

GATS | Tanzania



2018 TANZANIA GLOBAL ADULT TOBACCO SURVEY KEY FINDINGS



The mark "CDC" is owned by the US Dept. of Health and Human Services and is used with permission. Use of this logo is not an endorsement by HHS or CDC of any particular product, service, or enterprise.

Tanzania's 2018 Global Adult Tobacco Survey (GATS) was conducted by the National Bureau of Statistics (NBS) and the Office of Chief Government Statistician Zanzibar (OCGS), in collaboration with the Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC) and the Ministry of Health Zanzibar (MOHZ). Technical support was provided by the World Health Organization (WHO), the United States Centers for Disease Control and Prevention (CDC), and RTI International. Financial support was provided by the CDC Foundation with a grant from the Bill & Melinda Gates Foundation.

The main objectives of the Tanzania GATS survey were to provide statistics at national level on adult tobacco use and important tobacco control measures that are comparable across the country and provide information on key indicators of tobacco use and regulatory efforts.

This book highlights important findings on the use of tobacco at national level. Detailed information on this study will be presented in the final report of the survey.

Further information on this study can be obtained from the National Bureau of Statistics (NBS), Makulu Area, Jakaya Kikwete Road - Dodoma, P.O. Box 2683, Dodoma, Tanzania. Phone: +255 26 2963822; Fax: +255 26 2963828 Email: dg@nbs.go.tz; Website: www.nbs.go.tz.

More details about the GATS 2018 Tanzania project can be obtained from the United States Centers for Disease Control and Prevention (CDC). Address: 1600 Clifton Road, Atlanta, Georgia 30333, USA.

Introduction

Tobacco use is one of the most common risk factors for non-communicable diseases (NCDs). The WHO country estimate of 2010 showed that NCDs accounted for 27% of all deaths in Tanzania (1). In 2008, it was estimated that in Tanzania NCDs caused a total of 75.7 and 58.8 deaths per 1,000 population, of which 42.8% and 28.5% were below age 60 years among males and females respectively (1).

Tobacco use is a risk factor that cuts across all four main Non-Communicable Diseases (NCDs) categories - cancer, cardiovascular disease, chronic respiratory disease, and diabetes (1). It is a major preventable cause of premature death and disease worldwide and it kills more than 7 million people a year globally (2). More than 6 million of those deaths are the result of direct tobacco use, while around 890,000 are the result of non-smokers being exposed to secondhand smoke (3). An efficient and systematic surveillance system is important to monitor tobacco use and evaluate tobacco prevention and control interventions (4). The Tanzania Tobacco Act of 2003 and its regulations of 2014 provide a foundation for Tobacco Control Policy.

Tanzania has an estimated population of 54.2 million people (2018 Population projections) and it produces a large amount of tobacco products for export and for internal use. Due to this, there is a large proportion of passive smokers in the country (at workplaces 32.9% and at home 13.8%). Passive smoking is one of the major public health concerns in the country, therefore, establishing baseline information on key tobacco control indicators is critical to prevent and reduce tobacco use.

The Global Adult Tobacco Survey (GATS) is the global standard for systematically monitoring adult tobacco use (smoking and smokeless), secondhand smoking and tracking key tobacco control indicators. The 2018 Tanzania GATS was a nationally representative household survey of non-institutionalized men and women aged 15 years or older. GATS enhances a country's capacity to design, implement and monitor effective tobacco control programs and policies. It also fulfils Tanzania's obligations under the WHO Framework Convention on Tobacco Control (WHO FCTC), ratified in April

2007, to generate tobacco use data that are comparable within and across countries (5). WHO identified a set of six evidence-based tobacco control strategies, summarized by the acronym MPOWER, that are most effective in reducing tobacco use. These include:



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

The 2018 Tanzania GATS was the first stand alone, national representative survey on tobacco use in Tanzania. This 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.

The Tanzania GATS applied a standard survey protocol that is used across countries with a standardized questionnaire, sample design, data collection, and data management procedures. A multi-stage stratified cluster design was used to obtain national representative data. Tanzania GATS was designed to produce national and international comparable data for the country as a whole and disaggregated by sex and place of residence (urban and rural areas). Survey information was collected using electronic handheld devices. A total of 5,297 households were sampled, and one adult (defined as 15 years of age or older) was randomly selected from each participating household to complete the GATS individual questionnaire. A total of 4,976 households and 4,797 individuals were successfully interviewed. The overall response rate was 91.7%, with household response rate of 95.1% and individual response rate of 96.4%.

