

# 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.

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**World Health  
Organization**

Regional Office for the Eastern Mediterranean



**Global Youth Tobacco Survey  
(GYTS)**

**UNITED ARAB EMIRATES  
REPORT  
2002**

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Millions of people worldwide have been devastated by the Tobacco epidemic that has been gaining ground in many countries of the world. The World Health Organization attributes four and a half million deaths a year to tobacco use to this epidemic, a figure expected to rise to 8.4 million by the year 2020, 70% of whom will be in developing countries.

Tobacco use is considered one of the urgent problems facing all countries in the region including the Gulf States, where the prevalence of smoking among the young people had already reached 21.9%. In the United Arab Emirates 14.3% of young males, 24% of adult males, 2.9% of young females and 1% of adult females are current cigarette smokers, and due to their continuous exposure to tobacco smoke at home and in public place their numbers is expected to increase systematically in the future.

The Global Youth Tobacco Survey clearly indicates that a formidable number of youth lack basic knowledge on the health hazards related to tobacco use. Furthermore, they are under the false impression that cigarette smoking will improve their image and make them more attractive and popular. The presence of an environment conducive to smoking that encourages young people to start smoking at an early age remains to be the most important factor in the spread of this serious problem.

The results of this survey imply the urgent need to take immediate measures to control the tobacco epidemic and consequently decrease the burden of smoking-related diseases. Accelerating the recommendations of the Council of Health Ministers of the GCC Countries through the implementation of preventive strategies capable of protecting and promoting the health and wellbeing of future generations will be a step in the right direction.

Hamad Abdul Rahman Al Madfaa  
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## **Executive Summary**

*Objectives:* This report describes the knowledge, attitudes and behavior of young people regarding tobacco use, their exposure to environmental tobacco smoke (ETS), pro-tobacco as well as anti-tobacco advertisement. In addition, it reveals the extent to which these young people receive anti-tobacco information in schools.

*Method:* We conducted a multistage, school-based, two-cluster survey (n=4178, age=13-15 years) in government and private schools using a standardized questionnaire based on the Global Youth Tobacco Survey (GYTS).

*Results:* Smoking prevalence was 14.3% for boys and 2.9% for girls. 25% of students 1<sup>st</sup> tried smoking at less than ten years of age. More than 25% of non-smokers and more than 60% of current smokers are exposed to ETS in their homes and in public places. More than 70% of boys and girls saw a tobacco advertisement, and 20% of them were offered free cigarettes from a tobacco company representative. Moreover, 50% of young people buy their cigarettes from stores, and 80% of them were not refused to buy cigarettes because of their age.

*Conclusion:* The youth prevalence of smoking is alarming, especially in the presence of an environment that supports smoking. Young people are daily exposed to ETS, tobacco advertisement and can access tobacco products easily. Immediate action is required to limit youth exposure to ETS and accessibility, issue legislation to prohibit selling smoking to minors, ban tobacco advertising and create a supportive environment to the health of young people.

## **I- Preface**

The Global Youth Tobacco Survey (GYTS) is the first comprehensive and representative school-based study of youth smoking knowledge, attitudes and beliefs conducted in the United Arab Emirates (UAE). This study, which was conducted by the Ministries of Health and Education, used an internationally standardized instrument that facilitates comparing youth behavior regarding tobacco use at the regional as well as the international level.

Moreover, the study design, data collection and analysis were carried under the direct supervision of the Office of Tobacco and Health - Centers for Disease Control and Prevention (OSH/CDC) and the Tobacco Free Initiative Office-The Eastern Mediterranean Regional Office of the World Health Organization (TFI/EMRO/WHO).

## **II- Introduction**

Tobacco use is one of the chief preventable causes of death in the world. The World Health Organization attributes some four million deaths a year to tobacco use, a figure expected to rise to about 8.4 million by the year 2020. By that time, 70% of those deaths will occur in

developing countries. Most people begin using tobacco in their teens, and recent trends indicate rising smoking prevalence rates among children and adolescents and earlier age of initiation. If these patterns continue, tobacco will result in the deaths of 250 million children and adolescents alive today, many of them in the developing world.

The international society, spearheaded by the Tobacco Free Initiative (TFI), World Health Organization (WHO), United Nations Children's Fund (UNICEF) and the Office On Smoking and Health (OSH), Centers for Disease Control and Prevention (CDC), has been developing international programs and initiatives to combat this man-made plague which is devastating the lives of millions of people worldwide. However, regardless of the worldwide movement against tobacco, tobacco companies still control the tobacco market. They produce over one trillion sticks, over a billion smokers and influences ever increasing people, especially the young to start smoking every year.

Despite the harm caused by smoking only modest success has been achieved in global tobacco control. It is clear that children and young people are now more at risk than ever before and they should be the primary focus for intervention strategies.

### **II.1- Tobacco use in the UAE**

Tobacco is not cultivated but extensively traded in the United Arab Emirates. UAE used to be ranked in seventh place on the worldwide tobacco trade map; however, more than 80% of the tobacco imports are re-exported to neighboring countries. The number of cigarette factories has increased tremendously in the last ten years.

Rules and regulations for tobacco use control in the country are restricted to the following:

- Displaying a health warning, nicotine and tar contents on cigarette packs.
- Banning smoking on board flight of the two national carriers, EMIRATES AIRLINES and GULF AIR.
- Increasing taxation to 100%, effective since July 2000
- Banning advertising in the national television, only ground television, and radio stations.
- Banning smoking in the Ministries of Health and Education premises
- Banning smoking in government offices in Sharjah Emirate.

