

global youth tobacco survey

Country reports

The World Health Organization (WHO) and the Centers for Disease Control and Prevention (CDC), Atlanta, developed the Global Youth Tobacco Survey to track tobacco use among youth across countries using a common methodology and core questionnaire. Information from the Survey is compiled within the participating country by a Research Coordinator nominated by the Ministry of Health, and technically reviewed by WHO and CDC. The content has not otherwise been edited by WHO or CDC.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use.



**World Health
Organization**

Regional Office for the Eastern Mediterranean



**CENTERS FOR DISEASE
CONTROL AND PREVENTION**



Palestinian National Authority
Ministry Of Health
Health Education and Promotion

Global Youth Tobacco Survey

“GYTS”

Gaza-Palestine

2013

Prepared by

MueenAL-Kariri-MPH

Director Of Health Education And Promotion Department-

Tobacco Free Initiative-Focal Person
Study Coordinator

Mueen.kariri@yahoo.com

Acknowledgements

This study was supported financially and technically by the World Health Organization – Tobacco Free Initiative and the Centers for Disease Prevention. Both the Palestinian Ministry of Health, and the Ministry of Education play a crucial role in facilitating this study.

I would like to start here by thanking his Excellency the Minister of Health and the Ministry of Education and higher education. Our thank also to the assistant deputy of the ministry of health, the deputy of the Ministry of Education assistant deputy MOE, and the Director general of PHC , for their valuable and genuine support.

Special thanks forwarded to CDC staff and people in charge on Smoking and Health in particular Dr. Krishna M. Palipudi and Linda A. Anton for their technical advice and support during the GYTS process and implementation. We also thank Dr. Fatemha Elawaa (Tobacco Free Initiative regional advisor – WHO, and Dr. Heba Fouad Tobacco free initiative and survey consultant for their help in organizing and implementing of this survey and in the completion of this report. Dr. Heba was on time when consulting her in any piece of information of this the survey, she offered a conducive environment for the survey to get succeed. Her professional hard work during the whole survey and analysis period help in the completion of this report.

Many thanks also to all the colleagues in the WHO office in Gaza and WB for their help and in particular Dr. Mahmoud Daher, Mrs lubna Khuzundar and Mrs. Rawia El Wari.

I wish to thank the team of the school health department in the MOEHE especially Dr. Tayseer Shurafa, the DG, and Mr. Mahmood Samaan, for their assistance in managing the process of this survey.

Special thanks forwarded to directorate of educational planning and studies people in the Ministry of Education for their endless help during the different survey phases.

Last but not least thanks to all data collection persons and administrative people who worked hard and contributed in the successful implementation of this study.

Mueen Kariri

Chapter 1

Introduction and background

Introduction:

By the year 2030 tobacco will be the single biggest cause of death worldwide, killing some 8.4 million people per year. The figure is more than the projected mortality from pneumonia, diarrheal diseases, tuberculosis and complications from childbirth combined.

Smokers face 1 in 2 risk of being killed by tobacco. With current smoking patterns, that means about 650 million people alive today will eventually be killed by tobacco use. Today, smoking kills 1 in 10 adults. By 2030, or sooner, this proportion will be 1 in 6. Moreover, the developing world will bear the brunt of this global epidemic. By 2020, 7 of every 10 people killed by smoking will be in low and middle-income nations.

Globally, 1.3 billion people currently smoke. That number is expected to rise to more than 1.7 billion by 2025. In most countries, the poor are more likely to smoke than the rich. Individuals who have received little or no education are also more likely to smoke than those who are educated. Even when smoking is very common in a population, the damage to health may not yet be visible, because the diseases caused by smoking can take several years to develop.

Tobacco not only impoverishes those who use it, it puts an enormous financial burden on countries. The costs of tobacco use at the national level encompass increased health care costs, lost productivity due to illness and early death, foreign exchange losses and environmental damage.

The Palestinian Ministry of Health through the health education and promotion department has adopted comprehensive health strategy in schools and the community. This approach aims to create a Palestinian generation with good knowledge and skills that enable them to cope and appropriately face and manage the daily challenges. In order to achieve this, the Palestinian Ministry of Health in cooperation and coordination with World Health Organization (WHO) and Centers for Disease Control and Prevention (CDC) launched and conducted the third Global Youth Tobacco Survey (GYTS) among youth aged 13-15 years in Gaza-Palestine.

This study provides nationally representative data on the smoking prevalence of Palestinian young people aged 13 to 15 who attend school. The findings will enable decision makers and health policy planners as well as health education decision makers to appropriately plan for programs that help to reduce this phenomena.

The data will help to develop, implement and evaluate tobacco control interventions in Palestine

Information on five determinants of tobacco use was included in this study such as: access/availability and price, environmental tobacco smoke (ETS) exposure, cessation, media and advertising, and school curriculum as well as attitudes and students perceptions. These determinants are components we considered in our

comprehensive health education and promotion tobacco control program in schools and community.

It is a worldwide known fact that tobacco use causes serious health problems. Currently, every tenth death among adults is attributable to tobacco use in the world. Data from WHO show that there are around 5.4 million deaths per year as a result of tobacco smoking and unless more effective measures are implemented it is estimated that this number is expected to reach 8.4 million per year by the year of 2030, where 70% of them will be in the developing countries. In Palestine data from the survey conducted in the year 2005, showed that 21.4% of students had ever smoked cigarettes while they are 6.6 % for those currently smoke cigarettes. The negative trends in smoking prevalence among young people, women and lower socioeconomic status (SES) groups, as well as the gap in tobacco control policies are of particular concern.

Framework Convention on Tobacco Control (FCTC)

The WHO Framework Convention on Tobacco Control (FCTC) is the first treaty negotiated under the auspices of the World Health Organization. The FCTC is an evidence based treaty that reaffirms the right of all people to the highest standard of health. The FCTC was developed in response to the globalization of the tobacco epidemic.

The spread of the tobacco epidemic is facilitated through a variety of complex factors with cross-border effects, including trade liberalization and direct foreign investment. Other factors such as global marketing, transnational tobacco advertising, promotion and sponsorship, and the international movement of contraband and counterfeit cigarettes have also contributed to the explosive increase in tobacco use.

The WHO Framework Convention on Tobacco Control (WHO FCTC) recognizes the substantial harm caused by tobacco use and the critical need to prevent it. Tobacco kills approximately 6 million people and causes more than half a trillion dollars of economic damage each year. Tobacco will kill as many as 1 billion people this century if the WHO FCTC is not implemented rapidly. Although tobacco use continues to be the leading global cause of preventable death, there are proven, cost-effective means to combat this deadly epidemic. In 2008, WHO identified six evidence-based tobacco control measures that are the most effective in reducing tobacco use. Known as “MPOWER”, these measures correspond to one or more of the demand reduction provisions included in the WHO FCTC: Monitor tobacco use and prevention policies, Protect people from tobacco smoke, Offer help to quit tobacco use, Warn people about the dangers of tobacco, Enforce bans on tobacco advertising, promotion and sponsorship, and Raise taxes on tobacco.

There continues to be substantial progress in many countries. More than 2.3 billion people living in 92 countries – a third of the world’s population – are now covered by at least one measure at the highest level of achievement. Nearly 1 billion people living in 39 countries are now covered by two or more measures at the highest level. In 2007, no country protected its population with all five or even four of the measures. Today, one country, Turkey, now protects its entire population of 75 million people with all MPOWER measures at the highest level.

While there has been a steady increase in the number of countries that have established a complete bans on tobacco advertising, promotion and sponsorship TAPS ban and the number of people worldwide protected by this type of ban, this measure has yet to be widely adopted. Only 24 countries (with 694 million people, or just under 10% of the world's population) have put in place a complete ban on direct and indirect TAPS activities, although this trend has accelerated since 2010. More than 100 countries are close to having a complete TAPS ban, needing to strengthen existing laws to ban additional types of TAPS activities to attain the highest level

The WHO FCTC demonstrates sustained global political will to strengthen tobacco control and save lives. As countries continue to make progress in tobacco control, more people are being protected from the harms of second-hand tobacco smoke, provided with help to quit tobacco use, exposed to effective health warnings through tobacco package labeling and mass media campaigns, protected against tobacco industry marketing tactics, and covered by taxation policies designed to decrease tobacco use and fund tobacco control and other health programmes. However, more countries need to take the necessary steps to reduce tobacco use and save the lives of the billion people who may otherwise die from tobacco-related illness worldwide during this century.