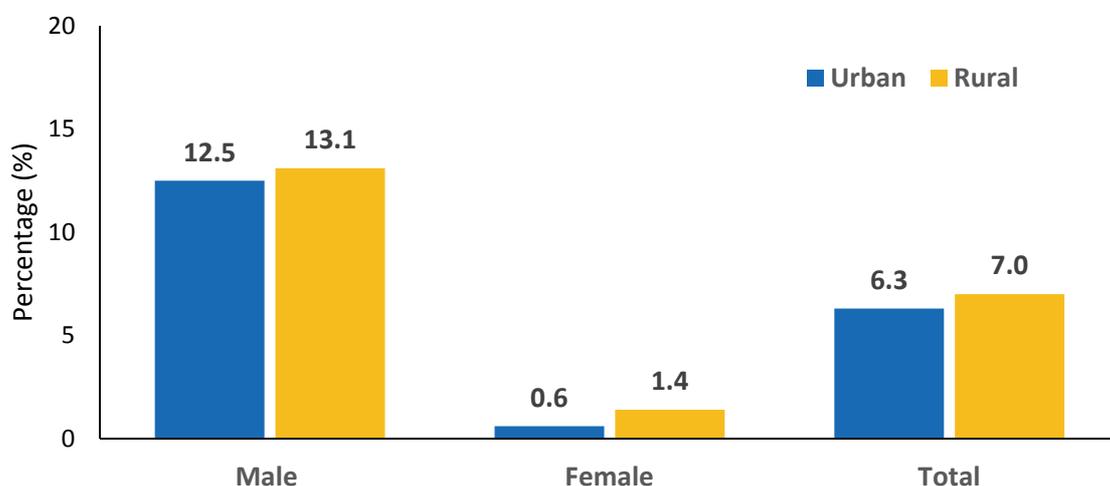
Key Findings

Tobacco Use

The 2018 Tanzania GATS found that:

- 8.7% overall (2.6 million adults), 14.6% of men, and 3.2% of women currently used tobacco (smoking and/or smokeless tobacco).
 - 6.8% overall (2.0 million adults), 12.9% of men, and 1.1% of women currently smoked tobacco.
 - 2.2% overall (700,000 adults), 2.1% of men, and 2.3% of women currently used smokeless tobacco.
- 6.5% smoked any cigarette (12.8% of men and 0.7% of women); 5.2% smoked manufactured cigarettes and 2.7% smoked hand rolled cigarettes.
- Overall, 5.2% of the adults were daily tobacco smokers, 1.6% were occasional tobacco smokers, and 93.2% were non-smokers (2.6% were former daily smokers and 90.7% were never daily smokers).
- An estimated 7.0% and 6.3% of the rural and urban residents, respectively, were current smokers of any tobacco products as shown in **Figure 1**.
- Overall, 31.1% of ever daily current smokers initiated daily smoking at age 17-19, 48.6% initiated at age 20 and above, 11.5% initiated at age 15-16, and 8.8% initiated when they were less than 15 years of age.

Figure 1: Percentage of adults age 15 or above who are current smokers of any smoked tobacco product, by gender and residence - GATS Tanzania 2018



Tobacco Cessation

Tobacco cessation refers to the process of stopping the use of any tobacco product, with or without assistance. Tobacco is highly addictive, and therefore it is essential to strengthen health care systems to promote tobacco cessation. Health care providers play a key role in early identification of tobacco use and have a responsibility to intervene by advising users to quit.

The 2018 Tanzania GATS found that:

- 48.4% of tobacco smokers attempted to quit smoking in the past 12 months.
- 36.5% of tobacco smokers who visited a health care provider in the past 12 months were advised to quit.
- 76.8% of current smokers planned to or were thinking of quitting.

Secondhand Smoke

Exposure to secondhand smoke (SHS) causes tobacco-related diseases similar to active smoking. SHS consists of two forms of smoke from burning tobacco: side stream smoke that comes from the lit end of a cigarette, pipe, or cigar; and the mainstream smoke exhaled by a smoker. According to the Tanzania Mainland Tobacco Product (Regulation) Act of 2003, smoking is prohibited in public places but it is allowed in certain areas in public places such as designated rooms with ventilation systems, which does not prevent exposure to SHS. In Tanzania Zanzibar, smoking is prohibited in all public places including work places. The GATS collected information on SHS exposure at work, at home, and when visiting various public places such as government buildings, healthcare facilities, restaurants, bars or night clubs, public transportation, universities and schools or education facilities in the past 30 days preceding the survey. It also inquired if respondents supported laws prohibiting smoking in various public places.

The 2018 Tanzania GATS found that:

- 32.9% of adults who worked indoors were exposed to tobacco smoke at the workplace.
- 13.8% of adults were exposed to tobacco smoke at home.

