

Tobacco Control in Schools in India

(India Global Youth Tobacco Survey & Global School Personnel Survey, 2006)

global
tobacco
surveillance
system



Ministry of Health and Family Welfare
Government of India
New Delhi

Dhirendra Narain Sinha

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Ministry of Health and Family Welfare
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and
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**This Report has been prepared by Dr. Dharendra Narain Sinha of the
School of Preventive Oncology, and is based on findings of the India Global Youth
Tobacco Survey and the Global School Personnel Survey, 2006**

on behalf of the



सत्यमेव जयते

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FOREWORD

The control of tobacco consumption has become a major Public health challenge, in India, due to increasing burden of non-communicable diseases, associated with some form of tobacco. It is estimated that nearly a million persons die every year due to tobacco attributable diseases.

The overall tobacco prevalence has witnessed an increase over the last few years, notwithstanding the strong initiatives taken by the Govt. of India in adopting the WHO-FCTC; enacting Anti-Tobacco Law, 2003.

The latest survey viz. Global Youth Tobacco Survey (GYTS 2006) highlights a very serious concern, regarding increase in tobacco prevalence in the 13-15 years age group. Likewise, the Global Health Professionals Survey (GHPSS 2006) highlights the high levels of ignorance amongst the Medical / Dental Students, which again is a matter of concern.

These studies highlight the need for targeted interventions, among youth and children. It also highlights the need for higher commitment from Health Professionals in tobacco control activities. It also shows that all the professionals, particularly medical professionals could play a prominent role in tobacco control in the country. They could help tobacco users to quit the habit and need to make it a part of their professional responsibility. It is hoped that program managers effectively use the GYTS / GHPSS data, to work out appropriate State level interventions and strategies for the National Tobacco Control Program.

The GYTS and GHPSS surveys would need to be widely disseminated among medical professionals and students and all other key stakeholder, to bring about awareness regarding serious and adverse health impact of tobacco. I sincerely hope that these reports will be helpful in strengthening tobacco control initiatives in India.

Naresh Dayal

(NARESH DAYAL)



सम्पर्क से पहले सोचो, एच आईवी/एडस से बचो

HIV/AIDS : Prevention is better than cure

EXECUTIVE SUMMARY

India Global Youth Tobacco Survey (GYTS) 2006 and Global School Personnel Survey (GSPS) 2006 were undertaken region-wise, namely, North, South, East, West, Central and North East, covering 99.7% of the total population of India. Altogether, 12,086 students and 2,926 school personnel from 180 schools participated in the six regional surveys, with fieldwork completed during the first half of 2006.

Data from India GYTS 2003 and GYTS 2006 was analyzed to examine the change in different variables of tobacco control measures for monitoring and evaluation of process measures achieved on different provisions of Tobacco Control Act, 2003 and relevant Articles in the World Health Organization, Framework Convention on Tobacco Control (WHO FCTC).

Following are the salient observations of GYTS:

Encouraging

- Exposure to secondhand smoke in public places has significantly decreased from 49% to 40% at the national level.
- Initiation of smoking before age 10 has significantly decreased from 49% to 37 % at the national level.

Discouraging

- Tobacco use among boys and girls is statistically the same in five out of six regions of India.
- Overall consumption of tobacco has not decreased over three years.
- School teaching on dangers of smoking etc. has not improved.
- Exposure to cigarette advertisement on billboards has not come down.
- Sale of tobacco and tobacco products to minors does not show any decline over three years.
- Distribution of free sampling of cigarettes has not changed at national level over three years.
- In the central region, the prevalence of current tobacco use has increased.
- In the North-East and Eastern Regions, tobacco consumption remained high.

Salient finding of India Global School Personnel Survey are :-

Encouraging

- Nearly all school personnel strongly agreed that schools should have a rule specifically prohibiting the use of tobacco among students (94.9%) and school personnel (95.2%).
- The majority of school personnel strongly agreed that they should receive specific training to help students avoid or stop using tobacco.

Discouraging

- An alarming proportion (over one-third) of school personnel used tobacco.
- Tobacco-free school policy (over two-thirds), teaching materials (over two-thirds) and training among school personnel (over three-fifths) underscore school tobacco control education in India.

School personnel serve as role models for students, conveyors of tobacco prevention curricula, and key opinion-leaders for school tobacco control policies. These individuals have daily interaction with students and thus represent an influential group for tobacco control. They need to have access to prevention and learning materials and formal training to prevent tobacco use amongst youth. Introduction of comprehensive school policies and its effective enforcement through involvement of multisectoral (Health, Education, Public and private sector, communities, students and school personnel) partners may help reduce the consumption of tobacco among adolescents and school personnel.

The Government, by way of enforcing ban on smoking in public places and raising awareness among people, has created a positive impact, but still a lot more needs to be done, especially in the field of controlling tobacco advertisements, marketing, and providing access to appropriate teaching material and training to teachers. The GYTS and GSPS data provide sufficient documentary proof on the positive results that can be achieved by adaptation of a comprehensive tobacco control policy. Therefore, the need of the hour for India is the proper implementation of Tobacco Control Act, 2003, so that future gains are possible, and progress made in achieving the goals of the WHO FCTC to combat the globally rampant tobacco epidemic.

INTRODUCTION

The World Health Organization Framework Convention on Tobacco Control (WHO FCTC) was adopted by the 56th World Health Assembly in May 2003 and became international law on February 27, 2005. India ratified the WHO FCTC on February 5, 2004.

The WHO FCTC is the world's first public health treaty on tobacco control. It is the driving force and blueprint for the global response to the pandemic of tobacco-induced deaths and diseases. The treaty embodies a coordinated, effective and urgent action plan to curb tobacco consumption, laying out cost-effective tobacco control strategies for public policies, such as bans on direct and indirect tobacco advertising, tobacco tax and price increases, promoting smoke-free public places and workplaces, and prominent health messages on tobacco packaging.

In addition, the Treaty encourages countries to address cross-border issues, such as cross-border advertising, illegal trade and duty-free sales. An important feature of the WHO FCTC is the call to countries to establish programmes for national, regional, and global surveillance (Article 20).

Among important areas addressed by the WHO FCTC, strengthening education, communication, training and public awareness about the dangers of tobacco consumption are the primary focus of Article 12. Educators are specifically mentioned as important vectors of this information.

WHO, the U.S. Centre for Disease Control and Prevention (CDC), and the Canadian Public Health Association (CPHA) developed the Global Tobacco Surveillance System (GTSS) to assist all 192 WHO Member States in establishing continuous tobacco-control surveillance and monitoring.

The GTSS provides a flexible system that includes common data items but allows countries to include important unique information, at their discretion. It also uses a common survey methodology, similar field procedures for data collection, and similar data management and processing techniques. The GTSS includes collection of data through three surveys: the Global Youth Tobacco Survey (GYTS) for youth; and the Global School Personnel Survey (GSPS) and the Global Health Professional Survey (GHPS) for adults.

The Tobacco Control Act, 2003 prohibits smoking in public places, direct or indirect advertisement of cigarettes and other tobacco products on billboards and in all media excluding point of sale. Rules prohibiting the sale of tobacco products to

minors (less than 18 years); sale within a radius of 100 yards of any educational institution and rules for specified health warnings on the package of all kinds of tobacco products have been issued. Rules for prescribing the nicotine and tar contents are in the process of being framed.

School personnel are role models for students, conveyors of tobacco prevention curricula and key opinion-leaders for school tobacco control policies. School personnel have daily interaction with students and thus represent an influential group for tobacco control.

The purpose of this exercise is to use the data from GYTS 2003, GYTS 2006 and GSPS 2006 conducted in India to examine the present status of tobacco control in schools of India, and to see changes in different variables of tobacco control measures, for monitoring the implementation of different provisions of the Tobacco Control Act, 2003 and relevant Articles in the WHO FCTC.

METHODOLOGY

GYTS is a school-based survey of defined geographic sites which could be countries, provinces, cities, or any other sampling frame including sub-national areas. The survey is not confined to Member-States of WHO; it can be conducted in any country. GYTS uses a two-stage cluster sample design that produces representative samples of students in grades associated with the age group of 13–15. The sampling frame includes all schools with 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 students in the selected classes attending school on the day of the survey are eligible to participate. Student participation is voluntary and kept anonymous, by means of self-administered data-collection procedures. GYTS sample design produces representative, independent, cross-sectional estimates for each site. For cross-site comparisons, data in this report are limited to students in the age group of 13–15 years.

This report contains data from GYTS 2003 and GYTS 2006 by regions. This document also includes data from GSPS 2006.

