GATS | Senegal

Global Adult Tobacco Survey: Executive Summary 2015

MINISTÈRE DE LA SANTÉ ET DE L'ACTION SOCIALE

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Executive Summary

Introduction

The Global Adult Tobacco Survey (GATS) is the global standard for the systematic monitoring of adult tobacco use (smoking and smokeless) and tracking of key tobacco control indicators. GATS Senegal 2015 is a nationally representative household survey of non-institutionalized men and women aged 15 years and older. The survey was designed to provide globally comparable data for the country, by gender and place of residence (urban/rural).

GATS Senegal 2015 was conducted by the National Agency of Statistics and Demography of Senegal (ANSD), under the coordination of the Ministry of Health and Social Services. Financial support was provided by the Bill & Melinda Gates Foundation and the Bloomberg Initiative to Reduce Tobacco Use. Technical assistance was provided by the US Centers for Disease Control and Prevention (CDC), the World Health Organization (WHO), the Johns Hopkins Bloomberg School of Public Health, and RTI International. Logistical support was provided by the CDC Foundation.

Data from GATS helps strengthen the capacity of countries to design, implement, and monitor tobacco prevention and control programs and policies. It can also enable Senegal to fulfill its obligations for monitoring and surveillance under the WHO Framework Convention on Tobacco Control (FCTC), ratified by the country in 2005. Furthermore, GATS aims to generate comparable data within the country and across countries. In 2008, WHO developed six evidence-based tobacco control measures, which are used to measure tobacco control activities. Known by the acronym MPOWER, the six evidence-based measures represent one or more of the demand-reduction measures contained in the FCTC. The findings from GATS provide information on the use of tobacco (smoking and smokeless) and key tobacco control indicators related to all six MPOWER measures.

GATS Senegal followed the standardized survey protocol for questionnaire development, sampling, data collection, processing and dissemination. This was the first household survey on tobacco use and key tobacco control measures in Senegal, and was conducted from February 2015 to March 2015. An area-based multistage stratified sampling plan was used to obtain nationally representative data. The data were collected from adults 15 years and older using handheld computer devices (iPAQ). A total of 4,514 households were selected and an individual was randomly selected from each household to complete the survey. A total of 4,416 individuals were successfully interviewed. The overall response rate was 97.0%, with a household response rate of 98.5% (97.8% in urban areas and 99.3% in rural areas), and an individual response rate of 98.5% (98.2% in urban areas and 98.8% in rural areas).

Through GATS Senegal, Senegal was able to collect information on the characteristics of respondents, tobacco consumption (smoking and smokeless), cessation, secondhand smoke exposure, the economic context, and exposure to tobacco messaging, as well as Tobacco

advertising, promotion and sponsorship (TAPS), and knowledge, perceptions, and attitudes towards tobacco use.

Tobacco Use

In Senegal, 6.0% (0.4 million) of adults reported current[1] tobacco product use (11.0% males and 1.2% females). Tobacco smoking is the most common form of tobacco used in Senegal, with 5.4% (0.4 million) of adults being current tobacco smokers. Current tobacco smoking is higher among men (10.7%) than women (0.4%) (Figure 1). There was no significant difference in current tobacco smoking prevalence between urban areas (5.8%) and rural areas (5.0%). Current tobacco smoking rates are higher among the 45-64 (8.0%) and the 25-44 age group (6.7%) than the other age groups. Among all adults, 4.9% are daily smokers (9.7% men and 0.3% women) and 0.5% are occasional smokers.

Overall, 4.0% (0.3 million) of adults smoked manufactured cigarette (8.0% men and 0.2% women). Daily cigarette smokers smoked on average 9.4 cigarettes per day, with about one-third (31.6%) of them smoking 5-9 cigarettes per day.

Approximately 7 out of 10 Senegalese adults aged 20 to 34 who smoke daily started smoking before the age of 20; smoking initiation occurred before the age of 15 for one-quarter (25.1%) of these individuals. Smoking initiation at an early age (under 15 years) was more pronounced in rural areas (36.7%) than in urban areas (15.9%).

Compared to smoking tobacco, smokeless tobacco is used by fewer Senegalese adults, or 0.7% of the adult population. Women comprise a slightly higher proportion of smokeless tobacco users compared to men (1% for women and 0.3% for men).