- 31.1% of adults were exposed to tobacco smoke when visiting restaurants in the past 30 days.
- 77.0% of adults were exposed to tobacco smoke when visiting bars or night clubs in the past 30 days.
- 15.3% of adults were exposed to tobacco smoke when visiting universities in the past 30 days.

Economics

The survey examined economic aspects of tobacco use among current smokers of manufactured cigarettes, based on information from the most recent purchase including source of last cigarette purchased; expenditure on cigarettes; unit and type of exchange of last cigarette purchased; and perception of cigarette prices.

The 2018 Tanzania GATS found that:

- The most common source of purchase of manufactured cigarettes was from shops (84.0%), followed by kiosks (8.4%) and duty free shops (3.3%).
 - Shops (84.3%) and kiosks (8.7%) were the main source of cigarette purchase for Tanzanian males.
 - In urban areas, 91.5% of current cigarette smokers purchased their cigarettes from a shop. In rural areas, 79.6% of cigarette smokers purchased their cigarettes from shops.
- Current cigarette smokers spent an average of TZS¹ 28,840 per month on manufactured cigarettes, whereby the mean amount spent on 20 manufactured cigarettes was TZS 2,849.5. The cost of 100 packs (or 2,000 sticks) of manufactured cigarettes as a percentage of GDP (2018)² was 11.3%.

¹ Tanzanian Shillings

² Based on Per capita GDP estimated for 2018 from the International-Monetary Fund (IMF) website (accessed April, 2018).

Media

Mass media plays an important role in demand for tobacco products. It is an effective means of disseminating information on the ill effects of tobacco products and in discouraging and preventing tobacco use. Similarly, it is used in advertisement, sponsorship, and promotion of tobacco products by the industry. Tobacco advertising, promotion, and sponsorship (TAPS) is prohibited in Tanzania through the Tanzania Mainland Tobacco Product (Regulation) Act of 2003. The Act prohibits promotion of tobacco product brand elements; advertising/promotion through testimonials, and dissemination through publication, display, broadcasting or communication. It also prohibits distribution of tobacco products free of charge. In Zanzibar, the Public and Environment Health Act, No. 11 of 2012 prohibits advertising, sponsorship and promotion of tobacco products. GATS Tanzania collected information about noticing anti-smoking information and TAPS.

The 2018 Tanzania GATS found that:

- 46.8% of current smokers thought about quitting because of health warning labels on cigarette packages.
- 21.1% of adults noticed cigarette advertisements in stores where cigarettes are sold.
- 35.3% of adults noticed any cigarette advertisements, sponsorship, or promotion.

Knowledge, Attitude and Perceptions

The 2018 Tanzania GATS survey provides information on respondents' knowledge, attitudes and perceptions of the dangers of smoking and tobacco exposure. Specifically, it asked if respondents believed that tobacco use causes serious illnesses and diseases such as stroke, heart attack, lung cancer, high blood pressure, bladder cancer, throat cancer, stomach cancer, miscarriage, infertility, impotence, bone loss (osteoporosis), premature birth, and low birth weight. Lastly, the survey collected information on awareness of the Tanzania Mainland Tobacco Product (Regulation) Act of 2003 and Zanzibar Public and Environment Health Act, No. 11 of 2012 and support for increasing taxes on tobacco products.

The 2018 Tanzania GATS found that:

- 92.3% of adults believed smoking causes serious illness.
- With respect to specific diseases, 84.4% believed that smoking causes lung cancer, 59.6% believed it causes heart attack, 47.2% believed it causes stomach cancer, 73.0% believed it causes throat cancer, 32.5% believed it causes premature births, 39.1% believed it causes bladder cancer, and 47.8% believed it causes bone loss.
- 84.4% of adults believed that exposure to SHS causes serious illness.
- 97.5% of adults (97.8% of current smokers) reported support for the law prohibiting smoking in workplace.
- 80.3% of adults favored increasing taxes on tobacco products.

Conclusions*

GATS is a tool to monitor the extent of tobacco epidemic, and to identify opportunities in preventing and reducing tobacco use in Tanzania and the world at large. Commitment to implementation of WHO FCTC could further prevent and reduce tobacco use in Tanzania by implementing WHO MPOWER strategies. Examples of evidence-based strategies include:

- Protecting people from secondhand smoke in all public places, including bars/nightclubs and restaurants without exemptions for ventilation.
- Integration of tobacco cessation services, including counseling and provision of pharmacotherapy, in the national health care system to help tobacco users to quit.
- Warning on the dangers of tobacco use through large, pictorial health warnings on tobacco products.
- Reduce exposure to pro-tobacco messages and tobacco industry marketing.
- Reduce affordability of tobacco by increasing prices of tobacco products and prohibiting of the sale of single cigarettes.

