
 - Intelligent
 - Macho
27. When you see a woman smoking, what do you think of her? (SELECT ONLY ONE RESPONSE)
- Lacks confidence
 - Stupid
 - Loser
 - Successful
 - Intelligent
 - Sophisticated

28. Do you think it is safe to smoke for only a year or two as long as you quit after that?
- Definitely not
 - Probably not
 - Probably yes
 - Definitely yes

THE NEXT 4 QUESTIONS ASK ABOUT YOUR EXPOSURE TO OTHER PEOPLE'S SMOKING.

29. Do you think the smoke from other people's cigarettes is harmful to you?
- Definitely not
 - Probably not
 - Probably yes
 - Definitely yes
30. During the past 7 days, on how many days have people smoked in your home, in your presence?
- 0
 - 1 to 2
 - 3 to 4
 - 5 to 6
 - 7
31. During the past 7 days, on how many days have people smoked in your presence, in places other than in your home?
- 0
 - 1 to 2
 - 3 to 4
 - 5 to 6
 - 7
32. Are you in favor of banning smoking in public places (such as in restaurants, in buses, streetcars, and trains, in schools, on playgrounds, in gyms and sports arenas, in discos)?
- Yes
 - No

THE NEXT 6 QUESTIONS ASK ABOUT YOUR ATTITUDES TOWARD STOPPING SMOKING.

33. Do you want to stop smoking now?
- I have never smoked cigarettes
 - I do not smoke now
 - Yes
 - No
34. During the past year, have you ever tried to stop smoking cigarettes?
- I have never smoked cigarettes
 - I did not smoke during the past year
 - Yes
 - No
35. How long ago did you stop smoking?
- I have never smoked cigarettes
 - I have not stopped smoking
 - 1-3 months
 - 4-11 months
 - One year
 - 2 years
 - 3 years or longer

36. What was the main reason you decided to stop smoking? (SELECT ONE RESPONSE ONLY)
- I have never smoked cigarettes
 - I have not stopped smoking
 - To improve my health
 - To save money
 - Because my family does not like it
 - Because my friends don't like it
 - Other

37. Do you think you would be able to stop smoking if you wanted to?
- I have never smoked cigarettes
 - I have already stopped smoking cigarettes
 - Yes
 - No

38. Have you ever received help or advice to help you stop smoking? (SELECT ONLY ONE RESPONSE)
- I have never smoked cigarettes
 - Yes, from a program or professional
 - Yes, from a friend
 - Yes, from a family member
 - Yes, from both programs or professionals and from friends or family members
 - No

THE NEXT 9 QUESTIONS ASK ABOUT YOUR KNOWLEDGE OF MEDIA MESSAGES ABOUT SMOKING.

39. During the past 30 days (one month), how many anti-smoking media messages (e.g., television, radio, billboards, posters, newspapers, magazines, movies) have you seen or heard?
- A lot
 - A few
 - None
40. When you go to sports events, fairs, concerts, community events, or social gatherings, how often do you see anti-smoking messages?
- I never go to sports events, fairs, concerts, community events, or social gatherings
 - A lot
 - Sometimes
 - Never
41. When you watch TV, videos, or movies, how often do you see actors smoking?
- I never watch TV, videos, or movies
 - A lot
 - Sometimes
 - Never
42. Do you have something (t-shirt, pen, backpack, etc.) with a cigarette brand logo on it?
- Yes
 - No
43. During the past 30 days (one month), when you watched sports events or other programs on TV how often did you see cigarette brand names?
- I never watch TV
 - A lot
 - Sometimes
 - Never

44. During the past 30 days (one month), how many advertisements for cigarettes have you seen on billboards?
- A lot
 - A few
 - None
45. During the past 30 days (one month), how many advertisements or promotions for cigarettes have you seen in newspapers or magazines?
- A lot
 - A few
 - None
46. When you go to sports events, fairs, concerts, or community events, how often do you see advertisements for cigarettes?
- I never attend sports events, fairs, concerts, or community events
 - A lot
 - Sometimes
 - Never
47. Has a (cigarette representative) ever offered you a free cigarette?
- Yes
 - No

THE NEXT 4 QUESTIONS ASK ABOUT WHAT YOU WERE TAUGHT ABOUT SMOKING IN SCHOOL.