The core demand reduction provisions in the FCTC are contained in articles 6-14:

Price and tax measures to reduce the demand for tobacco, and
Non-price measures to reduce the demand for tobacco, namely:

- ⌚ Protection from exposure to tobacco smoke;
- ⌚ Regulation of the contents of tobacco products;
- ⌚ Regulation of tobacco product disclosures;
- ⌚ Packaging and labeling of tobacco products;
- ⌚ Education, communication, training and public awareness;
- ⌚ Tobacco advertising, promotion and sponsorship; and,
- ⌚ Demand reduction measures concerning tobacco dependence and cessation.

The core supply reduction provisions in the FCTC are contained in articles 15-17:

Illicit trade in tobacco products;

Sales to and by minors; and,

Provision of support for economically viable alternative activities.

The Global Youth Tobacco Survey (GYTS) - Objectives and Goals

Tobacco use is one of the chief preventable causes of death in the world. WHO attributes some 5.4 million deaths a year to tobacco, a figure expected to rise to 8.4 million deaths a year by 2030. By that time, 70% of those deaths will occur in developing countries. Most people begin using tobacco before the age of 18. Recent trends indicate rising smoking prevalence rates among children and adolescents and earlier age of initiation. If these patterns continue, tobacco use will result in deaths of 250 million children and adolescents alive today. In recent years WHO, UNICEF, G8

Ministers of the environment, Ministers responsible for youth and many national health agencies have called for concerted action against tobacco use by young people. Yet, comprehensive tobacco prevention and control information on young people is not available for most developing countries. To address this data gap, the WHO's Tobacco Free Initiative (WHO TFI), and the CDC's Office on Smoking and Health(OSH) have developed the Global Youth Tobacco Survey (GYTS), in consultation with a range of countries representing the 6 WHO Regions. The GYTS is part of the Global Tobacco Surveillance System (GTSS). By the end of the year 2013, the survey has been completed in over 188 countries and over 120 countries have repeated the survey.

Objectives of the GYTS:

This survey is a school based tobacco specific survey that focuses on students aged 13-15 years. The objectives of the survey are:

to document and monitor the prevalence of tobacco use including: cigarette smoking, smokeless tobacco, and Shisha (water pipe) as one of the optional country specific issue.

to understand and assess students' attitudes, perception and behaviors about tobacco use and its impact, including: tobacco use (smoking and smokeless), cessation, secondhand smoke (SHS), pro- and anti-tobacco media and advertising, access and availability to obtain tobacco products, second hand tobacco smoke exposure, and school curriculum.

The GYTS will attempt to address the following issues:

The level of tobacco use, access and availability

The age of initiation of cigarette use

Exposure to tobacco promotion and advertising

Different socio economic variables that might play a role in the increased percent among this age

Key intervening variables, such as knowledge, attitudes and behavioral norms with regard to tobacco use among young people which can be used in prevention programs

Cessation support and desire to quit

Last the role of different media channels and advertising

Chapter 2

Methodology

Study design and sampling

Study Design and Sampling

A Two-stage sample design was used for GYTS:

Stage 1: selection of schools

Since the target population for the GYTS is youth aged 13-15 years, a list of schools eligible to participate in the survey was sent to the CDC where the sample selection was drawn. This list included students from the primary and secondary schools. Schools were selected with a probability proportional to enrolment size. This meant that large schools were more likely to be selected than small schools. The outcome of this selection process gave Gaza 25 schools with an expected survey population of 2262 students, with no replacement or substitution allowed for schools that did not agree to participate.

Stage 2: Selection of Classes and Students.

In the selected schools, the number of classes in each enrolled school were listed, and from this list, classes were randomly selected (based on the random start provided by CDC on the school level form). In each school, depending on the number of classes listed, one to three of those classes were selected (giving a total of 61 class), and in each class selected, every student present was interviewed.

CDC processed the raw data using standard GYTS procedures. A weighting factor was applied to reflect the likelihood of sampling each student and to reduce bias by compensating for differing pattern of non- response. Also, a statistical analysis of correlated data was used to compute 95% confidence intervals.

The Questionnaire

The questionnaire was self-administered and consisted of a 'core' component and an 'optional' component. The core questions allow for comparison between countries and Regions, and the optional questions allow for specific issues pertaining to individual countries.

All the questions were multiple-choice questions that asked for background information such as age, gender, grade, use of tobacco (prevalence, access, and about other tobacco products), knowledge and attitude towards smoking, environmental tobacco smoke, cessation, media and advertising ,

school curriculum and community response to smoking. The questionnaire was pre-tested before it was administered to schools.

Data Collection

One of the prerequisites for the implementation of the GYTS in Palestine was the acquisition of current (2012-2013) school enrolment data. Complete data for this academic year were available at the Planning and Statistical Section of the Ministry of Education .

A two day training workshop for field data collectors (survey administrators) was held in Gaza Strip in, Feb 5th and 6th 2013. The basic aim of the training workshop was the standardization of the research methodology. At the training workshop, with the use of the GYTS Handbook, the core questions and optional questions to be included in the final questionnaire were reviewed. Tasks of the data collectors personnel were

identified and discussed, namely, GYTS Survey Design and procedures, as well as the list of Sample Selection and the final sample size.

Because GYTS is a school-based survey, cooperation of the Ministry of health and the Ministry of Education was necessary, especially the latter since government schools were under its immediate control. And even though the selected schools were under the Ministry of Education and the UNRWA responsibility and permission was taken to execute the survey, permission and cooperation had been obtained from the deputy minister of the higher education.

The Research Coordinator was responsible for the overall management of the project, development of the final questionnaire, making the initial contact with school personnel, identifying Survey Administrators, and training and assigning Survey Administrators to schools selected. The purpose of the training was to ensure that all the Survey Administrators had the same information about GYTS and follow the same survey administration procedures. The training dealt with the purpose of GYTS, confidentiality, scheduling survey administration, documenting school and class participation, presenting and administering the GYTS to the students, and materials needed for survey administration.

The Survey administrators were selected mainly from the staff of Health Education Department, nurses and school instructors personnel in the Ministry of Education and UNRWA. They were assigned to specific schools and were responsible for the delivery and collection of all survey documentation forms, Answer Sheets, Header Sheets, and Questionnaires.

Two forms were provided for each selected school: the school-level form and the class-room level form. These two forms provided the necessary identification information and were the primary data management forms. The school-level form contained the coordination agency, the school name, the sample size, and the School ID (this was supplied by CDC). The grades taught and grades surveyed in the school, as well as the total number of eligible classes, were filled in by the Survey Administrator. A list of random number was supplied by CDC and appeared just above the class tracking information. The Survey Administrator filled in the class tracking information. This contained a grid that was used to catalogue the completion status of each selected class.

The classroom level form showed the school name, the sample, the school ID and the class ID. One e-mailed copy of the classroom level form was provided by the CDC and additional copies were provided by the Health Education and Promotion Department. The survey administrator entered the number of students who were enrolled in the classes and the number of students who participated in the survey. All students in the selected classes were eligible for participation.

The answer sheet and the header sheet were provided by CDC. One answer sheet was given to each student. Students were not required to write their names on the answer sheet or provide any other kind of identifying information. The answer sheets on which students were asked to record their responses was machine-readable. A header sheet was completed for each participating class in each school and showed the school ID from the school level form and class ID from the classroom level form. Instruction were provided to the survey administrators for procedures to be followed prior to, during and after the survey in the classroom. Before the start of the survey a script of

instructions for students was read. The survey procedures employed allowed for students' voluntary participation, anonymity, and privacy.

