



Ministry Of Health

**2021 Global Youth Tobacco Survey (GYTS)
Zambia Country Report**



**World Health
Organization**



CDC
CENTERS FOR DISEASE
CONTROL AND PREVENTION

2021 GLOBAL YOUTH TOBACCO SURVEY (GYTS) ZAMBIA COUNTRY REPORT

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12.9%

Percent of students are current tobacco users.



Percent of students are exposed to secondhand smoke at home.



58.4%

Percent of students Tried To Quit Smoking



27.2%

Percent of students Find it Hard to quit smoking

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Foreword



Non-Communicable Diseases (NCDs) are a major public health challenge in Zambia. In 2019, the World Health Organization (WHO) estimated that 35% of total deaths in Zambia were due to NCDs, with a 25% probability of premature mortality. These NCDs are primarily caused by five shared risk factors: tobacco use, unhealthy diet, physical inactivity, harmful use of alcohol, and air pollution.

The Government of the Republic of Zambia is committed to reducing the burden of NCDs through evidence generation and implementing strategies that address the major risk factors. Furthermore, the Government aligns itself with the United Nations 2030 Sustainable Development Goals (SDGs), which aim to reduce the burden of NCDs by one-third.

In light of this, the Ministry of Health, the Ministry of Education, and other stakeholders conducted the 2021 Global Youth Tobacco Survey (GYTS) to gather information to address the burden of NCDs. The findings underscore the urgency of comprehensive tobacco prevention and control strategies, which can only be achieved through the enactment of tobacco control laws in Zambia. The evidence shows that comprehensive tobacco control is crucial to addressing accessibility, enhancing cessation support, countering advertising influences, and promoting awareness. These measures are pivotal in safeguarding the well-being of the youth population and fostering a tobacco-free future.

The Government is committed to investing in addressing the burden of NCDs and its associated risk factors by prioritizing interventions, including policies, legislative and regulatory measures, clinical guidelines, infrastructure improvements, increasing specialized human resources, enhancing community education and awareness, and improving prevention and control interventions. Additionally, the implementation of these interventions will require a multisectoral approach.

I therefore call upon all stakeholders—Civil Society, Development Partners, and the Private Sector—to actualize the evidence presented in this 2021 GYTS Country Report and join hands with the Government of Zambia in using this information to improve health policies and programming. It is my firm belief that with the appropriate levels of commitment and support from the Government, Cooperating Partners, health workers, and other stakeholders, this 2021 GYTS Country Report will directly and indirectly improve the health status of Zambians and contribute to national development.

A handwritten signature in black ink, appearing to be 'E. Muchima', written over a white background.

Honorable Dr. Elijah Muchima, MP
MINISTER OF HEALTH

Acknowledgements



The Ministry of Health (MOH) wishes to acknowledge all individuals, institutions, and organizations that contributed to the various processes involved in the 2021 Global Youth Tobacco Survey (GYTS), from proposal writing to the dissemination of the Country Report and Fact Sheet. In particular, the Ministry extends its gratitude to the World Health Organization (WHO) and the United

States Centers for Disease Control and Prevention (CDC) for providing financial and technical support, respectively, towards the development and completion of the 2021 GYTS Country Report. Additionally, the Ministry recognizes the Ministry of Education, Zambia, for its valuable and tremendous support, as well as its input during the planning and implementation phases of the survey in schools across the country.

Within the Ministry, the contributions of the Department of Public Health and the Department of Policy and Planning are acknowledged for their technical inputs into the 2021 GYTS for Zambia.

The Ministry of Health also appreciates the technical support and guidance provided by Professor Seter Siziya, who played a key role as the Principal Investigator and led the 2021 Global Youth Tobacco Survey for Zambia.

The Ministry is grateful to the Development Partners, Civil Society Organizations, and other stakeholders who generously contributed to the development of the survey. The realization of the 2021 GYTS for Zambia was made possible with support from the Centre for Primary Care Research, the Zambia Pediatric Association, the Zambia Tobacco Control Consortium, and ZAMSTATS. Furthermore, the Ministry thanks all individuals, institutions, and organizations that helped to review and validate the document throughout its development. Finally, a vote of thanks is extended to the WHO and the MOH technical team for their valuable contributions.

GYTS Collaborating Organizations: Centers for Disease Control and Prevention, CDC Foundation, RTI International, and World Health Organization.

PERMANENT SECRETARY
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Acronyms

Acronyms	Caption
CDC	Centers for Disease Control and Prevention
GYTS	Global Youth Tobacco Survey
FCTC	Framework Convention on Tobacco Control
GDP	Gross Domestic Product
GSHS	GSHS Global School Health Survey
IMF	International Monetary Fund
ITC	International Tobacco Control
NCDs	Non-Communicable Diseases
ODA	Official Development Assistance
PES	Proportion to Enrolment Size
TFI	Tobacco Free Initiative
ROC	Rest of the Country
SDR	Special Drawing Rights
WHO	World Health Organization
ZDHS	Zambia Demographic and Health Survey

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Executive Summary

The Global Youth Tobacco Survey (GYTS) conducted in 2021 provided a comprehensive snapshot of tobacco-related behaviors among students aged 13–15 years. The survey examined various dimensions, including tobacco use patterns, susceptibility, electronic cigarette usage, cessation efforts, exposure to secondhand smoke, access and availability, advertising, and knowledge and attitudes.

The survey revealed that 12.9% of learners were current tobacco users, with a higher prevalence among males (14.0%) than females (11.8%). Notably, 29.1% of students reported having ever used tobacco. Among the surveyed students, 9.0% were current tobacco smokers, with 10.0% of boys and 8.0% of girls being current smokers. Additionally, the overall prevalence of current cigarette smokers was 5.6%, with 6.9% among boys and 4.3% among girls. The prevalence of current smokeless tobacco users was estimated at 6.3%, while 15.5% reported ever using smokeless tobacco. Approximately 16.3% of students were current electronic cigarette users, and 24.1% reported exposure to tobacco smoke at home.

In the 12 months preceding the survey, 58.4% of current tobacco smokers attempted to quit. However, 27.2% of students acknowledged the difficulty of quitting smoking, and 28.8% believed that smoking helps people feel more comfortable at social events.

The results suggest a possible shift in tobacco use from conventional and hand-rolled cigarettes to new and emerging products, including electronic nicotine delivery systems (ENDS) and electronic non-nicotine delivery systems (ENNDS). There is a need for interventions to reduce exposure to secondhand smoke. While anti-tobacco advertising efforts exist, they need to be enhanced to effectively counter pro-tobacco influences. A third of the youth have access to cigarettes. Despite many students intending to quit smoking, challenges remain, highlighting the need for targeted cessation support. Raising awareness about the harmful effects of smoking remains crucial.

These findings underscore the urgency of comprehensive tobacco prevention and control strategies, which can only be achieved through the enactment of a tobacco control law in the country. Evidence shows that comprehensive tobacco control legislation is critical to reducing accessibility, enhancing cessation support, countering advertising influences, and promoting awareness. These measures are essential to safeguarding the well-being of the youth population and fostering a tobacco-free future. The findings serve as a vital resource for policymakers, public health advocates, and educators in developing targeted interventions to mitigate the adverse impact of tobacco use among the youth.

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1.0 INTRODUCTION

Tobacco use is the leading cause of preventable disease and death globally. The World Health Organization (WHO) attributes 8 million deaths each year to tobacco use and exposure to tobacco smoke. Evidence shows that 90% of current regular smokers began smoking by the age of 18, and half of regular smokers will die from using tobacco products as instructed by the manufacturers.

The Global Youth Tobacco Survey (GYTS) was developed by the Tobacco Free Initiative (TFI) of WHO and the Office on Smoking and Health (OSH) of the United States Centers for Disease Control and Prevention (CDC), in collaboration with various countries representing the six WHO regions. The GYTS provides comprehensive tobacco prevention and control data on young people. It offers a global standard for systematically monitoring youth tobacco use and tracking key tobacco control indicators. The GYTS is a nationally representative, school-based survey of students aged 13–15 years, using a consistent and standardized protocol.

1.1 Country Demographics

Zambia is a member state of the WHO Africa Region and a lower-middle-income country. It is a land-linked country strategically located in the southern part of the sub-Saharan Africa region, sharing borders with eight neighboring countries: Angola, Botswana, the Democratic Republic of the Congo (DRC), Malawi, Mozambique, Namibia, Tanzania, and Zimbabwe. The country covers a geographical area of 752,612 square kilometers. Administratively, Zambia is divided into 10 provinces and further subdivided into 116 districts. Two of these provinces, Lusaka and Copperbelt, are classified as predominantly urban, while the remaining eight are classified as predominantly rural (CSO, 2013). Western Province has the highest percentage of households in the poorest quintile (47.0%), while Lusaka (51%) has the largest proportion of households in the wealthiest quintile (ZDHS, 2018).

Zambia's population has continued to grow rapidly, increasing from 13.1 million in 2010 to an estimated 18.4 million in 2021, with an annual growth rate of 2.8% (CSO, 2013). Of the total population, 45.0% are under the age of 15.

According to the Living Conditions Monitoring Survey (LCMS) of 2015 and 2022, 54.4% and 60.0% of the population, respectively, were classified as poor. The percentage of the population classified as extremely poor was 40.8% in 2015 and 48.0% in 2022. Poverty was more prevalent in rural areas, where 78.8% of the population was classified as poor, compared to 31.9% in urban areas in 2022.