48. During this school year, were you taught in any of your classes about the dangers of smoking?
- Yes
 - No
 - Not sure
49. During this school year, did you discuss in any of your classes the reasons why people your age smoke?
- Yes
 - No
 - Not sure

50. During this school year, were you taught in any of your classes about the effects of smoking like it makes your teeth yellow, causes wrinkles, or makes you smell bad?
- Yes
 - No
 - Not sure
51. How long ago did you last discuss smoking and health as part of a lesson?
- Never
 - This term
 - Last term
 - 2 terms ago
 - 3 terms ago
 - More than a year ago

THE LAST 3 QUESTIONS ASK FOR SOME BACKGROUND INFORMATION ABOUT YOURSELF.

52. How old are you?
- 11 years old or younger
 - 12 years old
 - 13 years old
 - 14 years old
 - 15 years old
 - 16 years old
 - 17 years old or older
53. What is your sex?
- Male
 - Female
54. In what grade/form are you?
- List locally appropriate
 -

Appendix C

World Health Organization Regions and Sites that Repeated the Global Youth Tobacco Survey

TABLE. World Health Organization regions and sites that repeated the Global Youth Tobacco Survey, by year

Region/Site	Baseline	First repeat	Second repeat	Included in this report	Region/Site	Baseline	First repeat	Second repeat	Included in this report
African region					Eastern Mediterranean region				
South Africa	1999	2002		2002	Jordan	1999	2003	2007	2007
Zimbabwe	1999	2003		2003	Egypt	2001	2005		2005
Ghana	2000	2006		2006	Kuwait	2001	2005		2005
Burkina Faso	2001	2006		2006	Lebanon	2001	2005		2005
Malawi	2001	2005		2005	Morocco	2001	2006		2006
Mauritania	2001	2006		2006	Gaza Strip	2001	2005		2005
Niger	2001	2006		2006	Saudi Arabia	2001	2007		2007
Swaziland	2001	2005		2005	Sudan	2001	2005		2005
Togo	2002	2007		2007	Tunisia	2001	2007		2007
Senegal	2002	2007		2007	West Bank	2001	2005		2005
Uganda	2002	2007		2007	United Arab Emirates	2002	2005		2005
American region					European region				
Barbados	1999	2002		2002	Poland	1999	2003		2003
Costa Rica	1999	2002		2002	Russian Federation	1999	2004		2004
Antigua & Barbuda	2000	2004		2004	Ukraine	1999	2005		2005
Argentina	2000	2003		2003	Lithuania	2001	2005		2005
Bahamas	2000	2004		2004	Czech Republic	2002	2007		2007
Bolivia	2000	2003		2003	Latvia	2002	2007		2007
Chile	2000	2003		2003	Croatia	2003	2007		2007
Dominica	2000	2004		2004	South-East Asia region				
Grenada	2000	2004		2004	Sri Lanka	1999	2003		2003
Guyana	2000	2004		2004	India	2000	2006		2006
Jamaica	2000	2006		2006	Indonesia	2000	2006		2006
Peru	2000	2003		2003	Nepal	2001	2004		2004
Suriname	2000	2004		2004	Bhutan	2004	2006		2006
Trinidad & Tobago	2000	2007		2007	Western Pacific region				
United States	2000	2002	2004	2004	Fiji	1999	2005		2005
Cuba	2001	2004		2004	Micronesia	2000	2007		2007
Haiti	2001	2005		2005	Northern Mariana Islands	2000	2004		2004
St. Lucia	2001	2007		2007	Palau	2000	2005		2005
St. Vincent and Grenadines	2001	2007		2007	Philippines	2000	2004	2007	2007
US Virgin Islands	2001	2004		2004	Macau	2001	2005		2005
Uruguay	2001	2007		2007					

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