In addition, the Ministry of Health launched a smoking cessation program in 1999. As a result seven smoking cessation units were opened. They received an average of 1000 smokers during the past two years, 23% of whom succeed in quitting smoking. Also the Ministry of Health commemorates WORLD NO TOBACCO DAY and ARAB ANTI-TOBACCO DAY, and launches periodic public awareness campaigns on the health, economic, social and cultural consequences of tobacco use.

Accurate and representative prevalence data on tobacco use among children and young adults are not available. However, the family health survey conducted in 1995 that covered 45830 UAE citizens revealed that 18.3% of adult males and 0.4% of adult females were current smokers. A second study conducted by the UAE University at Al Ain on 1500 male students aged 16-19 years in three governmental secondary schools in 1997 revealed an ever increasing prevalence among young adults accounting for 28.2%. The highest prevalence was seen among the 17 years old (43%).

## **II.2- GYTS – goals and objectives**

The GYTS is a school-based tobacco specific survey which focuses on adolescents age 13-15 years (grades 7-10). It assesses students' attitudes, knowledge and behavior related to tobacco use and exposure to environmental tobacco Smoke (ETS), as well as youth exposure to prevention activities in school curricula, community programs, and media messages aimed at preventing and reducing youth tobacco use. Also the GYTS provides information on where tobacco products are obtained and used, as well as the effectiveness of enforcement measures.

The GYTS will attempt to address the following issues:

- Determining the level of tobacco use
- Estimating the age of initiation of cigarette use
- Estimating the levels of susceptibility to become a cigarette smoker
- Estimating the exposure to tobacco advertising
- Identifying key intervening variables, such as attitudes and beliefs on behavioral norms with regard to tobacco use among young people
- Assessing the extent to which major prevention programs are reaching school-based populations and establish the subjective opinions of those populations regarding such interventions.

### **III- Methods**

#### **III.1- Study design and sample**

The 2002 UAE-GYTS is a school-based cross sectional survey which employed a two-stage cluster sample design to produce representable sample of students in grades seven to ten in both government and private schools.

Data about schools (number of students by section/class and range of ages) were obtained from the Department of Information, Statistics and institutional Research in the Ministry of Education (MOE). Schools were grouped in two strata: 1)Governmental schools and 2) Private schools.

The first stage sample frame consisted of all schools containing any of the grades seven to ten. The data extracted from the MOE documents was forwarded to OSH/CDC to draw the study sample. For each group of schools, a two-cluster sample design was used to produce a representative sample of students. Schools were selected with probability proportional to school enrollment size. A total of fifty government schools and fifty private schools were selected. Within each school, a computer generated list of random numbers of classes was produced to randomly select the classes, grades 7-10, to participate in the survey.

The second sampling stage consisted of systematic equal probability sampling with a random start of classes from each school that participated in the survey. All classes in the selected schools were included in the sampling frame. All students in the selected classes were eligible to participate in the survey. The total number of eligible classes accounted for 864 in the government strata and 646 in the private strata with an average of 28 students per class. 4178 students in one-hundred schools completed the questionnaires and were eligible for data analysis. The final sample included 2112 students from government schools and 2066 students from private schools. The overall response rate was 95.1%.

#### **III.2- The Questionnaire**

The questionnaire consisted of a “core” component and an “optional” component. The core questions allow for regional as well as international comparisons of the survey results, while the optional questions concentrate on specific issues pertaining to individual countries. All countries at EMRO who took part in the GYTS used all 56 questions of the core component of the questionnaire, Few questions were modified to suit the prevailing peculiarities in each country. The optional component of the questionnaire included six questions to investigate other uses of tobacco in the UAE, specifically Hubble bubble smoking and nationality.

A weight has been associated with each questionnaire to reflect the likelihood of sampling each student and to reduce bias by compensating for differing patterns of nonresponse. The weight used for estimation is given by:  $W = W1*W2*F1*F2*F3*F4$

W1 = the inverse of the probability of selecting the school.

W2 = the inverse of probability of selecting the classroom within the school.

F1 = a school-level nonresponse adjustment factor calculated by school size category (small, medium, large)

F2 = a class adjustment factor calculated by school.

F3 = a student-level nonresponse adjustment factor calculated by class.

F4 = a post stratification adjustment factor calculated by gender and grade.

Survey procedures were designed to protect the student's privacy by allowing for anonymous and voluntary participation. The self-administered questionnaire was administered in the classroom. Students recorded their responses on an answer sheet.

### **III.3- Analysis**

We used EpiInfo2000, a software package, that accounted for the complex sampling design and weighing factors in the data set, to calculate standard errors and prevalence estimates.

Statistical differences included in this report were determined by comparing the range of the 95% confidence intervals (95%CI) for the estimates. If the ranges for the 95%CI did not overlap then the differences were statistically significant.

### **IV- Data collection**

The close collaboration between the Ministries of Health and Education and Youth was crucial to the success of the UAE-GYTS. The Ministry of Education (MOE) provided assistance in terms of schools registry for sample selection, issuing necessary letters to the randomly selected schools, updating the sample information and contacting schools. The Ministry of Health (MOH), on its part, was responsible for selecting, training and supervising the research team, members of which were mainly selected from the MOH staff depending on experience and proximity to the location of the randomly selected schools. Nine research teams were formed, each including an area coordinator and 2-4 researchers depending on the number of schools in each medical district. All members of these teams reported back to the national coordinator on daily basis, for assistance in cases of nonresponse, logistics and job completion. Two training workshops were conducted on October 13 and 17, 2001 and were attended by 26 area supervisors and 36 researchers. The participants were assigned to schools and were responsible

for the delivery and collection of all survey documentation forms, answer sheets and questionnaires.

## V- Results

A total of 4178 students completed the survey, representing a 95% overall response rate, and 51.3% of them were males.