In 2021, the Zambian economy grew by 3.6%, partly due to firmer copper prices, favorable external demand, good rainfall, and post-election market confidence. This followed a 2.8% recession in 2020. However, poverty remained high at 60.0% of the population, and the impact of the COVID-19 crisis was significant. The medium-term outlook, while positive, faced downward risks from prolonged debt negotiations and low COVID-19 vaccination rates (Macro Poverty Outlook, World Bank 2021). The Kwacha appreciated by 21.0% in 2021, reflecting an improved reserve position.

Zambia's improved reserve position was bolstered by the new International Monetary Fund (IMF) Special Drawing Rights (SDR) allocation, high post-election consumer and investor confidence, and increased portfolio inflows from non-resident holders of domestic sovereign debt. However, Gross International Reserves significantly fell below the targeted three months of import cover. Persistent high fiscal deficits, averaging 7.5% of Gross Domestic Product (GDP) between 2017 and 2019, were observed compared to the planned deficits of less than 5% of GDP. This outcome was largely driven by higher-than-planned disbursements on capital projects and the depreciation of the Kwacha, which resulted in higher-than-anticipated debt service payments (Economic Recovery Program Report, 2020).

Despite the observed nominal increase in financing for the health sector, the share of health funding in the total public budget has continued to decrease, from 8.9% in 2018 to 8.1% in 2021. Furthermore, despite the government's pledge to meet the Abuja target of allocating 15% of the public budget to health, much work remains to be done.

Zambia faces a high burden of communicable diseases and a rapidly growing burden of Non-Communicable Diseases (NCDs). The WHO Zambia 2018 report indicates that NCDs account for 29.0% of total deaths in the country, with 10.0% related to cardiovascular diseases, 6.0% to cancers, 2.0% to chronic respiratory diseases, 1.0% to diabetes, and 10.0% to other NCDs. Target 3.4 of the 2030 Global Agenda for Sustainable Development (SDG3) aims to promote mental health and well-being and to reduce morbidity and mortality from NCDs by one-third by 2030, compared to 2020 levels.

1.2 WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL AND MPOWER

In response to the globalization of the tobacco epidemic, the 191 Member States of the World Health Organization unanimously adopted the WHO Framework Convention on Tobacco Control (FCTC) at the 56th World Health Assembly in May 2003. The FCTC is the world's first public health treaty on tobacco control. It is the driving force behind the global response to the pandemic of tobacco-induced deaths and diseases. The treaty embodies a coordinated, effective, and urgent action plan to curb tobacco consumption and lays out cost-effective tobacco control strategies for public policies such as banning direct and indirect tobacco advertising, increasing tobacco tax and price, promoting smoke-free public places and workplaces, displaying prominent health messages on tobacco packaging, and tobacco surveillance, research, and exchange of information. The WHO FCTC contributes to the strengthening of tobacco controls in countries in terms of public health advocacy and collaboration between state and non-state actors. The GYTS measures key factors that the WHO FCTC focuses on among youths and provides indicators to measure progress toward achieving the WHO FCTC articles.

To help countries fulfill their WHO FCTC obligations, in 2008 WHO introduced MPOWER, a technical package of six evidence-based demand and supply reduction strategies that have been proven to prevent tobacco use, initiation and contribute to reducing tobacco use, and promote quitting in order to save lives. The MPOWER package consists of the following: Monitor tobacco use and prevention policies, Protect people from tobacco smoke, Offer help to quit tobacco use, Warn about the dangers of tobacco, Enforce bans on tobacco advertising, promotion, and sponsorship, and Raise taxes on tobacco. In addition to the above Articles of the WHO FCTC,

Articles 12, 15, and 16 of the WHO FCTC focus on communication, education, training, and awareness; the illicit trade in tobacco products; and the sale of tobacco to and by minors. These are key demand and supply reduction measures that specifically address tobacco use among adolescents (WHO, n.d.).

Zambia signed the WHO FCTC in May 2008 and, in 2017, was selected as one of the beneficiary countries of the WHO FCTC 2030 Project. This project supports eligible parties in receiving Official Development Assistance (ODA) to achieve the Sustainable Development Goals by accelerating the implementation of the WHO FCTC. The FCTC 2030 Project provides essential financial and technical support to build systems, mechanisms, human resources, and institutional capacity. It aims to strengthen tobacco control through expert advice, technical assistance, and peer support, with particular focus on enacting comprehensive legislation fully compliant with the FCTC provisions.

1.3 PURPOSE AND RATIONALE

The Global Youth Tobacco Survey (GYTS) enhances countries' capacity to monitor youth tobacco use, initiation, and consumption. The results guide the implementation and evaluation of tobacco prevention and control programs. It also facilitates the comparison of tobacco-related data at the country, regional, and global levels. The GYTS is an important tool to assist countries in supporting WHO MPOWER (WHO, n.d.), a package of evidence-based demand reduction measures contained in the WHO Framework Convention on Tobacco Control (FCTC) (WHO, n.d.). It is one of the key surveillance tools that Zambia has selected to fulfill the MPOWER measure—Monitor tobacco use. GYTS 2021 comes at a critical moment when the country is developing the National Tobacco Control Strategic Plan and related strategies, providing relevant data to ensure these documents are evidence-based.

Zambia has conducted three rounds of the GYTS—in 2002 (WHO, 2002), 2007 (WHO, 2007), and 2011 (WHO, 2011). Over this period, the proportion of current cigarette smokers among youth increased. The GYTS showed that among 13–15-year-olds attending school in Lusaka in 2002, 22.8% of boys and 22.4% of girls were using tobacco products. These figures increased to 25.7% of boys and 25.6% of girls in 2007. Youth use rates were even higher in Chongwe and Luangwa, with 28.7% of boys and 27.7% of girls using tobacco products in 2007. In Kafue, 30.1% of boys and 27.8% of girls used tobacco products. No GYTS round has been conducted in Zambia since 2011.

The GYTS 2021 is crucial for tracking progress in key indicators of tobacco control and for developing specific recommendations on how to effectively plan, implement, and evaluate interventions targeted at youth.

Each year, tobacco use kills over 7,000 Zambians, roughly 6% of all deaths, costing Zambia nearly 140 lives every week. About 16% of individuals aged 15 and older currently use some form of tobacco, meaning 2.7 million Zambians are at a substantially increased risk of morbidity and early mortality from cancer (5.8%), cardiovascular disease (5.2%), respiratory illnesses (25.7%), and many other tobacco-attributable diseases. Approximately 12.3% of adults are current smokers, and 4.5% use smokeless tobacco. Most smokers (67.9%) consume manufactured cigarettes, and about half of smokers use roll-your-own (RYO) cigarettes.

Every year, tobacco costs the Zambian economy ZMW 2.8 billion, equivalent to 1.2% of the GDP. These costs include ZMW 154 million in healthcare expenditures and ZMW 2.7 billion in lost productive capacities due to premature mortality, disability, and workplace smoking. At least 94.5% of all tobacco-related costs indicate that tobacco use causes problems in Zambia far beyond the health sector. Zambia is one of the top five tobacco-producing countries in Africa. Tobacco farming spreads untaxed and cheap loose-leaf tobacco for roll-your-own (RYO) cigarettes, which decreases the effectiveness of tobacco control measures, including taxes, particularly among adolescents. An estimated 88.0% of RYO users cite the lower cost as the main reason for smoking RYO cigarettes; factory-produced cigarettes are around four times more expensive than RYO cigarettes. At least 49.0% of smokers purchase single sticks, as the sale of single-stick cigarettes is legal and common in Zambia. Although the per-stick price is higher for single cigarettes than for buying a whole pack, single-stick sales make cigarettes more affordable and accessible for youth. While sales to those under 16 years of age are prohibited, 23% of youth aged 13–15 years currently smoke and purchase cigarettes from stores. They are also exposed to several tobacco advertisements at points of sale and on entertainment channels. Vending machines, internet sales, and the sale of sweets, snacks, toys, or other objects made to look like tobacco products, which appeal to minors, are not prohibited. Since 2007, there has been a ten-year gap in monitoring trends in tobacco use among adolescents, so the prevalence of tobacco use in that group is largely unknown. Estimates from the 2011 survey could not be compared because the data was not weighted.

1.4 CURRENT STATE OF POLICY

Since 1967, Zambia has implemented laws and regulations related to tobacco, starting with the Tobacco Levy No. 64 of 1967, which was later amended by Act No. 13 of 1994. In December 1992, the Public Health (Tobacco) Regulations (Statutory Instrument No. 163 of 1992) of the Public Health Act (Laws, Volume XI, Cap. 535) banned the sale of tobacco to minors under the age of 16 and prohibited pro-tobacco advertising in the media. In April 2008, the Local Government (Prohibition of Smoking in Public Places) Regulations (Statutory Instrument No. 39 of 2008) of The Local Government Act (Laws, Volume 16, Cap. 281) banned smoking in all public places. In 2008, Zambia ratified the World Health Organization Framework Convention on Tobacco Control (WHO-FCTC). The country developed the first draft of the Tobacco Control Bill in 2010 but has yet to pass tobacco control legislation compliant with the WHO-FCTC.