India GYTS 2003 was conducted state-wise in various states and administrative divisions, namely, Andaman and Nicobar Islands, Andhra Pradesh, Arunachal Pradesh, Assam, Bihar, Chandigarh, Delhi, Goa, Gujarat, Haryana, Himachal Pradesh, Jammu and Kashmir, Karnataka, Kerala, Madhya Pradesh, Maharashtra, Manipur, Meghalaya, Mizoram, Nagaland, Orissa, Punjab, Rajasthan, Sikkim, Tamil Nadu, Tripura, Uttaranchal, Uttar Pradesh and West Bengal.

For the purpose of this report, all sites have been identified as states. These states represent 93.9% of the total population of India. The schools' response rate was greater than 90% in all states and was 100% in 19 states. The students' response rate ranged from 70% to 95%; 19 states had student response rates between 80 and 89 per cent. Altogether more than 50,000 students from over 800 schools participated in the 28 surveys, with fieldwork being completed during the 2000–2005 period. Most of the states had completed the survey by 2003.

India GYTS 2006 was conducted region-wise, covering the Northern region, consisting of Chandigarh, Delhi, Haryana, Himachal Pradesh, Jammu and Kashmir, Punjab, Rajasthan, Uttaranchal and Uttar Pradesh; the Southern region comprising Andhra Pradesh, Karnataka, Kerala and Tamil Nadu; the Eastern region consisting of Bihar, Jharkhand, Orissa and West Bengal; the Western region consisting of Goa, Gujarat and Maharashtra; the Central region comprising of Chhattisgarh and Madhya Pradesh and finally the North East region consisting of Arunachal Pradesh, Assam,

Manipur, Meghalaya, Mizoram, Nagaland, Sikkim and Tripura. These regions represent 99.7% of India's total population. The school response rate was 96.7% and student response rate was 82.3 per cent. Altogether, 12086 students from 179 schools participated in the six regional surveys, with fieldwork completed during the first half of 2006. The overall response was 81.8 per cent.

GSPS was done in the same schools that were selected for GYTS. All individuals working in the selected schools were eligible to participate in GSPS. The overall response rate was 80.6 per cent. In total, out of 3629 school personnel from 180 schools, 2926 participated in the 6 regional surveys, with fieldwork completed during the first half of 2006. The six regional GSPS have been combined into a national estimate to be identified as India GSPS 2006.

Both GYTS and GSPS used a standardized methodology for constructing sampling frames, selecting schools and classes, preparing questionnaires, carrying out field procedures, and processing data in India GYTS 2003 and India GYTS 2006.

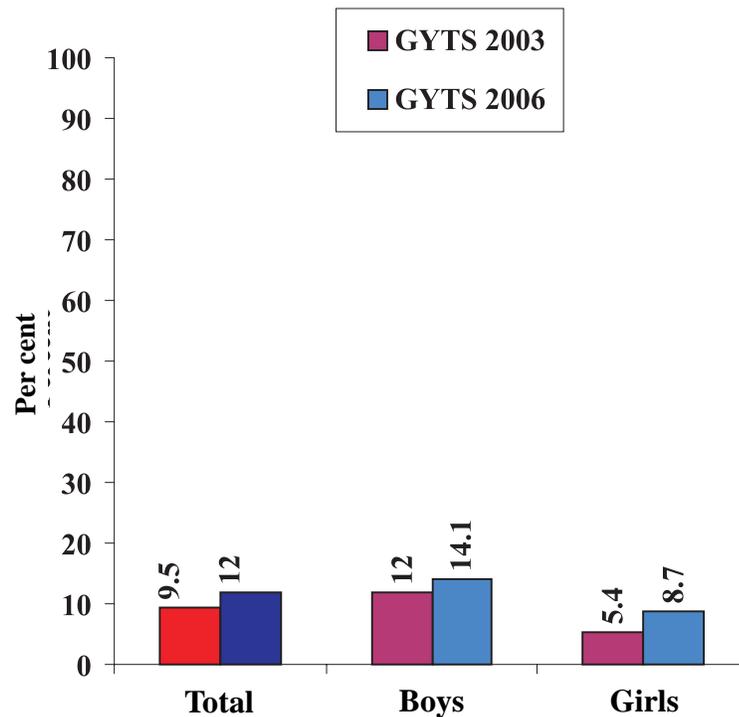
GYTS 2003 and 2006 data presented here include tobacco use prevalence (ever cigarette smoking; initiation of smoking before age 10, current cigarette smoking, current use of tobacco products other than cigarettes) and exposure to secondhand smoke (SHS) in public places. The data also includes information on students' education in school, about the dangers of smoking; students' exposure to tobacco advertisements on billboards; free sample distribution of tobacco products; smokers attitude to quit, and access to and availability of tobacco products to minors.

India GSPS questionnaire 2006 report presents data on tobacco use prevalence (current cigarette use, current use of tobacco products other than cigarettes, and current use of any tobacco products), current situation about existing tobacco policies and its implementation in schools (percentage who reported that their schools had policies prohibiting tobacco use among students and school personnel, percentage who reported that their schools enforce the tobacco policy, components of tobacco-related curriculum (per cent of school personnel who had access to teaching and learning materials about tobacco, had received training to prevent tobacco use among the youth, or had non-classroom programmes to teach students about tobacco use prevention) and attitudes among school personnel regarding several tobacco control issues (per cent who are concerned about youth tobacco use), implementing school policies prohibiting tobacco use (per cent who strongly agree that schools should have a policy prohibiting tobacco use among students and school personnel, strongly agree that school personnel should get specific training to teach students to avoid or stop using tobacco).

A. RESULTS FROM GLOBAL YOUTH TOBACCO SURVEY (GYTS 2003 & 2006)

PREVALENCE

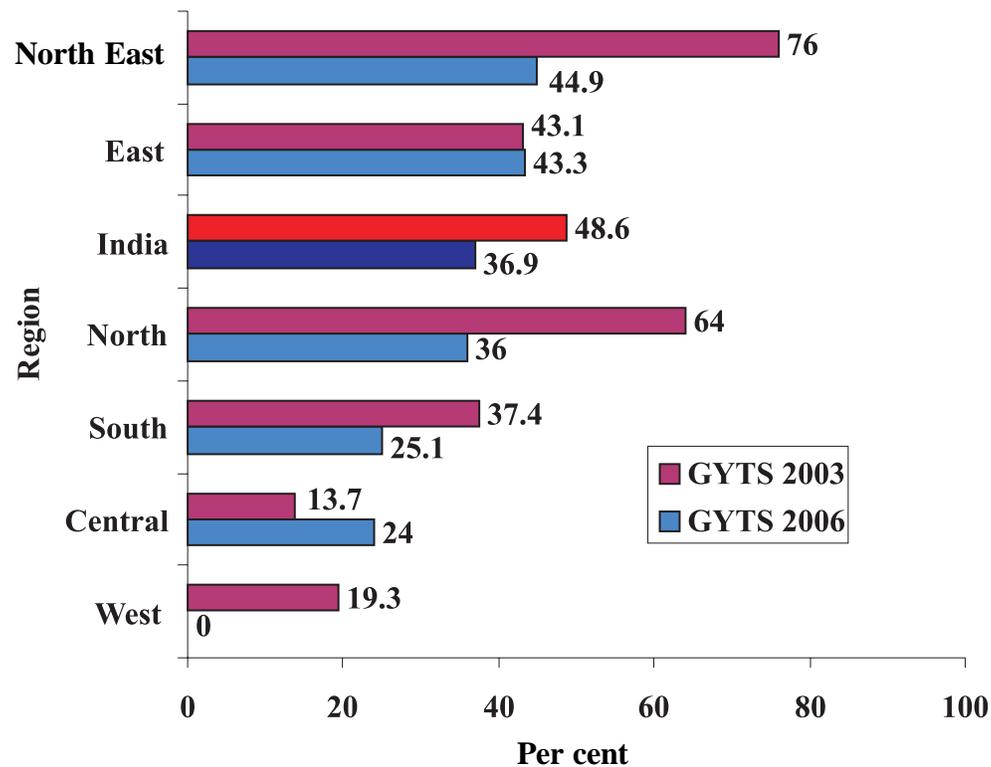
Figure 1
Percentage of ever smoking of cigarettes among students in the age group of 13-15 years in India, India GYTS 2003 & 2006



Between 2003 and 2006, ever smoking did not change statistically overall (India), but significantly increased in the Central, Southern and North-Eastern Regions.