* The findings and conclusions are those of the author(s) and do not necessarily represent the official position of the U.S. Centers for Disease Control and Prevention.

Table 1: MPOWER Summary Indicators, GATS Tanzania 2018

Indicator	Overall	Gender		Residence	
		Male	Female	Urban	Rural
M: Monitor tobacco use and prevention policies					
Current tobacco use	8.7	14.6	3.2	7.1	9.4
Current tobacco smokers	6.8	12.9	1.1	6.3	7.0
Current cigarette smokers	6.5	12.8	0.7	6.2	6.6
Current manufactured cigarette smokers	5.2	10.5	0.4	5.9	4.9
Current smokeless tobacco use	2.2	2.1	2.3	1.1	2.8
Average number of cigarettes smoked per day ¹	8.5	8.6	5.8	11.3	6.9
Average age at daily smoking initiation ²	19.2	19.3	16.8	18.5	19.6
Former smokers among ever daily smokers	30.4	29.9	35.4	28.3	31.5
P: Protect people from tobacco smoke					
Exposure to secondhand smoke at home at least monthly	13.8	15.9	11.9	9.3	16.1
Exposure to secondhand smoke at work*	32.9	37.0	28.5	30.0	36.5
Exposure to secondhand smoke in public places ⁵ :					
Government building/offices	9.4	11.0	7.1	9.1	9.6
Health care facilities	4.7	4.7	4.8	4.6	4.8
Restaurants	31.1	33.5	27.0	31.5	30.9
Public transportation	7.9	9.6	6.2	9.2	6.8
O: Offer help to quit tobacco use					
Made a quit attempt in the past 12 months ³	48.4	49.7	33.7	50.1	47.6
Advised to quit smoking by a health care provider ^{3,4}	36.5	37.1	-	32.8	38.8
Attempted to quit smoking using a specific cessation method ³ :					
Pharmacotherapy	6.8	7.2	-	6.3	7.0
Counseling/advice	24.0	24.7	-	20.6	25.8
Interest in quitting smoking ⁵	76.8	78.6	55.8	72.0	78.9
W: Warn about the dangers of tobacco					
Belief that tobacco smoking causes serious illness	92.3	93.7	91.0	95.7	90.6
Belief that smoking causes stroke, heart attack, <u>and</u> lung cancer	36.3	39.4	33.5	37.7	35.6
Belief that breathing other peoples' smoke causes serious illness	84.4	87.4	81.5	91.5	80.8
Noticed anti-cigarette smoking information at any location*	51.6	57.5	46.1	66.5	44.1
Thinking of quitting because of health warnings on cigarette packages*, ⁵	46.8	48.4	30.4	60.7	40.6
E: Enforce bans on tobacco advertising, promotion and sponsorship					
Noticed any cigarette advertisement, sponsorship or promotion*	35.3	42.7	28.5	48.8	28.6
R: Raise taxes on tobacco					
Average cigarette expenditure per month (<i>Tanzanian Shilling</i>) ⁶	28,840.0	29,136.2	22,031.4	40,559.8	21,399.7
Average cost of a pack of manufactured cigarettes (<i>Tanzanian Shilling</i>) ⁶	2,849.5	2,843.9	3,030.6	2,838.7	2,862.6
Last cigarette purchase was from a store ⁶	84.0	84.3	-	91.5	79.6

Notes:

¹ Among current daily tobacco smokers

² Among ever daily tobacco smokers

³ Among past-year tobacco smokers (includes current smokers and those who quit in the past 12 months)

⁴ Among those who visited a health care provider in past 12 months

⁵ Among current tobacco smokers

⁶ Among current tobacco smokers of manufactured cigarettes

* In the last 30 days

⁵ Among those who visited the place in the last 30 days.

- Indicates estimate based on less than 25 unweighted cases and has been suppressed.

References

1. The World Health Organization. Four noncommunicable diseases, four shared risk factors.
<https://www.who.int/ncdnet/about/4diseases/en/>
2. The WHO global report on trends in prevalence of tobacco smoking 2017: Monitoring tobacco use and prevention policies. Geneva, WHO, 2017. http://www.who.int/tobacco/global_report/2017/en/
3. World Health Organization. WHO report on the global tobacco epidemic, 2015: Raising taxes on tobacco. Geneva, WHO, 2015.
4. Frieden, T. R, Bloomberg, M. R. (2007). How to prevent 100 million deaths from tobacco. *The Lancet*, 2007; Vol. 369, Issue 9574, 1758-1761.
5. World Health Organization. WHO Framework Convention on Tobacco Control. Geneva, Switzerland: World Health Organization, 2005.