The Global Youth Tobacco Survey (GYTS) conducted in Zambia took place in 2002, 2007, and 2011. The most recent GYTS wave, conducted in 2021, is the fourth to be implemented in the country. In addition to the Zambia GYTS, other surveys that collected information on tobacco use include the Global Health Professions Survey (GHPS) (Sreeramareddy et al., 2018); the Global School Health Survey (GSHS) 2004; the International Tobacco Control Policy Evaluation Project (ITC) in 2012 and 2014 (Sreeramareddy et al., 2018); the Tobacco Farmers Survey (TFS) in 2015, 2017, and 2019; the Zambia Demographic and Health Survey (ZDHS) for 2013-14 and 2018; and the Zambia STEPWISE Survey 2017 (WHO, MoH, CSO, 2017).

1.5 GOAL OF THE GYTS

The primary goal of the GYTS is to increase nations' ability to plan, carry out, and assess tobacco control and prevention initiatives.

1.6 SURVEY SPECIFIC OBJECTIVES

Here is the revised text with improved grammar and clarity:
The specific objectives of the survey were:

- 1 To determine the prevalence of tobacco use among in-school pupils aged 13-15 years.
- 2 To assess the association between exposure to secondhand smoke and tobacco use.
- 3 To evaluate the relationship between tobacco knowledge and tobacco use.
- 4 To assess the extent to which prevention programs are reaching school-based populations.
- 5 To provide recommendations to local partners on the best modalities for implementing and upscaling tobacco control programs.



2.0 METHODOLOGY

2.1 STUDY DESIGN

The 2021 Zambia GYTS was a cross sectional study.

2.2 SAMPLE SIZE DETERMINATION

The 2021 Zambia GYTS included three strata: Lusaka City, tobacco-growing districts, and the rest of the country (ROC). The sample size was estimated with technical advice from WHO and CDC. The recommended minimum sample sizes for each stratum in the GYTS were 1,500 students from a minimum of 20 schools. Adjusting for a school response rate of 80% and a student response rate of 80%, in Lusaka district, 25 out of 231 schools were selected, with a total student population of 2,569. In the tobacco-growing regions, there were 906 eligible schools, of which 25 were selected, with a total student population of 2,641. In the rest of the country, there were 3,887 eligible schools, of which 29 were selected, with a total student population of 3,306. At the national level, there were 5,024 eligible schools, of which 81 were selected, with an overall student population of 8,336.

2.3 SAMPLING TECHNIQUE AND COVERAGE

In Zambia, sample selection and weighting were conducted separately for three regions: Lusaka, Tobacco Regions, and the Rest of the Country (ROC). The national dataset was compiled from the data files of these three regions. All schools with grades 7-9 that had 40 or more students were included in the sampling frame.

The survey used a two-stage cluster sampling design to produce a nationally representative sample of students in grades 7, 8, and 9. The sampling frame included all public and private schools with grades 7, 8, and 9 across 39 districts (9 tobacco-growing districts, Lusaka District, and 29 other districts across the country). In the first stage, schools were selected with probability proportional to school enrollment size. The second stage involved systematic equal probability sampling (with a random start) of classes from each school selected in the first stage. All learners in the selected classes were eligible to participate in the survey.

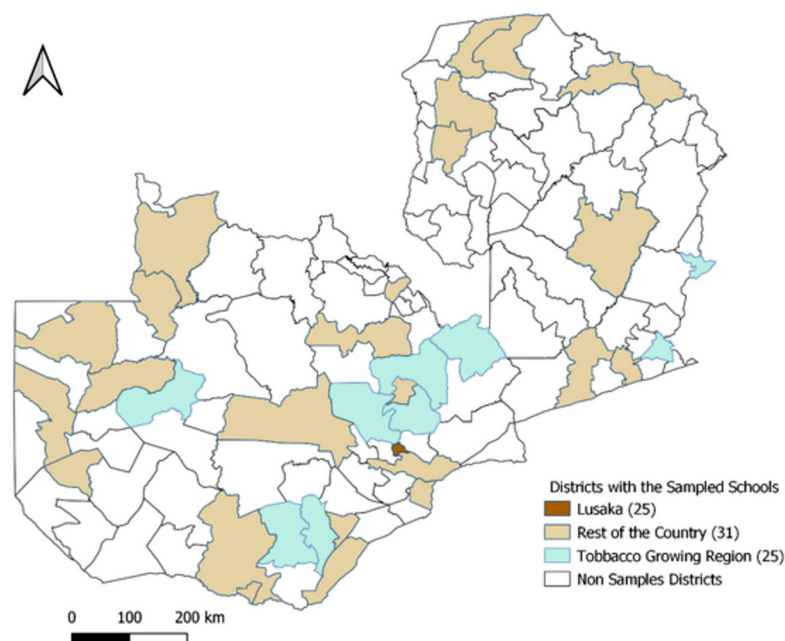


Figure 2.1: Selected Districts for the Study – GYTS Zambia, 2021

2.4 DATA COLLECTION

Data collection took place from October 28 to November 10, 2021. The implementation was supported by 77 field staff. The questionnaire consisted of two sections: the learner's section and the school policy section.

Survey procedures were designed to protect students' privacy by ensuring anonymous and voluntary participation. The questionnaire was self-administered in the classroom. Students recorded their responses directly on an answer sheet, which could be scanned by a computer.

2.5 QUESTIONNAIRE

The GYTS questionnaire consisted of 67 multiple-choice questions: 43 from the GYTS Standard Core Questionnaire, 20 selected optional questions, and 4 country-specific questions. The final questionnaire was administered in English. However, research assistants, along with local education officers, translated the questionnaire into local languages on-site, particularly in rural schools where English was a barrier. The 2021 Zambia Global Youth Tobacco Survey questionnaire is provided in Appendix A.

2.6 DATA MANAGEMENT AND ANALYSIS

A weighting factor was applied to each student record to adjust for the probability of selection, non-response, and post-stratification to population estimates. The weight was estimated using the following equation

$$W = W1 * W2 * f1 * f2 * f3 * f4$$

where

W1 = the inverse of the probability of selecting the school

W2 = the inverse of the probability of selecting the class 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

The Statistical Package for Social Sciences (SPSS) version 20 was used to analyze the data. Frequency tables were created for the survey questions that were considered key tobacco control indicators from the GYTS. These indicators were aligned with the WHO FCTC and MPOWER technical package

Table 2.1 provides information on sample size and response rates by region, school, class, and student levels. For the 2021 Zambia GYTS, 6,499 questionnaires were completed across 78 schools. A total of 6,499 students participated in the GYTS, of which 4,028 were aged 13 to 15 years (37.9% male and 62.1% female). The school response rate was 93.5%, the class response rate was 100%, and the student response rate was 78.0%. The overall response rate was 75.1%.

Table 2.1: Sample Sizes and Response Rates by Region and National Level (Unweighted) – GYTS Zambia, 2021

Sampling level	Lusaka	Tobacco growing	Rest of country	National
School				
Number of Sampled Schools	25	25	31	81
Number of Participating Schools	25	24	29	78
School Response Rate (%)	100.0%	96.0%	93.5%	93.3%
Class				
Number of Sampled Classes	47	59	80	186
Number of Participating Classes	47	59	80	186
Class Response Rate (%)	100%	100%	100%	100%
Student				
Number of Sampled Student	2,569	2,641	3,306	8,336
Number of Participating Students	2,027	1,972	2500	6,499
Student Response Rate (%)	78.9%	80.1%	75.6%	78.0%
Overall Response Rate (%)	78.9%	76.9%	70.7%	75.1%

1Overall Response Rate = (School response rate) x (Class response rate) x (Student response rate)

3.0 RESULTS

3.1 DEMOGRAPHIC CHARACTERISTICS

Table 3.1 shows the sex and age distribution of students who participated in the study by region. Females represented a higher percentage of participants at 54.3%, compared to males at 45.7%. Similarly, there were more female participants across all regions. In terms of age distribution, participants aged 13 to 15 years accounted for 62.1%.

Table 3.1: Sex and age distributions of students by region and at national level – GYTS Zambia, 2021

Demographic factor	Lusaka	Tobacco growing	Rest of country	National
Sex				
Female	56.6	54.3	54.0	54.3
Male	43.4	45.7	46.0	45.7
Total	100	100	100	100
Age (years)				
11 – 12	11.3	11.8	11.3	11.4
13 - 15	64.5	59.4	62.4	62.1
16+	24.2	28.8	26.3	26.5
Total	100	100	100	100

3.2 TOBACCO USE

Table 3.2 shows the rates of tobacco use by region and countrywide. Overall, 9.0% of students were current tobacco smokers, 5.6% were current cigarette smokers, 23.2% were ever tobacco smokers, and 17.0% were ever cigarette smokers. Additionally, 6.3% of students were current smokeless tobacco users, and 15.5% were ever smokeless tobacco users. Nationwide, 12.9% of students were current tobacco users, and 29.1% were ever tobacco users. Approximately one-third (32.3%) of the students were susceptible to tobacco use, and 13.6% thought they might enjoy smoking a cigarette. Most tobacco users were from the tobacco-growing region. Regarding smokeless tobacco products, 6.3% of learners used smokeless tobacco. Results on new and emerging tobacco products indicated that 16.3% of students were using e-cigarettes.

