GATS | Cameroon

Global Adult Tobacco Survey: Executive Summary 2013
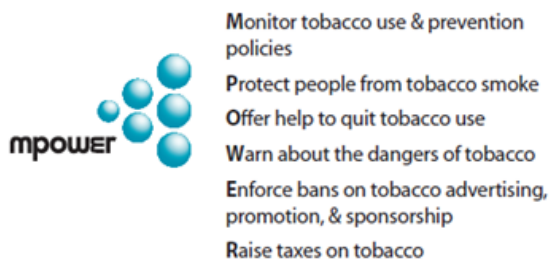
Introduction

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

GATS Cameroon was conducted by the Cameroun National Institute of Statistics (INS) under the coordination of the Ministry of Public Health. Technical assistance was provided by the World Health Organization (WHO) and the U.S. Centers for Disease Control and Prevention (CDC). Financial support was provided by the Bill & Melinda Gates Foundation. Program support was provided by the CDC Foundation.

GATS enhances a country's capacity to design, implement and monitor effective tobacco control programs and policies. It fulfills Cameroon's obligations under the WHO Framework Convention on Tobacco Control (WHO FCTC), ratified in March 2004, to generate tobacco use data that are comparable within and across countries. In 2008, the WHO identified six evidence-based tobacco control measures that are the most effective in reducing tobacco use. Known as MPOWER, they assist in the country level implementation of effective measures to reduce the demand for tobacco as contained in the WHO FCTC. The six proven measures are:


mpower

Monitor tobacco use & prevention policies

Protect people from tobacco smoke

Offer help to quit tobacco use

Warn about the dangers of tobacco

Enforce bans on tobacco advertising, promotion, & sponsorship

Raise taxes on tobacco

Methodology

GATS uses a standard survey protocol across countries. In Cameroon, GATS was conducted in 2013 as a household survey of persons 15 years of age and older, and was the first stand-alone survey on tobacco use. A multi-stage stratified cluster design was used to obtain nationally representative data. Survey information was collected using electronic handheld devices. A total of 5,710 households were sampled, and one individual was randomly selected from each participating household to complete the survey. A total of 5,271 individuals completed interviews. The overall response rate was 94.1%. The household response rate was 95.8%, while the individual response rate was 98.3%.

The survey collected information on background characteristics, tobacco use (smoking and smokeless), cessation, secondhand smoke exposure, economic indicators, exposure to

tobacco advertising and promotion, as well as knowledge, attitudes, and perceptions towards tobacco use.

Training and Fieldwork, GATS Cameroon, 2013
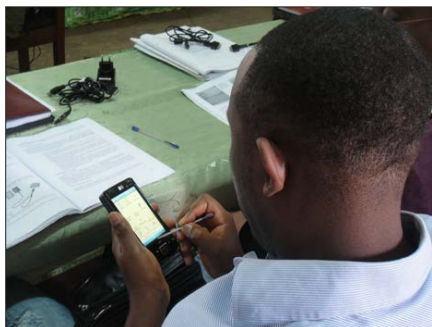
Handheld training in Yaounde, Cameroon
Photo Courtesy of CDC

*Interview with survey respondent*
Photo Courtesy of CDC

Key Findings

Tobacco Use

In Cameroon, 13.9% of men, 4.3% of women and 8.9% overall (1.1 million) currently used tobacco products (Table 1). Smoking was the main form of tobacco use, with 6% (0.72 million) of adults smoking tobacco. More men than women currently smoked tobacco (11.8% vs 0.6%, respectively). Current tobacco smoking was more prevalent in rural (7.1%) than in urban areas (4.9%). Current tobacco smoking was highest among 25-44 year-olds and 45-64 year-olds, with 8.5% in each group. Overall, 4.6% of adults were daily tobacco smokers (9.1% of men and 0.5% of women) and 1.4% were occasional tobacco smokers.

