2018 TANZANIA GLOBAL ADULT TOBACCO SURVEY COUNTRY REPORT

GATS | Tanzania

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United Republic of Tanzania

2018 Tanzania Global Adult Tobacco Survey

Country Report

Ministry of Health, Community Development, Gender, Elderly and Children
Dodoma

Ministry of Health
Zanzibar

National Bureau of Statistics
Dodoma

Office of Chief Government Statistician
Zanzibar

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World Health Organization

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.

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: sg@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.

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FOREWORD

Tobacco use is one of the most common risk factors for non-communicable diseases (NCDs) in developing countries like Tanzania. It is a risk factor that cuts across all four main NCDs categories – cancer, cardiovascular disease, chronic respiratory disease, and diabetes. It is also one of the major causes of preventable, premature death and diseases. The effect of tobacco is not limited to tobacco users; non-users of tobacco are at risk through exposure to secondhand smoke (SHS). Secondhand smoking causes tobacco-related diseases, similar to active smoking.

In realisation of the effects of tobacco use and saving the lives of the Tanzanians, the Government of Tanzania took policy measures, geared towards controlling the use of tobacco. The Government of Tanzania ratified the World Health Organization Framework Convention on Tobacco Control (WHO FCTC) on April 30, 2007. GATS Tanzania fulfilled Article 20 of the WHO FCTC which obligates countries to monitor tobacco use.

The Global Adult Tobacco Survey (GATS) Tanzania 2018 is the first, nationally representative survey that provides detailed information on background characteristics, tobacco use (smoking and smokeless), cessation, SHS exposure, economic indicators, exposure to tobacco advertising and promotion, as well as knowledge, attitudes and perceptions towards tobacco use. Collected information reflects the implementation of the WHO FCTC. The GATS Tanzania will complement other Government agency and non-government organization efforts in periodically monitoring the tobacco epidemic and provides comprehensive evidence and information for informing tobacco control planning and policy development.

Successful completion of the GATS Tanzania was made possible by collaborative efforts of both national and international partners. These included the Ministry of Health Community Development, Gender, Elderly and Children, National Bureau of Statistics (NBS), Office of the Chief Government Statistician – Zanzibar, the World Health Organization (WHO), the US Centers for Disease Control and Prevention (CDC), the CDC Foundation and RTI International.

The Ministry of Health, Community Development, Gender and Elderly would like to thank all partners and participants involved in the implementation of the GATS survey. I would also like to appreciate the technical and financial support provided by WHO and RTI.

It is my sincere hope that findings from GATS Tanzania will be useful to policy makers, programme managers and other stakeholders in designing, implementation, monitoring and evaluating programs and policies in our effort reduce the use of tobacco products and thus save the current and future generations from the effects of tobacco.

Dr. Zainab Chaula
Permanent Secretary
Ministry of Health, Community Development, Gender, Elderly and Children (Health)

FOREWORD (CDC)

On behalf of the U.S. Centers for Disease Control and Prevention's (CDC) Office on Smoking and Health, congratulations to Tanzania on release of its first Global Adult Tobacco Survey (GATS) Country Report. This report represents Tanzania's commitment to track and monitor tobacco use and key tobacco control measures using global standards. The data reported can help further improve tobacco control and prevention efforts in Tanzania, supported by the World Health Organization's Framework Convention on Tobacco Control (WHO-FCTC) and the MPOWER measures -**M**onitor tobacco use and prevention policies; **P**rotect people from tobacco smoke; **O**ffer help to quit tobacco use; **W**arn about the dangers of tobacco; **E**nforce bans on tobacco advertising, promotion and sponsorship; and **R**aise taxes on tobacco.

GATS data presented in this report show baseline tobacco measures for Tanzania, including tobacco use, SHS exposure, warming labels and knowledge, attitudes and beliefs regarding tobacco. The data show that approximately 2.6 million (8.7%) adults currently use tobacco in Tanzania with a disproportionately high prevalence among men. In addition, 1.0 million (32.9 %) and 4.1 million (13.8%) adults were exposed to SHS at the workplace and at home respectively. GATS results present an opportunity for Tanzania to reduce and prevent the burden of tobacco use among its population.

Tobacco use is a major global public health challenge, which, has been increasing in low- and middle-income countries. It is a leading preventable risk factor for non-communicable diseases including cancer, cardiovascular diseases, diabetes and chronic lung disease. It contributes significantly to increased health care cost and loss of economic productivity. GATS provides countries the mechanism to monitor both international and national targets, goals and strategies. GATS Tanzania provides important information to stakeholders and decision makers to protect the health of the public. Comprehensive implementation of the WHO MPOWER measures including continued monitoring of these measures can help further reduce the burden of tobacco-related diseases and deaths in Tanzania.

It is important to acknowledge the partners who contributed to the success of GATS in Tanzania. These included the following: National Bureau of Statistics (NBS), Office of the Chief Government Statistician Zanzibar (OCGS), Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC), Ministry of Health Zanzibar (MOHZ), World Health Organization (WHO) country office, and WHO Regional Office for Africa. These collaborative efforts were critical to making the 2018 GATS Tanzania a reality and resounding success to assure that Tanzania has a baseline to measure it progress on tobacco control efforts.

We thank you for your leadership and look forward to continuing collaboration in global tobacco control and prevention.

Indu B. Ahluwalia, MPH, PhD
Branch Chief
Global Tobacco Control Branch
Office on Smoking and Health
Centers for Disease Control and Prevention

ACKNOWLEDGEMENTS

The Tanzania Global Adult Tobacco Survey (GATS) 2018 was successfully implemented by the National Bureau of Statistics (NBS) and Office of the Chief Government Statistician (OCGS) - Zanzibar in collaboration with the Ministry of Health, Community Development, Gender and Elderly and the Ministry of Health - Zanzibar. The GATS is a component of Global Tobacco Surveillance System (GTSS), which is a global standard for systematically monitoring adult tobacco use and tracking key tobacco control indicators. It is a survey of all non-institutionalized men and women aged 15 years or older, using a consistent core questionnaire, field procedures and data management for facilitating comparability across countries.

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 countries and provide information on key indicators of tobacco use and regulatory efforts.

The successful completion of the Tanzania GATS 2018 was a result of collaborative efforts of many individuals and institutions. I would therefore like to take this opportunity to express my sincere gratitude to all persons and institutions that were involved in ensuring that the survey was carried out as planned.

At the outset, I would like to recognize and appreciate the leadership of the GATS technical committee under the chairmanship of the Ministry of Health, Community Development, Gender, Elderly and Children. The technical team provided technical guidance in all aspects of this first GATS survey in Tanzania.

I would also take this opportunity to thank the World Health Organization (WHO), the US Centers for Disease Control and Prevention (CDC), the CDC Foundation and RTI International for their financial and technical support in all stages of implementation of this survey.

My sincere gratitude also goes to all the field teams (supervisors, enumerators, listers and drivers) who worked tirelessly despite some field challenges including poor road infrastructure and successfully completed the survey on time.

Finally, I gratefully acknowledge local leaders and respondents in all selected households across the country for their time in providing the required information for a successful survey.

It is my expectation that the GATS Tanzania report will be a useful source of information to planners and policy makers, non-government organizations, academicians and other stakeholders, including regional and international organizations in the effort to reduce consumption of tobacco products and hence availability of healthy workforce and all citizens at large.

Dr. Albina Chuwa
Statistician General
National Bureau of Statistics

ACRONYM AND ABBREVIATIONS

CDC	US Centers for Disease Control and Prevention
EAC	East African Community
EAs	Enumeration Areas
FCTC	Framework Convention on Tobacco Control
GATS	Global Adult Tobacco Survey
GDP	Gross Domestic Product
GSS	General Survey System
GTSS	Global Tobacco Surveillance System
HBS	Household Budget Survey
HCP	Health Care Provider
ICD	International Classification of Diseases
IPAQ	Used interchangeably for PDA
MoHCDGEC	Ministry of Health, Community Development, Gender, Elderly and Children
NBS	National Bureau of Statistics
NCDs	Non-communicable Diseases
OCGS	Office of the Chief Government Statistician
PDA	Personal Digital Assistant
PHC	Population and Housing Census
PPS	Probability Proportional to Size
PSU	Primary Sampling Unit
SHS	Secondhand Tobacco smoke
SPSS	Statistical Package for Social Scientists
TAPS	Tobacco Advertising, Promotion and Sponsorship
TZS	Tanzania Shillings
WHO	World Health Organization

EXECUTIVE SUMMARY

Introduction

Tobacco use is one of the most common risk factors for non-communicable diseases (NCDs). The World Health Organization (WHO) country estimates 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 SHS [(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. GATS Tanzania 2018 showed that 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. GATS Tanzania 2018 is 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:

mpower

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

The GATS Tanzania 2018 is 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, SHS 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, 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%.

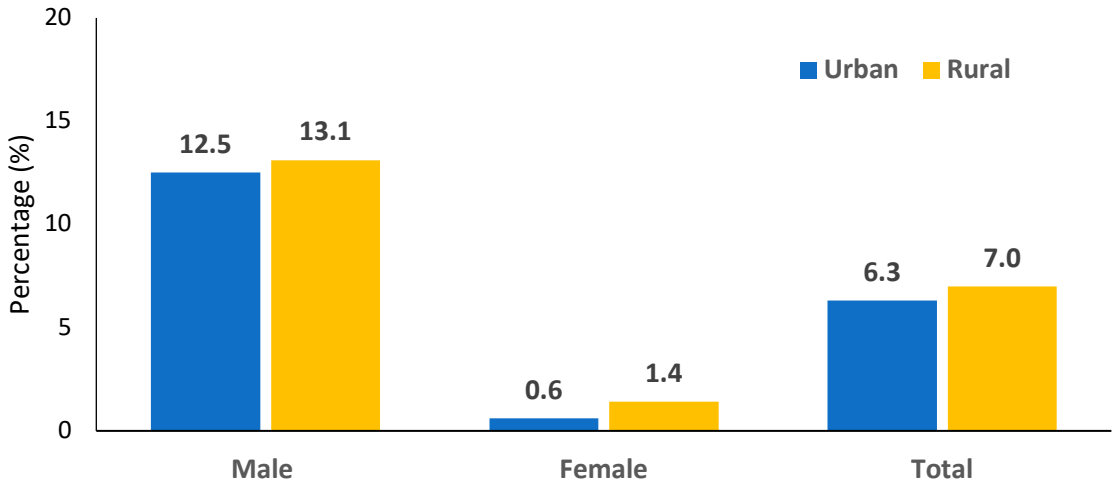
Key Findings

Tobacco Use

GATS Tanzania 2018 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, aged 20-34 years old, 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 aged 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.

GATS Tanzania 2018 found that:

- 48.4% of current tobacco smokers attempted to quit smoking in the past 12 months.
- 36.5% of current tobacco smokers, who visited a health care provider in the past 12 months, were advised to quit.
- 76.8% of current tobacco 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: sidestream 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, such as designated smoking rooms with ventilation systems, which does not prevent exposure to SHS. In Tanzania Zanzibar, smoking is prohibited in all public places including workplaces. 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.

GATS Tanzania 2018 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.

GATS Tanzania 2018 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 shops. In rural areas, 79.6% of cigarette smokers purchased their cigarettes from shops.
- Current cigarette smokers spent an average of TZS[1] 28,840 per month on manufactured cigarettes, where 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%.

Media

Mass media plays an important role in demand for tobacco products. It is an effective means of disseminating information on the dangers 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

[1] Tanzanian Shillings
[2] Based on Per capita Gross Domestic Product (GDP) estimated for 2018 from the International-Monetary Fund (IMF) website (accessed April, 2018).

advertising, sponsorship and promotion of tobacco products. GATS Tanzania collected information about noticing anti-smoking information and TAPS.

GATS Tanzania 2018 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

GATS Tanzania 2018 provides information on respondents' knowledge, attitudes and perceptions of the dangers of smoking and tobacco exposure. Specifically, respondents were asked if they 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.

GATS Tanzania 2018 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% heart attack, 47.2% stomach cancer, 73.0% throat cancer, 32.5% premature births, 39.1% bladder cancer, and 47.8% 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 tobacco use and other key tobacco control indicators, 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 SHS in all public places, including bars/nightclubs and restaurants without exemptions for ventilated smoking rooms.
- Integration of tobacco cessation services, including counselling and provision of

* 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.

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 packages.
- 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.

CHAPTER ONE

Introduction

1.0 Global Tobacco Overview

Tobacco use is preventable and a major cause of premature death and disease, which is estimated to kill up to half of its users. Half of those deaths occur between the ages of 30 and 69 years, resulting in a loss of 20–25 years of life for smokers versus non-smokers [1,2]. Currently there are about 1.3 billion people, about one quarter of adults, worldwide who smoke tobacco. Unless current trends change, the majority of these deaths are expected to occur in developing countries [3,4]. Tobacco use is common throughout the world, due to low prices, aggressive and widespread tobacco company marketing, lack of awareness about its dangers and inconsistent public policies against its use [5]. Smoked forms of tobacco include various kinds of cigarettes (e.g., manufactured, hand-rolled, filtered, unfiltered, flavoured, etc.), cigars and pipes. Although manufactured cigarettes are the most common type of smoked tobacco, other smoked tobacco products, such as bidis, kreteks and shisha, are gaining popularity, often in the mistaken belief that they are less hazardous to health [5]. However, all forms of tobacco are lethal. Smoked tobacco in any form causes up to 90% of all lung cancers and is a risk factor for six of the eight leading causes of death in the world [6].

Exposure to SHS has also serious and often fatal health consequences. Exposure to SHS kills tens of thousands of non-smokers every year [7]. Exposure to SHS results in preventable diseases and the loss of many years of productive life. Tobacco use also causes economic harm to families and countries due to lost wages, reduced productivity and increased health care costs.

The WHO Tobacco Free Initiative aims to reduce the global burden of disease and death caused by tobacco, thereby protecting present and future generations from the devastating health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke. This is accomplished through promoting the WHO Framework Convention on Tobacco Control (WHO FCTC)[7] and the MPOWER package[5]. Monitoring the tobacco epidemic through an efficient surveillance system is one of the essential components of a comprehensive tobacco control program. In 2006, WHO convened a meeting of tobacco experts to discuss adult tobacco surveillance and make recommendations for the development of a standard protocol.

The experts also recognized the challenges of limited funding and methodological complexities when conducting adult tobacco surveys and identified a lack of comparability in existing national surveys that include questions on tobacco use. Accordingly, the Global Adult Tobacco Survey (GATS) was launched in February 2007 as a new component of the ongoing Global Tobacco Surveillance System (GTSS). GATS is funded by the Bloomberg Initiative to Reduce Tobacco Use and the Bill & Melinda Gates Foundation to help low- and middle-income countries collect reliable prevalence data on adult tobacco use and key tobacco control measures. GATS is a nationally representative household survey of all non-institutionalized men and women aged 15 years or older, using a consistent core questionnaire, field procedures and data management. To date, GATS results have been released in 32 countries: Argentina, Bangladesh (2 rounds), Botswana, Brazil, Cameroon, China (2 rounds), Costa Rica, Egypt, Ethiopia, Greece, India (2 rounds), Indonesia, Kazakhstan, Kenya, Malaysia, Mexico (2 rounds), Nigeria, Pakistan, Panama, Philippines (2 rounds), Poland, Qatar, Romania,

Russian Federation (2 rounds), Senegal, Tanzania, Thailand (2 rounds), Turkey (3 rounds), Uganda, Ukraine (2 rounds), Uruguay (2 rounds), Vietnam (2 rounds).

GATS methodology has a standard protocol that has been developed to enable the assessment and comparison of different tobacco use and other key tobacco control indicators across the implementing countries, these indicators include:

- Tobacco-use prevalence: type of product used and age of initiation.
- SHS: exposure, enforcement and opinions.
- Cessation: quit attempt, plans to quit, health-professional advice and tobacco-cessation therapies.
- Risk perception: knowledge and attitudes.
- Media and health warnings: anti- and pro-tobacco media exposure and opinions.
- Economics: patterns of purchase, price, products and source.

GATS protocol allows countries to adapt GATS core questions, as well as to add optional questions reflecting country-specific concerns and needs regarding tobacco. As part of Global Tobacco Surveillance System, GATS periodically provides country data and comparable data across countries in order to monitor tobacco use and changes in tobacco use and tobacco control indicators.

1.1 Tanzania Country Profile

United Republic of Tanzania; "the home of Mount Kilimanjaro, Serengeti and Zanzibar" is a sovereign state in Eastern Africa, within the African Great Lakes region. The country is the union of two independent countries of Tanganyika and Zanzibar; the union that took place on April 26, 1964. The country is located between longitudes 29° and 41° East and Latitudes 1° and 12° South. Administratively, Tanzania has a total of 31 regions, 26 in Tanzania Mainland (formerly known as Tanganyika) and 5 in Tanzania Zanzibar. It borders Kenya and Uganda to the north; Rwanda, Burundi, and the Democratic Republic of the Congo to the west; Zambia, Malawi, and Mozambique to the south; and the Indian Ocean to the East. Mount Kilimanjaro, Africa's highest mountain, is in north-eastern Tanzania.

According to the 2012 Population and Housing Census, Tanzania had 44.9 million people; projected to 54.2 million in 2018 with the annual intercensal growth rate of 2.7%. Tanzania has a total land area of 947,303 square kilometres and is sparsely populated with the current 2018 population density of 61 persons per square kilometre. According to the 2015/16 Tanzania Demographic and Health Survey and Malaria Indicator Survey (TDHS-MIS), the total fertility rate has been declining over the years from 6.9 children per woman in 1978 to 5.2 children per woman in 2015, with the rural rate being higher (6.0 children per woman) than the urban (3.8 children per woman) [(8)].

Tanzania has sustained relatively high economic growth over the last decade, averaging an increase from 6% to 7% a year. The country's real Gross Domestic Product (GDP) growth rate slightly slowed in 2017. According to Government data, growth for the first three quarters of 2017 stood at 6.8%, down from 7.3% during the same period in 2016, which is still the highest in the East African Community (EAC) for 2017 [(9)].

Tanzania involves the union of two countries; but there are some government operations, such as health activities, that are separate. Thus, some interventions are done separately in each former country. However, the nature of this survey will only provide the picture of the United Republic of Tanzania.

1.2 Burden of Tobacco Use in Tanzania

According to 2013 STEPS survey in Tanzania Mainland, the overall proportion of current smokers was 14.1% (men 26.0% and women 2.9%). Most current smokers were daily smokers and the proportion of non-daily smokers for men was 3.8%; 7.0% of men were former daily smokers. Nearly eight out of ten (79.8%) current smokers used manufactured cigarettes. The percentage who smoked manufactured cigarettes was higher among men (81.2%) than women (64.8%). On average, adult daily smokers smoked five cigarettes per day. Smoking among men was highest among the 25-44 age group and the amount of manufactured cigarettes smoked by men was three times higher than women. The mean amount of hand rolled cigarettes that both men and women smoked was highest among the 55-64 age group.

The findings from Tanzania Zanzibar 2011 STEPS survey revealed that, 7.3% of the study population were current smokers (men 14.6%, women 0.7%). Most of the current smokers were daily smokers. Among men, 12.7% were daily smokers and 1.9% were non-daily smokers. The most smoked tobacco products were manufactured cigarettes and men smoked on average 5.8 cigarettes per day. Among adults, aged 15 years and older, about 4.1% used smokeless tobacco mainly in the form of snuff by mouth [(10)].

Even though fewer people used smokeless tobacco, on average, than smoked tobacco in Tanzania in comparison to the low-Human Development Index countries, about 721,400 people still currently use smokeless tobacco, indicating an ongoing public health challenge, including heightened levels of oral cancers.

1.2.1 Economic Impact of Tobacco Use

Smoked tobacco products include loose tobacco that is used for rolling cigarettes (Roll-your-own cigarettes, RYO) as well as pipe tobacco. The worldwide revenue of smoked tobacco industry products was US$48.8 billion in 2017 and expected to increase to US$55.6 billion by 2021.

The study compared four countries around the world and found that the environmental impact of tobacco farming is well-known in Tanzania, where 15% of arable land is cleared for tobacco each year [(11)]. This has resulted in an average of 3.5% deforestation annually for growing, and another 3% for curing (barn construction and fuel), as farmers require new land to increase yields, because agrochemical means can be too expensive. The country's economy is heavily dependent on agriculture (primarily, tobacco, coffee, cotton, tea, cloves, cashew nuts, sisal, maize, rice, wheat, and cassava), which accounts for about 30.1% of GDP, provides 20% of exports, and is by far the largest employer [(12)]. The bottom line is clear: reducing tobacco use is good for health and makes sound economic sense. Therefore, Tanzania would derive net economic gains, not losses, if their demand for tobacco products declined. Economic losses from reduced tobacco production would be offset by

economic gains from agriculture at household and national levels, even though Tanzania is one of the highest producers and subsequent consumers of tobacco in Africa.

1.2.2 Health impact of Tobacco Use

Tobacco harms the health, the national treasury, and the spirit of Tanzania. Every year, more than 17,200 of its people are killed by tobacco-caused disease. Still, more than 17,000 children (10-14 years old) and 2,473,000 adults (15+ years old) continue to use tobacco each day [13]. Complacency in the face of the tobacco epidemic insulates the tobacco industry in Tanzania and ensures that tobacco's death toll will grow every year.

A study carried out in Tanzania by the National Institute of Medical Research (NIMR) in collaboration with the WHO in 2013 showed that about 17.5% of people who do not actively smoke are still exposed to SHS by other smokers in the household, and 24.9% are exposed to SHS in the workplace [10].

Additionally, tobacco poses another health threat amongst farmers as the process of cultivation requires pesticides, fertilizers and other chemicals. In most cases farmers have little knowledge of the toxicity of such chemicals and do not know the right way to store, handle, and use them. The chances of tobacco workers, who are exposed to such chemicals, to be poisoned are believed to be high. Farm workers, often women and children, also absorb nicotine through their skin when they harvest the leaves, a problem inherent in the crop itself [14]. The risk is substantially higher when the leaves are moist from rain, or when the workers do not wear protective clothing, which is often the case.

Given all these adverse health impacts, the revenue generated by tobacco farming for a country has to be seen in the context of its health care costs. While Tanzania earns about US $50 million annually from tobacco, more than US $40 million is spent to treat tobacco-related cancers alone [14].

1.2.3 Tobacco Production/Growing

Tobacco production is mainly carried out by rural peasants in various parts of the country. Over 90% of tobacco grown in Tanzania is mainly for foreign markets: Belgium, the Netherlands, Portugal, Great Britain, France, South Africa, USA, Russia, Germany and China, while the remaining 10% is for the domestic market, purchased by Tanzania Cigarette Company (TCC) and Mastermind Cigarette Company, both located in Dar es Salaam. Between 2010 and 2016, tobacco production increased from 94,200 tonnes to 105,900 tonnes. In 2011/12 the tobacco industry in Tanzania recorded its peak production since it was introduced in the early 1930s by producing 126,600 tonnes [15].

Despite its significant contribution to the economy, the tobacco industry is largely viewed as a threat to socio-economic development, environmental conservation and sustainable development globally, because of the links between the tobacco and health problems, the impoverishment of tobacco growers, environmental degradation and global climate change. The WHO Framework Convention on Tobacco Control (FCTC) report (2008) stated that: *Tobacco growing entails a number of irreversible costs to farmers, which not only seriously damage their living standards but also erode their long-term prospects. Health risks, working conditions, contractual arrangements, the use of children in tobacco growing, and the environmental practices of tobacco growing have negative impacts on human capital and land, the two crucial assets in rural livelihoods.* Thus, the FCTC called

for a reduction in the area under tobacco cultivation and in its supply through the development of substitute crops and alternative livelihoods [16]. In its recent message on World No Tobacco Day on May 31, 2017, the United Nation's World Health Organisation (WHO) reported that tobacco production accounts for deforestation of over 4.3 million hectares of land, which is equivalent to 2% - 4% of total global deforestation every year. The health agency also noted that tobacco processing and manufacturing account for over 2 million tonnes of solid waste in the world.

1.3 Current Tobacco Control Policies in Tanzania

The United Republic of Tanzania became a Party to the WHO Framework Convention on Tobacco Control (FCTC) on July 29, 2007. Before the ratification, Tanzania Mainland Tobacco Products (Regulation) Act, 2003 was enacted. The Act addresses the following key areas:

Smoke Free Places: Designated smoking areas or rooms are allowed in all indoor public places, workplaces and on public transport. Sub-national jurisdictions may pass more stringent legislation than the national law.

Tobacco Advertising, Promotion and Sponsorship: Few forms of tobacco advertising and promotion are prohibited. There are some restrictions on tobacco sponsorship and the publicity of such sponsorship.

Tobacco Packaging and Labelling: One of ten authorized text-only health messages must be displayed on tobacco product packaging. The law prohibits packaging that is likely to create an erroneous impression about the characteristics or health hazards of the tobacco product or its emissions.

Roadmap to Tobacco Control Legislation: The Tobacco Products (Regulation) Act, 2003 is the only piece of tobacco control legislation in Tanzania. It regulates public smoking; tobacco advertising, promotion and sponsorship; and tobacco packaging and labelling.

With regards to Zanzibar, the Public and Environmental Health Act 11 of 2012 includes specific provisions with regards to tobacco products and alcohol control. These include:

- Prohibition of smoking in public places
- Rules on importation
- Defined warning statement in both English and Kiswahili
  - Smoking is dangerous to your health (Uvutaji wa sigara ni hatari kwa afya yako);
  - Covering not less than 25% of the package
- Rules on selling tobacco products
  - Not to people under the age of 18
- Rules on advertising
  - Including warning statement
- Signage in areas, where smoking is not allowed

Moreover, in 2016, the Tobacco Control Regulation was developed, and implementation framework was put in place.

CHAPTER TWO

Methodology

2.0 Introduction

This chapter presents the methodology of Global Adult Tobacco Survey (GATS) Tanzania 2018. It covers the survey design, the descriptions of the questionnaires used, and the processes undertaken for data collection, data processing and analysis of the resulting data.

2.1 Study Population

GATS Tanzania 2018 was a national household-based sample survey of adults aged 15 years and older who were usual members of selected households. By definition, a household comprises of a person or group of persons, who normally reside in the same homestead or compound, but not necessary in the same dwelling unit, have the same cooking arrangements, and are answerable to the same household head. The survey collected information from usual members of the target population of sample households, who did not have any other residence, or had multiple residences but had been living in the sample households for at least 6 months out of the last 12 months before the survey. Institutional populations living in prisons, hospitals, hotels, military barracks and school dormitories were excluded from the GATS survey.

2.2 Sample Design

GATS Tanzania 2018 was a multistage probability household sample survey covering all 31 regions (26 regions from Mainland and 5 regions from Zanzibar) to provide national estimates for tobacco use and other tobacco control indicators for rural and urban areas. In addition, the sample was constructed to allow separate national estimates for males and females. A three-stage cluster sample design was adopted for the survey with the first stage involving selection of clusters, or enumeration areas (EAs), while second and third stages involved selection of households and individuals, respectively. A representative sample of 5,304 households was drawn with a target of interviewing one eligible adult, aged at 15 years or older, within the sampled households.

The survey used the 2012 Tanzania Population and Housing Census (2012 PHC) frame. This is the complete list of regions, districts, wards and Enumeration Areas covering the whole country provided by the National Bureau of statistics (NBS) and the Office of the Chief Government Statistician (OCGS). In the first stage, 204 clusters (84 urban and 120 rural) were selected from the national frame of the EAs. A random sample of 26 households from the listed households in each cluster was selected in the second stage of sampling. The last stage of sampling was performed using handheld tablets at the time of survey, where one individual was randomly selected from all eligible listed household members. The full details of the sample design are provided in Appendix B.

2.3 Questionnaire

GATS Tanzania 2018 was conducted using two questionnaires: household and individual questionnaire. The questionnaires were in the English language but were also translated into the Kiswahili language. The questionnaires were adopted from the standard GATS questionnaire and adapted to the Tanzanian context. The household questionnaire targeted the head of household and contained few questions for screening household members to allow sampling of eligible adults for

individual interviews. Standard GATS questionnaire with country adaptations was used for the survey. Individual questionnaire had eight sections. Both questionnaires had provisions for informed consent before interviews.

A general description of each section is described below. Full questionnaires are provided in Appendix A.

- **Section A - Background Characteristics:** Gender, age, education, marital status, work status and possession of household items.
- **Section B - Tobacco Smoking:** Patterns of current use (daily consumption, less than daily consumption, not at all), former use, age of initiation of daily smoking, consumption of different tobacco products (cigarettes, pipes, cigars and other smoked tobacco), nicotine dependence, frequency of quit attempts.
- **Section C - Smokeless Tobacco:** Patterns of current use (daily consumption, less than daily consumption, not at all), former use, age of initiation of daily use of smokeless tobacco, consumption of different smokeless tobacco products (snuff, chewing tobacco, betel quid, etc.), nicotine dependence, frequency of quit attempts.
- **Section D - Cessation:** Advice to quit smoking by health care provider, method used to try to stop smoking; similar information is asked for cessation on smokeless tobacco as well.
- **Section E - Secondhand Smoke:** Smoke-free rules in homes, exposure to SHS at home, indoor smoke-free policy at workplace, SHS exposure in last 30 days in: workplace, government buildings/offices, health care facilities, restaurants, public transportation. There are some additional items on SHS exposure that include schools, universities, bars, places of worship, night clubs, as well as knowledge on serious illness in non-smokers due to SHS.
- **Section F - Economics:** Type of tobacco product and quantity bought, cost of tobacco product(s), brand and source of purchase of tobacco products.
- **Section G - Media:** Exposure to advertisement: television, radio, billboards, posters, cinema, newspapers/magazines, internet, public transportation, public walls, others; exposure to sporting events connected with tobacco; exposure to music, theatre, art, or fashion events connected with tobacco; exposure to tobacco promotion activities; reaction to health warning labels on cigarette packages; exposure to anti-tobacco advertising and information. Similar questions are included for smokeless tobacco as well. The reference period for the questions in this section is 30 days.
- **Section H - Knowledge, Attitudes, and Perceptions:** Knowledge about health effects (serious illness, stroke, heart attack, lung cancer, high blood pressure, bladder cancer, etc.) of both smoking and smokeless tobacco.

2.4 Survey Implementation

The survey implementation includes the organization of the operations of the survey, pre-test, training, and fieldwork.

2.4.1 Survey Organization

The implementation of GATS Tanzania 2018 was a collaborative effort of several institutions. The Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC),

Mainland and Ministry of Health, Zanzibar identified the National Bureau of Statistics (NBS) and the Office of the Chief Government Statistician (OCGS) as co-implementing agencies for the GATS. The National Statistical offices had a primary role in the planning for the survey and took responsibility for operational matters including planning and conducting fieldwork and processing collected data. Staff from the statistical agency and the ministries responsible for health were responsible for overseeing the day-to-day technical operations, including recruitment and training of field staff and the supervision of the office and field operations. The funds for the survey were provided by CDC Foundation and the World Health Organization (WHO). Technical assistance on electronic data collection and management, including use of handheld devices, was provided by Centers for Disease Control and Prevention (CDC) through RTI International.

2.4.2 Pre-test

GATS Tanzania 2018 pre-test was conducted one week from May 23 to 29, 2017. The pre-test training took four days and consisted of two parts (training for Information Technology (IT) staff and training for field staff). The pre-test training for IT staff on how to use GATS various data processing tools and install tools in tablets and on the computer, to design and test the questionnaire, and for managing data and producing reports, was conducted from May 23 to 25 2017. This was followed by training of field staff, which was conducted from May 25 to 26 2017.

The pre-test fieldwork was completed during three days from May 27 to 29, 2017; this included actual fieldwork and debriefing.

2.4.3 Training

The training for the main survey was conducted for a period of six days, from January 22 - 27 2018, in a centralized location in Dar-es-Salaam. The members of the training included 78 participants, 10 from NBS-HQ and OCGS, one from WHO Tanzania office, one from CDC, one from RTI International, three from MoHCDGEC, 11 supervisors (9 for Mainland and two from Zanzibar) and 51 interviewers (46 for Mainland and five from Zanzibar). The standard approach used for training included class presentations, demonstration, use of software and mock paired interviews. In addition, all the trainees participated in full fieldwork practice in a few selected areas near the training venue. The various approaches to training were aimed at helping participants understand and collecting data using tablets. Participants were also advised on interviewing techniques and field procedures. All the supervisors were taken through a special session on logistics, quality control, data management, and transmission.

2.4.4 Fieldwork

Fieldwork data collection was conducted from February to April 2018 in all regions of United Republic of Tanzania. Data were collected over a period of 45 days up to 12 April 2018. The fieldwork progressed successfully and all EAs could be reached. Fieldwork was conducted by the 11 trained teams (nine for Mainland and two from Zanzibar). Each team composed of one supervisor and five interviewers for Mainland and two interviewers for Zanzibar. In addition, a team of ten quality control staff provided support to the teams to ensure that quality data were collected and to solve any problems arising in the field.

Data were collected using tablets; enumerators transferred data electronically to the data center at the NBS headquarters on daily basis. The system allowed real time checks and data access to the server. Daily data upload and downloads enhanced data quality assurance measures in terms of completion, accuracy, as well as performance review for individual enumerators. The system eliminates need for a separate data entry process and thus fewer errors while ensuring authorized access to data and progress reports to the team and to NBS, OCGS, WHO and CDC. Field supervisors were able to track the workload and number of completed visits over time for each enumerator.

2.4.5 Statistical Analysis

The sample design was not self-weighted, and thus the resulting data required a weighting procedure for producing population estimates. The weighting process followed three stages as per the guidelines detailed in the GATS manual. The first stage was the computation of base weight, which adjusts the data as per the various phases of sample selection. The second stage was the non-response adjustments to correct for non-responses at cluster, household and individual levels. The final stage was the calibration, which is the post-stratification adjustment to align the data to current population estimates. All estimates in this report are weighted estimates except for response rates.

Data from General Survey System (GSS) was converted into Statistical Package for Social Scientists (SPSS) version 20 for generation of tables, computation of standard errors, and variance calculations. A Taylor series approximation within the Complex Samples Module in the software was used for variance calculation including standard errors. Full details on calculation of standard errors and variances are contained in **Appendix C**.

Statistical significance was measured by comparing 95% confidence intervals of two estimates to determine whether they were different statistically. This report states two estimates are different, either higher or lower, only if their confidence intervals are non-overlapping [17].

CHAPTER THREE

Sample and Population Characteristics

3.0 Introduction

This chapter presents the levels of sample responses and characteristics of interviewed respondents. The response rates are presented for both household and individual interviews, as well as for rural and urban areas. The population characteristics are shown by sex, age, residence and education levels.

3.1 Response Rates

Table 3.1 presents the number and percent of households and persons interviewed and response rates by residence. Out of the allocated sample of 5,304 households, 4,976 households completed the household questionnaire thus yielding an overall household response rate of 95.1%. The response was higher in rural areas (95.8%) as compared to urban areas (93.9%). The sample in urban areas had a higher proportion of households that had either the occupants not at home for the entire survey duration (4.4%) or the selected household found to be unoccupied (1.1%) than rural areas, at 3.2% and 0.8%, respectively.

The survey results indicated that 4,797 individuals completed person interviews representing an overall person-level response rate of 96.4%. Person-level response rates were high among both urban and rural areas at 95.0% and 97.4%, respectively. Most of the non-responses in person-level category came from the selected individuals not being at home during the survey period, representing 3.9% in urban and 1.9% in rural areas.

The total response rate, with household and person-level response rates combined, was 91.7%. Total response rate for rural areas (93.4%) was higher than urban areas (89.2%).

Table 3.1: Number and percent of households and persons interviewed and response rates, by residence (unweighted) – GATS Tanzania, 2018.

	Residence				Total	
	Urban		Rural			
	Number	Percent	Number	Percent	Number	Percent
Selected Household						
Completed (HC)	2016	92.6	2960	94.9	4976	93.9
Completed – No one eligible (HCNE)	0	0.0	0	0.0	0	0.0
Incomplete (HINC)	2	0.1	7	0.2	9	0.2
No screening respondent (HNS)	9	0.4	4	0.1	13	0.2
Nobody home (HNH)	95	4.4	100	3.2	195	3.7
Refused (HR)	17	0.8	12	0.4	29	0.5
Unoccupied (HUO)	23	1.1	24	0.8	47	0.9
Address not a dwelling (HAND)	8	0.4	7	0.2	15	0.3
Other[1] (HO)	7	0.3	6	0.2	13	0.2
Total Households Selected	2177	100	3120	100	5297	100
Household Response Rate (HRR) (%)[2]		93.9%		95.8%		95.1%
Selected Person						
Completed (PC)	1914	94.9	2883	97.4	4797	96.4
Incomplete (PINC)	1	0.1	8	0.3	9	0.2
Not eligible (PNE)	1	0.1	1	0.0	2	0.0
Not at home (PNH)	79	3.9	55	1.9	134	2.7
Refused (PR)	10	0.5	4	0.1	14	0.3
Incapacitated (PI)	10	0.5	9	0.3	19	0.4
Other[1] (PO)	1	0.1	0	0.0	1	0.0
Total Number of Sampled Persons	2016	100	2960	100	4976	100
Person-level Response Rate (PRR) (%)[3]		95.0%		97.4%		96.4%
Total Response Rate (TRR) (%)[4]		89.2%		93.4%		91.7%

[1] Other includes any other result not listed.

[2] The Household Response Rate (HRR) is calculated as:

$$\frac{HC * 100}{HC + HINC + HNS + HNH + HR + HO}$$

[3] The Person-level Response Rate (PRR) is calculated as:

$$\frac{PC * 100}{PC + PINC + PNH + PR + PI + PO}$$

[4] The Total Response Rate (TRR) is calculated as: (HRR x PRR) / 100

Notes:

— An incomplete household interview (i.e., roster could not be finished) was considered a nonrespondent to the GATS. Thus, these cases (HINC) were not included in the numerator of the household response rate.

— The Total Number of Sampled Persons should be equal to the number of Completed [HC] household interviews.

— A completed person interview [PC] includes respondents who had completed at least question E01 and who provided valid answers to questions B01/B02/B03. Respondents who did not meet these criteria were considered as nonrespondents to GATS and thus, were not included in the numerator of the person-level response rate.

3.2 Population Characteristics

The completed sample of 4,797 person interviews were analyzed for selected demographic variables and presented in **Table 3.2**. The data was weighted to conform to the latest available population figures from the 2012 Population and Housing census projected for 2017. The 4,797 unweighted cases corresponded to approximately 29.6 million adults aged at least 15 years in the country. The weighted data showed that the proportions of males and females were 47.9% and 52.1%, respectively. The weighted proportion of individuals who resided in urban areas was 33.2%, compared to 66.8% for those in rural areas. The age distribution shows that most of the respondents were within the 25-44 age group (42.1%), followed by 15-24 age group (34.8%), while those aged at least 65 years (5.9%) were the least.

The education levels were not adjusted to conform to census figures since they were not part of variables for post-stratification adjustments. The weighted data showed that most of the respondents (53.9%) had completed primary school level of education with the least having just some primary education (14.2%).

Table 3.2: Distribution of adults ≥ 15 years old by selected demographic characteristics – GATS Tanzania, 2018.

	Weighted			
Demographic Characteristics	**Percentage (95% CI[1])**		**Number of Adults (in thousands)**	**Unweighted Number of Adults**
Overall	100		29,651.2	4,797
Gender				
Male	47.9	(45.9, 49.8)	14,190.7	2,089
Female	52.1	(50.2, 54.1)	15,460.5	2,708
Age (years)				
15-24	34.8	(33.0, 36.6)	10,312.8	1,109
25-44	42.1	(40.2, 43.9)	12,476.3	2,273
45-64	17.2	(15.8, 18.7)	5,103.2	942
65+	5.9	(5.2, 6.8)	1,758.9	473
Residence				
Urban	33.2	(30.4, 36.1)	9,848.4	1,914
Rural	66.8	(63.9, 69.6)	19,802.8	2,883
Education Level				
No education	15.3	(13.6, 17.2)	4,545.6	847
Some primary	14.2	(12.6, 16.1)	4,221.2	634
Primary completed	53.9	(51.5, 56.2)	15,961.9	2,519
Secondary +	16.6	(14.5, 18.9)	4,906.6	790

Note: The following observations were missing: 7 for education

[1] 95% Confidence Interval
[2] No education includes "No formal education"; Some primary includes "Less than primary school completed"; Primary completed includes "Primary school completed", "Post primary training completed", and "Less than secondary school completed"; Secondary + includes "Secondary 'O' level completed", "Post secondary 'O' level completed", "Secondary 'A' level completed", "Post secondary 'A' level completed", and "University completed or above".

CHAPTER FOUR

Tobacco Use

4.0 Introduction

This chapter covers tobacco use status among adult population in Tanzania. Tobacco products are products made entirely, or partly, of the tobacco leaf as raw materials and this chapter covers both smoked tobacco and smokeless tobacco products. Information on various demographic characteristics of tobacco users and age of daily smoking initiated is presented in this chapter.

4.1 Status of Tobacco Smoking

GATS Tanzania 2018 collected data on tobacco smoking status among adults aged 15 years and older in Tanzania. Current tobacco smoking was defined as having smoked tobacco within the past 30 days either daily or occasionally. The smoked tobacco products assessed in the survey included manufactured cigarettes, hand-rolled cigarettes, kiko, cigars and shisha. **Table 4.1** shows the prevalence of tobacco smoking status by sex for adults aged 15 years and above.

Current tobacco smoking prevalence among the Tanzanian adults is 6.8%. The data shows that most of the current smokers smoke tobacco every day (5.2%) and about 1.6% are occasionally smokers (**Figure 4.1**). The majority of adults were non-smokers (93.2%), including 4.7% who were former smokers and 88.6% who have never smoked (**Table 4.1**).

The current tobacco smoking prevalence was significantly higher among males (12.9%) than females (1.1%). It is also noted that 97.7% of the females never smoked, compared to 78.6% of male counterparts.

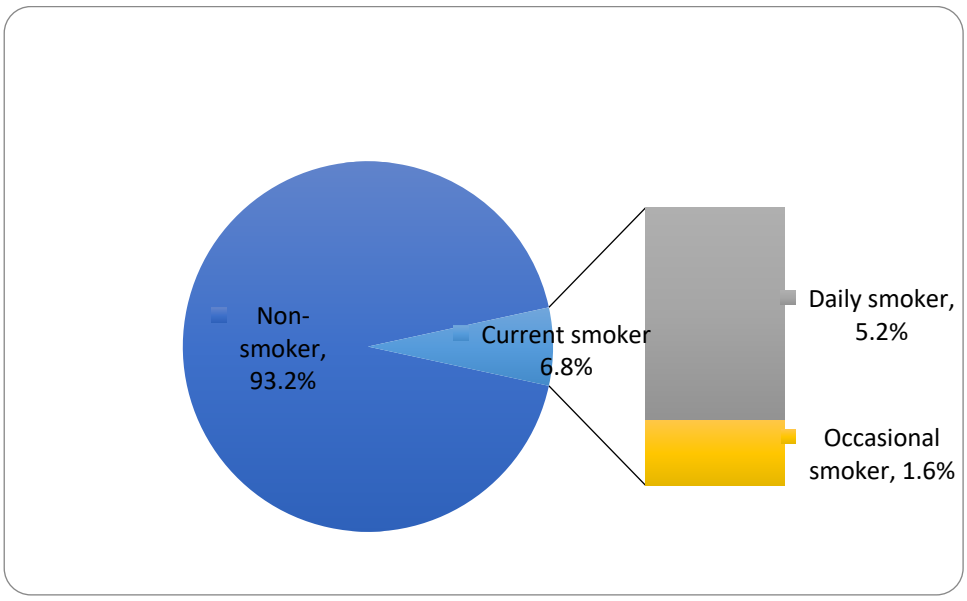
Furthermore, there are more than 2 million current adult tobacco smokers, of which males are ten times more likely to smoke than females (1.8 million males versus 175,600 females). Approximately 27.6 million adults are non-smokers.

Table 4.1: Percentage and number of adults ≥15 years old, by detailed smoking status and gender – GATS Tanzania, 2018.

Smoking Status	Overall	Male	Female
	Percentage (95% CI)		
	Number in thousands		
Current tobacco smoker	6.8 (5.9, 7.7)	12.9 (11.1, 14.9)	1.1 (0.7, 1.8)
	2,003.6	1,828.0	175.6
Daily smoker	5.2 (4.5, 6.0)	9.9 (8.4, 11.6)	0.9 (0.5, 1.5)
	1,542.1	1,403.7	138.4
Occasional smoker	1.6 (1.2, 2.1)	3.0 (2.3, 4.0)	0.2 (0.1, 0.6)
	461.5	424.2	37.3
Occasional smoker, formerly daily	0.6 (0.4, 0.9)	1.2 (0.8, 1.7)	0.2 (0.0, 0.5)
	188.5	164.1	24.4
Occasional smoker, never daily	0.9 (0.6, 1.3)	1.8 (1.3, 2.7)	0.1 (0.0, 0.2)
	273.0	260.1	12.9
Non-smoker	93.2 (92.3, 94.1)	87.1 (85.1, 88.9)	98.9 (98.2, 99.3)
	27,647.6	12,362.7	15,284.9
Former daily smoker	2.6 (2.0, 3.2)	4.7 (3.7, 6.1)	0.6 (0.3, 1.0)
	757.5	668.5	89.0
Never daily smoker	90.7 (89.6, 91.7)	82.4 (80.2, 84.5)	98.3 (97.6, 98.8)
	26,890.1	11,694.2	15,195.9
Former occasional smoker	2.1 (1.7, 2.7)	3.8 (2.9, 4.9)	0.6 (0.3, 0.9)
	628.1	542.2	85.9
Never smoker	88.6 (87.4, 89.7)	78.6 (76.1, 80.9)	97.7 (96.9, 98.3)
	26,262.0	11,152.0	15,110.0

Note: Current tobacco smoking includes both daily and occasional (less than daily) smoking.

Figure 4.1: Percent distribution of adults ≥15 years old, by smoking status – GATS Tanzania, 2018.



4.2 Status of Smokeless Tobacco

Smokeless tobacco is not smoked, but is sniffed through the nose, held in the mouth or chewed. Common smokeless tobacco products found in Tanzania include chewing tobacco, snuff, pan and kuber. These tobacco products were either found un-packaged (wrapped in various materials such as banana leaves) or in branded packets. **Table 4.2** presents the status of detailed smokeless tobacco use by gender among adults aged 15 years and above.

Prevalence of smokeless tobacco use among adults aged 15 years or older in Tanzania was 2.2%. About 2.1% of adult males and 2.3% of adult females use smokeless tobacco. Overall 1.6% of adults were daily smokeless tobacco users and 0.6% are occasional users. Former daily use of smokeless tobacco products was reported for 0.5% of adults. Approximately 96.3% of adults had never used smokeless tobacco products. The use of smokeless tobacco among adults in Tanzania is relatively low (2.2%) compared to smoked tobacco (6.8%).

The number of adults who currently use smokeless tobacco products was approximately 661,000.

Table 4.2: Percentage and number of adults ≥15 years old, by detailed smokeless tobacco use status and gender – GATS Tanzania, 2018.