EARLY INITIATION

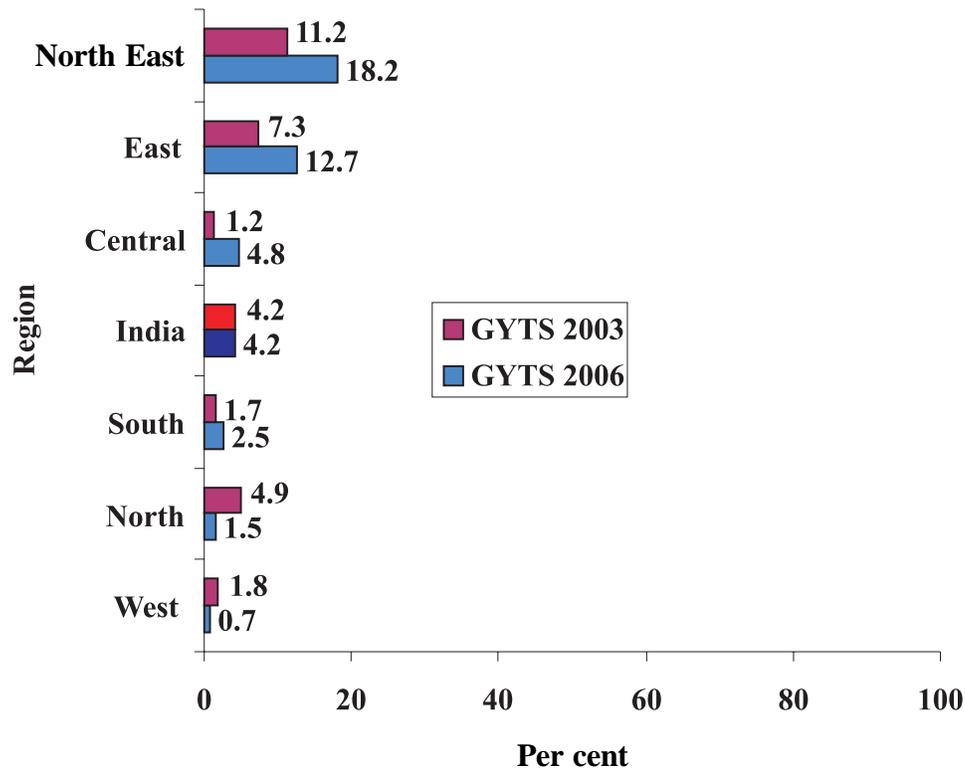
Figure 2
Percentage of Smoking initiation before the age of 10
among ever cigarettes smokers,
India GYTS 2003 & 2006



Early initiation among smokers before the age of 10 years has decreased significantly at the national level and in North and North-East Regions in particular.

CURRENT CIGARETTE SMOKING

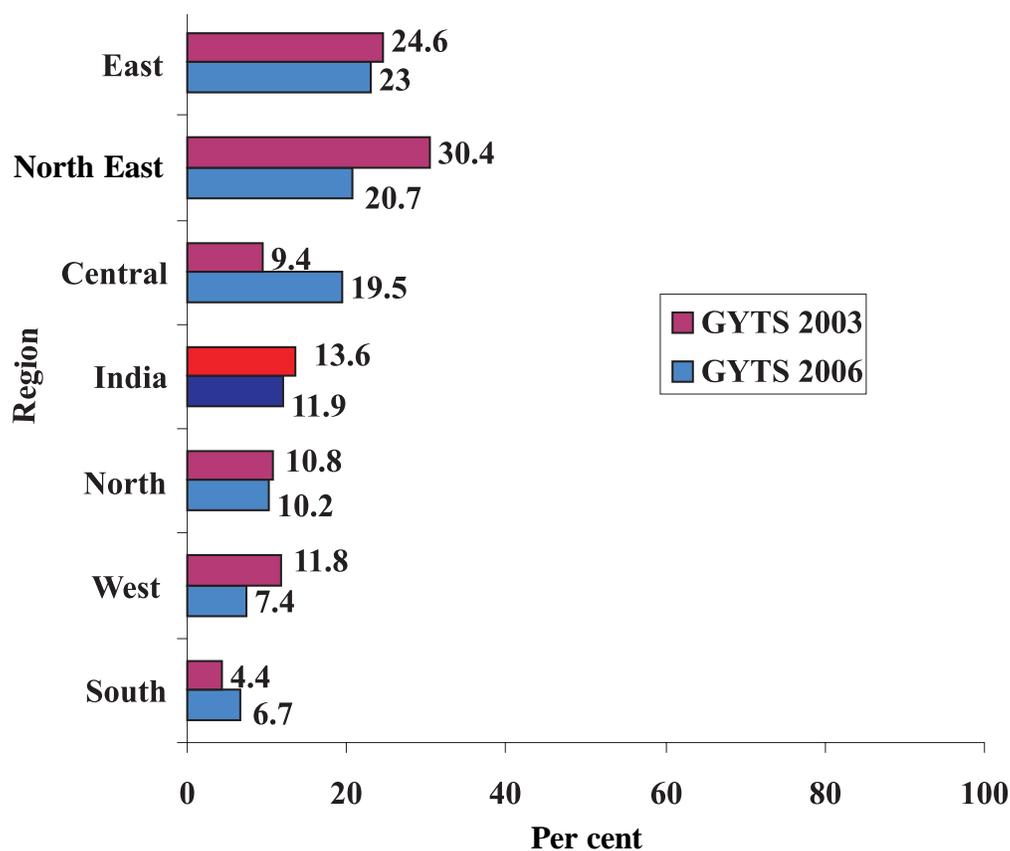
Figure 3
Percentage of Current cigarettes smoking among students
in the age group of 13-15 years,
India GYTS 2003 & 2006



Prevalence of current cigarette smoking has not decreased at the national level and in 4 regions but has increased in the Central and Eastern Region.

CURRENT USE OF OTHER TOBACCO PRODUCTS

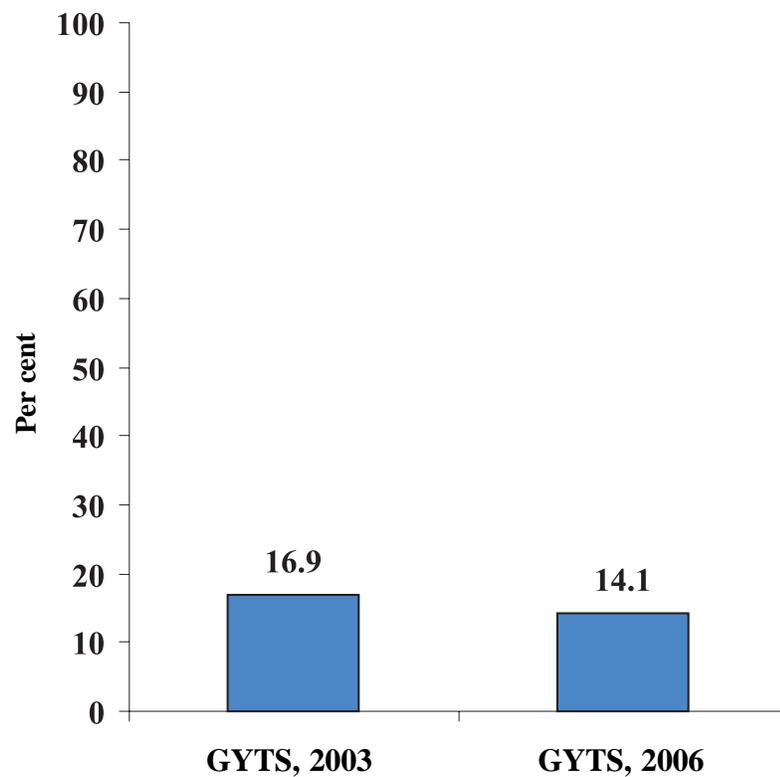
Figure 4
Percentage of Current use of tobacco products other than cigarettes
among students in the 13-15 age group,
India GYTS 2003 & 2006



Prevalence of current use of tobacco products by students in the 13-15 age group other than cigarettes has not decreased at the national level and in 5 regions but has increased in the Central Region.

CURRENT ANY TOBACCO USE

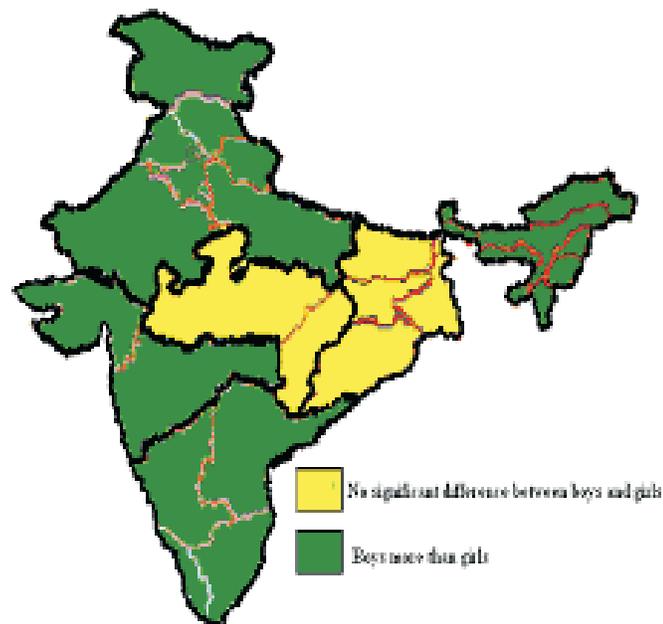
Figure 5
Percentage of Any Tobacco use by
students in the 13-15 age group,
India GYTS 2003 & 2006



Prevalence of current use of any tobacco has not changed significantly over three years.