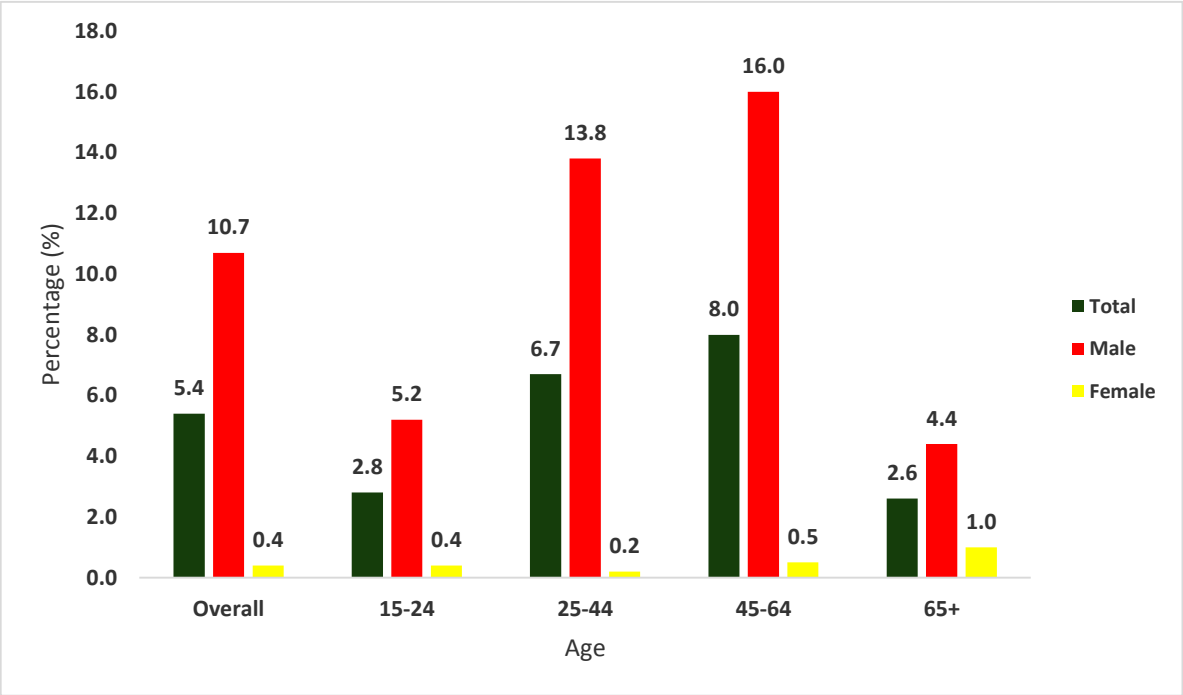

Figure 1 Current Smoking Prevalence by Age Group and Gender

[1] "Current" means daily or less than daily

Smoking cessation

Overall, about 9 out of 10 current smokers in Senegal planned to quit smoking or were thinking about quitting smoking someday (85.6%). Among past-year smokers (current smokers and former smokers who quit within the past 12 months), about 6 in 10 (59.6%) made an attempt to quit at least once in the past 12 months. In rural areas, about two-thirds of past-year smokers (66.2%) made an attempt to quit smoking, compared to approximately half (54.1%) in urban areas. Among past-year smokers who made an attempt to quit smoking in the past 12 months, 86.0% tried to quit without assistance.

Among past-year smokers who visited a health care provider in the past 12 months, approximately half (54.1%) were asked if they smoke. Of those asked, about half (50.9%) were advised to quit. Overall, cessation services are limited in Senegal and non-existent in many clinics, primary care facilities and hospitals; however, cessation services are available in some community centers.

Secondhand Smoke

The prevalence of exposure to secondhand smoke (SHS) among all adults, and among non-smokers alone, who usually work indoors or both indoors and outdoors, is 30.4% and 28.9%, respectively. An estimated 21.6% (1.6 million) of adults were exposed to secondhand smoke at home. This includes approximately 19.0% (1.4 million) of adults who were non-smokers.

The proportion of adults who visited various public places in the past 30 days and were exposed to secondhand smoke included: 57.0% in universities; 28.8% in restaurants; 24.2 % in government buildings; 20.7% in schools; 14.3% in public transport; and 10.2% in health care facilities.

In 2014, Senegal implemented tobacco control legislation that prohibits smoking in public places, including health care facilities, educational institutions, government buildings, indoor work places, and public transport.