Each of the 15 survey administrators were assigned to a selected number of schools and each had the responsibility to collect the enrolment data of all the classes. This information was transmitted to the research coordinator by hand so as to confirm the selection of the correct class or classes to be interviewed. The administration of the questionnaire, documentation of the class and school participation, and the security of the answer sheet were the assigned responsibility of the survey administrators. The research coordinators undertook the responsibility of final editing and packaging of the answer sheets, header sheets, classroom-level form, and school-level form. This was done simply to establish quality data management throughout the data gathering process. Finally, all the packages were sealed and shipped via FedEx and forwarded to CDC for processing.

Overall response rates:

Schools - 100.0% 25 of the 25 sampled schools participated

Classes- 100.0% 61 of the 61 sampled classes participated

Students- 94.3% 2,132 of the 2,262 sampled students completed usable questionnaires

Overall response rate - $100.0\% * 100.0\% * 94.3\% = 94.3\%$

Chapter 3

Findings

The following are a summary for the major GYTS findings in Gaza -GYTS- 2013.

Gaza strip data:

Prevalence/tobacco use

Table 1G

Table 1.1: Percent of students who use tobacco or reporting smoking dependency and susceptibility

Category	Ever tobacco users	Ever Smoked Cigarettes, Even One or Two Puffs	Current Use		
			Any Tobacco Products	Cigarettes	Other Tobacco Products
Total	37.9 (29.7 - 46.8)	24.6 (18.4 - 31.9)	17.3 (12.8 - 23.0)	6.5 (4.4 - 9.6)	9.0 (6.7 -12.2)
Sex					
Male	47.9 (40.1 - 55.9)	33.1 (27.1 - 39.8)	23.6 (17.8 - 30.6)	9.7 (6.8 - 13.6)	12.2 (8.8 - 16.7)
Female	28.3 (23.8 - 33.4)	16.8 (13.6 - 20.6)	11.0 (8.8 - 13.8)	3.5 (2.5 - 4.9)	6.0 (4.7 - 7.7)

The percentage of students who ever smoked cigarettes, even one or two puffs, was 24.6%. Males (33.1%) were significantly more likely than females (16.8%) to have ever tried smoking cigarettes. More than one third of the students are ever tobacco users with a significant differences between boys and girls

Around 17% of student used any form of tobacco product in the past 30 days. Males (23.6%) were significantly more likely than females (11.0%) to currently use any form of tobacco. 6.5% of students currently smoked cigarettes. Males (9.7%) were significantly more likely than females (3.5%) to currently smoke cigarettes. About 9% of the students used other tobacco products other than cigarettes (mainly Shisha). Males (12.2%) were significantly more likely than females (6.0%) to use other tobacco products.

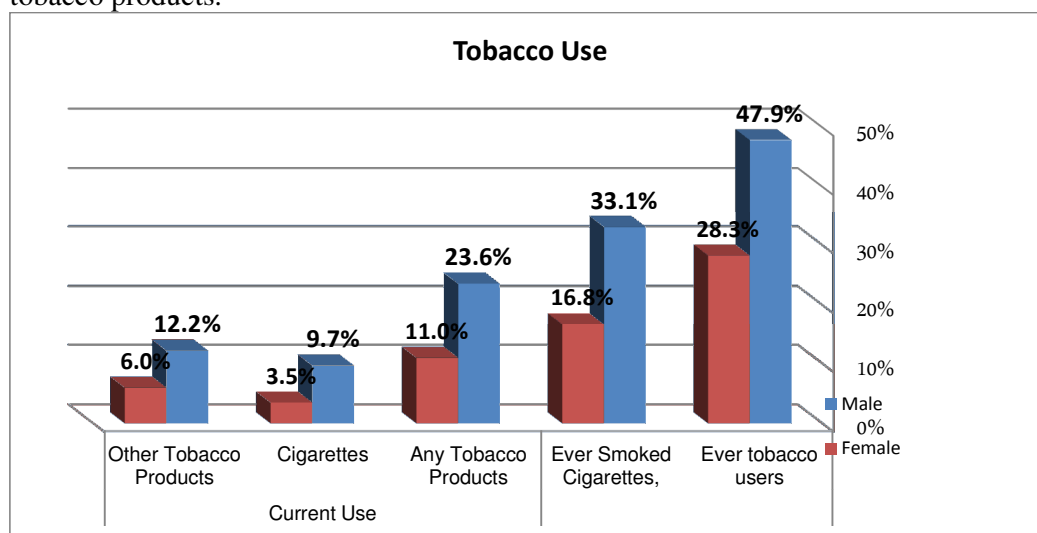


Table 1.2: Percent of students who use tobacco or reporting smoking dependency and susceptibility

Category	Never Smokers but Susceptible to using tobacco in the future	Ever smoked any tobacco products (other than cigarettes)	Ever smoked any tobacco products (other than smokeless)
Total	14.3(12.6 - 16.1)	20.2(16.2 – 25.0)	32.2(24.6-40.9)
Sex			
Male	16.6 (13.6 - 20.1)	25.2(19.7-31.6)	41.9(34.5-49.7)
Female	12.7(10.5 - 15.3)	15.6(12.9-18.6)	23.1(19-27.9)

The percentage of students who never smoked but are susceptible to starting smoking in the future is 14.3%. There is no significant difference in susceptibility to initiate smoking between males and females. More than 32% tried tobacco use other than smokeless with high rate of boys and a significant differences between boys and girls

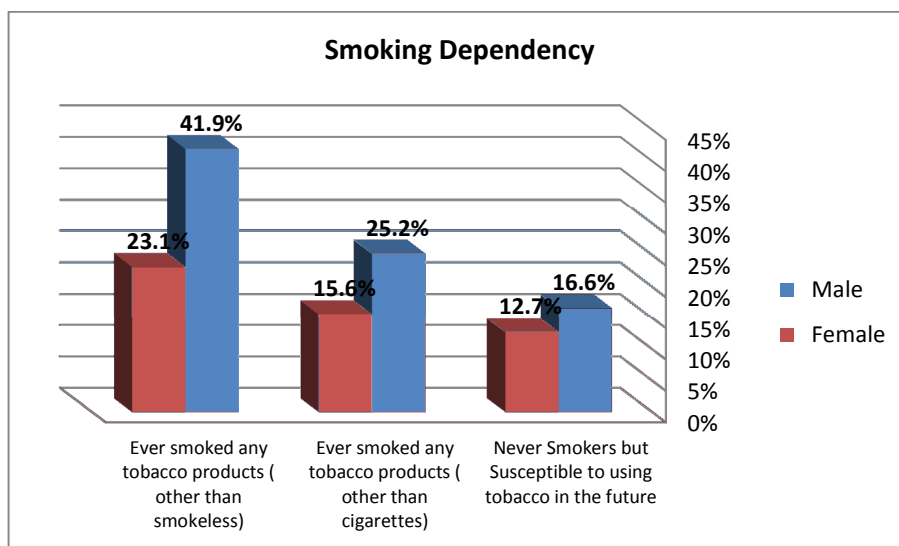
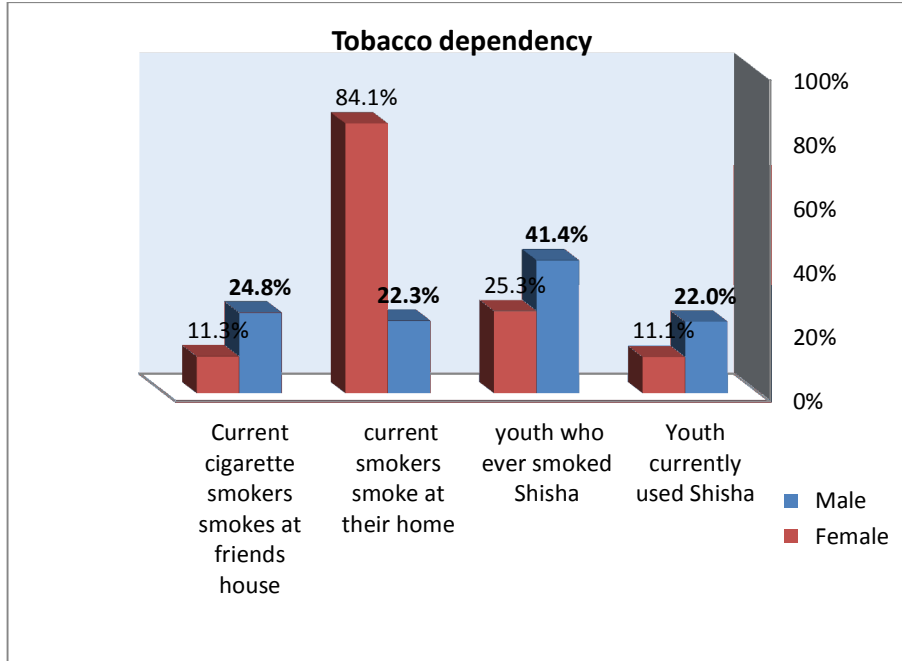