PREVALENCE OF CURRENT TOBACCO USE AMONG BOYS AND GIRLS

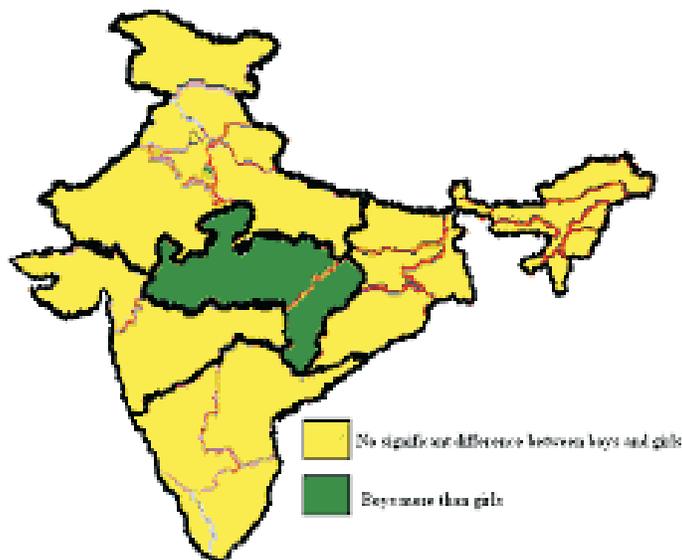
Figure 6A
Prevalence of any Tobacco use among students
In India By Sex and Region,
India GYTS 2003



No significant difference in current tobacco consumption by boys and girls was seen in 2 of 6 Regions in 2003 .

PREVALENCE OF CURRENT TOBACCO USE AMONG BOYS AND GIRLS

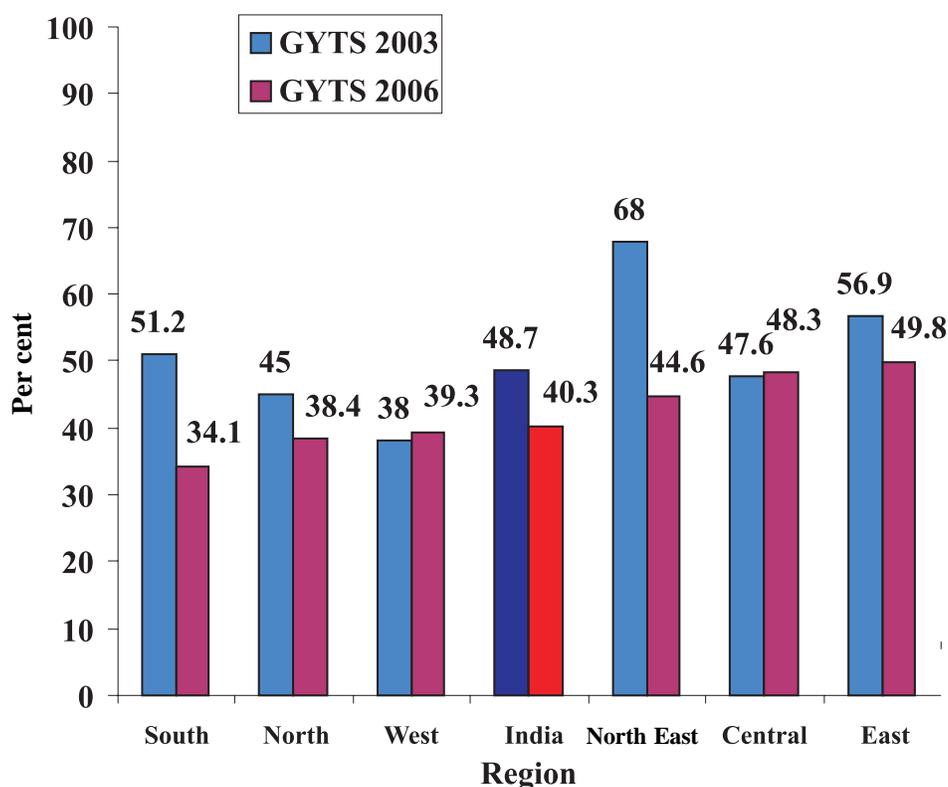
Figure 6b
Prevalence of any Tobacco use among
Students in India by Sex and Region,
India GYTS 2006



No significant difference in current tobacco consumption among boys and girls was seen in 5 of 6 Regions in 2006.

EXPOSURE TO SECONDHAND SMOKE (SHS)

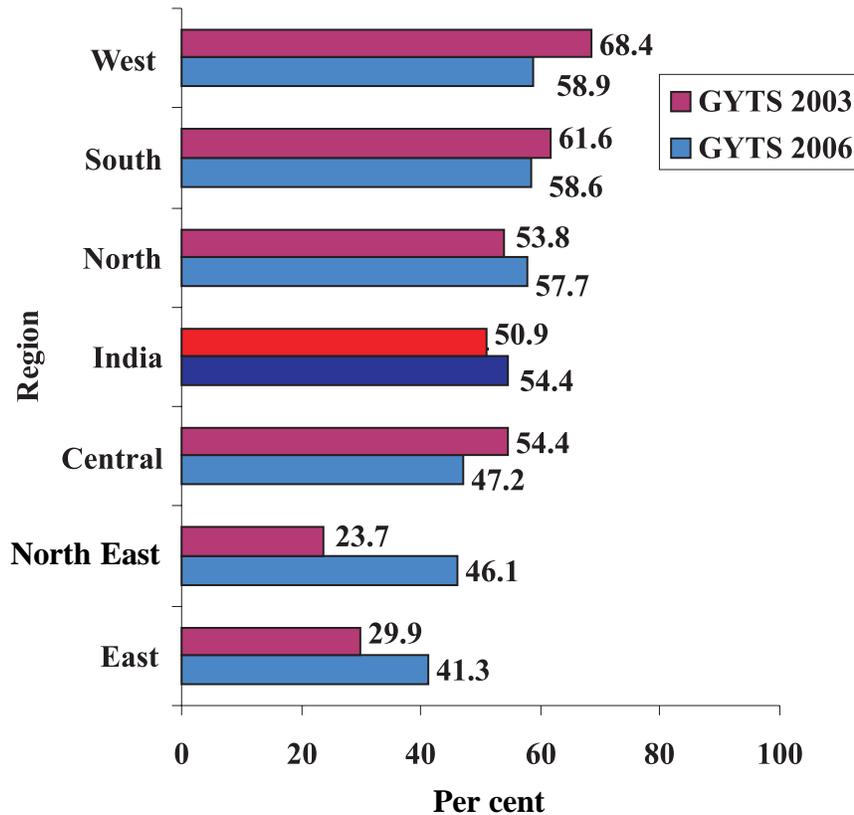
Figure 7
Exposure to secondhand smoke in public places
among students in the 13-15 age group
India GYTS 2003 & 2006



Exposure to secondhand smoke in public places has decreased significantly overall (at the national level), Southern and North-Eastern Regions in particular, but no change was seen in the Northern, Eastern, Central and Western Regions.