Among tobacco users, 66.1% used smoked tobacco only (83.9% of men and 12.5% of women), 32.6% used smokeless tobacco only (15.0% of men and 85.8% of women) and 1.3% used both smoked and smokeless tobacco (1.1% of men and 1.7% of women). The majority of men smoked tobacco while most female tobacco users used smokeless tobacco (Figure 1).

Figure 1: Type of Tobacco Use by Gender, GATS Cameroon, 2013
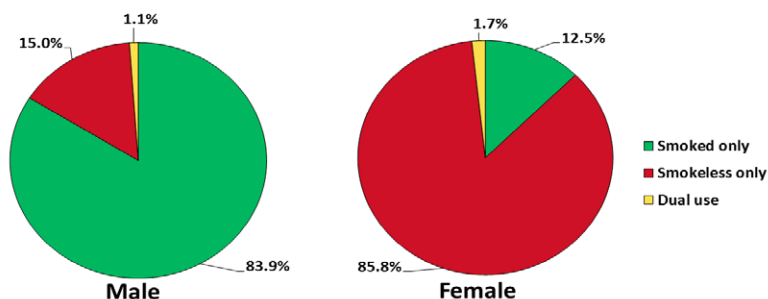
Manufactured cigarettes were the most common type of smoked tobacco, used by 5.7% of adults (0.68 million). Overall, daily cigarette smokers smoked an average of 8.7 cigarettes per day, with most daily smokers (34.7%) smoking between 5 and 9 sticks. Three percent of adults (0.4 million people) currently used smokeless tobacco products: 3.8% of women (0.23 million) and 2.2% of men (0.13 million).

Among ever daily smokers aged 20 to 34, 59.1% started smoking before the age of 20. The average age of initiating daily smoking was 18.8 years in urban areas and 18.3 years in rural areas; however 15% of ever daily smokers in urban areas and 5.3% in rural areas had started smoking daily before the age of 15.

Cessation

Overall, among current and former tobacco smokers, 48.4% (48.5% of men and 47.1% of women) had made a quit attempt in the past 12 months. More smokers made a quit attempt in urban (58.7%) than in rural (40.9%) areas. Smokers aged 15-24 years (57.3%) and smokers with completed secondary education (64%) had the highest percentage of quit attempts. Almost one-fourth (23.9%) of current smokers and former smokers who had been abstinent for less than 12 months had visited a health care provider (HCP) in the previous 12 months. Of this group, 59.7% had been asked by their HCP if they smoked, with 49.1% being advised to quit by their HCP. Almost eight in ten smokers (79.9%) tried to quit during the past 12 months without any assistance.

Secondhand Smoke

Among workers who usually worked indoors or both indoors and outdoors, 19.2% (0.38 million) were exposed to secondhand smoke (SHS) in the workplace in the 30 days preceding the survey. Overall, 15.5% (1.86 million) were exposed to SHS at home in the last 30 days, and the percentage was higher in rural (19.0%) than urban (6.4%) areas. Over two in five adults (43.0%) was exposed to secondhand smoke in the last 30 days in at least one of nine public places considered in the survey. SHS exposure was 84.8% (3.7 million) in bars or night clubs, 31.9% (1 million) in restaurants, 25.6% (0.5 million) in cafes, coffee shops or tea houses, and 22.9% (1.6 million) in public transportation among adults who reported visiting these establishments in the last 30 days.

Most respondents thought smoking should not be allowed inside places of worship (99.7%), schools (99.6%), hospitals (99.4%), universities (99.3%), public transportation (99.2%), workplaces (98.6%) restaurants (97.4%) and bars (81.1%).

