GATS| NIGERIA

GLOBAL ADULT TOBACCO SURVEY: EXECUTIVE SUMMARY 2012

FEDERAL MINISTRY OF HEALTH

National Bureau of Statistics

World Health Organization
Regional Office for Africa

CDC FOUNDATION

DEPARTMENT OF HEALTH & HUMAN SERVICES USA

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

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. The 2012 Nigerian GATS was a nationally representative household survey of non-institutionalized men and women aged 15 years or 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). The survey was also designed to compare estimates among the six geo-political regions of Nigeria; namely North Central, North East, North West, South East, South-South, and South West.

GATS Nigeria was conducted by the National Bureau of Statistics (NBS) under the coordination of the Federal Ministry of Health (FMOH). Technical assistance was provided by the World Health Organization (WHO) and the U.S. Centers for Disease Control and Prevention (CDC). Financial support is provided by the *Bloomberg Initiative to Reduce Tobacco Use*, a program of Bloomberg Philanthropies.

GATS enhances countries' capacities to design, implement and evaluate tobacco control programs. It will also assist countries to fulfill their obligations under the World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC) to generate comparable data within and across countries WHO has developed MPOWER, a package of selected demand reduction measures contained in the WHO FCTC:

Monitor tobacco use and 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, and sponsorship
Raise taxes on tobacco

Methodology

GATS Nigeria used a standardized questionnaire, sample design, data collection, and management procedures. In Nigeria, GATS was conducted in 2012 as a household survey of persons 15 years of age and older, and it was the first stand-alone survey on tobacco use. A multi-stage, geographically clustered sample design was used to produce nationally representative data. Electronic handheld devices were used for data collection and management. A total of 11,107 households were sampled; 9,911 households completed screening and 9,765 individuals were successfully interviewed (one individual was randomly chosen from each selected household to participate in the survey). The overall response rate for GATS Nigeria was 89.1%. The household response rate was 90.3% (86.8% urban, 94.1% rural), while the individual response rate was 98.6% (98.0% urban, 99.2% rural). The survey provided information on tobacco use (smoking and smokeless), cessation, exposure to secondhand smoke, economics, media, and knowledge, attitudes, and perceptions. The data from GATS will assist Nigeria to enhance its capacity to design, implement, and evaluate tobacco control programs and to fulfill its obligations under the WHO Framework Convention on Tobacco Control (FCTC) to generate comparable data within and across countries. Policy recommendations in this document are based on the MPOWER model and consistent with the FCTC.