Table 1.3: Percent of students who use tobacco and where they usually smoke

Category	Youth currently used Shisha	Percentage of youth who ever smoked Shisha	Percent of current smokers who usually smoke at their home	Current cigarette smokers who usually smokes at friends house
Total	16.2 (12.1-21.2)	32.8 (26.2-40.2)	37.0 (23.0-53.6)	21.4 (9.7-40.8)
Sex				
Male	22.0 (19.0 - 25.3)	41.4 (35.7-47.4)	22.3 (11.9 -38.0)	24.8 (9.6-50.7)
Female	11.1 (8.6-14.1)	25.3 (21.0-30.0)	84.1 (62.6-94.3)	11.3 (3.0-34.9)

Nearly one third of the students have ever smoked Shisha. Shisha is widely used, socially accepted phenomena in the Gaza society. Data showed that 16.2% of the students are currently using Shisha, with a significant differences between both boys and girls. The total prevalence of youth who smoke do this in their home are 37%, girls represent the vast majority of this behavior with more than 84%. One third of the current smokers smoke at their friends home.



School Curriculum

Table 2G:

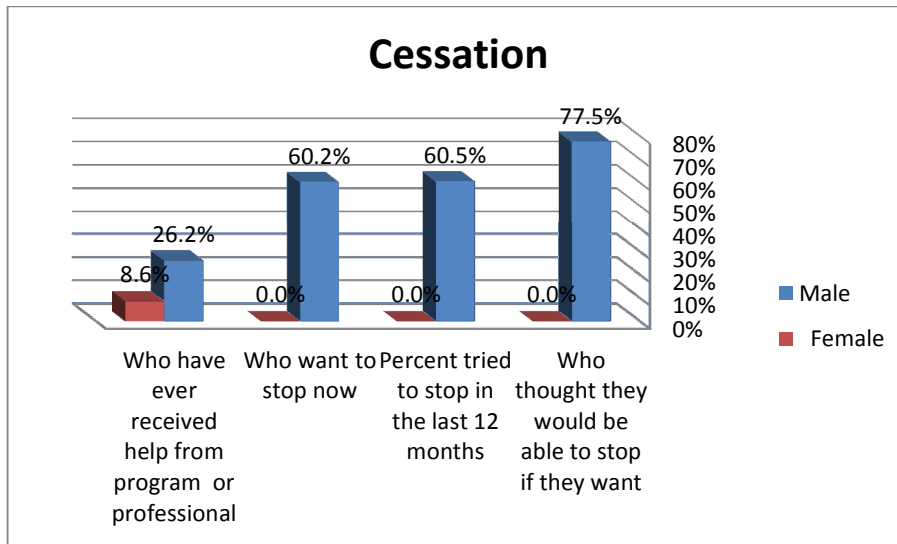
Category	Percent taught in school about dangers of tobacco use
Total	40.7(36.4-45.2)
Sex	
Male	45.8(37.7-54.1)
Female	36.6(32.6-40.8)

Only two fifth of students had been taught in class during the past year about the dangers of smoking (40.7%), with no significant difference between boys and girls in this regard.

Cessation
Table 3G:

Category	Current Smokers			
	Who thought they would be able to stop if they want	Percent tried to stop in the last 12 months	Who want to stop now	Who have ever received help from program or professional
Total	79.0 (66.8 - 87.5)	52.3 (33.7 - 70.2)	62.3(48.3-74.5)	22.0 (10.6 - 40.1)
Sex				
Male	77.5(63.8 -87.1)	60.5 (42.4 -76.2)	60.2 (44.4 - 74.1)	26.2 (12.4 - 47.1)
Female	--	--	--	8.6 (2.3 - 27.5)

Nearly two third of current smokers want to quit smoking (62.3%). There was no significant differences between male and female students regarding the desire to stop smoking. More than half of current smokers (52.3%) tried to stop smoking during the year preceding the survey with no significant difference by gender. More than one fifth of the currently smoked students received some kind of support and help to quit tobacco use with no differences between boys and girls. The majority of smoked students (approximately 80%) think that they can easily stop when they like and at any time without any differences between boys and girls.

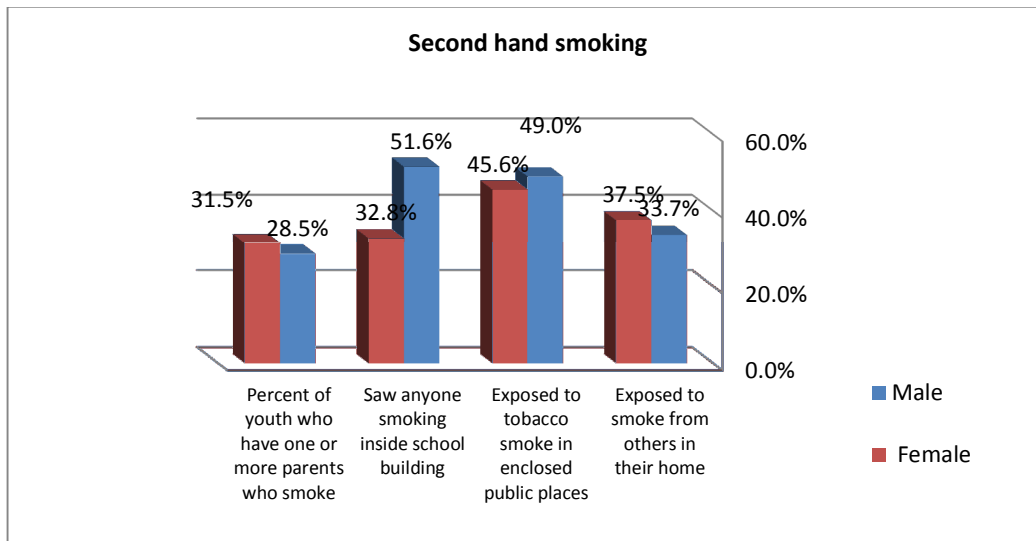


Second hand smoke

Table 4G:

Category	Exposed to smoke from others in their home	Exposed to tobacco smoke in enclosed public places	Saw anyone smoking inside school building or outside on the school property	Percent of youth who have one or more parents who smoke
Total	35.5 (31.7 - 39.4)	47.2 (43.5 - 50.9)	41.9 (36.2 - 47.7)	30.1 (27.7-32.6)
Sex				
Male	33.7 (28.3 -39.6)	49.0(42.3 -55.8)	51.6 (45.0 - 58.2)	28.5 (24.9-32.4)
Female	37.5 (33.2 - 42.1)	45.6 (42.0 - 49.2)	32.8 (28.1 - 37.9)	31.5 (27.4-36.0)

More than one third of the students (35.5%) have exposed to smoking from others inside their home. No differences seen between boys and girls regarding the exposure. About half of students have been exposed to smoking in enclosed public places with a rate of 47.2%, although this difference between boys and girls is not statistically different. Two students out of five saw anyone smoking inside school building or outside on the school property with no differences between girls and boys. Almost 30% of the surveyed students have one or more of their parents smoke.