### V.1- Tobacco use

Table 1: Percent of students who use tobacco, United Arab Emirates GYTS, 2002

Category	Ever Smoked Cigarettes, Even One or Two Puffs  Total	Ever Smoked Cigarettes, Even One or Two Puffs  1 <sup>st</sup> tried smoking at less than 10 years of age	Current Use			Never Smokers Susceptible to Initiating Smoking
			Any Tobacco Product	Cigarettes	Other Tobacco Products	
Total	20.9 (± 3.2)	25 (± 4.3)	21.9 (± 2.9)	8.9 (± 2.1)	17.8 (± 2.1)	9.8 (± 1.6)
Sex						
Male	20.9 (± 3.8)	23.0 (± 4.6)	29.7 (± 3.3)	14.3 (± 3.0)	22.8 (± 2.6)	13.4 (± 2.1)
Female	10.9 (± 2.3)	31.3 (± 8.6)	12.6 (± 2.1)	2.9 (± 1.0)	11.2 (± 1.9)	6.4 (± 1.1)

One in five (20.9%) of all students have ever smoked cigarettes (Table 1), with ever smoking twice as high for males (20.9) compared to females (10.9). One in four (25.8%) of students who ever smoked cigarettes first tried smoking at less than ten years of age. One in five students (21.9%) currently use any tobacco product, one in ten (8.9%) currently smoke cigarettes and one in five (17.8%) currently use other tobacco products. Compared to females, more than four times as many males currently smoke cigarettes and more than two times as many males currently smoke some other form of tobacco; both results are statistically significant. Among never smokers slightly more than one in ten males (13.4%) and one in twenty females (6.4%) indicated they were likely to initiate smoking during the next year. There exists a statistically significant difference between males and females regarding tobacco use where male users are twice as many as female users. Moreover, there are as many males susceptible to initiate smoking as current users but twice as many females are susceptible to start smoking compared to current female smokers.

## V.2- Schools and tobacco

Table 2: School Curriculum, United Arab Emirates GYTS, 2002

Category	Percent taught dangers of smoking	Percent discussed reasons why people their age smoke
Total	46.1 ( $\pm$ 3.4)	28.2 ( $\pm$ 2.8)
Sex		
Male	45.4 ( $\pm$ 3.4)	28.2 ( $\pm$ 3.5)
Female	46.2 ( $\pm$ 5.7)	27.4 ( $\pm$ 5.3)

Less than half of all students were taught in schools during the past year about the dangers of smoking (46.1%), and less than one third of students had discussed during the past year reasons why people their age smoke (28.2%) ( table 2). There were no significant differences by gender.

## V.3- Cessation

Table 3: Cessation, United Arab Emirates GYTS, 2002

Category	Current Smokers	
	Percent desire to stop	Percent tried to stop this year
Total	66.8 ( $\pm$ 10.4)	64.2 ( $\pm$ 6.7)
Sex		
Male	69.6 ( $\pm$ 13.0)	69.3 ( $\pm$ 6.4)
Female	37.2 ( $\pm$ 22.8)	*

\* The number of respondents (n) in this cell is less than 35

Seven in ten students who currently smoke cigarettes stated that they currently desire to stop smoking (66.8%) or that they tried to stop smoking during the past year but failed (64.2%) (Table 3)

#### V.4- Environmental Tobacco Smoke

Table 4: Environmental Tobacco Smoke, United Arab Emirates GYTS, 2002

Category	Exposed to smoke from others in their home		Exposed to smoke from others in public places		Percent think smoking should be banned from public places		Definitely think smoke from others is harmful to them	
	Never Smokers	Current Smokers	Never Smokers	Current Smokers	Never Smokers	Current Smokers	Never Smokers	Current Smokers
Total	25.9 (± 2.3)	62.7 (± 6.4)	30.6 (± 2.6)	70.3 (± 5.8)	72.8 (± 2.9)	52.7 (± 7.9)	64.9 (± 2.9)	42.0 (± 7.3)
Sex								
Male	24.7 (± 2.7)	61.7 (± 8.0)	33.5 (± 3.5)	70.4 (± 6.0)	72.8 (± 3.4)	52.9 (± 9.0)	61.8 (± 3.4)	46.2 (± 9.1)
Female	26.5 (± 2.9)	68.9 (± 11.6)	27.9 (± 3.8)	62.0 (± 13.3)	73.5 (± 4.1)	47.0 (± 17.3)	67.7 (± 3.8)	29.0 (± 12.0)

Approximately one third of never smokers and two thirds of current smokers were exposed to smoking in their homes and in public places (Table 4). In both places the exposure to environmental tobacco smoke for current smokers was twice as high as the exposure for never smokers, in their homes 62.7% of current smokers and 25.9% of never smokers were exposed, while in public places 70.3% of current smokers and 30.6% of never smokers were exposed. Approximately three-fourths of never smokers (72.2%) and over one half of current smokers (52.7%) think smoking should be banned in public places. Two thirds of never smokers (64.9%) and approximately half of current smokers (42.0%) think smoke from others is harmful to them. There was no significance difference by gender.

#### V.5- Knowledge and attitudes

Table 5: Knowledge, United Arab Emirates GYTS, 2002

Category	Definitely think smoking is harmful to your health	
	Never Smokers	Current Smokers
Total	83.5 (± 2.4)	59.4 (± 6.4)
Sex		
Male	79.2 (± 3.7)	63.9 (± 7.8)
Female	87.5 (± 2.0)	48.0 (± 13.0)

More than eight in ten never smokers (83.5%) and six in ten current smokers (59.4%) definitely think that smoking is harmful to their health. More female never smokers know the harmful

effects of smoking than males, but there is no statistically significant difference regarding knowledge between male and female current smokers.