Data Collection Using Electronic Handheld Device

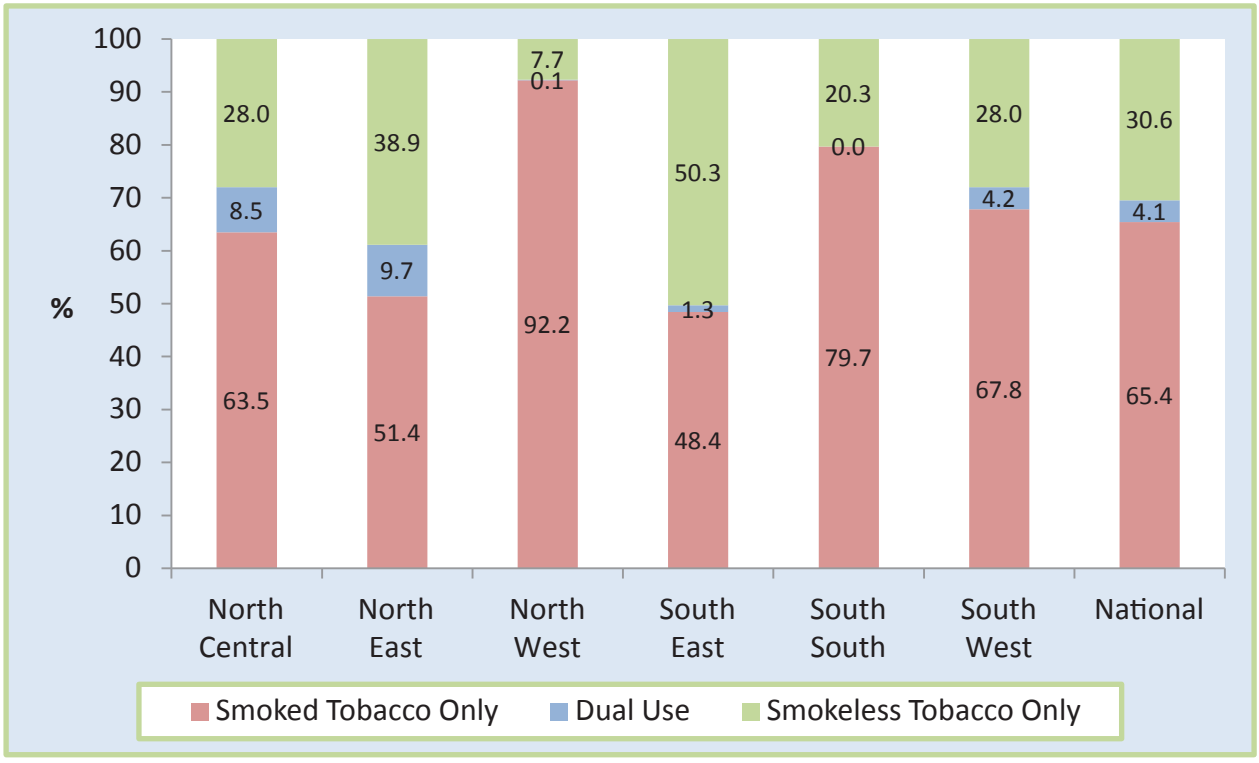
Training of Fieldworkers

Key Findings

Tobacco Use

In 2012, 5.6% (4.7 million) Nigerian adults aged 15 years or older currently used tobacco products: 10.0% (4.2 million) of men and 1.1% (0.5 million) of women. Overall, 3.9% (3.1 million) of adults (7.3% of men and 0.4% of women) currently smoked tobacco, and 3.7% (3.1 million) of adults (7.2% of men and 0.3% of women) currently smoked cigarettes. Overall, 2.9% of adults (2.4 million) were daily smokers (5.6% of men, 0.3% of women) while 0.9% (0.8 million) were occasional smokers (1.8% of men and 0.1% of women). Daily cigarette smokers smoked an average of 8 cigarettes per day; 7 cigarettes per day in urban areas and 9 cigarettes per day in rural areas. More than 60% of 20 to 34 year old males who had ever smoked on a daily basis started smoking daily before the age of 20 years. More than half of all current daily tobacco users (55.3%) had their first tobacco use of the day within 30 minutes of waking up. Smokeless tobacco products were used by 1.9% of adults (1.6 million) (2.9% of men and 0.9% of women). By region, South East has a higher percentage of smokeless tobacco users compared to other regions in Nigeria Fig. 1.

FIG. 1: Percentage distribution of current tobacco users by tobacco use pattern, GATS Nigeria, 2012



Smoking Cessation

In Nigeria, more than half (57.5%) of the former daily smokers had stopped smoking for 10 years or longer. Almost half (45.4%) of all smokers aged 15 years or above had made an attempt to quit smoking in the past 12 months. Six out of ten current smokers who attempted to quit smoking in the past 12 months tried to quit without any assistance. Six out of ten (61.2%) current smokers who had visited a health care provider in the past 12 months received advice to quit smoking from the provider. Overall, only 1 in 3 (35.6%) current smokers planned to or were thinking about quitting smoking in the next 12 months.