Economics

On average, each current cigarette smoker spends 6,716.4[2] CFA francs per month on manufactured cigarettes; this amount may be as high as 9,000 CFA francs for those in the 45-64 age group. The average amount spent on a pack of 20 manufactured cigarettes is 549.3 CFA francs, and the average cost of 100 packs of manufactured cigarettes as a percentage of GDP in 2014 is 9.5%.

The vast majority of adults (95.5%) are in favor of a tax increase on tobacco products. The most common cigarette brand in Senegal is taxed at 40.3%.

2 Franc of the African Financial Communities.

Media

In the 30 days before the survey, 46.6% of adults (51.7% of current smokers and 46.3% of non-smokers) noticed anti-cigarette smoking information across different media platforms. The proportion of individuals who noticed anti-cigarette smoking information is higher in urban areas (55.9%) than in rural areas (37.3%). About 4 in 10 of adults (41.6%) noticed anti-cigarette smoking information on radio or television in the past 30 days (namely 45.1% current smokers and 41.4% non-smokers). Overall, 31.5% of current smokers thought about quitting because they noticed anti-tobacco warnings label on cigarette packets (42.7%, urban areas and 18.5%, rural areas). Senegal carried out an anti-smoking media campaigns in 2012 and 2014.

Knowledge, attitudes and perceptions

Overall, 93.9% of adults believe that smoking can cause serious illness (92.5% of current smokers and 93.9% of non-smokers). About 9 in 10 adults (91.9%) think that breathing other people's tobacco smoke can cause severe illness in non-smokers (87.4% of current smokers and 92.1% of non-smokers). Similarly, about 9 in 10 of adults in urban (94.7%) and rural (89.0%) areas believed that breathing other people's smoke can cause severe illness in non-smokers.

With regard to smokeless tobacco, overall, 79.0% of adults believe it can cause serious illness (74.5% of current users and 79.1% of non-users). Almost 8 in 10 adults in urban (79.5%) and rural areas (78.4%) believe that smokeless tobacco can cause serious illness.

Among seven listed diseases, of the proportion of Senegalese that think tobacco use can cause seven listed diseases is as follows: lung cancer (92.7%); heart attack (71.3%), stomach cancer (75.1%), stroke (67.7%), premature birth (60.0%), bladder cancer (65.4%); and bone loss (60.3%.

Since 2014, Senegal law requires that cigarette packaging include graphic pictorial health warnings.

Recommendations[3]

The findings of GATS Senegal provide information on use of tobacco (smoking and smokeless) and key tobacco control indicators related to all six MPOWER measures; these can help in implementing, monitoring, and evaluating tobacco control policies and programs. The following are the recommendations from the findings of the 2015 GATS Senegal survey based on MPOWER policy package (1):

[3] The findings and conclusions in this report are those of the authors and do not necessarily represent the official positions of the U.S. Centers for Disease Control and Prevention (CDC). The mark "CDC" is owned by the U.S. Department of Health and Human Services (HHS) and is used with permission. Use of this logo is not an endorsement by HHS or CDC of any particular product, service, or enterprise.

*M**onitor*: Monitor tobacco control and prevention policies

GATS provide national representative data on tobacco use and other tobacco control indicators. To continue with effectively monitoring of tobacco use and other tobacco indicators in line with WHO FCTC Article 20 (Research, surveillance and exchange of information) and Article 21 (Reporting and exchange of information) (2), Senegal could consider strategic activities which include:

- Wide dissemination of 2015 GATS results in all 14 regions of Senegal;
- Monitoring tobacco use on a regular basis;
- Integrating standard questions on tobacco use in large national household surveys (Demographic and Health Survey (DHS), STEPS Survey);
- Developing, with the active involvement of civil society organizations, a process of monitoring infringements of the tobacco control laws. The Senegal 2014 tobacco control law allows any civil society organization – officially recognized for at least one year – to report any infringements of the law and file a civil suit in the courts;
- Coordinating activities among government and non-governmental organizations engaged in tobacco control activities.