Economics

The five most frequently purchased cigarette brands in Cameroon were L&B Bleu (33.0%), Gold Seal Bleu (28.2%), Benson & Hedges (12.3%), L&B Menthol (10.9%) and Gold Seal Menthol (5.1%). About two-thirds (66.9%) of cigarette smokers had made their most recent purchase at a shop or store; another 14.9% had used a street vendor and 10.3% had used a kiosk for their most recent cigarette purchase. Current cigarette smokers spent an average of FCFA[1] 4,691 per month on manufactured cigarettes, representing 8.9% of the monthly per

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[1] Franc des Communautés Financières d'Afrique.

capita gross domestic product (GDP) [2013][2]. The mean amount spent on 20 manufactured cigarettes was FCFA 436 and the mean cost of 100 packs (or 2000 sticks) of manufactured cigarettes as a percentage of GDP [2013] was 6.9%.

Media

Only four in ten (38.2%) adults (42.3% of men and 34.3% of women) noticed anti-smoking information in the last 30 days preceding the survey, with a higher proportion found in urban (53.1%) than rural (23.2%) areas. Anti-smoking information was most commonly noticed on television or on the radio (30.4%). Overall, 75.4% of current smokers had noticed health warnings on cigarette packages (77.9% of men and 28.2% of women). Among current smokers, only 35.5% thought about quitting smoking because of the health warnings on cigarette packages (36.5% of men and 18.3% of women). Smokers with no formal education (5.8%) and those over the age of 65 (9.7%) thought the least about quitting due to such warnings. Overall, one-third (31.5%) of adults had noticed any advertisement, sponsorship or promotion of cigarettes in the last 30 days preceding the survey.

Knowledge, Attitudes, and Perceptions

Overall, 95.4% of adults believed that smoking causes serious illness (93.1% of current smokers and 95.5% of non-smokers). With respect to specific diseases, 95.8% of Cameroon adults believed that smoking causes lung cancer, 82.5% believed it causes heart attack, 80.4% stomach cancer, 72.1% stroke, 71.2% premature births, 61.7% bladder cancer and 61.3% bone loss. About nine out of ten adults (90.8%) believed that exposure to SHS causes serious illness (89.2 % of women and 92.6 % of men). The percentage of current smokers who believed that breathing other people's smoke causes serious illness was highest among adults aged 15-24 (92.3%).

Policy Implications

GATS is the first comprehensive survey on tobacco use conducted in Cameroon. It provides essential information on key tobacco control indicators by gender and place of residence. GATS results describe the background environment for tobacco control in Cameroon. Sustained tobacco control efforts are necessary to minimize tobacco use in the country and to prevent potential increases. The findings can inform public health policy by providing data relevant to existing and future tobacco use interventions. Using the six categories in the MPOWER strategy, the following policy implications arise from the survey findings:

Monitor tobacco use and prevention policies to track the prevalence of tobacco use by:

- Seeking and intensifying the cooperation and commitment of government and non-government sectors and organizations;
- With the active participation of civil society, systematically developing processes to monitor violations of tobacco control legislation, as well as any interference by the tobacco industry at the national and local levels;

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[2] Based on the 2013 annual per capita GDP figures (FCFA 629,586.95) from the International Monetary Fund.

- Continuing the monitoring process by repeating the survey on a regular basis (every 5 years) and integrating standard tobacco questions into other national household surveys (Demographic Health Survey (EDS), Multiple Indicator Cluster Survey (MICS), Survey on Employment and the Informal Sector (EESI), etc.).

Protect people from tobacco smoke to decrease exposure to SHS in workplaces and public places by:

- Adopting and implementing 100% smoke-free policies that cover all public places and workplaces to fully protect non-smokers from exposure to second-hand smoke;
- Strengthening education, training and communication programs to raise public awareness of the harms from exposure to tobacco smoke and the need for compliance with existing bans on smoking in public places.

Offer help to quit tobacco use and increase the number of smokers who successfully quit by:

- Integrating cessation and counseling services in the provision of primary health care; building capacity of health care providers through training;
- Increasing the use of media campaigns highlighting the value of a smoke-free lifestyle.