Knowledge and Attitudes

Table 5G: Knowledge and Attitudes, Gaza Strip, 2013

Category	Percent of students favor banning smoking inside enclosed public places	Students who think that smoking help people feel more comfortable	Percent of students definitely thought other people's tobacco is harmful to them	Percent of youth who think that it is difficult to quit once someone starts smoking
Total	81.0(78.6 – 83.2)	23.2(18.5 –28.7)	67.0(62.1-71.6)	20.9(18.5 -23.5)
Sex				
Male	79.8(73.4 -84.9)	29.1(22.7-36.4)	62.9(53.1-71.7)	19.7(15.1-25.4)
Female	83.3(81.3- 85.0)	17.9(16.2-19.8)	71.2(65.2-76.5)	22.7(19.2-26.5)

The majority of students 81%believe that banning smoking in enclosed public places such as schools, shops, restaurants or shopping mall with no differences between boys and girls. However, there are significant differences between boys and girls regarding their beliefs of whether smoking helps people feel more comfortable despite the low prevalence rate (23.2%). Two thirds of students think that other people's tobacco is harmful to them. Only one fifth of the students think that it is difficult to quit once someone starts smoking with no significant differences between the two sexes.

Media and Advertising:

Table 6G:

Table 6.1 :

Category	Students who saw anyone using tobacco on TV, Videos, or movies.	Noticing tobacco advertisement or promotion at point of sale	Saw Anti-Tobacco Messages in the Media	Noticing Anti-Tobacco Messages at sporting community events
Total	71.9 (66.4 - 76.9)	43.3(40.3 - 46.4)	68.1(64.6 - 71.5)	42.9(38.7 - 47.3)
Sex				
Male	73.3 (69.5 - 76.8)	43.1 (37.3-49.0)	65.9(59.3 - 71.9)	46.7 (41.1 - 52.3)
Female	70.8(62.8 - 77.7)	43.9 (40.6 - 47.2)	70.6 (68.4 - 72.7)	38.4 (35.7 - 41.3)

There were no significant differences among the students who saw pro-tobacco messages in TVs, Videos or movies with a percentage of 71.9%.More than 43% of them noticing tobacco advertising during their attendance to point of sales. More than two thirds of students (68.1%) saw anti-smoking media messages, with no significant differences between boys and girls.

Table 6.2 :

Category	Current smokers who noticed health warnings on cigarette packages	Current smokers who think about quitting smoking because of health warnings on cigarette packages	Current smokers who think of quitting because of warning labels	Never smokers who thought about not starting smoking because of health warnings on cigarette packages
Total	79.9 (67.2 - 88.5)	30.7 (17.8 - 47.5)	38.4 (24.7 - 54.2)	22.3 (18.9 - 26.1)
Sex				
Male	85.8 (75.5 - 92.3)	38.0 (24.1 - 54.2)	44.2 (29.7 - 59.8)	24.2 (18.9 - 30.4)
Female	71.1 (52.4 - 84.6)	18.4 (5.3 - 47.4)	25.9 (9.2 - 54.5)	20.5 (17.0 - 24.4)

Four students out of every five currently smoked one noticed health warnings on cigarette packages, with clear intercept among the two sexes. While more than 30% of them think about quitting because of this health warning .Current smoker students (38.4%) think of quitting because they saw warning messages on the labels. More than one fifth of non smokers think of not starting smoking because of the warning messages.

Access and Availability

Table 7G: Access and Availability

Category	Current cigarette smokers		
	Who bought cigarette as individual sticks	Who obtained cigarettes from someone else	Who Purchased Cigarettes from a store, shop, street vendor or kiosk
Total	43.8(26.8 -62.4)	41.3(33.0 - 50.2)	42.2(29.4 - 56.3)
Sex			
Male	--	41.2(34.6 - 48.1)	42.3(29.1 - 56.7)
Female	--	--	--

Over 4 in 10 (43.8%) of current smokers usually bought cigarettes as individual sticks. The same seen in regard to having cigarette from somebody else as friends (41.3%).

More than one two fifth (42.2%) of them bought cigarettes from a store, shop, street vendor, or Kiosk. while more than half (58.4%) of the current smokers reported that they were never refused because of their age when they bought cigarettes.

Chapter 4

Discussion

GYTS was implemented in Palestine to provide baseline data on tobacco use among youths in school who were 13 to 15 years old. Data now available on many countries around the world, where GYTS was implemented, show that current tobacco use among young people ranged from a low of close to 5% to a high of more than 17%. The GYTS enhances and strengthens the present database on tobacco use, for it can offer a useful tool for supporting different programmes and advocacy actions for youth oriented tobacco control.

Tobacco use

Almost one fourth of the students in the Gaza-Palestinian school have already tried cigarette smoking and less than one fifth of them were current Shisha smokers (16.2% in Gaza Strip). Approximately one third of the Gaza 13-15 years old Palestinian teenagers have already tried with tobacco smoking, and almost 14% have remained current tobacco smokers, which are relatively high proportions. These data are consistent with the previous study in the year 2005 and show also that the increasing trend in tobacco use among young people in the last decade have not changed.

More than one fourth of ever smoker children tried smoking for the first time before age 10. This has a considerable health impact because starting to smoke at younger ages increases the risk of death from a smoking-related causes and lowers the age at which deaths is likely to occur. Almost one fifth of current smokers are at extremely high risk for later tobacco-related diseases and death.

In addition 14.3% of never smokers are susceptible to initiate cigarette smoking. Considering that the percentage of susceptible boys is still higher than girls despite that smoking prevalence among girls has increasing more steeply than among boys especially if we compare this with the survey in year 2005 and with the absence of statistical differences between both boys and girls in the susceptibility, it can be concluded that never smoker girls are at least as high risk for initiating cigarette smoking as boys.

Many current smoker students use forms of tobacco other than cigarettes such as Shisha. Peer pressure plays a very influential role in increasing the prevalence of tobacco use in Palestine, potentially more than the role of the family. The data showed that more than one fifth of the current smoker usually smoke at their friends house. Despite the influences on why young people smoke revealed in the GYTS, we need to explore more about their smoking habits, knowledge, attitudes, their exposure to environmental smoke and media, as well as their relations and pressure from others.

Cessation and school curriculum

Each country's health-care system should have primary responsibility for smoking cessation programmes. Cessation services are most effective when incorporated into a coordinated national tobacco control programme

In spite of the higher proportion of current smokers among young people, almost two third of current smokers want to quit and more than half of them (52.3%) tried to stop smoking in the last year. In the meanwhile, only one fifth of them received advice or help to quit smoking from, a program or professional. Perhaps the advice and tobacco quitting education alone is not an effective method to decrease the percentage of youths who smoke because they keep their smoking behavior secret and have no

information on where and how they receive support to quit smoking. Moreover counseling program and empowering sessions with youth is needed.

Data showed that only two fifth of the students have received awareness sessions in the schools regarding the dangers of tobacco use, this indicate the importance of the school administration and programs to be more close and build the more communication and tobacco awareness sessions. The majority of current students smokers believe that they can stop at any time. This negative attitudes might be the reasons behind the increased rate of tobacco use.

School Curriculum

School based tobacco prevention education is a unique opportunity for prevention. In general, almost two fifth of the students were taught or discussed about tobacco use in the class during the last school year, though this topic is involved in the school curriculum related to health education. This low rate shows the need for more efforts to work with children other than the curriculum, programs such as peer to peer health education are strongly recommended.

Second hand Tobacco Smoke (ETS)

Environmental tobacco smoke has a large health impact. It is important to measure the extent to which young people are exposed to others' tobacco smoke and gauge their opinions on ETS control measures. The results of this survey show that an extremely high percentage of students is exposed to others' smoke both at home and in public places (more than one third of them exposed to home smokers). Data matched with the findings that more than one third of the students' parents are currently smokers, this might indicate that the parents don't mind to smoke between the children.

Though a significantly higher proportion of never smokers is aware of the harmful effects of ETS mainly in the Gaza Strip and also significantly higher ratio of them wants to be protected from ETS in public place, these proportion are not negligible among current smokers also. Accordingly, banning smoking in public places will have an impact on smokers and non-smokers.