Table 6: Attitudes, United Arab Emirates GYTS, 2002

Category	Think boys who smoke have more friends		Think girls who smoke have more friends		Think smoking makes boys look more attractive		Think smoking makes girls look more attractive	
	Never Smokers	Current Smokers	Never Smokers	Current Smokers	Never Smokers	Current Smokers	Never Smokers	Current Smokers
Total	28.4 (± 2.5)	39.7 (± 5.7)	14.6 (± 1.7)	28.6 (± 5.5)	26.2 (± 2.7)	38.1 (± 6.9)	15.9 (± 1.7)	24.5 (± 4.8)
Sex								
Male	29.3 (± 2.8)	39.1 (± 6.3)	17.1 (± 2.8)	27.9 (± 6.0)	25.5 (± 3.6)	39.9 (± 8.0)	17.7 (± 2.6)	26.9 (± 6.1)
Female	27.3 (± 3.7)	34.6 (± 12.7)	12.7 (± 2.3)	30.5 (± 13.0)	26.2 (± 3.8)	35.6 (± 15.4)	14.5 (± 2.4)	19.9 (± 10.9)

Approximately three in ten never smokers think that boys who smoke have more friends and look more attractive (28.4% and 26.2% respectively) (Table 6). The same trend is evident among current smokers where approximately four in ten of them also think that boys who smoke have more friends and look more attractive (39.7% and 38.1% respectively). A lesser number of both never and current smokers accept the fact that girls who smoke have more friends or look more attractive. The attitude towards the acceptance of smoking does not vary by gender.

## V.6- Media and advertising

Table 7: Media and Advertising United Arab Emirates GYTS, 2002

Category	Percent Saw Anti-Smoking Media Messages	Percent Saw Pro-Tobacco Messages in Newspapers and Magazines		Percent Who Had Object With a Cigarette Brand Logo On It		Percent Offered A Free Cigarettes by a Tobacco Company	
		Never Smokers	Current Smokers	Never Smokers	Current Smokers	Never Smokers	Current Smokers
Total	74.2 (± 1.6)	72.8 (± 2.4)	81.6 (± 5.3)	10.7 (± 1.6)	28.1 (± 6.4)	9.8 (± 1.8)	30.2 (± 8.3)
Sex							
Male	72.9 (± 2.5)	74.1 (± 3.1)	82.7 (± 6.8)	13.5 (± 2.1)	27.7 (± 6.7)	13.4 (± 3.8)	29.1 (± 10.1)
Female	74.9 (± 2.7)	71.6 (± 3.5)	77.2 (± 12.1)	8.1 (± 1.7)	30.2 (± 15.7)	6.4 (± 1.9)	23.0 (± 14.1)

Three-fourths of students (74.2%) saw an anti-tobacco media message in the past 30 days (Table 7). Over seven in ten never smokers (72.8%) and eight in ten current smokers (81.6%) saw a pro-tobacco message in newspapers and magazines during the past 30 days. One in ten never smokers (10.7%) and three in ten current smokers (28.1%) had an object with a cigarette brand logo on it. One in ten never smokers (9.8%) and more than three in ten current smokers (30.2%) were offered free cigarettes by a tobacco company representative. Twice as many male current smokers either had an object with a cigarette brand logo or were offered a free cigarette by a tobacco company representative compared to non-smokers. There was no statistically significant difference between male and female students to media exposure.

### V.7- Access and Availability

Table8: Access and Availability, United Arab Emirates GYTS, 2002

Category	Percent Current Smokers who Usually Smoke at Home	Percent Current Smokers who Purchased Cigarettes in a Store	Percent Current Smokers Who Bought Cigarettes in a Store Who Were Not Refused Because of Their Age
Total	13.7 (± 4.4)	48.4 (± 8.5)	79.7 (± 7.3)
Sex			
Male	9.3 (± 4.6)	55.2 (± 8.1)	79.0 (± 8.5)
Female	29.3 (± 10.6)	15.3 (± 10.4)	*

\* The number of respondents (n) in this cell is less than 35

Over one in ten current smokers (13.7%) usually smoke at home; however, three times as many female current smokers smoke at home compared to male current smokers (29.3% and 9.3% respectively) (Table 8). Almost half of current smokers (48.4%) purchase their cigarettes in a store, and eight in ten of those (79.7%) had not been refused purchase because of their age.

## VI- Discussion

The discussion will focus on the leading topics presented earlier.

### VI.1- Tobacco use

Very few people begin to use tobacco as adults, almost all first use has occurred by the time people graduate from high school. Recent data suggests that one-third of young smokers start before the age of ten, and the vast majority of adult smokers started before the age of eighteen.

The results in our study are consistent with these trends and show that one-fourth of ever smokers first tried their cigarettes at less than ten years of age. The study results also show that the likelihood of the burden of tobacco use will increase in the near future where 13.4% of male never smokers and 6.4% of female never smokers are susceptible to initiating smoking.

Next to cigarette smoking, shisha imposes an additional threat on young people's health and longevity where 4.9% of young people who never smoked cigarettes are current shisha smokers, hence increasing the number of young people addicted and breathing the fumes generated by tobacco.

### **VI.2- School curriculum**

The fact that more than half of students in grades 7-10 were not taught about the dangers of smoking, and that three-fourths of them did not discuss the reasons that makes young people their age smoke, creates a major gap in the scope and nature of health information and instructions included in the curriculum regarding tobacco use.

### **VI.3- Cessation**

The indication that more than two-thirds of current smokers desire to stop smoking and have actually tried to stop, dictates the urgent need to establish youth-oriented counseling services and smoking cessation programs to help young smokers quit smoking.

### **VI.4- Environmental Tobacco Smoke (ETS)**

Young people are exposed to tobacco smoke everywhere. More than one-third of young people (31.6%) live in homes where others smoke, and more than one-fourth of current smokers (27.8%) have one or both parents who smoke.