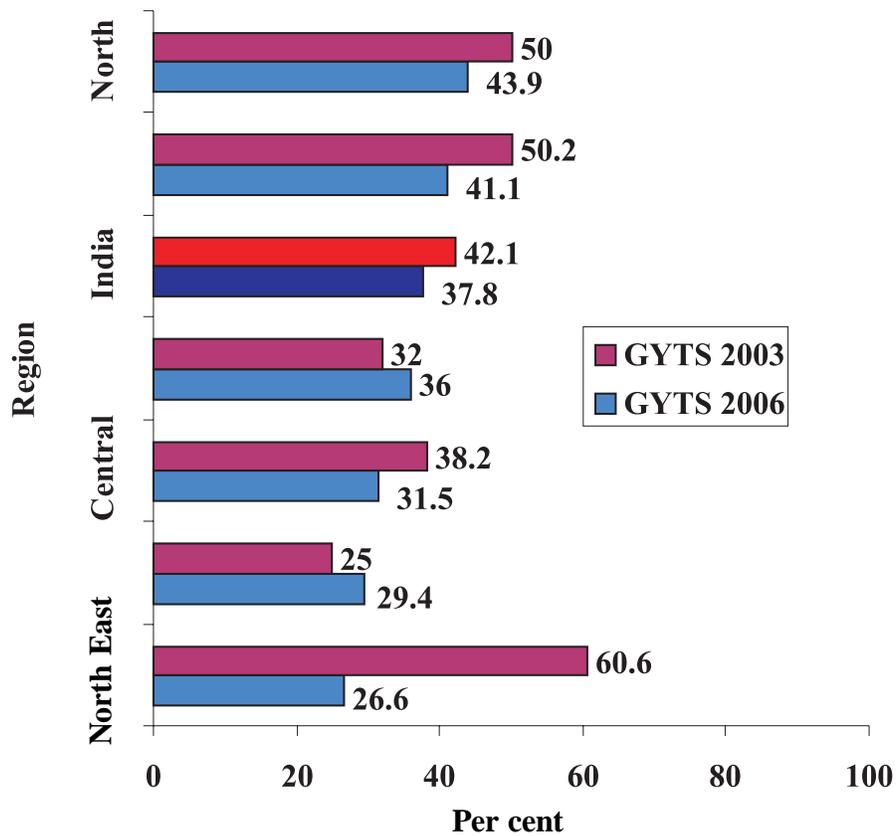
SCHOOL CURRICULA ON TOBACCO USE

Figure 8
Percentage of students taught about dangers of smoking
India GYTS 2003 & 2006



Overall prevalence of teaching in schools about dangers of smoking did not change but increased significantly in the Eastern and Northern Regions.

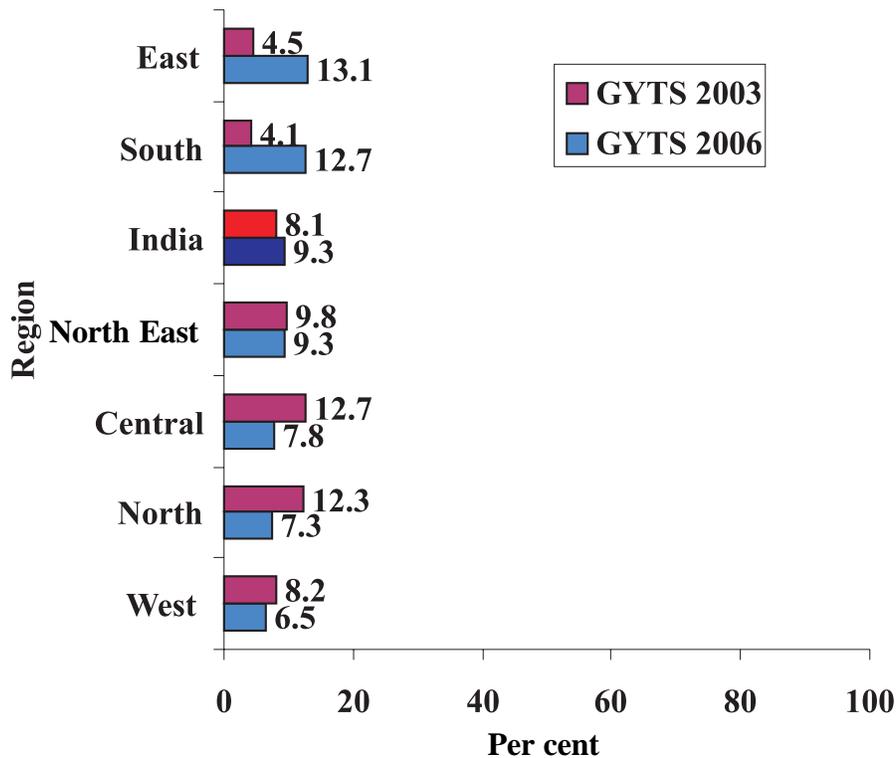
Figure 9
Exposure of students in the 13-15 age group to
cigarette advertisements on billboards-
India GYTS 2003 & 2006



Exposure to cigarette advertisements on billboards has not decreased significantly at the national level but has decreased in the North-Eastern Region in particular.

FREE CIGARETTE SAMPLE DISTRIBUTION BY TOBACCO INDUSTRY

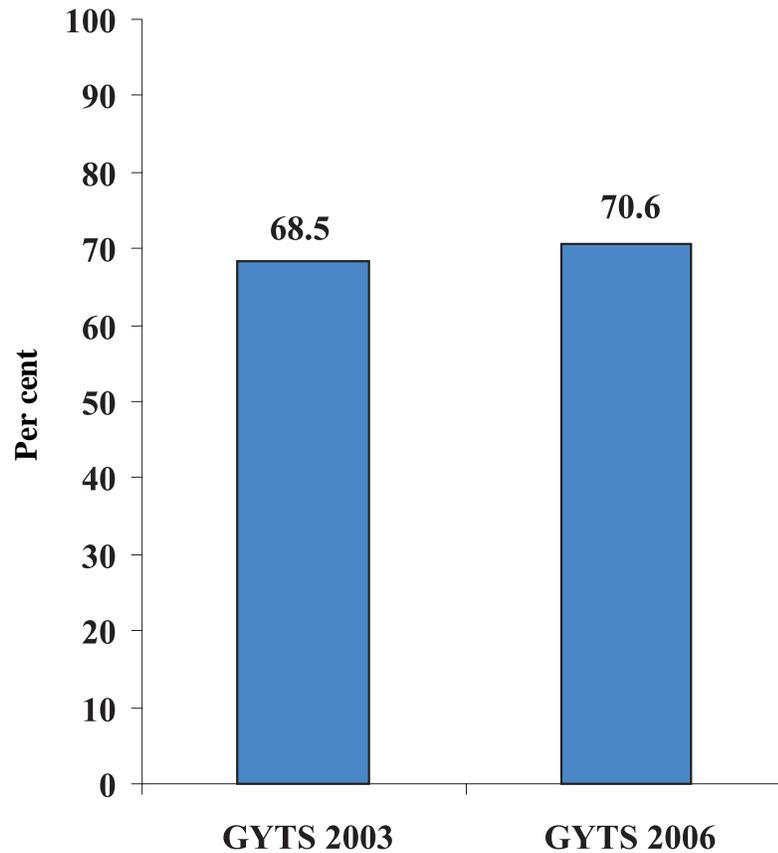
Figure 10
Percentage of students in the age group of 13-15 years
offered free samples of cigarettes
India GYTS 2003 & 2006



Percentage of free distribution of cigarette samples to students of 13-15 years age group has not decreased significantly at the national level including North, Central, North-East and Western Regions but has increased in the Eastern and Southern Regions.

CESSATION

Figure 11
Percentage of Current smokers who want to quit smoking
India GYTS 2003 & 2006



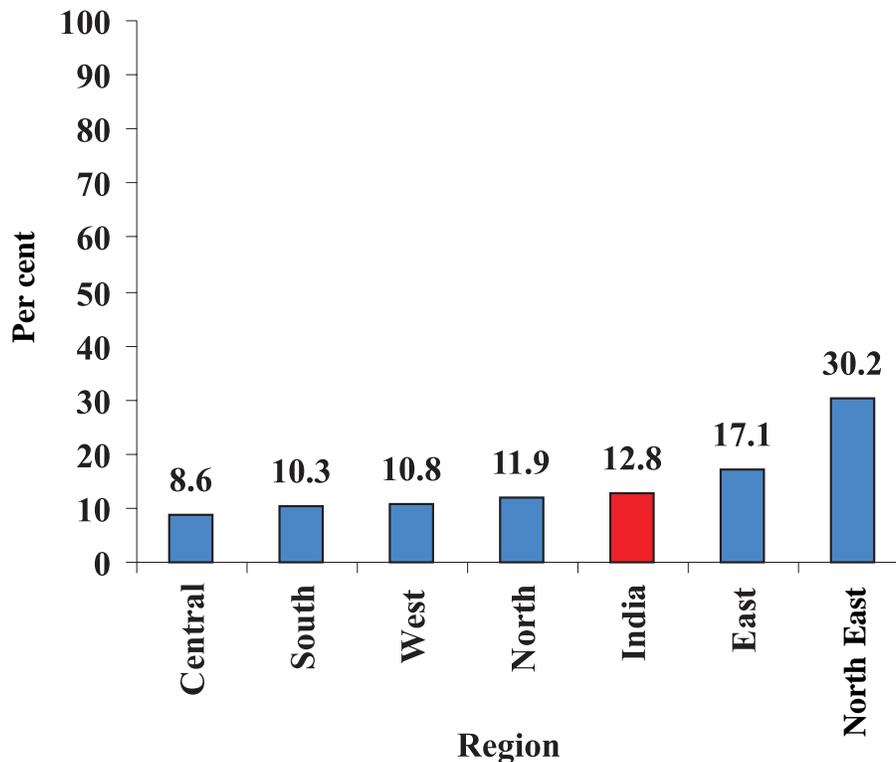
Cessation attitude among current smokers remains unchanged statistically at the national as well as the regional level.