Smokeless Tobacco Use Status	Overall	Male	Female
	Percentage (95% CI)		
	Number in thousands		
Current smokeless tobacco user	2.2 (1.8, 2.8)	2.1 (1.5, 3.0)	2.3 (1.8, 3.1)
	661.2	300.2	361.0
Daily user	1.6 (1.2, 2.1)	1.4 (1.0, 2.2)	1.7 (1.3, 2.4)
	472.4	204.6	267.9
Occasional user	0.6 (0.4, 1.0)	0.7 (0.4, 1.2)	0.6 (0.3, 1.1)
	188.8	95.7	93.1
Occasional user, formerly daily	0.1 (0.0, 0.2)	0.2 (0.1, 0.4)	0.0 (0.0, 0.1)
	29.9	27.9	2.0
Occasional user, never daily	0.5 (0.3, 0.8)	0.5 (0.2, 1.0)	0.6 (0.3, 1.0)
	158.9	67.8	91.1
Non-user of smokeless tobacco	97.8 (97.2, 98.2)	97.9 (97.0, 98.5)	97.7 (96.9, 98.2)
	28,882.8	13,846.8	15,035.9
Former daily user	0.5 (0.4, 0.8)	0.5 (0.3, 0.9)	0.6 (0.3, 1.0)
	159.7	69.6	90.1
Never daily user	97.2 (96.6, 97.7)	97.4 (96.4, 98.1)	97.1 (96.2, 97.7)
	28,723.0	13,777.2	14,945.8
Former occasional user	0.9 (0.6, 1.3)	1.2 (0.8, 2.0)	0.6 (0.3, 1.2)
	274.9	176.5	98.4
Never user	96.3 (95.5, 96.9)	96.1 (94.9, 97.1)	96.4 (95.5, 97.2)
	28,448.2	13,600.7	14,847.5

Note: Current smokeless tobacco use includes both daily and occasional (less than daily) use.

4.3 Current Tobacco Smokers

The distribution of the various smoked tobacco products by sex and selected demographic characteristics is presented in **Table 4.3**. The smoked tobacco products were categorized as any smoked tobacco, type of cigarettes (manufactured and hand-rolled), waterpipe and other smoked tobacco.

Overall, 6.8% of adults, aged 15 years and above, use any smoked tobacco product. Among the types of cigarettes, 6.5% smoke any cigarettes (5.2% smoked manufactured cigarettes and 2.7% smoked hand-rolled cigarettes) while 0.2% smoke water-pipe and 0.7% smoked other types of tobacco products.

The prevalence of current use of smoked tobacco products was higher among adults aged 65 years and above (13.3%) than young adults aged 15-24 years (2.5%).

By place of residence, there was no significant difference between urban and rural adults; GATS Tanzania 2018 indicates that 7.0% of rural adults and 6.3% of urban adults smoked any type of tobacco products.

Overall, 10.6% of adults with some primary level of education were current smokers of any type of tobacco products, followed by those who had no education at 9.1% and those with who completed

primary school (6.1%). The proportion of adults, who completed secondary (and above) level of education, was the least at 3.3%.

Adult males are more likely to consume any smoked tobacco product (12.9%) than their female counterparts (1.1%). Approximately, 10.5% and 5.3% of males smoke manufactured and hand -rolled tobacco products, respectively; both manufactured and hand rolled cigarette smoking made up less than one percent among females.

For both male and female smokers, those aged 65 years and above formed the highest smoking groups at 22.0% for male and 5.7% for female.

About 13.1% of males who reside in the rural areas are tobacco smokers, 9.8% use manufactured cigarettes, and 6.3% use hand-rolled cigarettes. On the other hand, among the male adults residing in urban areas, 12.5% smoked any tobacco product, while 11.8% smoked manufactured cigarettes and 3.4% smoked hand rolled cigarettes. The same pattern was observed for females in rural and urban areas although the proportions were much lower for females as compared to those of males.

While females with some primary level of education had the highest proportion of tobacco smokers at 2.8%, for males, the highest proportion was found among those with no education (22.8%).

Table 4.3: Percentage of adults ≥15 years old who are current smokers of various smoked tobacco products, by gender and selected demographic characteristics – GATS Tanzania, 2018.

Demographic Characteristics	Any smoked tobacco product		Type of Cigarette								Other smoked tobacco[2]	
			Any cigarette[1]		Manufactured		Hand-rolled		Waterpipe			
	Percentage (95% CI)											
Overall	6.8	(5.9, 7.7)	6.5	(5.6, 7.4)	5.2	(4.5, 6.1)	2.7	(2.2, 3.4)	0.2	(0.0, 0.7)	0.7	(0.5, 1.2)
Age (years)												
15-24	2.5	(1.6, 3.9)	2.5	(1.6, 3.9)	2.3	(1.5, 3.7)	0.7	(0.3, 1.6)	0.2	(0.0, 1.6)	0.3	(0.0, 1.5)
25-44	7.9	(6.6, 9.5)	7.7	(6.4, 9.2)	6.9	(5.7, 8.4)	2.6	(1.9, 3.6)	0.1	(0.0, 0.4)	0.6	(0.3, 1.1)
45-64	10.2	(7.9, 13.2)	9.7	(7.4, 12.5)	6.9	(5.0, 9.4)	5.2	(3.5, 7.7)	0.3	(0.1, 1.7)	1.3	(0.6, 2.7)
65+	13.3	(9.9, 17.5)	11.3	(8.5, 14.7)	5.4	(3.6, 8.1)	8.3	(5.8, 11.8)	0.0	N/A	2.9	(1.2, 6.8)
Residence												
Urban	6.3	(5.0, 7.9)	6.2	(4.9, 7.9)	5.9	(4.6, 7.6)	1.6	(0.9, 2.7)	0.2	(0.1, 0.6)	0.6	(0.3, 1.1)
Rural	7.0	(5.9, 8.3)	6.6	(5.5, 7.8)	4.9	(4.0, 6.0)	3.3	(2.6, 4.2)	0.2	(0.0, 1.3)	0.8	(0.5, 1.5)
Education Level												
No education	9.1	(6.9, 11.9)	8.2	(6.1, 10.9)	5.8	(3.9, 8.5)	4.8	(3.4, 6.6)	0.0	N/A	1.7	(1.0, 3.0)
Some primary	10.6	(7.9, 14.2)	10.2	(7.5, 13.7)	6.7	(4.4, 10.2)	5.3	(3.7, 7.4)	0.0	N/A	0.5	(0.1, 3.0)
Primary completed	6.1	(5.1, 7.3)	6.0	(5.0, 7.2)	5.3	(4.4, 6.5)	2.0	(1.4, 2.8)	0.3	(0.1, 1.5)	0.6	(0.3, 1.5)
Secondary +	3.3	(2.1, 5.1)	3.3	(2.1, 5.1)	3.0	(1.9, 4.7)	1.2	(0.6, 2.3)	0.2	(0.0, 1.1)	0.4	(0.1, 1.1)

Note: Current tobacco smoking includes both daily and occasional (less than daily) smoking.

[1] Includes manufactured and hand-rolled cigarettes.

[2] Includes pipes, cigars/cheroots/ciagarillos, and any other reported smoking tobacco products.

N/A- The estimate is "0.0"

Table 4.3 (cont.): Percentage of adults ≥15 years old who are current smokers of various smoked tobacco products, by gender and selected demographic characteristics – GATS Tanzania, 2018.

Demographic Characteristics	Any smoked tobacco product	Type of Cigarette				Other smoked tobacco[2]
		Any cigarette[1]	Manufactured	Hand-rolled	Waterpipe	
			Percentage (95% CI)			
Male	12.9 (11.1, 14.9)	12.8 (11.0, 14.7)	10.5 (8.9, 12.3)	5.3 (4.2, 6.7)	0.4 (0.1, 1.5)	1.0 (0.6, 1.9)
Age (years)						
15-24	4.9 (3.2, 7.5)	4.9 (3.2, 7.5)	4.7 (3.0, 7.3)	1.2 (0.5, 3.0)	0.5 (0.1, 3.2)	0.5 (0.1, 3.0)
25-44	16.1 (13.4, 19.2)	15.9 (13.2, 19.1)	14.2 (11.5, 17.2)	5.5 (3.9, 7.6)	0.3 (0.1, 1.0)	1.1 (0.5, 2.1)
45-64	18.6 (14.1, 24.1)	18.5 (14.1, 24.0)	13.4 (9.6, 18.4)	9.9 (6.5, 14.8)	0.7 (0.1, 3.4)	1.4 (0.5, 4.2)
65+	22.0 (16.3, 28.9)	21.4 (15.8, 28.3)	10.9 (7.0, 16.6)	15.5 (10.6, 22.2)	0.0 N/A	2.6 (1.0, 6.5)
Residence						
Urban	12.5 (9.8, 15.8)	12.4 (9.7, 15.7)	11.8 (9.1, 15.1)	3.4 (2.0, 5.7)	0.4 (0.1, 1.2)	1.2 (0.6, 2.3)
Rural	13.1 (10.9, 15.6)	12.9 (10.8, 15.5)	9.8 (7.9, 12.1)	6.3 (4.9, 8.1)	0.4 (0.1, 2.7)	0.9 (0.4, 2.3)
Education Level						
No education	22.8 (16.2, 31.1)	21.9 (15.3, 30.2)	16.4 (10.8, 24.3)	12.0 (8.1, 17.5)	0.0 N/A	3.2 (1.5, 6.5)
Some primary	17.8 (12.9, 24.0)	17.8 (12.9, 24.0)	11.9 (7.6, 18.1)	9.0 (6.3, 12.7)	0.0 N/A	0.1 (0.0, 0.5)
Primary completed	12.1 (10.0, 14.5)	12.0 (10.0, 14.4)	10.8 (8.9, 13.0)	4.0 (2.8, 5.8)	0.6 (0.1, 3.0)	1.0 (0.4, 2.8)
Secondary +	5.7 (3.6, 8.7)	5.7 (3.6, 8.7)	5.2 (3.2, 8.1)	2.2 (1.1, 4.2)	0.4 (0.1, 2.1)	0.7 (0.2, 2.0)
Female	1.1 (0.7, 1.8)	0.7 (0.4, 1.1)	0.4 (0.2, 0.7)	0.4 (0.2, 0.7)	0.0 N/A	0.5 (0.2, 1.0)
Age (years)						
15-24	0.2 (0.0, 1.5)	0.2 (0.0, 1.5)	0.0 N/A	0.2 (0.0, 1.5)	0.0 N/A	0.0 N/A
25-44	0.8 (0.4, 1.7)	0.6 (0.3, 1.3)	0.6 (0.3, 1.3)	0.1 (0.0, 0.6)	0.0 N/A	0.2 (0.0, 1.4)
45-64	2.2 (1.2, 4.2)	1.2 (0.6, 2.5)	0.6 (0.2, 1.6)	0.8 (0.3, 2.1)	0.0 N/A	1.1 (0.4, 3.3)
65+	5.7 (2.5, 12.6)	2.4 (1.1, 5.5)	0.6 (0.2, 2.0)	2.0 (0.8, 5.2)	0.0 N/A	3.2 (0.9, 11.5)
Residence						
Urban	0.6 (0.3, 1.3)	0.6 (0.3, 1.3)	0.6 (0.3, 1.3)	0.0 N/A	0.0 N/A	0.0 N/A
Rural	1.4 (0.8, 2.3)	0.7 (0.4, 1.2)	0.3 (0.1, 0.7)	0.6 (0.3, 1.0)	0.0 N/A	0.7 (0.3, 1.5)
Education Level						
No education	2.3 (1.3, 3.9)	1.4 (0.7, 2.6)	0.5 (0.2, 1.5)	1.2 (0.6, 2.4)	0.0 N/A	1.0 (0.4, 2.5)
Some primary	2.8 (1.2, 6.3)	1.8 (0.8, 4.3)	1.0 (0.4, 3.0)	1.2 (0.4, 3.4)	0.0 N/A	1.0 (0.1, 6.3)
Primary completed	0.5 (0.2, 1.2)	0.2 (0.1, 0.6)	0.2 (0.1, 0.6)	0.0 N/A	0.0 N/A	0.3 (0.1, 1.1)
Secondary +	0.4 (0.1, 1.6)	0.4 (0.1, 1.6)	0.4 (0.1, 1.6)	0.0 N/A	0.0 N/A	0.0 N/A

[1] Includes manufactured and hand-rolled cigarettes.

[2] Includes pipes, cigars/cheroots/ciagarillos, and any other reported smoking tobacco products.

N/A- The estimate is "0.0"

4.4 Current Users of Smokeless Tobacco Products

Table 4.4 presents results of the percentage of adults aged 15 years and above, who are current users of various smokeless tobacco products, by gender and selected demographic characteristics. The tables highlight three smokeless tobacco products: chewing kuber, snuff by mouth and snuff by nose.

Overall, 2.2% of adults currently used any smokeless tobacco product. The proportion of adults who were current users of snuff by mouth, snuff by nose and chewing kuber was 1.8%, 0.6% and 0.2%, respectively. More than twice as many adults living in rural areas (2.8%) used smokeless tobacco than adults living in urban areas (1.1%).

Among the urban respondents, snuff by mouth (1.0%) are more likely to be used than the use of snuff by nose (0.3%). This was similar to rural respondents, who are more likely to use snuff by mouth (2.2%) than snuff by nose (0.8%). Respondents aged 65 years and above, were the highest users of any smokeless tobacco at 12.3%, while those aged 15-24 years were the least users of smokeless tobacco at 0.4%.

In regard to education level, 7.2% of the adults with no education use smokeless tobacco, followed by those with some primary education (3.8%).

By gender, 2.1% of males and 2.3% of females were current users of smokeless tobacco. Among males, 1.5% use snuff by mouth, 0.9% snuff by nose, and 0.2% use chewing kuber. Likewise, among females, those who used snuff by mouth was about 2.1%, while snuff by nose and chewing kuber was used by about 0.4% and 0.1% of females, respectively.

For both males and females, the current use of smokeless tobacco increases with age. While less than one percent of males and females aged 15-24 used smokeless tobacco products, 5.5% of adult males and 18.2% of adult females aged 65 years and above used smokeless tobacco.

Rural females use smokeless tobacco products (3.1%) more likely than their urban counterparts (0.8%). On the other hand, approximately 2.5% and 1.4% of rural males and urban males, respectively, used smokeless tobacco products.

The survey also found that as the level of education increases, the use of smokeless tobacco decreases. Among the adult males, males with no education are the most common users of smokeless tobacco products (6.2%). Similarly, among the female users, 7.7% of respondents with no education are the most common current users of smokeless tobacco products.

Table 4.4a estimates 661,200 adults aged 15 years old and above were current users of various smokeless tobacco products. An estimated 557,300 were residing in rural areas, while 103,900 were in urban areas, and majority (326,300) of them had no education.

Table 4.4: Percentage of adults ≥15 years old who are current users of various smokeless tobacco products, by gender and selected demographic characteristics – GATS Tanzania, 2018.

Demographic Characteristics	Any smokeless tobacco product		Snuff, by mouth		Snuff, by nose		Chewing kuber		Other smokeless tobacco[1]	
	Percentage (95% CI)									
Overall	2.2	(1.8, 2.8)	1.8	(1.4, 2.3)	0.6	(0.4, 1.0)	0.2	(0.1, 0.3)	0.1	(0.1, 0.3)
Age (years)										
15-24	0.4	(0.2, 0.9)	0.3	(0.1, 0.8)	0.1	(0.0, 0.6)	0	N/A	0	(0.0, 0.1)
25-44	1.8	(1.2, 2.6)	1.3	(0.9, 2.0)	0.8	(0.5, 1.4)	0.2	(0.1, 0.6)	0.1	(0.0, 0.4)
45-64	3.5	(2.4, 5.3)	2.7	(1.7, 4.3)	0.6	(0.2, 1.5)	0	N/A	0.2	(0.1, 0.7)
65+	12.3	(8.6, 17.3)	11.1	(7.5, 16.2)	2.6	(1.2, 5.3)	0.9	(0.2, 4.2)	1	(0.2, 4.0)
Residence										
Urban	1.1	(0.7, 1.7)	1	(0.6, 1.6)	0.3	(0.2, 0.7)	0.2	(0.1, 0.5)	0.2	(0.1, 0.5)
Rural	2.8	(2.2, 3.6)	2.2	(1.7, 2.8)	0.8	(0.5, 1.3)	0.1	(0.0, 0.4)	0.1	(0.1, 0.4)
Education Level										
No education	7.2	(5.3, 9.8)	5.6	(3.9, 8.0)	2.3	(1.2, 4.2)	0.4	(0.1, 1.7)	0.6	(0.2, 1.7)
Some primary	3.8	(2.4, 5.9)	3.2	(2.0, 5.2)	0.4	(0.1, 1.0)	0.3	(0.1, 1.5)	0	N/A
Primary completed	0.8	(0.5, 1.2)	0.6	(0.4, 1.0)	0.3	(0.1, 0.6)	0.1	(0.0, 0.3)	0.1	(0.0, 0.3)
Secondary +	0.9	(0.4, 2.0)	0.7	(0.3, 1.7)	0.4	(0.1, 1.2)	0.1	(0.0, 0.5)	0	(0.0, 0.3)

Note: Current use includes both daily and occasional (less than daily) users.

N/A- The estimate is "0.0"

[1] include betel quid with tobacco, and other reported smokeless tobacco products

Table 4.4 (cont.): Percentage of adults ≥15 years old who are current users of various smokeless tobacco products, by gender and selected demographic characteristics – GATS Tanzania, 2018.

Demographic Characteristics	Any smokeless tobacco product		Snuff, by mouth		Snuff, by nose		Chewing kuber		Other smokeless tobacco[1]	
	Percentage (95% CI)									
Male	2.1	(1.5, 3.0)	1.5	(1.0, 2.2)	0.9	(0.5, 1.4)	0.2	(0.1, 0.6)	0.1	(0.0, 0.3)
Age (years)										
15-24	0.6	(0.2, 1.8)	0.5	(0.1, 1.6)	0.2	(0.0, 1.2)	0	N/A	0	(0.0, 0.3)
25-44	2.6	(1.7, 4.2)	1.7	(1.0, 2.9)	1.2	(0.6, 2.4)	0.5	(0.2, 1.3)	0.2	(0.1, 0.8)
45-64	2.8	(1.4, 5.5)	1.9	(0.9, 4.0)	1	(0.3, 2.8)	0	N/A	0	N/A
65+	5.5	(2.7, 11.1)	4.7	(2.1, 10.3)	2.3	(0.9, 5.8)	0.4	(0.1, 3.0)	0	N/A
Residence										
Urban	1.4	(0.8, 2.5)	1.2	(0.7, 2.3)	0.7	(0.3, 1.5)	0.4	(0.1, 1.0)	0.3	(0.1, 1.0)
Rural	2.5	(1.6, 3.8)	1.6	(1.0, 2.6)	1	(0.5, 1.8)	0.2	(0.1, 0.7)	0	N/A
Education Level										
No education	6.2	(3.2, 11.6)	3.9	(1.8, 8.0)	3.3	(1.4, 7.7)	0.3	(0.0, 2.1)	0	N/A
Some primary	3.2	(1.6, 6.2)	2	(0.9, 4.6)	0.6	(0.2, 1.8)	0.6	(0.1, 2.8)	0	N/A
Primary completed	1.2	(0.7, 2.0)	0.9	(0.5, 1.7)	0.5	(0.3, 1.1)	0.2	(0.0, 0.6)	0.2	(0.0, 0.6)
Secondary +	1.6	(0.8, 3.6)	1.3	(0.6, 3.1)	0.7	(0.2, 2.2)	0.1	(0.0, 0.9)	0.1	(0.0, 0.5)
Female	2.3	(1.8, 3.1)	2.1	(1.5, 2.8)	0.4	(0.2, 0.8)	0.1	(0.0, 0.6)	0.2	(0.1, 0.5)
Age (years)										
15-24	0.1	(0.0, 0.8)	0.1	(0.0, 0.8)	0	N/A	0	N/A	0	N/A
25-44	1.1	(0.6, 2.1)	0.9	(0.5, 1.9)	0.4	(0.2, 1.3)	0	N/A	0	N/A
45-64	4.2	(2.5, 6.9)	3.5	(2.0, 6.3)	0.2	(0.1, 0.9)	0	N/A	0.5	(0.1, 1.4)
65+	18.2	(12.1, 26.5)	16.8	(10.8, 25.1)	2.7	(0.9, 8.1)	1.3	(0.2, 8.5)	1.8	(0.4, 7.3)
Residence										
Urban	0.8	(0.3, 2.0)	0.8	(0.3, 2.0)	0	N/A	0	N/A	0	N/A
Rural	3.1	(2.3, 4.2)	2.7	(2.0, 3.7)	0.6	(0.3, 1.2)	0.1	(0.0, 0.8)	0.3	(0.1, 0.7)
Education Level										
No education	7.7	(5.4, 10.8)	6.5	(4.3, 9.5)	1.8	(0.8, 3.9)	0.4	(0.1, 2.8)	1	(0.4, 2.5)
Some primary	4.5	(2.5, 8.1)	4.5	(2.5, 8.1)	0.1	(0.0, 0.8)	0	N/A	0	N/A
Primary completed	0.4	(0.2, 0.9)	0.4	(0.2, 0.7)	0.1	(0.0, 0.5)	0	N/A	0	N/A
Secondary +	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A

Note: Current use includes both daily and occasional (less than daily) users.

N/A- The estimate is "0.0"

[1] include betel quid with tobacco, and other reported smokeless tobacco products

Table 4.4A: Number of adults ≥15 years old who are current users of various smokeless tobacco products, by gender and selected demographic characteristics – GATS Tanzania, 2018.

Demographic Characteristics	Any smokeless tobacco product	Snuff, by mouth	Snuff, by nose	Chewing kuber	Other smokeless tobacco[1]
			Number in thousands		
Overall	661.2	528	184.3	46	44.2
Age (years)					
15-24	38.9	30.5	8.4	0	2
25-44	226.1	162.1	101.2	30.3	13.2
45-64	179.9	139.4	29.6	0	12
65+	216.3	195.9	45	15.7	17
Residence					
Urban	103.9	96.1	32.9	16.7	15.2
Rural	557.3	431.8	151.3	29.3	29
Education Level					
No education	326.3	253	104.2	16.6	29
Some primary	160.1	135.3	15.4	12.6	0
Primary completed	128.6	101.8	46.4	13.2	13.2
Secondary +	44.6	36.2	18.2	3.5	2

Note: Current use includes both daily and occasional (less than daily) users.

[1] include betel quid with tobacco, and other reported smokeless tobacco products

Table 4.4A (cont.): Number of adults ≥15 years old who are current users of various smokeless tobacco products, by gender and selected demographic characteristics – GATS Tanzania, 2018.

Demographic Characteristics	Any smokeless tobacco product	Snuff, by mouth	Snuff, by nose	Chewing kuber	Other smokeless tobacco[1]
		Number in thousands			
Male	300.2	210.5	123.1	33.9	15.2
Age (years)					
15-24	32.8	24.5	8.4	0.0	2.0
25-44	152.0	100.4	71.6	30.3	13.2
45-64	69.9	47.1	23.9	0.0	0.0
65+	45.5	38.6	19.2	3.5	0.0
Residence					
Urban	65.1	57.4	32.9	16.7	15.2
Rural	235.1	153.1	90.1	17.2	0.0
Education Level					
No education	93.5	58.3	50.6	4.5	0.0
Some primary	69.3	44.5	13.2	12.6	0.0
Primary completed	92.9	71.4	41.1	13.2	13.2
Secondary +	44.6	36.2	18.2	3.5	2.0
Female	361.0	317.5	61.2	12.1	29.0
Age (years)					
15-24	6.0	6.0	0.0	0.0	0.0
25-44	74.1	61.7	29.7	0.0	0.0
45-64	110.0	92.3	5.7	0.0	12.0
65+	170.8	157.4	25.8	12.1	17.0
Residence					
Urban	38.8	38.8	0.0	0.0	0.0
Rural	322.2	278.7	61.2	12.1	29.0
Education Level					
No education	232.8	194.7	53.7	12.1	29.0
Some primary	90.7	90.7	2.2	0.0	0.0
Primary completed	35.7	30.3	5.3	0.0	0.0
Secondary +	0.0	0.0	0.0	0.0	0.0

Note: Current use includes both daily and occasional (less than daily) users.

[1] include betel quid with tobacco, and other reported smokeless tobacco products

4.5 Smoking Frequency

Frequency of smoking is an important predictor of nicotine dependence and adverse health outcomes. Current smokers were categorized into daily or occasional smokers. Daily means smoking at least one tobacco product every day. **Tables 4.5** presents the percentage distribution of adults aged 15 years and above, by smoking frequency, gender, and selected demographic characteristics.

Overall, 5.2% of the adults were daily tobacco smokers, 1.6% were occasional tobacco users and 93.2% were non-smokers. By age groups, the proportion of daily smokers increase with age, while only 1.5% of adults in the age group 15-24 years were daily smokers, 11.8% of the adults aged 65 and more years were daily smokers. Occasional smokers are less common in all characteristics in **Table 4.5**.

There was no difference in the proportions of daily smokers in rural and urban areas as an estimated 5.2% and 5.3% respectively, were daily tobacco smokers. By education levels, those with some primary education had the highest proportion of both daily and occasional smokers at 8.5% and 2.2% respectively.

Furthermore, the results shown in **Table 4.5** indicate that smoking males are more likely to be daily smokers than smoking females. While approximately 9.9% of males were daily tobacco smokers and 3.0% were occasional smokers, 0.9% and 0.2% of smoking females were daily smokers and occasional smokers respectively.

Additionally, 19.8% of male aged 65 and above years were daily smokers compared to 4.7% of the females in the same age group.

Table 4.5: Percentage distribution of adults ≥15 years old, by smoking frequency, gender and selected demographic characteristics – GATS Tanzania, 2018.

Demographic Characteristics	Smoking Frequency						Total
	Daily		Occasional[1]		Non-smoker		
	Percentage (95% CI)						
Overall	5.2	(4.5, 6.0)	1.6	(1.2, 2.1)	93.2	(92.3, 94.1)	100
Age (years)							
15-24	1.5	(0.8, 2.7)	1.0	(0.5, 2.0)	97.5	(96.1, 98.4)	100
25-44	6.0	(4.9, 7.3)	1.9	(1.4, 2.7)	92.1	(90.5, 93.4)	100
45-64	8.5	(6.3, 11.2)	1.8	(1.1, 3.0)	89.8	(86.8, 92.1)	100
65+	11.8	(8.7, 15.7)	1.5	(0.6, 3.7)	86.7	(82.5, 90.1)	100
Residence							
Urban	5.3	(4.0, 6.9)	1.0	(0.6, 1.5)	93.7	(92.1, 95.0)	100
Rural	5.2	(4.3, 6.1)	1.8	(1.3, 2.6)	93.0	(91.7, 94.1)	100
Education Level							
No education	7.4	(5.5, 9.9)	1.7	(0.9, 3.1)	90.9	(88.1, 93.1)	100
Some primary	8.5	(6.3, 11.3)	2.2	(1.0, 4.7)	89.4	(85.8, 92.1)	100
Primary completed	4.7	(3.8, 5.7)	1.5	(1.0, 2.1)	93.9	(92.7, 94.9)	100
Secondary +	2.1	(1.2, 3.6)	1.2	(0.6, 2.3)	96.7	(94.9, 97.9)	100

[1] Occasional refers to less than daily smoking.

Table 4.5 (cont.): Table 4.5 (cont.): Percentage distribution of adults ≥15 years old, by smoking frequency, gender and selected demographic characteristics – GATS Tanzania, 2018.

Demographic Characteristics	Smoking Frequency						Total
	Daily		Occasional[1]		Non-smoker		
	Percentage (95% CI)						
Male	9.9	(8.4, 11.6)	3.0	(2.3, 4.0)	87.1	(85.1, 88.9)	100
Age (years)							
15-24	2.8	(1.5, 5.2)	2.1	(1.1, 4.0)	95.1	(92.5, 96.8)	100
25-44	12.3	(9.9, 15.1)	3.8	(2.7, 5.4)	83.9	(80.8, 86.6)	100
45-64	15.5	(11.4, 20.7)	3.1	(1.8, 5.5)	81.4	(75.9, 85.9)	100
65+	19.8	(14.8, 26.0)	2.1	(0.7, 6.2)	78.0	(71.1, 83.7)	100
Residence							
Urban	10.5	(7.9, 13.9)	2.0	(1.2, 3.1)	87.5	(84.2, 90.2)	100
Rural	9.6	(7.9, 11.6)	3.5	(2.5, 4.9)	86.9	(84.4, 89.1)	100
Education Level							
No education	18.6	(13.0, 25.8)	4.2	(2.2, 7.9)	77.2	(68.9, 83.8)	100
Some primary	13.9	(10.1, 18.8)	3.9	(1.8, 8.5)	82.2	(76.0, 87.1)	100
Primary completed	9.2	(7.4, 11.5)	2.8	(1.9, 4.1)	87.9	(85.5, 90.0)	100
Secondary +	3.6	(2.1, 6.4)	2.0	(1.0, 4.1)	94.3	(91.3, 96.4)	100
Female	0.9	(0.5, 1.5)	0.2	(0.1, 0.6)	98.9	(98.2, 99.3)	100
Age (years)							
15-24	0.2	(0.0, 1.5)	0.0	N/A	99.8	(98.5, 100)	100
25-44	0.6	(0.3, 1.3)	0.2	(0.0, 1.2)	99.2	(98.3, 99.6)	100
45-64	1.7	(0.8, 3.7)	0.5	(0.1, 1.7)	97.8	(95.8, 98.8)	100
65+	4.7	(1.8, 11.7)	1.0	(0.2, 5.2)	94.3	(87.4, 97.5)	100
Residence							
Urban	0.5	(0.2, 1.3)	0.1	(0.0, 0.4)	99.4	(98.7, 99.7)	100
Rural	1.1	(0.6, 2.0)	0.3	(0.1, 0.9)	98.6	(97.7, 99.2)	100
Education Level							
No education	1.8	(1.0, 3.3)	0.4	(0.1, 1.8)	97.7	(96.1, 98.7)	100
Some primary	2.5	(1.0, 6.1)	0.3	(0.0, 2.0)	97.2	(93.7, 98.8)	100
Primary completed	0.3	(0.1, 0.9)	0.2	(0.0, 1.0)	99.5	(98.8, 99.8)	100
Secondary +	0.2	(0.0, 1.7)	0.1	(0.0, 0.9)	99.6	(98.4, 99.9)	100

[1] Occasional refers to less than daily smoking.

N/A: The estimate is "0.0".

4.6 Number of Cigarettes Smoked per Day

The average number and percentage distribution of cigarettes smoked per day among adult daily cigarette smokers by gender and selected demographic characteristics are presented in **Table 4.6**.

The average number of cigarettes smoked per day among daily smokers was 8.5 cigarettes. About 41.9% of daily smokers smoked less than 5 cigarettes, 27.2% smoked 5 to 9 cigarettes, 15.2% smoked 10-14 cigarettes, 12.4% smoked 15-24 cigarettes, and 3.4 smoked 25 or more cigarettes per day.

There was a significant difference in the average number of cigarettes smoked per day, by residence, as urban daily smokers consumed an average of 11.3 cigarettes per day while those in rural areas smoked 6.9 cigarettes per day.

The average number of sticks consumed per day by male daily smokers was 8.6. Among daily smokers aged 25-44 years, the average number of cigarettes smoked per day was 9.3, while for those aged 45-64 years, the average number of cigarettes smoked per day was 7.8 cigarettes and, age 65 years and above, the average number of cigarettes smoked per day was 6.6 cigarettes.

Table 4.6: Average number and percentage distribution of cigarettes smoked per day among daily cigarette smokers ≥15 years old, by gender and selected demographic characteristics – GATS Tanzania, 2018.

Demographic Characteristics	Average number of cigarettes smoked per day[1]		Distribution of number of cigarettes smoked on average per day[1]										
			<5		5-9		10-14		15-24		≥25		Total
	Mean (95% CI)		*Percentage (95% CI)*										
Overall	8.5	(7.1, 9.8)	41.9	(34.3, 49.8)	27.2	(21.0, 34.4)	15.2	(10.7, 21.2)	12.4	(8.4, 17.8)	3.4	(1.4, 7.8)	100
Gender													
Male	8.6	(7.2, 10.1)	41.2	(33.6, 49.3)	27.0	(20.6, 34.4)	16.1	(11.3, 22.5)	12.1	(8.0, 17.9)	3.6	(1.5, 8.2)	100
Female	-	-	-	-	-	-	-	-	-	-	-	-	100
Age (years)													100
15-24	-	-	-	-	-	-	-	-	-	-	-	-	100
25-44	9.3	(7.2, 11.3)	37.1	(27.1, 48.4)	27.8	(19.8, 37.4)	17.2	(11.6, 24.8)	15.4	(10.3, 22.6)	2.4	(0.9, 6.1)	100
45-64	7.8	(5.6, 9.9)	39.6	(28.8, 51.5)	31.5	(20.3, 45.4)	14.6	(6.7, 29.0)	10.6	(3.3, 29.3)	3.8	(0.7, 16.8)	100
65+	6.6	(4.7, 8.5)	49.1	(32.7, 65.6)	32.9	(19.1, 50.6)	5.7	(1.5, 19.3)	11.2	(4.2, 26.8)	1.1	(0.2, 6.9)	100
Residence													
Urban	11.3	(8.3, 14.3)	36.5	(24.5, 50.5)	18.7	(10.8, 30.5)	17.9	(10.0, 29.8)	22.3	(13.6, 34.3)	4.6	(1.2, 15.6)	100
Rural	6.9	(5.6, 8.1)	44.9	(35.5, 54.7)	31.9	(24.0, 41.0)	13.7	(8.7, 20.9)	6.8	(3.9, 11.4)	2.7	(0.9, 8.2)	100
Education Level													
No education	6.5	(5.1, 8.0)	43.3	(26.7, 61.5)	33.9	(19.8, 51.6)	11.4	(5.2, 23.3)	10.8	(5.0, 21.6)	0.6	(0.1, 4.2)	100
Some primary	6.6	(4.2, 9.0)	53.8	(39.1, 67.9)	23.6	(14.0, 36.9)	17.3	(8.8, 31.0)	3.6	(1.1, 10.6)	1.8	(0.3, 11.3)	100
Primary completed	9.3	(7.2, 11.4)	38.9	(28.0, 51.0)	25.8	(17.6, 36.1)	16.3	(9.4, 26.8)	15.2	(8.6, 25.6)	3.7	(1.4, 9.9)	100
Secondary +	-	-	-	-	-	-	-	-	-	-	-	-	100

[1] Among daily cigarette smokers. Cigarettes include manufactured and hand-rolled.

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

4.7 Age of Daily Smoking Initiation

Early exposure and addiction to nicotine can negatively impact brain development and have implications for future tobacco use and smoking-related harms. **Table 4.7** explored the age at daily initiation for adults aged 20-34 who have ever been daily smokers.

Overall, the average age of initiation among ever daily smokers aged 20-34 was 19.2 years. However, most ever daily smokers (48.6%) initiated smoking between the ages of 20-34 years, 31.1% initiated smoking between 17-19 years, 11.5% between 15-16 years, and 8.8% when they were less than 15 years. Male proportions follow the same trend as the overall figures.

Among urban adults aged 20-34, who were ever daily smokers, 14.6% initiated daily smoking when they were younger than 15 years, while in the rural areas the proportion was only 5.2%. More than half (56.4%) of the rural ever daily smokers initiated daily smoking between age 20-34 years compared to urban (36.3%) of the same age.

Table 4.7: Percentage distribution of ever daily smokers 20-34 years old by age at daily smoking initiation, gender and residence – GATS Tanzania, 2018.

Demographic Characteristics	Average age of initiation (years)		Age at Daily Smoking Initiation (years)[1]								Total
			<15		15-16		17-19		20+		
	Mean (95% CI)		*Percentage (95% CI)*								
Overall	19.2	(18.0, 20.4)	8.8	(3.8, 19.1)	11.5	(6.2, 20.5)	31.1	(21.0, 43.3)	48.6	(37.2, 60.1)	100
Gender											
Male	19.3	(18.2, 20.4)	7.3	(2.9, 17.1)	12.1	(6.5, 21.4)	31.9	(21.3, 44.7)	48.7	(36.8, 60.7)	100
Female	-	-	-	-	-	-	-	-	-	-	100
Residence											
Urban	18.5	(16.6, 20.5)	14.6	(5.2, 34.5)	13.7	(5.8, 29.1)	35.5	(20.0, 54.7)	36.3	(22.4, 52.9)	100
Rural	19.6	(18.1, 21.1)	5.2	(1.2, 19.4)	10.2	(4.1, 22.8)	28.3	(16.3, 44.5)	56.4	(41.0, 70.6)	100
Education Level											
No education	-	-	-	-	-	-	-	-	-	-	100
Some primary	-	-	-	-	-	-	-	-	-	-	100
Primary completed	20	(18.7, 21.3)	3.5	(0.7, 15.9)	13.0	(5.7, 27.1)	33.6	(19.0, 52.1)	49.8	(34.0, 65.7)	100
Secondary +	-	-	-	-	-	-	-	-	-	-	100

[1] Among respondents 20-34 years of age who are ever daily smokers.

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

4.8 Former Daily Smokers

Table 4.8 provides percentage of all adults and ever daily smokers who were former daily smokers by selected demographic characteristics. Among adults aged 15 years and older, 2.6% were former daily smokers. This proportion represents 40.9% of all ever smokers, also known as the quit ratio for ever smokers.

Less than one percent (0.6%) of females and 4.7% of males were former smokers. However, among female, former smokers, the quit ratio for ever smokers was 49.9% while that of male smokers was 39.8%.

The prevalence of former smokers among all adults ranged from 0.8% in the 15-24 age groups to 8.7% for adults aged 65 years and above. On the other hand, the quit ratio ranges from 35.2%, in 25-44 age group, to 47.9% for those aged between 45-64 years.

Approximately 2.3% and 2.7% of the urban and rural residents, respectively, were former daily smokers. Former daily smokers comprised of 3.1% of adults with no education, 4.0% of those with some primary, 2.3% of those with primary completed, and 1.8% of those with secondary and above. The quit ratios for ever smokers by education ranged from 35.9% for those with no education to 53.6% for those with secondary education and above.

Table 4.8: Percentage of former smokers and daily smokers among all adults, ever daily smokers, and ever smokers ≥15 years old, by selected demographic characteristics – GATS Tanzania, 2018.

Demographic Characteristics	Former Daily Smokers[1] (Among All Adults)		Former Daily Smokers[1] (Among Ever Daily Smokers)[2]		Former Smokers[1] (Among Ever Smokers)[3]	
	Percentage (95% CI)					
Overall	2.6	(2.0, 3.2)	30.4	(24.7, 36.8)	40.9	(36.0, 46.0)
Gender						
Male	4.7	(3.7, 6.1)	29.9	(23.9, 36.6)	39.8	(34.7, 45.3)
Female	0.6	(0.3, 1.0)	35.4	(20.9, 53.1)	49.9	(36.8, 63.0)
Age (years)						
15-24	0.8	(0.3, 1.9)	30.7	(13.9, 54.8)	40.3	(24.6, 58.3)
25-44	2.2	(1.6, 3.0)	24.1	(17.7, 31.8)	35.2	(29.1, 41.9)
45-64	4.9	(3.2, 7.5)	35.4	(23.9, 48.8)	47.9	(38.0, 57.9)
65+	8.7	(6.0, 12.5)	40.0	(28.7, 52.5)	45.2	(34.3, 56.6)
Residence						
Urban	2.3	(1.7, 3.2)	28.3	(20.5, 37.7)	43.8	(36.1, 51.8)
Rural	2.7	(2.0, 3.6)	31.5	(24.2, 39.8)	39.5	(33.3, 46.0)
Education Level						
No education	3.1	(2.1, 4.5)	27.7	(18.9, 38.5)	35.9	(27.4, 45.3)
Some primary	4.0	(2.5, 6.3)	30.3	(19.8, 43.3)	37.3	(27.5, 48.2)
Primary completed	2.3	(1.6, 3.1)	30.1	(22.4, 39.1)	41.7	(34.7, 49.1)
Secondary +	1.8	(1.0, 3.3)	38.3	(22.4, 57.3)	53.6	(39.2, 67.5)

[1] Current non-smokers.

[2] Also known as the quit ratio for daily smoking.

[3] Also known as the quit ratio for smoking.

4.9 Duration of Quitting Smoking

Time since quitting among former daily smokers aged 15 years old and above, by selected demographic characteristics is presented in **Table 4.9**. This can be achieved by comparing the proportion of recent quitters (those who quit smoking in the past year) with longer-term quitters (those who quit smoking in more than one-year duration) in countries after implementation of quit programs. Smokers who have quit for a longer period were more likely to remain former smokers.

The majority of former smokers (53.7%) quit for more than ten years. Twenty-one percent of former smokers quit for one to four years, 13.2% for less one year and 12.0% for five to nine years. Similar

trends were observed among male and female former smokers, where the majority (51.2% for male and 71.8% for female) quit for more than 10 years. In addition, for male former smokers, 13.6% quit for five to nine years.

Among former smokers aged 65 years and above, 85.0% quit for more than ten years. With respect to education levels, among former smokers with some primary, 75.0% quit for more than ten years. Approximately 74.4% and 35.7% of former smokers with no education and primary completed, respectively quit for more than ten years.

Table 4.9: Percentage distribution of former daily smokers ≥15 years old, by time since quitting smoking and selected demographic characteristics – GATS Tanzania, 2018.

Demographic Characteristics	Time since quitting smoking (years)[1]								Total
	<1		1 to <5		5 to <10		≥10		
	Percentage (95% CI)								
Overall	13.2	(7.6, 21.9)	21.1	(13.8, 31.0)	12.0	(6.7, 20.6)	53.7	(43.5, 63.6)	100
Gender									
Male	15.0	(8.6, 24.7)	20.2	(12.4, 31.1)	13.6	(7.6, 23.0)	51.2	(40.8, 61.6)	100
Female	0.0	N/A	28.2	(12.6, 51.7)	0.0	N/A	71.8	(48.3, 87.4)	100
Age (years)									
15-24	-	-	-	-	-	-	-	-	100
25-44	12.2	(6.2, 22.8)	36.4	(23.3, 51.9)	12.1	(5.6, 24.1)	39.3	(25.0, 55.7)	100
45-64	12.7	(5.0, 28.9)	9.7	(4.3, 20.6)	9.7	(2.1, 35.0)	67.9	(50.2, 81.6)	100
65+	3.1	(0.4, 19.6)	7.3	(2.5, 19.1)	4.7	(1.1, 17.6)	85.0	(69.8, 93.2)	100
Residence									
Urban	18.7	(8.3, 36.9)	22.0	(11.5, 38.0)	11.1	(4.3, 25.7)	48.2	(31.2, 65.7)	100
Rural	10.9	(5.2, 21.4)	20.8	(11.9, 33.7)	12.4	(5.9, 23.9)	56.0	(43.5, 67.8)	100
Education Level									
No education	9.0	(2.7, 25.6)	14.0	(6.0, 29.2)	2.7	(0.4, 16.7)	74.4	(56.6, 86.6)	100
Some primary	17.4	(5.4, 43.5)	0.9	(0.1, 6.1)	6.7	(1.4, 26.9)	75.0	(49.5, 90.2)	100
Primary completed	9.8	(4.7, 19.1)	35.5	(22.4, 51.1)	19.0	(8.9, 36.0)	35.7	(23.4, 50.3)	100
Secondary +	-	-	-	-	-	-	-	-	100

[1] Among former daily smokers (current non-smokers).

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

4.10 Use of Selected Tobacco Products

The distribution of current adult tobacco users by tobacco use pattern and selected demographic characteristics is detailed in **Table 4.10**. The prevalence of current tobacco use reflects the percentage of respondents who currently smoke tobacco and use smokeless tobacco products on either a daily, or less than daily, basis.

Overall, 8.7% of the adults currently used tobacco. The current tobacco users were comprised of 74.2% who smoked tobacco only, 21.7% who used smokeless tobacco only, and 4.2% who were dual users. Significant difference exists between male and female smokers, as about 14.6% percent of males were current tobacco users, while only 3.2% of females were current tobacco users.

The use of smokeless tobacco was higher among adult females (64.4%) than adult males (11.5%). On the other hand, 3.1% of adult male and 8.8% of adult female tobacco users were dual users of both smoked and smokeless products. One out of ten (10.4%) of current tobacco users aged 65 and older used both smoked and smokeless tobacco products.

Table 4.10: Percentage distribution of current tobacco users ≥15 years old, by tobacco use pattern and selected demographic characteristics – GATS Tanzania, 2018.

Demographic Characteristics	Current Tobacco Users[1]		Type of Current Tobacco Use						
			Smoked only		Smokeless only		Both smoked and smokeless		Total
			Percentage (95% CI)						
Overall	8.7	(7.7, 9.7)	74.2	(68.4, 79.1)	21.7	(17.2, 26.9)	4.2	(2.4, 7.1)	100
Gender									
Male	14.6	(12.7, 16.7)	85.5	(79.9, 89.7)	11.5	(7.9, 16.3)	3.1	(1.6, 5.8)	100
Female	3.2	(2.5, 4.1)	26.8	(18.2, 37.7)	64.4	(51.6, 75.4)	8.8	(3.5, 20.6)	100
Age (years)									
15-24	2.9	(2.0, 4.3)	86.9	(70.8, 94.8)	12.4	(4.7, 28.7)	0.7	(0.1, 4.9)	100
25-44	9.4	(8.0, 11.0)	80.6	(72.7, 86.7)	15.4	(10.3, 22.5)	3.9	(1.7, 8.9)	100
45-64	13.4	(10.7, 16.7)	73.8	(63.6, 81.9)	23.8	(15.9, 34.1)	2.4	(1.0, 5.8)	100
65+	23.2	(18.9, 28.1)	46.9	(34.9, 59.3)	42.7	(30.6, 55.7)	10.4	(4.0, 24.3)	100
Residence									
Urban	7.1	(5.6, 8.9)	85.0	(77.2, 90.5)	11.0	(6.3, 18.4)	4.0	(1.7, 9.3)	100
Rural	9.4	(8.2, 10.8)	70.1	(62.8, 76.5)	25.7	(19.9, 32.4)	4.2	(2.2, 8.1)	100
Education Level									
No education	15.7	(12.7, 19.1)	54.0	(43.0, 64.6)	41.6	(31.3, 52.7)	4.4	(2.4, 8.1)	100
Some primary	13.5	(10.7, 16.9)	71.8	(58.3, 82.3)	20.8	(12.3, 33.1)	7.4	(2.3, 21.1)	100
Primary completed	6.9	(5.8, 8.1)	88.3	(82.6, 92.3)	10.8	(7.1, 16.1)	0.9	(0.2, 3.6)	100
Secondary +	3.7	(2.5, 5.6)	75.6	(54.9, 88.8)	11.6	(3.4, 32.9)	12.7	(4.8, 29.8)	100

[1] Includes daily and occasional (less than daily) smokers or smokeless users.

4.11 Time to First Tobacco Use upon Waking Up

Table 4.11 presents data on time to first tobacco use upon waking up and selected demographic characteristics.

Overall, 33.7% of daily tobacco users used tobacco in more than an hour upon waking up. Furthermore, 18.9% used tobacco in less than five minutes, 30.0% within 6 to 30 minutes and 17.4% use within 31 to 60 minutes after waking up. This reveals that 48.9% of tobacco users used tobacco within half an hour of waking up.

More male tobacco users took a shorter time to use their first tobacco after waking up compared to female tobacco users, as 70.2% of males would use tobacco within one hour of waking up compared to 49.4% of females.