It is well documented in the literature that an environment conducive to smoking will encourage young people to smoke, especially if role models like parents and peers smoke. In addition to that ETS is a class A carcinogen like Asbestos, Benzene and Radon and claims about three thousands deaths each year in the United States of America.

The dangers of ETS are not well known by current young smokers in the UAE where more than half of them (58.0%) don't think that smoke from others is harmful to them. Therefore, this emphasizes the urgent need to advocate for legislation to ban smoking in public places especially that the majority of both never smokers (72.8%) and current smokers (52.7%) approve of such measures.

### **VI.5- Knowledge and Attitudes**

There is a wide gap regarding the knowledge of the harmful effects of smoking on health between never smokers and current smokers where one-third of current smokers don't think that smoking is harmful to their health compared to only one-tenth of never smokers. This might lead to the conclusion that a large number of young people start smoking due to their ignorance of its consequences.

Another important implication of the data is exemplified by the fact that more current smokers have positive attitudes regarding smoking than never smokers, and more than one-quarter of never smokers think that boys and girls who smoke have more friends and look more attractive. Therefore, there is an urgent need for intervention to remove these misleading and false images of smokers that are usually promoted by the tobacco industry.

### **VI.6- Exposure to Media and advertising**

Young people face enormous pressures to smoke at a time in their lives when they are most susceptible. The tobacco industry devotes an annual budget of nearly US\$ four billion to advertise and promote cigarettes. The results of this study provide a clear evidence that the majority of young people are bombarded with pro-tobacco messages. More than one-fourth of current smokers are offered free samples carrying cigarette brand logos on them and even offered free cigarettes which demonstrates a clear violation for the claimed responsibility of the tobacco industry concerning youth protection from smoking. In addition to that promoting tobacco through sports events and public entertainment poses the greatest threat for they associate a deadly habit with adventure and independence.

### **VI.7- Access and Availability**

Young people, aged 13 -15 years, smoking at home, with or without their parents knowledge reveals the absence of a very important factor to prevent them from smoking; that is, parental guidance and objection to smoking. The ease at which young people can access cigarettes is yet another aspect that encourages those young people to smoke, and despite the fact that half of the current smokers can purchase cigarettes from stores, more than one third can have it for free, either borrow cigarettes from someone else (18.2%), steal it (7.8%) or get it from an older person (6.7%).

### **VII- Conclusion**

The tobacco industry is threatening our youth on all aspects, they package death as life, disease as health and deadly addiction as the taste of freedom and a celebration of life.

Starting smoking at a relatively young age increases the risk of addiction to smoking and consequently increases the risk of death from a smoking-related cause. Among those who smoke throughout their lives, about half can be expected to die from a smoking-related disease, with half of those deaths occurring in middle age. Smoking is one of the major risk factors and causal agent in at least six of the devastating chronic diseases: heart disease, cancer, cerebrovascular diseases, diabetes mellitus, chronic obstructive pulmonary diseases and atherosclerosis.

The prevalence rates of tobacco use presented in this report are alarming, especially if we consider that those children and young adults should have invested their time and energy in other productive and life enhancing activities instead of deteriorating their health through addiction and diseases. This study provides key intervening variables, such as knowledge, attitudes and beliefs on behavioral norms with regard to tobacco use among young people which can be used in prevention programs. It also assesses the extent to which current prevention programs, such as banning smoking in schools, health awareness campaigns and extracurricular health activities are reaching school students and affecting youth behavior.

### **VIII- Recommendations**

Young people are a strategically important market for the tobacco industry. Since most smokers try their first cigarette before the age of eighteen, young people are the chief source of new consumers for the tobacco industry, which each year must replace the consumers who quit smoking or die of smoking-related diseases.

Adolescents and school-aged children should be a primary focus for intervention strategies. Even a small decline in smoking prevalence among youth will have a significant beneficial public health impact in reducing the number of adult smokers and consequently reducing morbidity and mortality caused by smoking related diseases in the future. Prevention programs should identify key personal, social and environmental risk factors and act accordingly to prevent adolescents from starting smoking and reducing adolescent tobacco use.

The nature of the tobacco use epidemic requires a comprehensive prevention intervention plan focusing on the community as well as schools in order to achieve the following:

- Reducing exposure to environmental tobacco smoke through banning all forms of tobacco use on school grounds and public places.
- Reducing youth access to tobacco products through issuing laws and regulations to reduce illegal tobacco sales to under 18 of age.
- Promoting tobacco cessation through school-based adolescent-tailored counseling programs and nationwide telephone counseling programs.

- Reducing adolescents exposure to misleading and faulty tobacco industry advertisements through banning tobacco use advertisement in mass media and stop all forms of tobacco promotion, such as sponsoring sports and cultural events, distributing items carrying tobacco brands logos on them and offering cigarettes to minors.
- Changing community norms regarding tobacco use through increasing public awareness about the harmful health consequences of tobacco use and the addictive nature of smoking. Moreover, we should focus on youth by designing classroom instructions geared towards tobacco use prevention and organize school wide tobacco prevention events.

It is recommended that this study should be conducted at regular time intervals to become a surveillance system and function as an evaluation tool for current and prospective smoking prevention programs. Moreover, other in-depth studies are needed to determine the effectiveness of prevention activities.

The tobacco use epidemic will perish when young people no longer want to smoke. This is our challenge and mission at the same time.