SALES TO MINORS

No significant change in sales of tobacco to minors was noticed at the national level during 2003 and 2006 surveys.

B. RESULTS FROM INDIA GLOBAL SCHOOL PERSONNEL SURVEY,
(GSPS 2006)

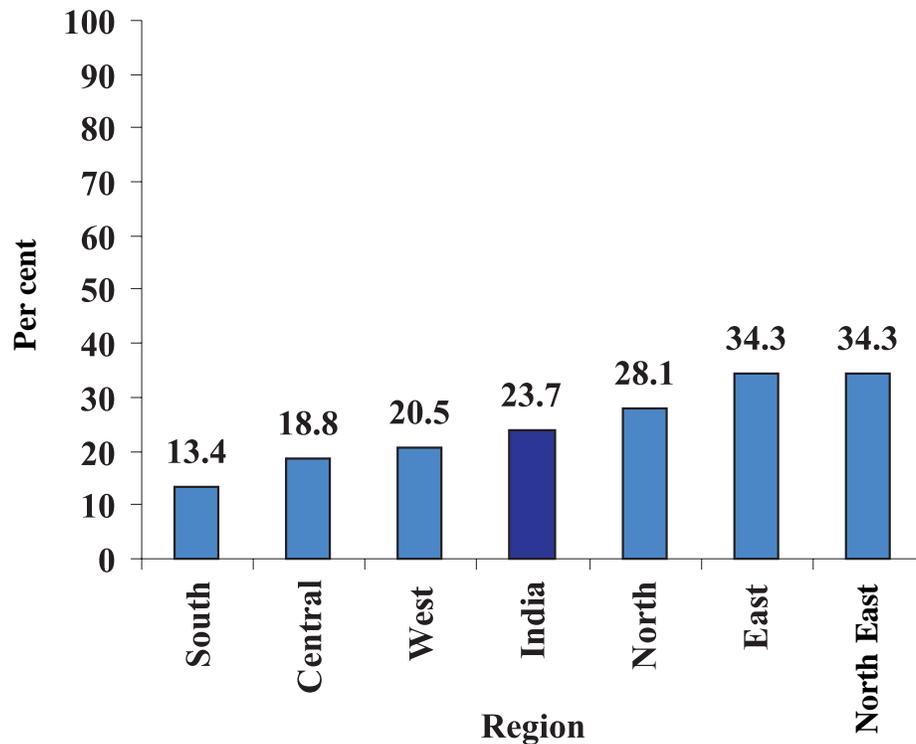
Figure 1
Percentage of Current cigarette smokers among
school personnel in India by region
India GSPS, 2006



Over one in ten (12.8%) school personnel reported current cigarette smoking. It ranged from 8.6% in the Central Region to 30.2% in the North-East Region.

PREVALENCE

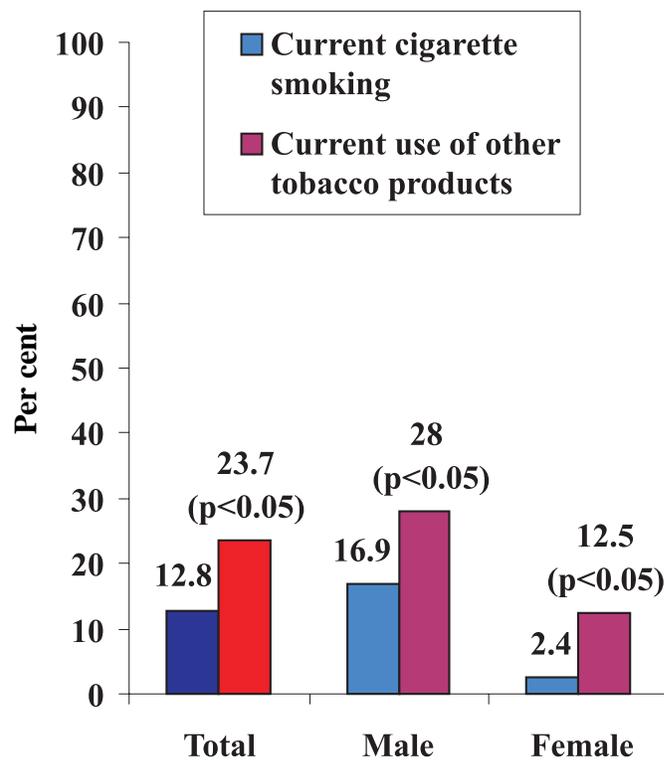
Figure 2
Percentage of users Other Tobacco Products
Among School Personnel in India
India GSPS, 2006



Nearly two of ten school personnel reported use of tobacco products other than cigarettes (23.7%). It ranged from 13.4% in the South to 34.3% in the North-East and Eastern Regions.

CURRENT USE OF CIGARETTES AND OTHER TOBACCO PRODUCTS

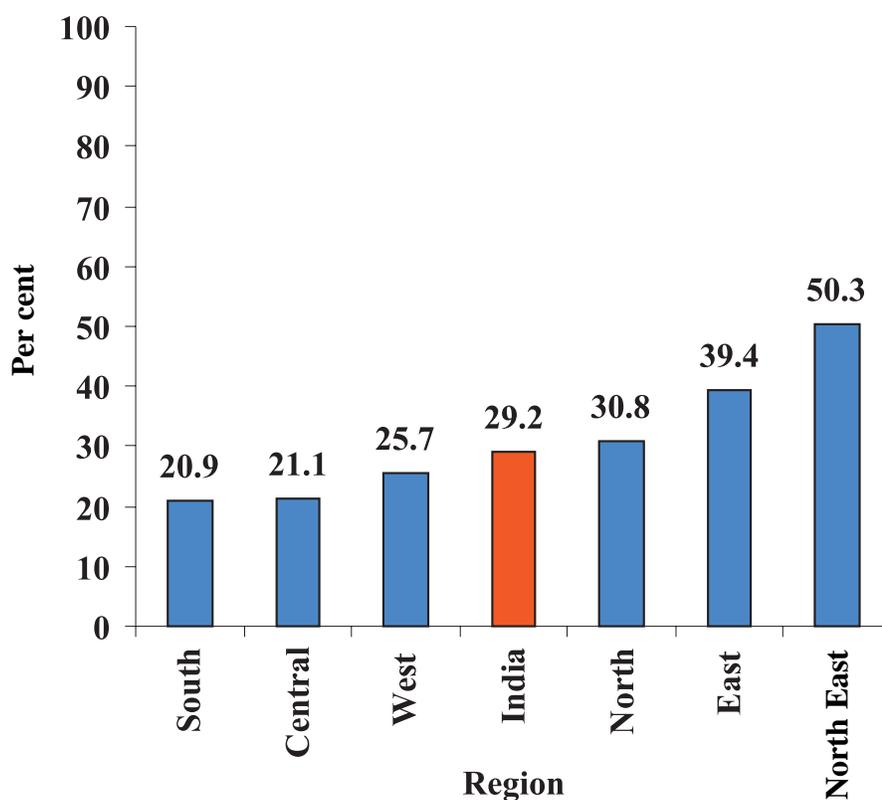
Figure 3
Percentage of cigarette smoking and consumption of other tobacco products by school personnel in India by sex
India GSPS, 2006



Current use of tobacco products other than cigarettes was significantly more as compared to cigarette smoking in all categories.

CURRENT USE OF ANY TOBACCO PRODUCTS

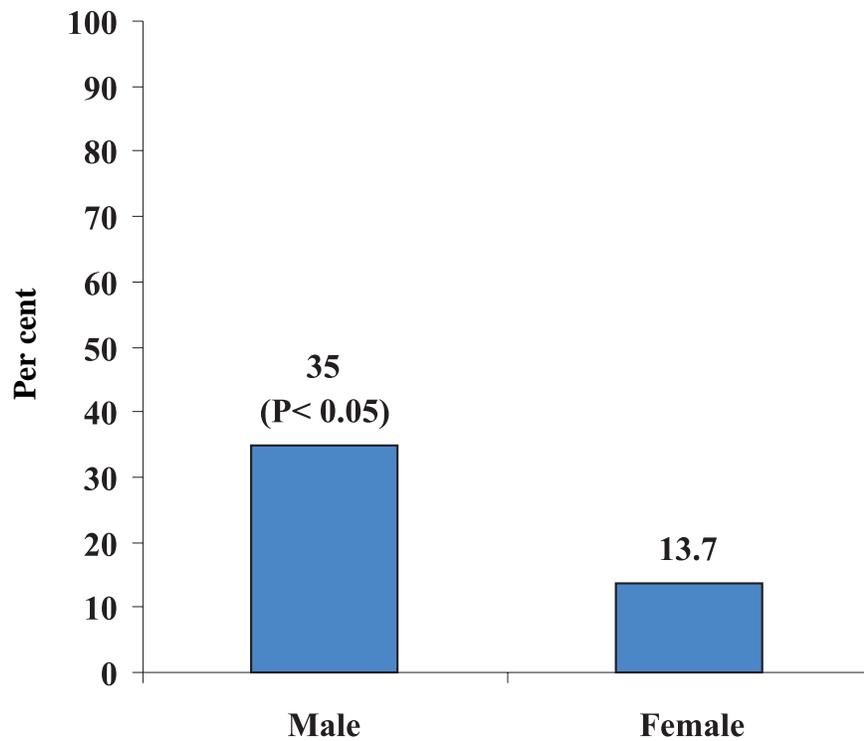
Figure 4
Current use of any tobacco products among
school personnel in India, by region
India GSPS, 2006



Nearly three out of ten school personnel reported use of tobacco products (29.2%). Current use of any tobacco ranged from 20.9% in the South to 50.3% in the North-Eastern Region.