Among the age group 45-65 years and 65 years and above, 50.7% and 53.0% respectively, used their first tobacco within half an hour after waking up. For the age group 25-44, 42.3% used their first tobacco within half an hour after waking up. However, among the adults 25-44 years, 34.7% used their first tobacco more than 60 minutes after waking up, compared to 33.3% for 45-64 years and 34.2% for 65 years and above age group.

By area of residence, 20.2% and 18.3% of the urban and rural tobacco users respectively, used tobacco less than five minutes upon waking up.

About 21.6% of daily tobacco users with primary complete education used their first tobacco less than five minutes upon waking up.

Table 4.11: Percentage distribution of daily smokers and/or smokeless tobacco users ≥15 years old, by time to first tobacco use upon waking and selected demographic characteristics – GATS Tanzania, 2018.

Demographic Characteristics	Time to first smoke or smokeless use								Total
	≤5 minutes		6-30 minutes		31-60 minutes		>60 minutes		
	Percentage (95% CI)								
Overall	18.9	(14.2, 24.6)	30.0	(24.4, 36.4)	17.4	(13.0, 23.0)	33.7	(28.0, 39.9)	100
Gender									
Male	20.5	(15.0, 27.3)	31.9	(25.5, 38.9)	17.8	(12.9, 23.9)	29.9	(23.8, 36.9)	100
Female	11.7	(5.9, 21.8)	21.8	(12.2, 36.0)	15.9	(8.6, 27.6)	50.6	(36.0, 65.1)	100
Age (years)									
15-24	-	-	-	-	-	-	-	-	100
25-44	18.1	(11.6, 27.1)	28.4	(21.0, 37.0)	18.8	(12.3, 27.6)	34.7	(26.1, 44.5)	100
45-64	20.1	(12.3, 31.2)	30.6	(20.9, 42.3)	16.0	(8.6, 27.6)	33.3	(24.7, 43.3)	100
65+	24.8	(16.0, 36.4)	28.2	(18.1, 41.0)	12.8	(6.6, 23.4)	34.2	(22.2, 48.7)	100
Residence									
Urban	20.2	(11.6, 33.0)	33.2	(22.6, 45.9)	13.7	(7.1, 24.8)	32.8	(22.8, 44.7)	100
Rural	18.3	(13.2, 24.8)	28.7	(22.4, 36.0)	18.9	(13.5, 25.8)	34.0	(27.4, 41.3)	100
Education Level									
No education	20.7	(12.9, 31.5)	21.4	(14.0, 31.5)	19.9	(11.8, 31.6)	37.9	(27.9, 49.0)	100
Some primary	14.5	(8.0, 24.8)	31.0	(20.6, 43.7)	15.3	(7.9, 27.8)	39.1	(26.4, 53.5)	100
Primary completed	21.6	(14.6, 30.6)	35.5	(25.8, 46.6)	16.8	(10.2, 26.2)	26.2	(19.0, 34.8)	100
Secondary +	-	-	-	-	-	-	-	-	100

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

CHAPTER FIVE

Cessation

5.0 Introduction

Tobacco cessation refers to the process of stopping the use of any tobacco products, with or without assistance. Tobacco products, which typically include nicotine, are highly addictive (ICD 10- WHO 2007) and therefore it is essential to implement strategies to increase cessation including strengthen health care systems.

Health care providers play a key role in early identification of tobacco use and have a responsibility to intervene by providing brief advice to users to quit. Such brief advice, usually taking a few minutes, should be given to all tobacco users in the course of a routine consultation or interaction with a health care provider.

This chapter provides the survey findings on tobacco use cessation. It presents the aspects of tobacco use cessation among Tanzania adults who were past-year smokers (current and former smokers who quit in past 12 months) of tobacco products. It covers attempts to quit, receiving cessation advice from a health care provider, cessation methods used to try to quit, reasons for wanting to quit, and current or future interest to quit.

5.1 Quit Attempts and Health Care Provider Advice to Quit

Table 5.1 shows the findings for quit attempts and success rates among smokers aged 15 years and above in the past twelve months by selected demographic characteristics. The results represent the data on past 12 months smokers who made a quit attempt and advice to quit during a visit to the health care provider.

The data shows that 48.4% of current smokers made a quit attempt in the past 12 months, 27.6% visited a health care provider, 39.7% were asked if they smoke by a Health Care Provider and 36.5% were advised to quit by a health care provider. About half of male (49.7%) and 33.7% female smokers made a quit attempt. More than half (58.5%) of adults in the age group 15-24 years made an attempt to quit smoking.

Overall 50.1% and 47.6% of smokers who resided in urban and rural areas, respectively, made a quit attempt in the past 12 months. Most attempts to quit (65.9%) were made by those with secondary education and above, while those who had some primary education were least likely to attempt to quit smoking (39.0%).

Table 5.1: Percentage of smokers ≥15 years old who made a quit attempt and received health care provider advice in the past 12 months, by selected demographic characteristics – GATS Tanzania, 2018.

Demographic Characteristics	Smoking cessation and health care seeking behaviour							
	Made quit attempt[1]		Visited a HCP[1,2]		Asked by HCP if a smoker[2,3]		Advised to quit by HCP[2,3]	
	Percentage (95% CI)							
Overall	48.4	(42.7, 54.2)	27.6	(23.2, 32.4)	39.7	(30.5, 49.6)	36.5	(28.2, 45.8)
Gender								
Male	49.7	(43.5, 55.8)	28.4	(23.9, 33.3)	40.4	(30.8, 50.8)	37.1	(28.4, 46.7)
Female	33.7	(18.3, 53.5)	18.6	(7.8, 38.4)	-	-	-	-
Age (years)								
15-24	58.5	(39.1, 75.7)	25.3	(13.1, 43.3)	-	-	-	-
25-44	47.6	(39.5, 55.9)	25.5	(19.5, 32.5)	39.5	(26.7, 53.8)	37.0	(24.7, 51.3)
45-64	46.8	(35.1, 58.8)	33.0	(23.4, 44.4)	44.0	(26.1, 63.5)	42.0	(24.6, 61.6)
65+	42.5	(30.3, 55.6)	26.9	(17.3, 39.3)	-	-	-	-
Residence								
Urban	50.1	(39.4, 60.8)	32.5	(24.4, 41.8)	35.7	(21.9, 52.4)	32.8	(21.1, 47.1)
Rural	47.6	(40.8, 54.5)	25.2	(20.2, 30.9)	42.1	(30.5, 54.6)	38.8	(28.0, 50.9)
Education Level								
No education	44.5	(32.2, 57.6)	26.5	(16.8, 39.1)	-	-	-	-
Some primary	39.0	(29.7, 49.1)	20.0	(12.9, 29.8)	-	-	-	-
Primary completed	50.5	(41.7, 59.1)	30.6	(23.9, 38.3)	40.0	(28.5, 52.7)	34.2	(23.6, 46.6)
Secondary +	65.9	(46.9, 80.9)	31.7	(18.3, 49.1)	-	-	-	-

[1] Among current smokers and former smokers who have been abstinent for less than 12 months.

[2] HCP = health care provider.

[3] Among current smokers and former smokers who have been abstinent for less than 12 months, and who visited a HCP during the past 12 months

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

5.2 Cessation Methods Used by Those Who Attempted to Quit Smoking

Among all current smokers who made an attempt to quit smoking in the past 12 months, 65.8% attempted to quit without any assistance while 6.8% used pharmacotherapy (nicotine replacement and/or prescription medication), 24.0% used counseling or advice and 9.4% used other methods. However, it was understood that that use of pharmacotherapy was not among the services officially rendered by health care providers in Tanzania, and thus these findings have to be taken with caution.

Among current smokers in rural areas, 63.5% attempted to quit without assistance compared to 70.2% in the urban areas (**Table 5.2**).

Table 5.2: Percentage of smokers ≥15 years old who attempted to quit smoking in the past 12 months, by cessation methods used and selected demographic characteristics – GATS Tanzania, 2018.

Demographic Characteristics	Use of Cessation Method[1]							
	Pharmacotherapy[2]		Counseling[3]		Attempt to quit without assistance		Other[4]	
	Percentage (95% CI)							
Overall	6.8	(3.7, 12.1)	24.0	(17.9, 31.4)	65.8	(58.3, 72.6)	9.4	(5.7, 15.1)
Gender								
Male	7.2	(3.9, 12.7)	24.7	(18.3, 32.5)	66.1	(58.2, 73.1)	9.9	(6.0, 15.9)
Female	-	-	-	-	-	-	-	-
Age (years)								
15-24	0.0	N/A	15.6	(5.5, 36.9)	67.6	(42.9, 85.3)	16.1	(5.7, 37.7)
25-44	8.1	(3.6, 17.3)	23.1	(14.5, 34.7)	69.4	(59.0, 78.2)	9.5	(5.1, 17.2)
45-64	8.0	(3.1, 19.5)	36.5	(22.2, 53.6)	59.8	(43.1, 74.5)	6.7	(2.0, 20.6)
65+	9.4	(2.4, 30.5)	10.5	(3.3, 28.9)	60.2	(40.2, 77.3)	3.0	(0.4, 18.8)
Residence								
Urban	6.3	(2.4, 15.7)	20.6	(11.9, 33.2)	70.2	(58.1, 80.1)	8.7	(4.4, 16.2)
Rural	7.0	(3.3, 14.4)	25.8	(18.2, 35.3)	63.5	(53.8, 72.3)	9.8	(5.0, 18.3)
Education Level								
No education	7.0	(1.6, 25.6)	12.5	(4.7, 29.2)	62.3	(42.9, 78.4)	3.3	(0.7, 13.9)
Some primary	0.0	N/A	24.3	(11.3, 44.7)	87.4	(69.7, 95.5)	6.9	(2.0, 21.1)
Primary completed	10.0	(5.2, 18.2)	27.8	(19.0, 38.7)	60.2	(49.6, 69.9)	10.2	(5.4, 18.2)
Secondary +	-	-	-	-	-	-	-	-

[1] Among current smokers who made a quit attempt in the past 12 months and former smokers who have been abstinent for less than 12 months.

[2] Pharmacotherapy includes nicotine replacement therapy and prescription medications.

[3] Includes counseling at a cessation clinic.

[4] Other includes traditional medicines, switching to smokeless tobacco, and any other reported methods.

N/A- The estimate is "0.0"

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

5.3 Interest in Quitting Smoking

Among current smokers, 16.8% reported planning to quit within the next month and 20.4% reported planning to quit within the next 12 months. Additionally, 39.6% reported willingness to quit someday but not in the next 12 months and 18.2% were not interested in quitting smoking (**Table 5.3**).

Interest in quitting smoking by gender showed that 17.9% of current male smokers and 4.8% of current female smokers planned to quit smoking within the next month, while 20.7% of male and 16.3% of female were planning to quit smoking within the next 12 months.

By residence, rural smokers were more likely to plan quitting smoking in the next one month (20.8%), than their female counterparts (7.8%). On the other hand, 21.4% of urban smokers and 16.7% of rural smokers had no interest in quitting smoking.

While only 3.4% of smokers with secondary education and above planned to quit smoking in the next one month, one out of four (25.0%) did not know if they have any intention of quitting smoking.

Table 5.3: Percentage distribution of current smokers ≥15 years old by interest in quitting smoking and selected demographic characteristics – GATS Tanzania, 2018.

Demographic Characteristics	Interest in Quitting Smoking[1]										Total
	Planning to Quit Within Next Month		Thinking About Quitting Within Next 12 Months		Will Quit Someday, But Not in the Next 12 Months		Not Interested in Quitting		Don't Know		
	Percentage (95% CI)										
Overall	16.8	(12.6, 22.1)	20.4	(15.6, 26.1)	39.6	(33.7, 45.8)	18.2	(13.4, 24.2)	5.1	(2.7, 9.3)	100
Gender											
Male	17.9	(13.2, 23.7)	20.7	(15.7, 26.8)	40.0	(33.8, 46.5)	16.4	(11.5, 22.7)	5.1	(2.6, 9.7)	100
Female	4.8	(1.4, 15.0)	16.3	(5.7, 38.4)	34.8	(17.9, 56.6)	39.3	(21.9, 59.8)	5.0	(1.5, 15.1)	100
Age (years)											
15-24	15.9	(4.5, 42.8)	14.1	(5.3, 32.2)	35.4	(17.7, 58.3)	22.0	(7.9, 48.2)	12.6	(4.3, 31.6)	100
25-44	16.5	(10.8, 24.6)	23.7	(17.0, 32.1)	41.2	(32.9, 49.9)	13.1	(8.2, 20.4)	5.4	(2.1, 13.0)	100
45-64	15.2	(8.5, 25.8)	21.3	(12.4, 34.2)	40.6	(28.1, 54.5)	21.9	(13.9, 32.8)	0.9	(0.2, 3.8)	100
65+	23.1	(13.7, 36.3)	10.1	(3.8, 24.0)	34.8	(23.4, 48.3)	27.7	(16.2, 43.1)	4.3	(1.4, 12.7)	100
Residence											
Urban	7.8	(4.3, 13.9)	19.3	(12.0, 29.6)	44.9	(33.8, 56.5)	21.4	(11.4, 36.6)	6.5	(2.5, 15.9)	100
Rural	20.8	(15.3, 27.8)	20.8	(15.1, 28.0)	37.2	(30.5, 44.5)	16.7	(12.1, 22.6)	4.4	(1.9, 9.8)	100
Education Level											
No education	13.8	(7.0, 25.3)	28.2	(16.8, 43.2)	39.8	(27.8, 53.2)	16.5	(9.8, 26.3)	1.8	(0.6, 5.6)	100
Some primary	21.5	(12.2, 35.2)	15.3	(8.8, 25.4)	30.6	(20.7, 42.6)	24.0	(14.3, 37.6)	8.5	(2.4, 25.9)	100
Primary completed	18.2	(12.2, 26.2)	18.8	(12.7, 27.1)	44.7	(35.9, 53.8)	16.7	(9.9, 26.7)	1.6	(0.5, 4.8)	100
Secondary +	3.4	(0.8, 13.8)	22.9	(11.0, 41.7)	32.7	(16.9, 53.7)	16.0	(6.0, 36.1)	25.0	(10.9, 47.7)	100

[1] Among current daily or less than daily smokers.

CHAPTER SIX

Secondhand Smoke

6.0 Introduction

This chapter provides information on SHS exposure at work, home, or in various public places. It also seeks to find out if people support laws prohibiting smoking in various public places.

Exposure to SHS, also known as Environmental Tobacco Smoke (ETS) causes tobacco-related diseases similarly to active smoking. SHS is composed of two forms of smoke from burning tobacco: sidestream 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 Products (Regulation) Act 2003 and the Zanzibar Tobacco Control Regulation (2016), smoking is prohibited in both public and workplaces except in specially designated smoking areas. GATS Tanzania 2018 examined information on SHS exposure at work, home, or when visiting various public places in the past 30 days, among those who visited those places. It also inquired if respondents support laws prohibiting smoking in various public places.

6.1 Exposure to SHS at Work

Table 6.1 presents the percentage and number of adults aged 15 years and above who worked indoors and who were exposed to tobacco smoke at work during the past 30 days (**Table 6.1**).

Overall, 32.9% of the adults were exposed to tobacco smoke at work. Among non-smokers, 29.9% were exposed to tobacco smoke at workplace.

The survey results showed that prevalence of SHS exposure at work among for males was 37.0% while females was 28.5%. Among non-smokers, the prevalence of SHS was 31.5% for males and 28.5% for females.

In absolute numbers, GATS Tanzania 2018 findings show that approximately 1,043,400 adult Tanzanians were exposed to SHS at work. It is notable that 534,900 were exposed to SHS at work in urban areas as compared to 508,500 in rural areas.

By age groups, the prevalence of the overall SHS exposure was highest among age group 45-64 years (34.0%) and lowest in age group 15-24 years (30.1%). The corresponding SHS exposure for non-smoker for the two groups were 32.4% and 27.4% for age groups 45-64 years and 15-24 years respectively.

By residence, 30.6% of adults in urban areas were exposed to SHS at workplace compared to 36.5% of the adults in rural areas. Among non-smokers, 33.1% of the urban areas non-smokers and 27.5% of rural areas non-smokers were exposed to SHS.

The survey showed a high disparity for SHS exposure at work among different education levels ranging from 19.7% for adults with secondary or more education to 60.3% for adults with some primary education. Moreover, 18.1% of the non-smokers with secondary education were exposed to

SHS at workplace compared to 55.0% for those with some primary education.

Table 6.1: Percentage and number of adults ≥15 years old who work indoors and are exposed to tobacco smoke at work, by smoking status and selected demographic characteristics – GATS Tanzania, 2018.

Demographic Characteristics	Adults Exposed to Tobacco Smoke at Work[1]					
	Overall			Non-smokers		
	Percentage (95% CI)		*Number in thousands*	*Percentage (95% CI)*		*Number in thousands*
Overall	32.9	(27.8, 38.4)	1,043.40	29.9	(25.0, 35.4)	883.3
Gender						
Male	37.0	(30.3, 44.3)	599.3	31.5	(24.6, 39.4)	441.2
Female	28.5	(22.3, 35.6)	444	28.5	(22.3, 35.7)	442.2
Age (years)						
15-24	30.1	(20.1, 42.5)	228.5	27.4	(17.4, 40.2)	196.7
25-44	33.4	(28.0, 39.3)	578.2	29.9	(24.7, 35.7)	477.6
45-64	34.0	(24.0, 45.6)	219.8	32.4	(22.3, 44.4)	195.1
65+	-	-	-	-	-	-
Residence						
Urban	30.0	(24.7, 36.0)	534.9	27.5	(22.3, 33.5)	459.7
Rural	36.5	(27.5, 46.5)	508.5	33.1	(24.3, 43.3)	423.6
Education Level						
No education	50.6	(27.8, 73.3)	70.1	-	-	-
Some primary	60.3	(40.9, 77.0)	151.9	55	(36.1, 72.5)	117.9
Primary completed	36.0	(28.9, 43.7)	601.9	33.7	(26.5, 41.7)	515.4
Secondary +	19.7	(14.2, 26.7)	219.4	18.1	(12.8, 25.1)	196.7

[1] In the past 30 days. Among those respondents who work outside of the home who usually work indoors or both indoors and

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

6.2 Exposure to Secondhand Smoking at Home

Overall, survey findings show that 13.8% of adults were exposed to SHS at home. Among the non-smokers, 10.3% were exposed to SHS at home (**Table 6.2**). It is notable that approximately 4 million adults in Tanzania were exposed to tobacco smoke at home.

The survey shows no significant difference in exposure to SHS for adult males (15.9%) and female (11.9%). On the other hand, 11.4% of the adult female non-smokers and 8.9% of male adult non-smokers were exposed to SHS at home.

GATS Tanzania 2018 results reveal that there was no difference in exposure to SHS at home among different age groups.

However, significant differences in exposure to SHS at home are observed among the adults by area of residence. Overall, those living in rural area were more likely to be exposed to SHS at home (16.1%) compared to their urban counterparts (9.3%). Similarly, for non-smokers, those in urban areas were less likely to be exposed to SHS (5.6%) at home than non-smokers residing in rural areas (12.6%). The results also indicate that more adults in rural areas (3 million) were exposed to SHS as compared to those in urban areas (900 thousand).

Exposure to SHS at home varied from 5.1% of adults with secondary education or above to 20.8% for adults with less than primary school education. For non-smokers by education level, the similar pattern was seen from 3.7% to 16.2% for those with secondary and above and those with no education, respectively.

Table 6.2: Percentage and number of adults ≥15 years old who are exposed to tobacco smoke at home, by smoking status and selected demographic characteristics – GATS Tanzania, 2018.

Demographic Characteristics	Adults Exposed to Tobacco Smoke at Home[1]					
	Overall			Non-smokers		
	Percentage (95% CI)		*Number in thousands*	*Percentage (95% CI)*		*Number in thousands*
Overall	13.8	(12.1, 15.7)	4,071.10	10.3	(8.8, 11.9)	2,816.70
Gender						
Male	15.9	(13.7, 18.5)	2,247.70	8.9	(7.2, 10.8)	1,090.80
Female	11.9	(10.0, 14.1)	1,823.40	11.4	(9.5, 13.6)	1,725.90
Age (years)						
15-24	13.7	(11.4, 16.3)	1,396.40	12.6	(10.5, 15.1)	1,251.70
25-44	12.5	(10.4, 15.0)	1,558.90	8.4	(6.7, 10.6)	962.3
45-64	17.3	(14.0, 21.1)	876.7	11.1	(8.3, 14.7)	504.8
65+	13.7	(10.3, 18.1)	239	6.4	(4.0, 10.2)	97.9
Residence						
Urban	9.3	(7.4, 11.5)	909.2	5.6	(4.2, 7.3)	510.3
Rural	16.1	(13.8, 18.7)	3,161.90	12.6	(10.7, 14.9)	2,306.40
Education Level						
No education	20.8	(16.4, 26.0)	933.8	16.2	(12.4, 21.0)	663.4
Some primary	20.6	(16.4, 25.6)	855.1	14.5	(10.8, 19.1)	536.4
Primary completed	12.8	(11.0, 14.8)	2,031.70	9.7	(8.1, 11.4)	1,443.50
Secondary +	5.1	(3.5, 7.5)	250.5	3.7	(2.2, 6.0)	173.4

[1] Adults reporting that smoking inside their home occurs daily, weekly, or monthly.

6.3 Exposure to SHS in Various Public Places

Overall, the results showed that 12% of adults were exposed to SHS in restaurants, followed by bars and nightclubs (10.1%), public transportation (3.7%), government buildings (2.7), health care facilities (2.1%), schools or educational facilities (1.7%) and universities (0.7%). Almost the same pattern was observed for non-smokers who visited various public places (**Table 6.3**).

Significant differences in exposure to SHS for male adults and female adults were observed in government buildings, restaurants and bars or night clubs. In all these places, adult males were more likely to be exposed to SHS (3.5% for government buildings, 17.1% for restaurants and 16.0% in bars or night clubs) than adult females (1.5% for government buildings, 7.3% for restaurants and 4.7% in bars or night clubs). The same pattern was observed for male and female non-smokers.

The results show that SHS exposure by age groups at the various public places was highest in

restaurants and varied by age from 4.5% among adults aged 65 years to 13.8% among adults aged 25-44, respectively. The figures are almost the same for non-smokers.

Urban adults were more likely to be exposed to SHS in bars or night clubs (13.6%), public transportation (6.1%) and universities (1.7%) than adults in the rural areas (8.4%, 2.5% and 0.3% respectively). The same pattern was also observed for adult non-smokers in urban and rural areas.

The results further show that SHS exposure by level of education was notably different across the various public places. While for those with no education the SHS exposure proportion was highest in bars and nightclubs (6.0%) for all adults and 4.4 for non-smokers), for those with some primary education, primary education and secondary the highest proportion of SHS exposure was highest in restaurants (10.1%, 11.8% and 20.9% respectively). The same pattern was observed for non-smokers exposed to SHS (8.8% for non-smokers with some primary education, 11.3% of non-smokers with primary education and 21% for non-smokers with secondary or higher education.

Table 6.3: Percentage of adults ≥15 years old who were exposed to tobacco smoke in various public places in the past 30 days, by smoking status and selected demographic characteristics – GATS Tanzania, 2018.

Demographic Characteristics	Adults Exposed to Tobacco Smoke[1] in…																			
	Government buildings				Health care facilities				Restaurants				Bars or night clubs				Public transportation				Universities				Schools or Educational Facilities			
	Percentage (95% CI)																											
Overall	2.4	(1.9, 3.0)			2.1	(1.7, 2.7)			12	(10.7, 13.3)			10.1	(8.9, 11.5)			3.7	(3.0, 4.6)			0.7	(0.4, 1.3)			1.7	(1.3, 2.3)		
Gender																												
Male	3.5	(2.6, 4.6)			1.8	(1.3, 2.5)			17.1	(14.9, 19.5)			16	(13.8, 18.3)			4.7	(3.6, 6.1)			0.9	(0.5, 1.7)			2.3	(1.6, 3.3)		
Female	1.5	(1.0, 2.1)			2.5	(1.8, 3.3)			7.3	(6.1, 8.7)			4.7	(3.8, 5.9)			2.7	(2.0, 3.7)			0.6	(0.3, 1.2)			1.3	(0.8, 1.9)		
Age (years)																												
15-24	0.9	(0.5, 1.5)			1.3	(0.8, 2.2)			10.7	(8.6, 13.1)			6.5	(4.9, 8.6)			3.5	(2.4, 5.1)			0.6	(0.3, 1.1)			1.9	(1.2, 3.1)		
25-44	2.5	(1.8, 3.5)			2.5	(1.8, 3.4)			13.8	(12.0, 15.9)			12.8	(11.0, 14.8)			4.3	(3.4, 5.5)			1	(0.6, 1.9)			1.7	(1.1, 2.5)		
45-64	4.6	(3.1, 6.7)			2.7	(1.6, 4.6)			12.6	(10.2, 15.4)			12.6	(10.0, 15.8)			3	(1.9, 4.7)			0.6	(0.2, 2.1)			1.9	(0.9, 3.7)		
65+	4.3	(2.3, 7.8)			3	(1.6, 5.4)			4.5	(2.5, 8.1)			4.6	(2.8, 7.5)			2.2	(0.8, 6.0)			0	N/A			1	(0.3, 3.3)		
Residence																												
Urban	2.9	(2.1, 3.9)			2.3	(1.7, 3.2)			14.3	(12.2, 16.6)			13.6	(11.6, 15.9)			6.1	(4.6, 8.0)			1.7	(0.9, 3.3)			2.4	(1.7, 3.5)		
Rural	2.2	(1.6, 3.0)			2.1	(1.5, 2.8)			10.8	(9.2, 12.6)			8.4	(6.8, 10.2)			2.5	(1.8, 3.5)			0.3	(0.1, 0.8)			1.4	(0.9, 2.1)		
Education Level																												
No education	1.6	(0.8, 3.2)			0.9	(0.4, 2.0)			4.6	(2.8, 7.6)			6	(4.2, 8.5)			2.1	(1.1, 3.9)			0	N/A			1	(0.3, 2.9)		
Some primary	1.7	(0.9, 3.2)			1.8	(1.0, 3.3)			10.1	(7.6, 13.3)			6.2	(4.4, 8.6)			1.6	(0.6, 4.4)			0	N/A			1.5	(0.7, 3.3)		
Primary completed	2.4	(1.7, 3.2)			2.4	(1.7, 3.3)			11.8	(10.2, 13.6)			10.1	(8.6, 11.8)			3.5	(2.7, 4.6)			0.2	(0.1, 0.5)			1.4	(0.9, 2.2)		
Secondary +	3.9	(2.7, 5.5)			2.8	(1.9, 4.2)			20.9	(17.0, 25.3)			17.5	(14.1, 21.4)			7.5	(5.0, 11.2)			3.9	(2.1, 7.0)			3.9	(2.5, 5.9)		
Non-smokers	2.3	(1.8, 2.9)			2.3	(1.8, 2.9)			11.5	(10.2, 13.0)			8.5	(7.2, 9.9)			3.7	(3.0, 4.7)			0.7	(0.4, 1.3)			1.7	(1.3, 2.3)		
Gender																												
Male	3.4	(2.5, 4.6)			2.1	(1.5, 2.9)			16.9	(14.5, 19.7)			13.1	(11.1, 15.5)			5	(3.8, 6.4)			1	(0.5, 1.9)			2.3	(1.5, 3.4)		
Female	1.5	(1.0, 2.1)			2.5	(1.8, 3.4)			7.2	(6.0, 8.6)			4.7	(3.7, 5.8)			2.8	(2.0, 3.7)			0.6	(0.3, 1.2)			1.3	(0.8, 1.9)		
Age (years)																												
15-24	0.9	(0.5, 1.5)			1.4	(0.8, 2.2)			10.2	(8.2, 12.7)			5.8	(4.2, 7.8)			3.3	(2.2, 4.9)			0.6	(0.3, 1.2)			1.9	(1.1, 3.1)		
25-44	2.3	(1.6, 3.3)			2.7	(2.0, 3.7)			13.1	(11.2, 15.2)			10.7	(9.0, 12.7)			4.5	(3.5, 5.7)			1	(0.5, 1.9)			1.6	(1.1, 2.4)		
45-64	4.9	(3.3, 7.2)			3.1	(1.8, 5.1)			12.9	(10.4, 15.9)			10.4	(8.1, 13.2)			3.2	(2.0, 5.0)			0.7	(0.2, 2.4)			2	(1.0, 4.1)		
65+	4.1	(2.0, 7.9)			3.4	(1.9, 6.2)			4.6	(2.4, 8.8)			3.7	(1.9, 7.1)			2.5	(0.9, 6.9)			0	N/A			1	(0.3, 3.8)		
Residence																												
Urban	2.9	(2.1, 4.0)			2.5	(1.8, 3.4)			13.8	(11.7, 16.3)			11.3	(9.2, 13.7)			6.1	(4.5, 8.1)			1.7	(0.8, 3.4)			2.5	(1.7, 3.7)		
Rural	2	(1.4, 2.9)			2.2	(1.6, 3.0)			10.4	(8.8, 12.3)			7.1	(5.6, 8.8)			2.6	(1.9, 3.6)			0.3	(0.1, 0.9)			1.3	(0.9, 2.1)		
Education Level																												
No education	1	(0.5, 2.0)			1	(0.5, 2.2)			3.9	(2.2, 6.8)			4.4	(2.8, 6.8)			2.3	(1.2, 4.3)			0	N/A			0.5	(0.2, 1.6)		
Some primary	1.9	(1.0, 3.5)			2	(1.1, 3.7)			8.8	(6.3, 12.2)			4	(2.7, 6.0)			1.2	(0.5, 3.0)			0	N/A			1.7	(0.8, 3.6)		
Primary completed	2.3	(1.7, 3.2)			2.5	(1.8, 3.5)			11.3	(9.7, 13.2)			8	(6.6, 9.7)			3.5	(2.6, 4.6)			0.1	(0.0, 0.4)			1.4	(0.9, 2.2)		
Secondary +	3.8	(2.6, 5.4)			2.9	(2.0, 4.3)			21	(17.2, 25.5)			16.8	(13.5, 20.8)			7.8	(5.2, 11.5)			4	(2.2, 7.2)			3.9	(2.6, 6.1)		

[1] Among all adults in the past 30 days.
N/A- The estimate is "0.0"

6.4 Exposure to SHS for Adults who visited Various Public Places

While **Table 6.3** presents the population exposure rates, **Table 6.4** presents the percentage of adults, aged 15 years and above who visited various public places and were exposed to SHS, in the last 30 days. The results show highest rates of SHS exposure for all demographic characteristics in bars or nightclubs and lowest proportions were found in health care facilities for both overall and non-smokers.

Overall, those who visited bars and nightclubs had a very high SHS exposure of 77.0%. This was over 15 times more than SHS exposure in health care facilities (4.7%), which had the least exposure. On the other hand, SHS exposure for non-smokers was also highest in bars and nightclubs (74.8%) and lowest in schools or education facilities (5.5%).

SHS exposure by sex in all the various public places revealed no significant difference between adult males and females. The same findings were observed for male and female adult non-smokers. The findings show that SHS exposure by place of residence was not very different for the public places visited by all adults as well as adult non-smokers.

Table 6.4: Percentage of adults ≥15 years old who visited various public places in the past 30 days and were exposed to tobacco smoke, by smoking status and selected demographic characteristics – GATS Tanzania, 2018.

Demographic Characteristics	Adults Exposed to Tobacco Smoke[1] in…													
	Government buildings		Health care facilities		Restaurants		Bars or night clubs		Public transportation		Universities		Schools or Educational Facilities	
	Percentage (95% CI)													
Overall	9.4	(7.6, 11.6)	4.7	(3.7, 6.0)	31.1	(28.3, 34.1)	77	(72.4, 80.9)	7.9	(6.5, 9.7)	15.3	(9.1, 24.5)	5.6	(4.2, 7.3)
Gender														
Male	11	(8.2, 14.6)	4.7	(3.4, 6.5)	33.5	(29.7, 37.4)	77.8	(72.6, 82.4)	9.6	(7.4, 12.3)	14	(7.9, 23.5)	6.6	(4.6, 9.4)
Female	7.1	(5.1, 9.8)	4.8	(3.5, 6.4)	27	(23.2, 31.2)	74.3	(66.2, 81.1)	6.2	(4.7, 8.2)	17.8	(8.6, 33.3)	4.5	(2.9, 6.7)
Age (years)														
15-24	4.7	(2.8, 7.8)	3.4	(2.1, 5.5)	28.7	(23.5, 34.4)	72.4	(60.9, 81.5)	8.3	(5.8, 11.7)	8.7	(4.1, 17.4)	5.7	(3.5, 9.1)
25-44	8.6	(6.3, 11.7)	4.6	(3.4, 6.4)	31.7	(28.1, 35.7)	78.4	(73.1, 82.9)	8.3	(6.5, 10.5)	21.8	(13.1, 34.0)	5.1	(3.4, 7.5)
45-64	14.1	(9.7, 20.1)	6.2	(3.7, 10.3)	35	(29.0, 41.5)	78.9	(70.4, 85.5)	6.4	(4.0, 9.9)	21.4	(7.7, 47.2)	6.3	(3.1, 12.5)
65+	20.5	(11.5, 33.9)	9.6	(5.4, 16.5)	27.5	(15.9, 43.1)	74.4	(55.5, 87.2)	7.8	(2.8, 20.2)	-	-	8	(2.4, 23.8)
Residence														
Urban	9.1	(6.8, 12.1)	4.6	(3.3, 6.4)	31.5	(27.5, 35.8)	77.9	(72.4, 82.5)	9.2	(7.0, 12.0)	14.7	(8.1, 25.2)	6.8	(4.7, 9.7)
Rural	9.6	(7.0, 12.9)	4.8	(3.5, 6.6)	30.9	(27.0, 35.0)	76.2	(69.2, 82.1)	6.8	(5.0, 9.2)	17.5	(5.8, 42.1)	4.9	(3.2, 7.2)
Education Level														
No education	11.5	(5.9, 21.1)	2.7	(1.3, 5.9)	25.5	(16.0, 38.0)	71.4	(57.7, 82.0)	7.7	(4.2, 13.5)	-	-	6.9	(2.3, 19.1)
Some primary	7.9	(4.2, 14.6)	4.9	(2.7, 8.8)	29	(22.4, 36.7)	61.1	(46.0, 74.3)	4.3	(1.5, 11.6)	-	-	5.1	(2.3, 11.1)
Primary	9.4	(7.0, 12.6)	5	(3.6, 6.9)	29.1	(25.4, 33.0)	77.7	(71.2, 83.1)	7.4	(5.6, 9.6)	7.4	(3.0, 17.0)	4.2	(2.7, 6.5)
Secondary +	9.4	(6.7, 13.0)	5.1	(3.5, 7.3)	39.2	(33.3, 45.5)	84.1	(77.1, 89.3)	10.9	(7.3, 16.0)	19.2	(10.9, 31.7)	8.7	(5.6, 13.3)
Non-smokers	9.1	(7.2, 11.4)	5	(3.9, 6.3)	31.1	(28.0, 34.4)	74.8	(69.5, 79.4)	8.1	(6.5, 9.9)	15.3	(8.9, 25.1)	5.5	(4.1, 7.3)
Gender														
Male	10.6	(7.6, 14.5)	5.2	(3.7, 7.2)	34	(29.9, 38.5)	74.8	(68.5, 80.2)	10.1	(7.8, 12.9)	13.7	(7.4, 24.0)	6.5	(4.4, 9.6)
Female	7.1	(5.1, 9.9)	4.8	(3.6, 6.5)	26.7	(22.9, 30.9)	74.9	(66.6, 81.7)	6.3	(4.7, 8.3)	18.1	(8.8, 33.7)	4.5	(2.9, 6.7)
Age (years)														
15-24	4.7	(2.8, 8.0)	3.5	(2.1, 5.6)	28.2	(22.9, 34.0)	70.5	(58.1, 80.5)	7.9	(5.4, 11.3)	9.3	(4.4, 18.4)	5.6	(3.4, 9.1)
25-44	7.9	(5.6, 11.1)	4.9	(3.5, 6.7)	31.1	(27.1, 35.3)	76.2	(70.3, 81.3)	8.6	(6.7, 11.0)	20.5	(11.6, 33.5)	4.8	(3.2, 7.1)
45-64	14.9	(10.1, 21.5)	6.7	(4.0, 11.1)	38.3	(31.8, 45.3)	77.2	(67.3, 84.8)	6.8	(4.2, 10.7)	-	-	6.9	(3.3, 13.9)
65+	19.2	(10.0, 33.8)	10.7	(6.0, 18.1)	30.8	(17.0, 49.1)	-	-	8.8	(3.1, 22.3)	-	-	7.9	(2.1, 25.7)
Residence														
Urban	9.2	(6.9, 12.3)	4.7	(3.4, 6.6)	31.5	(27.2, 36.0)	75.8	(69.4, 81.3)	9.1	(6.7, 12.1)	14.5	(7.7, 25.7)	6.9	(4.7, 10.0)
Rural	8.9	(6.3, 12.5)	5.1	(3.7, 7.0)	30.9	(26.7, 35.4)	74	(65.8, 80.8)	7.1	(5.3, 9.5)	18.3	(6.1, 43.5)	4.6	(3.0, 7.1)
Education Level														
No education	7.9	(4.1, 14.9)	2.9	(1.3, 6.2)	23.4	(13.8, 36.9)	67.3	(51.1, 80.2)	8.4	(4.7, 14.7)	-	-	3.9	(1.3, 11.2)
Some primary	8.9	(4.7, 16.2)	5.3	(3.0, 9.4)	27.1	(20.0, 35.6)	49.1	(32.5, 66.0)	3.5	(1.4, 8.0)	-	-	5.8	(2.6, 12.5)
Primary	9.3	(6.8, 12.6)	5.2	(3.7, 7.2)	29.1	(25.4, 33.2)	74.7	(66.9, 81.1)	7.4	(5.6, 9.7)	5.4	(1.7, 15.8)	4.2	(2.6, 6.6)
Secondary +	9	(6.3, 12.7)	5.2	(3.5, 7.5)	39.7	(33.7, 46.1)	85.8	(78.7, 90.9)	11.3	(7.5, 16.5)	19.3	(10.9, 31.9)	8.8	(5.6, 13.4)

[1] Among those that visited the place in the past 30 days.
- Indicates estimate based on less than 25 unweighted cases and has been suppressed.

6.5 Support for Laws Prohibiting Smoking in Various Public Places

Table 6.5 shows the percentage of adults aged 15 years and above who support the laws prohibiting smoking in various public places by selected demographic characteristics and smoking status.

Overall, the results show overwhelming support for laws prohibiting smoking in all public places. It is notable that the proportion of adults supporting the laws prohibiting smoking in all public places ranged from 88.4% for nightclubs to 98.4% for places of worship.

Additionally, the results also show no difference in support for the laws prohibiting smoking in various places by gender, age, place of residence, level of education, or tobacco smoking status.

Table 6.5: Percentage of adults ≥15 years old who support the laws prohibiting smoking in various places, by smoking status and selected demographic characteristics – GATS Tanzania, 2018

Demographic Characteristics	Adults who support the law prohibiting smoking inside of…															
	Hospitals		Workplaces		Restaurants		Night clubs		Public transportation vehicles		Schools		Universities		Places of worship	
	Percentage (95% CI)															
Overall	98.3	(97.5, 98.9)	97.5	(96.5, 98.2)	97	(96.0, 97.7)	88.4	(86.5, 90.0)	98.2	(97.4, 98.7)	98.2	(97.4, 98.7)	97	(95.9, 97.8)	98.4	(97.7, 98.9)
Smoking Status																
Current smokers[1]	98.6	(96.6, 99.5)	97.8	(95.8, 98.9)	97.2	(94.9, 98.5)	77.2	(71.1, 82.4)	96.9	(93.9, 98.4)	98.3	(96.3, 99.2)	98	(95.9, 99.0)	98.1	(95.8, 99.1)
Non-smokers[2]	98.3	(97.5, 98.9)	97.4	(96.4, 98.2)	97	(95.9, 97.7)	89.2	(87.4, 90.7)	98.3	(97.4, 98.8)	98.2	(97.3, 98.8)	96.9	(95.7, 97.8)	98.5	(97.7, 99.0)
Gender																
Male	98.6	(97.4, 99.3)	98.1	(96.9, 98.8)	97.6	(96.3, 98.4)	88.2	(85.3, 90.5)	98.5	(97.5, 99.1)	98.6	(97.5, 99.2)	97.4	(96.0, 98.2)	98.7	(97.8, 99.3)
Female	98.1	(96.8, 98.8)	96.9	(95.4, 98.0)	96.5	(95.1, 97.4)	88.6	(86.7, 90.2)	97.9	(96.6, 98.7)	97.8	(96.6, 98.6)	96.7	(94.8, 97.9)	98.2	(97.1, 98.9)
Age (years)																
15-24	97.6	(95.6, 98.8)	96.6	(94.5, 97.9)	96.3	(94.2, 97.7)	87	(83.9, 89.6)	97.9	(95.8, 99.0)	98.1	(96.0, 99.1)	96.2	(93.9, 97.7)	97.9	(95.8, 98.9)
25-44	98.8	(97.9, 99.3)	98.2	(97.3, 98.8)	97.7	(96.6, 98.4)	89.3	(87.2, 91.1)	98.5	(97.8, 99.0)	98.2	(97.1, 98.8)	97.6	(96.5, 98.4)	98.9	(98.2, 99.3)
45-64	99.5	(98.9, 99.7)	98.3	(97.2, 98.9)	97.9	(96.5, 98.8)	90	(87.4, 92.1)	98.5	(97.4, 99.1)	98.8	(97.8, 99.3)	98.3	(97.2, 99.0)	99	(98.1, 99.5)
65+	96.2	(92.9, 98.0)	94.9	(91.3, 97.0)	93.1	(89.5, 95.5)	85	(78.9, 89.5)	96.4	(93.1, 98.2)	97	(94.2, 98.5)	93.9	(90.2, 96.2)	96.8	(94.1, 98.3)
Residence																
Urban	99.2	(98.6, 99.6)	98.1	(97.1, 98.8)	97.7	(96.3, 98.6)	87.7	(84.8, 90.2)	98.6	(97.7, 99.2)	98.8	(98.0, 99.2)	98.1	(96.9, 98.9)	98.8	(98.1, 99.3)
Rural	97.9	(96.7, 98.7)	97.2	(95.8, 98.1)	96.6	(95.3, 97.5)	88.7	(86.2, 90.8)	97.9	(96.8, 98.7)	97.9	(96.7, 98.7)	96.5	(94.8, 97.6)	98.3	(97.2, 98.9)
Education Level																
No education	96.8	(94.9, 98.1)	95.5	(92.8, 97.2)	95.1	(92.3, 96.9)	85.8	(81.8, 89.1)	96.5	(93.9, 98.0)	96.7	(94.8, 97.9)	94.7	(91.8, 96.6)	96.9	(95.0, 98.1)
Some primary	95.5	(90.5, 97.9)	93.6	(88.9, 96.4)	94.6	(90.1, 97.1)	86	(81.5, 89.5)	96.7	(92.4, 98.6)	96.2	(91.7, 98.4)	94.2	(89.4, 96.9)	97.2	(92.5, 98.9)
Primary completed	99.2	(98.4, 99.5)	98.6	(97.7, 99.1)	97.7	(96.5, 98.4)	89.2	(87.0, 91.1)	98.6	(97.8, 99.1)	98.8	(98.0, 99.2)	97.9	(96.8, 98.6)	99	(98.2, 99.4)
Secondary +	99.6	(99.0, 99.8)	99.2	(98.2, 99.6)	98.7	(97.5, 99.3)	90.2	(86.7, 92.8)	99.5	(98.5, 99.8)	99.5	(98.5, 99.8)	98.9	(97.8, 99.4)	99.2	(98.4, 99.6)

[1] Includes daily and occasional (less than daily) tobacco smokers.

[2] Includes former and never tobacco smokers.

CHAPTER SEVEN

Economics

7.0 Introduction

Tobacco is one of the major commercial crops in Tanzania grown in Tabora, Shinyanga, Kigoma, Mbeya and Mara regions. Tobacco farming is a source of household income and employment to 37,356 families. Besides farming, many women and children are engaged in manufacturing *sonyo, Ugoro* and various forms of smokeless tobacco products at home. On the other hand, tobacco consumption contributes to high costs on the national economy in the form of treatment for a number of Non-Communicable Diseases (NCDs) linked to tobacco smoking and use of smokeless tobacco.

According to 2011/12 Tanzania Mainland Household Budget Survey (HBS), households of tobacco users incurred expenses on buying tobacco products. The 2011/12 HBS provided estimates of monthly expenditure on cigarettes and other smokeless tobacco products. Data collected at the household level nationally by 2011/12 HBS showed that expense on tobacco procurement comprises more than two percent of all households' expenditures [18].

GATS Tanzania 2018 explores two aspects of the economics of tobacco use, 1: a) source or place of purchasing cigarette and smokeless tobacco, and b) expenditure incurred by cigarette smokers and smokeless tobacco users, on a monthly basis as well as on the last purchase of these products.

This chapter focuses on the economic aspects of manufactured cigarettes use by current smokers, based on information from the most recent purchase, which included source of last cigarette brand purchased, expenditure on cigarettes, unit and type of exchange of cigarette last purchase and perception of cigarette prices**.**

7.1 Most Common Cigarette Brand Purchased

In GATS Tanzania 2018, the most frequently purchased cigarettes were Sweet menthol (21.2%) and Portsman (21.1%) brands (**Table 7.1**), while the least purchased were Embassy (6.8%) and Portsman Mini (5.4%).

Most people aged 45-64 years tended to purchase Portsman (27.1%) or Sweet Menthol (24.5%) more than any other brand of cigarettes while those aged 15-24 years tended to purchase Sweet Menthol brand (17.0%) or Embassy Light (16.9%) and those aged 65 years and above purchased more of Club Menthols brand (33.7%).

Adult smokers in urban areas (29.8%) purchased more of Portsman brand cigarettes; while in rural areas, the most frequently purchased brand was Club menthol (24.2%). Furthermore, Embassy was more likely to be purchased by urban smokers (16.9%) than rural smokers (0.7%).

By level of education, those with secondary or higher education (34.0%) tended to purchase Portsman compared to other brands. On the other hand, adults with no education (27.1%) and adults with some primary education (29.3%) mostly purchased Club Menthol brand compared to other brands.

Table 7.1: Percentage of current manufactured cigarette smokers aged 15 years and above, by last brand purchased and selected demographic characteristics – GATS Tanzania, 2018.