Knowledge and Attitudes

Political will at the highest levels of government is necessary to enact and enforce effective legislation, as well as to counter the inevitable opposition from the tobacco industry and the related groups

Adolescents often concentrate on the perceived short-term benefits of tobacco use neglecting its harmful effects. Smoking is mainly a social activity for them, a way showing their esteem and of making contact with peers (including peers of the opposite sex). Moreover, media also can form youths' tobacco related attitude. Thus students with positive attitude toward smoking are susceptible to initiate smoking in the future. Current smokers think that smoking gives more advantages for boys and girls. Moreover the gap in the believe and behavior needs much work to bridge this wide gap in term of more involvement to youth, improve the communication skills and empowering and negotiating skills programs.

Media and Advertising

Tobacco industry spends tens of billions of US dollars worldwide each year on tobacco advertising, promotion and sponsorship (TAPS). In the United States alone, the tobacco industry spends more than US\$ 10 billion annually on TAPS activities.

Very few countries restrict point-of-sale cigarette package displays, which have the same effect as media advertising and similarly influence smoking behavior.

Adolescents are often affected by advertising and other media messages. Thus mass media have a great responsibility in mediating both promoting and advertisement of tobacco use and anti-smoking messages. The results of this survey show that young people see pro-smoking messages (which is an indirect advertising and promotion) slightly more frequently than anti-smoking messages from all of the resources asked. These high percentages of both pros and cons are due to the wide variety and availability of media sources such as TVs, social media, and others. Current smokers who think of quitting because of the disgusting labels represent slightly more than one third of them.

Access and Availability

Display and visibility of tobacco products at points of sale constitutes advertising and promotion that should be banned.

Packaging and product design are important elements of advertising and promotion. Product packaging, individual cigarettes or other tobacco products should carry no advertising or promotion, including design features that make products more attractive to consumers. On the contrary the anti message should have more spaces on the face of the package.

The data of our GYTS revealed that more than two fifth of current smokers can get their cigarette by buying them from a store, shop, street vendor or kiosk. Law in Palestine ban and prohibit the free distribution and selling of tobacco products to minors, but unfortunately there was no enforcement of this law. More than two fifth of the current smoked girls and boys probably obtained their cigarette from friends and somebody else. Selling the cigarette in individual sticks is widely seen as a phenomenon between the students, where more than 43% of the current smoked students reach the cigarette this way.

Chapter 6

Conclusions & Recommendations

Our findings indicate a similar smoking prevalence among young people in Palestine compared the findings from the survey conducted in 2005. Minimal increase in the prevalence among girls. There is an urgent need to reduce these percentages; otherwise, the high morbidity and mortality ratios due to tobacco use will increase in the future.

To reduce prevalence among young people more comprehensive social actions are needed. The focus must be on prevention, but we would like to draw attention to the importance of cessation. Prevention programs and policy have to be improved and disseminated in a broader field, because a large proportion of young people has already tried with smoking and another considerable proportion of never smokers is susceptible to initiate cigarette smoking. Thus existing tobacco control programmes, campaigns must be developed further to be more effective and new effective programmes are needed targeting children at the youngest possible age. Those programmes whose efficiency has been proven need to be disseminated at the national level. Tobacco control (including prevention) programmes should deal with all of the above detailed topics: prevalence, access, cessation, school education, knowledge and attitudes, ETS and media.

To achieve the above mentioned goals there are some recommendations in details below:

Recommendations:

Enact legislations to restrict or ban smoking in public places and in specifically enclosed public places. It can be necessary to make some changes in the legislation such as:

More restriction in public places for reducing ETS

Better regulation of media for better forming of attitudes toward smoking)

Banning of the sale of tobacco products to minors) where the authorities should pay more attention.

Economical actions also may help (e.g. the increase of taxes of tobacco products), which may have positive impacts on tobacco prevention.

Restrict the advertisement of cigarette smoking on newspaper, national radios TV, and billboards.

Increase public awareness campaign on the harmful effects of smoking cigarettes, as well as other tobacco use in mass media.

Work seriously towards the banning of cigarette smoking at workplaces.

Involve the health education network and different national bodies and ministries in the campaign to promote the cessation of cigarette smoking.

Design tobacco cessation program for schools and integrate it in the school curriculum.

Schools have an essential role in the prevention. They are ideal settings for health education programmes on smoking.

Prevention has to be started in the first elementary classes, because our data showed that significant percentage of teenagers tried smoking firstly during this period.

Peer education also can have an important role because peer group influence is dominant in adolescents' social relations.

It would be necessary to call parents' and teachers' attention to the importance of well-organized leisure time spending. It has a general protective role regarding risk behaviors.

Prevention and control programs must pay special attention to environmental tobacco smoking to make teenagers (and not only them but the parents, relatives, etc.) aware of the harmful effects of it.

Further investigations are needed to reveal the causes of gender difference in the susceptibility for smoking and improve preventive programs and policy in a special attention regarding girls.

There are an urgent need to develop and improve effective cessation programs too, because there is a demand for this among teenager smokers. Many regular smokers intend to quit, many of them have already tried it unsuccessfully.

Further investigations also need to reveal that what kind of helps, advices are provided to those who want to stop smoking.

It is necessary to establish local professional counseling center (e.g. in the schools) assuring confidentiality and privacy.

Promote and strengthen, in all sectors of society, public awareness of the need to eliminate TAPS and of existing laws against TAPS activities.

Engaging the support of civil society sectors within communities to monitor compliance and report violations of laws against TAPS activities is an essential element of effective enforcement.

Annex 1

Major findings of the survey- Palestine 2000&2005 (All students)

Frequency distribution of the major findings	2000	2005
PREVALENCE:		
Percent ever smoked cigarettes, even one or two puffs	41%	32.8%
Percent who have ever used any form of tobacco other than cigarettes in the past 30 days	10.4%	15.9%
Percent who have used any form of tobacco in the past 30 days	15.8%	24.6%
Percent of never smokers who are susceptible to starting smoking	8.1%	19.0%
FACT SHEET		
Percent who think boys who smoke have more friends	33.6%	37.0%
Percent who think girls who smoke have more friends	18.5%	23.9%
Percent who think boys who smoke are more attractive	27.2%	22.6%
Percent who think girls who smoke are more attractive	30.1%	18.4%
Percent of current smokers who usually smoke at home	16.9%	20.1%
Percent of current smokers who buy cigarettes in a store, shop, or street vendor	36.6%	31.5%
Percent of current smokers who bought cigarettes in a store in the past 30 days who were NOT refused cigarettes because of their age	76.7%	80.7%
Percent who live in homes where others smoke	52.4%	57.1%
Percent who are around others who smoke in places outside their home	49.9%	54.0%
Percent who think smoking should be banned from public places	83.6%	78.1%
Percent who think smoke from others is harmful to them	.....	48.5%
Percent who have one or more parents who smoke	46.5%	48.7%
Percent who have most or all friends who smoke	11.9%	11.4%
Percent of current smokers who want to stop smoking	60.5%	64.0%
Percent of current smokers who tried to stop smoking during the past year	64.8%	57.5%
Percent of current smokers who have received help to stop smoking	74.6%	80.8%
Percent who saw anti-smoking media messages in the past 30 days	68.8%	62.5%
Percent who saw pro-cigarette ads on billboards in the past 30 days	72.0%	73.0%
Percent who have seen pro-cigarette ads in newspapers or magazines in the past 30 days	66.7%	64.0%
Percent who have an object with a cigarette brand logo	31.6%	19.9%
Percent were offered free cigarettes by a tobacco company representative	.....	12.1%
Percent who had been taught in class, during the past year, about the dangers of smoking	71.9%	62.6%
Percent who had discussed in class, during the past year, reasons why people their age smoke	55.3%	52.3%
Percent who had taught in class, during the past year, the effects of smoking	61.2%	58.6%
Percent of current smokers who smoke 6 or more cigarettes per	16.5%	17.2%