*P**rotect:* Protect people from tobacco smoke

GATS showed that exposure to secondhand smoke in Senegal was prevalent in both public places and in homes, with approximately 1.6 million adults exposed at home. There is no safe level of exposure to second-hand tobacco smoke (SHS). Tobacco smoke is toxic and kills non-smokers. Exposure to SHS causes heart disease, cancer, miscarriages and many other diseases. A comprehensive smoke-free policy in public places, including all indoor workplaces protects people from the harms of second-hand smoke, and helps smokers quit (3). To effectively continue to protect the population from secondhand smoke, Senegal could consider:

- Adopting and implementing the regulations relating to the establishment of 100% smoke-free public spaces covering all categories of public places and indoor workplaces in order to fully protect Senegalese against exposure to second-hand smoke;
- Reinforcing education, training and communication programs to educate the public about the dangers of exposure to tobacco smoke, voluntary smoke-free homes rules, and the importance of enforcing tobacco control laws;
- Strict enforcement of regulations prohibiting smoking in hotels, restaurants and airports.

Offer: Offer help to quit tobacco use

Over half of past year smokers attempted to quit in the past 12 months, but among these, over 8 in 10 did so without assistance. WHO FCTC Article 14 provide detailed advice to strengthen or create a sustainable infrastructure that motivates attempts to quit, ensures wide access to support for tobacco users who wish to quit, and provides sustainable resources to ensure that such support is available (2). To help smokers who want to quit, it could be important to consider strategies and actions that would;

- Integrate smoking cessation support and counseling services in primary health care institutions, hospitals, and within the community, and regularly build competence of health workers through training;
- Increase the frequency of anti-smoking media campaigns, especially aimed at young audiences, to emphasize the value of a smoke-free lifestyle;
- Increase access to free or low cost cessation medication

Warn: Warn about the dangers of tobacco

Less than half of the smokers noticed the health warning messages on cigarette packages, with only about one-third thinking about quitting after seeing the message. According to WHO FCTC Article 11, each unit packet and package of tobacco products and any outside packaging and labelling of such products also carry health warnings describing the harmful effects of tobacco use, and may include other appropriate messages (2). These health warnings coupled with public health awareness, could be made more effective and have a better impacting by considering:

- Adopting and enforcing the regulations on the implementation of graphic health warnings placed on cigarette packs in Senegal;
- Exploring the feasibility of introducing plain packaging on cigarette packets to increase the impact of health warnings;
- Raising awareness about dangers of tobacco use among the general public, the civil society and decision makers.

Enforce: Enforce bans on tobacco advertising, promotion and sponsorship

Exposure to cigarette marketing in regular media channels, such as television and radio, was low in Senegal. However, GATS showed that about one in five of adults noticed any cigarette advertisement, sponsorship, or promotion. A total ban on direct and indirect tobacco advertising, promotion and sponsorship, as provided in guidelines to Article 13 of the WHO

FCTC, can substantially reduce tobacco consumption and protect people, particularly youths, from industry marketing tactics (2). To effectively enforce bans on tobacco advertising, promotion and sponsorship, Senegal could consider:

- Drafting and finalizing the regulations which prohibits direct and indirect forms of tobacco advertising, promotion and sponsorship, including an effective and close monitoring of the tobacco industry;
- Adoption and implementation of regulations that ban tobacco advertising, promotion and sponsorship.

Raise: Raise taxes on tobacco products

Raising taxes on tobacco products is one of the most effective ways to discourage young people from initiating tobacco use and encouraging adults to consider quitting. According to WHO FCTC Article 6, price and tax measures are an effective and important means of reducing tobacco consumption by various segments of the population, in particular young persons (2). To effectively use the tobacco tax strategy Senegal could consider;

- Raising taxes on tobacco products to reach the maximum allowable level within West African Economic and Monitory Union (UEMOA);
- Examining possibility of harmonization of tobacco taxes within Economic Community of West African States (ECOWAS);
- Strengthening the tax administration system to restrict illicit trade in tobacco products;
- Financing of the national tobacco control program by allocating a portion of tobacco products tax revenues.

Reference

1. World Health Organization (2008). MPOWER – A policy package to reverse the tobacco epidemic. Geneva, WHO.
2. WHO (2003). WHO framework convention on tobacco control Geneva, Switzerland: [updated 2004, 2005]. Retrieved from www.who.int/tobacco/framework/WHO_FCTC_english.pdf
3. World Health Organization. Protection from exposure to second-hand tobacco smoke: Policy recommendations. Geneva, WHO, 2007.