Demographic Characteristics	Last cigarette brand purchased									
	Sweet Menthol		Portsman		Club Menthol		Embassy Lights		Portsman Mini	
	Percentage (95% CI)									
Overall	21.2	(16.3, 27.0)	21.1	(15.3, 28.3)	19.3	(13.9, 26.1)	6.8	(3.1, 14.5)	5.4	(3.3, 8.8)
Gender										
Male	20.9	(16.0, 26.9)	21.2	(15.3, 28.6)	19.9	(14.3, 26.9)	6.2	(2.5, 14.5)	5.7	(3.5, 9.1)
Female	-	-	-	-	-	-	-	-	-	-
Age (years)										
15-24	17.0	(5.8, 40.2)	11.2	(3.8, 28.4)	13.9	(5.2, 32.2)	16.9	(5.3, 42.8)	6.5	(2.0, 18.9)
25-44	21.4	(15.5, 28.9)	21.5	(14.7, 30.3)	22.7	(14.9, 33.0)	7.2	(3.6, 13.8)	6.3	(3.3, 11.8)
45-64	24.5	(14.1, 39.0)	27.1	(13.7, 46.4)	10.4	(5.2, 19.6)	0.5	(0.1, 3.2)	4.0	(1.5, 9.9)
65+	17.6	(5.6, 43.4)	20.7	(9.3, 40.0)	33.7	(17.1, 55.7)	0.0	N/A	0.0	N/A
Residence										
Urban	17.5	(11.2, 26.3)	29.8	(18.5, 44.1)	11.0	(4.9, 22.8)	17.2	(7.6, 34.4)	7.6	(4.0, 13.8)
Rural	23.4	(16.9, 31.3)	15.9	(10.5, 23.4)	24.2	(17.1, 33.1)	0.7	(0.2, 2.8)	4.2	(1.9, 8.9)
Education Level										
No education	15.4	(6.9, 31.0)	17.3	(6.5, 38.9)	27.1	(11.5, 51.7)	1.8	(0.3, 12.0)	6.5	(2.2, 17.6)
Some primary	24.1	(12.4, 41.5)	16.8	(8.0, 31.9)	29.3	(17.6, 44.6)	5.0	(1.3, 17.7)	0.0	N/A
Primary	24.0	(17.1, 32.6)	21.3	(13.9, 31.3)	15.3	(9.0, 24.9)	8.3	(2.7, 22.7)	6.8	(3.6, 12.7)
Secondary +	8.9	(2.1, 30.8)	34.0	(15.1, 60.0)	9.7	(2.0, 35.7)	10.2	(3.1, 29.0)	6.0	(2.0, 16.4)

Note: Current manufactured cigarette smokers include daily and occasional (less than daily) use. The top five reported brands last

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

N/A- The estimate is "0.0"

7.2 Source of Last Purchase of Cigarettes

Table 7.2 presents percentage distribution of manufactured cigarette smokers aged 15 years or older, by the source of last purchase of cigarettes and selected demographic characteristics. The most common source of the last purchase of manufactured cigarettes was shops. Overall, 84.0% of the last purchase of cigarettes was from shops, followed by kiosks (8.4%). All the other sources recorded negligible percentages. The pattern was the same for all demographic characteristics in Table 7.2.

Table 7.2: Percentage distribution of manufactured cigarette smokers aged 15 years and above, by the source of last purchase of cigarettes and selected demographic characteristics – GATS Tanzania, 2018.

Source	Overall		Gender			Age (years)				Residence			
			Male		Female	15-24		25+		Urban		Rural	
	Percentage (95% CI)												
Vending machine													
Shop	84.0	(78.4, 88.4)	84.3	(78.5, 88.8)	- -	95.4	(81.1, 99.0)	81.9	(75.5, 86.9)	91.5	(85.0, 95.4)	79.6	(71.7, 85.7)
Supermarket	0.6	(0.1, 2.6)	0.6	(0.1, 2.7)	- -	0.0	N/A	0.7	(0.2, 3.0)	0.5	(0.1, 3.7)	0.6	(0.1, 4.4)
Street vendor	1.2	(0.4, 3.6)	1.2	(0.4, 3.8)	- -	0.0	N/A	1.4	(0.4, 4.3)	0.2	(0.0, 1.7)	1.7	(0.5, 5.8)
Military store													
Duty-free shop	3.3	(1.5, 7.0)	3.1	(1.4, 7.0)	- -	0.0	N/A	3.9	(1.8, 8.5)	1.4	(0.3, 5.5)	4.5	(1.9, 10.2)
Kiosks	8.4	(5.0, 13.8)	8.7	(5.2, 14.3)	- -	4.6	(1.0, 18.9)	9.1	(5.3, 15.2)	4.3	(1.8, 9.5)	10.9	(5.9, 19.0)
From another person	0.8	(0.2, 3.0)	0.4	(0.0, 2.5)	- -	0.0	N/A	0.9	(0.2, 3.5)	0.9	(0.1, 6.4)	0.7	(0.1, 4.5)
Other	1.7	(0.7, 4.4)	1.6	(0.6, 4.5)	- -	0.0	N/A	2.1	(0.8, 5.2)	1.2	(0.2, 8.0)	2.1	(0.7, 6.0)
Total	100		100		100	100		100		100		100	

N/A- The estimate is "0.0"

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

7.3 Expenditure on Cigarettes

Table 7.3 presents information on average cigarette expenditure per month among manufactured cigarette smokers aged 15 years or older, by selected demographic characteristics. Overall, the average expenditure by smokers on cigarettes was Tshs. 28,840 per month while the median was Tshs.13,894.3. The average and median expenditure on cigarettes per month by males was Tshs 29,136.2 and Tshs. 13,969.1 respectively.

On average, smokers aged 25-44 years spent TShs. 27,740.3 per month on cigarettes and those aged 45-64 years spent TShs. 17,534.9.

Smokers residing in urban areas spent on average TShs 40,559.8 per month compared to Tshs 21,399.7 among rural smokers. The median expenditure on cigarette per month showed significant differences between the urban smokers (Tshs 23,171.6) and rural smokers (Tshs 9,122.0).

On average, smokers with at least secondary education spent more money on cigarettes expenditures (Tshs 63,324.7) followed by those completed primary education (TShs 30,212); while the smokers with no formal education spent the least on cigarettes expenditures (Tshs 17,309.4).

Table 7.3: Average cigarette expenditure per month among manufactured cigarette smokers ≥15 years old, by selected demographic characteristics – GATS Tanzania, 2018.

Demographic Characteristics	**Cigarette expenditure per month (*Tanzanian shilling*)**				**Cost of a pack of cigarettes (*Tanzanian shilling*)**			
	Mean (95% CI)		*Median (95% CI)*		*Mean (95% CI)*		*Median (95% CI)*	
Overall	28840.0	(19493.4, 38186.6)	13894.3	(11169.0, 14782.3)	2849.5	(2158.3, 3540.7)	1966.9	(1914.3, 2619.3)
Gender								
Male	29136.2	(19409.4, 38862.9)	13969.1	(11059.5, 14846.9)	2843.9	(2132.7, 3555.1)	1964.4	(1911.3, 2609.1)
Female	-	-	-	-	-	-	-	-
Age (years)								
15-24	-	-	-	-	-	-	-	-
25-44	27740.3	(20711.7, 34769.0)	14341.2	(11711.2, 16089.0)	2613.8	(2321.0, 2906.6)	1775.8	(1427.4, 2622.0)
45-64	17534.9	(10788.2, 24281.6)	12141.2	(7066.8, 14761.9)	1862.8	(1475.9, 2249.8)	1835.3	(1610.2, 1922.4)
65+	-	-	-	-	-	-	-	-
Residence								
Urban	40559.8	(26285.0, 54834.6)	23171.6	(14611.0, 28690.8)	2838.7	(2357.0, 3320.5)	2634.4	(1910.6, 3540.4)
Rural	21399.7	(9435.2, 33364.2)	9122.0	(8813.0, 12682.6)	2862.6	(1448.4, 4276.7)	1816.2	
Education Level								
No education	17309.4	(10836.1, 23782.7)	10424.9	(7102.2, 14689.4)	2510.9	(2119.0, 2902.7)	0.0	N/A
Some primary	18430.1	(8526.2, 28334.0)	8987.7	(5717.8, 13974.0)	2279.9	(2057.9, 2501.9)	1820.6	
Primary completed	30212.7	(16671.5, 43753.9)	14350.1	(11382.0, 17497.1)	2836.8	(1689.3, 3984.3)	1942.7	(1867.2, 2512.2)
Secondary +	63324.7	(17850.9, 108798.4)	24063.0	(12927.4, 61871.5)	3702.7	(3164.1, 4241.2)	3663.1	(2569.2, 3975.4)

N/A- The estimate is "0.0"

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

7.4 Unit and Type of Exchange of Last Purchase of Cigarettes

Table 7.4 presents information on unit and type of exchange of last purchase of cigarettes among current manufactured cigarette smokers aged 15 years or above, by selected demographic characteristics. Type of exchange could either be cigarette was purchased as individual sticks and payment made before the cigarette was handed to purchaser.

Overall, most smokers (93.0%) purchased cigarettes as individual sticks including male smokers (93.0%). About 80.3% of the smokers made the payment before getting the cigarettes. Likewise, majority of the male smokers paid before receiving the cigarettes (80.5%).

On the other hand, there was no significant difference between the mode of purchase and the level of education or place of residence.

Table 7.4: Unit and type of exchange of last purchase of cigarettes among current manufactured cigarette smokers ≥15 years old, by selected demographic characteristics – GATS Tanzania, 2018.

	Last purchase of manufactured cigarettes			
Demographic Characteristics	**Purchased as individual sticks**		**Payment was made before the cigarettes were handed to purchaser**	
	Percentage (95% CI)			
Overall	93.0	(88.9, 95.6)	80.3	(73.5, 85.7)
Gender				
Male	93.0	(88.8, 95.7)	80.5	(73.5, 86.0)
Female	-	-	-	-
Age (years)				
15-24	100.0	N/A	90.0	(73.0, 96.7)
25-44	94.0	(88.5, 97.0)	73.7	(63.6, 81.8)
45-64	89.5	(78.6, 95.2)	87.2	(74.9, 93.9)
65+	77.7	(55.4, 90.7)	92.4	(76.8, 97.8)
Residence				
Urban	88.8	(79.5, 94.2)	89.5	(81.6, 94.2)
Rural	95.5	(91.2, 97.7)	74.9	(65.3, 82.5)
Education Level				
No education	97.5	(90.4, 99.4)	62.7	(44.7, 77.8)
Some primary	93.0	(82.6, 97.4)	89.4	(77.3, 95.4)
Primary completed	91.6	(85.5, 95.3)	81.2	(72.4, 87.7)
Secondary +	93.0	(79.7, 97.8)	87.9	(73.4, 95.0)

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

N/A: The estimate is "100.0"

7.5 Perception of Cigarette Prices

Table 7.5 presents the information on perceptions of cigarette prices among current manufactured cigarette smokers aged 15 years or above, by selected demographic characteristics. Overall, most of the manufactured cigarette smokers (68.4%) reported that expensive cigarettes prevent them from buying more cigarettes followed by 58.5% who reported that cigarettes were expensive and 49.9% said they would quit smoking if the cigarettes prices were to double.

Most of smokers aged 65 years and above (80.9%) stated that cigarettes were expensive and 42% of that same age group would quit smoking if the cigarettes prices were to double. On the other hand, most smokers aged 25-44 (66.3%) and those aged 45-64 (70.1%) reported that expensive cigarettes prevent them from buying more cigarettes.

In urban areas, most smokers (60.5%) thought that cigarettes were expensive. However, more smokers in rural areas (76.8%) think expensive cigarettes prevent them from buying more. Quitting if prices of cigarettes were to double was also one of the perceptions stated by the smokers in both rural (57.1%) and urban areas (37.9%).

While there is no clear pattern on the thinking that cigarettes were expensive among different education level categories, the proportion of those on the view that they would quit smoking if prices double tended to decrease with increased education level, ranging from 62.9% for those with no education to 35.8% among those with secondary and above education.

Table 7.5: Perceptions of cigarette prices among current manufactured cigarette smokers aged 15 years and above, by selected demographic characteristics – GATS Tanzania, 2018.

Demographic Characteristics	Current manufactured cigarette smokers who…									
	Thought cigarettes are expensive		Thought expensive cigarettes prevents them from buying more1		Thought cigarettes are cheap		Thought cheap cigarettes made them smoke more2		Would quit smoking if cigarette prices were to double3	
	Percentage (95% CI)									
Overall	58.5	(51.0, 65.7)	68.4	(59.5, 76.2)	18.9	(14.0, 25.0)	32.8	(19.2, 50.1)	49.9	(43.1, 56.7)
Gender										
Male	57.7	(50.0, 65.0)	69.3	(59.9, 77.4)	18.9	(13.9, 25.3)	30.3	(17.0, 48.1)	50.7	(43.7, 57.6)
Female	-	-	-	-	-	-	-	-	-	-
Age (years)										
15-24	41.5	(21.2, 65.1)	-	-	29.4	(13.8, 52.0)	-	-	56.3	(33.4, 76.7)
25-44	61.5	(51.8, 70.5)	66.3	(54.9, 76.0)	13.2	(7.8, 21.4)	-	-	46.4	(37.3, 55.9)
45-64	57.0	(41.6, 71.1)	70.1	(46.8, 86.2)	27.4	(16.1, 42.8)	-	-	56.5	(41.6, 70.3)
65+	80.9	(60.0, 92.3)	-	-	13.2	(4.1, 35.2)	-	-	42.0	(24.0, 62.5)
Residence										
Urban	60.5	(47.0, 72.6)	55.0	(41.0, 68.3)	16.7	(10.2, 25.9)	-	-	37.9	(28.2, 48.7)
Rural	57.4	(48.5, 65.8)	76.8	(65.0, 85.6)	20.2	(13.8, 28.6)	33.9	(16.5, 57.1)	57.1	(48.1, 65.5)
Education Level										
No education	62.1	(44.2, 77.3)	95.5	(82.4, 99.0)	19.2	(8.1, 39.0)	-	-	62.9	(46.4, 76.9)
Some primary	49.1	(32.7, 65.8)	81.4	(62.0, 92.1)	23.7	(12.0, 41.4)	-	-	51.2	(38.9, 63.4)
Primary completed	61.8	(50.8, 71.7)	61.5	(48.4, 73.0)	15.4	(9.5, 23.8)	-	-	48.1	(38.2, 58.2)
Secondary +	51.9	(29.4, 73.6)	-	-	29.7	(13.6, 53.2)	-	-	35.8	(20.2, 55.1)

[1] Among current manufactured cigarette smokers who indicated they thought cigarettes are expensive.

[2] Among current manufactured cigarette smokers who indicated they thought cigarettes are cheap.

[3] Analyzed from the following question: "If the price for your cigarettes were to double, would you continue to smoke as before, switch to cheaper products, start smoking less, or quit smoking?"

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

CHAPTER EIGHT

Media

8.0 Introduction

Mass media plays an important role in the campaigns for and against tobacco products. It is, therefore, an effective means of disseminating information on the dangers of tobacco products and hence discouraging their use. Similarly, the tobacco industry uses media in the advertisement, sponsorship and promotion of tobacco products.

This chapter is organized into four sections: adults who noticed anti-cigarette and anti-smokeless tobacco products information disseminated through various mass media channels; awareness of health warnings on cigarette packages and quitting consideration due to health warning labels; and adults who noticed cigarette marketing and adults who noticed smokeless tobacco products marketing.

8.1 Noticing Anti-Cigarette Information

This section presents survey results of exposure to anti-cigarette and anti-smokeless tobacco products information in different forms of mass media among adults aged 15 years and above in urban and rural residences in Tanzania. All respondents were asked whether they had noticed any anti-cigarette smoking and anti-smokeless tobacco product information in various places during the last 30 days prior to the survey. The questions were asked separately for each form of media (e.g. newspapers or in magazines; television or radio; billboards; posters; cinemas; on windows or inside shops/stalls, where cigarettes were bought; the internet; or somewhere else).

8.1.1 Adults who Noticed Anti-Cigarette Smoking Information

Table 8.1 shows the percentage of adults aged 15 years and above who noticed anti-cigarette smoking information during the last 30 days in various places, by smoking status, and selected demographic characteristics. Overall, more than half (51.6%) of adults had noticed anti-cigarette smoking information at any location in the last 30 days. The proportion of adults who noticed such information was almost equal among the current smokers (51.9%) and non-smokers (51.6%).

Overall, 40.3% of adults in Tanzania noticed anti-cigarette information on television or radio, (18.1% on television and 35.9% on radio) followed by 23.7% on the billboards.

Overall, there was significant differences between adult males and females who noticed anti-cigarette information on different media in **Table 8.1**. Adult males were more likely to notice anti-cigarette information from all the mentioned media than females.

The proportion of non-smokers who noticed the anti-cigarette smoking information was higher among adult males (58.0%) than adult females (46.4%). However, the difference between male and female current smokers who have noticed anti-cigarette information was quite wide with 54.5% among male current smokers and 25.1% among female current smokers.

Majority of currents smokers aged 15-24 years noticed the anti-cigarette information from any location (70.1%) compared to those aged 25 years and above (49.2%). On contrary, for non-smokers,

more than half of both 15-24 years (50.6%) and 25 years and above (52.1%) noticed anti- cigarette smoking information from any location.

By place of residence, adults in urban areas (65.5%) were more likely to notice anti-cigarette information at any location than those residing in rural areas (44.1%). Furthermore, in urban areas, radio, television and billboards were the major sources of anti-cigarettes smoking information (40.2%, 29.8% and 40.4% respectively), while in rural areas the major sources of anti- cigarettes smoking information were radio (33.7%) followed by billboards (15.4%).

Furthermore, 58.7% of urban current smokers noticed the anti-cigarettes smoking information from any location compared to 48.9% of the rural current smokers. Non-smokers in urban areas were also more likely to notice anti-cigarette information (67.0%) at any location than non-smokers residing in rural areas (43.8%).

Table 8.1: Percentage of adults ≥15 years old who noticed anti-cigarette smoking information during the last 30 days in various places, by smoking status and selected demographic characteristics – GATS Tanzania, 2018.

			Gender				Age (years)				Residence			
Places	**Overall**		**Male**		**Female**		**15-24**		**25+**		**Urban**		**Rural**	
							Percentage (95% CI)							
Overall														
In newspapers or in magazines	14.7	(13.3, 16.2)	18.4	(16.3, 20.7)	11.2	(9.6, 13.1)	14.9	(12.8, 17.3)	14.6	(13.0, 16.3)	23.2	(20.4, 26.2)	10.4	(9.0, 12.1)
On television or the radio	40.3	(37.7, 42.8)	45.5	(42.1, 48.9)	35.4	(32.4, 38.6)	37.8	(33.8, 42.0)	41.5	(39.1, 44.0)	48.0	(44.0, 51.9)	36.4	(33.3, 39.7)
On television	18.1	(16.2, 20.2)	21.2	(18.4, 24.3)	15.2	(13.2, 17.5)	18.8	(15.7, 22.3)	17.7	(15.9, 19.7)	29.8	(26.3, 33.5)	12.3	(10.2, 14.7)
On the radio	35.9	(33.5, 38.3)	40.5	(37.4, 43.7)	31.6	(28.8, 34.5)	32.4	(28.7, 36.3)	37.7	(35.4, 40.2)	40.2	(36.8, 43.7)	33.7	(30.7, 36.9)
On billboards	23.7	(21.6, 26.0)	27.7	(25.0, 30.6)	20.1	(17.8, 22.5)	24.5	(21.3, 27.9)	23.3	(21.1, 25.8)	40.4	(36.3, 44.8)	15.4	(13.2, 17.8)
Somewhere else	9.2	(8.1, 10.4)	11.3	(9.6, 13.2)	7.2	(6.0, 8.6)	10.0	(7.8, 12.7)	8.7	(7.7, 10.0)	13.0	(11.0, 15.3)	7.3	(6.1, 8.7)
Any Location	51.6	(48.8, 54.4)	57.5	(54.0, 60.9)	46.1	(42.7, 49.6)	51.1	(46.6, 55.6)	51.9	(49.2, 54.5)	66.5	(62.6, 70.1)	44.1	(40.6, 47.7)
Current smokers[1]														
In newspapers or in magazines	15.9	(11.9, 20.9)	17.0	(12.7, 22.4)	4.7	(1.1, 18.3)	20.2	(7.0, 46.1)	15.3	(11.4, 20.2)	22.7	(15.1, 32.5)	12.9	(8.6, 19.0)
On television or the radio	41.4	(34.9, 48.2)	43.2	(36.6, 50.1)	22.3	(9.9, 42.9)	47.2	(26.7, 68.8)	40.5	(34.1, 47.3)	45.4	(37.5, 53.5)	39.6	(31.2, 48.7)
On television	15.9	(11.8, 21.2)	17.1	(12.7, 22.8)	3.2	(0.8, 12.7)	12.2	(4.1, 31.1)	16.5	(12.2, 21.9)	26.8	(18.4, 37.3)	11.1	(7.1, 16.8)
On the radio	35.9	(29.6, 42.6)	37.3	(30.9, 44.3)	20.7	(8.8, 41.5)	47.2	(26.7, 68.8)	34.2	(28.1, 40.8)	35.1	(26.2, 45.3)	36.2	(28.3, 44.9)
On billboards	25.6	(20.0, 32.3)	27.5	(21.4, 34.6)	5.9	(1.7, 18.1)	35.3	(17.8, 57.8)	24.2	(18.3, 31.2)	39.3	(26.9, 53.3)	19.5	(14.1, 26.3)
Somewhere else	5.2	(3.2, 8.4)	5.4	(3.3, 8.8)	3.0	(0.4, 19.2)	5.5	(0.8, 30.7)	5.1	(3.2, 8.2)	10.7	(5.7, 19.1)	2.8	(1.2, 6.2)
Any Location	51.9	(45.6, 58.2)	54.5	(48.1, 60.7)	25.1	(11.7, 46.1)	70.1	(47.4, 86.0)	49.2	(42.1, 56.3)	58.7	(49.3, 67.5)	48.9	(40.9, 56.9)
Non-smokers[2]														
In newspapers or in magazines	14.6	(13.1, 16.2)	18.6	(16.3, 21.2)	11.3	(9.6, 13.2)	14.8	(12.6, 17.2)	14.5	(12.9, 16.3)	23.2	(20.3, 26.3)	10.3	(8.7, 12.0)
On television or the radio	40.2	(37.6, 42.8)	45.8	(42.2, 49.4)	35.6	(32.6, 38.7)	37.6	(33.5, 41.9)	41.6	(39.1, 44.2)	48.1	(43.9, 52.4)	36.2	(33.0, 39.4)
On television	18.3	(16.3, 20.4)	21.8	(18.8, 25.2)	15.4	(13.3, 17.7)	18.9	(15.8, 22.6)	17.9	(16.0, 19.9)	30.0	(26.2, 34.0)	12.4	(10.2, 14.8)
On the radio	35.9	(33.5, 38.4)	41.0	(37.7, 44.4)	31.7	(28.9, 34.7)	32.0	(28.2, 36.1)	38.1	(35.7, 40.6)	40.5	(36.9, 44.3)	33.5	(30.4, 36.8)
On billboards	23.6	(21.4, 25.9)	27.7	(24.9, 30.8)	20.2	(18.0, 22.7)	24.2	(21.1, 27.6)	23.3	(21.0, 25.7)	40.5	(36.3, 44.9)	15.1	(12.9, 17.5)
Somewhere else	9.5	(8.4, 10.7)	12.2	(10.4, 14.3)	7.3	(6.1, 8.7)	10.1	(7.9, 12.9)	9.1	(7.9, 10.4)	13.1	(11.0, 15.5)	7.6	(6.4, 9.1)
Any Location	51.6	(48.7, 54.4)	58.0	(54.2, 61.6)	46.4	(42.9, 49.8)	50.6	(46.0, 55.2)	52.1	(49.5, 54.8)	67.0	(63.0, 70.8)	43.8	(40.2, 47.4)

[1] Includes daily and occasional (less than daily) tobacco smokers.

[2] Includes former and never tobacco smokers.

8.2 Health Warnings on Cigarette and Smokeless Packages and Thinking about Quitting

This section discusses levels of awareness of health warnings on cigarette and smokeless tobacco product packages and their effectiveness in prompting smokers to think about quitting. The WHO MPOWER policy package recommends display of health warning messages on packages of tobacco products to discourage tobacco users from consuming tobacco and motivate them to quit smoking. This is because strong and effective pictorial health warning messages are an essential component of any anti-tobacco strategy and resulted in motivating tobacco users to quit smoking in many countries. At the time of the GATS 2018, all Tanzania cigarette packaging had text health warning messages.

8.2.1 Health Warning Labels on Cigarette Packages and Thinking about Quitting

The percentages of current smokers aged 15 years and above who noticed health warning labels on cigarette packages and considered quitting because of the warning labels during the last 30 days, by selected demographic characteristics, are presented in **Table 8.2**. Overall, 66.7% of current smokers noticed health warning labels on cigarettes package and 46.8% considered quitting because of the warning label.

About 56.7% of female smokers noticed the health warning labels on cigarette package but only 30.4% considered quitting, while 67.7% of males noticed the health warning labels and 48.4% considered quitting because of the warning label.

The proportion of current smokers who noticed the health-warning label on cigarettes packages ranged from 85.6% among the age group 15-24 to 36.1% among age group 65 years and above. The percentage who thought about quitting because of health warning labels was 58.3% among age group 15-24 and 18.8% among age group 65 years and above.

Adults living in urban areas noticed the health warning labels on cigarettes package (85.5%) more than their rural counterparts (58.3%). Similarly, current smokers residing in urban areas considered quitting because of noticing the health warning labels (60.7%) compared to rural based adult smokers (40.6%).

Noticing health warnings on cigarette packages and thinking of quitting smoking due to the warning labels on the packages varied by education level. The more educated ones had higher proportion of noticing health warnings. About 91.0% of adults with secondary level education or higher noticed health warning labels on cigarette package, with 59.2% of them considering quitting due to warning label, followed by the adults who completed the primary level education (85.9%) who noticed the warning and 62.0% of them considered quitting because of the label. Adults with no formal education rarely noticed the health warning (32.1%) and only 22.5% of them considered quitting because of the warning.

Table 8.2: Percentage of current smokers ≥15 years old who noticed health warnings on cigarette packages and considered quitting because of the warning labels during the last 30 days, by selected demographic characteristics – GATS Tanzania, 2018.

Demographic Characteristics	Current smokers[1] who…			
	Noticed health warnings on cigarette package[2]		Thought about quitting because of warning label[2]	
	Percentage (95% CI)			
Overall	66.7	(60.7, 72.2)	46.8	(40.5, 53.3)
Gender				
Male	67.7	(61.6, 73.2)	48.4	(42.0, 54.9)
Female	56.7	(32.7, 77.9)	30.4	(14.3, 53.2)
Age (years)				
15-24	85.6	(63.3, 95.4)	58.3	(36.0, 77.7)
25-44	70.8	(61.2, 78.9)	49.4	(39.6, 59.2)
45-64	63.3	(52.6, 72.9)	48.6	(37.5, 59.9)
65+	36.1	(24.1, 50.2)	18.8	(10.7, 31.0)
Residence				
Urban	85.3	(77.9, 90.5)	60.7	(50.5, 69.9)
Rural	58.3	(50.6, 65.6)	40.6	(33.0, 48.6)
Education Level				
No education	32.1	(20.6, 46.3)	22.5	(12.3, 37.6)
Some primary	46.9	(34.4, 59.8)	30.9	(20.0, 44.5)
Primary completed	85.9	(79.4, 90.7)	62.1	(54.0, 69.5)
Secondary +	91.0	(76.1, 97.0)	59.2	(39.1, 76.6)

[1] Includes daily and occasional (less than daily) smokers.

[2] During the last 30 days.

8.3 Adults who Noticed Cigarette Marketing

Table 8.3A shows the percentages of adults aged 15 years and above who noticed cigarette marketing during the past 30 days in various places, by selected demographic characteristics.

Overall, 35.3% of adults in Tanzania noticed any cigarette advertisements, sponsorship, or promotion in the past 30 days. By gender, there was significant differences between males and females in noticing any cigarettes advertisement, sponsorship or promotion. Among males, 42.7% noticed any advertisements, sponsorship, or promotion and 28.5% of females among female noticed any cigarettes advertisement, sponsorship or promotion. Among males, the most common places for noticing advertisements of cigarettes were stores (26.3%), billboards (12.5%), radio (11.6%), and public transportation (6.4%). Among females, the most common places for noticing cigarettes advertisements were stores (16.3%), radio (7.6%), billboard (5.7%) and television (3.0%).

There were no differences between age groups 15-24 and age group 25 and above, in noticing any cigarette advertisement, sponsorship or promotion in the last 30 days. Thirty-seven percent of adults aged 15-24 years and 34.5% of adults aged 25 years or above noticed any advertisement, sponsorship or promotion of cigarettes in the past 30 days. On the other hand, urban adults (48.8%) were more likely than rural adults (28.6%) to notice any cigarettes advertisement, sponsorship or promotion in last 30 days.

When ranked in order from highest to lowest, places of media, where advertisements were most likely to be noticed, stores (21.1%) was most common, followed by radio (9.6%), billboards (9.0%), television (4.5%), public transport (4.4%), posters (3.6%), newspapers or magazines (3.6%), public walls (3.2%), internet (2.8%), and somewhere else (1.7%). The top three places, where cigarette promotions were noticed across all demographic subgroups, were clothing/items with a cigarette brand name or logo (8.3%); sale prices (3.0%); and free samples or free gifts/discounts on other products (1.8%).

Table 8.3A: Percentage of adults ≥15 years old who noticed cigarette marketing during the last 30 days in various places, by selected demographic characteristics – GATS Tanzania, 2018.

Places	Overall		Gender				Age (years)				Residence			
			Male		Female		15-24		25+		Urban		Rural	
	Percentage (95% CI)													
Noticed advertisements														
In stores	21.1	(19.3, 23.0)	26.3	(23.6, 29.2)	16.3	(14.4, 18.3)	21.6	(18.6, 24.9)	20.8	(18.9, 22.8)	28.6	(25.1, 32.3)	17.3	(15.3, 19.6)
On television	4.5	(3.7, 5.4)	6.2	(4.9, 7.8)	3.0	(2.2, 3.9)	4.9	(3.6, 6.6)	4.3	(3.5, 5.3)	7.7	(6.1, 9.7)	2.9	(2.1, 4.0)
On the radio	9.6	(8.3, 11.0)	11.6	(9.8, 13.8)	7.6	(6.4, 9.1)	9.4	(7.4, 12.0)	9.6	(8.3, 11.1)	10.7	(8.8, 13.0)	9.0	(7.4, 10.9)
On billboards	9.0	(7.7, 10.4)	12.5	(10.5, 14.8)	5.7	(4.7, 7.1)	9.9	(7.7, 12.5)	8.5	(7.1, 10.1)	15.4	(12.7, 18.6)	5.8	(4.6, 7.3)
On posters	3.6	(2.8, 4.5)	5.1	(3.9, 6.7)	2.2	(1.6, 3.0)	4.1	(2.8, 5.9)	3.3	(2.7, 4.1)	7.1	(5.3, 9.4)	1.8	(1.3, 2.6)
In newspapers or magazines	3.6	(2.9, 4.5)	5.4	(4.1, 7.0)	2.0	(1.4, 2.9)	4.0	(2.8, 5.8)	3.4	(2.7, 4.3)	6.1	(4.5, 8.2)	2.4	(1.7, 3.2)
In cinemas	2.1	(1.5, 2.9)	2.9	(2.0, 4.2)	1.3	(0.8, 2.2)	2.7	(1.6, 4.5)	1.8	(1.3, 2.4)	3.1	(2.1, 4.6)	1.6	(0.9, 2.6)
On the internet	2.8	(2.1, 3.6)	4.1	(3.0, 5.7)	1.6	(1.0, 2.3)	4.2	(2.9, 6.1)	2.0	(1.5, 2.7)	6.0	(4.5, 8.0)	1.2	(0.7, 2.1)
On public transportation	4.4	(3.6, 5.4)	6.4	(5.1, 8.0)	2.7	(2.0, 3.5)	5.1	(3.6, 7.0)	4.1	(3.3, 5.1)	7.5	(5.9, 9.5)	2.9	(2.0, 4.1)
On public walls	3.2	(2.5, 4.1)	4.4	(3.3, 6.0)	2.0	(1.4, 2.8)	3.7	(2.4, 5.6)	2.9	(2.3, 3.7)	6.4	(4.7, 8.6)	1.6	(1.0, 2.5)
Somewhere else	1.7	(1.2, 2.4)	2.7	(1.8, 4.0)	0.8	(0.5, 1.3)	1.2	(0.6, 2.6)	2.0	(1.3, 3.0)	2.7	(1.8, 4.2)	1.2	(0.7, 2.1)
Noticed sports sponsorship	1.8	(1.3, 2.5)	2.2	(1.5, 3.2)	1.5	(1.0, 2.3)	1.9	(1.2, 3.1)	1.8	(1.2, 2.7)	3.1	(2.1, 4.6)	1.2	(0.7, 2.0)
Noticed cigarette promotions														
Free samples	1.8	(1.3, 2.4)	2.6	(1.8, 3.6)	1.1	(0.6, 1.9)	1.0	(0.6, 1.6)	2.2	(1.6, 3.1)	3.6	(2.5, 5.1)	0.9	(0.5, 1.6)
Sale prices	3.0	(2.4, 3.8)	4.4	(3.2, 6.0)	1.7	(1.2, 2.5)	3.1	(2.1, 4.5)	3.0	(2.3, 3.9)	5.4	(4.0, 7.2)	1.8	(1.2, 2.8)
Coupons	0.7	(0.5, 1.1)	0.9	(0.5, 1.5)	0.5	(0.3, 1.0)	0.8	(0.4, 1.6)	0.6	(0.4, 1.0)	1.5	(1.0, 2.4)	0.3	(0.1, 0.7)
Free gifts/discounts on other products	1.8	(1.4, 2.4)	2.4	(1.7, 3.4)	1.3	(0.8, 2.0)	1.5	(1.0, 2.4)	2.0	(1.4, 2.7)	3.9	(2.8, 5.5)	0.8	(0.5, 1.3)
Clothing/item with brand name or logo	8.3	(7.2, 9.6)	12.4	(10.6, 14.5)	4.6	(3.6, 5.8)	9.6	(7.6, 12.2)	7.7	(6.6, 8.9)	16.3	(13.7, 19.2)	4.4	(3.4, 5.7)
Mail promoting cigarettes	0.4	(0.3, 0.7)	0.5	(0.3, 0.9)	0.3	(0.1, 0.7)	0.5	(0.2, 1.2)	0.4	(0.2, 0.6)	1.1	(0.6, 1.8)	0.1	(0.0, 0.4)
Noticed any advertisement, sponsorship, or promotion	35.3	(33.2, 37.6)	42.7	(39.8, 45.7)	28.5	(26.2, 30.9)	36.9	(33.3, 40.7)	34.5	(32.2, 36.9)	48.8	(44.7, 53.0)	28.6	(26.2, 31.2)

8.3.1 Smokers Who Noticed Cigarette Marketing

The percentage of current smokers aged 15 years and above who noticed cigarette marketing during the past 30 days in various places, by selected demographic characteristics are represented in **Table 8.3B**.

Overall, about 47.6% of current tobacco smokers noticed any advertisements, sponsorship or promotion of cigarettes in the past 30 days.

By gender, 48.8% of male noticed advertisements, sponsorship or promotion of cigarettes in the last 30 days compared to 35.8% of the adult female. Among male current smokers, the most common places for noticing advertisements of cigarettes were stores (32.2%), billboards (15.0%), radio (11.8%), on public transport (9.4%), newspapers or magazine (7.2%) and television (4.9%). On the other hand, for female current smokers, cigarette advertisements were noticed in stores (18.4%), on radio (7.9%) and on billboards (3.5%).

About 70.3% of current smokers aged 15-24 years, compared to 44.2% aged 25 years and above, noticed any advertisements, sponsorship, or promotion of cigarettes.

There are significant differences between current smokers residing in urban areas and those in rural areas who noticed advertisements, sponsorship or promotion of cigarettes in the past 30 days. Sixty-three percent of the current cigarette users in the urban areas noticed advertisements, sponsorship or promotion of cigarettes in the past 30 days compared to 40.6% of the current cigarette users in rural areas.

When ranked from highest to lowest, places/media, where advertisements were most likely to be noticed among current smokers, stores were first (31.0%), followed by billboards (13.9%), public transport (8.7%), newspapers or magazines (6.7%), television (4.7%), posters (4.1%). There rest accounted for less than 4% each.

The top three places, where cigarette promotions were noticed across all demographic subgroups, were clothing / items with a cigarette brand name or logo (14.6%); sale prices (5.9%); and free samples (4.6%).

Table 8.3B: Percentage of current smokers ≥15 years old who noticed cigarette marketing during the last 30 days in various places, by selected demographic characteristics – GATS Tanzania, 2018.

Places	Overall		Gender				Age (years)				Residence			
			Male		Female		15-24		25+		Urban		Rural	
							Percentage (95% CI)							
Noticed advertisements														
In stores	31.0	(25.3, 37.4)	32.2	(26.1, 39.0)	18.4	(6.9, 40.5)	54.9	(34.5, 73.7)	27.4	(21.5, 34.3)	42.4	(31.0, 54.7)	26.0	(19.8, 33.3)
On television	4.7	(2.6, 8.4)	4.9	(2.7, 9.0)	1.7	(0.2, 11.6)	8.8	(2.3, 28.7)	4.0	(2.1, 7.7)	6.8	(3.0, 14.9)	3.7	(1.6, 8.5)
On the radio	11.4	(7.2, 17.6)	11.8	(7.3, 18.4)	7.9	(1.6, 31.7)	33.5	(15.3, 58.4)	8.1	(4.9, 13.1)	8.1	(3.2, 19.2)	12.9	(7.6, 21.1)
On billboards	13.9	(9.9, 19.2)	15.0	(10.6, 20.6)	3.2	(0.8, 12.7)	30.3	(14.8, 52.0)	11.5	(7.8, 16.5)	19.4	(11.6, 30.7)	11.5	(7.2, 17.7)
On posters	4.1	(2.3, 7.3)	4.4	(2.4, 7.9)	1.7	(0.2, 11.5)	15.0	(6.0, 32.9)	2.5	(1.2, 5.3)	8.8	(4.4, 17.0)	2.0	(0.7, 5.9)
In newspapers or magazines	6.7	(3.7, 11.8)	7.2	(3.9, 12.8)	1.7	(0.2, 11.5)	21.1	(7.6, 46.3)	4.5	(2.2, 9.2)	8.8	(4.1, 17.9)	5.7	(2.4, 13.0)
In cinemas	2.1	(0.8, 5.5)	2.2	(0.7, 6.0)	1.7	(0.2, 11.5)	8.1	(1.4, 35.1)	1.2	(0.4, 3.4)	1.7	(0.7, 4.1)	2.3	(0.6, 7.9)
On the internet	2.4	(1.1, 5.2)	2.4	(1.0, 5.6)	1.7	(0.2, 11.5)	10.5	(3.2, 29.6)	1.1	(0.4, 3.1)	5.7	(2.2, 14.3)	0.8	(0.2, 3.4)
On public transportation	8.7	(5.3, 14.0)	9.4	(5.7, 15.1)	1.7	(0.2, 11.5)	27.0	(11.3, 51.8)	6.0	(3.3, 10.5)	12.2	(6.5, 21.6)	7.2	(3.4, 14.5)
On public walls	4.2	(2.4, 7.3)	4.7	(2.7, 8.1)	0.0	N/A	12.0	(4.1, 30.4)	3.1	(1.6, 5.9)	12.6	(7.0, 21.7)	0.5	(0.1, 3.3)
Somewhere else	2.4	(0.9, 6.4)	2.7	(1.0, 7.0)	0.0	N/A	10.8	(3.1, 31.1)	1.2	(0.2, 5.8)	3.7	(0.9, 14.5)	1.9	(0.5, 7.0)
Noticed sports sponsorship	2.1	(0.9, 5.0)	2.3	(0.9, 5.4)	0.0	N/A	9.2	(2.3, 30.2)	1.0	(0.4, 2.4)	4.2	(1.2, 12.9)	1.2	(0.3, 4.1)
Noticed cigarette promotions														
Free samples	4.6	(2.6, 7.9)	4.2	(2.2, 7.7)	8.7	(3.0, 22.4)	6.1	(2.0, 17.3)	4.3	(2.3, 8.1)	11.7	(6.0, 21.4)	1.4	(0.5, 3.5)
Sale prices	5.9	(3.6, 9.5)	6.0	(3.6, 9.7)	5.4	(1.3, 19.9)	3.2	(0.7, 12.5)	6.3	(3.9, 10.2)	14.6	(8.4, 24.1)	2.1	(0.7, 5.7)
Coupons	0.8	(0.3, 2.2)	0.9	(0.3, 2.4)	0.0	N/A	0.0	N/A	1.0	(0.4, 2.5)	2.7	(1.0, 7.0)	0.0	N/A
Free gifts/discounts on other products	2.5	(1.3, 4.9)	2.2	(1.1, 4.5)	5.4	(1.3, 19.9)	2.0	(0.3, 13.4)	2.6	(1.3, 5.2)	4.8	(1.8, 11.8)	1.5	(0.6, 3.6)
Clothing/item with brand name or logo	14.6	(10.6, 19.6)	14.4	(10.2, 19.8)	16.6	(5.1, 42.5)	35.6	(18.0, 58.2)	11.4	(8.0, 16.1)	26.2	(17.2, 37.9)	9.3	(5.5, 15.4)
Mail promoting cigarettes	0.4	(0.1, 1.8)	0.4	(0.1, 2.0)	0.0	N/A	2.2	(0.3, 14.6)	0.1	(0.0, 0.8)	1.3	(0.3, 5.8)	0.0	N/A
Noticed any advertisement, sponsorship, or promotion	47.6	(41.3, 54.0)	48.8	(42.2, 55.4)	35.9	(18.0, 58.7)	70.3	(48.7, 85.5)	44.2	(37.7, 50.9)	63.3	(51.3, 73.9)	40.6	(33.3, 48.3)

Note: Current tobacco smokers includes daily and occasional (less than daily) smokers.

N/A- The estimate is "0.0"

8.3.2 Current Non-Smokers Who Noticed Cigarette Marketing

The percentages of current non-smokers aged 15 years and above who noticed cigarette marketing during the past 30 days in various places, by selected demographic characteristics are represented in **Table 8.3C**.

Overall, about 34.4% of current non-smokers had noticed any advertisements, sponsorship or promotion of cigarettes in the past 30 days.

Male current non-smokers (41.8%) were more likely to notice any advertisements, sponsorship or promotion of cigarettes in the past 30 days than female current non-smokers (28.4%). Furthermore, among male current non-smokers, the most common places for noticing advertisements of cigarettes were stores (25.4%), billboards (12.1%), radio (11.6%), television (6.3%), posters (5.2%), sports and sponsorship (2.2%). Among female current non-smokers, cigarette advertisements were more noticed in stores (16.3%), radio (7.6%), billboards (5.8%) and television (3.0%).

Among current non-smokers aged 15-24 years, 36.0% noticed any advertisements, sponsorship or promotion of cigarettes in the last 30 days, compared to 33.5% of those aged 25 years and above who noticed any advertisements, sponsorship or promotion of cigarettes.

When ranked from highest to lowest, places/media, where advertisements were most likely to be noticed by the current non-smokers, stores were first (20.4%), followed by radio (9.4%), billboards (8.6%), television (4.5%), public transport (4.1%), posters (3.5%), newspapers or magazines (3.4%), public walls (3.1%), internet (2.8%), cinema (2.1%), and elsewhere (1.7%).

The top three places, where cigarette promotions were noticed across all demographic subgroups, were clothing /items with a cigarette brand name or logo (7.9%); sale prices (2.8%); and free gifts/discounts on other products (1.8%) or free samples (1.6%).

Table 8.3C: Percentage of current non-smokers ≥15 years old who noticed cigarette marketing during the last 30 days in various places, by selected demographic characteristics – GATS Tanzania, 2018.

Places	Overall		Gender				Age (years)				Residence			
			Male		Female		15-24		25+		Urban		Rural	
							Percentage (95% CI)							
Noticed advertisements														
In stores	20.4	(18.5, 22.3)	25.4	(22.5, 28.5)	16.3	(14.4, 18.3)	20.7	(17.7, 24.1)	20.1	(18.3, 22.2)	27.7	(24.2, 31.5)	16.7	(14.6, 19.0)
On television	4.5	(3.7, 5.4)	6.3	(4.9, 8.1)	3.0	(2.2, 4.0)	4.8	(3.5, 6.5)	4.3	(3.5, 5.4)	7.8	(6.2, 9.8)	2.8	(2.0, 3.9)
On the radio	9.4	(8.2, 10.9)	11.6	(9.7, 13.9)	7.6	(6.4, 9.1)	8.8	(6.8, 11.3)	9.8	(8.4, 11.3)	10.9	(8.9, 13.2)	8.7	(7.1, 10.6)
On billboards	8.6	(7.4, 10.1)	12.1	(10.1, 14.6)	5.8	(4.7, 7.1)	9.3	(7.2, 12.0)	8.2	(6.9, 9.8)	15.1	(12.5, 18.3)	5.4	(4.2, 6.9)
On posters	3.5	(2.8, 4.5)	5.2	(3.8, 7.0)	2.2	(1.6, 3.0)	3.8	(2.6, 5.7)	3.4	(2.7, 4.2)	7.0	(5.2, 9.4)	1.8	(1.2, 2.6)
In newspapers or magazines	3.4	(2.7, 4.3)	5.1	(3.8, 6.9)	2.0	(1.4, 2.9)	3.6	(2.4, 5.3)	3.3	(2.6, 4.2)	5.9	(4.3, 8.1)	2.1	(1.5, 3.0)
In cinemas	2.1	(1.5, 2.9)	3.0	(2.1, 4.4)	1.3	(0.8, 2.2)	2.5	(1.5, 4.2)	1.8	(1.3, 2.5)	3.2	(2.2, 4.8)	1.5	(0.9, 2.5)
On the internet	2.8	(2.1, 3.7)	4.4	(3.1, 6.1)	1.6	(1.0, 2.3)	4.1	(2.7, 6.0)	2.1	(1.6, 2.8)	6.1	(4.5, 8.1)	1.2	(0.7, 2.2)
On public transportation	4.1	(3.4, 5.1)	5.9	(4.6, 7.6)	2.7	(2.0, 3.5)	4.5	(3.1, 6.4)	3.9	(3.2, 4.9)	7.2	(5.7, 9.1)	2.6	(1.8, 3.7)
On public walls	3.1	(2.4, 4.1)	4.4	(3.1, 6.2)	2.0	(1.5, 2.8)	3.4	(2.2, 5.5)	2.9	(2.3, 3.8)	6.0	(4.3, 8.2)	1.7	(1.0, 2.7)
Somewhere else	1.7	(1.1, 2.4)	2.7	(1.8, 4.1)	0.8	(0.5, 1.3)	1.0	(0.4, 2.2)	2.0	(1.3, 3.1)	2.7	(1.7, 4.1)	1.1	(0.6, 2.1)
Noticed sports sponsorship	1.8	(1.3, 2.5)	2.2	(1.4, 3.3)	1.5	(1.0, 2.3)	1.7	(1.0, 2.9)	1.9	(1.2, 2.8)	3.1	(2.0, 4.6)	1.2	(0.7, 2.1)
Noticed cigarette promotions														
Free samples	1.6	(1.2, 2.2)	2.4	(1.6, 3.4)	1.0	(0.5, 1.8)	0.8	(0.5, 1.5)	2.0	(1.4, 2.9)	3.0	(2.1, 4.3)	0.9	(0.5, 1.7)
Sale prices	2.8	(2.2, 3.6)	4.2	(2.9, 5.9)	1.7	(1.2, 2.4)	3.1	(2.1, 4.6)	2.6	(2.0, 3.5)	4.8	(3.6, 6.3)	1.8	(1.2, 2.8)
Coupons	0.7	(0.4, 1.1)	0.9	(0.5, 1.6)	0.5	(0.3, 1.0)	0.8	(0.4, 1.7)	0.6	(0.4, 1.0)	1.4	(0.9, 2.4)	0.3	(0.1, 0.8)
Free gifts/discounts on other products	1.8	(1.3, 2.4)	2.5	(1.7, 3.5)	1.2	(0.7, 2.0)	1.5	(1.0, 2.4)	1.9	(1.4, 2.7)	3.9	(2.8, 5.4)	0.7	(0.4, 1.3)
Clothing/item with brand name or logo	7.9	(6.7, 9.2)	12.2	(10.2, 14.5)	4.4	(3.5, 5.6)	9.0	(6.9, 11.5)	7.3	(6.2, 8.5)	15.6	(13.0, 18.6)	4.0	(3.0, 5.4)
Mail promoting cigarettes	0.4	(0.3, 0.7)	0.5	(0.3, 1.0)	0.3	(0.1, 0.7)	0.5	(0.2, 1.2)	0.4	(0.2, 0.6)	1.1	(0.6, 1.8)	0.1	(0.0, 0.4)
Noticed any advertisement, sponsorship, or promotion	34.4	(32.2, 36.8)	41.8	(38.6, 45.2)	28.4	(26.1, 30.9)	36.0	(32.3, 39.9)	33.5	(31.2, 36.0)	47.8	(43.6, 52.1)	27.7	(25.1, 30.4)

Note: Current non-smokers of tobacco includes former and never smokers.