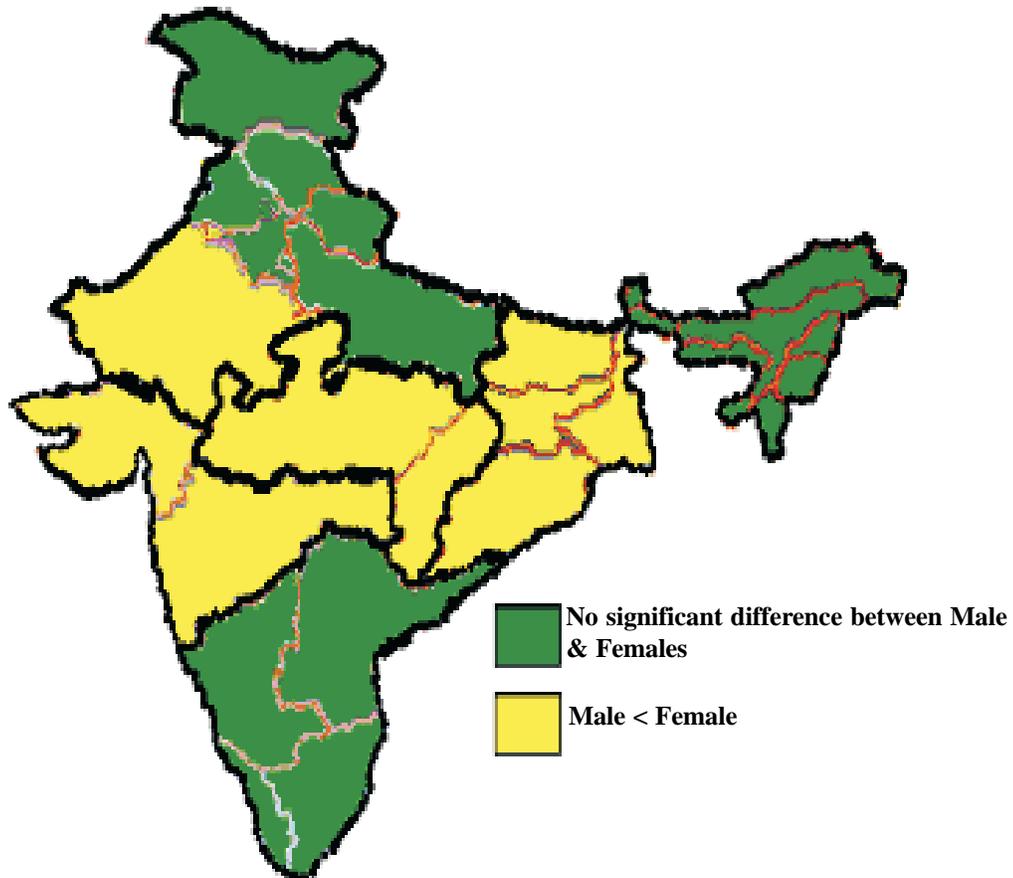
CURRENT USE OF ANY TOBACCO PRODUCTS

Figure 5
Current use of any tobacco products among
school personnel in India, by sex
India GSPS, 2006



At the national level, males were significantly more than females to be current users of any tobacco products.

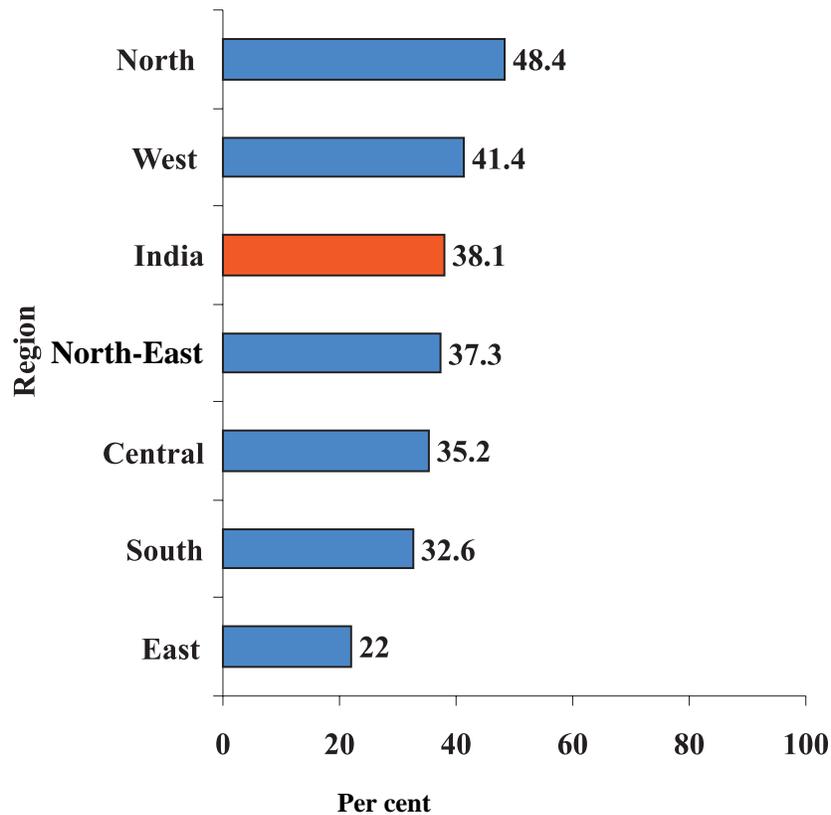
Figure 6
Prevalence of current users of Tobacco country-wide
India GSPS 2006



In South, North and North-East Regions, there was no significant difference between males and females using any tobacco products.

SCHOOL POLICIES PROHIBITING USE OF TOBACCO

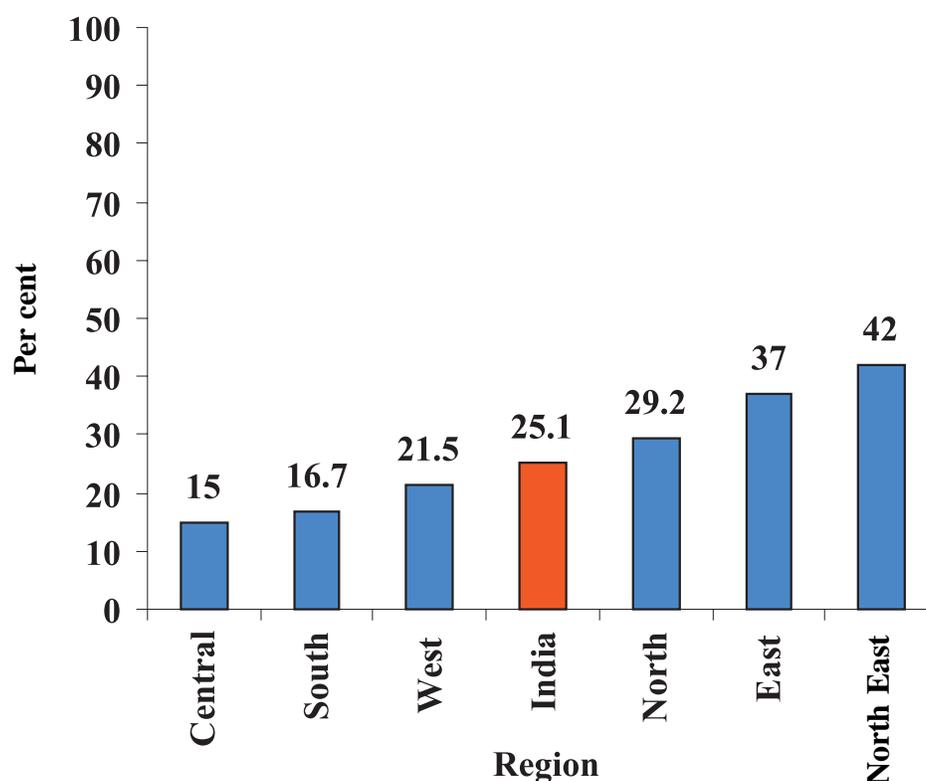
Figure 7
Tobacco-free policy in Indian Schools-by Region
India GSPS 2006



Nearly four of ten school personnel reported that their school was tobacco-free and ranged from 22% in the Eastern Region to 48.4 % in the Northern Region.