Nationally, 58.2% of students reported that long-term tobacco use can lead to the development of lung cancer, 38.9% indicated that tobacco use can lead to the use of illegal drugs, 41.7% stated that tobacco use does not prevent COVID-19, and 34.4% agreed that COVID-19 is more severe in people who smoke. These rates were similar across regions and between sexes

Table 3.2: Tobacco use status among students aged 13-15 years by region and sex and at national level - GYTS Zambia, 2021

Tobacco use	Region			Sex		National
	Lusaka	Tobacco growing	Rest of country	Male	Female	
Smoked tobacco						
Current tobacco smokers	8.6	15.6	7.8	10.0	8.0	9.0
Frequent cigarette smokers	1.1	11.6	4.7	6.9	4.3	5.6
Current smokers of other tobacco	5.4	8.4	5.3	6.3	5.2	5.8
Current smokers of other tobacco	18.9	32.9	21.8	23.2	23.2	23.2
Ever cigarette smokers	13.0	25.3	16.1	17.7	16.6	17.0
Ever smokers of other tobacco	12.2	22.6	14.4	15.4	15.1	15.3
Smokeless tobacco						
Current smokeless tobacco users	4.9	6.1	6.5	6.1	6.3	6.3

Ever smokeless tobacco users	11.5	23.4	14.5	14.4	16.3	15.5
Tobacco use						
Current tobacco users	11.0	18.2	12.1	14.0	11.8	12.9
Ever tobacco users	23.8	39.7	27.7	28.8	29.1	29.1
Susceptibility to tobacco use						
Never tobacco users susceptible to tobacco use	25.8	33.6	32.9	32.2	32.2	32.3
Never smokers who thought they might enjoy smoking a cigarette	11.6	15.4	13.5	13.3	13.6	13.6
Effects of tobacco use						
Long time use of tobacco lead to development of lung cancer	61.2	55.1	58.5	58.3	58.2	58.2
Tobacco use leads to use of illegal drugs	41.2	37.3	39.0	39.4	38.6	38.9
Tobacco use does not prevent COVID-19 disease	44.0	41.4	41.5	42.2	41.3	41.7
COVID-19 is severe in people who smoke	36.4	36.1	33.9	34.4	34.3	34.4

Table 3.3 highlights the percentage of students who currently smoked cigarettes per day by sex in Lusaka district, tobacco growing districts and the rest of the country. At national level, 43.6% of the student respondents reported smoking less than one- to one cigarette per day, with more males (56.6%) than females (39.9%) reporting smoking cigarettes between less than one to one cigarette per day. By region, Lusaka district showed a higher proportion of students smoking at least one cigarette (61.9%) compared to tobacco growing districts (54.3%) and the rest of the country 47.2%.

Table 3.3: Percentage of students who smoked cigarettes per day among students aged 13-15 years by region and sex and at national level – GYTS Zambia, 2021

Number of cigarettes smoked per day	Region			Sex		National
	Lusaka	Tobacco growing	Rest of country	Male	Female	
<1	32.9	28.1	26.4	25.9	19	22.5
1	29.0	26.2	20.8	20.7	20.9	21.1
2-5	16.7	17.4	31.0	31.6	29	30.1
6-10	7.4	11.8	2.4	1.6	7.9	4.9
11-20	9.7	7.6	8.1	3.4	13.4	7.7
>20	4.3	8.9	11.3	16.8	9.8	13.8

Table 3.4 shows the age distribution of students aged 13-15 years at the initiation of cigarette smoking by region, sex, and at the national level in the GYTS Zambia, 2021. At the national level, 24.9% of students initiated smoking at age 7 or younger (21.7% of males and 28.0% of females). Among regions, 20.8% of students in Lusaka, 18.4% in tobacco-growing districts, and 27.0% in the rest of the country began smoking at this early age

Table 3.4: Age at Initiation of Cigarette Smoking Among Students Aged 13-15 Years by Region, Sex, and National Level – GYTS Zambia, 2021

Age at initiation (years)	Region			Sex		National
	Lusaka	Tobacco Growing	Rest of country	Male	Female	
<7	20.8	18.4	27.4	21.7	28.0	24.9
8, 9	10.7	17.5	11.3	14.5	10.8	12.5
10, 11	14.8	16.9	8.7	9.0	13.1	11.0
12, 13	31.5	20.2	19.5	22.0	20.1	20.9
14, 15	22.2	27.1	33.1	32.9	28.1	30.8

Table 3.5 shows the distribution by sex and region of students aged 13-15 years who currently smoke cigarettes and who showed signs of smoking dependence at the national level in the GYTS Zambia, 2021. At the national level, 53.8% of students showed signs of smoking dependence (55.0% of males and 53.2% of females). Among regions, 44.4% of students in Lusaka, 58.2% in the tobacco-growing districts, and 53.6% in the rest of the country exhibited signs of smoking dependence

Table 3.5: Current Smokers Aged 13-15 Years Showing Signs of Smoking Dependence by Sex, Region, and National Level – GYTS Zambia, 2021

	Region			
Sex	Lusaka	Tobacco growing	Rest of country	National
Female	52.9	59.5	50.5	53.2
Male	34.7	56.9	56.5	55.0
Total	44.4	58.2	53.6	53.8

3.3 CESSATION

Table 3.6 highlights tobacco use cessation among current adolescent smokers aged 13-15 years. At the national level, 70.9% of students (70.6% of males and 71.1% of females) reported having the ability to stop smoking. Among regions, Lusaka had the lowest proportion of adolescents who received help to stop smoking, at 34.2%, followed by the tobacco-growing region at 44.6%, and the rest of the country at 52.1%.

Table 3.6: Smoking Tobacco Cessation Indicators Among Current Smokers Aged 13-15 Years by Region, Sex, and National Level – GYTS Zambia, 2021

	Region			Sex		
Indicator	Lusaka	Tobacco growing	Rest of Country	Males	Females	National
Attempt to stop smoking in the past 12 months	70.3	62.4	57.4	62.8	56.7	58.4
Desire to stop smoking	73.2	73.7	64.9	70.2	64.7	67.1

Ability to stop smoking	72.7	65.3	72.7	70.6	71.1	70.9
Received help to stop smoking	34.2	44.6	52.1	48.7	56.3	48.7

3.4 SECOND HAND SMOKE

Table 3.7 shows the percentage of students aged 13-15 years exposed to second-hand smoke overall, as well as by region and sex. Overall, 43.6% of students were exposed to second-hand smoke in outdoor public places, with the same rate of exposure reported by both males and females. The least exposure to second-hand smoke occurred at school, with an overall rate of 23.5% (24.6% for males and 22.5% for females). Among regions, Lusaka had the lowest exposure to second-hand smoke at home, at 16.4%.

Table 3.7: Percentage of Students Exposed to Second-Hand Smoke by Region, Sex, and National Level for Students Aged 13-15 Years – GYTS Zambia, 2021

Exposure to second-hand smoke	Region			Sex		National
	Lusaka	Tobacco Growing	Rest of Country	Males	Females	
At home	16.4	32.7	23.3	23.8	24.2	24.1
In enclosed public places	45.5	39.5	40.1	38.7	42.0	40.4
At outdoor public places	44.9	44.3	42.9	43.6	43.6	43.6
At school	25.9	27.5	22.4	24.6	22.5	23.5

3.5 ACCESS AND AVAILABILITY

Table 3.8 shows the sources from which cigarette smokers aged 13-15 years obtained their cigarettes. Overall, 8.5% of adolescents accessed cigarettes through a free sample. However, only 5.0% of males obtained cigarettes this way, compared to 14.9% of females. Lusaka had the lowest percentage of adolescents who bought cigarettes from a store or kantemba, at 8.8%. Most students in Lusaka (40.6%) bought cigarettes from a street vendor.

Source of cigarettes	Lusaka	Regional		Sex		National
		Tobacco growing	Rest of Country	Males	Females	
I bought them in a store or shop or kantemba	8.8	16.8	18.3	23.2	17.4	21.1
I bought them from a street vendor	40.6	21.9	19.1	18.8	14.7	17.1
I stole them	12.2	7.5	8.7	12.7	11.8	12.7
I got them from a friend	4.9	11.4	13.4	20.4	23.6	21.7
It was a free sample	12.7	19.3	19.5	5.0	14.9	8.5
I got them some other ways	20.8	23.1	21.0	19.9	17.5	18.8

Table 3.9 shows the percentage of current cigarette smokers aged 13-15 years who were not prevented from buying cigarettes due to their age, by sex, region, and at the national level. At the national level, among adolescents who attempted to buy cigarettes in the past 30 days, 59.0% were not prevented from purchasing them because of their age. In Lusaka, 47.5% of current cigarette smokers were not prevented, while 59.2% in tobacco-growing regions and 60.2% in the rest of the country were able to buy cigarettes without age-related restrictions.