Table 8.3D: Percentage of adults ≥15 years old who noticed smokeless tobacco marketing during the last 30 days in various places, by selected demographic characteristics – GATS Tanzania, 2018.

Places	Overall		Gender				Age (years)				Residence			
			Male		Female		15-24		25+		Urban		Rural	
							Percentage (95% CI)							
Noticed advertisements														
In stores	2.6	(2.0, 3.5)	3.3	(2.4, 4.5)	2.0	(1.4, 3.0)	2.4	(1.5, 3.9)	2.7	(2.0, 3.7)	1.9	(1.3, 2.8)	3.0	(2.1, 4.2)
On television	0.7	(0.5, 1.1)	0.8	(0.5, 1.3)	0.7	(0.3, 1.3)	0.6	(0.2, 1.6)	0.8	(0.5, 1.2)	1.2	(0.7, 2.0)	0.5	(0.2, 0.9)
On the radio	2.3	(1.7, 3.2)	2.8	(1.9, 3.9)	1.9	(1.3, 2.9)	2.1	(1.2, 3.5)	2.5	(1.8, 3.4)	1.9	(1.1, 3.0)	2.6	(1.7, 3.8)
On billboards	1.0	(0.7, 1.4)	1.6	(1.0, 2.3)	0.4	(0.2, 0.7)	0.8	(0.4, 1.8)	1.0	(0.7, 1.5)	1.3	(0.8, 2.0)	0.8	(0.5, 1.4)
On posters	0.6	(0.4, 0.9)	0.9	(0.6, 1.5)	0.3	(0.2, 0.7)	0.3	(0.1, 0.9)	0.8	(0.5, 1.2)	1.3	(0.8, 2.1)	0.3	(0.1, 0.6)
In newspapers or magazines	0.7	(0.4, 1.0)	1.1	(0.6, 1.8)	0.3	(0.1, 0.6)	0.4	(0.1, 1.4)	0.8	(0.5, 1.3)	1.1	(0.6, 2.0)	0.4	(0.2, 0.9)
In cinemas	0.9	(0.6, 1.5)	1.5	(0.9, 2.4)	0.5	(0.2, 0.9)	1.2	(0.5, 2.7)	0.8	(0.5, 1.2)	1.3	(0.8, 2.1)	0.8	(0.4, 1.6)
On the internet	0.8	(0.5, 1.1)	1.3	(0.8, 2.1)	0.3	(0.1, 0.6)	1.0	(0.5, 1.8)	0.7	(0.4, 1.1)	1.6	(1.0, 2.6)	0.3	(0.2, 0.7)
On public transportation	0.7	(0.5, 1.1)	1.0	(0.6, 1.6)	0.5	(0.3, 0.9)	0.5	(0.2, 1.1)	0.9	(0.6, 1.3)	1.2	(0.7, 2.0)	0.5	(0.3, 0.9)
On public walls	0.4	(0.2, 0.6)	0.4	(0.3, 0.8)	0.3	(0.1, 0.6)	0.2	(0.0, 0.7)	0.5	(0.3, 0.7)	0.8	(0.5, 1.2)	0.2	(0.1, 0.4)
Somewhere else	0.3	(0.1, 0.6)	0.5	(0.2, 1.1)	0.1	(0.0, 0.4)	0.1	(0.0, 0.6)	0.4	(0.2, 0.9)	0.1	(0.0, 0.5)	0.4	(0.2, 0.9)
Noticed sports sponsorship	0.4	(0.3, 0.8)	0.5	(0.3, 1.1)	0.3	(0.1, 0.8)	0.6	(0.2, 1.4)	0.4	(0.2, 0.7)	0.6	(0.2, 1.3)	0.4	(0.2, 0.8)
Noticed cigarette promotions														
Free samples	0.4	(0.2, 0.8)	0.7	(0.3, 1.6)	0.1	(0.0, 0.3)	0.4	(0.1, 1.9)	0.3	(0.2, 0.7)	0.6	(0.2, 1.8)	0.3	(0.1, 0.7)
Sale prices	1.0	(0.6, 1.5)	1.1	(0.6, 2.1)	0.9	(0.5, 1.6)	1.4	(0.6, 3.0)	0.8	(0.5, 1.3)	1.2	(0.6, 2.4)	0.9	(0.5, 1.6)
Coupons	0.1	(0.0, 0.2)	0.1	(0.0, 0.4)	0.1	(0.0, 0.3)	0.0	N/A	0.2	(0.1, 0.4)	0.2	(0.1, 0.4)	0.1	(0.0, 0.3)
Free gifts/discounts on other products	0.2	(0.1, 0.4)	0.3	(0.1, 0.7)	0.1	(0.0, 0.3)	0.1	(0.0, 0.6)	0.2	(0.1, 0.6)	0.5	(0.2, 1.2)	0.0	(0.0, 0.1)
Clothing/item with brand name or logo	0.4	(0.3, 0.7)	0.5	(0.3, 1.0)	0.3	(0.1, 0.7)	0.2	(0.1, 0.7)	0.5	(0.3, 0.9)	0.7	(0.4, 1.2)	0.3	(0.1, 0.6)
Mail promoting cigarettes	0.1	(0.1, 0.4)	0.1	(0.0, 0.6)	0.2	(0.0, 0.5)	0.3	(0.1, 1.0)	0.1	(0.0, 0.2)	0.3	(0.1, 0.8)	0.1	(0.0, 0.5)
Noticed any advertisement, sponsorship, or promotion	9.7	(8.5, 10.9)	12.2	(10.6, 14.2)	7.3	(6.0, 8.7)	9.7	(7.6, 12.3)	9.6	(8.3, 11.1)	10.7	(9.1, 12.5)	9.1	(7.7, 10.8)

N/A- The estimate is "0.0"

CHAPTER NINE

Knowledge Attitude and Perception

9.0 Introduction

This chapter presents results on knowledge, attitudes, and perceptions about tobacco among adults aged 15 years or older. This including the beliefs about serious illnesses, caused by tobacco use (both smoked and smokeless) and exposure to SHS.

9.1 Belief That Smoking Causes Serious Illness and Various Diseases

Overall, 92.3% of adults (88.8% of current smokers and 92.5% of non-smokers) believed that smoking causes serious illness (**Table 9.1)**. While about seven in ten (73.0%) adults believed that smoking causes throat cancer, and 84.4% believed that smoking causes lung cancer. Slightly, more than half of adults believed that smoking causes heart attack (59.6%) and high blood pressure (51.3%). By smoking status, the findings show that there were no differences in the belief that smoking causes serious illness and various diseases between currents smokers and non-smokers.

Adults residing in urban areas were more likely to believe that smoking cause serious illness (93.7%) than those residing in rural areas (90.6%). The same pattern was shown for disease like lung cancer, high blood pressure, throat cancer, miscarriage, premature birth, and low birth weight.

Adult males seemed to believe more than adult females about diseases, caused by tobacco, especially stroke, high blood pressure, bladder cancer, throat cancer, infertility and impotence. Overall, there were no differences in the belief about diseases caused by smoking among different age groups.

GATS Tanzania 2018 findings show that that adults with secondary education had the highest proportion of those who believed that smoking caused serious illness and different diseases than those from other education levels.

Table 9.1: Percentage of adults ≥15 years old who believe that smoking causes serious illness and various diseases, by smoking status and selected demographic characteristics – GATS Tanzania, 2018.

Demographic Characteristics	Adults who believe that smoking causes…													
	Serious illness		Stroke		Heart attack		Lung cancer		High blood pressure		Bladder cancer		Throat cancer	
	Percentage (95% CI)													
Overall	92.3	(90.9, 93.4)	42.3	(40.3, 44.4)	59.6	(57.5, 61.7)	84.4	(82.7, 86.0)	51.3	(49.2, 53.4)	39.1	(37.0, 41.3)	73.0	(71.0, 74.8)
Smoking Status														
Current smokers[1]	88.8	(84.5, 92.1)	39.2	(33.1, 45.7)	58.3	(52.0, 64.3)	82.3	(77.4, 86.3)	52.2	(46.1, 58.2)	41.6	(35.7, 47.8)	68.9	(62.5, 74.7)
Non-smokers[2]	92.5	(91.2, 93.7)	42.6	(40.5, 44.7)	59.7	(57.5, 61.9)	84.6	(82.7, 86.3)	51.2	(49.0, 53.4)	39.0	(36.7, 41.2)	73.3	(71.3, 75.2)
Gender														
Male	93.7	(92.1, 95.0)	46.3	(43.4, 49.2)	61.8	(58.9, 64.6)	85.9	(83.6, 88.0)	54.9	(52.2, 57.6)	42.7	(39.6, 45.9)	75.6	(73.0, 78.0)
Female	91.0	(89.2, 92.6)	38.7	(36.2, 41.2)	57.7	(55.1, 60.3)	83.1	(81.0, 85.0)	47.9	(45.1, 50.8)	35.9	(33.2, 38.6)	70.6	(68.2, 72.9)
Age (years)														
15-24	92.8	(90.7, 94.5)	41.8	(38.3, 45.5)	57.5	(53.7, 61.1)	83.8	(80.9, 86.3)	48.0	(44.0, 52.1)	37.3	(33.7, 41.1)	71.9	(68.5, 75.0)
25-44	92.9	(91.0, 94.4)	42.3	(39.9, 44.7)	61.2	(58.7, 63.6)	86.1	(84.0, 87.9)	52.4	(49.5, 55.2)	39.8	(37.3, 42.5)	74.0	(71.7, 76.2)
45-64	91.9	(89.2, 93.9)	43.4	(39.0, 47.9)	60.7	(56.6, 64.8)	86.1	(82.4, 89.0)	55.4	(51.4, 59.3)	40.6	(36.7, 44.6)	75.1	(71.0, 78.8)
65+	85.9	(81.2, 89.6)	42.4	(37.4, 47.5)	58.5	(52.8, 64.0)	71.8	(66.3, 76.7)	50.5	(45.0, 56.0)	40.6	(35.5, 45.9)	65.6	(60.2, 70.6)
Residence														
Urban	95.7	(94.3, 96.8)	44.6	(41.6, 47.6)	60.9	(58.2, 63.6)	89.9	(87.5, 91.8)	56.2	(53.7, 58.7)	41.2	(38.4, 44.1)	79.0	(76.5, 81.3)
Rural	90.6	(88.7, 92.2)	41.2	(38.6, 43.9)	59.0	(56.1, 61.8)	81.8	(79.5, 83.9)	48.8	(45.9, 51.7)	38.1	(35.3, 41.0)	70.0	(67.4, 72.5)
Education Level														
No education	81.5	(77.5, 84.9)	41.8	(37.1, 46.8)	54.0	(48.7, 59.2)	70.5	(65.9, 74.7)	44.6	(40.1, 49.3)	38.9	(34.6, 43.4)	61.6	(56.8, 66.1)
Some primary	88.1	(84.4, 91.0)	41.6	(36.9, 46.6)	58.2	(53.0, 63.2)	77.8	(72.9, 82.0)	44.7	(39.3, 50.3)	35.5	(30.2, 41.2)	67.6	(63.2, 71.8)
Primary completed	94.6	(93.2, 95.7)	40.5	(38.0, 43.1)	60.0	(57.2, 62.7)	87.1	(85.2, 88.8)	50.9	(48.1, 53.7)	39.3	(36.7, 42.0)	74.0	(71.5, 76.3)
Secondary +	98.4	(96.9, 99.2)	49.3	(44.7, 53.8)	65.1	(60.5, 69.5)	94.6	(91.6, 96.5)	64.3	(59.8, 68.5)	41.9	(37.2, 46.8)	84.9	(81.1, 88.1)

[1] Includes daily and occasional (less than daily) tobacco smokers.

[2] Includes former and never tobacco smokers.

Table 9.1 (cont.): Percentage of adults ≥15 years old who believe that smoking causes serious illness and various diseases, by smoking status and selected demographic characteristics – GATS Tanzania, 2018.

Demographic Characteristics	Adults who believe that smoking causes…													
	Stomach cancer		Miscarriage		Infertility		Impotence		Bone loss		Premature birth		Low birth weight	
	Percentage (95% CI)													
Overall	47.2	(45.0, 49.4)	46.7	(44.4, 49.1)	29.3	(27.3, 31.4)	28.3	(26.3, 30.4)	47.8	(45.3, 50.3)	32.5	(30.4, 34.6)	36.1	(34.0, 38.2)
Smoking Status														
Current smokers[1]	46.6	(40.2, 53.1)	44.2	(38.0, 50.7)	34.0	(27.5, 41.3)	38.4	(32.0, 45.3)	46.5	(40.1, 53.0)	32.3	(26.2, 39.0)	32.0	(26.0, 38.6)
Non-smokers[2]	47.3	(45.0, 49.5)	46.9	(44.5, 49.3)	29.0	(26.9, 31.1)	27.6	(25.5, 29.7)	47.9	(45.3, 50.5)	32.5	(30.3, 34.7)	36.3	(34.2, 38.6)
Gender														
Male	49.4	(46.3, 52.5)	48.1	(44.8, 51.4)	32.4	(29.7, 35.3)	34.8	(31.8, 38.0)	49.8	(46.0, 53.5)	32.8	(30.1, 35.7)	36.3	(33.4, 39.3)
Female	45.2	(42.6, 47.9)	45.5	(42.7, 48.3)	26.4	(24.1, 28.9)	22.4	(20.2, 24.6)	46.0	(43.4, 48.6)	32.1	(29.3, 35.1)	35.9	(33.2, 38.6)
Age (years)														
15-24	45.3	(41.7, 49.0)	45.9	(42.1, 49.8)	26.9	(23.8, 30.2)	25.1	(22.0, 28.6)	47.9	(44.0, 51.7)	27.8	(24.6, 31.2)	32.3	(29.1, 35.7)
25-44	48.1	(45.4, 50.7)	49.4	(46.3, 52.4)	29.8	(27.2, 32.6)	29.7	(27.2, 32.4)	48.8	(45.8, 51.9)	34.7	(32.1, 37.4)	38.4	(35.7, 41.2)
45-64	49.5	(45.2, 53.9)	45.1	(40.9, 49.3)	32.7	(28.5, 37.2)	31.9	(27.6, 36.5)	48.2	(43.8, 52.7)	36.8	(32.5, 41.4)	38.6	(34.5, 42.7)
65+	45.5	(39.9, 51.3)	37.4	(32.8, 42.3)	29.8	(25.2, 34.7)	26.5	(22.5, 30.9)	38.8	(33.8, 44.2)	31.3	(26.9, 36.1)	33.8	(28.4, 39.5)
Residence														
Urban	49.3	(46.7, 52.0)	54.2	(50.5, 57.9)	33.0	(29.9, 36.4)	30.4	(27.7, 33.3)	51.9	(48.7, 55.1)	36.6	(33.8, 39.6)	42.0	(38.8, 45.3)
Rural	46.2	(43.2, 49.1)	43.0	(40.1, 45.9)	27.4	(24.9, 30.1)	27.3	(24.6, 30.1)	45.8	(42.5, 49.1)	30.4	(27.6, 33.3)	33.1	(30.4, 35.8)
Education Level														
No education	41.9	(37.6, 46.4)	40.3	(35.5, 45.3)	29.5	(25.0, 34.5)	23.2	(19.3, 27.7)	36.9	(32.4, 41.6)	30.1	(25.6, 35.0)	29.5	(25.4, 33.9)
Some primary	44.4	(39.1, 49.9)	37.3	(32.1, 42.8)	24.4	(19.8, 29.6)	25.3	(20.9, 30.4)	39.1	(33.2, 45.3)	26.3	(21.7, 31.5)	29.2	(24.4, 34.4)
Primary completed	48.4	(45.7, 51.1)	46.0	(43.1, 48.9)	28.9	(26.5, 31.3)	28.1	(25.7, 30.7)	50.5	(47.6, 53.4)	32.3	(29.8, 34.9)	35.9	(33.4, 38.5)
Secondary +	50.8	(46.1, 55.5)	63.4	(57.9, 68.6)	34.9	(30.5, 39.5)	36.4	(31.9, 41.1)	56.6	(51.6, 61.5)	40.4	(36.0, 45.0)	48.6	(43.6, 53.6)

[1] Includes daily and occasional (less than daily) tobacco smokers.

[2] Includes former and never tobacco smokers.

9.2 Levels of Belief That Breathing Other People's Smoke Causes Serious Illness in Non-Smokers

Overall, 84.4% of adults (82.4% of current smokers and 84.5% of non-smokers) believed that breathing other people's smoke causes serious illness in non-smokers. On the other hand, 72.4% of the adults believed that breathing other people smoke caused lung illness in children, while 71.4% believed it causes lung cancer in adults and 55.7% believed it causes heart diseases in adults. There were no differences in the beliefs about breathing other people's smoke causing heart disease in adults and lung illnesses in children and adults, between current smokers and non-smokers (**Table 9.2**).

Adult males were more likely to be aware breathing other people's smoke causes serious illness and lung cancer in adults than females.

Adults aged 65 years and above seemed not likely to believe that breathing other people's smoke causes diseases than any other age group. However, between the other groups (from 15 to 64 years) there were no differences in believing that breathing other people's smoke caused diseases. Furthermore, the findings show that adults in urban areas (91.5%) were more aware of the serious illness caused by breathing other people's smoke than those from rural areas (80.8%).

By education level, adults' belief that breathing other people's smoke caused diseases increased with increasing education level. Ninety-five percent of adults with secondary or more education believed that exposure to other people's smoke causes serious illnesses compared to 69.0% among those with no education.

Table 9.2: Percentage of adults ≥ 15 years old who believe that breathing other people's smoke causes serious illness and various diseases in non-smokers, by smoking status and selected demographic characteristics – GATS Tanzania, 2018.

Demographic Characteristics	Adults who believe that secondhand smoke causes…							
	Serious illness		Heart disease in adults		Lung illness in children		Lung cancer in adults	
	Percentage (95% CI)							
Overall	84.4	(82.4, 86.2)	55.7	(53.6, 57.6)	72.4	(70.0, 74.7)	71.4	(69.1, 73.7)
Smoking Status								
Current smokers[1]	82.4	(77.2, 86.6)	54.4	(48.2, 60.5)	67.4	(61.8, 72.5)	67.7	(61.9, 73.1)
Non-smokers[2]	84.5	(82.4, 86.4)	55.7	(53.6, 57.9)	72.8	(70.3, 75.1)	71.7	(69.3, 74.0)
Gender								
Male	87.4	(84.9, 89.6)	56.7	(53.9, 59.5)	74.4	(71.4, 77.3)	74.8	(71.5, 77.9)
Female	81.5	(78.6, 84.1)	54.7	(51.9, 57.5)	70.5	(67.7, 73.2)	68.3	(65.7, 70.8)
Age (years)								
15-24	83.0	(80.1, 85.6)	52.3	(48.7, 56.0)	72.3	(68.7, 75.6)	70.5	(66.5, 74.1)
25-44	86.6	(84.3, 88.7)	56.7	(54.0, 59.2)	74.5	(71.5, 77.2)	72.7	(70.1, 75.1)
45-64	86.1	(83.0, 88.7)	59.8	(56.2, 63.3)	71.4	(67.4, 75.2)	72.6	(68.7, 76.2)
65+	71.0	(65.3, 76.2)	56.1	(50.4, 61.5)	61.2	(54.9, 67.2)	65.0	(59.3, 70.3)
Residence								
Urban	91.5	(89.6, 93.0)	58.0	(54.8, 61.1)	81.6	(79.0, 84.0)	77.6	(75.1, 80.0)
Rural	80.8	(78.0, 83.3)	54.5	(51.9, 57.0)	67.8	(64.7, 70.8)	68.4	(65.2, 71.4)
Education Level								
No education	69.0	(64.3, 73.4)	51.2	(47.2, 55.2)	55.6	(51.3, 59.8)	56.8	(52.5, 61.0)
Some primary	76.5	(70.9, 81.4)	53.7	(48.5, 58.8)	62.5	(56.3, 68.2)	62.7	(56.6, 68.5)
Primary completed	87.7	(85.9, 89.3)	56.6	(53.9, 59.2)	75.4	(73.0, 77.7)	73.4	(71.0, 75.7)
Secondary +	94.5	(91.8, 96.3)	58.5	(53.7, 63.2)	86.8	(82.8, 89.9)	86.1	(82.7, 89.0)

[1] Includes daily and occasional (less than daily) tobacco smokers.

[2] Includes former and never tobacco smokers.

More than eight in 10 adults in Tanzania (81.6%) believed that cigarettes are addictive (85.8% for current smokers and 81.3% for non-smokers), while 10.2% (16.5% of current smokers and 9.7% of non-smokers) believed that some type of cigarette could be harmful than other types (**Table 9.3**).

The proportion of males, who believed that cigarettes, are addictive (84.8%) was higher than that of the females (78.8%). By age groups, adults aged 15-24 years (78.4%) were less likely to believe that cigarettes are addictive than adults aged 25-44 years (83.1%), 45-64 years (84.9%) and 65 or above years (80.9%).

By residences, adults in rural areas (79.7%) were less likely to believe that cigarettes can be addictive than adults residing in urban areas (85.6%).

By education levels, ninety percent of the adults with secondary level education believed that cigarettes are addictive. This percentage was significantly higher than that of other levels of educations.

Overall, the proportion of adults who believe that some types of cigarettes could be less harmful was 10.2% (Table 9.3).

Table 9.3: Percentage of adults ≥15 years old who believe that some types of cigarettes could be less harmful than others or cigarettes are addictive, by smoking status and selected demographic characteristics – GATS Tanzania, 2018.

Demographic Characteristics	Adults who believe that ...			
	Some types of cigarettes could be less harmful than other types		Cigarettes are addictive	
	Percentage (95% CI)			
Overall	10.2	(8.8, 11.8)	81.6	(79.8, 83.3)
Smoking Status				
Current smokers[1]	16.5	(12.2, 21.9)	85.8	(80.8, 89.6)
Non-smokers[2]	9.7	(8.3, 11.4)	81.3	(79.4, 83.1)
Gender				
Male	11.2	(9.3, 13.5)	84.8	(82.2, 87.0)
Female	9.3	(7.7, 11.0)	78.8	(76.5, 80.9)
Age (years)				
15-24	11.9	(9.3, 15.0)	78.4	(74.8, 81.6)
25-44	9.8	(8.1, 11.8)	83.1	(81.1, 84.9)
45-64	8.7	(6.6, 11.2)	84.9	(81.9, 87.4)
65+	7.7	(5.3, 11.1)	80.9	(76.5, 84.7)
Residence				
Urban	9.3	(6.9, 12.4)	85.6	(83.2, 87.7)
Rural	10.7	(9.0, 12.6)	79.7	(77.2, 82.0)
Education Level				
No education	9.5	(7.2, 12.5)	73.8	(69.4, 77.8)
Some primary	11.9	(8.7, 16.1)	75.9	(70.4, 80.6)
Primary completed	9.9	(8.3, 11.9)	82.9	(80.7, 84.8)
Secondary +	10.3	(7.7, 13.6)	90.0	(87.0, 92.4)

[1] Includes daily and occasional (less than daily) tobacco smokers.

[2] Includes former and never tobacco smokers.

Table 9.4 indicates that about 75.4% (78.3% among current smokeless users and 78.4% non-user of smokeless cigarettes), believed that smokeless tobacco products are addictive and 75.5% (83.5 among current smokeless users and 75.8% of the non-smokeless users) believed that using smokeless tobacco causes serious illness. There were no significant differences for current and non-users of smokeless in the belief that smokeless tobacco are addictive. However, 75.8% non-users of smokeless tobacco believed that smokeless tobacco are addictive while 63.5% for current smokeless users believed so.

However, there were no significant differences across gender, age, residence, and education level in the belief that using smokeless tobacco causes serious illnesses or smokeless tobacco are addictive.

Table 9.4: Percentage of adults ≥15 years old who believe that smokeless tobacco products cause serious illness or are addictive, by smokeless tobacco use status and selected demographic characteristics – GATS Tanzania, 2018.

Demographic Characteristics	Adults who believe that ...			
	Using smokeless tobacco causes serious illness		Smokeless tobacco products are addictive	
	Percentage (95% CI)			
Overall	75.4	(73.1, 77.6)	78.3	(76.2, 80.2)
Smokeless Tobacco Use Status				
Current smokeless users[1]	63.5	(53.6, 72.3)	78.3	(68.8, 85.5)
Non-users of smokeless[2]	75.8	(73.5, 77.9)	78.4	(76.3, 80.3)
Gender				
Male	77.7	(74.7, 80.5)	81.2	(78.4, 83.6)
Female	73.3	(70.8, 75.7)	75.6	(73.2, 77.8)
Age (years)				
15-24	73.1	(69.4, 76.5)	75.0	(71.5, 78.2)
25-44	76.3	(73.5, 78.8)	80.3	(78.0, 82.5)
45-64	78.8	(75.1, 82.1)	79.8	(76.0, 83.1)
65+	73.5	(67.5, 78.7)	78.1	(72.8, 82.6)
Residence				
Urban	78.4	(75.4, 81.1)	83.1	(80.4, 85.5)
Rural	74.0	(70.8, 76.9)	75.8	(73.1, 78.4)
Education Level				
No education	66.0	(61.0, 70.7)	69.4	(65.2, 73.2)
Some primary	69.1	(62.7, 74.9)	68.8	(62.7, 74.3)
Primary completed	77.3	(74.9, 79.4)	80.2	(77.9, 82.2)
Secondary +	83.6	(79.5, 87.1)	88.5	(85.3, 91.0)

[1] Includes daily and occasional (less than daily) smokeless users.

[2] Includes former and never smokeless users.

GATS Tanzania 2018 also show that eight in ten adults supported increase in taxes on tobacco products. Non-users of tobacco supported more (81.3%) compared to users (66.0%). There were no significant variations across gender and age (**Table 9.5)**.

By place of residence, adults in urban areas (84.4%) were more likely to support increase of taxes on tobacco products than those in rural areas (78.2%). Furthermore, adults with secondary education

or more, favored increase of taxes on tobacco products (88.4%) than those with other education levels.

Table 9.5: Support for increasing taxes on tobacco products among adults ≥15 years old, by tobacco use status and selected demographic characteristics – GATS Tanzania, 2018.

Demographic Characteristics	Those who favor increasing taxes on tobacco products
	Percentage (95% CI)
Overall	80.3 (78.2, 82.2)
Tobacco Use Status	
Current users[1]	66.0 (59.4, 72.1)
Non-users[2]	81.3 (79.2, 83.2)
Gender	
Male	80.8 (78.0, 83.4)
Female	79.7 (77.3, 81.9)
Age (years)	
15-24	77.8 (73.9, 81.3)
25-44	83.6 (81.0, 85.8)
45-64	80.9 (77.3, 84.1)
65+	69.4 (64.1, 74.3)
Residence	
Urban	84.4 (81.9, 86.6)
Rural	78.2 (75.4, 80.7)
Education Level	
No education	71.9 (68.2, 75.4)
Some primary	71.1 (65.0, 76.6)
Primary completed	82.5 (80.3, 84.6)
Secondary +	88.4 (84.8, 91.2)

[1] Includes daily and occasional (less than daily) tobacco users.

[2] Includes former and never tobacco users.

CHAPTER TEN

Conclusion and Recommendations

GATS Tanzania 2018 provides baseline national estimates for tobacco use and other key tobacco control indicators. The survey provides indicators on various dimension of tobacco control—such as tobacco use, health care providers cessation support, exposure to SHS, exposure to anti-tobacco media, exposure to tobacco advertisement, expenditures related to tobacco, impact of pictorial health messages on tobacco products and the extent of willingness to quit tobacco use.

In an attempt to control and prevent the impact of tobacco use, especially on public health, United Republic of Tanzania enacted Tobacco Products Act, 2003. However, the Act seems not to be in-line with WHO FCTC and hence the revision of the Act is necessary. The findings from GATS Tanzania 2018 therefore, provides important information that would support efforts in revising Tanzania Tobacco Products Act of 2003 in line with the WHO FCTC.

GATS findings provide an opportunity to draw recommendations for further strengthening of tobacco control initiatives in Tanzania. The survey is a tool for monitoring the extent of tobacco use and other key tobacco control indicators, and for identifying opportunities in preventing and reducing tobacco use in Tanzania. It is critical to policy makers, programme managers and other stakeholders who can benefit from it in designing, implementation, monitoring and evaluating programs and policies towards tobacco use control.

Recommendations

Based on the findings of GATS Tanzania 2018, the following recommendations are proposed and categorized according to the WHO MPOWER package.

The package recommends interventions to **M**onitor tobacco use and prevention policies, **P**rotect people from tobacco smoke, **O**ffer help to quit tobacco use, **W**arn about the dangers of tobacco through pack warning labels and anti-tobacco mass media campaigns, **E**nforce bans on tobacco advertising, promotion and sponsorship, and **R**aise taxes on tobacco [19].

Monitor Tobacco Use and prevention policies in line with WHO FCTC Article 20 & 21.

GATS is repeated every 5 years to effectively track tobacco use and other key tobacco control indicators, independently or incorporated in other surveys. Hence, it is important that adequate funding to repeat GATS be allocated by the Ministry of Health (MOH).

Collaboration should be strengthened between the MOH tobacco control program and other institutions, especially with academia, the NBS, and the National Institute of Medical Research.

Relevant research findings and information derived from the tobacco control surveillance system should be effectively communicated through available channels to the appropriate agencies and populations.

Formal and informal communication strategies should be used, including the use of mass media, social media for the dissemination of updates and policy briefs for decision makers and stakeholders.

Protection from Tobacco Smoke (WHO FCTC Article 8)

According to the WHO FCTC Article 8 guidelines, parties to the convention are obligated to enact 100% smoke-free laws that would extensively cover public places. Exemptions given for 'smoking rooms' within designated 'no smoking' areas or use of mechanical systems, like ventilation or extraction fans, do not eliminate the threats of SHS exposure to public health.

The following recommendations are made:

- Legislate smoke-free laws to ban smoking in all public places in line with the provisions under Article 8 of the WHO FCTC, including: government offices, restaurants, bars/night clubs, health facilities, educational facilities, public transport, and all other indoor places. Designation of smoking areas should not be allowed.
- Effective and efficient enforcement and monitoring of smoke-free areas should be implemented throughout the country. Dedicated teams located in all Local Government Areas (LGAs) should be strengthened to carry out enforcement and monitoring activities; their performance should be regularly monitored. A help line should be established to encourage the public to report to the authorities of any violations to the smoke-free law.
- Intensify nationwide dissemination of information about smoke-free law to the public to dispel misconceptions and empower the populace to exercise their rights to breathe clean unpolluted air. The youths should be well oriented to understand the dangers of SHS exposure and encourage them to support and comply with 100% smoke-free policies.

Offer Help to Quit tobacco use in line with WHO FCTC Article 14

Guidelines for 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. The guidelines also identify the key effective measures needed to promote tobacco cessation and incorporate tobacco dependence treatment into national tobacco control programs and health-care systems.

The following recommendations are made for consideration:

- Establish smoking cessation services (e.g., ensuring health care workers provide counseling during examination) that are integrated into primary health care services with operational targets set and regularly monitored.
- Strengthen communication to the public on quitting tobacco using numerous channels (e.g., posters, leaflets, newspapers, TV, radio, websites, etc.) in order to increase public awareness and increase the utilization of services.
- Strengthen the Tobacco Control Programme in MOH to establish a comprehensive National Tobacco Cessation Programme using the WHO FCTC Article 14 Guidelines as its basis.

- Undertake capacity building programs on tobacco control and smoking cessation for broad groups of medical and health providers including doctors, dentists, pharmacists, nurses, and other allied health personnel. All health-care workers should be encouraged to become supporters for comprehensive tobacco control interventions.
- Incorporate the subject of 'treatment of tobacco dependence' as an integral part of the basic undergraduate curriculum for medical, dental, pharmacy schools, and all relevant allied health graduate education and/or health training institutions.

Warn about the Dangers of Tobacco in line with WHO FCTC Articles 11 & 12

In line with Article 11 of the WHO FCTC, warnings should appear on both the front and back of the packaging, with images and text that are large, evident, and describe specific illnesses caused by tobacco. Pictorial health warnings are particularly effective in communicating risks and motivating behavioral change.

The following recommendations are made for the country:

- Government could put in place and enforce legislation that requires the tobacco industry to place health warning messages on tobacco packages in line with Article 11 of the WHO FCTC.
- All tobacco products (not only cigarettes), in all types of packaging, should include standardized pictorial health warnings. A collection of effective images and health warnings from within and outside the country should be maintained to facilitate future rotation of these messages.
- Government should consider introducing plain packaging for all tobacco products and enact related legislation. This is in adherence with item 46 in Article 11 of the WHO FCTC- Packing and Labeling of Tobacco Products.

Enforce Bans on Tobacco Advertising, Promotion and sponsorship in line with WHO FCTC Article 13

A total ban on direct and indirect advertising, promotion, and sponsorship, as described in Article 13 of the WHO FCTC, can substantially reduce tobacco consumption and protect people, particularly youth, from tobacco industry marketing. In order to be effective, bans on tobacco advertising, promotion, and sponsorship (TAPS) should be comprehensive and apply to all marketing channels.

The following recommendations are made for consideration:

- Government should establish and enforce comprehensive legislation, banning TAPS completely with rigorous monitoring of the situation carried out regularly. The ban should include:
- Ban on all direct and indirect TAPS that use tobacco product names or imagery as well as any indication or link to tobacco industry names or imagery. This includes any form of paraphernalia and industry-sponsored CSR activities;
- Ban on tobacco product display at points of sale;

- Restrictions on cross-border TAPS via cyberspace like the internet and/or social media;
- The government should announce bans on advertisement, promotion and sponsorship well in advance of implementation.

Raise Tobacco Taxes in line of WHO FCTC Article 6

Evidence has shown that increasing the price of tobacco through higher taxes is the single most effective way to encourage tobacco users to quit and prevent youth from starting to smoke. Tobacco taxes are generally well accepted by the public and raise government revenues.

The following recommendations are made for consideration:

- Government to convene consultations between MOH, Ministry of Finance, Tanzania Revenue Authority, Ministry of Trade and Investment. These key Ministries and Agencies should study and apply an extensive evidence-based tobacco taxation structure that has been identified globally as a best practice. This includes the adoption of a relatively simple tax system that applies equivalent taxes to all tobacco products, with:
- At least 70% excise tax share in final consumer price. This is consistent with recommendations of the WHO and the World Bank;
- Regular increases in tax that exceeds increases in consumer prices and incomes, to reduce the affordability of tobacco products;
- Minimize incentives for tobacco users to switch to cheaper brands or products in response to tax increases; and
- Improve tobacco tax administration to reduce opportunities for tax avoidance and tax evasion (including implementing effective monitoring systems for production and transport of traded tobacco products).

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APPENDIX A: QUESTIONNAIRE

Household Questionnaire

INTRO

[THE HOUSEHOLD SCREENING RESPONDENT SHOULD BE 18 YEARS OF AGE OR OLDER AND YOU MUST BE CONFIDENT THAT THIS PERSON CAN PROVIDE ACCURATE INFORMATION ABOUT ALL MEMBERS OF THE HOUSEHOLD. IF NEEDED, VERIFY THE AGE OF THE HOUSEHOLD SCREENING RESPONDENT TO MAKE SURE HE/SHE IS 18 YEARS OF AGE OR OLDER.

THE HOUSEHOLD SCREENING RESPONDENT CAN BE LESS THAN 18 YEARS OLD, ONLY IF NO
HOUSEHOLD MEMBERS ARE 18 YEARS OF AGE OR OLDER.]

INTRO1

An important survey of adult tobacco use behavior is being conducted by the Tanzania National Bureau of Statistics and Ministry of Health and Social Welfare throughout Tanzania and your household has been selected to participate. All houses selected were chosen from a scientific sample and it is very important to the success of this project that each participates in the survey. All information gathered will be kept strictly confidential

Participation in this survey is voluntary, and if we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope that you will participate in this survey since your views are important. At this time, do you want to ask me anything about the survey? May I begin the interview now?

HH1

I have a few questions to find out who in your household is eligible to participate.

First, I'd like to ask you a few questions about your household. In total, how many persons live in this household?

[INCLUDE ANYONE WHO CONSIDERS THIS HOUSEHOLD THEIR USUAL PLACE OF RESIDENCE]

_____ [RANGE: 0 – 50]

[IF HH1 = 00, GO TO NO ELIGIBLE]

HH2

How many of these household members are 15 years of age or older?

_____ [RANGE: 0 – 20]

[VALIDATION: HH2 <= HH1 (IF NOT, GO TO TooMany)]
[IF HH2 = 00, GO TO NOELIGIBLE]
[ELSE GO TO HH4both]

[YOU CAN'T/SHOULDN'T HAVE MORE PEOPLE GREATER THAN OR EQUAL TO 15 YEARS OLD THAN THERE ARE TOTAL HH MEMBERS; PLEASE DOUBLE CHECK THE ANSWERS SO FAR.]

[GO TO HH2]

HH4both

I now would like to collect information about only these persons that live in this household who are 15 years of age or older.

Let's start listing them from oldest to youngest.

HH4a

What is the {FILL: oldest/next oldest} person's first name?

HH4b

What is this person's age?

[IF RESPONDENT DOESN'T KNOW, PROBE FOR AN ESTIMATE]

_____ [RANGE: 15 – 110]
[IF HH4b >= 15 and <=17, GO TO HH4c. OTHERWISE, GO TO HH4d]

HH4c

What is the month of this person's date of birth?

01 ..... ☐ 1
02 ..... ☐ 2
03 ..... ☐ 3
04 ..... ☐ 4
05 ..... ☐ 5
06 ..... ☐ 6
07 ..... ☐ 7
08 ..... ☐ 8
09 ..... ☐ 9
10 ..... ☐ 10
11 ..... ☐ 11
12 ..... ☐ 12
DON'T KNOW ☐ 77
REFUSED ..... ☐ 99

HH4cYEAR

What is the year of this person's date of birth?

[IF DON'T KNOW, ENTER 7777
IF REFUSED, ENTER 9999]

_____ [RANGE: 1905 – 2005, 7777, 9999]

[IF HH4c = 77 OR HH4c = 99 OR HH4cYear = 7777 OR HH4cYear = 9999, THEN GO TO HH4d]
[VALIDATION: CALCULATED DATE OF BIRTH >= 15 YEARS OLD (IF NOT, GO TO ValidateAge)]
[ELSE, GO TO HH4d]

ValidateAge

[AGE CALCULATED FROM BIRTH MONTH AND BIRTH YEAR IS LESS THAN 15. PLEASE DOUBLE CHECK THESE ANSWERS.]

[GO TO HH4c]

HH4d
Is this person male or female?

MALE ..... ☐ 1
FEMALE..... ☐ 2

HH4e
Does this person currently smoke tobacco, including cigarettes, cigars, pipes, shisha/hookar?

YES..... ☐ 1
NO..... ☐ 2
DON'T KNOW ☐ 7
REFUSED..... ☐ 9

HH4fcomp

[IF HH2 = 1, SKIP HH4f AND GO TO LoopEnd. ELSE GO TO HH4f.]

HH4f (HH4fa / HH4fb)
What is his/her relationship to the head of household?

HEAD..... ☐ 1
SPOUSE..... ☐ 2
SON/DAUGHTER ..... ☐ 3
STEPSON/DAUGHTER ..... ☐ 4
SISTER/BROTHER ☐ 5
GRAND CHILD..... ☐ 6
FATHER/MOTHER..... ☐ 7
FATHER/MOTHER IN-LAW..... ☐ 8
ADOPTED/FOSTER/STEPCHILD ☐ 9
NIECE/NEPHEW BY BLOOD ..... ☐ 10
OTHER RELATIVE..... ☐ 11
NOT RELATED..... ☐ 12
DON'T KNOW ..... ☐ 77
REFUSED ..... ☐ 99

[PROGRAM: HH4fa INCLUDES HEAD OF HOUSEHOLD OPTION. ONCE THIS OPTION IS SELECTED, HH4fb IS IMPLEMENTED FOR SUBSEQUENT LOOPS AND DOES NOT INCLUDE HEAD OF HOUSEHOLD OPTION]

EDITROSTERINTRO

[IF YOU NEED TO REVIEW THE ROSTER, SELECT "ROSTER" FROM THE TOOLS MENU.

TAP THE BACK BUTTON IF YOU NEED TO MAKE CHANGES.

TAP THE NEXT BUTTON TO SELECT THE RESPONDENT.]

HH5
[NAME OF THE SELECTED ELIGIBLE PERSON IS:

{FILL SELECTED HH MEMBER'S FIRST NAME}

ASK IF THE SELECTED RESPONDENT IS AVAILABLE AND IF SO, PROCEED TO THE INDIVIDUAL QUESTIONNAIRE.

IF THE SELECTED RESPONDENT IS NOT AVAILABLE, MAKE AN APPOINTMENT AND RECORD IT AS A COMMENT ON RECORD OF CALLS.]

[PROGRAM: DON'T ALLOW BREAK-OFF FROM TOOLS MENU]
[SET {HH5Flag}="1"]
[GO TO CodeEvents]

NOELIGIBLE

[THERE ARE NO ELIGIBLE HOUSEHOLD MEMBERS.

THANK THE RESPONDENT FOR HIS/HER TIME.

THIS WILL BE RECORDED IN THE RECORD OF CALLS AS A CODE 201.]

[Set {NoEFlag}="1";]

CodeEvents

```
if {HH5Flag} = "1"  then set {EventCode} = "200";
if {NoEflag} = "1" then set {EventCode} = "201";
if {HH5Flag} = "1" then set {EventComment} = "Screener Complete";
if {NoEflag} = "1" then set {EventComment} = "Screener Complete No Eligibles";
```

Consent

CONSENT1
[SELECT THE APPROPRIATE AGE CATEGORY BELOW. IF NEEDED, CHECK THE AGE OF SELECTED RESPONDENT FROM THE "CASE INFO" SCREEN IN THE TOOLS MENU.]

15-17 ..... ☐ 1 [GO TO CONSENT2]
18 OR OLDER ..... ☐ 2 [GO TO CONSENT5]
EMANCIPATED MINOR (15-17) ☐ 3 [GO TO CONSENT5]

CONSENT2
Before starting the interview, I need to obtain consent from a parent or guardian of [NAME OF RESPONDENT] and from [NAME OF RESPONDENT].

[IF BOTH SELECTED RESPONDENT AND PARENT/GUARDIAN ARE AVAILABLE, CONTINUE WITH INTERVIEW.

IF PARENT/GUARDIAN IS NOT AVAILABLE, BREAK-OFF INTERVIEW AND SCHEDULE AN APPOINTMENT TO RETURN.

IF MINOR RESPONDENT IS NOT AVAILABLE, CONTINUE WITH OBTAINING PARENTAL CONSENT.]

CONSENT3
[READ THE FOLLOWING TO THE PARENT/GUARDIAN AND SELECTED RESPONDENT (IF AVAILABLE):]

I am working with Tanzania National Bureau of Statistics. This institution is collecting information about tobacco use in Tanzania. This information will be used for public health purposes by the Ministry responsible for Health.

Your household and [NAME OF RESPONDENT] have been selected at random. [NAME OF RESPONDENT] responses are very important to us and the community, as these answers will represent many other persons.

The interview will last around 30 minutes. [NAME OF RESPONDENT] participation in this survey is entirely voluntary. The information that [NAME OF RESPONDENT] will provide will be kept strictly confidential and [NAME OF RESPONDENT] will not be identified by his/her responses. Personal information will not be shared with anyone else, not even other family members including you. [NAME OF RESPONDENT] can withdraw from the study at any time and may refuse to answer any question.

We will leave the necessary contact information with you. If you have any questions about this survey, you can contact the telephone numbers listed.

If you agree with [NAME OF RESPONDENT]'s participation in this survey, we will conduct a private interview with him/her.

[ASK PARENT/GUARDIAN:] Do you agree with [NAME OF RESPONDENT]'s participation?

[READ THE FOLLOWING TO THE PARENT/GUARDIAN AND SELECTED RESPONDENT (IF AVAILABLE):]

YES..... ☐ 1 [GO TO CONSENT4]
NO..... ☐ 2 [END INTERVIEW]

CONSENT4
[WAS THE SELECTED MINOR RESPONDENT PRESENT?]

PRESENT..... ☐ 1 [GO TO CONSENT6]
NOT PRESENT... ☐ 2 [GO TO CONSENT5]

CONSENT5
[READ TO THE SELECTED RESPONDENT:]

I am working with Tanzania National Bureau of Statistics. This institution is collecting information about tobacco use in Tanzania. This information will be used for public health purposes by the Ministry responsible for Health.

Your household and you have been selected at random. Your responses are very important to us and the community, as these answers will represent many other persons. The interview will last around 30 minutes. Your participation in this survey is entirely voluntary. The information that you will provide us will be kept strictly confidential, and you will not be identified by your responses. Personal information will not be shared with anyone else, not even other family members. You can withdraw from the study at any time and may refuse to answer any question.

We will leave the necessary contact information with you. If you have any questions about this survey, you can contact the telephone numbers listed.

{FILL IF CONSENT4=2: Your parent/guardian has given his/her permission for you to participate in this survey.}

If you agree to participate, we will conduct a private interview with you.

[READ TO THE SELECTED RESPONDENT:]

CONSENT6

[ASK SELECTED RESPONDENT:] Do you agree to participate?

YES..... ☐ 1 [GO TO INTLANG]
NO..... ☐ 2 [GO TO END INTERVIEW]

INTLANG

[INTERVIEW LANGUAGE]

ENGLISH..... ☐ 1
KISWAHILI.. ☐ 2

Section A. Background Characteristics

A00

I am going to first ask you a few questions about your background.

A01

[RECORD GENDER FROM OBSERVATION. ASK IF NECESSARY.]

MALE ..... ☐ 1
FEMALE..... ☐ 2

A02a

In what month were you] born?