Exposure to Secondhand Smoke

An estimated 17.3% (2.7 million) of adults who worked indoors had been exposed to secondhand smoke in their workplace in the past 30 days; for non-smokers the estimate was 16.2% (2.4 million). An estimated 6.6% (5.2 million) of adults in Nigeria were exposed to secondhand smoke at home. Among non-smokers, the estimated prevalence of such exposure was 4.6% (3.5 million): 3.7% for men (1.4 million) and 5.4% for women (2.1 million). Among adults who had visited different public places in the past 30 days, 29.3% (27.6% of non-smokers) were exposed to secondhand smoke in restaurants; 9.4% (9.0%, non-smokers) in public transportation; 16.7% (16.4%, non-smokers) in government buildings; and 5.3% (5.2%, non-smokers) in health-care facilities.

Economics of Tobacco Smoking

The median amount spent on 20 manufactured cigarettes was N 187.7 (N = Nigerian Naira, the currency for Nigeria), corresponding to median expenditure of N 1202.5 per month. The median cost of 100 packs of manufactured cigarettes (2,000 cigarettes) as a percentage of per capita Gross Domestic Product (GDP), an indicator of cigarette affordability, was 7.1%. The six most purchased brands of manufactured cigarettes were Benson & Hedges (44.3%), Rothmans (19.5%), London White (9.7%), Aspen (6.9%), Don Chester (4.8%), and Standard (1.9%).

Media

In the previous 30 days prior to the survey, 41.2% of Nigerian adults (45.2% current smokers and 41.1% non-smokers) noticed anti-cigarette information. Overall, 26.7% of current smokers thought about quitting because they noticed a warning label on a cigarette package. The percentage of those who noticed anti-cigarette smoking information and cigarette marketing in the last 30 days was highest in the South East region (48.1%).

Knowledge, Attitudes, and Perceptions

More than 80% of Nigerian adults (71.9% of current smokers and 82.8% of non-smokers) believed that smoking causes serious illness. Three-quarters (74.5%) of Nigerian adults believed that breathing other people's smoke causes serious illness in non-smokers (58.9% of current smokers and 75.1% of non-smokers). About one-third (36.4%) of current users of smokeless tobacco believed that smokeless tobacco causes serious illness with over two-thirds (69.5%) of non-users of smokeless tobacco having the same belief. In general, 88.5% of Nigerian adults favored increasing taxes on tobacco products. However, this attitude varied greatly by smoking status (55.1% among current smokers and 89.9% among non-smokers). Similarly, variations were observed by smoking status in attitudes towards a complete ban on tobacco advertising. Overall, 9 in 10 (89.7%) Nigerian adults favored a complete ban on tobacco advertising, with 64.5% of current smokers supporting the idea and over 90% of non-smokers supporting a complete ban.

Policy Implications and Recommendations[1]

As the most comprehensive survey on tobacco use and tobacco control ever conducted, GATS Nigeria provides special insight into the country's tobacco use context. Correspondingly, the results of GATS Nigeria offer indications for appropriate actions to be taken in response to the issues revealed. Recommendations are based on the WHO FCTC and MPOWER package. GATS Nigeria has quantified the tobacco burden in this country, signaling a need for continuous, effective efforts to reduce the burden and combat the tobacco industry. Monitoring tobacco use is the foundation of tobacco control; therefore, it is important that GATS be carried out on a regular basis. Cessation services and treatments (e.g., ensuring health care workers provide counseling during examination) could be integrated into health services, given that almost half of smokers had tried to quit smoking in the past 12 months, and the majority of them did it without any assistance.

Overall, GATS data showed exposure to secondhand smoke among those who visited public places to range from 5.3% in health care facilities to 29.3% in restaurants. The higher rates in restaurants indicated a need for expanding smoke-free policies to currently unprotected public places. Among all respondents, 91.3% indicated they favored not allowing smoking in restaurants. Such a percentage in favor of not allowing smoking in restaurants may indicate there is a high level of public support for implementing a more comprehensive smoke-free policy.

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[1] The policy recommendations are consistent with the recommendations from the WHO FCTC and MPOWER. These recommendations are views expressed by the Nigerian government and are not necessarily those of the U.S. Centers for Disease Control and Prevention (CDC).