In terms of sex distribution, 65.6% of male students were able to purchase cigarettes easily, compared to 49.0% of female students. Across the regions, a higher percentage of male students than female students were able to purchase cigarettes without difficulty

Table 3.9: Percentage of students who were current cigarette smokers aged 13-15 years who were not prevented from buying cigarettes because of their age by sex and region and at national level – GYTS Zambia, 2021

	Region			
Sex	Lusaka	Tobacco growing	Rest of country	Total
Both Sexes	47.5	59.2	60.2	59.0
Female	40.6	48.9	50.6	49.0
Male	58.1	68.4	65.1	65.6

Table 3.10 shows the percentage of students who bought cigarettes by unit of purchase among current cigarette smokers aged 13-15 years, by region, sex, and at the national level. Overall, the most common unit of cigarette purchase among current smokers was individual sticks, at 31.8%. The highest proportion of students using individual sticks was in the Rest of the Country (34.4%), compared to Lusaka (22.1%) and tobacco-growing regions (14.1%). The second most common unit of purchase was a pack, used by 28.3% of current smokers, with the highest proportion in tobacco-growing regions (41%), compared to the Rest of the Country (29.2%) and Lusaka (20.2%). An estimated 28.1% of students in Lusaka primarily used rolls as a unit of cigarette purchase, compared to 5.3% in tobacco-growing districts and 1.9% in the Rest of the Country. The proportion of female students using rolls as a unit of cigarette purchase was four times higher (8.0%) than that of male students (2.0%). Additionally, 29.4% of female students used loose tobacco for hand-rolled cigarettes, compared to 21.1% of male students. The survey also showed similar results for both male and female students purchasing cartons of cigarettes, with 11.0% of males and 11.5% of females

Table 3.10: Percentage of Students Who Bought Cigarettes by Unit of Purchase Among

	Region			Sex		
Unit of purchase	Lusaka	Tobacco Growing	Rest of Country	Males	Females	National
Individual sticks	22.1	14.1	34.4	34.2	26.8	31.8
Pack	20.2	41.0	29.2	31.7	24.2	28.3
Carton	16.4	14.2	9.7	11.0	11.5	11.3
Rolls	28.1	5.3	1.9	2.0	8.0	4.7
Loose tobacco for hand-rolled cigarettes	13.3	25.5	24.9	21.1	29.4	24.0

Table 3.11 examines the knowledge level of students aged 13-15 years regarding the average cost of a pack of 20 cigarettes, distributed by region, sex, and at the national level. At the national level, 46.2% of students stated that the average cost of a pack of 20 cigarettes was less than ZMW 10, while 19.3% indicated that the average cost ranged from ZMW 10 to 14. Approximately 10.4% of students estimated the average cost of a pack to be between ZMW 20 and 24.

Table 3.11: Average cost of a pack of 20 cigarettes reported by students aged 13-15 years by region and sex and at national level – GYTS Zambia, 2021

Cost of a pack of cigarettes (ZMW)	Region			Sex		National
	Lusaka	Tobacco growing	Rest of country	Males	Females	
<10	39.8	43.9	47.7	46.9	45.8	46.2
10-14	23.0	16.3	19.8	19.8	19.0	19.3
15-19	11.8	6.8	6.4	6.2	7.6	7.2
20-24	12.7	13.0	9.4	11.4	9.3	10.4
25-29	2.8	1.5	3.3	3.3	2.7	3.0
30-34	2.8	6.3	4.0	4.6	4.0	4.3
35+	7.0	12.2	9.5	7.8	11.6	9.5

3.6 MEDIA

3.12 ANTI-TOBACCO INFORMATION OF CIGARETTE PACKAGES

Table 3.12 shows the percentage distribution of students aged 13-15 years who noticed anti-tobacco information on cigarette packages, by region, sex, and at the national level. At the national level, 48.6% of students (46.7% of males and 50.6% of females) noticed anti-tobacco information on cigarette packages. By region, 50.8% of students in Lusaka, 50.9% in the tobacco-growing regions, and 62.4% in the rest of the country reported noticing such information.

Table 3.12 shows the percentage distribution of students aged 13-15 years who noticed anti-tobacco information in the media, by region, sex, and at the national level. At the national level, 47.3% of students (47.5% of males and 47.6% of females) noticed anti-tobacco information in the media. By region, 49.5% of students in Lusaka, 46.4% in the tobacco-growing regions, and 47.6% in the rest of the country reported noticing such information

Table 3.12 shows the percentage distribution of students aged 13-15 years who noticed anti-tobacco information through various channels, by region, sex, and at the national level. Of the total students who attended community events, approximately 41.5% noticed anti-tobacco information, with Lusaka having the lowest proportion at 37.5%, compared to 41.5% in both tobacco-growing districts and the rest of the country. Additionally, only 28.1% of all students noticed anti-tobacco information through sporting or community events, with minimal differences observed between males and females as well as across regions.

Table 3.12: Noticing anti-tobacco information among students aged 13-15 years by region and sex and at national level – GYTS Zambia, 2021.

Awareness of anti-tobacco messages	Region			Sex		National
	Lusaka	Tobacco growing	Rest of country	Males	Females	
In the Media	49.5	46.4	47.6	47.5	47.6	47.3
At Sporting or Community Events	25.7	27.8	28.1	27.9	27.8	28.1
At Sporting or Community Events	37.5	41.5	41.5	40.6	41.6	41.5
Noticing Health Warnings on Cigarette Packages	50.8	50.9	62.4	46.7	50.6	48.6

Table 3.13 shows the percentage distribution of current and never smokers aged 13-15 years who noticed anti-tobacco information on cigarette packages, by region, sex, and at the national level.

At the national level, 28.1% of students (31.2% of males and 25.7% of females) contemplated quitting smoking due to health warnings on cigarette packages. The proportions for Lusaka, tobacco-growing districts, and the rest of the country were 28.3%, 23.4%, and 30.4%, respectively. Overall, 47.7% of students who noticed health warnings on cigarette packages thought about quitting because of these warnings. Additionally, about 41.8% of students did not consider starting smoking because of the health warnings on cigarette packages

Table 3.13: Reasons for quitting smoking or not starting smoking among current and never smokers aged 13-15 years by region and sex and at national level – GYTS Zambia, 2021

Reasons for quitting smoking or not starting smoking	Region			Sex		National
	Lusaka	Tobacco growing	Rest of country	Males	Females	
Thinking of quitting because of health warnings on cigarette packages among all current smokers	28.3	23.4	30.4	31.2	25.7	28.1
Thinking of quitting because of health warnings on cigarette packages among current smokers who noticed health warnings	55.7	45.9	48.7	50.8	46.1	47.7
Thinking of not starting smoking because of health warnings on cigarette packages	35.6	39.7	42.8	41.7	41.6	41.8

3.7 TOBACCO MARKETING

Table 3.14 highlights the tobacco marketing channels, including ownership of products bearing tobacco logos, media awareness through various channels, and tobacco marketing at retail locations among students aged 13-15 years. At the national level, the findings show that the most common tobacco marketing platform was through television, videos, or movies, accounting for 56.1%, while the least common was through ownership of an object with a tobacco brand logo, at 11.1%.

When comparing across regions—Lusaka, tobacco-growing regions, and the rest of the country—the most popular tobacco marketing platform was the use of tobacco in television, videos, or movies, with 64.8% in Lusaka, 57.7% in tobacco-growing regions, and 54.4% in the rest of the country. Lusaka recorded the lowest percentage of students owning an object with a tobacco brand logo, at 8.9%, while the tobacco-growing regions had 13%. Awareness of tobacco marketing at points of sale among students who visited these locations was 26.8% across all regions

Table 3.14: Awareness of tobacco marketing channels among students aged 13-15 years by region and sex and at the national level – GYTS Zambia, 2021

Tobacco marketing channel	Region			Sex		National
	Lusaka	Tobacco growing	Rest of country	Males	Females	
Awareness of tobacco marketing at points of sale among the population	21.5	19.5	20.7	21.8	19.6	20.7
Awareness of tobacco marketing at points of	26	26.2	26.8	28.6	25.1	26.8
Awareness of tobacco use on television, videos, or movies among the population	56.1	44.2	42.6	46.3	42.2	44.2
Awareness of tobacco use on television, videos, or movies among those who watched television, videos, or movies	64.8	57.7	54.4	58.4	53.8	56.1
Ownership of an object/something with a tobacco brand logo	8.9	13.0	11.0	11.0	11.2	11.1

3.8 KNOWLEDGE AND ATTITUDES ON SMOKING

Table 3.15 shows knowledge and attitudes on smoking among students aged 13-15 years. The findings indicate that 47.3% of students nationwide had some knowledge about the dangers of secondhand smoke. At the national level, at least 4 in 10 students favored prohibiting smoking in enclosed (40.0%) and outdoor public places (41.3%). Attitudes towards banning smoking were relatively high in the tobacco-growing regions, with 43.4% supporting bans in enclosed public places and 42.1% in outdoor public places. However, beliefs regarding the addictiveness of smoking were lowest in this region, at 22.8%. The tobacco-growing region also had the highest percentage of students (32.0%) who believed that smoking helped people feel comfortable at social gatherings.