01 ..... ☐ 1
02 ..... ☐ 2
03 ..... ☐ 3
04 ..... ☐ 4
05 ..... ☐ 5
06 ..... ☐ 6
07 ..... ☐ 7
08 ..... ☐ 8
09 ..... ☐ 9
10 ..... ☐ 10
11 ..... ☐ 11
12 ..... ☐ 12
DON'T KNOW ☐ 77
REFUSED ..... ☐ 99

A02b

Which year were you born?

[IF DON'T KNOW, ENTER 7777
IF REFUSED, ENTER 9999]

[IF DON'T KNOW, ENTER 7777
IF REFUSED, ENTER 9999]

_____ [RANGE: 1905 – 2005, 7777, 9999]

[IF A02a = 77 OR A02b = 7777 OR A02a = 99 OR A02b = 9999, THEN GO TO A03]
[VALIDATION: CALCULATED DATE OF BIRTH >= 15 YEARS OLD (IF NOT, GO TO ValidateAge)]
[OTHERWISE, GO TO A12]

A03
How old are you?

[IF RESPONDENT IS UNSURE, PROBE FOR AN ESTIMATE AND RECORD AN ANSWER
IF REFUSED, BREAK-OFF AS WE CANNOT CONTINUE INTERVIEW WITHOUT AGE]

_____ [RANGE: 5 – 110]

[VALIDATION: A03 >= 15 (IF NOT, GO TO ValidateAge2)]
[OTHERWISE GO TO A03a]

ValidateAge
[MUST BE GREATER THAN OR EQUAL TO 15 YEARS OF AGE TO PARTICIPATE.
SYSTEM AGE CALCULATED TO BE {CalcYears}

IF AGE IS CORRECT, SELECT "NEXT" TO END INTERVIEW AND TALK TO YOUR SUPERVISOR

OTHERWISE SELECT "BACK" TO CORRECT THE DATE OF BIRTH]

[GO TO I01]

ValidateAge2
[MUST BE GREATER THAN OR EQUAL TO 15 YEARS OF AGE TO PARTICIPATE. AGE IS REPORTED AS {A03}

IF AGE IS CORRECT, SELECT "NEXT" TO END INTERVIEW AND TALK TO YOUR SUPERVISOR

OTHERWISE SELECT "BACK" TO CORRECT THE AGE]

[GO TO I01]

A03a
[WAS RESPONSE ESTIMATED?]

YES ..... ☐ 1
NO ..... ☐ 2
DON'T KNOW ☐ 7

A12
Can you read and write?

YES ..... ☐ 1
NO ..... ☐ 2
REFUSED ..... ☐ 9

A04

What is the highest level of education you have completed?

[SELECT ONLY ONE CATEGORY]

PRE-PRIMARY ..... ☐ 1
PRIMARY ..... ☐ 2
POST PRIMARY TRAINING ..... ☐ 3
SECONDARY 'O' LEVEL ..... ☐ 4
POST SECONDARY 'O' LEVEL ..... ☐ 5
SECONDARY 'A' LEVEL ..... ☐ 6
POST SECONDARY 'A' LEVEL ..... ☐ 7
UNIVERSITY ..... ☐ 8
DON'T KNOW ..... ☐ 77
REFUSED ..... ☐ 99

A05

Which of the following best describes your *main* work status over the past 12 months? Government employee, non-government employee, self-employed, student, homemaker, retired, unemployed-able to work, or unemployed-unable to work?

[INCLUDE SUBSISTENCE FARMING AS SELF-EMPLOYED]

GOVERNMENT EMPLOYEE ..... ☐ 1
NON-GOVERNMENT EMPLOYEE ..... ☐ 2
SELF-EMPLOYED ..... ☐ 3
STUDENT ..... ☐ 4
HOMEMAKER ..... ☐ 5
RETIRED ..... ☐ 6
UNEMPLOYED, ABLE TO WORK ..... ☐ 7
UNEMPLOYED, UNABLE TO WORK ..... ☐ 8
DON'T KNOW ..... ☐ 77
REFUSED ..... ☐ 99

A06

Please tell me whether this household or any person who lives in this household has the following items:

	YES ▼	NO ▼	DON'T KNOW ▼	REFUSED ▼
a. Electricity?	☐ 1	☐ 2	☐ 7	☐ 9
b. Flush toilet?	☐ 1	☐ 2	☐ 7	☐ 9
c. Fixed telephone?	☐ 1	☐ 2	☐ 7	☐ 9
d. Cell telephone?	☐ 1	☐ 2	☐ 7	☐ 9
e. Television?	☐ 1	☐ 2	☐ 7	☐ 9
f. Radio?	☐ 1	☐ 2	☐ 7	☐ 9
g. Refrigerator?	☐ 1	☐ 2	☐ 7	☐ 9
h. Car?	☐ 1	☐ 2	☐ 7	☐ 9
i. Motorcycle?	☐ 1	☐ 2	☐ 7	☐ 9
j. Washing machine?	☐ 1	☐ 2	☐ 7	☐ 9
k. Watch/clock?	☐ 1	☐ 2	☐ 7	☐ 9
l. Bicycle?	☐ 1	☐ 2	☐ 7	☐ 9
m. Computer?	☐ 1	☐ 2	☐ 7	☐ 9

A11

What is your marital status? Would you say monogamous married, polygamous married, living together, separated, divorced, never married, or widowed?

MONOGAMOUS MARRIED ☐ 1
POLYGAMOUS MARRIED ☐ 2
LIVING TO GETHER ☐ 3
SEPARATED ☐ 4
DIVORCED .. ☐ 5
NEVER MARRIED ☐ 6
WIDOWED ... ☐ 7
REFUSED ..... ☐ 9

[GO TO NEXT SECTION B]

Section B. Tobacco Smoking

B00

I would now like to ask you some questions about *smoking* tobacco, including cigarettes, cigars, pipes, shisha/hookar.

Please do not answer about smokeless tobacco at this time.

B01

Do you *currently* smoke tobacco on a daily basis, less than daily, or not at all?

DAILY ..... ☐ 1 → GO TO B04
LESS THAN DAILY ☐ 2
NOT AT ALL..... ☐ 3 → GO TO B03
DON'T KNOW ..... ☐ 7 → GO TO NEXT SECTION C
REFUSED ..... ☐ 9 → GO TO NEXT SECTION C

B02

Have you smoked tobacco daily in the past?

YES ..... ☐ 1 → GO TO B08
NO..... ☐ 2 → GO TO B10a
DON'T KNOW ..... ☐ 7 → GO TO B10a
REFUSED ..... ☐ 9 → GO TO B10a

B03

In the *past*, have you smoked tobacco on a daily basis, less than daily, or not at all?

[IF RESPONDENT HAS DONE BOTH "DAILY" AND "LESS THAN DAILY" IN THE PAST, CHECK "DAILY"]

DAILY ..... ☐ 1 → GO TO B11
LESS THAN DAILY ☐ 2 → GO TO B13a
NOT AT ALL..... ☐ 3 → GO TO NEXT SECTION C
DON'T KNOW ..... ☐ 7 → GO TO NEXT SECTION C
REFUSED ..... ☐ 9 → GO TO NEXT SECTION C

[Current Daily Smokers]

B04
How old were you when you first started smoking tobacco *daily*?

[IF DON'T KNOW OR REFUSED, ENTER 99]

_____ [RANGE: 1 – 98, 99]

[IF B04 = 99, GO TO B05]
[IF B04 = 1 – 4, GO TO CheckDailyAge1]
[IF B04 > R'S AGE, GO TO ValDailyAge1A]
[OTHERWISE GO TO B06a]

B05
How many years ago did you first start smoking tobacco *daily*?

[IF REFUSED, ENTER 99]

_____ [RANGE: 0 – 98, 99]

[IF B05 = 99, GO TO B06a]
[R'S AGE - B05 = AGE OF DAILY SMOKING INITIATION]
[IF AGE OF DAILY SMOKING INITIATION = 1 - 4, GO TO CheckDailyAge1]
[IF AGE OF DAILY SMOKING INITIATION IS <= 0, GO TO ValDailyAge1B]
[ELSE, GO TO B06a]

CheckDailyAge1
[YOU HAVE ENTERED AN AGE OF DAILY SMOKING INITIATION THAT IS LESS THAN 5

IF NOT CORRECT, SELECT BACK TO CHANGE

IF CORRECT, SELECT NEXT TO CONTINUE]

[GO TO B06a]

ValDailyAge1A

[THE AGE OF DAILY SMOKING INITIATION CANNOT BE MORE THAN THE RESPONDENT'S AGE

GO BACK TO CORRECT AGE OF DAILY SMOKING INITIATION OR RESPONDENT'S AGE]

[GO TO B04]

ValDailyAge1B
[THE AGE OF DAILY SMOKING INITIATION CANNOT BE ZERO OR NEGATIVE

GO BACK TO CORRECT AGE OF DAILY SMOKING INITIATION OR RESPONDENT'S AGE]

[GO TO B05]

B06a
On average, how many of the following products do you currently smoke each day? Also, let me know if you smoke the product, but not every day.

Manufactured cigarettes?

[IF RESPONDENT REPORTS SMOKING THE PRODUCT BUT NOT EVERY DAY, ENTER 888

IF RESPONDENT REPORTS IN PACKS OR CARTONS, PROBE TO FIND OUT HOW MANY ARE IN EACH AND CALCULATE TOTAL NUMBER]

_____ [RANGE: 0 – 200, 888, 999]

[IF B06a = 888, GO TO B06a1]
[IF B06a = 999, GO TO B06b]
[IF B06a = 1-3 or 100-200, GO TO ValidateB06a]
[OTHERWISE GO TO B06b]

ValidateB06a
[CONFIRM THAT THE RESPONDENT SMOKES {B06a} CIGARETTES PER DAY. (THIS SHOULD NOT BE REPORTED IN PACKS)

IF NOT CORRECT, SELECT BACK TO CHANGE

IF CORRECT, SELECT NEXT TO CONTINUE]

[GO TO B06b]

B06a1
On average, how many manufactured cigarettes do you currently smoke each week?

[IF RESPONDENT REPORTS IN PACKS OR CARTONS, PROBE TO FIND OUT HOW MANY ARE IN EACH AND CALCULATE TOTAL NUMBER]

_____ [RANGE: 0 – 200, 999]

[IF B06a1 = 1-3 or 100-200, GO TO ValidateB06a1]
[OTHERWISE GO TO B06b]

ValidateB06a1
[CONFIRM THAT THE RESPONDENT SMOKES {B06a1} CIGARETTES PER WEEK (THIS SHOULD NOT BE REPORTED IN PACKS)

IF NOT CORRECT, SELECT BACK TO CHANGE

IF CORRECT, SELECT NEXT TO CONTINUE]

[GO TO B06b]

B06b

(On average, how many of the following products do you currently smoke each day? Also, let me know if you smoke the product, but not every day.)

Hand-rolled cigarettes?

[IF RESPONDENT REPORTS SMOKING THE PRODUCT BUT NOT EVERY DAY, ENTER 888

IF RESPONDENT REPORTS IN PACKS OR CARTONS, PROBE TO FIND OUT HOW MANY ARE IN EACH AND CALCULATE TOTAL NUMBER]

_____ [RANGE: 0 – 200, 888, 999]
[IF B06b = 888, GO TO B06b1. OTHERWISE GO TO B06d]

B06b1

On average, how many hand-rolled cigarettes do you currently smoke each week?

[IF RESPONDENT REPORTS IN PACKS OR CARTONS, PROBE TO FIND OUT HOW MANY ARE IN EACH AND CALCULATE TOTAL NUMBER]

_____ [RANGE: 0 – 200, 999]

B06d

(On average, how many of the following products do you currently smoke each day? Also, let me know if you smoke the product, but not every day.)

Pipes full of tobacco (kiko)?

[IF RESPONDENT REPORTS SMOKING THE PRODUCT BUT NOT EVERY DAY, ENTER 888

IF RESPONDENT REPORTS IN PACKS OR CARTONS, PROBE TO FIND OUT HOW MANY ARE IN EACH AND CALCULATE TOTAL NUMBER]

[IF RESPONDENT REPORTS SMOKING THE PRODUCT BUT NOT EVERY DAY, ENTER 888

____ [RANGE: 0 – 100, 888, 999]
[IF B06d = 888, GO TO B06d1. OTHERWISE GO TO B06e]

B06d1

On average, how many pipes full of tobacco (kiko) do you currently smoke each week?

[IF RESPONDENT REPORTS IN PACKS OR CARTONS, PROBE TO FIND OUT HOW MANY ARE IN EACH AND CALCULATE TOTAL NUMBER]

_____ [RANGE: 0 – 100, 999]

B06e

(On average, how many of the following products do you currently smoke each day? Also, let me know if you smoke the product, but not every day.)

Cigars, cheroots, or cigarillos?

[IF RESPONDENT REPORTS SMOKING THE PRODUCT BUT NOT EVERY DAY, ENTER 888

IF RESPONDENT REPORTS IN PACKS OR CARTONS, PROBE TO FIND OUT HOW MANY ARE IN EACH AND CALCULATE TOTAL NUMBER]

_____ [RANGE: 0 – 100, 888, 999]
[IF B06e = 888, GO TO B06e1. OTHERWISE GO TO B06f]

B06e1

On average, how many cigars, cheroots, or cigarillos do you currently smoke each week?

[IF RESPONDENT REPORTS IN PACKS OR CARTONS, PROBE TO FIND OUT HOW MANY ARE IN EACH AND CALCULATE TOTAL NUMBER]

_____ [RANGE: 0 – 100, 999]

B06f

(On average, how many of the following products do you currently smoke each day? Also, let me know if you smoke the product, but not every day.)

Number of shisha/hookar sessions per day?

[IF RESPONDENT REPORTS SMOKING THE PRODUCT BUT NOT EVERY DAY, ENTER 888]

_____ [RANGE: 0 – 100, 888, 999]
[IF B06f = 888, GO TO B06f1. OTHERWISE GO TO B06g]

B06f1

On average, how many shisha/hookar sessions do you currently participate in each week?

_____ [RANGE: 0 – 100, 999]

B06g

(On average, how many of the following products do you currently smoke each day? Also, let me know if you smoke the product, but not every day.)

Any others?

[IF RESPONDENT REPORTS SMOKING THE PRODUCT BUT NOT EVERY DAY, ENTER 888

IF RESPONDENT REPORTS IN PACKS OR CARTONS, PROBE TO FIND OUT HOW MANY ARE IN EACH AND CALCULATE TOTAL NUMBER]

_____ [RANGE: 0 – 200, 888, 999]
[IF B06g = 1 – 200 OR 888, GO TO B06g1. OTHERWISE GO TO B06comp]

B06g1

Please specify the other type you currently smoke.

_____

[IF B06g = 888, GO TO B06g2. OTHERWISE GO TO B07]

B06g2

On average, how many {FILL ANSWER FROM B06g1} do you currently smoke each week?

[IF RESPONDENT REPORTS IN PACKS OR CARTONS, PROBE TO FIND OUT HOW MANY ARE IN EACH AND CALCULATE TOTAL NUMBER]

_____ [RANGE: 0 – 200, 999]

[GO TO B07]

B06comp

[If B06a=0 and B06b=0 and B06d=0 and B06e=0 and B06f=0 and B06g=0, then go to B06valid. Otherwise, go to B07]

B06valid

[RESPONDENT HAS REPORTED SMOKING NO PRODUCTS DAILY, BUT SAID HE/SHE WAS A DAILY SMOKER GO BACK TO CORRECT]

[GO TO B06a]

B07
How soon after you wake up do you usually have your first smoke? Would you say within 5 minutes, 6 to 30 minutes, 31 to 60 minutes, or more than 60 minutes?

WITHIN 5 MINUTES ..... ☐ 1
6 TO 30 MINUTES ..... ☐ 2
31 TO 60 MINUTES ..... ☐ 3
MORE THAN 60 MINUTES ☐ 4
REFUSED ..... ☐ 9

[GO TO NEXT SECTION C]

[Current Less Than Daily Smokers]

B08
How old were you when you first started smoking tobacco *daily*?

[IF DON'T KNOW OR REFUSED, ENTER 99]

_____ [RANGE: 1 – 98, 99]

[IF B08 = 99, GO TO B09]
[IF B08 = 1 – 4, GO TO CheckDailyAge2]
[IF B08 > R'S AGE, GO TO ValDailyAge2A]
OTHERWISE GO TO B10a]

B09
How many years ago did you first start smoking tobacco *daily*?

[IF REFUSED, ENTER 99]

_____ [RANGE: 0 – 98, 99]

[IF B09 = 99, GO TO B10a]
[R'S AGE - B09 = AGE OF DAILY SMOKING INITIATION]
[IF AGE OF DAILY SMOKING INITIATION = 1 - 4, GO TO CheckDailyAge2]
[IF AGE OF DAILY SMOKING INITIATION IS <= 0, GO TO ValDailyAge2B]
[ELSE, GO TO B10a]

CheckDailyAge2
[YOU HAVE ENTERED AN AGE OF DAILY SMOKING INITIATION THAT IS LESS THAN 5

IF NOT CORRECT, SELECT BACK TO CHANGE

IF CORRECT, SELECT NEXT TO CONTINUE]

[GO TO B10a]

ValDailyAge2A

[THE AGE OF DAILY SMOKING INITIATION CANNOT BE MORE THAN THE RESPONDENT'S AGE

GO BACK TO CORRECT AGE OF DAILY SMOKING INITIATION OR RESPONDENT'S AGE]

[GO TO B08]

ValDailyAge2B
[THE AGE OF DAILY SMOKING INITIATION CANNOT BE ZERO OR NEGATIVE

GO BACK TO CORRECT AGE OF DAILY SMOKING INITIATION OR RESPONDENT'S AGE]

[GO TO B09]

B10a
How many of the following do you currently smoke during a usual week?

Manufactured cigarettes?

[IF RESPONDENT REPORTS DOING THE ACTIVITY *WITHIN THE PAST 30 DAYS*, BUT LESS THAN ONCE PER WEEK, ENTER 888

IF RESPONDENT REPORTS IN PACKS OR CARTONS, PROBE TO FIND OUT HOW MANY ARE IN EACH AND CALCULATE TOTAL NUMBER]

_____ [RANGE: 0 – 200, 888, 999]

[IF B10a = 1-3 or 100-200, GO TO ValidateB10a]
[OTHERWISE GO TO B10b]

ValidateB10a
[CONFIRM THAT THE RESPONDENT SMOKES {B10a} CIGARETTES PER WEEK (THIS SHOULD NOT BE REPORTED IN PACKS)

IF NOT CORRECT, SELECT BACK TO CHANGE

IF CORRECT, SELECT NEXT TO CONTINUE]

[GO TO B10b]

B10b
(How many of the following do you currently smoke during a usual week?)

Hand-rolled cigarettes?

[IF RESPONDENT REPORTS DOING THE ACTIVITY *WITHIN THE PAST 30 DAYS*, BUT LESS THAN ONCE PER WEEK, ENTER 888

IF RESPONDENT REPORTS IN PACKS OR CARTONS, PROBE TO FIND OUT HOW MANY ARE IN EACH AND CALCULATE TOTAL NUMBER]

_____ [RANGE: 0 – 200, 888, 999]

B10d
(How many of the following do you currently smoke during a usual week?)

Pipes full of tobacco (kiko)?

[IF RESPONDENT REPORTS DOING THE ACTIVITY *WITHIN THE PAST 30 DAYS*, BUT LESS THAN ONCE PER WEEK, ENTER 888

IF RESPONDENT REPORTS IN PACKS OR CARTONS, PROBE TO FIND OUT HOW MANY ARE IN EACH AND CALCULATE TOTAL NUMBER]

_____ [RANGE: 0 – 100, 888, 999]

B10e
(How many of the following do you currently smoke during a usual week?)

Cigars, cheroots, or cigarillos?

[IF RESPONDENT REPORTS DOING THE ACTIVITY *WITHIN THE PAST 30 DAYS*, BUT LESS THAN ONCE PER WEEK, ENTER 888

IF RESPONDENT REPORTS IN PACKS OR CARTONS, PROBE TO FIND OUT HOW MANY ARE IN EACH AND CALCULATE TOTAL NUMBER]

_____ [RANGE: 0 – 100, 888, 999]

B10f
(How many of the following do you currently smoke during a usual week?)

Number of shisha/hookar sessions per week?

[IF RESPONDENT REPORTS DOING THE ACTIVITY *WITHIN THE PAST 30 DAYS*, BUT LESS THAN ONCE PER WEEK, ENTER 888]

_____ [RANGE: 0 – 100, 888, 999]

B10g
(How many of the following do you currently smoke during a usual week?)

Any others?

[IF RESPONDENT REPORTS DOING THE ACTIVITY *WITHIN THE PAST 30 DAYS*, BUT LESS THAN ONCE PER WEEK, ENTER 888

IF RESPONDENT REPORTS IN PACKS OR CARTONS, PROBE TO FIND OUT HOW MANY ARE IN EACH AND CALCULATE TOTAL NUMBER]

_____ [RANGE: 0 – 200, 888, 999]

[IF B10g = 1 – 200 OR 888, GO TO B10g1. OTHERWISE GO TO B10comp]

B10g1

Please specify the other type you currently smoke.

_____

[GO TO NEXT SECTION C]

B10comp

[If B10a=0 and B10b=0 and B10d=0 and B10e=0 and B10f=0 and B10g=0, then go to B10valid. Otherwise, go to next section]

B10valid

[RESPONDENT HAS REPORTED SMOKING NO PRODUCTS, BUT SAID HE/SHE WAS A LESS THAN DAILY SMOKER

GO BACK TO CORRECT]

[GO TO B10a]

[Former Smokers]

B11

How old were you when you first started smoking tobacco *daily*?

[IF DON'T KNOW OR REFUSED, ENTER 99]

_____ [RANGE: 1 – 98, 99]

[IF B11 = 99, GO TO B12]
[IF B11 = 1 – 4, GO TO CheckDailyAge3]
[IF B11 > R'S AGE, GO TO ValDailyAge3A]
[OTHERWISE GO TO B13a]

B12

How many years ago did you first start smoking tobacco *daily*?

[IF REFUSED, ENTER 99]

_____ [RANGE: 0 – 98, 99]

[IF B12 = 99, GO TO B13a]
[R'S AGE – B12 = AGE OF DAILY SMOKING INITIATION]
[IF AGE OF DAILY SMOKING INITIATION = 1 - 4, GO TO CheckDailyAge3]
[IF AGE OF DAILY SMOKING INITIATION IS <= 0, GO TO ValDailyAge3B]
[ELSE, GO TO B13a]

CheckDailyAge3

[YOU HAVE ENTERED AN AGE OF DAILY SMOKING INITIATION THAT IS LESS THAN 5

IF NOT CORRECT, SELECT BACK TO CHANGE

IF CORRECT, SELECT NEXT TO CONTINUE]

[GO TO B13a]

ValDailyAge3A
[THE AGE OF DAILY SMOKING INITIATION CANNOT BE MORE THAN THE RESPONDENT'S AGE

GO BACK TO CORRECT AGE OF DAILY SMOKING INITIATION OR RESPONDENT'S AGE]

[GO TO B11]

ValDailyAge3B
[THE AGE OF DAILY SMOKING INITIATION CANNOT BE ZERO OR NEGATIVE

GO BACK TO CORRECT AGE OF DAILY SMOKING INITIATION OR RESPONDENT'S AGE]

[GO TO B12]

B13a
How long has it been since you stopped smoking?

[ONLY INTERESTED IN WHEN RESPONDENT STOPPED SMOKING REGULARLY - DO NOT INCLUDE RARE INSTANCES OF SMOKING

ENTER UNIT ON THIS SCREEN AND NUMBER ON NEXT SCREEN]

YEARS..... ☐1
MONTHS..... ☐2
WEEKS..... ☐3
DAYS..... ☐4
LESS THAN 1 DAY ☐5
DON'T KNOW ..... ☐7
REFUSED..... ☐9

[IF B13a = 1, GO TO B13bYears]
[IF B13a = 2, GO TO B13bMonths]
[IF B13a = 3, GO TO B13bWeeks]
[IF B13a = 4, GO TO B13bDays]
[IF B13a = 5, GO TO BB1]
[IF B13a = 7 OR 9, GO TO NEXT SECTION]

B13bYears
(How long has it been since you stopped smoking?)

[ENTER NUMBER OF YEARS]

_____ [RANGE: 1 – 100]

[IF B13bYears > R'S AGE, GO TO B13bYearsCheck]

[GO TO BB1]

B13bYearsCheck
THE NUMBER OF YEARS SINCE QUITTING CANNOT BE GREATER THAN THE RESPONDENT'S AGE.

GO BACK TO CORRECT NUMBER OF YEARS]
[GO TO B13bYears]

B13bMonths
(How long has it been since you stopped smoking?)

_____ [RANGE: 1 – 24]

[GO TO BB1]

B13bWeeks
(How long has it been since you stopped smoking?)

[ENTER NUMBER OF WEEKS]

_____ [RANGE: 1 – 51]

[GO TO BB1]

B13bDays
(How long has it been since you stopped smoking?)

[ENTER NUMBER OF DAYS]

_____ [RANGE: 1 – 60]

[GO TO BB1]

BB1
What was your primary reason for quitting smoking?

BECAME TOO EXPENSIVE .....☐1
REALIZED SMOKING IS HARMFUL TO HEALTH ☐2

RESTRICTIONS ON SMOKING.....☐3
PRESSURE FROM CLOSE RELATIVES/FRIENDS ☐4
FOR RELIGIOUS PURPOSES.....☐5
OTHER REASON.... .....☐6
DON'T KNOW ....☐7
REFUSED..... .....☐9

IF BB1 = 6, GO TO BB1a
OTHERWISE GO TO BB1Comp

BB1a
[SPECIFY]

_____

BB1Comp
[IF B13a/b < 1 YEAR (< 12 MONTHS), THEN CONTINUE WITH B14. OTHERWISE SKIP TO NEXT SECTION C.]

B14
Have you visited a doctor or other health care provider in the past 12 months?

YES..... ☐ 1
NO..... ☐ 2 → GO TO B18a
REFUSED..... ☐ 9 → GO TO B18a

B15
How many times did you visit a doctor or health care provider in the past 12 months? Would you say 1 or 2 times, 3 to 5 times, or 6 or more times?

1 OR 2 ..... ☐ 1
3 TO 5 ..... ☐ 2
6 OR MORE.. ☐ 3
REFUSED..... ☐ 9

B16
During any visit to a doctor or health care provider in the past 12 months, were you asked if you smoke tobacco?

YES..... ☐ 1
NO..... ☐ 2 → GO TO B18a
REFUSED..... ☐ 9 → GO TO B18a

B17
During any visit to a doctor or health care provider in the past 12 months, were you advised to quit smoking tobacco?

YES ..... ☐ 1
NO ..... ☐ 2
REFUSED ..... ☐ 9

B18a

During the past 12 months, did you use any of the following to try to stop smoking tobacco?
Counseling, including at a smoking cessation clinic?

YES ..... ☐ 1
NO ..... ☐ 2
REFUSED ..... ☐ 9

B18b

(During the past 12 months, did you use any of the following to try to stop smoking tobacco?)
Nicotine replacement therapy, such as the patch or gum?

YES ..... ☐ 1
NO ..... ☐ 2
REFUSED ..... ☐ 9

B18c

(During the past 12 months, did you use any of the following to try to stop smoking tobacco?)

Other prescription medications?

YES ..... ☐ 1
NO ..... ☐ 2
REFUSED ..... ☐ 9

B18d

(During the past 12 months, did you use any of the following to try to stop smoking tobacco?)

Traditional medicines?

YES ..... ☐ 1
NO ..... ☐ 2
REFUSED ..... ☐ 9

B18e

(During the past 12 months, did you use any of the following to try to stop smoking tobacco?)

A quit line or a smoking telephone support line?

YES ..... ☐ 1
NO ..... ☐ 2
REFUSED ..... ☐ 9

B18f

(During the past 12 months, did you use any of the following to try to stop smoking tobacco?)

Switching to smokeless tobacco?

YES ..... ☐ 1
NO ..... ☐ 2
REFUSED ..... ☐ 9

B18f1

(During the past 12 months, did you use any of the following to try to stop smoking tobacco?)

Try to quit without assistance?

YES ..... ☐ 1
NO ..... ☐ 2
REFUSED ..... ☐ 9

B18g

(During the past 12 months, did you use any of the following to try to stop smoking tobacco?)

Anything else?

YES ..... ☐ 1
NO ..... ☐ 2
REFUSED ..... ☐ 9

[IF B18g = 1, GO TO B18g1. OTHERWISE GO TO NEXT SECTION C.]

B18g1

Please specify what you used to try to stop smoking.

_____

Section C. Smokeless Tobacco

C00

The next questions are about using smokeless tobacco, such as snuff, chewing tobacco, pan, kuber. Smokeless tobacco is tobacco that is not smoked, but is sniffed through the nose, held in the mouth, or chewed.

C01

Do you *currently* use smokeless tobacco on a daily basis, less than daily, or not at all?

[IF RESPONDENT DOES NOT KNOW WHAT SMOKELESS TOBACCO IS, EITHER PRESENT A SHOWCARD OR READ DEFINITION FROM QXQ SCREEN]

DAILY ..... ☐ 1 → GO TO C04
LESS THAN DAILY ☐ 2
NOT AT ALL..... ☐ 3 → GO TO C03
DON'T KNOW ..... ☐ 7 → GO TO NEXT SECTION D1
REFUSED ..... ☐ 9 → GO TO NEXT SECTION D1

C02

Have you used smokeless tobacco daily in the past?

YES..... ☐ 1 → GO TO C08
NO..... ☐ 2 → GO TO C10a
DON'T KNOW ..... ☐ 7 → GO TO C10a
REFUSED ..... ☐ 9 → GO TO C10a

C03

In the *past*, have you used smokeless tobacco on a daily basis, less than daily, or not at all?

[IF RESPONDENT HAS DONE BOTH "DAILY" AND "LESS THAN DAILY" IN THE PAST, CHECK "DAILY"]

DAILY ..... ☐ 1 → GO TO C11
LESS THAN DAILY ☐ 2 → GO TO C13a
NOT AT ALL..... ☐ 3 → GO TO NEXT SECTION D1
DON'T KNOW ..... ☐ 7 → GO TO NEXT SECTION D1
REFUSED ..... ☐ 9 → GO TO NEXT SECTION D1

[Current Daily Smokeless Tobacco Users]

C04

How old were you when you first started using smokeless tobacco *daily*?

[IF DON'T KNOW OR REFUSED, ENTER 99]

_____ [RANGE: 1 – 98, 99]

[IF C04 = 99, GO TO C05]
[IF C04 = 1 – 4, GO TO CheckDailyAgeSL1]
[IF C04 > R'S AGE, GO TO ValDailyAgeSL1A]

[OTHERWISE GO TO C06a]

C05
How many years ago did you first start using smokeless tobacco *daily*?

[IF REFUSED, ENTER 99]

_____ [RANGE: 0 – 98, 99]

[IF C05 = 99, GO TO C06a]
[R'S AGE - C05 = AGE OF DAILY SMOKELESS INITIATION]
[IF AGE OF DAILY SMOKELESS INITIATION = 1 - 4, GO TO CheckDailyAgeSL1]
[IF AGE OF DAILY SMOKELESS INITIATION IS <= 0, GO TO ValDailyAgeSL1B]
[ELSE, GO TO C06a]

CheckDailyAgeSL1
[YOU HAVE ENTERED AN AGE OF DAILY SMOKELESS INITIATION THAT IS LESS THAN 5

IF NOT CORRECT, SELECT BACK TO CHANGE
IF CORRECT, SELECT NEXT TO CONTINUE]

[GO TO C06a]

ValDailyAgeSL1A
[THE AGE OF DAILY SMOKELESS INITIATION CANNOT BE MORE THAN THE RESPONDENT'S AGE

GO BACK TO CORRECT AGE OF DAILY SMOKELESS INITIATION OR RESPONDENT'S AGE]

[GO TO C04]

ValDailyAgeSL1B
[THE AGE OF DAILY SMOKELESS INITIATION CANNOT BE ZERO OR LESS

GO BACK TO CORRECT AGE OF DAILY SMOKELESS INITIATION OR RESPONDENT'S AGE]

[GO TO C05]

C06a
On average, how many times a day do you use the following products? Also, let me know if you use the product, but not every day.

Snuff, by mouth?

[IF RESPONDENT REPORTS USING THE PRODUCT BUT NOT EVERY DAY, ENTER 888]

_____ [RANGE: 0 – 85, 888, 999]
[IF C06a = 888, GO TO C06a1. OTHERWISE GO TO C06b]

C06a1
On average, how many times a week do you currently use snuff, by mouth?

_____ [RANGE: 0 – 85, 999]

C06b
(On average, how many times a day do you use the following products? Also, let me know if you use the product, but not every day.)

Snuff, by nose?

[IF RESPONDENT REPORTS USING THE PRODUCT BUT NOT EVERY DAY, ENTER 888]

_____ [RANGE: 0 – 85, 888, 999]
[IF C06b = 888, GO TO C06b1. OTHERWISE GO TO C06c]

C06b1
On average, how many times a week do you currently use snuff, by nose?
_____ [RANGE: 0 – 85, 999]

C06c
(On average, how many times a day do you use the following products? Also, let me know if you use the product, but not every day.) Chewing kuber?

[IF RESPONDENT REPORTS USING THE PRODUCT BUT NOT EVERY DAY, ENTER 888]

_____ [RANGE: 0 – 85, 888, 999]
[IF C06c = 888, GO TO C06c1. OTHERWISE GO TO C06d]

C06c1
On average, how many times a week do you currently use chewing kuber?

_____ [RANGE: 0 – 85, 999]

C06d
(On average, how many times a day do you use the following products? Also, let me know if you use the product, but not every day.)

Betel quid with tobacco (pan)?

[IF RESPONDENT REPORTS USING THE PRODUCT BUT NOT EVERY DAY, ENTER 888]

_____ [RANGE: 0 – 85, 888, 999]
[IF C06d = 888, GO TO C06d1. OTHERWISE GO TO C06e]

C06d1
On average, how many times a week do you currently use betel quid with tobacco (pan)?

_____ [RANGE: 0 – 85, 999]

C06e

(On average, how many times a day do you use the following products? Also, let me know if you use the product, but not every day.)

Any others?

[IF RESPONDENT REPORTS USING THE PRODUCT BUT NOT EVERY DAY, ENTER 888]

_____ [RANGE: 0 – 85, 888, 999]

[IF C06e = 1 – 85 OR 888, GO TO C06e1. OTHERWISE GO TO C06comp]

C06e1

Please specify the other type you currently use.

_____

[IF C06e = 888, GO TO C06e2. OTHERWISE GO TO C07]

C06e2

On average, how many times a week do you currently use {FILL ANSWER FROM C06e1}?

_____ [RANGE: 0 – 85, 999]

[GO TO C07]

C06comp

[If C06a=0 and C06b=0 and C06c=0 and C06d=0 and C06e=0, then go to C06valid. Otherwise, go to C07]

C06valid

[RESPONDENT HAS REPORTED USING NO SMOKELESS PRODUCTS DAILY, BUT SAID HE/SHE WAS A DAILY USER GO BACK TO CORRECT]

[GO TO C06a]

C07

How soon after you wake up do you usually use smokeless tobacco for the first time? Would you say within 5 minutes, 6 to 30 minutes, 31 to 60 minutes, or more than 60 minutes?

WITHIN 5 MINUTES ..... ☐ 1
6 TO 30 MINUTES ..... ☐ 2
31 TO 60 MINUTES ..... ☐ 3
MORE THAN 60 MINUTES ☐ 4
REFUSED ..... ☐ 9

[GO TO NEXT SECTION D1]

[Current Less Than Daily Smokeless Tobacco Users]

C08

How old were you when you first started using smokeless tobacco *daily*?

[IF DON'T KNOW OR REFUSED, ENTER 99]

_____ [RANGE: 1 – 98, 99]

[IF C08 = 99, GO TO C09]
[IF C08 = 1 – 4, GO TO CheckDailyAgeSL2]
[IF C08 > R'S AGE, GO TO ValDailyAgeSL2A]
[OTHERWISE GO TO C10a]

C09
How many years ago did you first start using smokeless tobacco *daily*?

[IF REFUSED, ENTER 99]

_____ [RANGE: 0 – 98, 99]

[IF C09 = 99, GO TO C10a]
[R'S AGE - C09 = AGE OF DAILY SMOKELESS INITIATION]
[IF AGE OF DAILY SMOKELESS INITIATION = 1 - 4, GO TO CheckDailyAgeSL2]
[IF AGE OF DAILY SMOKELESS INITIATION IS <= 0, GO TO ValDailyAgeSL2B]
[ELSE, GO TO C10a]

CheckDailyAgeSL2
[YOU HAVE ENTERED AN AGE OF DAILY SMOKELESS INITIATION THAT IS LESS THAN 5

IF NOT CORRECT, SELECT BACK TO CHANGE

IF CORRECT, SELECT NEXT TO CONTINUE]

[GO TO C10a]

ValDailyAgeSL2A
[THE AGE OF DAILY SMOKELESS INITIATION CANNOT BE MORE THAN THE RESPONDENT'S AGE

GO BACK TO CORRECT AGE OF DAILY SMOKELESS INITIATION OR RESPONDENT'S AGE]

[GO TO C08]

ValDailyAgeSL2B
[THE AGE OF DAILY SMOKELESS INITIATION CANNOT BE ZERO OR LESS

GO BACK TO CORRECT AGE OF DAILY SMOKELESS INITIATION OR RESPONDENT'S AGE]

[GO TO C09]

C10a
How many times a week do you usually use the following?

Snuff, by mouth?

[IF RESPONDENT REPORTS DOING THE ACTIVITY *WITHIN THE PAST 30 DAYS*, BUT LESS THAN ONCE PER WEEK, ENTER 888]

_____ [RANGE: 0 – 85, 888, 999]

C10b
(How many times a week do you usually use the following?)

Snuff, by nose?

[IF RESPONDENT REPORTS DOING THE ACTIVITY *WITHIN THE PAST 30 DAYS*, BUT LESS THAN ONCE PER WEEK, ENTER 888]

_____ [RANGE: 0 – 85, 888, 999]

C10c
(How many times a week do you usually use the following?)
Chewing kuber?

[IF RESPONDENT REPORTS DOING THE ACTIVITY *WITHIN THE PAST 30 DAYS*, BUT LESS THAN ONCE PER WEEK, ENTER 888]

_____ [RANGE: 0 – 85, 888, 999]

C10d

(How many times a week do you usually use the following?)

Betel quid with tobacco (pan)?

[IF RESPONDENT REPORTS DOING THE ACTIVITY *WITHIN THE PAST 30 DAYS*, BUT LESS THAN ONCE PER WEEK, ENTER 888]

_____ [RANGE: 0 – 85, 888, 999]

C10e
(How many times a week do you usually use the following?)
Any others?

[IF RESPONDENT REPORTS DOING THE ACTIVITY *WITHIN THE PAST 30 DAYS*, BUT LESS THAN ONCE PER WEEK, ENTER 888]

_____ [RANGE: 0 – 85, 888, 999]
[IF C10e = 1 – 85 OR 888, GO TO C10e1. OTHERWISE GO TO C10comp]

C10e1

Please specify the other type you currently use.

_____

[GO TO C19Comp]

C10comp

[If C10a=0 and C10b=0 and C10c=0 and C10d=0 and C10e=0, then go to C10valid. Otherwise, go to C19Comp]

C10valid
[RESPONDENT HAS REPORTED USING NO SMOKELESS PRODUCTS, BUT SAID HE/SHE WAS A LESS THAN DAILY USER

GO BACK TO CORRECT]

[GO TO C10a]

C19Comp
[If B01 = 2 AND C01 = 2, GO TO C19. OTHERWISE GO TO NEXT SECTION D1]

C19
You mentioned that you smoke tobacco, but not every day and that you also use smokeless tobacco, but not every day. Thinking about both smoking tobacco and using smokeless tobacco, would you say you use tobacco on a daily basis or less than daily?

DAILY ..... ☐ 1
LESS THAN DAILY..... ☐ 2
REFUSED ..... ☐ 9

[GO TO NEXT SECTION D1]

[Former Smokeless Tobacco Users]

C11
How old were you when you first started using smokeless tobacco *daily*?

[IF DON'T KNOW OR REFUSED, ENTER 99]

_____ [RANGE: 1 – 98, 99]

[IF C11 = 99, GO TO C12]
[IF C11 = 1 – 4, GO TO CheckDailyAgeSL3]
[IF C11 > R'S AGE, GO TO ValDailyAgeSL3A]
[OTHERWISE GO TO C13a]

C12
How many years ago did you first start using smokeless tobacco *daily*?

[IF REFUSED, ENTER 99]

_____ [RANGE: 0 – 98, 99]

[IF C12 = 99, GO TO C13a]
[R'S AGE – C12 = AGE OF DAILY SMOKELESS INITIATION]
[IF AGE OF DAILY SMOKELESS INITIATION = 1 - 4, GO TO CheckDailyAgeSL3]
[IF AGE OF DAILY SMOKELESS INITIATION IS <= 0, GO TO ValDailyAgeSL3B]
[ELSE, GO TO C13a]

CheckDailyAgeSL3
[YOU HAVE ENTERED AN AGE OF DAILY SMOKELESS INITIATION THAT IS LESS THAN 5

IF NOT CORRECT, SELECT BACK TO CHANGE

IF CORRECT, SELECT NEXT TO CONTINUE]

[GO TO C13a]

ValDailyAgeSL3A
[THE AGE OF DAILY SMOKELESS INITIATION CANNOT BE MORE THAN THE RESPONDENT'S AGE

GO BACK TO CORRECT AGE OF DAILY SMOKELESS INITIATION OR RESPONDENT'S AGE]

[GO TO C11]

ValDailyAgeSL3B

[THE AGE OF DAILY SMOKELESS INITIATION CANNOT BE ZERO OR LESS

GO BACK TO CORRECT AGE OF DAILY SMOKELESS INITIATION OR RESPONDENT'S AGE]

[GO TO C12]

C13a
How long has it been since you stopped using smokeless tobacco?

[ONLY INTERESTED IN WHEN RESPONDENT STOPPED USING REGULARLY - DO NOT INCLUDE RARE INSTANCES OF USING SMOKELESS TOBACCO

ENTER UNIT ON THIS SCREEN AND NUMBER ON NEXT SCREEN]

YEARS..... ☐1
MONTHS..... ☐2
WEEKS..... ☐3
DAYS..... ☐4
LESS THAN 1 DAY ☐5
DON'T KNOW ..... ☐7
REFUSED..... ☐9

[IF C13a = 1, GO TO C13bYears]

[IF C13a = 2, GO TO C13bMonths]
[IF C13a = 3, GO TO C13bWeeks]
[IF C13a = 4, GO TO C13bDays]
[IF C13a = 5, GO TO CC1]
[IF C13a = 7 OR 9, GO TO NEXT SECTION D1]

C13bYears
(How long has it been since you stopped using smokeless tobacco?)

[ENTER NUMBER OF YEARS]

_____ [RANGE: 1 – 100]

[IF C13bYears > R'S AGE, GO TO C13bYearsCheck]

[GO TO CC1]

C13bYearsCheck
THE NUMBER OF YEARS SINCE QUITTING CANNOT BE GREATER THAN THE RESPONDENT'S AGE.

GO BACK TO CORRECT NUMBER OF YEARS]
[GO TO C13bYears]

C13bMonths
(How long has it been since you stopped using smokeless tobacco?)

[ENTER NUMBER OF MONTHS]

_____ [RANGE: 1 – 24]

[GO TO CC1]

C13bWeeks
(How long has it been since you stopped using smokeless tobacco?)

[ENTER NUMBER OF WEEKS]

_____ [RANGE: 1 – 51]

[GO TO CC1]

C13bDays
(How long has it been since you stopped using smokeless tobacco?)

[ENTER NUMBER OF DAYS]

_____ [RANGE: 1 – 60]

[GO TO CC1]

CC1

What was your primary reason for quitting use of smokeless tobacco?

BECAME TOO EXPENSIVE ..... ☐1
REALIZED IT IS HARMFUL TO HEALTH .... ☐2
RESTRICTIONS ON USE ..... ☐3
PRESSURE FROM CLOSE RELATIVES/FRIENDS ☐4
FOR RELIGIOUS PURPOSES..... ☐5
OTHER REASON .... ☐6
DON'T KNOW .... ☐7
REFUSED .... ☐9

IF CC1 = 6, GO TO CC1a
OTHERWISE GO TO CC1Comp

CC1a

[SPECIFY]

_____

CC1Comp

[IF C13a/b < 1 YEAR (< 12 MONTHS), THEN CONTINUE WITH C13Comp. OTHERWISE SKIP TO NEXT SECTION D1]

C13Comp

[IF B14 HAS NOT BEEN ASKED, GO TO C14]
[IF B14 = YES, GO TO C16]
[IF B14 = NO OR REFUSED, GO TO C18a]

C14

Have you visited a doctor or other health care provider in the past 12 months?

YES ..... ☐ 1
NO..... ☐ 2 → GO TO C18a
REFUSED ..... ☐ 9 → GO TO C18a

C15

How many times did you visit a doctor or health care provider in the past 12 months? Would you say 1 or 2 times, 3 to 5 times, or 6 or more times?

1 OR 2 ..... ☐ 1
3 TO 5 ..... ☐ 2
6 OR MORE.. ☐ 3
REFUSED ..... ☐ 9

C16
During any visit to a doctor or health care provider in the past 12 months, were you asked if you use smokeless tobacco?

YES ..... ☐ 1
NO ..... ☐ 2 → GO TO C18a
REFUSED ..... ☐ 9 → GO TO C18a

C17
During any visit to a doctor or health care provider in the past 12 months, were you advised to stop using smokeless tobacco?

YES ..... ☐ 1
NO ..... ☐ 2
REFUSED ..... ☐ 9

C18a
During the past 12 months, did you use any of the following to try to stop using smokeless tobacco?

Counseling, including at a cessation clinic?

YES ..... ☐ 1
NO ..... ☐ 2
REFUSED ..... ☐ 9

C18b
(During the past 12 months, did you use any of the following to try to stop using smokeless tobacco?)

Nicotine replacement therapy, such as the patch or gum?

YES ..... ☐ 1
NO ..... ☐ 2
REFUSED ..... ☐ 9

C18c
(During the past 12 months, did you use any of the following to try to stop using smokeless tobacco?)

Other prescription medications?

YES ..... ☐ 1
NO ..... ☐ 2
REFUSED ..... ☐ 9

C18d
(During the past 12 months, did you use any of the following to try to stop using smokeless tobacco?)

Traditional medicines?

YES ..... ☐ 1
NO ..... ☐ 2
REFUSED ..... ☐ 9

C18e

(During the past 12 months, did you use any of the following to try to stop using smokeless tobacco?)

A quit line or a telephone support line?

YES ..... ☐ 1
NO ..... ☐ 2
REFUSED ..... ☐ 9

C18f1

(During the past 12 months, did you use any of the following to try to stop using smokeless tobacco?)

Try to quit without assistance?

YES ..... ☐ 1
NO ..... ☐ 2
REFUSED ..... ☐ 9

C18g

(During the past 12 months, did you use any of the following to try to stop using smokeless tobacco?)

Anything else?

YES ..... ☐ 1
NO ..... ☐ 2
REFUSED ..... ☐ 9

[IF C18g = 1, GO TO C18g1. OTHERWISE GO TO NEXT SECTION D1]

C18g1

Please specify what you used to try to stop using smokeless tobacco.