From GATS, it is known that the penetration of the electronic media campaign as well as pictorial health warnings on cigarette packs is very high, but the impact on levels of awareness, attitudes, and behavior change is not as high. More in-depth analyses are necessary, followed by identifying and implementing the most effective tobacco control strategies.

GATS provides critical information on tobacco use and key indicators of tobacco control by important socio-demographic characteristics and creates an opportunity for policy makers and the tobacco control community to create or modify targeted interventions in different areas of tobacco control. Findings from GATS indicate there is a positive environment for tobacco control and tobacco control is important to keep the prevalence low, guarding against any increase. Based on the findings and the MPOWER framework, the specific recommendations are:

- Tobacco control programs should be designed to cover all types of tobacco products and in such a way that all subpopulations have equal access to policy interventions and information.
- Periodic monitoring of tobacco use should be conducted to track the implementation of the MPOWER policy package.
- Implement 100% smoke-free policies that cover all public places and workplaces to fully protect non smokers from exposure to second-hand smoke.
- Utilize effective media messages and pictorial health warnings on all tobacco products to change social norms.
- Implement advertising restrictions with effective enforcement which is shown to have a significant impact on reducing tobacco use.
- Raise the price of tobacco products to make them less affordable for the majority of people.
- Build capacity among health-care providers and create cessation facilities in health care settings as well as in local communities.

TABLE 1: MPOWER Summary Indicators by Gender and Residence, GATS Nigeria 2012.

Indicator	Overall %	Gender		Residence	
		Male %	Female %	Urban %	Rural %
M: Monitor tobacco use and prevention policies					
Current tobacco use	5.6	10.0	1.1	4.0	6.5
Current tobacco smokers	3.9	7.3	0.4	2.9	4.4
Current cigarette smokers	3.7	7.2	0.3	2.9	4.2
Current manufactured cigarette smokers	3.7	7.1	0.2	2.9	4.1
Current smokeless tobacco use	1.9	2.9	0.9	1.3	2.3
Average number of cigarettes smoked per day‡	8.3	8.0	–	6.8	8.9
Average age at daily smoking initiation‡	18.2	18.3	–	18.0	18.3
Former daily tobacco smokers among ever daily smokers	36.2	35.2	53.8	42.5	33.4
P: Protect people from tobacco smoke					
Exposure to secondhand smoke at home at least monthly	6.6	7.7	5.6	4.2	8.0
Exposure to secondhand smoke at work†	17.3	21.1	12.0	11.0	24.3
Exposure to second hand smoke in public places*†:					
Government buildings/offices	16.7	18.2	13.9	14.9	18.2
Health care facilities	5.3	5.8	4.9	4.3	5.9
Restaurants	29.3	29.4	29.2	25.6	33.4
Public transportation	9.4	9.9	8.9	8.6	10.0
O: Offer help to quit tobacco use					
Made a quit attempt in the past 12 months	45.4	45.8	–	54.6	41.7
Advised to quit smoking by a health care provider	61.2	62.4	–	54.3	64.1
Attempted to quit smoking using a specific cessation method:					
Pharmacotherapy	5.2	5.4	–	5.6	5.0
Counseling/advice	15.0	14.3	–	9.1	18.0
Interest in quitting smoking	66.3	68.2	–	71.5	64.4
W: Warn about the dangers of tobacco					
Belief that tobacco smoking causes serious illness	82.4	83.9	80.8	84.6	81.1
Belief that smoking causes stroke, heart attack, and lung cancer	46.7	49.5	43.8	50.7	44.3
Belief that breathing other peoples' smoke causes serious illness	74.5	76.8	72.2	79.9	71.3
Noticed anti-cigarette smoking information at any location†	41.2	45.7	36.8	44.8	39.2
Thinking of quitting because of health warnings on cigarette packages	26.7	27.1	–	25.1	27.3
E: Enforce bans on tobacco advertising, promotion, and sponsorship					
Noticed any cigarette advertisement, sponsorship or promotion†	21.5	25.4	17.6	19.4	22.8
R: Raise taxes on tobacco					
Average cigarette expenditure per month *(Naira)*‡	2183.7	2000.7	–	1687.6	2375.9
Average cost of a pack of manufactured cigarettes *(Naira)*‡	246.7	240.0	–	222.9	254.1
Last cigarette purchase was from a store	56.1	56.2	–	53.1	57.3

Notes:

* Among adults who visited those places.