Table 3.15: Knowledge and attitudes about social smoking, secondhand smoke and smoking cessation among students Aged 13-15 years old – GYTS Zambia, 2021

Beliefs about smoking	Region			Sex		National
	Lusaka	Tobacco growing	Rest of country	Males	Females	
Belief about the addictiveness of smoking	34.3	22.8	27.3	26.4	28.0	27.2
Belief that smoking helps people feel comfortable at social gatherings	25.0	32.0	28.5	28.9	28.6	28.8
Belief about the dangers of secondhand smoke	54.3	40.7	48.1	46.1	48.8	47.3
Favors banning smoking in enclosed public places	39.7	43.4	39.5	39.7	40.5	40.0
Favors banning smoking at outdoor public places	41.6	42.1	40.7	41.2	40.9	41.3

4.0 DISCUSSION

4.1 DISCUSSION OF SURVEY FINDINGS

TOBACCO USE

Tobacco use remains a significant concern as more adolescents in Zambia take up tobacco products. The results of the 2021 GYTS Survey revealed that 12.9% of adolescents aged 13-15 years use tobacco products, with 14.0% of males and 11.8% of females reporting use. Additionally, the survey highlighted that three-quarters (75.4%) of adolescents who used tobacco products were smokers of various tobacco products, with 57.9% currently smoking cigarettes and 43.6% of tobacco users specifically smoking cigarettes.

The GYTS 2021 has demonstrated that nearly 40% of 13-15-year-olds have already initiated smoking by the age of 7. Furthermore, the study indicates that by the age of 13, almost 70% of the young population in the country will have begun smoking.

It is worth noting that the prevalence of tobacco use among adolescents in tobacco-growing districts is significantly higher than in Lusaka and the rest of the country for any type of product used, except for current smokeless tobacco use. The survey also revealed that susceptibility to tobacco use was highest in the tobacco-growing districts compared to Lusaka or the rest of the country. This is not surprising, as evidence shows that exposure to the smell of tobacco can trigger initiation, particularly among young people (Faudus et al., 2019). In these regions, young people have easy access to tobacco products, often receiving them free of charge. Adolescents do not need to purchase tobacco, as it is readily available in their backyards or nearby farm areas.

The survey's observation that about 44% of adolescents nationally, and over 50% in tobacco-growing regions and Lusaka district, smoke fewer than one cigarette is of great concern. The high level of tobacco dependence (more than 50%) among 13-15-year-olds is particularly noteworthy due to its negative impact on individuals, families, communities, and the nation. The results indicate that adolescents are diversifying into newer tobacco products, such as e-cigarettes, which calls for urgent attention. Targeted interventions are needed, particularly for female students, whose use of certain tobacco products like e-cigarettes is higher than that of male students. It is essential to legislate bans on the sale of e-cigarettes to young people, prohibit e-cigarette advertisements, and continuously control and monitor their usage.

The findings necessitate actions to address this issue through a comprehensive tobacco control law, which is yet to be enacted by Parliament. Existing legislation under the Public Health Act is insufficient to address the rising tobacco epidemic, particularly in tobacco-growing regions. These laws are not aligned with the WHO FCTC, and enforcement is very weak. Zambia currently has only one cancer hospital located in the capital. Therefore, in light of these findings, there is an urgent need to invest in health education programs, social-behavioral change, and communication efforts to warn youth about the dangers of tobacco smoking. Zambia requires coordinated, multi-sectoral strategies and actions to develop evidence-based interventions tailored to the youth.

CESSATION

Here's the revised text with corrected grammar and in a single paragraph:

Among students who currently smoke cigarettes, 67.1% expressed a desire to quit smoking, which is comparable to other countries, such as Mauritius, where the GYTS conducted in 2018 found a 65.7% quit intention rate. Across all regions, 5 in every 10 current smokers attempted to quit in the past 12 months. Of these, 48.7% acknowledged receiving assistance or advice from a program or professional in smoking cessation, with more females (56.3%) than males (42.6%) receiving cessation support services. A potential gap exists in the training of school personnel regarding tobacco cessation, prevention, and control. There are only two institutions nationwide that provide cessation services to adolescents. Therefore, there is a need to establish or integrate youth tobacco cessation support services in all health facilities to encourage more adolescents who have initiated tobacco use to quit

SECONDHAND SMOKE

Roughly 24.1% of learners experienced exposure to second-hand smoke (SHS) within their homes. Despite the existing law against smoking in public spaces in Zambia, 40.4% of school-going adolescents encountered tobacco smoke in enclosed public areas, and at least 4 out of 10 were exposed to SHS in outdoor public spaces. Interestingly, exposure to second-hand smoke at school was highest in Lusaka (25.9%), indicating a potential area for focused interventions. The enforcement of smoke-free regulations is imperative to address these concerning levels of exposure. Despite the existence of Statutory Instrument No. 39, which prohibits smoking tobacco in public places as per local government regulations of 2008, tobacco smoke still poses a significant risk to public health, particularly for adolescents, due to weak enforcement.

ACCESS AND AVAILABILITY

Overall, 21.7% of learners obtained cigarettes from friends (23.6% females and 20.4% males), followed by 21.1% who purchased cigarettes from a store, shop, or makeshift (kantemba) (17.4% males and 23.2% females). The various sources of tobacco products significantly impact minors' access and early initiation into smoking, highlighting the need for comprehensive interventions. Despite the existence of legislation, including Statutory Instrument No. 163 of 1992 under the Public Health Act, enforcement remains weak. The survey revealed that 17.1% of learners (14.7% females and 18.8% males) purchased cigarettes from street vendors, with 40.6% in Lusaka, 19.1% in the rest of the country, and 21.9% in tobacco-growing districts. It was noted that 59.0% of students, particularly males, were not prevented from buying cigarettes due to their age. Additionally, almost half (46.2%) of the learners thought a pack of 20 cigarettes cost less than K10, while 19.3% estimated it to be between K10 and K14. Over 65% of learners estimated the average price of a pack of 20 cigarettes to be under K15. Nationally, one-third of students (31.8%) accessed individual sticks, which are relatively cheaper than a pack of cigarettes. However, in tobacco-growing regions, more students obtained packs (41.1%) compared to other regions. The survey also found that 28.1% of female students in Lusaka were using rolls five times more than those in other regions and four times more than male students, indicating inadequate legislation to limit minors' access to tobacco products. The findings suggest low taxes and illicit trade contribute to this issue.

EXPOSURE TO ANTI-TOBACCO INFORMATION

The survey's disclosure that males are less likely than females to notice anti-tobacco information (46.7% vs. 50.6%) is concerning, particularly as there are no gender-biased laws regulating tobacco access. Despite smoking being perceived as a predominantly male behavior in Zambia, females seem to have greater access to anti-tobacco information on cigarette packages. This suggests that females may be more likely to notice health warnings than their male counterparts. This disparity highlights the need for increased sensitization programs, especially targeting males, to enhance awareness and counteract tobacco use.

Nearly half (47.3%) of students noticed anti-tobacco information through the media, highlighting its effectiveness as a means of disseminating such information to adolescents. Since the media does not discriminate by gender, it serves as a powerful tool for reaching all students. To strengthen anti-smoking efforts, there is a need to enhance anti-smoking media campaigns within schools and to ban tobacco advertisements to ensure a smoke-free environment for students. Additionally, child-friendly channels for delivering anti-tobacco information should be actively promoted alongside media efforts to broaden the reach of awareness initiatives.

About 4 in every 10 students (41.8%) do not consider starting to smoke due to health warnings on cigarette packages. To foster a tobacco-free society among young people, it is essential to enhance the visibility and impact of health warnings on cigarette packages to further deter smoking among students.

AWARENESS AND RECEPTIVITY TO TOBACCO MARKETING

Roughly 24.1% of learners experienced exposure to second-hand smoke (SHS) within their homes. Despite the existing law against smoking in public spaces in Zambia, 40.4% of school-going adolescents encountered tobacco smoke in enclosed public areas, and at least 4 out of 10 were exposed to SHS in outdoor public spaces. Interestingly, exposure to second-hand smoke at school was highest in Lusaka (25.9%), indicating a potential area for focused interventions. The enforcement of smoke-free regulations is imperative to address these concerning levels of exposure. Despite the existence of Statutory Instrument No. 39, which prohibits smoking tobacco in public places as per local government regulations of 2008, tobacco smoke still poses a significant risk to public health, particularly for adolescents, due to weak enforcement.

Overall, the survey found that the most prevalent tobacco marketing platform was awareness of tobacco use through watching television, videos, or movies, accounting for 56.1%, while the least common was ownership of an object with a tobacco brand logo at 11.1%. This mirrors the findings from the 2020 GYTS in Senegal, where more than 6 in 10 students (61.8%) noticed tobacco advertisements in the media, while over 1 in 10 students (10.9%) owned an item with a tobacco brand logo (Senegal GYTS Factsheet, 2020). The media appears to be an effective platform for disseminating anti-tobacco messages, given its extensive reach among adolescents. However, it is crucial to continue discouraging the ownership of products with tobacco brand logos as a form of tobacco advertising

At the national level, 30.8% of students were found to be highly receptive to tobacco marketing and at risk of future tobacco use. Lusaka District had the highest receptivity at 37.9% compared to other regions. Aggressive tobacco advertising and marketing significantly hinder tobacco control efforts, as the youth are easily lured by such promotions. Evidence shows that advertising is a primary strategy used by the tobacco industry to attract adolescents to start or increase tobacco use. The findings reveal that over half of the students had seen tobacco use depicted in the media, and nearly 1 in 3 students had observed tobacco advertising or promotion at points of sale. Additionally, more than 10% of students owned items bearing tobacco brand logos, indicating that tobacco companies effectively target and market to the youth. To counter this, there is a need for impactful anti-tobacco messages and graphic health warnings to deter positive receptivity. This issue can be effectively addressed through a comprehensive tobacco control law that enforces a total ban on tobacco promotion, advertising, and sponsorship.