Section D1. Cessation – Tobacco Smoking

D00Comp
[IF B01 = 1 OR 2, GO TO D01]
[OTHERWISE, GO TO NEXT SECTION (D08Comp)]

D01
The next questions ask about any attempts to stop smoking that you might have made during the past 12 months. Please think about tobacco smoking.

During the past 12 months, have you tried to stop smoking?

YES ..... ☐ 1
NO ..... ☐ 2 → GO TO D03Comp
REFUSED ..... ☐ 9 → GO TO D03Comp

D02a
Thinking about the last time you tried to quit, how long did you stop smoking?

[ENTER UNIT ON THIS SCREEN AND NUMBER ON NEXT SCREEN]

MONTHS ..... ☐1
WEEKS ..... ☐2
DAYS ..... ☐3
LESS THAN 1 DAY (24 HOURS) ... ☐4
DON'T KNOW ..... ☐7
REFUSED ..... ☐9

[IF D02a = 1, GO TO D02bMonths]
[IF D02a = 2, GO TO D02bWeeks]
[IF D02a = 3, GO TO D02bDays]
[IF D02a = 4, 7, OR 9 GO TO DD1]

D02bMonths
(Thinking about the last time you tried to quit, how long did you stop smoking?)

[ENTER NUMBER OF MONTHS]

_____ [RANGE: 1 – 11]

[GO TO DD1]

D02bWeeks
(Thinking about the last time you tried to quit, how long did you stop smoking?)

[ENTER NUMBER OF WEEKS]

_____ [RANGE: 1 – 51]

[GO TO DD1]

D02bDays
(Thinking about the last time you tried to quit, how long did you stop smoking?)

[ENTER NUMBER OF DAYS]

_____ [RANGE: 1 – 60]

[GO TO DD1]

DD1
What was your primary reason for trying to give up smoking the last time you tried to quit?

BECAME TOO EXPENSIVE ..... ☐1
REALIZED SMOKING IS HARMFUL TO HEALTH ☐2
RESTRICTIONS ON SMOKING..... ☐3
PRESSURE FROM CLOSE RELATIVES/FRIENDS ☐4
FOR RELIGIOUS PURPOSES..... ☐5
OTHER REASON .... ☐6
DON'T KNOW .... ☐7
REFUSED .... ☐9

IF DD1 = 6, GO TO DD1a
OTHERWISE GO TO D03a

DD1a
[SPECIFY]

_____

D03a
During the past 12 months, did you use any of the following to try to stop smoking tobacco?

Counseling, including at a smoking cessation clinic?

YES ..... ☐ 1
NO..... ☐ 2
REFUSED ..... ☐ 9

D03b
(During the past 12 months, did you use any of the following to try to stop smoking tobacco?)

Nicotine replacement therapy, such as the patch or gum?

YES ..... ☐ 1
NO..... ☐ 2
REFUSED ..... ☐ 9

D03c
(During the past 12 months, did you use any of the following to try to stop smoking tobacco?)
Other prescription medications?

YES ..... ☐ 1
NO ..... ☐ 2
REFUSED ..... ☐ 9

D03d
(During the past 12 months, did you use any of the following to try to stop smoking tobacco?)
Traditional medicines?

YES ..... ☐ 1
NO ..... ☐ 2
REFUSED ..... ☐ 9

D03e
(During the past 12 months, did you use any of the following to try to stop smoking tobacco?)
A quit line or a smoking telephone support line?

YES ..... ☐ 1
NO ..... ☐ 2
REFUSED ..... ☐ 9

D03f
(During the past 12 months, did you use any of the following to try to stop smoking tobacco?)
Switching to smokeless tobacco?

YES ..... ☐ 1
NO ..... ☐ 2
REFUSED ..... ☐ 9

D03f1
(During the past 12 months, did you use any of the following to try to stop using smoking tobacco?)

Try to quit without assistance?

YES ..... ☐ 1
NO ..... ☐ 2
REFUSED ..... ☐ 9

D03g
(During the past 12 months, did you use any of the following to try to stop smoking tobacco?)
Anything else?

YES ..... ☐ 1
NO ..... ☐ 2
REFUSED ..... ☐ 9

[IF D03g = 1, GO TO D03g1. OTHERWISE GO TO D03Comp.]

D03g1
Please specify what you used to try to stop smoking.

_____

D03Comp

[IF C14 HAS NOT BEEN ASKED, GO TO D04]
[IF C14 = YES, GO TO D06]
[IF C14 = NO OR REFUSED, GO TO D08]

D04

Have you visited a doctor or other health care provider in the past 12 months?

YES ..... ☐ 1
NO..... ☐ 2 → GO TO D08
REFUSED ..... ☐ 9 → GO TO D08

D05
How many times did you visit a doctor or health care provider in the past 12 months? Would you say 1 or 2 times, 3 to 5 times, or 6 or more times?

1 OR 2 ..... ☐ 1
3 TO 5 ..... ☐ 2
6 OR MORE .. ☐ 3
REFUSED ..... ☐ 9

D06
During any visit to a doctor or health care provider in the past 12 months, were you asked if you smoke tobacco?

YES ..... ☐ 1
NO..... ☐ 2 → GO TO D08
REFUSED ..... ☐ 9 → GO TO D08

D07
During any visit to a doctor or health care provider in the past 12 months, were you advised to quit smoking tobacco?

YES ..... ☐ 1
NO..... ☐ 2
REFUSED ..... ☐ 9

D08

Which of the following best describes your thinking about quitting smoking? I am planning to quit within the next month, I am thinking about quitting within the next 12 months, I will quit someday but not within the next 12 months, or I am not interested in quitting?

QUIT WITHIN THE NEXT MONTH ..... ☐ 1
THINKING WITHIN THE NEXT 12 MONTHS..... ☐ 2
QUIT SOMEDAY, BUT NOT NEXT 12 MONTHS. ☐ 3
NOT INTERESTED IN QUITTING..... ☐ 4
DON'T KNOW ..... ☐ 7
REFUSED ..... ☐ 9

Section D2. Cessation – Smokeless Tobacco

D08Comp

[IF C01 = 1 OR 2, GO TO D09]
[OTHERWISE, GO TO NEXT SECTION E]

D09

The next questions ask about any attempts to stop using smokeless tobacco that you might have made during the past 12 months. Please think about your use of smokeless tobacco.

During the past 12 months, have you tried to stop using smokeless tobacco?

YES ..... ☐ 1
NO ..... ☐ 2 → GO TO D11Comp
REFUSED ..... ☐ 9 → GO TO D11Comp

D10a

Thinking about the last time you tried to quit, how long did you stop using smokeless tobacco?

[ENTER UNIT ON THIS SCREEN AND NUMBER ON NEXT SCREEN]

MONTHS ..... ☐1
WEEKS ..... ☐2
DAYS ..... ☐3
LESS THAN 1 DAY (24 HOURS) ... ☐4
DON'T KNOW ..... ☐7
REFUSED ..... ☐9

[IF D10a = 1, GO TO D10bMonths]
[IF D10a = 2, GO TO D10bWeeks]
[IF D10a = 3, GO TO D10bDays]
[IF D10a = 4, 7, OR 9 GO TO DD2]

D10bMonths

(Thinking about the last time you tried to quit, how long did you stop using smokeless tobacco?)

[ENTER NUMBER OF MONTHS]

_____ [RANGE: 1 – 11]

[GO TO DD2]

D10bWeeks

(Thinking about the last time you tried to quit, how long did you stop using smokeless tobacco?)

[ENTER NUMBER OF WEEKS]

_____ [RANGE: 1 – 51]

[GO TO DD2]

D10bDays

(Thinking about the last time you tried to quit, how long did you stop using smokeless tobacco?)

[ENTER NUMBER OF DAYS]

_____ [RANGE: 1 – 60]

[GO TO DD2]

DD2

What was your primary reason for trying to give up using smokeless tobacco the last time you tried to quit?

BECAME TOO EXPENSIVE ..... ☐1
REALIZED IT IS HARMFUL TO HEALTH .... ☐2
RESTRICTIONS ON USE ..... ☐3
PRESSURE FROM CLOSE RELATIVES/FRIENDS ☐4
FOR RELIGIOUS PURPOSES..... ☐5
OTHER REASON .... ☐6
DON'T KNOW .... ☐7
REFUSED .... ☐9

IF DD2 = 6, GO TO DD2a
OTHERWISE GO TO D11a

DD2a

[SPECIFY]

_____

D11a

During the past 12 months, did you use any of the following to try to stop using smokeless tobacco? Counseling, including at a cessation clinic?

YES ..... ☐ 1
NO ..... ☐ 2
REFUSED ..... ☐ 9

D11b

(During the past 12 months, did you use any of the following to try to stop using smokeless tobacco?)

Nicotine replacement therapy, such as the patch or gum?

YES ..... ☐ 1
NO ..... ☐ 2
REFUSED ..... ☐ 9

D11c

(During the past 12 months, did you use any of the following to try to stop using smokeless tobacco?)

Other prescription medications?

YES ..... ☐ 1
NO ..... ☐ 2
REFUSED ..... ☐ 9

D11d

(During the past 12 months, did you use any of the following to try to stop using smokeless tobacco?)

Traditional medicines?

YES ..... ☐ 1
NO ..... ☐ 2
REFUSED ..... ☐ 9

D11e

(During the past 12 months, did you use any of the following to try to stop using smokeless tobacco?)

A quit line or a telephone support line?

YES ..... ☐ 1
NO ..... ☐ 2
REFUSED ..... ☐ 9

D11f1
(During the past 12 months, have you used any of the following to try and stop using smokeless tobacco?)

Try to quit without assistance?

YES ..... ☐ 1
NO ..... ☐ 2
REFUSED ..... ☐ 9

D11g
(During the past 12 months, did you use any of the following to try to stop using smokeless tobacco?)

Anything else?

YES ..... ☐ 1
NO ..... ☐ 2
REFUSED ..... ☐ 9

[IF D11g = 1, GO TO D11g1. OTHERWISE GO TO D11Comp.]

D11g1
Please specify what you used to try to stop using smokeless tobacco.

_____

D11Comp
[IF BOTH B14 AND D04 HAVE NOT BEEN ASKED, GO TO D12]
[IF B14 OR D04 = YES, GO TO D14]
[IF B14 OR D04 = NO OR REFUSED, GO TO D16]

D12
Have you visited a doctor or other health care provider in the past 12 months?

YES ..... ☐ 1
NO ..... ☐ 2 → GO TO D16
REFUSED ..... ☐ 9 → GO TO D16

D13

How many times did you visit a doctor or health care provider in the past 12 months? Would you say 1 or 2 times, 3 to 5 times, or 6 or more times?

1 OR 2 ..... ☐ 1
3 TO 5 ..... ☐ 2
6 OR MORE .. ☐ 3
REFUSED ..... ☐ 9

D14

During any visit to a doctor or health care provider in the past 12 months, were you asked if you use smokeless tobacco?

YES ..... ☐ 1
NO..... ☐ 2 → GO TO D16
REFUSED ..... ☐ 9 → GO TO D16

D15

During any visit to a doctor or health care provider in the past 12 months, were you advised to stop using smokeless tobacco?

YES ..... ☐ 1
NO..... ☐ 2
REFUSED ..... ☐ 9

D16

Which of the following best describes your thinking about quitting smokeless tobacco? I am planning to quit within the next month, I am thinking about quitting within the next 12 months, I will quit someday but not within the next 12 months, or I am not interested in quitting?

QUIT WITHIN THE NEXT MONTH ..... ☐ 1
THINKING WITHIN THE NEXT 12 MONTHS..... ☐ 2
QUIT SOMEDAY, BUT NOT NEXT 12 MONTHS. ☐ 3
NOT INTERESTED IN QUITTING..... ☐ 4
DON'T KNOW ..... ☐ 7
REFUSED ..... ☐ 9

Section E. Secondhand Smoke

E01

I would now like to ask you a few questions about smoking in various places.

Which of the following best describes the rules about smoking inside of your home: Smoking is allowed inside of your home, smoking is generally not allowed inside of your home but there are exceptions, smoking is never allowed inside of your home, or there are no rules about smoking in your home?

ALLOWED ..... ☐ 1
NOT ALLOWED, BUT EXCEPTIONS ☐ 2
NEVER ALLOWED ..... ☐ 3 → GO TO E04
NO RULES..... ☐ 4 → GO TO E03
DON'T KNOW ..... ☐ 7 → GO TO E03
REFUSED ..... ☐ 9 → GO TO E03

E02

Inside your home, is smoking allowed in every room?

YES ..... ☐ 1
NO..... ☐ 2
DON'T KNOW ☐ 7
REFUSED ..... ☐ 9

E03

How often does *anyone* smoke inside your home? Would you say daily, weekly, monthly, less than monthly, or never?

DAILY ..... ☐ 1
WEEKLY ..... ☐ 2
MONTHLY ..... ☐ 3
LESS THAN MONTHLY .... ☐ 4
NEVER ..... ☐ 5
DON'T KNOW ..... ☐ 7
REFUSED ..... ☐ 9

E04

Do you currently work outside of your home?

YES ..... ☐ 1
NO/DON'T WORK.. ☐ 2 → GO TO E09
REFUSED ..... ☐ 9 → GO TO E09

E05
Do you usually work indoors or outdoors?

INDOORS ..... ☐ 1 → GO TO E07
OUTDOORS . ☐ 2
BOTH..... ☐ 3 → GO TO E07
REFUSED ..... ☐ 9

E06
Are there any indoor areas at your work place?

YES..... ☐ 1
NO..... ☐ 2 → GO TO E09
DON'T KNOW ☐ 7 → GO TO E09
REFUSED ..... ☐ 9 → GO TO E09

E07
Which of the following best describes the indoor smoking policy where you work: Smoking is allowed anywhere, smoking is allowed only in some indoor areas, smoking is not allowed in any indoor areas, or there is no policy?

ALLOWED ANYWHERE ..... ☐ 1
ALLOWED ONLY IN SOME INDOOR AREAS ☐ 2
NOT ALLOWED IN ANY INDOOR AREAS ☐ 3
THERE IS NO POLICY ..... ☐ 4
DON'T KNOW ..... ☐ 7
REFUSED ..... ☐ 9

E08
During the past 30 days, did anyone smoke in indoor areas where you work?

YES..... ☐ 1
NO..... ☐ 2
DON'T KNOW ☐ 7
REFUSED ..... ☐ 9

E09
During the past 30 days, did you visit any government buildings or government offices?

YES..... ☐ 1
NO..... ☐ 2 → GO TO E11
DON'T KNOW ☐ 7 → GO TO E11
REFUSED ..... ☐ 9 → GO TO E11

E10
Did anyone smoke inside of any government buildings or government offices that you visited in the past 30 days?

YES ..... ☐ 1
NO ..... ☐ 2
DON'T KNOW ☐ 7
REFUSED ..... ☐ 9

E11
During the past 30 days, did you visit any health care facilities?

YES ..... ☐ 1
NO ..... ☐ 2 → GO TO E13
DON'T KNOW ☐ 7 → GO TO E13
REFUSED ..... ☐ 9 → GO TO E13

E12
Did anyone smoke inside of any health care facilities that you visited in the past 30 days?

YES ..... ☐ 1
NO ..... ☐ 2
DON'T KNOW ☐ 7
REFUSED ..... ☐ 9

E13
During the past 30 days, did you visit any restaurants?

YES ..... ☐ 1
NO ..... ☐ 2 → GO TO E25
DON'T KNOW ☐ 7 → GO TO E25
REFUSED ..... ☐ 9 → GO TO E25

E14
Did anyone smoke inside of any restaurants that you visited in the past 30 days?

YES ..... ☐ 1
NO ..... ☐ 2
DON'T KNOW ☐ 7
REFUSED ..... ☐ 9

E25
During the past 30 days, did you visit any bars or night clubs?

YES ..... ☐ 1
NO ..... ☐ 2 → GO TO E15
DON'T KNOW ☐ 7 → GO TO E15
REFUSED ..... ☐ 9 → GO TO E15

E26
Did anyone smoke inside of any bars or night clubs that you visited in the past 30 days?

YES ..... ☐ 1
NO ..... ☐ 2
DON'T KNOW ☐ 7
REFUSED ..... ☐ 9

E15
During the past 30 days, did you use any public transportation?

YES ..... ☐ 1
NO ..... ☐ 2 → GO TO E21
DON'T KNOW ☐ 7 → GO TO E21
REFUSED ..... ☐ 9 → GO TO E21

E16
Did anyone smoke inside of any public transportation that you used in the past 30 days?

YES ..... ☐ 1
NO ..... ☐ 2
DON'T KNOW ☐ 7
REFUSED ..... ☐ 9

E21
During the past 30 days, did you visit any universities?

YES ..... ☐ 1
NO ..... ☐ 2 → GO TO E19
DON'T KNOW ☐ 7 → GO TO E19
REFUSED ..... ☐ 9 → GO TO E19

E22
Did anyone smoke inside of any universities that you visited in the past 30 days?

YES ..... ☐ 1
NO ..... ☐ 2
DON'T KNOW ☐ 7
REFUSED ..... ☐ 9

E19
During the past 30 days, did you visit any other schools or educational facilities?

YES ..... ☐ 1
NO ..... ☐ 2→ GO TO E17
DON'T KNOW ☐ 7→ GO TO E17
REFUSED ..... ☐ 9→ GO TO E17

E20
Did anyone smoke inside of any schools or educational facilities that you visited in the past 30 days?

YES ..... ☐ 1
NO ..... ☐ 2
DON'T KNOW ☐ 7
REFUSED ..... ☐ 9

E17

Based on what you know or believe, does breathing other people's smoke cause serious illness in non-smokers?

YES ..... ☐ 1
NO ..... ☐ 2
DON'T KNOW ☐ 7
REFUSED ..... ☐ 9

E18a
Based on what you know or believe, does breathing other people's smoke cause any of the following?

Heart disease in adults?

YES ..... ☐ 1
NO ..... ☐ 2
DON'T KNOW ☐ 7
REFUSED ..... ☐ 9

E18b

(Based on what you know or believe, does breathing other people's smoke cause any of the following?)

Lung illness in children?

YES ..... ☐ 1
NO ..... ☐ 2
DON'T KNOW ☐ 7
REFUSED ..... ☐ 9

E18c

(Based on what you know or believe, does breathing other people's smoke cause any of the following?)

Lung cancer in adults?

YES ..... ☐ 1
NO ..... ☐ 2
DON'T KNOW ☐ 7
REFUSED ..... ☐ 9

E29a

Do you support the law that prohibits smoking inside of hospitals?

YES ..... ☐ 1
NO ..... ☐ 2
DON'T KNOW ☐ 7
REFUSED ..... ☐ 9

E29b

Do you support the law that prohibits smoking inside of workplaces?

YES ..... ☐ 1
NO ..... ☐ 2
DON'T KNOW ☐ 7
REFUSED ..... ☐ 9

E29c

Do you support the law that prohibits smoking inside of restaurants?

YES ..... ☐ 1
NO ..... ☐ 2
DON'T KNOW ☐ 7
REFUSED ..... ☐ 9

E29d

Do you support the law that prohibits smoking inside of night-clubs?

YES ..... ☐ 1
NO ..... ☐ 2
DON'T KNOW ☐ 7
REFUSED ..... ☐ 9

E29e

Do you support the law that prohibits smoking inside of public transportation vehicles?

YES ..... ☐ 1
NO ..... ☐ 2
DON'T KNOW ☐ 7
REFUSED ..... ☐ 9

E29f

Do you support the law that prohibits smoking inside of schools?

YES ..... ☐ 1
NO ..... ☐ 2
DON'T KNOW ☐ 7
REFUSED ..... ☐ 9

E29g

Do you support the law that prohibits smoking inside universities?

YES ..... ☐ 1
NO ..... ☐ 2
DON'T KNOW ☐ 7
REFUSED ..... ☐ 9

E29h

Do you support the law that prohibits smoking inside of places of worship?

YES ..... ☐ 1
NO ..... ☐ 2
DON'T KNOW ☐ 7
REFUSED ..... ☐ 9

Section F. Economics – Manufactured Cigarettes

F00Comp

[(IF B01 = 1 OR 2) AND (B06a OR B10a = 1 - 200 OR 888), GO TO F01a. OTHERWISE GO TO NEXT SECTION G]

F01a

The next few questions are about the last time you purchased cigarettes for yourself to smoke.

The last time you bought cigarettes for yourself, how many cigarettes did you buy?

[ENTER UNIT ON THIS SCREEN AND NUMBER ON NEXT SCREEN]

CIGARETTES.....☐ 1 → GO TO F01bCig
PACKS.....☐ 2 → GO TO F01bPack
CARTONS .....☐ 3 → GO TO F01bCart
OTHER (SPECIFY).....☐ 4 → GO TO F01c
NEVER BOUGHT CIGARETTES...☐ 5 → GO TO NEXT SECTION
REFUSED .....☐ 9 → GO TO F03

F01c

[SPECIFY THE UNIT]

_____

[GO TO F01bOther]

F01bCig

(The last time you bought cigarettes for yourself, how many cigarettes did you buy?)

[ENTER NUMBER OF CIGARETTES (NOT IN PACKS OR CARTONS)]

_____ [RANGE: 1 – 250]

[GO TO F02]

F01bPack

(The last time you bought cigarettes for yourself, how many cigarettes did you buy?)

[ENTER NUMBER OF PACKS]

_____ [RANGE: 1 – 100]

[GO TO F01dPack]

F01bCart
(The last time you bought cigarettes for yourself, how many cigarettes did you buy?)

[ENTER NUMBER OF CARTONS]

____ [RANGE: 1 – 65]

[GO TO F01dCart]

F01bOther
(The last time you bought cigarettes for yourself, how many cigarettes did you buy?)

[ENTER NUMBER OF {F01c}]

_____ [RANGE: 1 – 200]

[GO TO F01dOther]

F01dPack
Did each pack contain 10 cigarettes, 20 cigarettes, or another amount?

10 ..... ☐ 1
20 ..... ☐ 2
OTHER AMOUNT... ☐ 7
REFUSED ..... ☐ 9

[IF F01dPack = 7, GO TO F01dPackA]
[ELSE GO TO F02]

F01dPackA
How many cigarettes were in each pack?

_____ [RANGE: 2 – 50]

[GO TO F02]

F01dCart
Did each carton contain 100 cigarettes, 200 cigarettes, or another amount?

100 ..... ☐ 1
200 ..... ☐ 2
OTHER AMOUNT... ☐ 7
REFUSED ..... ☐ 9

[IF F01dCart = 7, GO TO F01dCartA]
[ELSE GO TO F02]

F01dCartA
How many cigarettes were in each carton?

_____ [RANGE: 50 – 600]

[GO TO F02]

F01dOther
How many cigarettes were in each {F01c}?

[IF REFUSED, ENTER 999]

_____ [RANGE: 1 – 800, 999]

[GO TO F02]

F02
In total, how much money did you pay for this purchase?

[IF DON'T KNOW OR REFUSED, ENTER 99999]

_____ [RANGE: 1 – 10000, 99999]
[ALLOW DECIMAL]

F03
What brand did you buy the last time you purchased cigarettes for yourself?

SPORTSMAN .....☐ 1
EMBASSY KINGS .....☐ 2
EMBASSY LIGHTS .....☐ 3
SM.....☐ 4
ROASTER.....☐ 5
DUNHILL LIGHTS.....☐ 6
DUNHILL RED .....☐ 7
OTHER .....☐ 8
REFUSED .....☐ 99

[IF F03 = OTHER (8), GO TO F03a. OTHERWISE GO TO F04]

F03a

[SPECIFY BRAND]

_____

F04

The last time you purchased cigarettes for yourself, where did you buy them?

VENDING MACHINE ☐ 1
SHOP ☐ 2
SUPERMARKET ☐ 3
STREET VENDOR ☐ 4
MILITARY STORE ☐ 5
DUTY-FREE SHOP ☐ 6
KIOSKS ☐ 7
SCHOOL/UNIVERSITY CANTEEN ☐ 8
INTERNET ☐ 9
OUTSIDE THE COUNTRY ☐ 10
FROM ANOTHER PERSON ☐ 11
OTHER ☐ 12
DON'T REMEMBER ☐ 77
REFUSED ☐ 99

[IF F04 = OTHER (12), GO TO F04a. OTHERWISE GO TO F05]

F04a

[SPECIFY LOCATION]

_____

F05

Were these cigarettes filtered or non-filtered?

FILTERED ☐ 1
NON-FILTERED ☐ 2
DON'T KNOW ☐ 7
REFUSED ☐ 9

F06

Were these cigarettes labeled as light, mild or low tar?

LIGHT ☐ 1
MILD ☐ 2
LOW TAR ☐ 3
NONE OF THE ABOVE ☐ 4
DON'T KNOW ☐ 7
REFUSED ☐ 9

FF1

The last time you purchased cigarettes, did you pay for them before they were handed to you or were they handed to you before paying for them?

PAID FOR THEM THEN HANDED TO ME ☐ 1
PICKED THEM AND THEN PAID FOR THEM ☐ 2
DON'T KNOW ..... ☐ 7
REFUSED ..... ☐ 9

FF2

Do you think cigarettes are expensive, reasonably priced, or cheap?

EXPENSIVE ..... ☐ 1→ GO TO FF2a
REASONABLY PRICED ☐ 2→ GO TO FF3
CHEAP ..... ☐ 3→ GO TO FF2b
DON'T KNOW ..... ☐ 7→ GO TO FF3
REFUSED ..... ☐ 9→ GO TO FF3

FF2a

Do you think the expensive cost of cigarettes prevents you from buying as many as you would like?

YES ..... ☐ 1
NO ..... ☐ 2
DON'T KNOW ..... ☐ 7
REFUSED ..... ☐ 9

[GO TO FF3]

FF2b

Do you think the cheap cost of cigarettes results in you smoking more?

YES ..... ☐ 1
NO ..... ☐ 2
DON'T KNOW ..... ☐ 7
REFUSED ..... ☐ 9

FF3

If the price for your cigarettes were to double, would you continue to smoke as before, switch to cheaper products, start smoking less, or quit smoking?

SMOKE AS BEFORE ..... ☐ 1
SWITCH TO CHEAPER PRODUCTS ☐ 2
SMOKE LESS ..... ☐ 3
QUIT SMOKING ..... ☐ 4
DON'T KNOW / HARD TO SAY ☐ 7
REFUSED ..... ☐ 9

Section G. Media

Structure #2 – Asking About Two or More Products

G201intro
The next few questions ask about your exposure to the media and advertisements in the last 30 days. For each item, I am going to ask about cigarettes and smokeless tobacco.

G201a1
In the last 30 days, have you noticed any information in *newspapers or in magazines* about the dangers of use or that encourages quitting of the following tobacco products?

Cigarettes?

YES ..... ☐ 1
NO ..... ☐ 2
NOT APPLICABLE . ☐ 7 → GO TO G201b1
REFUSED ..... ☐ 9

G201a2
(In the last 30 days, have you noticed any information in *newspapers or in magazines* about the dangers of use or that encourages quitting of the following tobacco products?)

Smokeless tobacco?

YES ..... ☐ 1
NO ..... ☐ 2
REFUSED ..... ☐ 9

G201b1
In the last 30 days, have you seen any information on *television* about the dangers of use or that encourages quitting of the following tobacco products?

Cigarettes?

YES ..... ☐ 1
NO ..... ☐ 2
NOT APPLICABLE . ☐ 7 → GO TO G201c1
REFUSED ..... ☐ 9

G201b2

(In the last 30 days, have you seen any information on *television* about the dangers of use or that encourages quitting of the following tobacco products?)

Smokeless tobacco?

YES ..... ☐ 1
NO ..... ☐ 2
REFUSED ..... ☐ 9

G201c1

In the last 30 days, have you heard any information on the *radio* about the dangers of use or that encourages quitting of the following tobacco products?

Cigarettes?

YES ..... ☐ 1
NO ..... ☐ 2
NOT APPLICABLE . ☐ 7 → GO TO G201d1
REFUSED ..... ☐ 9

G201c2

(In the last 30 days, have you heard any information on the *radio* about the dangers of use or that encourages quitting of the following tobacco products?)

Smokeless tobacco?

YES ..... ☐ 1
NO ..... ☐ 2
REFUSED ..... ☐ 9

G201d1

In the last 30 days, have you noticed any information on *billboards* about the dangers of use or that encourages quitting of the following tobacco products?

Cigarettes?

YES ..... ☐ 1
NO ..... ☐ 2
NOT APPLICABLE . ☐ 7 → GO TO G201e1
REFUSED ..... ☐ 9

G201d2

(In the last 30 days, have you noticed any information on *billboards* about the dangers of use or that encourages quitting of the following tobacco products?)

Smokeless tobacco?

YES ..... ☐ 1
NO ..... ☐ 2
REFUSED ..... ☐ 9

G201e1

In the last 30 days, have you noticed any information *somewhere else* about the dangers of use or that encourages quitting of the following tobacco products?

Cigarettes?

[DO NOT INCLUDE HEALTH WARNINGS ON CIGARETTE PACKAGES]

YES ..... ☐ 1
NO ..... ☐ 2
REFUSED ..... ☐ 9

[IF G201e1 = 1, GO TO G201e1a. OTHERWISE GO TO G201e2.]

G201e1a

Please specify where.

_____

G201e2

(In the last 30 days, have you noticed any information *somewhere else* about the dangers of use or that encourages quitting of the following tobacco products?)

Smokeless tobacco?

[DO NOT INCLUDE HEALTH WARNINGS ON SMOKELESS PACKAGES]

YES ..... ☐ 1
NO ..... ☐ 2
REFUSED ..... ☐ 9

[IF G201e2 = 1, GO TO G201e2a. OTHERWISE GO TO G202.]

G201e2a
Please specify where.

_____

G202
In the last 30 days, did you notice any health warnings on cigarette packages?

YES ..... ☐ 1 → IF B01 = 1 OR 2, GO TO G203. ELSE GO TO G202a
NO ..... ☐ 2 → GO TO G202a
DIDN'T SEE ANY CIG PACKAGES ..... ☐ 3 → GO TO G202a
REFUSED ..... ☐ 9 → GO TO G202a

G203
In the last 30 days, have warning labels on cigarette packages led you to think about quitting?

YES ..... ☐ 1
NO ..... ☐ 2
DON'T KNOW ☐ 7
REFUSED ..... ☐ 9

G202a
In the last 30 days, did you notice any health warnings on smokeless tobacco products?

YES ..... ☐ 1 → IF C01 = 1 OR 2, GO TO G203a. ELSE GO TO

G204a1
NO ..... ☐ 2 → GO TO G204a1
DIDN'T SEE ANY SMOKELESS PRODUCTS ☐ 3 → GO TO G204a1
REFUSED ..... ☐ 9 → GO TO G204a1

G203a
In the last 30 days, have warning labels on smokeless tobacco products led you to think about quitting?

YES ..... ☐ 1
NO ..... ☐ 2
DON'T KNOW ☐ 7
REFUSED ..... ☐ 9

G204a1

In the last 30 days, have you noticed any advertisements or signs promoting the following tobacco products in *stores where the products are sold*?

Cigarettes?

YES ..... ☐ 1
NO ..... ☐ 2
NOT APPLICABLE . ☐ 7 → GO TO G204b1comp
REFUSED ..... ☐ 9

G204a2

(In the last 30 days, have you noticed any advertisements or signs promoting the following tobacco products in *stores where the products are sold*?)

Smokeless tobacco?

YES ..... ☐ 1
NO ..... ☐ 2
REFUSED ..... ☐ 9

G204b1comp

[IF G201b1=7, GO TO G204c1comp]

G204b1

In the last 30 days, have you seen any advertisements or signs promoting the following tobacco products on *television*?

Cigarettes?

YES ..... ☐ 1
NO ..... ☐ 2
NOT APPLICABLE . ☐ 7 → GO TO G204c1comp
REFUSED ..... ☐ 9

G204b2

(In the last 30 days, have you seen any advertisements or signs promoting the following tobacco products on *television*?)

Smokeless tobacco?

YES ..... ☐ 1
NO ..... ☐ 2
REFUSED ..... ☐ 9

G204c1comp
[IF G201c1=7, GO TO G204d1comp]

G204c1
In the last 30 days, have you heard any advertisements promoting the following tobacco products on the *radio*?

Cigarettes?

YES ..... ☐ 1
NO ..... ☐ 2
NOT APPLICABLE . ☐ 7 → GO TO G204d1comp
REFUSED ..... ☐ 9

G204c2
(In the last 30 days, have you heard any advertisements promoting the following tobacco products on the *radio*?)

Smokeless tobacco?

YES ..... ☐ 1
NO ..... ☐ 2
REFUSED ..... ☐ 9

G204d1comp
[IF G201d1=7, GO TO G204e1]

G204d1
In the last 30 days, have you noticed any advertisements promoting the following tobacco products on *billboards*?

Cigarettes?

YES ..... ☐ 1
NO ..... ☐ 2
NOT APPLICABLE . ☐ 7 → GO TO G204e1
REFUSED ..... ☐ 9

G204d2
(In the last 30 days, have you noticed any advertisements promoting the following tobacco products on *billboards*?)

Smokeless tobacco?

YES ..... ☐ 1
NO ..... ☐ 2
REFUSED ..... ☐ 9

G204e1
In the last 30 days, have you noticed any advertisements or signs promoting the following tobacco products on *posters*?

Cigarettes?

YES ..... ☐ 1
NO ..... ☐ 2
NOT APPLICABLE . ☐ 7 → GO TO G204f1comp
REFUSED ..... ☐ 9

G204e2
(In the last 30 days, have you noticed any advertisements or signs promoting the following tobacco products on *posters*?)

Smokeless tobacco?

YES ..... ☐ 1
NO ..... ☐ 2
REFUSED ..... ☐ 9

G204f1comp
[IF G201a1=7, GO TO G204g1]

G204f1
In the last 30 days, have you noticed any advertisements or signs promoting the following tobacco products in *newspapers or in magazines*?

Cigarettes?

YES ..... ☐ 1
NO ..... ☐ 2
NOT APPLICABLE . ☐ 7 → GO TO G204g1
REFUSED ..... ☐ 9

G204f2

(In the last 30 days, have you noticed any advertisements or signs promoting the following tobacco products in *newspapers or in magazines*?)

Smokeless tobacco?

YES ..... ☐ 1
NO ..... ☐ 2
REFUSED ..... ☐ 9

G204g1

In the last 30 days, have you noticed any advertisements or signs promoting the following tobacco products in *cinemas*?

Cigarettes?

YES ..... ☐ 1
NO ..... ☐ 2
NOT APPLICABLE . ☐ 7 → GO TO G204h1
REFUSED ..... ☐ 9

G204g2

(In the last 30 days, have you noticed any advertisements or signs promoting the following tobacco products in *cinemas*?)

Smokeless tobacco?

YES ..... ☐ 1
NO ..... ☐ 2
REFUSED ..... ☐ 9

G204h1

In the last 30 days, have you noticed any advertisements or signs promoting the following tobacco products on the *internet*?

Cigarettes?

YES ..... ☐ 1
NO ..... ☐ 2
NOT APPLICABLE . ☐ 7 → GO TO G204i1
REFUSED ..... ☐ 9

G204h2

(In the last 30 days, have you noticed any advertisements or signs promoting the following tobacco products on the *internet*?)

Smokeless tobacco?

YES ..... ☐ 1
NO ..... ☐ 2
REFUSED ..... ☐ 9

G204i1

In the last 30 days, have you noticed any advertisements or signs promoting the following tobacco products on *public transportation vehicles or stations*?

Cigarettes?

YES ..... ☐ 1
NO ..... ☐ 2
NOT APPLICABLE . ☐ 7 → GO TO G204j1
REFUSED ..... ☐ 9

G204i2

(In the last 30 days, have you noticed any advertisements or signs promoting the following tobacco products on *public transportation vehicles or stations*?)

Smokeless tobacco?

YES ..... ☐ 1
NO ..... ☐ 2
REFUSED ..... ☐ 9

G204j1

In the last 30 days, have you noticed any advertisements or signs promoting the following tobacco products on *public walls*?

Cigarettes?

YES ..... ☐ 1
NO ..... ☐ 2
NOT APPLICABLE . ☐ 7 → GO TO G204k1
REFUSED ..... ☐ 9

G204j2

(In the last 30 days, have you noticed any advertisements or signs promoting the following tobacco products on *public walls*?)

Smokeless tobacco?

YES ..... ☐ 1
NO ..... ☐ 2
REFUSED ..... ☐ 9

G204k1

In the last 30 days, have you noticed any advertisements or signs promoting the following tobacco products *anywhere else*?

Cigarettes?

YES ..... ☐ 1
NO ..... ☐ 2
REFUSED ..... ☐ 9

[IF G204k1 = 1, GO TO G204k1a. OTHERWISE GO TO G204k2.]

G204k1a

Please specify where.

_____

G204k2

(In the last 30 days, have you noticed any advertisements or signs promoting the following tobacco products *anywhere else*?)

Smokeless tobacco?

YES ..... ☐ 1
NO ..... ☐ 2
REFUSED ..... ☐ 9

[IF G204k2 = 1, GO TO G204k2a. OTHERWISE GO TO G205.]

G204k2a

Please specify where.

_____

G205

In the last 30 days, have you noticed any sport or sporting event that is associated with cigarette brands or cigarette companies?

YES ..... ☐ 1
NO ..... ☐ 2
DON'T KNOW ☐ 7
REFUSED ..... ☐ 9

G205a

In the last 30 days, have you noticed any sport or sporting event that is associated with smokeless tobacco brands or smokeless tobacco companies?

YES ..... ☐ 1
NO ..... ☐ 2
DON'T KNOW ☐ 7
REFUSED ..... ☐ 9

G206a1

In the last 30 days, have you noticed any free samples of the following tobacco products?

Cigarettes?

YES ..... ☐ 1
NO ..... ☐ 2
DON'T KNOW ..... ☐ 7
REFUSED ..... ☐ 9

G206a2

(In the last 30 days, have you noticed any free samples of the following tobacco products?)

Smokeless tobacco?

YES ..... ☐ 1
NO ..... ☐ 2
DON'T KNOW ..... ☐ 7
REFUSED ..... ☐ 9

G206b1

In the last 30 days, have you noticed any of the following tobacco products sold at sale prices?

Cigarettes?

YES ..... ☐ 1
NO ..... ☐ 2
DON'T KNOW ..... ☐ 7
REFUSED ..... ☐ 9

G206b2

(In the last 30 days, have you noticed any of the following tobacco products sold at sale prices?)

Smokeless tobacco?

YES ..... ☐ 1
NO ..... ☐ 2
DON'T KNOW ..... ☐ 7
REFUSED ..... ☐ 9

G206c1

In the last 30 days, have you noticed any coupons for the following tobacco products?

Cigarettes?

YES ..... ☐ 1
NO ..... ☐ 2
DON'T KNOW ..... ☐ 7
REFUSED ..... ☐ 9

G206c2

(In the last 30 days, have you noticed any coupons for the following tobacco products?)

Smokeless tobacco?

YES ..... ☐ 1
NO ..... ☐ 2
DON'T KNOW ..... ☐ 7
REFUSED ..... ☐ 9

G206d1

In the last 30 days, have you noticed any free gifts or special discount offers on other products when buying any of the following tobacco products?

Cigarettes?

YES ..... ☐ 1
NO ..... ☐ 2
DON'T KNOW ..... ☐ 7
REFUSED ..... ☐ 9

G206d2

(In the last 30 days, have you noticed any free gifts or special discount offers on other products when buying any of the following tobacco products?)

Smokeless tobacco?

YES ..... ☐ 1
NO ..... ☐ 2
DON'T KNOW ..... ☐ 7
REFUSED ..... ☐ 9

G206e1

In the last 30 days, have you noticed any clothing or other items with a brand name or logo of the following tobacco products?

Cigarettes?

YES ..... ☐ 1
NO ..... ☐ 2
DON'T KNOW ..... ☐ 7
REFUSED ..... ☐ 9

G206e2

(In the last 30 days, have you noticed any clothing or other items with a brand name or logo of the following tobacco products?)

Smokeless tobacco?

YES ..... ☐ 1
NO ..... ☐ 2
DON'T KNOW ..... ☐ 7
REFUSED ..... ☐ 9

G206f1

In the last 30 days, have you noticed any promotions in the mail for the following tobacco products?

Cigarettes?

YES ..... ☐ 1
NO ..... ☐ 2
DON'T KNOW ..... ☐ 7
REFUSED ..... ☐ 9

G206f2

(In the last 30 days, have you noticed any promotions in the mail for the following tobacco products?)

Smokeless tobacco?

YES ..... ☐ 1
NO ..... ☐ 2
DON'T KNOW ..... ☐ 7
REFUSED ..... ☐ 9

[GO TO NEXT SECTION H]

Section H. Knowledge, Attitudes & Perceptions

H01

The next question is asking about *smoking* tobacco.

Based on what you know or believe, does smoking tobacco cause serious illness?

YES ..... ☐ 1
NO ..... ☐ 2
DON'T KNOW ☐ 7
REFUSED ..... ☐ 9

H02a

Based on what you know or believe, does smoking tobacco cause the following…

Stroke (blood clots in the brain that may cause paralysis)?

YES ..... ☐ 1
NO ..... ☐ 2
DON'T KNOW ☐ 7
REFUSED ..... ☐ 9

H02b

(Based on what you know or believe, does smoking tobacco cause the following…)

Heart attack?

YES ..... ☐ 1
NO ..... ☐ 2
DON'T KNOW ☐ 7
REFUSED ..... ☐ 9

H02c

(Based on what you know or believe, does smoking tobacco cause the following…)

Lung cancer?

YES ..... ☐ 1
NO ..... ☐ 2
DON'T KNOW ☐ 7
REFUSED ..... ☐ 9

H02d
(Based on what you know or believe, does smoking tobacco cause the following…)

High blood pressure?

YES ..... ☐ 1
NO ..... ☐ 2
DON'T KNOW ☐ 7
REFUSED ..... ☐ 9

H02e
(Based on what you know or believe, does smoking tobacco cause the following…)

Bladder cancer?

YES ..... ☐ 1
NO ..... ☐ 2
DON'T KNOW ☐ 7
REFUSED ..... ☐ 9

H02f
(Based on what you know or believe, does smoking tobacco cause the following…)

Throat cancer?

YES ..... ☐ 1
NO ..... ☐ 2
DON'T KNOW ☐ 7
REFUSED ..... ☐ 9

H02g
(Based on what you know or believe, does smoking tobacco cause the following…)

Stomach cancer?

YES ..... ☐ 1
NO ..... ☐ 2
DON'T KNOW ☐ 7
REFUSED ..... ☐ 9

H02h
(Based on what you know or believe, does smoking tobacco cause the following…)

Miscarriage?

YES ..... ☐ 1
NO ..... ☐ 2
DON'T KNOW ☐ 7
REFUSED ..... ☐ 9

H02i
(Based on what you know or believe, does smoking tobacco cause the following…)

Infertility?

YES ..... ☐ 1
NO ..... ☐ 2
DON'T KNOW ☐ 7
REFUSED ..... ☐ 9

H02j
(Based on what you know or believe, does smoking tobacco cause the following…)

Impotence?

YES ..... ☐ 1
NO ..... ☐ 2
DON'T KNOW ☐ 7
REFUSED ..... ☐ 9

H02k
(Based on what you know or believe, does smoking tobacco cause the following…)

Bone loss (osteoporosis)?

YES ..... ☐ 1
NO ..... ☐ 2
DON'T KNOW ☐ 7
REFUSED ..... ☐ 9

H02l
(Based on what you know or believe, does smoking tobacco cause the following…)

Premature birth?

YES ..... ☐ 1
NO ..... ☐ 2
DON'T KNOW ☐ 7
REFUSED ..... ☐ 9

H02m
(Based on what you know or believe, does smoking tobacco cause the following…)

Low birth weight?

YES ..... ☐ 1
NO ..... ☐ 2
DON'T KNOW ☐ 7
REFUSED ..... ☐ 9

H02_2
Do you think that some types of cigarettes *could* be less harmful than other types, or are all cigarettes equally harmful?

COULD BE LESS HARMFUL ☐ 1
ALL EQUALLY HARMFUL ... ☐ 2
DON'T KNOW ..... ☐ 7
REFUSED ..... ☐ 9

H02_3
Do you believe cigarettes are addictive?

YES ..... ☐ 1
NO ..... ☐ 2
DON'T KNOW ..... ☐ 7
REFUSED ..... ☐ 9

H03
Based on what you know or believe, does using *smokeless tobacco* cause serious illness?

YES ..... ☐ 1
NO ..... ☐ 2
DON'T KNOW ☐ 7
REFUSED ..... ☐ 9

H02_3b
Do you believe smokeless tobacco products are addictive?

YES ..... ☐ 1
NO ..... ☐ 2
DON'T KNOW ..... ☐ 7
REFUSED ..... ☐ 9

H05
Would you favor or oppose increasing taxes on tobacco products?

FAVOR ..... ☐ 1→ GO TO H05a
OPPOSE ..... ☐ 2→ GO TO H05b
DON'T KNOW ☐ 7 GO TO NEXT SECTION I
REFUSED ..... ☐ 9 GO TO NEXT SECTION I

H05a
Would you strongly favor or somewhat favor increasing taxes?

STRONGLY FAVOR ..... ☐ 1
SOMEWHAT FAVOR ..... ☐ 2
DON'T KNOW ..... ☐ 7
REFUSED ..... ☐ 9

[GO TO NEXT SECTION I]

H05b
Would you strongly oppose or somewhat oppose increasing taxes?

STRONGLY OPPOSE ..... ☐ 1
SOMEWHAT OPPOSE ..... ☐ 2
DON'T KNOW ..... ☐ 7
REFUSED ..... ☐ 9

[GO TO NEXT SECTION I]

End Individual Questionnaire

I00
Those are all of the questions I have. Thank you very much for partcipating in this important survey.

[SET {I00Flag}="1"]
[GO TO I02]

I01
I'm sorry but you are not eligible to participate in this survey. Thank you very much for your time.

[SET {I01Flag}="1"]
[GO TO I02]

I02
[RECORD ANY NOTES ABOUT INTERVIEW:]

_____

CodeEvents
if {I00Flag} = "1" then set {EventCode} = "400";
if {I01Flag} = "1" then set {EventCode} = "403";
if {I00Flag} = "1" then set {EventComment} = "IQ Complete";
if {I01Flag} = "1" then set {EventComment} = "Respondent determined to be ineligible";

APPENDIX B: SAMPLE DESIGN

Introduction

The GATS, a component of Global Tobacco Surveillance System (GTSS), is a global standard for systematically monitoring adult tobacco use and tracking key tobacco control indicators. GATS is a nationally representative household survey of adults, 15 years of age or older, using a standard core questionnaire, sample design, and data collection and management procedures that have been reviewed and approved by international experts. GATS is intended to enhance the capacity of countries to design, implement and evaluate tobacco control interventions.

Universe and Domains of Study

The recommendation for GATS was to have estimates for both urbanity (urban and rural) and gender (male and female). GATS Tanzania 2018 was recommended to have gender and urbanity domains separately for its study. Therefore, the domains of the study were:

1) National as a whole
2) Rural / Urban Areas
3) Males / Females

The population covered by GATS Tanzania 2018 was defined as the universe of non-institutionalized population of men and women aged at least 15 years. A sample of households was selected, and all women and men identified within the age groups of interest in the households were eligible for interview.