TOBACCO USE IN SCHOOL PREMISES

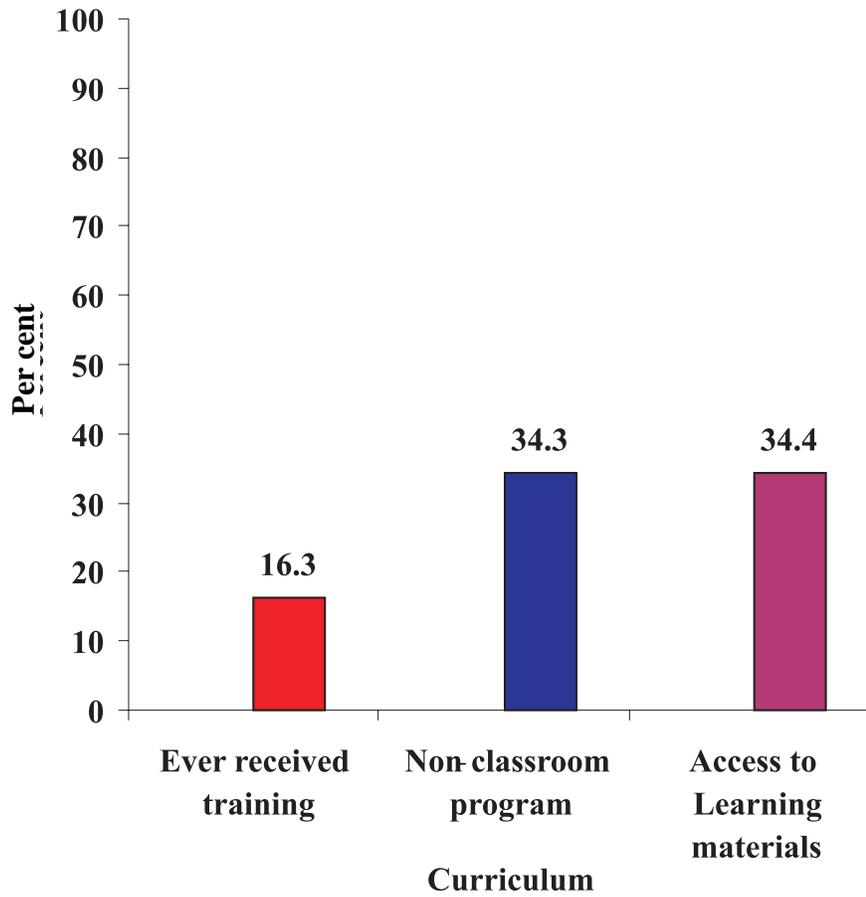
Figure 8
Consumption of tobacco on school premises/property
by school personnel in India, by region
India GSPS 2006



Nearly one-fourth (25.1%) school personnel in India reported ever use of tobacco on school property. It ranged from 15% in the Central region to 42% in the North-Eastern Region.

TOBACCO-RELATED CURRICULUM

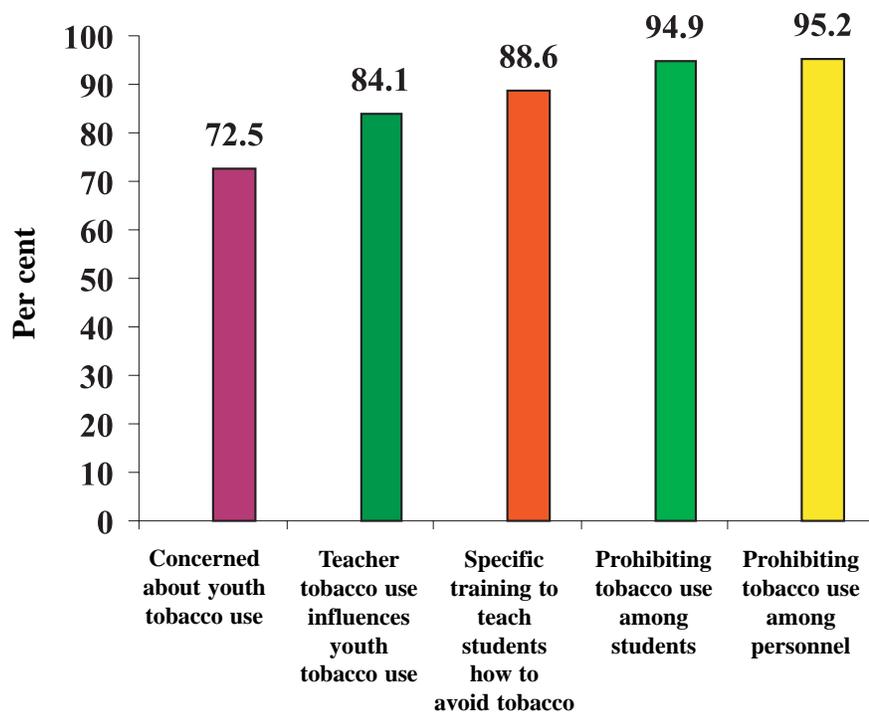
Figure 9
Percentage of Tobacco-related Education in Indian Schools
India GSPS, 2006



Nearly one in five (16.3%) school personnel reported to have ever received training to prevent youth from tobacco use, and nearly one in three school personnel reported that their school had non-classroom tobacco control activities and they had access to teaching materials on tobacco.

ATTITUDE TOWARDS TOBACCO CONTROL

Figure 10
Attitude of School Personnel Towards Tobacco Control in India
India GSPS, 2006 (In Percent)



Most of school personnel were very supportive to youth and school tobacco control issues.

CONCLUSION

High prevalence of tobacco use among students and school personnel is alarming. Reduction in early smoking and second hand smoke exposure among students are encouraging findings. However indication of increasing use among girls in some region is a matter of concern. Ignorance about tobacco control among school personnel needs special attention.

Passing the Tobacco Control Act in 2003 is a milestone in the public health sector of India. The need of the hour is effective enforcement of the law. India needs to use the GYTS and GSPS data in the development of its National School Tobacco Control Programme as recommended by the World Health Organization South-East Asia Regional Office in its strategy document, “Regional Strategy for Utilization of Global Youth Tobacco Survey Data”.

Development of a comprehensive school tobacco control program will require careful monitoring and evaluation of existing programs and the likely development of new efforts. Tobacco consumption starts in the adolescent years when the school personnel act as important role models. To plan effective interventions, it is essential to have information on the extent and the type of tobacco consumption among students school staff, their attitude toward tobacco control, and the existence of school health policy about tobacco.

India GYTS and GSPS provides the information which can address several provisions of the WHO FCTC that relate to the role of school staff and comprehensive school tobacco control policy. The synergy between India’s leadership in ratifying the WHO FCTC and in supporting the conduct of the GYTS and GSPS throughout the country offers India an excellent opportunity to develop, implement and evaluate a comprehensive school tobacco control policy that can prove to be highly helpful to India.

GYTS and GSPS methodology provides an excellent framework for monitoring and guiding the implementation of India’s school tobacco control programmes, while making it compliant with the FCTC requirements.

RECOMMENDATIONS

1. Formulation of a comprehensive school tobacco control policy and its effective implementation needs to be initiated. The Ministry of Health and Family Welfare and the Ministry of Education need to work in tandem at both the national and the state level to achieve this goal.
2. The task of increasing awareness level of teachers, students and community needs to be continued and sustained as a high priority through the Ministry of Health and Family Welfare and Ministry of Education.
3. Tobacco Control Manual for schools developed by the World Health Organization, South-East Asia Region, needs to be translated into Indian languages and subsequently circulated widely through the Ministry of Health and the Ministry of Education.
4. Teachers should be given training on formal tobacco-control education, and should have easy access to tobacco control materials.
5. Cessation help should be made available up to the school level for better outreach.
6. Access and availability of tobacco products to minors should be reduced to zero level by educating and involving other stakeholders such as community elders, school boards and tobacco sellers etc.
7. Same level of efforts should be applied to reduce all kinds of tobacco products.
8. High prevalence regions like the Eastern and North-East regions need more attention.
9. Extracurricular activities such as celebration of 'World No-Tobacco Day', Tobacco control photo exhibitions, essay writing competition etc. should become an essential component of school activity.

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