KNOWLEDGE AND ATTITUDES

Tobacco-growing regions showed that over a third of learners (32.0%) believed smoking helps people feel comfortable in social gatherings. This finding suggests that existing strategies and interventions may not have effectively addressed the attitudes and practices of the target audience. Overall, knowledge and attitudes toward social smoking, secondhand smoke, and smoking cessation were poor among students aged 13-15 across all regions, except Lusaka District, where 54.3% were aware of the dangers of secondhand smoke. In contrast, the other regions had awareness levels below 50%. There is an urgent need for a more aggressive and sustained sensitization campaign that employs a holistic approach, utilizing modern communication channels to educate about the dangers of tobacco use and exposure to tobacco smoke, while also providing comprehensive information on available cessation support services.

4.2 COMPARISON TO PREVIOUS TOBACCO SURVEYS

In this section, compare the results of the current GYTS to either past years of the GYTS, or other tobacco surveys from your country.

Compared to the previous GYTS conducted in 2002, 2007, and 2011, the 2021 Global Youth Tobacco Survey was carried out at a national level across all 10 provinces. This survey covered 39 districts, 78 schools, and 186 classes, with a total sample size of 6,526 students (2,982 male and 3,544 female). The 2021 survey also incorporated four country-specific questions relevant to the current context: two questions on COVID-19, one on knowledge of diseases caused by tobacco use, and one on the relationship between tobacco use and illegal drugs. Additionally, optional questions were included to gather specific data on snuff (nsunko), particularly to elicit responses from female learners. An indicator on the prevalence of new and emerging tobacco products, such as shisha and electronic cigarettes, was also added to the 2021 GYTS

Overall, the results of the 2021 GYTS Survey showed a prevalence rate of 12.9% for tobacco use among adolescents, with 14.0% of males and 11.8% of females reporting use. The survey also indicated a reduction in the proportion of never-smokers who thought they might enjoy smoking a cigarette, decreasing from 22.9% in 2011 to 13.6% in 2021, with a slightly higher proportion of females (13.6%) compared to males (13.3%). Additionally, 16.3% of students reported using e-cigarettes, with female students having a slightly higher proportion at 16.6% compared to 15.4% of male students in the 2021 survey.

4.3 RELEVANCE TO FCTC

MONITORING TOBACCO USE AND PREVENTION POLICIES (ARTICLE 20):

Tobacco-growing regions showed that over a third of learners (32.0%) believed smoking helps people feel comfortable in social gatherings. This finding suggests that existing strategies and interventions may not have effectively addressed the attitudes and practices of the target audience. Overall, knowledge and attitudes toward social smoking, secondhand smoke, and smoking cessation were poor among students aged 13-15 across all regions, except Lusaka District, where 54.3% were aware of the dangers of secondhand smoke. In contrast, the other regions had awareness levels below 50%. There is an urgent need for a more aggressive and sustained sensitization campaign that employs a holistic approach, utilizing modern communication channels to educate about the dangers of tobacco use and exposure to tobacco smoke, while also providing comprehensive information on available cessation support services.

Zambia has consistently monitored the prevalence of tobacco use and assessed progress toward tobacco control among the youth by conducting the Global Youth Tobacco Survey (GYTS) at regular intervals. GYTSs were conducted in 2002, 2007, and 2011. A ten-year gap has elapsed since the last GYTS in 2011. However, efforts to monitor tobacco use in the country continued through various research studies during this period, including the Zambia Global School Health Survey of 2004, the Zambia Demographic and Health Surveys of 2002, 2007, 2011, 2014, and 2018, the International Tobacco Control Survey on Policy Evaluation of 2014 and 2015, and the Stepwise Survey of 2017. Additionally, complementary publications have supported tobacco control efforts in the country, such as the WHO FCTC Investment Case for Tobacco Control 2019, the Tobacco Control as an Accelerator for Sustainable Development Policy Brief of 2019, and research on the Economics of Tobacco Farming in Zambia from 2017 and 2019.

A comparison of the 2021 GYTS national prevalence survey results with global and African regional data from the WHO indicates that the rates for both male and female adolescents in Zambia are higher than the global and regional averages of 12.0% and 9.0%, respectively. Additionally, the rate of cigarette smoking among adolescents in Zambia is higher (5.6%) than the African regional average of 4.0%. The 2021 survey also showed a reduction in the proportion of never-tobacco smokers who thought they might enjoy smoking a cigarette, decreasing from 22.9% in 2011 to 13.6% in 2021, with a slightly higher proportion of females (13.6%) compared to males (13.3%). Furthermore, the rate of smokeless tobacco use in Zambia is higher than the average rate in the African region, with Zambian female adolescents using nearly twice as much smokeless tobacco (6.3% versus 4.1%)

Zambia is among the 4% (only six WHO African member states) of countries in the African Region that have recently collected data on e-cigarette use among adolescents. The GYTS 2021 indicated that more females are using e-cigarettes compared to males. The higher percentage of students with smoking dependence in the tobacco-growing districts underscores the need to promote alternative livelihoods to provide additional options and financial opportunities for communities and families in these regions. Zambia urgently needs a WHO FCTC-compliant tobacco control legislation that incorporates critical evidence-based interventions, which must work simultaneously to achieve a meaningful reduction in tobacco use and exposure to tobacco smoke.

PROTECT PEOPLE FROM TOBACCO SMOKE (ARTICLE 8):

The GYTS data revealed that 43.6% of students are around others who smoke outside their homes, and 24.1% live in homes where others smoke in their presence. The 2021 results showed that 40.4% of learners were exposed to tobacco smoke outside any enclosed public place, similar to the 2011 results, which recorded 40.8%. Additionally, 43.6% of learners were exposed to tobacco smoke at outdoor public places in 2021, compared to 43.9% in 2011. These results indicate no significant changes in exposure to tobacco smoke in public places among learners, despite existing legislation on smoke-free environments under the Public Health Act of 1995 (Cap 163) and Statutory Instrument 39 of 2008. Current legislation is not fully aligned with WHO FCTC provisions, and enforcement is weak. Therefore, more rigorous enforcement of existing regulations is necessary in the absence of a comprehensive tobacco control law to better protect the youth from secondhand smoke.

OFFER HELP TO QUIT TOBACCO USE (ARTICLE 14):

The 2021 Global Youth Tobacco Survey (GYTS) results indicate a strong desire among students who currently smoke to quit. Specifically, 67.0% of these students expressed an interest in stopping smoking. Additionally, 58.4% attempted to quit smoking within the past year. However, only 48.0% of these students have received help in their efforts to quit.

The survey revealed that in 2021, there were fewer interventions available to assist current smokers in quitting (48.7%) compared to 2011, when 81.6% of students received cessation support services. However, a higher proportion of female students (56.3%) compared to male students (42.6%) received help or advice to stop smoking. The GYTS 2021 showed a slight increase in the proportion of students who attempted to quit smoking, reaching 58.4% (62.8% male and 56.2% female), compared to 55.0% in 2011. However, there was a slight decline in the proportion of current smokers who wanted to quit, at 67.0% compared to 69.0% in 2011.

The GYTS 2021 shows that more than half of current adolescent smokers are interested in quitting. Trend analysis indicates that many adolescent tobacco users are making efforts to quit, highlighting the need for strong and consistent provision of quality tobacco cessation services in Zambia. It is perplexing that a significant proportion of current tobacco smokers and smokeless tobacco users (70.9%) mistakenly believe they could stop using these products if they wanted to.

Treatment guidelines for tobacco dependence need to be established in Zambia. A national toll-free quit line should be created and promoted as part of all tobacco control campaigns.

Tobacco cessation services at the population level, particularly those aimed at the youth, need to be strengthened across the country. Nicotine replacement therapy should be made available within the public health system. Youth-friendly services should incorporate tobacco cessation programs, and a national strategy for tobacco cessation should be established.

WARN ABOUT THE DANGERS OF TOBACCO (ARTICLES 11 AND 12):

Only 47.3% of students in 2021 noticed anti-tobacco messages in the media, compared to 72.9% in 2011. In 2021, 48.6% of students had been taught in class about the dangers of smoking. It is critical to conduct and sustain effective national mass media campaigns on tobacco control, primarily aimed at the youth, using youth-tailored channels, including social media

ENFORCE BANS ON TOBACCO ADVERTISING, PROMOTION, AND SPONSORSHIP (ARTICLE 13):

The GYTS data showed that in the past 30 days, 56.1% of students saw pro-cigarette ads on billboards and other print and electronic media, demonstrating that exposure to tobacco advertising, promotion, and sponsorship (TAPS) is high. Tobacco advertising, promotion, and sponsorship remain major threats to effective tobacco control in Zambia. The country requires urgent action and accelerated adoption of a comprehensive tobacco control law. There must be zero tolerance for any type of promotion—direct or indirect—by the tobacco industry.

RAISE TAXES ON TOBACCO PRODUCTS (ARTICLE 6):

More than 40% of learners smoked at least one cigarette per day, with Lusaka district reporting the highest proportion at 60%. The survey highlighted that 13.8% of learners smoked more than 20 cigarettes per day. Sixty-nine percent (69.3%) of learners had initiated smoking by the age of 13. Furthermore, the survey showed that 59.3% of current cigarette smokers were not prevented from buying cigarettes because of their age. Overall, 31.8% of current cigarette smokers bought cigarettes as individual sticks, while 41.1% of students bought packs in tobacco-growing regions. At least one-fifth of learners bought cigarettes from street vendors, with the proportion in Lusaka being twice as high as in other regions.