Warn about the dangers of tobacco by:

- Taking action on mandating compliance with placement of health warnings for tobacco products;
- Introducing standard plain packaging or pictorial health warnings to maximize impact on tobacco use reduction;
- Launching campaigns to continuously generate awareness about the harms of tobacco use through social and community networking platforms.

Enforce bans on tobacco advertising, promotion, and sponsorship by:

- Enforcing and, where necessary, adopting new measures to comprehensively ban direct and indirect advertising, promotion and sponsorship, including rigorous monitoring of the tobacco industry.

Raise taxes on tobacco, to decrease the accessibility of tobacco products by:

- Increasing the price of tobacco and tobacco products through tax increases to make them less affordable;
- Strengthening tax administration to curb illicit trade in tobacco products;
- Formulating effective strategies to ban the sale of cigarettes to minors.

Table 1. MPOWER Summary Indicators, GATS Cameroon 2013

Indicator	Overall	Gender		Residence	
		Male	Female	Urban	Rural
M: Monitor tobacco use and prevention policies					
Current tobacco use	8.9	13.9	4.3	6.3	11.6
Current tobacco smokers	6.0	11.8	0.6	4.9	7.1
Current cigarette smokers	5.9	11.7	0.5	4.9	7.0
Current manufactured cigarette smokers	5.7	11.3	0.4	4.8	6.5
Current smokeless tobacco use	3.0	2.2	3.8	1.3	4.7
Average number of cigarettes smoked per day	8.7	8.8	-	8.4	8.9
Average age at daily smoking initiation	18.5	18.4	-	18.8	18.3
P: Protect people from tobacco smoke					
Exposure to secondhand smoke at home at least monthly	15.5	16.8	14.3	8.2	22.8
Exposure to secondhand smoke at work[†]	19.2	20.9	16.7	19.5	18.1
Exposure to secondhand smoke in public places[†,1]:					
Government building/offices	12.8	15.1	8.6	11.8	15.3
Health care facilities	5.3	5.7	5.0	4.6	6.3
Restaurants	31.9	32.8	29.8	33.6	28.4
Public transportation	22.9	26.2	19.6	23.9	21.1
O: Offer help to quit tobacco use					
Made a quit attempt in the past 12 months	48.4	48.5	47.1	58.7	40.9
Advised to quit smoking by a health care provider	49.1	47.2	-	50.9	47.4
Attempted to quit smoking using a specific cessation method:					
Pharmacotherapy	5.2	5.2	-	5.1	5.3
Counseling/advice	3.6	2.7	-	2.9	4.3
Interest in quitting smoking	65.8	66.2	58.6	64.9	66.4
W: Warn about the dangers of tobacco					
Belief that tobacco smoking causes serious illness	95.4	96.1	94.6	97.4	93.3
Belief that smoking causes:					
Stroke	72.1	73.0	71.2	72.9	71.3
Heart Attack	82.5	82.2	82.7	80.8	84.1
Lung Cancer	95.8	96.7	95.0	97.6	93.9
Belief that breathing other peoples' smoke causes serious illness	90.8	92.6	89.2	94.1	87.6
Noticed anti-cigarette smoking information at any location[†]	38.2	42.3	34.3	53.1	23.2
Thinking of quitting because of health warnings on cigarette packages[†]	35.5	36.5	18.3	39.1	33.1
E: Enforce bans on tobacco advertising. promotion and sponsorship					
Noticed any cigarette advertisement. sponsorship or promotion[†]	31.5	36.7	26.7	38.5	24.5
R: Raise taxes on tobacco					
Average cigarette expenditure per month (CFA Franc)	4,690.6	4,734.7	-	4,775.0	4 633.7
Average cost of a pack of manufactured cigarettes (CFA Franc)	436.1	432.1	-	449.6	427.2
Last cigarette purchase was from a store	66.9	66.3	-	71.0	63.9

Notes:

- Indicator estimate based on less than 25 un-weighted cases and has been suppressed.

[†] In the last 30 days.

[1]Among those who visited the place.

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