Sample Frame

The United Republic of Tanzania is divided into regions; each region is sub-divided into districts. There are in total 31 regions, with a total number of 169 districts. The sampling frame used for 2018 GATS is from the Tanzania Population and Housing Census (PHC 2012) which was conducted in Tanzania in 2012. The sampling frame is a complete list of Enumeration Areas (EA) covering the whole country, provided by the National Bureau of Statistics (NBS) of Tanzania, and the Office of Chief Government Statistician (OCGS) – Zanzibar, the implementing agencies for GATS. This frame was created for the 2012 PHC and served as counting unit for the census. In rural areas, an EA is a segment of a natural village and in urban areas, an EA is a street or a city block. Each EA appears with identification information, administrative belongings and a measure of size which is the number of residential households residing in the EA. Each EA is also classified into one of the two types of residence, urban or rural. Each EA has companied cartographical materials which delineate its geographical locations, boundaries, main access and landmarks in or outside the EA which help to identify the EA.

Sample Size and Allocation

Tanzania implemented GATS for the first time and a standard stand-alone design and overall sample size of 5,304 was sufficient to produce estimates for gender and urbanity subgroups. This allocation of the sample was accomplished by explicitly stratifying the sample by urbanity and then later random assignment of households for male and female interviews.

The sample size was based on the following assumptions: 95% confidence interval, 14% prevalence

rate, precision of 0.05, average size of household of 5, 98% household response rate and 96% individual response rate and a relative standard error of less than 10%, yielding a target sample size of 204 Enumeration areas (84 Urban EAs and 120 Rural EAs). Thus, a total number of 5,304 households were invited to participate in the survey. Field teams collected data from 204 enumeration areas (EAs) in each urban and rural stratum. In each stratum, 26 households were visited per EA except for two EAs in Dar es Salaam which had less than 26 households. The EAs were visited in order to achieve the target sample size.

Appendix Table B.1: Sample Allocation of EAs by Domain, GATS Tanzania, 2018.

Domain	Allocation of EAs	Allocation of Households
Urban	84	2,177
Rural	120	3,120
United Republic of Tanzania	**204**	**5,297**

Sample Selection

GATS Tanzania 2018 was a multistage probability household sample survey selected in three stages from the 2012 census frame. Stratification was achieved by separating the frame into urban and rural sampling stratum. Samples were selected independently in each sampling stratum, by a three stages selection. Implicit stratification and proportional allocation were achieved at each of the lower administrative unit levels by sorting the sampling frame within the explicit stratum according to administrative unit in different levels before sample selection and by using a Probability Proportional to Size (PPS) selection at the first stage of sampling.

First Stage

In the first stage, 204 EAs were selected with probability proportional to the EA size and with independent selection in each sampling stratum with the sample allocation as shown in **Appendix Table B.1.** The 84 and 120 EAs were selected by PPS systematic sampling from urban and rural strata respectively.

Second Stage

With a fixed number of 26 households selected per cluster, the total number of households selected was 5,304. With the designed sample size, adequate survey precision was obtained for GATS indictors at 3% level or above at each domain of analysis. In the end the sample for Dar es Salaam fell short of 7 households as two EAs had less than 26 households listed during the household listing exercise. Ultimately, the final sample for GATS Tanzania 2018 was 5,297 households.

Third Stage

Sampling of eligible individuals was done from a sample of Households with one individual randomly selected per Household. The Questionnaire was administered by interviewers and no proxy interview was allowed. A minimum national sample of about 5,297 interviews was being expected.

Appendix Table B.2: Distribution of the sample by county and urbanity, GATS Tanzania, 2018.

Region		Sample Size					
Region Code	Region Name	Total Number of Clusters			Total Number of Households		
		Rural	Urban	Total	Rural	Urban	Total
1	Dodoma	7	2	9	182	52	234
2	Arusha	5	4	9	130	104	234
3	Kilimanjaro	5	2	7	130	52	182
4	Tanga	7	3	10	182	78	260
5	Morogoro	6	4	10	156	104	260
6	Pwani	4	3	7	104	78	182
7	Dar es Salaam	0	30	30	0	773	773
8	Lindi	3	1	4	78	26	104
9	Mtwara	5	2	7	130	52	182
10	Ruvuma	5	2	7	130	52	182
11	Iringa	3	2	5	78	52	130
12	Mbeya	4	5	9	104	130	234
13	Singida	5	1	6	130	26	156
14	Tabora	5	1	6	130	26	156
15	Rukwa	3	2	5	78	52	130
16	Kigoma	6	2	8	156	52	208
17	Shinyanga	4	1	5	104	26	130
18	Kagera	9	2	11	234	52	286
19	Mwanza	6	5	11	156	130	286
20	Mara	4	2	6	104	52	156
21	Manyara	5	1	6	130	26	156
22	Njombe	2	1	3	52	26	78
23	Katavi	1	1	2	26	26	52
24	Simiyu	4	0	4	104	0	104
25	Geita	5	2	7	130	52	182
26	Songwe	3	1	4	78	26	104
51	Kaskazini Unguja	1	0	1	26	0	26
52	Kusini Unguja	0	1	1	0	26	26
53	Mjini Magharibi	2	1	3	52	26	78
55	Kusini Pemba	1	0	1	26	0	26
		120	**84**	**204**	**3,120**	**2,177**	**5,297**

APPENDIX C: ESTIMATES OF SAMPLING ERRORS

The estimates from a sample survey are affected by two types of error: (1) non-sampling errors, and (2) sampling errors. Non-sampling errors are the result of errors or mistakes that cannot be attributable to sampling and were made in implementing data collection and data processing, such as errors in coverage, response errors, non-response errors, faulty questionnaires, interviewer recording errors, data processing errors, etc. Although numerous efforts were made during the implementation of GATS in Tanzania to minimize those errors, non-sampling errors are impossible to avoid and difficult to evaluate statistically.

The sample of respondents selected in the GATS Tanzania was only one of the samples that could have been selected from the same population, using the same design and sample size. Each of these samples would yield results that differed somewhat from the results of the actual sample selected. *Sampling errors* are a measure of the variability between all possible samples. The extent of variability is not known exactly but can be estimated statistically from the survey results.
The following sampling error measures are presented for each of the selected indicator:

Estimate (R): Weighted prevalence estimate of the indicator:

Standard Error (SE): Sampling errors are usually measured in terms of standard errors for particular estimate or indicator (R). Standard error of an estimate is thus simply the square root of the variance of that estimate, and is computed in the same units as the estimate.

Sample Size (n): Total number of observations used to calculate the prevalence estimate (R).

Design Effect (Deft): Design effect denoted by 'deff' is the ratio of the actual variance of an indicator, under the sampling method used in the survey, to the variance calculated under the assumption of simple random sampling. The square root of the design effect denoted by 'deft' is used to show the efficiency of the sample design and is calculated for each estimate as the ratio between the standard error using the given sample design and the standard error that would result if a simple random sample had been used. A DEFT value of 1.0 indicates that the sample design is as efficient as a simple random sample, while a DEFT value above 1.0 indicates the increase in the standard error due to the use of a more complex sample design. In general, for a well-designed survey, DEFT usually ranges from 1 to 3. It is common, however, for DEFT to be much larger, up to 7 or 8.

Relative Standard Error (RSE): Relative standard error also known as coefficient of variation (CV) is the ratio of the standard error to the value of the indicator.

Margin of Error (MOE): Margin of error is computed as the product of the desired confidence measure and the standard error of the estimate. The level of confidence is usually based on a value (Z) of the standard normal distribution. For example, for a 95% level of confidence, we can use Z=1.96.

Confidence Limits (R±1.96SE): Confidence limits are calculated to show the interval within which the true value for the population can be reasonably assumed to fall. For any given statistic calculated from the survey, the value of that statistics will fall within a range of plus or minus two times the standard error of the statistic in 95 percent of all possible samples of identical size and design.

Calculation of Standard Error

If the sample of respondents had been selected as a simple random sample, it would have been possible to use straightforward formulas for calculating sampling errors. However, the GATS Tanzania sample is the result of a multi-stage stratified design, and consequently it was necessary to use more complex formulae. For the calculation of sampling errors from GATS Tanzania data, SPSS complex samples version 18 was used. The Taylor linearization method of variance estimation was used for survey estimates that are means or proportions.

The Taylor linearization method treats any percentage or average as a ratio estimate, r = y/x, where y represents the total sample value for variable y, and x represents the total number of cases in the group or subgroup under consideration. The variance of r is computed using the formula given below:

where h (=1 or 2) represents the stratum, which is urban or rural,

m_h is the total number of PSUs selected in the hth stratum,

y_{hi} is the sum of the weighted values of variable y in the ith PSU in the hth stratum,

x_{hi} is the sum of the weighted number of cases in the ith PSU in the hth stratum, and

f is the overall sampling fraction, which is so small that it is ignored.

The results are presented in this appendix for the country, for gender, urban and rural areas. For each variable or indicator, the type of statistic (mean, proportion, or rate) and the base population are given in Table C - 1. In addition to the standard error (SSE) described above, Tables C - 2 to C - 6 includes the value of the estimate (R), the sample size (n), the design effect (DEFF), the relative standard error (SE/R), margin of error (MOE) and the 95 percent confidence limits (R±1.96SE), for each indicator.

Appendix Table C1. List of Indicators for Sampling Errors, GATS Tanzania, 2018.

Indicator	Estimates	Base population
Current Tobacco Users	Proportion	Adults ≥ 15 years old
Current Tobacco Smokers	Proportion	Adults ≥ 15 years old
Current Cigarette Smokers	Proportion	Adults ≥ 15 years old
Current Users of Smokeless Tobacco	Proportion	Adults ≥ 15 years old
Daily Tobacco Smoker	Proportion	Adults ≥ 15 years old
Daily Cigarette Smokers	Proportion	Adults ≥ 15 years old
Daily Users of Smokeless Tobacco	Proportion	Adults ≥ 15 years old
Former Daily Tobacco Smokers Among All Adults	Proportion	Adults ≥ 15 years old
Former Tobacco Smokers Among Ever Daily Smokers	Proportion	Ever daily tobacco smokers ≥ 15 years old
Time to First Tobacco use within 5 minutes of waking	Proportion	Daily tobacco smokers ≥ 15 years old
Time to First Tobacco use within 6-30 minutes of waking	Proportion	Daily tobacco smokers ≥ 15 years old
Smoking Quit Attempt in the Past 12 Months	Proportion	Current smokers and former smokers who have been abstinent for less than 12 months
Health Care Provider Asked about Smoking	Proportion	Current smokers and former smokers who have been abstinent for less than 12 months and who visited a HCP during the past 12 months
Health Care Provider Advised Quitting Smoking	Proportion	Current smokers and former smokers who have been abstinent for less than 12 months and who visited a HCP during the past 12 months
Use of Pharmacotherapy for Smoking Cessation	Proportion	Current smokers and former smokers who have been abstinent for less than 12 months and who visited a HCP during the past 12 months
Use of Counseling/Advice or Quit Lines for Smoking Cessation	Proportion	Current smokers and former smokers who have been abstinent for less than 12 months and who visited a HCP during the past 12 months
Planning to quit, thinking about quitting, or will quit smoking	Proportion	Current smokers ≥ 15 years old
Exposure to SHS at Home	Proportion	Adults ≥ 15 years old
Exposure to SHS at Workplace	Proportion	Adults who work indoors
Exposure to SHS in Government Buildings/Offices	Proportion	Adults ≥ 15 years old who have visited in past 30 days
Exposure to SHS in Health Care Facilities	Proportion	Adults ≥ 15 years old who have visited in past 30 days
Exposure to SHS in Restaurants	Proportion	Adults ≥ 15 years old who have visited in past 30 days
Exposure to SHS in Public Transportation	Proportion	Adults ≥ 15 years old who have visited in past 30 days
Last cigarette purchase in store	Proportion	Current manufactured cigarette smokers ≥ 15 years old
Last cigarette purchase at kiosk	Proportion	Current manufactured cigarette smokers ≥ 15 years old
Noticed Anti-tobacco Information on radio or television	Proportion	Adults ≥ 15 years old
Noticed Health Warning Labels on Cigarette Packages	Proportion	Current smokers ≥ 15 years old
Thinking of Quitting Because of Health Warning Labels on Cigarette Package Noticed Any Cigarette Advertisement or Promotion	Proportion	Current smokers ≥ 15 years old
Noticed Cigarette Marketing in Stores Where Cigarettes are Sold	Proportion	Adults ≥ 15 years old
Believes that Tobacco Smoking Causes Serious Illness	Proportion	Adults ≥ 15 years old
Believes that Tobacco Smoking Causes Strokes	Proportion	Adults ≥ 15 years old
Believes that Tobacco Smoking Causes Heart Attacks	Proportion	Adults ≥ 15 years old
Believes that Tobacco Smoking Causes Lung Cancer	Proportion	Adults ≥ 15 years old
Believes that Secondhand Causes Serious Illness in Non-Smokers	Proportion	Adults ≥ 15 years old
Number of Cigarettes Smoked per Day (by daily smokers)	Mean	Current daily cigarette smokers ≥ 15 years old
Time since Quitting Smoking (in years)	Mean	Former smokers ≥ 15 years old
Monthly Expenditures on Manufactured Cigarettes	Mean	Current manufactured cigarette smokers ≥ 15 years old
Age at Daily Smoking Initiation Among Adults Age 20-34	Mean	Ever daily smokers ≥ 15 years old

Appendix Table C2. Sampling Errors -Overall, GATS Tanzania, 2018.

Indicator	Estimate (R)	Standard Error (SE)	Unweighted Sample Size (N)	Weighted count (x 1000) (WN)	Design Effect (Deft)	Relative Standard Error (RSE)	Lower Limit (R - 1.96 SE)	Upper Limit (R + 1.96 SE)
Current Tobacco Users	0.087	0.005	4,784	2,558	1.570	0.059	0.077	0.097
Current Tobacco Smokers	0.068	0.005	4,797	2,004	1.672	0.069	0.058	0.077
Current Cigarette Smokers	0.065	0.005	4,797	1,916	1.658	0.071	0.056	0.074
Current Users of Smokeless Tobacco	0.022	0.003	4,784	661	1.442	0.115	0.017	0.027
Daily Tobacco Smokers	0.052	0.004	4,797	1,542	1.482	0.075	0.044	0.060
Daily Cigarette Smokers	0.048	0.004	4,797	1,415	1.604	0.082	0.040	0.055
Former Daily Tobacco Smokers Among All Adults	0.026	0.003	4,797	758	1.762	0.118	0.020	0.031
Former Tobacco Smokers Among Ever Daily Tobacco Smokers	0.304	0.031	482	758	2.147	0.101	0.244	0.365
Time to First Tobacco use within 5 minutes of waking	0.189	0.026	386	366	1.718	0.139	0.137	0.240
Time to First Tobacco use within 6-30 minutes of waking	0.300	0.031	386	583	1.709	0.102	0.240	0.360
Smoking Quit Attempt in the Past 12 Months	0.484	0.029	412	1,033	1.431	0.061	0.426	0.542
Health Care Provider Asked about Smoking	0.397	0.049	131	237	1.316	0.124	0.300	0.493
Health Care Provider Advised Quitting Smoking	0.365	0.045	131	218	1.132	0.123	0.277	0.453
Use of Pharmacotherapy for Smoking Cessation	0.068	0.020	205	70	1.331	0.299	0.028	0.108
Use of Counseling/Advice or Quit Lines for Smoking Cessation	0.240	0.034	205	248	1.302	0.142	0.173	0.307
Planning to Quit, Thinking about Quitting or Will Quit Smoking	0.768	0.030	376	1,516	1.906	0.039	0.709	0.827
Exposure to SHS at Home	0.138	0.009	4,765	4,071	3.267	0.065	0.121	0.156
Exposure to SHS at Workplace	0.329	0.027	616	1,043	2.012	0.082	0.276	0.381
Exposure to SHS in Government Building/Offices Among Those Who Visited	0.094	0.010	1,253	715	1.555	0.109	0.074	0.114
Exposure to SHS in Health Care Facilities Among Those Who Visited	0.047	0.006	2,251	637	1.607	0.120	0.036	0.059
Exposure to SHS in Restaurants/cafes Among Those Who Visited	0.311	0.015	1,834	3,542	1.890	0.048	0.282	0.340
Exposure to SHS in Public Transportation Among Those Who Visited	0.079	0.008	2,307	1,092	2.115	0.103	0.063	0.095
Last Cigarette Purchased in Store	0.840	0.025	291	1,286	1.381	0.030	0.791	0.890
Last Cigarette Purchased at Kiosk	0.084	0.022	291	129	1.772	0.258	0.042	0.127
Noticed Anti-tobacco Information on Radio or Television	0.408	0.013	4,779	12,036	3.257	0.031	0.383	0.433
Noticed Health Warning Labels on Cigarette Packages	0.667	0.029	374	1,323	1.452	0.044	0.610	0.725
Thinking of Quitting Because of Health Warning Labels on Cigarette Package	0.468	0.033	373	927	1.587	0.070	0.405	0.532
Noticed Any Cigarette Advertisement or Promotion	0.353	0.011	4,768	10,397	2.597	0.032	0.331	0.375
Believes that Tobacco Smoking Causes Serious Illness	0.923	0.006	4,797	27,365	2.706	0.007	0.910	0.935
Believes that Tobacco Smoking Causes Strokes	0.423	0.010	4,794	12,545	2.097	0.024	0.403	0.444
Believes that Tobacco Smoking Causes Heart Attacks	0.596	0.011	4,796	17,684	2.255	0.018	0.576	0.617
Believes that Tobacco Smoking Causes Lung Cancer	0.844	0.008	4,796	25,036	2.637	0.010	0.828	0.861
Believes that SHS Causes Serious Illness in Non-Smokers	0.844	0.010	4,795	25,003	3.370	0.011	0.825	0.862
Number of Cigarettes Smoked per Day (by daily smokers)	8.469	0.698	275	1,415	1.194	0.082	7.102	9.836
Time since Quitting Smoking	13.863	1.46	147	758	1.934	0.105	11.001	16.726
Monthly Expenditures on Manufactured Cigarettes	28840.037	4740.185	256	1,342	1.264	0.164	19549.274	38130.8
Age at Daily Smoking Initiation	19.175	0.606	94	572	1.486	0.032	17.986	20.364

Appendix Table C3. Sampling Errors -Male, GATS Tanzania, 2018.

Indicator	Estimate (R)	Standard Error (SE)	Unweighted Sample Size (N)	Weighted count (x 1000) (WN)	Design Effect (Deft)	Relative Standard Error (RSE)	Lower Limit (R - 1.96 SE)	Upper Limit (R + 1.96 SE)
Current Tobacco Users	0.146	0.010	2,084	2,065	1.716	0.069	0.126	0.166
Current Tobacco Smokers	0.129	0.009	2,089	1,828	1.652	0.073	0.110	0.147
Current Cigarette Smokers	0.128	0.009	2,089	1,811	1.669	0.074	0.109	0.146
Current Users of Smokeless Tobacco	0.021	0.004	2,084	300	1.492	0.182	0.014	0.029
Daily Tobacco Smokers	0.099	0.008	2,089	1,404	1.537	0.082	0.083	0.115
Daily Cigarette Smokers	0.094	0.008	2,089	1,336	1.643	0.087	0.078	0.110
Former Daily Tobacco Smokers Among All Adults	0.047	0.006	2,089	669	1.702	0.128	0.035	0.059
Former Tobacco Smokers Among Ever Daily Tobacco Smokers	0.299	0.032	427	669	2.125	0.108	0.236	0.362
Time to First Tobacco use within 5 minutes of waking	0.205	0.031	304	325	1.834	0.153	0.143	0.266
Time to First Tobacco use within 6-30 minutes of waking	0.319	0.034	304	505	1.626	0.107	0.252	0.386
Smoking Quit Attempt in the Past 12 Months	0.497	0.032	375	978	1.486	0.063	0.435	0.558
Health Care Provider Asked about Smoking	0.404	0.051	122	228	1.329	0.127	0.303	0.505
Health Care Provider Advised Quitting Smoking	0.371	0.047	122	209	1.138	0.126	0.279	0.463
Use of Pharmacotherapy for Smoking Cessation	0.072	0.021	191	70	1.315	0.299	0.030	0.114
Use of Counseling/Advice or Quit Lines for Smoking Cessation	0.247	0.036	191	242	1.337	0.146	0.176	0.318
Planning to Quit, Thinking about Quitting or Will Quit Smoking	0.786	0.031	342	1,429	2.005	0.040	0.724	0.847
Exposure to SHS at Home	0.159	0.012	2,074	2,248	2.293	0.076	0.135	0.183
Exposure to SHS at Workplace	0.370	0.036	305	599	1.677	0.097	0.300	0.441
Exposure to SHS in Government Building/Offices Among Those Who Visited	0.110	0.016	697	490	1.845	0.146	0.078	0.141
Exposure to SHS in Health Care Facilities Among Those Who Visited	0.047	0.008	872	257	1.175	0.166	0.031	0.062
Exposure to SHS in Restaurants/cafes Among Those Who Visited	0.335	0.019	1,128	2,417	1.923	0.058	0.297	0.373
Exposure to SHS in Public Transportation Among Those Who Visited	0.096	0.012	1,087	670	1.865	0.127	0.072	0.120
Last Cigarette Purchased in Store	0.843	0.026	277	1,241	1.406	0.031	0.792	0.894
Last Cigarette Purchased at Kiosk	0.087	0.023	277	129	1.753	0.258	0.043	0.131
Noticed Anti-tobacco Information on Radio or Television	0.459	0.017	2,084	6,493	2.466	0.037	0.425	0.492
Noticed Health Warning Labels on Cigarette Packages	0.677	0.029	340	1,225	1.345	0.044	0.619	0.735
Thinking of Quitting Because of Health Warning Labels on Cigarette Package	0.484	0.033	339	875	1.477	0.068	0.419	0.549
Noticed Any Cigarette Advertisement or Promotion	0.427	0.015	2,082	6,041	1.954	0.035	0.398	0.457
Believes that Tobacco Smoking Causes Serious Illness	0.937	0.007	2,089	13,295	1.924	0.008	0.922	0.951
Believes that Tobacco Smoking Causes Strokes	0.463	0.015	2,088	6,568	1.836	0.032	0.434	0.492
Believes that Tobacco Smoking Causes Heart Attacks	0.618	0.015	2,088	8,765	1.870	0.024	0.589	0.646
Believes that Tobacco Smoking Causes Lung Cancer	0.859	0.011	2,088	12,189	2.148	0.013	0.837	0.881
Believes that SHS Causes Serious Illness in Non-Smokers	0.874	0.012	2,088	12,401	2.606	0.013	0.851	0.897
Number of Cigarettes Smoked per Day (by daily smokers)	8.629	0.734	257	1,336	1.192	0.085	7.19	10.068
Time since Quitting Smoking	12.889	1.449	122	669	1.736	0.112	10.049	15.729
Monthly Expenditures on Manufactured Cigarettes	29136.176	4932.975	243	1,286	1.256	0.169	19467.545	38804.807
Age at Daily Smoking Initiation	19.293	0.564	89	545	1.514	0.029	18.188	20.398

Appendix Table C4. Sampling Errors -Female, GATS Tanzania, 2018.

Indicator	Estimate (R)	Standard Error (SE)	Unweighted Sample Size (N)	Weighted count (x 1000) (WN)	Design Effect (Deft)	Relative Standard Error (RSE)	Lower Limit (R - 1.96 SE)	Upper Limit (R + 1.96 SE)
Current Tobacco Users	0.032	0.004	2,700	493	1.472	0.128	0.024	0.040
Current Tobacco Smokers	0.011	0.003	2,708	176	1.518	0.221	0.006	0.016
Current Cigarette Smokers	0.007	0.002	2,708	105	0.933	0.225	0.004	0.010
Current Users of Smokeless Tobacco	0.023	0.003	2,700	361	1.373	0.146	0.017	0.030
Daily Tobacco Smokers	0.009	0.002	2,708	138	1.656	0.260	0.004	0.014
Daily Cigarette Smokers	0.005	0.001	2,708	79	1.011	0.270	0.002	0.008
Former Daily Tobacco Smokers Among All Adults	0.006	0.002	2,708	89	1.172	0.273	0.003	0.009
Former Tobacco Smokers Among Ever Daily Tobacco Smokers	0.354	0.084	55	89	1.673	0.238	0.189	0.518
Time to First Tobacco use within 5 minutes of waking	0.117	0.039	82	42	1.184	0.332	0.041	0.193
Time to First Tobacco use within 6-30 minutes of waking	0.218	0.061	82	78	1.747	0.278	0.099	0.337
Smoking Quit Attempt in the Past 12 Months	0.337	0.092	37	55	1.379	0.275	0.155	0.518
Health Care Provider Asked about Smoking	0.272	0.181	9	9	1.330	0.668	-0.084	0.627
Health Care Provider Advised Quitting Smoking	0.272	0.181	9	9	1.330	0.668	-0.084	0.627
Use of Pharmacotherapy for Smoking Cessation	0.000	0.000	14	0	.	.	0.000	0.000
Use of Counseling/Advice or Quit Lines for Smoking Cessation	0.114	0.107	14	6	1.473	0.940	-0.096	0.323
Planning to Quit, Thinking about Quitting or Will Quit Smoking	0.558	0.105	34	87	1.489	0.189	0.351	0.765
Exposure to SHS at Home	0.119	0.010	2,691	1,823	2.732	0.087	0.099	0.139
Exposure to SHS at Workplace	0.285	0.034	311	444	1.739	0.119	0.219	0.351
Exposure to SHS in Government Building/Offices Among Those Who Visited	0.071	0.012	556	225	1.175	0.166	0.048	0.094
Exposure to SHS in Health Care Facilities Among Those Who Visited	0.048	0.007	1,379	380	1.584	0.151	0.034	0.062
Exposure to SHS in Restaurants/cafes Among Those Who Visited	0.270	0.020	706	1,124	1.455	0.075	0.231	0.310
Exposure to SHS in Public Transportation Among Those Who Visited	0.062	0.009	1,220	422	1.668	0.144	0.045	0.080
Last Cigarette Purchased in Store	0.770	0.119	14	45	1.035	0.154	0.537	1.003
Last Cigarette Purchased at Kiosk	0.000	0.000	14	0	.	.	0.000	0.000
Noticed Anti-tobacco Information on Radio or Television	0.361	0.015	2,695	5,543	2.775	0.043	0.331	0.391
Noticed Health Warning Labels on Cigarette Packages	0.567	0.124	34	98	2.050	0.218	0.325	0.809
Thinking of Quitting Because of Health Warning Labels on Cigarette Package	0.304	0.103	34	52	1.651	0.339	0.102	0.505
Noticed Any Cigarette Advertisement or Promotion	0.285	0.012	2,686	4,356	1.915	0.042	0.261	0.309
Believes that Tobacco Smoking Causes Serious Illness	0.910	0.009	2,708	14,070	2.437	0.009	0.893	0.927
Believes that Tobacco Smoking Causes Strokes	0.387	0.013	2,706	5,977	1.859	0.033	0.362	0.412
Believes that Tobacco Smoking Causes Heart Attacks	0.577	0.013	2,708	8,919	1.933	0.023	0.551	0.603
Believes that Tobacco Smoking Causes Lung Cancer	0.831	0.010	2,708	12,848	1.910	0.012	0.811	0.851
Believes that SHS Causes Serious Illness in Non-Smokers	0.815	0.014	2,707	12,602	3.501	0.017	0.788	0.843
Number of Cigarettes Smoked per Day (by daily smokers)	5.772	1.36	18	79	0.902	0.236	3.107	8.437
Time since Quitting Smoking	21.182	3.52	25	89	1.414	0.166	14.282	28.081
Monthly Expenditures on Manufactured Cigarettes	22031.438	9049.76	13	56	1.027	0.411	4293.908	39768.968
Age at Daily Smoking Initiation	16.818	5.562	5	27	1.146	0.331	5.916	27.72

Appendix Table C5. Sampling Errors -Urban, GATS Tanzania, 2018.

Indicator	Estimate (R)	Standard Error (SE)	Unweighted Sample Size (N)	Weighted count (x 1000) (WN)	Design Effect (Deft)	Relative Standard Error (RSE)	Lower Limit (R - 1.96 SE)	Upper Limit (R + 1.96 SE)
Current Tobacco Users	0.071	0.008	1,907	694	1.919	0.115	0.055	0.087
Current Tobacco Smokers	0.063	0.007	1,914	618	1.780	0.118	0.048	0.077
Current Cigarette Smokers	0.062	0.007	1,914	613	1.793	0.119	0.048	0.077
Current Users of Smokeless Tobacco	0.011	0.003	1,907	104	1.222	0.245	0.006	0.016
Daily Tobacco Smokers	0.053	0.007	1,914	521	1.980	0.136	0.039	0.067
Daily Cigarette Smokers	0.052	0.007	1,914	511	2.038	0.140	0.038	0.066
Former Daily Tobacco Smokers Among All Adults	0.023	0.004	1,914	227	1.257	0.167	0.016	0.031
Former Tobacco Smokers Among Ever Daily Tobacco Smokers	0.283	0.044	176	227	1.678	0.156	0.197	0.369
Time to First Tobacco use within 5 minutes of waking	0.202	0.054	116	112	2.101	0.268	0.096	0.309
Time to First Tobacco use within 6-30 minutes of waking	0.332	0.060	116	184	1.872	0.181	0.215	0.450
Smoking Quit Attempt in the Past 12 Months	0.501	0.055	153	353	1.856	0.110	0.393	0.610
Health Care Provider Asked about Smoking	0.357	0.080	57	81	1.547	0.223	0.201	0.513
Health Care Provider Advised Quitting Smoking	0.328	0.067	57	75	1.149	0.205	0.196	0.460
Use of Pharmacotherapy for Smoking Cessation	0.063	0.031	88	22	1.378	0.485	0.003	0.123
Use of Counseling/Advice or Quit Lines for Smoking Cessation	0.206	0.054	88	73	1.559	0.263	0.100	0.312
Planning to Quit, Thinking about Quitting or Will Quit Smoking	0.720	0.066	132	439	2.801	0.091	0.592	0.849
Exposure to SHS at Home	0.093	0.010	1,901	909	2.438	0.112	0.072	0.113
Exposure to SHS at Workplace	0.300	0.029	396	535	1.544	0.095	0.244	0.357
Exposure to SHS in Government Building/Offices Among Those Who Visited	0.091	0.013	594	283	1.268	0.146	0.065	0.117
Exposure to SHS in Health Care Facilities Among Those Who Visited	0.046	0.008	982	228	1.367	0.171	0.030	0.061
Exposure to SHS in Restaurants/cafes Among Those Who Visited	0.315	0.021	899	1,408	1.821	0.066	0.274	0.356
Exposure to SHS in Public Transportation Among Those Who Visited	0.092	0.013	1,272	602	2.475	0.139	0.067	0.117
Last Cigarette Purchased in Store	0.915	0.025	123	521	1.018	0.028	0.865	0.965
Last Cigarette Purchased at Kiosk	0.043	0.018	123	24	0.950	0.418	0.008	0.078
Noticed Anti-tobacco Information on Radio or Television	0.483	0.020	1,912	4,751	3.189	0.042	0.443	0.523
Noticed Health Warning Labels on Cigarette Packages	0.853	0.032	133	527	1.066	0.037	0.791	0.915
Thinking of Quitting Because of Health Warning Labels on Cigarette Package	0.607	0.050	133	375	1.375	0.082	0.509	0.704
Noticed Any Cigarette Advertisement or Promotion	0.488	0.021	1,909	4,793	3.374	0.043	0.447	0.529
Believes that Tobacco Smoking Causes Serious Illness	0.957	0.006	1,914	9,429	1.882	0.007	0.945	0.970
Believes that Tobacco Smoking Causes Strokes	0.446	0.015	1,912	4,385	1.828	0.034	0.416	0.476
Believes that Tobacco Smoking Causes Heart Attacks	0.609	0.014	1,913	6,001	1.514	0.023	0.583	0.636
Believes that Tobacco Smoking Causes Lung Cancer	0.899	0.011	1,913	8,847	2.429	0.012	0.877	0.920
Believes that SHS Causes Serious Illness in Non-Smokers	0.915	0.009	1,914	9,007	1.770	0.009	0.898	0.931
Number of Cigarettes Smoked per Day (by daily smokers)	11.296	1.522	101	511	1.16	0.135	8.313	14.28
Time since Quitting Smoking	14.233	3.139	55	227	2.716	0.221	8.081	20.385
Monthly Expenditures on Manufactured Cigarettes	40559.788	7239.574	109	521	1.78	0.178	26370.223	54749.354
Age at Daily Smoking Initiation	18.51	0.99	48	223	1.854	0.053	16.571	20.45

Appendix Table C6. Sampling Errors -Rural, GATS Tanzania, 2018.

Indicator	Estimate (R)	Standard Error (SE)	Unweighted Sample Size (N)	Weighted count (x 1000) (WN)	Design Effect (Deft)	Relative Standard Error (RSE)	Lower Limit (R - 1.96 SE)	Upper Limit (R + 1.96 SE)
Current Tobacco Users	0.094	0.006	2,877	1,864	1.414	0.069	0.082	0.107
Current Tobacco Smokers	0.070	0.006	2,883	1,386	1.583	0.085	0.058	0.082
Current Cigarette Smokers	0.066	0.006	2,883	1,302	1.564	0.088	0.054	0.077
Current Users of Smokeless Tobacco	0.028	0.004	2,877	557	1.372	0.128	0.021	0.035
Daily Tobacco Smokers	0.052	0.005	2,883	1,021	1.256	0.090	0.043	0.061
Daily Cigarette Smokers	0.046	0.005	2,883	904	1.383	0.100	0.037	0.055
Former Daily Tobacco Smokers Among All Adults	0.027	0.004	2,883	530	1.860	0.153	0.019	0.035
Former Tobacco Smokers Among Ever Daily Tobacco Smokers	0.315	0.040	306	530	2.263	0.127	0.236	0.393
Time to First Tobacco use within 5 minutes of waking	0.183	0.030	270	254	1.566	0.161	0.125	0.241
Time to First Tobacco use within 6-30 minutes of waking	0.287	0.035	270	399	1.583	0.121	0.219	0.355
Smoking Quit Attempt in the Past 12 Months	0.476	0.035	259	680	1.263	0.073	0.407	0.544
Health Care Provider Asked about Smoking	0.421	0.062	74	155	1.165	0.148	0.299	0.543
Health Care Provider Advised Quitting Smoking	0.388	0.059	74	143	1.075	0.152	0.273	0.504
Use of Pharmacotherapy for Smoking Cessation	0.070	0.026	117	48	1.242	0.376	0.018	0.122
Use of Counseling/Advice or Quit Lines for Smoking Cessation	0.258	0.044	117	176	1.151	0.169	0.173	0.344
Planning to Quit, Thinking about Quitting or Will Quit Smoking	0.789	0.031	244	1,077	1.443	0.040	0.727	0.850
Exposure to SHS at Home	0.161	0.012	2,864	3,162	3.294	0.077	0.137	0.185
Exposure to SHS at Workplace	0.365	0.049	220	508	2.233	0.133	0.269	0.460
Exposure to SHS in Government Building/Offices Among Those Who Visited	0.096	0.015	659	432	1.643	0.154	0.067	0.124
Exposure to SHS in Health Care Facilities Among Those Who Visited	0.048	0.008	1,269	408	1.661	0.161	0.033	0.064
Exposure to SHS in Restaurants/cafes Among Those Who Visited	0.309	0.020	935	2,134	1.828	0.066	0.269	0.349
Exposure to SHS in Public Transportation Among Those Who Visited	0.068	0.011	1,035	490	1.801	0.155	0.047	0.089
Last Cigarette Purchased in Store	0.796	0.035	168	765	1.286	0.044	0.727	0.865
Last Cigarette Purchased at Kiosk	0.109	0.032	168	104	1.788	0.297	0.045	0.172
Noticed Anti-tobacco Information on Radio or Television	0.370	0.016	2,867	7,286	3.223	0.044	0.338	0.402
Noticed Health Warning Labels on Cigarette Packages	0.583	0.038	241	796	1.453	0.066	0.508	0.658
Thinking of Quitting Because of Health Warning Labels on Cigarette Package	0.406	0.040	240	552	1.574	0.098	0.328	0.484
Noticed Any Cigarette Advertisement or Promotion	0.286	0.013	2,859	5,604	2.253	0.044	0.261	0.311
Believes that Tobacco Smoking Causes Serious Illness	0.906	0.009	2,883	17,936	2.554	0.010	0.889	0.923
Believes that Tobacco Smoking Causes Strokes	0.412	0.013	2,882	8,160	2.133	0.033	0.386	0.438
Believes that Tobacco Smoking Causes Heart Attacks	0.590	0.014	2,883	11,684	2.460	0.024	0.562	0.618
Believes that Tobacco Smoking Causes Lung Cancer	0.818	0.011	2,883	16,190	2.400	0.014	0.796	0.839
Believes that SHS Causes Serious Illness in Non-Smokers	0.808	0.013	2,881	15,996	3.373	0.017	0.782	0.835
Number of Cigarettes Smoked per Day (by daily smokers)	6.871	0.642	174	904	1.302	0.093	5.612	8.13
Time since Quitting Smoking	13.705	1.589	92	530	1.575	0.116	10.59	16.82
Monthly Expenditures on Manufactured Cigarettes	21399.7	6067.888	147	821	1.024	0.284	9506.639	33292.76
Age at Daily Smoking Initiation	19.598	0.75	46	350	1.181	0.038	18.129	21.067

APPENDIX D: TECHNICAL AND SURVEY STAFF

Survey Management Team

PROJECT COORDINATOR
Dr. Albina Chuwa

PROJECT MANAGER
Sylvia Meku

DESK OFFICER
Hellen Hilary

Survey Technical Team

	NAME	INSTITUTION
1.	Ephraim Kwesigabo	National Bureau of Statistics
2.	Sylvia Meku	National Bureau of Statistics
3.	Dr. Sarah Maongezi	Ministry of Health, Community Development, Gender, Elderly and Children
4.	Dr. Neema Kileo	World Health Organization – Tanzania Country Office
5.	Mlemba Abassy	National Bureau of Statistics
6.	Mariam Kitembe	National Bureau of Statistics
7.	Stephano Cosmas	National Bureau of Statistics
8.	Elinzuu Nicodemo	National Bureau of Statistics
9.	Prisca Mkongwe	National Bureau of Statistics
10.	Mary August	National Bureau of Statistics
11.	Shagihilu M. Shagihilu	National Bureau of Statistics
12.	Khadija K. Hamad	Office of the Chief Government Statistician - Zanzibar
13.	Abdullah Abdullah	Office of the Chief Government Statistician - Zanzibar
14.	Nuru Masoud	Office of the Chief Government Statistician - Zanzibar

WHO/CDC/CDC Foundation/RTI Team

	NAME	INSTITUTION
1.	Nivo Ramanandraibe	World Health Organization – Regional Office for Africa
2.	Jeremy Morton	U.S. Centers for Disease Control and Prevention
3.	Lazarous Mboulo	U.S. Centers for Disease Control and Prevention
4.	Christine Shi	U.S. Centers for Disease Control and Prevention
5.	Luhua Zhao	U.S. Centers for Disease Control and Prevention
6.	Anna Dean	U.S. Centers for Disease Control and Prevention
7.	Krishna Palipudi	U.S. Centers for Disease Control and Prevention
8.	Indu Ahluwalia	U.S. Centers for Disease Control and Prevention
9.	Rachna Chandora	CDC Foundation
10.	Amanda Gailey	CDC Foundation
11.	David Plotner	RTI International

Report Writing Team

NO	NAME	ORGANIZATION
1.	Dr. Sarah Maongezi	Ministry of Health, Community Development, Gender, Elderly and Children
2.	Dr. Mariam Kalomo	M Ministry of Health, Community Development, Gender, Elderly and Children
4.	Oscar Kapera	Ministry of Health, Community Development, Gender, Elderly and Children
5.	Kalam A. Abushir	Ministry of Health - Zanzibar
6.	Dr. Omary Mwalim	Ministry of Health - Zanzibar
7.	Dr. Neema Kileo	World Health Organization – Dar es Salaam Office
8.	Sylvia Meku	National Bureau of Statistics
9.	Mlemba Abassy	National Bureau of Statistics
10.	Hellen Hilary	National Bureau of Statistics
11.	Stephano Cosmas	National Bureau of Statistics
12.	Elinzuu Nicodemo	National Bureau of Statistics
13.	Halima M. Suleiman	Office of the Chief Government Statistician
14.	Nour A. Massoud	Office of the Chief Government Statistician
15.	Shagihilu M. Shagihilu	National Bureau of Statistics
16.	Abdullah Othman	Office of the Chief Government Statistician
17.	Maria August	National Bureau of Statistics
18.	Prisca Mkongwe	National Bureau of Statistics
19.	Seif Kuchengo	National Bureau of Statistics
20.	Jocelyn Rwehumbiza	National Bureau of Statistics
21.	Mariam Kitembe	National Bureau of Statistics
22.	Salehe Chivanga	National Bureau of Statistics
23.	Steven Maganda	National Bureau of Statistics
24.	Hellen Mtove	National Bureau of Statistics
25.	Anchila Vangisada	Ministry of Health, Community Development, Gender, Elderly and Children
26.	Luhua Zhao	U.S. Centers for Disease Control and Prevention
27.	Jeremy Morton	U.S. Centers for Disease Control and Prevention
28.	Irene Mwoga	World Health Organization – Dar es Salaam Office

Data Collection Teams

Team No.	Name of Enumerator	Name of Team Supervisor	Name of Driver
1	Ahmad Selemani Daniel Sanjo Amos Ndelilo Tumain Komba Sylvia Haule	Salehe Chivanga	Andrew Semkonda
2	Josephat Lucian Anna Mabongo Theresia Kimario Frank Ambrose Nelson Kajela	Boniface Simpoli	Temu Msula
3	Frank Mhando Godfrey Luvanga Henrick Rymond Martha Sax Gloria Kasinini	Emanuel Mahemba	Shumau Matewele
4	John Josephat Deogratius Kakomekome Peter Idana Candida Nakida Martha Macha	Joseph Meela	Zuber Mlawa
5	Othman Othman Ignus chusi Esmail Lema Mercy Singo Rehema Mgoda	Elias Bugumba	Paul Mkua
6	Alexander Mwakiwone Sosthenes Mwikala Justine Mangwangi Robert Moses Doran Runyoro	Khalid Lewanga	Evarist Msisi
7	Emanuel Malya Joseph Lyimo Denis Kwesigabo Arthur Heri Theodory Theonest	Kulwa Namkaa	Viannel Hyera
8	Heri Ngowo Yusuph Ramadhani Robert Mlanzi Issa Mwamaje Abel Paul	Ahmed Kamugisha	Juma Gwau
9	Vupoki Ngajiro Jasper Kazoka Mathew Kanza Neema Mlawa Yohana Mwenda Amedeus James	Julius Kombania	Damas Ndunguru
10	Mwatima Bakari Abdi Asha Mussa Mahfoudh Omar Abdalla Ali	Halima Suleiman	
11	Abdul-hakim Hamad Ali Salim Abdallah Masoud	Multhat Omar Saleh	

Listing Teams

Team No.	Name of Lister	Name of Team Supervisor
1	Reginald Stanley	Ludovick Materu
	Martha Macha	
2	Saumu Mohamed	Yohana Boniface
	Abel Paul	
3	Grace Wella	Rehema Mgoda
	Amedius James	
4	Nilam Mgasa	Frank Lyimo
	Sylvia Haule	
5	Athuman Juma	Daniel Minde
	Nole Ngusa	
6	Erick Kingunga	Emmanuel Mahemba
	Rebeka Manyonyi	
7	Singo Mussa	Ahmed Kamugisha
	Fatuma Msangwa	
8	Victor Nkya	Muhara Kassim
	Grace John	
9	Emelda Swati	Joseph Athanas
	Athuman Mdoka	
10	Mercy Singo	Khalid Lewanga
	Thomas Lukindo	

APPENDIX E: GLOSSARY OF TERMS

Adult - This is a person aged 15 years and older.

Advertisement - Any statement, communication, representation or reference aimed at the public and designed to promote or publicize a tobacco product or encourage its use, or draw attention to the nature, properties, advantages or uses of the product; the use, in any advertisement or promotion aimed at the public, of a tobacco product manufacturer's company name, where the name or any part of the name is used as, or is included in a tobacco product trade mark; product stacking and product displays of any kind or size.

Cessation - The process of stopping the use of any tobacco products, with or without assistance.

Current tobacco use - Having consumed tobacco daily and or less than daily.

Daily tobacco use - Consumption of at least one tobacco product every day. Frequency of smoking is an important predictor of nicotine dependence and adverse health outcomes. Current smokers were categorized into daily or occasional smokers.

Former User - A person abstinent from tobacco use for more than 12 months.

Interest in quitting – Tobacco users planning or thinking about to quit tobacco use within the next month, twelve months or someday.

Methods used to quit – Ways in which a tobacco user uses or tries to attain cessation of tobacco use. The methods assessed in this survey include the use of pharmacotherapy, e.g. nicotine replacement therapy and prescription medications; counselling/advice received or sought at a clinic and a telephone quit line/helpline; use of other methods including traditional medicines, switching to smokeless tobacco, and any other reported methods; as well attempts to quit without assistance.

Past year smokers - Current smokers plus former smokers who quit smoking in the last 12 months

Percentage of adults who currently smoke tobacco - Number of current daily and less than daily tobacco smokers divided by total number of respondents.

Percentage of adults who currently smoke tobacco daily - Number of current daily tobacco smokers divided by the total number of respondents.

Promotion - A representation, including an advertisement, whether direct or indirect, including any communication of information about a product or service and its price and distribution, that is likely to influence and shape attitudes, beliefs and behavior about the product or service, or that is intended to or has the effect of inducing consumers to use tobacco products, underestimate the dangers of tobacco consumption, or create recognition of or goodwill for the tobacco manufacturer.

Public Places - Any indoor, enclosed, or partially enclosed area which is open to the public or any part of the public, or to which members of the public ordinarily have access and includes a workplace and a public conveyance.

Quit attempt - Current tobacco users who tried to quit during the past 12 months and former tobacco users who had been abstinent for 12 months or less.

Secondhand Smoke (SHS) – A mixture of two forms of smoke that come from burning tobacco namely

sidestream smoke that comes from the lighted end of a cigarette, pipe, or cigar and mainstream smoke that is exhaled by a smoker.

Smoked tobacco products - These are products wholly or partly made of tobacco and requires to be ignited to enable consumption. The smoked products assessed in the survey included manufactured cigarettes, hand-rolled cigarettes, pipe (kiko), cigars and shisha.

Smokeless tobacco products – These are products wholly or partly made of tobacco and do not need to be ignited for it to be consumed. Common smokeless tobacco products found in the country includes chewing tobacco, snuff, kuber and betel quid**.** These tobacco products are either found un-packaged (wrapped in various materials such as banana leaves) or branded packets**.**

Workplace – Includes indoor and outdoor places of work; public and privately-owned workplaces.

APPENDIX F: MPOWER SUMMARY INDICATORS, GATS TANZANIA, 2018

		Gender		Residence	
Indicator	**Overall**	**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[§]:					
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, and 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 (*Tanzanian shilling*)[6]	28840.0	29136.2	22031.4	40559.8	21399.7
Average cost of a pack of manufactured cigarettes (*Tanzanian shilling*)[6]	2849.5	2843.9	3030.6	2838.7	2862.6
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

[§] Among those who visited the place in the last 30 days.

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