† In the last 30 days.

– Estimates suppressed due to un-weighted sample size less than 25.

‡ Estimates presented as number.

TABLE 2: MPOWER Summary Indicators by Region, GATS Nigeria 2012.

Indicator	Region					
	North Central %	North East %	North West %	South East %	South-South %	South West %
M: Monitor tobacco use and prevention policies						
Current tobacco use	8.7	6.1	2.7	9.1	5.9	4.0
Current tobacco smokers	6.3	3.7	2.5	4.5	4.7	2.9
Current cigarette smokers	5.8	3.4	2.5	4.5	4.7	2.9
Current manufactured cigarette smokers	5.5	3.3	2.4	4.5	4.7	2.8
Current smokeless tobacco use	3.2	3.0	0.2	4.7	1.2	1.3
Average number of cigarettes smoked per day‡	8.4	8.3	11.7	6.9	9.5	5.2
Average age at daily smoking initiation‡	18.4	–	18.7	18.6	18.8	17.1
Former daily tobacco smokers among ever daily smokers	25.4	37.6	22.8	41.3	43.9	42.0
P: Protect people from tobacco smoke						
Exposure to secondhand smoke at home at least monthly	12.6	5.3	3.6	9.6	6.2	5.5
Exposure to secondhand smoke at work†	16.7	20.9	38.4	26.8	12.0	6.1
Exposure to second hand smoke in public places among*†:						
Government buildings/offices	15.5	26.0	34.0	6.1	8.9	10.2
Health care facilities	4.7	9.5	7.2	4.2	1.2	2.7
Restaurants	27.8	27.5	27.5	50.3	26.3	20.8
Public transportation	11.8	11.5	12.9	12.3	4.7	5.8
O: Offer help to quit tobacco use						
Made a quit attempt in the past 12 months	28.4	52.4	60.5	32.1	56.5	49.5
Advised to quit smoking by a health care provider	76.3	–	–	–	–	52.9
Attempted to quit smoking using a specific cessation method:						
Pharmacotherapy	7.5	–	10.9	–	4.2	0.6
Counseling/advice	4.9	–	32.2	–	8.8	9.9
Interest in quitting smoking	64.5	77.1	72.3	49.1	66.7	70.7
W: Warn about the dangers of tobacco						
Belief that tobacco smoking causes serious illness	89.9	76.3	81.1	83.4	79.4	84.0
Belief that smoking causes stroke, heart attack, and lung cancer	46.6	47.7	38.9	48.8	41.1	57.3
Belief that breathing other peoples' smoke causes serious illness	78.5	71.6	68.6	76.6	69.1	82.4
Noticed anti-cigarette smoking information at any location†	38.0	40.7	43.2	48.1	35.8	41.5
Thinking of quitting because of health warnings on cigarette packages	17.9	35.1	35.0	8.6	29.6	38.1
E: Enforce bans on tobacco advertising, promotion, and sponsorship						
Noticed any cigarette advertisement, sponsorship or promotion†	27.0	31.1	20.7	37.7	13.4	10.1
R: Raise taxes on tobacco						
Average cigarette expenditure per month *(Naira)*‡	3791.9	1274.5	1408.7	1805.3	2540.8	1311.7
Average cost of a pack of manufactured cigarettes *(Naira)*‡	390.7	132.8	141.0	304.1	215.1	219.2
Last cigarette purchase was from a store	62.4	45.8	20.6	71.9	84.4	38.0

Notes:
*Among adults who visited those places.
† In the last 30 days.
- Estimates suppressed due to un-weighted sample size less than 25.
‡ Estimates presented as number

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