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*Note: The analysis, interpretations, conclusions and recommendations presented in this report are those of the authors and not the Ministry of Health in the United Arab Emirates.*

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Bassam H. Abi Saab was the National Coordinator and Scientific director of the survey. The OSH/CDC designed the study. Bassam Abi Saab, Dr. Ramadan Al Tayeb, Ms. Huda Shaheen, Ms. Fatima Hassan, and Ms. Mouza Al Khayal supervised the data collection. Bassam Abi Saab, Dr. Charles W. Warren, Mr. Curtis Blanton, Ms. Stephanie Staras and Ms. Juliette Lee contributed to the data analysis and interpretation of the data. Mr. Bassam Abi Saab wrote the report with contributions from HE Dr. Mahmoud Fikri, Dr. Charles W. Warren, Dr. Abdul Monim Noor and Dr. Ramadan Al Tayeb. Aisha M'hmd Khouri typed the report and Khaled M'hmd Salah El Din designed the cover pages.

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Appendix

## **UNITED ARAB EMIRATES**

The Ministry of Health  
Preventive Medicine Sector  
The Central Health Education Department  
&  
The Ministry of Education  
Educational Programs & Curriculum Sector  
Information, Statistics and Research Department

UAE

National Youth Tobacco Survey  
2001

Supervised by

The Eastern Mediterranean Regional Office – World Health Organization

The Executive Office of the Health Ministries of the GCC Countries

Office of Tobacco and Health – Centers for Disease Control and Prevention

**Dear Student,**

We thank you for accepting to participate in the National Tobacco Youth Survey, the results of which will help us in planning effectively to control the tobacco epidemic among community members and prevent the occurrence of smoking related diseases such as cancer and heart disease.

Please answer the questions sincerely and punctually, and we assure you that this information is classified and will be used in the context of scientific research and for planning purposes.

**Useful tips**

- ◆ Reach each and every question carefully
- ◆ Select one right answer, and darken the corresponding cell completely. In case you are not sure of the right answer you can select the closest one that you think is right.

**Correct**                          **False**   

Example:

Does fish live in water A- Definitely not B- Probably not C- Definitely yes D- Probably yes	<input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> F <input type="radio"/> G <input type="radio"/> H
---	--

**THE NEXT 18 QUESTIONS ASK ABOUT YOUR USE OF TOBACCO**

1. **Have you ever tried or experienced with cigarette smoking, even one or two puffs?**  
A- Yes  
B- No
2. **How old were you when you first tried a cigarette?**  
A- I have never smoked cigarettes  
B- 7 years old or younger  
C- 8 or 9 years old  
D- 10 or 11 years old  
E- 12 or 13 years old  
F- 14 or 15 years old  
G- 16 years old or older
3. **During the past 30 days (one month), on how many days did you smoke cigarettes?**  
A- 0 days  
B- 1 or 2 days  
C- 3 to 5 days  
D- 6 to 9 days  
E- 10 to 19 days  
F- 20 to 29 days  
G- All 30 days
4. **During the past 30 days (one month), on the days you smoked, how many cigarettes did you usually smoke?**  
A- I did not smoke cigarettes during the past 30 days (one month)  
B- Less than 1 cigarette per day  
C- 1 cigarette per day  
D- 2 to 5 cigarettes per day  
E- 6 to 10 cigarettes per day  
F- 11 to 20 cigarettes per day  
G- More than 20 cigarettes per day
5. **During the past 30 days (one month), how did you usually get your own cigarettes?  
(SELECT ONLY ONE RESPONSE)**  
A- I did not smoke cigarettes during the past 30 days (one month)  
B- I bought them in a store, shop or from a street vendor  
C- I bought them from a vending machine  
D- I gave someone else money to buy them for me  
E- I borrowed them from someone else  
F- I stole them  
G- An older person gave them to me  
H- I got them some other way, specify:-----
6. **During the past 30 days (one month), what brand of cigarettes did you usually smoke?  
(SELECT ONLY ONE RESPONSE)**  
**I did not smoke cigarettes during the past 30 days**  
No usual brand  
Marlboro  
Winston  
Camel  
KENT  
Rothmans  
Other, specify:-----

7. **How much do you usually pay for a pack of 20 cigarettes?**  
A- I don't smoke cigarettes  
B- I don't buy cigarettes, or I don't buy them in packs  
C- Less than one Dirham  
D- 1 to 2 Dirhams  
E- 3 to 4 Dirhams  
F- 5 to 6 Dirhams  
G- 7 to 8 Dirhams  
H- 9 to 10 Dirhams
8. **During the past 30 days (one month) how much do you think you spent on cigarettes?**  
A- I don't smoke cigarettes  
B- I don't buy my cigarettes  
C- Less than 100 Dirhams  
D- 100 to 199 Dirhams  
E- 200 to 299 Dirhams  
F- 300 to 399 Dirhams  
G- 400 to 499 Dirhams  
H- 500 Dirhams or more
9. **In a usual month (30 days) how much pocket money (allowance) do you get?**  
A- I don't receive any pocket money (allowance)  
B- Less than 100 Dirhams  
C- 100 to 249 Dirhams  
D- 250 to 399 Dirhams  
E- 400 to 549 Dirhams  
F- 550 to 699 Dirhams  
G- 700 to 849 Dirhams  
H- 850 Dirhams or more
10. **During the past 30 days (one month), did anyone ever refuse to sell you cigarettes because of your age?**  
A- I did not try to buy cigarettes during the past 30 days (one month)  
B- Yes, someone refused to sell me cigarettes because of my age  
C- No, my age did not keep me from buying cigarettes
11. **Where do you usually smoke cigarettes? (SELECT ONLY ONE RESPONSE)**  
A- I have never smoked cigarettes  
B- At home  
C- At school  
D- At friend's houses  
E- At social events  
F- In public spaces (e.g. parks, shopping centers, street corners, coffee shops, cinemas, etc.)  
G- In the school's or house's bathrooms  
H- Other, specify:-----
12. **Have you ever tried or experienced with SHISHA (Hubble-Bubble) smoking, even one or two puffs?**  
A- Yes  
B- No