day		
Percent of ever smokers who first tried smoking at less than 10 years of age	22.3%	25.5%
Percent who saw any anti-smoking messages at sporting and other events	73.6%	81.4%
Percent who saw pro-tobacco messages at sports and other events	.....	69.0%
ACCESS AND AVAILABILITY		
Percent of current smokers who got someone to buy their own cigarettes	13.5%	13.4%
Percent of current smokers who borrowed their own cigarettes from someone else	1.4%	23.3%
Percent of current smokers who stole their own cigarettes	.....	6.5%
Percent of current smokers who got their own cigarettes from an older person	.....	12.2%
Percent of current smokers who usually smoke at work	.....	9.7%
Percent of current smokers who usually smoke at a friend's house	15.7%	10.3%
Percent of current smokers who usually smoke at social events	13.1%	21.6%
Percent of current smokers who usually smoke in public places (e.g. parks, shopping centers, street corners	18.2%	30.7%
ENVIRONMENTAL TOBACCO		
Percent of never smokers whose parents smoke	42.5%	45.0%
Percent of current smokers whose parents smoke	57.0%	66.5%
Percent of never smokers who will definitely not smoke if offered a cigarette by their best friend	96.9%	88.6%
KNOWLEDGE AND ATTITUDES		
Percent of never smokers whose family member has discussed the harmful effects of smoking	71.9%	75.9%
Percent of current smokers whose family member has discussed the harmful effects of smoking	68.5%	69.6%
Percent of never smokers who will definitely not smoke a cigarette during the next 12 months	93.8%	84.7%
Percent of current smokers who say they will definitely smoke cigarettes 5 years from now	32.4%	20.7%
Percent of never smokers who definitely think that once someone starts smoking it is difficult to quit	24.3%	18.0%
Percent of current smokers who definitely think that once someone starts smoking it is difficult to quit	22.5%	31.1%
Percent of never smokers who think that boys who smoke cigarettes have more friends	29.2%	34.1%
Percent of current smokers who think that boys who smoke cigarettes have more friends	45.2%	47.2%
Percent of never smokers who think that girls who smoke cigarettes have more friends	16.7%	22.1%
Percent of current smokers who think that girls who smoke cigarettes have more friends	23.4%	28.7%
Percent of never smokers who think that smoking cigarettes helps people feel more comfortable at celebrations, parties, and social gatherings	.....	16.2%

Percent of current smokers who think that smoking cigarettes helps people feel more comfortable at celebrations, parties, and social gatherings	.....	34.8%
Percent of never smokers who think that smoking cigarettes makes boys look more attractive	23.9%	20.3%
Percent of current smokers who think that smoking cigarettes makes boys look more attractive	40.0%	30.9%
Percent of never smokers who think that smoking cigarettes makes girls look more attractive	26.5%	16.9%
Percent of current smokers who think that smoking cigarettes makes girls look more attractive	37.4%	23.7%
Percent of never smokers who definitely think that cigarette smoking is harmful to your health	90.9%	78.7%
Percent of current smokers who definitely think that cigarette smoking is harmful to your health	62.3%	62.4%
Percent of never smokers who say that all of his/her closest friends smoke	0.8%	1.5%
Percent of current smokers who say that all of his/her closest friends smoke	7.5%	12.7%
Percent of never smokers who definitely think that it is safe to smoke for only a year or two as long as they quit after that	34.1%	25.3%
Percent of current smokers who definitely think that it is safe to smoke for only a year or two as long as they quit after that	26.7%	30.4%
Percent of never smokers who definitely think that smoke from other people's cigarettes is harmful to you	89.1%	53.0%
Percent of current smokers who definitely think that smoke from other people's cigarettes is harmful to you	59.2%	29.0%
ENVIRONMENTAL TOBACCO SMOKE		
Percent of never smokers who, in the past 7 days, had someone smoke in their presence and their home	44.1%	50.1%
Percent of current smokers who, in the past 7 days, had someone smoke in their presence and their home	75.6%	82.8%
Percent of never smokers who, in the past 7 days, had someone smoke in their presence other than in their home	38.8%	46.2%
Percent of current smokers who, in the past 7 days, had someone smoke in their presence other than in their home	78.8%	81.8%
Percent of never smokers who are in favor of banning smoking in public places	86.1%	81.4%
Percent of current smokers who are in favor of banning smoking in public places	65.4%	58.9%
CESSATION		
Percent of people who say they stopped smoking, percent who stopped one year ago or over one year ago	43.1%	52.3%
Percent of ever smokers (who are not current smokers) who have quit for one to three months	.....	22.5%
Percent of ever smokers (who are not current smokers) who have	.....	8.2%

quit for four to eleven months		
Percent of ever smokers (who are not current smokers) who have quit for one year	15.9%	14.7%
Percent of ever smokers (who are not current smokers) who have quit for two years	11.7%	11.5%
Percent of ever smokers (who are not current smokers) who have quit for three+ years	32.8%	43.1%
Percent of current smokers who say they could stop smoking if they wanted to	78.8%	66.7%
Percent of ever smokers who received help or advice to help stop smoking from a program or professional	14.7%	19.0%
Percent of ever smokers who received help or advice to help stop smoking from a friend	16.1%	17.9%
Percent of ever smokers who received help or advice to help stop smoking from a family member	21.9%	21.9%
Percent of ever smokers who received help or advice to help stop smoking from both programs or professionals and from friends or family members	23.6%	21.8%
Percent of current smokers who have NOT received help to stop smoking	25.4%	19.2%
Percent of ever smokers who received no help or advice to help stop smoking	23.7%	19.4%
MEDIA AND ADVERTISING		
Percent of people who watch TV, videos or movies, percent who have seen any actors smoking.	97.2%	94.3%
Percent of never smokers who have something with a cigarette brand logo on it	26.1%	15.0%
Percent of current smokers who have something with a cigarette brand logo on it	46.0%	36.6%
Percent who have seen any cigarette brand names when watching sports events on TV	.....	72.4%
Percent of never smokers who have seen any cigarette advertisements on billboards during the past 30 days	.....	70.6%
Percent of current smokers who have seen any cigarette advertisements on billboards during the past 30 days	.....	78.3%
Percent of never smokers who have seen cigarette advertisements in newspaper and magazines during the past 30 days	.....	61.1%
Percent of current smokers who have seen cigarette advertisements in newspaper and magazines during the past 30 days	.....	72.0%
Percent of never smokers who were offered a free cigarette from a cigarette representative	25.2%	8.3%
Percent of current smokers who were offered a free cigarette from a cigarette representative	81.0%	24.1%

The Palestine GYTS includes data on prevalence of cigarette and other tobacco use as well as information on five determinants of tobacco use: access/availability and price, environmental tobacco smoke exposure (ETS), cessation, media and advertising, and school curriculum. These determinants are components Palestine could include in a comprehensive tobacco control program.

The Palestine GYTS was a school-based survey of students in seventh through tenth grade conducted in 2005.

A two-stage cluster sample design was used to produce representative data for the West Bank and Gaza Strip regions of Palestine. At the first stage, schools were selected with probability proportional to enrollment size. At the second stage, classes were randomly selected and all students in selected classes were eligible to participate. The school response rate was 100%, the student response rate was 95.1%, and the overall response rate was 95.1%. A total of 4,291 students participated in the Palestine GYTS, where 2109 in Gaza Strip and 2182 in West Bank.