Table I: MPOWER Summary Indicators, GATS Senegal, 2015

Indicator	Overall	Gender		Residence	
		Male	Female	Urban	Rural
M: Monitor tobacco use and prevention policies					
Current tobacco use	6.0	11.0	1.2	5.9	6.1
Current tobacco smokers	5.4	10.7	0.4	5.8	5.0
Current cigarette smokers	4.9	9.7	0.3	5.5	4.2
Current manufactured cigarette smokers	4.0	8.0	0.2	4.8	3.1
Current smokeless tobacco use	0.7	0.3	1.0	0.1	1.2
Average number of cigarettes smoked per day[1]	9.4	9.5	*	9.4	9.4
Average age at daily smoking initiation among daily smokers aged 20-34 years	17.2	17.3	*	18.1	16.1
Time to first tobacco smoke within 30 minutes from waking among daily smokers	48.4	47.0	*	47.6	49.4
P: Protect people from tobacco smoke					
Exposure to secondhand smoke at home at least monthly	21.6	24.5	19.0	20.8	22.5
Exposure to secondhand smoke at work in past 30 days[2]	30.4	33.0	25.1	32.4	25.2
Exposure to second hand smoke in public places[3]:					
Government buildings/offices	24.2	26.8	20.3	28.8	14.6
Health care facilities	10.2	11.7	9.1	13.0	6.2
Restaurants	28.8	27.0	32.9	35.8	15.4
Public Transportation	14.3	17.5	10.9	17.1	10.3
O: Offer help to quit tobacco use					
Made a quit attempt in the past 12 months[4]	59.6	59.9	*	54.1	66.2
Advised to quit smoking by a health care provider[5]	50.9	51.9	*	56.4	*
Attempted to quit smoking using a specific cessation method[4]:					
Quit without assistance	86.0	85.6	*	88.1	83.9
Pharmacotherapy	10.5	10.8	*	10.1	10.9
Counseling/advice	4.8	4.9	*	3.4	6.1
Interest in quitting smoking[6]	79.8	80.3	*	84.1	74.8
W: Warn about the dangers of tobacco					
Belief that tobacco smoking causes serious illness	93.9	94.2	93.6	96.5	91.3
Belief that smoking causes stroke	67.7	68.6	66.8	69.9	65.5
Belief that smoking causes heart attack	71.3	71.9	70.8	72.4	70.2
Belief that smoking causes lung cancer	92.7	93.2	92.1	95.5	89.8
Belief that breathing other peoples' smoke causes serious illness	91.9	92.3	91.5	94.7	89.0
Noticed anti-cigarette smoking information at any location†	46.6	47.6	45.7	55.9	37.3
Thinking of quitting because of health warnings on cigarette packages	31.5	31.9	*	42.7	18.5
E: Enforce bans on tobacco advertising, promotion, and sponsorship					
Noticed any cigarette advertisement, sponsorship or promotion†	20.6	25.1	16.5	28.6	12.7
Noticed any cigarette marketing in the stores where cigarettes are sold†	8.7	11.9	5.6	13.0	4.3
R: Raise taxes on tobacco					
Average manufactured cigarette expenditure per month (*local currency*)	6,716.4	6,685.0	*	7,522.5	5,415.3
Average price paid for a pack of 20 manufactured cigarettes (*local currency*)	549.3	548.1	*	568.1	511.4
Last manufactured cigarette purchase was in a store	32.1	31.0	*	36.7	24.8
Last manufactured cigarette purchase was from kiosks	24.1	24.2	*	20.2	30.4
Favor increasing taxes on tobacco products	95.5	95.0	96.0	95.7	95.3

Notes:
* Indicates estimate based on less than 25 unweighted cases and has been suppressed.
† In last 30 days
1. Among daily smokers.
2. Among those who work outside of the home, who usually work indoors or both indoors and outdoors
3. Among those who visited public places in the past 30 days.
4. Among past year smokers (current smokers and former smokers who quit within the last 12 months).
5. Among past-year smokers who visited a health care provider in the past 12 months and were asked if they smoked tobacco.
6. Among current smokers.

Note:
Current tobacco/cigarette smokers refers to daily smokers and occasional smokers. Current smokeless tobacco users refers to daily users and occasional users. Adults refer to persons aged 15 years and older. Data have been weighted to be nationally representative of all non-institutionalized men and women aged 15 years and older. Percentages reflect the prevalence of each indicator in each group, not the distribution across groups.

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