13. **How old were you when you first tried a SHISHA (Hubble-Bubble)?**  
 A- I have never smoked SHISHA (Hubble-Bubble)  
 B- 7 years old or younger  
 C- 8 or 9 years old  
 D- 10 or 11 years old  
 E- 12 or 13 years old  
 F- 14 or 15 years old  
 G- 16 years old or older
14. **During the past 30 days (one month), on how many days did you smoke SHISHA (Hubble-Bubble)?**  
 A- 0 days  
 B- 1 or 2 days  
 C- 3 to 5 days  
 D- 6 to 9 days  
 E- 10 to 19 days  
 F- 20 to 29 days  
 G- All 30 days
15. **During the past 30 days (one month), on the days you smoked, how many SHISHA (Hubble-Bubble) heads did you usually smoke?**  
 A- I did not smoke SHISHA (Hubble-Bubble) during the past 30 days (one month)  
 B- Less than 1 head per day  
 C- 1 head per day  
 D- 2 heads per day  
 E- 3 heads per day  
 F- 4 heads per day  
 G- 5 heads per day  
 H- 6 heads or more per day
16. **Where do you usually smoke SHISHA (Hubble-Bubble)? (SELECT ONLY ONE RESPONSE)**  
 A- I have never smoked SHISHA (Hubble-Bubble)  
 B- At home  
 C- At coffee shops  
 D- At friend's houses  
 E- At social events  
 F- In public spaces (e.g. parks, shopping centers, etc. )  
 G- At restaurants  
 H- Other, specify: -----
17. **During the past 30 days (one month), have you ever used any form of tobacco products other than cigarettes or SHISHA (Hubble-Bubble), for example: cigars, pipe, little cigars, chewing tobacco, snuff, dip)?**  
 A- yes  
 B- No
18. **Do you ever have a cigarette or feel like having a cigarette first thing in the morning?**  
 A- I have never smoked cigarettes  
 B- I no longer smoke cigarettes  
 C- No, I don't have or feel like having a cigarette first thing in the morning  
 D- Yes, I sometimes have or feel like having a cigarette first thing in the morning  
 E- Yes, I always have or feel like having a cigarette first thing in the morning

**THE NEXT 17 QUESTIONS ASK ABOUT YOUR KNOWLEDGE AND ATTITUDES TOWARD TOBACCO.**

19. **Do your parents smoke?**  
A- None  
B- Both  
C- Father only  
D- Mother only  
E- I don't know
20. **If one of your best friends offered you a cigarette, would you smoke it?**  
A- Definitely not  
B- Probably not  
C- Probably yes  
D- Definitely yes
21. **Has anyone in your family discussed the harmful effects of smoking with you?**  
A- yes  
B- No
22. **At any time during the next 12 months do you think you will smoke a cigarette?**  
A- Definitely not  
B- Probably not  
C- Probably yes  
D- Definitely yes
23. **Do you think you will be smoking cigarettes 5 years from now?**  
A- Definitely not  
B- Probably not  
C- Probably yes  
D- Definitely yes
24. **Once someone has started smoking, do you think it would be difficult to quit?**  
A- Definitely not  
B- Probably not  
C- Probably yes  
D- Definitely yes
25. **Do you think boys who smoke cigarettes have more or less friends?**  
A- More friends  
B- Less friends  
C- No difference from non-smokers
26. **Do you think girls who smoke cigarettes have more or less friends?**  
A- More friends  
B- Less friends  
C- No difference from non-smokers
27. **Does smoking cigarettes help people feel more or less comfortable at celebrations, parties, or other social gatherings?**  
A- More comfortable  
B- Less comfortable  
C- No difference from non-smokers

28. **Do you think smoking cigarettes makes boys look more or less attractive?**  
 A- More attractive  
 B- Less Attractive  
 C- No difference from non-smokers
29. **Do you think smoking cigarettes makes girls look more or less attractive?**  
 A- More attractive  
 B- Less Attractive  
 C- No difference from non-smokers
30. **Do you think that smoking cigarettes makes you gain or lose weight?**  
 A- Gain weight  
 B- Loss weight  
 C- No Difference from non-smokers
31. **Do you think that smoking cigarettes is harmful to your health?**  
 A- Definitely not  
 B- Probably not  
 C- Probably yes  
 D- Definitely yes
32. **Do any of your closest friends smoke cigarettes?**  
 A- None of them  
 B- Some of them  
 C- Most of them  
 D- All of them
33. **When you see a man smoking, what do you think of him?  
 (SELECT ONLY ONE RESPONSE)**  
 A- Lacks confidence  
 B- Stupid  
 C- Loser  
 D- Successful  
 E- Intelligent  
 F- Macho  
 G- Confident  
 H- Not following his religious teachings
34. **When you see a woman smoking, what do you think of her?  
 (SELECT ONLY ONE RESPONSE)**  
 A- Lacks confidence  
 B- Stupid  
 C- Loser  
 D- Successful  
 E- Intelligent  
 F- Sophisticated  
 G- Confident  
 H- Not following her religious teachings
35. **Do you think it is safe to smoke for only a year or two as long as you quit after that?**  
 A- Definitely not  
 B- Probably not  
 C- Probably yes  
 D- Definitely yes

**THE NEXT 4 QUESTIONS ASK ABOUT YOUR EXPOSURE TO OTHER PEOPLE'S SMOKING**

36. **Do you think the smoke from other people's cigarettes is harmful to you?**  
A- Definitely not  
B- Probably not  
C- Probably yes  
D- Definitely yes
37. **During the past 7 days, on how many days have people smoked in your home, in your presence?**  
A- 0 days  
B- 1 to 2 days  
C- 3 to 4 days  
D- 5 to 6 days  
E- 7 days
38. **During the past 7 days, on how many days have people smoked in your presence, in places other than in your home?**  
A- 0 days  
B- 1 to 2 days  
C- 3 to 4 days  
D- 5 to 6 days  
E- 7 days
39. **Are you in favor of banning smoking in public places (such as in restaurants, in buses, streetcars, and trains, in schools, on playgrounds, in gyms and sports arenas, in pubs and discos)?**  
A- Yes  
B- No