Prevalence

32.8% of students had ever smoked cigarettes (Male = 45.7%, Female = 19.3%)
 24.6% currently use any tobacco product (Male = 31.4%, Female = 17.0%)
 14.6% currently smoke cigarettes (Male = 21.9%, Female = 7.0%)
 15.9% currently use other tobacco products (Male = 17.8%, Female = 13.4%)

Knowledge and Attitudes

37.0% think boys and 23.9% think girls who smoke have more friends
 22.6% think boys and 18.4% think girls who smoke look more attractive

Access and Availability - Current Smokers

20.1% usually smoke at home
 31.5% buy cigarettes in a store
 80.7% who bought cigarettes in a store were NOT refused purchase because of their age

Environmental Tobacco Smoke

57.1% live in homes where others smoke in their presence
 54.0% are around others who smoke in places outside their home

Highlights

- Approximately one-quarter of students currently use any form of tobacco; 15% of the students currently smoke cigarettes; 16% currently use some other form of tobacco.
- ETS exposure is high – 57% of the students live in homes where others smoke, and over half of the students are exposed to smoke around others outside of the home; almost half of the students have a parent who smokes, and 1 in 9 students have friends who smoke.
- Only 49% of students think smoke from others is harmful to them.
- Sixty-four percent of the current smokers want to stop smoking.
- 1 in 8 students was offered a free

<p>78.1% think smoking should be banned from public places 48.5% think smoke from others is harmful to them 48.7% have one or more parents who smoke 11.4% have most or all friends who smoke</p> <p>Cessation - Current Smokers 64.0% want to stop smoking 57.5% tried to stop smoking during the past year 80.8% have ever received help to stop smoking</p> <p>Media and Advertising 62.5% saw anti-smoking media messages, in the past 30 days 73.0% saw pro-cigarette ads on billboards, in the past 30 days 64.0% saw pro-cigarette ads in newspapers or magazines, in the past 30 days 19.9% have an object with a cigarette brand logo 12.1% were offered free cigarettes by a tobacco company representative</p> <p>School 62.6% had been taught in class, during the past year, about the dangers of smoking 52.3% had discussed in class, during the past year, reasons why people their age smoke 58.6% had been taught in class, during the past year, the effects of tobacco use</p>	<p>cigarette by a tobacco company representative.</p> <ul style="list-style-type: none"> • Sixty-three percent of students saw anti-smoking media messages in the past 30 days, and 73% of students saw pro-cigarette ads in the past 30 days.
--	---



Palestine – West Bank
Global Youth Tobacco Survey (GYTS) FACT SHEET

The Palestine – West Bank GYTS includes data on prevalence of cigarette and other tobacco use as well as information on five determinants of tobacco use: access/availability and price, environmental tobacco smoke exposure (ETS), cessation, media and advertising, and school curriculum. These determinants are components Palestine could include in a comprehensive tobacco control program.

The Palestine GYTS was a school-based survey of students in seventh-tenth grade conducted in 2005.

A two-stage cluster sample design was used to produce representative data for the Gaza Strip and West Bank of Palestine. At the first stage, schools were selected with probability proportional to enrollment size. At the second stage, classes were randomly selected and all students in selected classes were eligible to participate. The school response rate was 100%, the student response rate was 95.6%, and the overall response rate was 95.6%. A total of 2,182 students participated in the Palestine – West Bank GYTS.

Prevalence

39.3% of students had ever smoked cigarettes (Male = 54.0%, Female = 24.5%)
 28.8% currently use any tobacco product (Male = 38.0%, Female = 18.8%)
 19.2% currently smoke cigarettes (Male = 28.7%, Female = 9.5%)
 17.2% currently use other tobacco products (Male = 19.9%, Female = 14.0%)

Knowledge and Attitudes

38.4% think boys and 24.7% think girls who smoke have more friends
 21.8% think boys and 18.0% think girls who smoke look more attractive

Access and Availability - Current Smokers

21.7% usually smoke at home
 29.6% buy cigarettes in a store
 82.2% who bought cigarettes in a store were NOT refused purchase because of their age

Environmental Tobacco Smoke

63.0% live in homes where others smoke in their presence
 58.8% are around others who smoke in places outside their home
 77.2% think smoking should be banned from public places
 41.4% think smoke from others is harmful to them
 54.8% have one or more parents who smoke
 13.9% have most or all friends who smoke

Highlights

- Over one-quarter of students currently use any form of tobacco; 19% of the students currently smoke cigarettes; 17% currently use some other form of tobacco.
- ETS exposure is high – nearly two-thirds of students live in homes where others smoke, and 59% of students are exposed to smoke around others outside of the home; over half of the students have a parent who smokes, and 14% of the students have friends who smoke.
- Eight in 10 students think smoke from others is

<p>Cessation - Current Smokers 64.8% want to stop smoking 58.5% tried to stop smoking during the past year 81.0% have ever received help to stop smoking</p> <p>Media and Advertising 60.3% saw anti-smoking media messages, in the past 30 days 71.9% saw pro-cigarette ads on billboards, in the past 30 days 65.1% saw pro-cigarette ads in newspapers or magazines, in the past 30 days 20.3% have an object with a cigarette brand logo 12.7% were offered free cigarettes by a tobacco company representative</p> <p>School 62.1% had been taught in class, during the past year, about the dangers of smoking 52.9% had discussed in class, during the past year, reasons why people their age smoke 58.8% had been taught in class, during the past year, the effects of tobacco use</p>	<p>harmful to them.</p> <ul style="list-style-type: none"> • Sixty-five percent of the current smokers want to stop smoking. • 1 in 8 students was offered a free cigarette by a tobacco company representative. • Only 6 in 10 students saw anti-smoking media messages in the past 30 days; Over 7 in 10 students saw pro-cigarette ads in the past 30 days.
--	---



**Palestine – Gaza Strip
Global Youth Tobacco Survey (GYTS) FACT SHEET**

<p>The Palestine GYTS includes data on prevalence of cigarette and other tobacco use as well as information on five determinants of tobacco use: access/availability and price, environmental tobacco smoke exposure (ETS), cessation, media and advertising, and school curriculum. These determinants are components Palestine could include in a comprehensive tobacco control program.</p> <p>The Palestine GYTS was a school-based survey of students in seventh through tenth grade conducted in 2005.</p>	<p>A two-stage cluster sample design was used to produce representative data for West Bank and Gaza Strip regions of Palestine. At the first stage, schools were selected with probability proportional to enrollment size. At the second stage, classes were randomly selected and all students in selected classes were eligible to participate. The school response rate was 100%, the student response rate was 94.5%, and the overall response rate was 94.5%. A total of 2,109 students participated in the Palestine – Gaza Strip GYTS.</p>
--	--

<p>Prevalence 23.5% of students had ever smoked cigarettes</p>	<p>Highlights</p>
--	--------------------------

(Male = 34.2%, Female = 11.7%)
18.7% currently use any tobacco product
(Male = 22.1%, Female = 14.5%)
8.0% currently smoke cigarettes (Male = 12.1%, Female = 3.4%)
13.9% currently use other tobacco products
(Male = 14.9%, Female = 12.5%)

Knowledge and Attitudes

35.0% think boys and 22.7% think girls who smoke have more friends

23.6% think boys and 18.8% think girls who smoke look more attractive

Access and Availability - Current Smokers

14.2% usually smoke at home

38.7% buy cigarettes in a store

76.2% who bought cigarettes in a store were NOT refused purchase because of their age

Environmental Tobacco Smoke

48.6% live in homes where others smoke in their presence

47.2% are around others who smoke in places outside their home

79.2% think smoking should be banned from public places

58.7% think smoke from others is harmful to them

40.0% have one or more parents who smoke

7.9% have most or all friends who smoke

Cessation - Current Smokers

61.1% want to stop smoking

53.4% tried to stop smoking during the past year

80.2% have ever received help to stop smoking

Media and Advertising

65.7% saw anti-smoking media messages, in the past 30 days

74.5% saw pro-cigarette ads on billboards, in the past 30 days

62.4% saw pro-cigarette ads in newspapers or magazines, in the past 30 days

19.4% have an object with a cigarette brand logo

11.2% were offered free cigarettes by a tobacco company representative

- Approximately 19% of students currently use any form of tobacco; 8% of the students currently smoke cigarettes; 13.9% currently use some other form of tobacco.

- ETS exposure is high – nearly half of the students live in homes where others smoke and are around others who smoke outside of the home; 40% have a parent who smokes, and nearly 8% of the students have friends who smoke.

- Only 59% of students think smoke from others is harmful to them.

- Over 61% of the current smokers want to stop smoking.

- Over 1 in 10 students was offered a free cigarette by a tobacco company representative.

- Nearly two-thirds of students saw anti-smoking media messages in the past 30 days; nearly three-quarters of students saw pro-cigarette ads in the past 30 days.

School

63.3% had been taught in class, during the past year, about the dangers of smoking

51.4% had discussed in class, during the past year, reasons why people their age smoke

58.2% had been taught in class, during the past year, the effects of tobacco use