**THE NEXT 6 QUESTIONS ASK ABOUT YOUR ATTITUDES TOWARD STOPPING SMOKING**

40. **Do you want to stop smoking now?**  
A- I have never smoked cigarettes  
B- I do not smoke now  
C- Yes  
D- No
41. **During the past year, have you ever tried to stop smoking cigarettes?**  
A- I have never smoked cigarettes  
B- I did not smoke during the past year  
C- Yes  
D- No
42. **How long ago did you stop smoking?**  
A- I have never smoked cigarettes  
B- I have not stopped smoking  
C- 1-3 months  
D- 4-6 months  
E- 7-9 months  
F- One year  
G- Two years  
H- 3 years or longer

43. **What was the main reason you decided to stop smoking?**  
**(SELECT ONE RESPONSE ONLY)**
- A- I have never smoked cigarettes
  - B- I have not stopped smoking
  - C- To improve my health
  - D- To save money
  - E- Because my family does not like it
  - F- Because my friends don't like it
  - G- Because it is against my religious teachings
  - H- Other, specify: -----
44. **Do you think you would be able to stop smoking if you wanted to?**
- A- I have never smoked cigarettes
  - B- I have already stopped smoking cigarettes
  - C- Yes
  - D- No
45. **Have you ever-received help or advice to help you stop smoking?**  
**(SELECT ONLY ONE RESPONSE)**
- A- I have never smoked cigarettes
  - B- Yes, from a program or professional
  - C- Yes, from a friend
  - D- Yes, from a family member
  - E- Yes, from both programs or professionals and from friends or family members
  - F- None
  - G- Other, specify: -----

THE NEXT 9 QUESTIONS ASK ABOUT YOUR KNOWLEDGE OF MEDIA MESSAGES ABOUT SMOKING

46. **During the past 30 days (one month), how many anti-smoking media messages (e.g., television, radio, billboards, posters, newspapers, magazines, and movies) have you seen or heard?**
- A- A lot
  - B- A few
  - C- None
47. **When you go to sports events, fairs, concerts, community events, or social gatherings, how often do you see anti-smoking messages?**
- A- I never go to sports events, fairs, concerts, community events, or social gatherings
  - B- A lot
  - C- A few
  - D- None
48. **When you watch TV, videos, DVD's or movies, how often do you see actors smoking?**
- A- I never watch TV, videos, DVD's or movies
  - B- A lot
  - C- Sometimes
  - D- Never
49. **Do you have something (t-shirt, pen, backpack, etc.) with a cigarette brand logo on it?**
- A- yes
  - B- No

50. During the past 30 days (one month), when you watched sports events or other programs on TV how often did you see cigarette brand names?
- A- I never watch TV
  - B- A lot
  - C- Sometimes
  - D- Never
51. During the past 30 days (one month), how many advertisements for cigarettes have you seen on billboards?
- A- A lot
  - B- A few
  - C- None
52. During the past 30 days (one month), how many advertisements or promotions for cigarettes have you seen in newspapers or magazines?
- A- A lot
  - B- A few
  - C- None
53. When you go to sports events, fair, concerts, or community events, how often do you see advertisements for cigarettes?
- A- I never attend sports events, fairs, concerts, or community events
  - B- A lot
  - C- Sometimes
  - D- Never
54. Has a cigarette representative ever offered you a free cigarette?
- A- Yes
  - B- No

THE NEXT 4 QUESTIONS ASK ABOUT WHAT YOUY WERE TAUGHT ABOUT SMOOKING IN SCHOOL

55. During this school year, were you taught in any of your classes about the danger of smoking?
- A- Yes
  - B- No
  - C- Not sure
56. During this school year, did you discuss in any of your classes the reasons why people your age smoke?
- A- Yes
  - B- No
  - C- Not sure
57. During this school year, were you taught in any of your classes about the effects of smoking like it makes your teeth yellow, causes wrinkles, or makes you smell bad?
- A- Yes
  - B- No
  - C- Not sure

**58. How long ago did you last discuss smoking and health as part of a lesson?**

- A- Never
- B- This term
- C- Last term
- D- 2 terms ago
- E- 3 terms ago**
- F- More than a year ago

**THE LAST 4 QUESTIONS ASK FOR SOME BACKGROUND INFORMATION ABOUT YOURSELF**

**59. How old are you?**

- A- 11 years old or younger
- B- 12 years old
- C- 13 years old
- D- 14 years old
- E- 15 years old
- F- 16 years old
- G- 17 years old or older

**60. What is your sex?**

- A- Male
- B- Female

**61. In what grade are you?**

- A- 1<sup>st</sup> Intermediate (7<sup>th</sup> grade)
- B- 2<sup>nd</sup> Intermediate (8<sup>th</sup> grade)
- C- 3<sup>rd</sup> Intermediate (9<sup>th</sup> grade)
- D- 1<sup>st</sup> Secondary (10<sup>th</sup> grade)

**62. What is your nationality?**

- A- UAE or other Gulf states and Yemen
- B- Lebanon, Syria, Jordan, Palestine or Iraq
- C- North Africa (Egypt, Sudan, Tunis, Morocco, Algeria, Libya, Mauritania, etc.)
- D- South East Asia (India, Pakistan, Bangladesh, Srilanka, Philippines, Indonesia, etc.)
- E- European/American
- F- Other, Specify: -----