The survey highlights the need to significantly increase taxes not only on cigarettes but on all tobacco products to reduce access, particularly targeting learners. Currently, tobacco taxes in Zambia apply only to cigarettes, while other forms of tobacco products such as Roll Your Own (RYO) and smokeless tobacco products are not taxed. The existing cigarette tax rate of 41% is far below the recommended rate of 70% of the total retail price for all tobacco products. Additionally, Zambia's current tax rate on cigarettes is lower than both the global average of 52% and the regional average of 61%. Moreover, the price of a pack of 20 cigarettes indicated by learners reflects the extent of illicit trade in tobacco products within the country. Evidence from the survey shows that tobacco products are affordable and, therefore, easily accessible to learners.

The GYTS methodology provides an excellent framework for monitoring and guiding the implementation of school tobacco control programs, ensuring compliance with FCTC requirements. The results of this survey will be disseminated broadly and ideally used to adopt and implement effective legislative measures aimed at preventing and reducing tobacco consumption, nicotine addiction, and exposure to tobacco smoke

4.4 RELEVANCE TO ZAMBIA

The Global Youth Tobacco Survey (GYTS) conducted in 2021 in Zambia highlights several concerning trends among the youth population aged 13 to 15 regarding tobacco use. The survey covers various dimensions, including tobacco use patterns, susceptibility, exposure to secondhand smoke, access and availability, advertising, and knowledge and attitudes.

TOBACCO USE PATTERNS:

- 12.9% of Zambian youth are current tobacco users, with a slightly higher prevalence among boys (14.0%) compared to girls (11.8%).
- 29.1% of youths reported ever using tobacco, indicating a significant prevalence.
- Current tobacco smokers constitute 9.0% of the surveyed youth, with 10.0% for boys and 8.0% for girls.
- The prevalence of current cigarette smokers is 5.6%, with 6.9% among boys and 4.3% among girls.
- 6.3% of youth reported current smokeless tobacco use, and 15.5% reported ever using smokeless tobacco.
- 16.3% of youth are current electronic cigarette users, highlighting the emerging concern of electronic nicotine delivery systems among the youth demographic.

EXPOSURE TO SECONDHAND SMOKE:

- Approximately 24.1% of youth reported exposure to tobacco smoke at home, highlighting the need for household-based interventions to reduce passive smoke exposure.

ADVERTISING AND ACCESS:

- 26.8% of students noticed tobacco advertising and promotions at points of sale.
- 38.3% of current cigarette smokers purchased cigarettes from various sources, indicating high accessibility.
- 59.3% of students were not prevented from buying cigarettes due to their age, which is concerning.

CESSATION EFFORTS:

- 58.4% of current tobacco smokers expressed a desire to quit, and 58.4% attempted to stop smoking in the past 12 months.

KNOWLEDGE AND ATTITUDES:

- 27.2% of youth acknowledge the difficulty of quitting smoking once they start.
- 28.8% believe smoking helps people feel more comfortable at social events, highlighting the need for increased awareness about the harmful effects of smoking.

The findings underscore the urgency of implementing comprehensive tobacco prevention and control strategies in Zambia. The country should enact a tobacco control law incorporating evidence-based measures that, if implemented together, will lead to a significant reduction in tobacco use and exposure to tobacco smoke. Enhanced teacher training to prevent tobacco use and secondhand smoke (SHS) in schools, stricter regulations on tobacco use on school grounds, and early initiation of tobacco control education in the school curriculum are crucial. Policies protecting youth from exposure to secondhand smoke are essential, given the high prevalence affecting nearly a quarter of adolescents in their homes. Additionally, the dual burden of cigarette use and other tobacco products requires further examination and stricter regulation. Addressing information gaps and controlling pro-smoking media campaigns are vital for fostering a tobacco-free future.

5.0 RECOMMENDATIONS

Although it has been one and a half decades since Zambia ratified the WHO Framework Convention on Tobacco Control (FCTC) in May 2008, tobacco use prevalence among youth remains high at 12.9%. Tobacco continues to be one of the most significant public health challenges facing Zambia today. The health and future economic development of the nation's youth are threatened by the persistent and aggressive marketing tactics of multinational tobacco corporations, which exploit weak regulatory measures that fail to protect adolescents from initiation, shield non-smokers from exposure to tobacco smoke, or provide comprehensive cessation support services. The 2021 GYTS data reveal that Zambia's tobacco use prevalence is higher than the global average of 12.0% and the regional average of 9.0%. Unless urgent and targeted efforts are made to accelerate the implementation of the WHO FCTC, primarily by adopting a comprehensive tobacco control law aligned with FCTC provisions, Zambia may struggle to meet the global target of reducing premature mortality from non-communicable diseases by one-third by 2030. Tobacco control is crucial for sustainable development worldwide, and Zambia must earnestly pursue this path.

Evidence-based tobacco prevention and control measures, as outlined in the MPOWER package and the investment case for tobacco control in Zambia, will save lives, reduce illness, and alleviate the economic burden associated with tobacco-related diseases and lost productivity.

The main recommendations are as follows:

- The Government of Zambia should urgently enact the Tobacco Control Bill into law to effectively implement tobacco prevention and control measures.
- Zambia should accede to the protocol to eliminate illicit trade in tobacco products, which is currently contributing to the affordability and accessibility of tobacco products.
- Establish essential infrastructure for tobacco control, including a national coordinating mechanism to drive the tobacco prevention and control agenda in the country using a multisectoral approach.
- Implement a comprehensive ban on all forms of tobacco advertising, promotion, and sponsorship. There is an urgent need to more strictly enforce the existing law banning all forms of tobacco and nicotine product advertisements in Zambia.
- Enforce regulations that ensure 100% tobacco smoke-free environments to protect adolescents from tobacco smoke exposure in homes and all public spaces. Smoking bans in public places should be enforced, and aggressive sensitization campaigns targeting the general public, particularly parents and guardians, on the dangers of passive smoke should be conducted.
- Ban all forms of sale of tobacco and nicotine products to minors and the sale of single sticks.
- Raise taxes on all forms of tobacco products to the WHO-recommended level of 70% of the total retail price of tobacco products.

- Regulate new and emerging tobacco and nicotine products and devices.
- Implement a comprehensive and sustained advocacy and communication strategy to adequately inform the general public of the devastating social, economic, environmental, and health consequences of tobacco use and exposure to tobacco smoke.
- Establish comprehensive tobacco cessation programs across the country and ensure cessation support services are provided to create an enabling environment for the prevention of youth initiation and to support adolescents willing to quit tobacco use. Nongovernmental organizations could play a critical role as a resource for youth interested in quitting.
- Embed tobacco control programs in the Zambian primary school curriculum.
- Mobilize resources to monitor trends in tobacco use among adolescents by conducting regular and standardized tobacco surveys, such as the GYTS and GATS, at least every four years to inform policy and counter tobacco industry narratives.
- Strengthen the multisectoral coordination approach to support resource mobilization and sustain the programs.
- To maintain a current understanding of tobacco use and other key indicators among youth and to gauge trends in WHO FCTC and MPOWER uptake and implementation, this survey should be completed at least every four years.
- Implement a comprehensive health promotion strategy and effective tobacco cessation programs to prevent tobacco use and assist school personnel and the general community in quitting.
- Develop school rules and policies for the prevention and control of tobacco use.

6.0 REFERENCES

Banks, E., Joshy, G., Weber, M.F. et al. (2015), Tobacco smoking and all-cause mortality in a large Australian cohort study: findings from a mature epidemic with current low smoking prevalence. *BMC Med* 13, 38

CSO (2012), 2010 Census of Population and Housing; National Analytical Report, Central Statistical Office, Lusaka, Zambia.

CSO (2013), Population and Demographic Projections 2011 – 2035, Central Statistical Office, Lusaka, Zambia.

CSO (2015), Living Conditions and Monitoring Survey. Central Statistical Office, Lusaka, Zambia.

Doll R, Peto R, Boreham J, Sutherland I. Mortality in relation to smoking: 2004, 50 years' observations on male British doctors. *BMJ*. Jun 26;328(7455):1519.

Fadus, M.C., Smith, T.T., Squeglia, L.M. (2019). The rise of e-cigarettes, pod mod devices, and JUUL among youth: Factors influencing use, health implications, and downstream effects. *Drug Alcohol Depend*, 201, 85-93. doi:10.1016/j.drugalcdep.2019.04.011.

Global Burden of Disease [database. Washington, DC: Institute of Health Metrics; 2019. IHME, accessed 17 July 2023

ITC Project (December, 2015). ITC Zambia National Report. Findings from the Wave 1 and 2 Surveys (2012-2014). University of Waterloo, Waterloo, Ontario, Canada. (http://www.who.int/tobacco/global_report/2011/en/index.html). Noncommunicable diseases (who.int)

MoH (2023), 2022 – 2026 National Health Strategic Plan. Ministry of Health, Lusaka, Zambia.

Naicker, N. et al (2020). Prevalence of hookah pipe smoking in high-school learners in Johannesburg, South Africa. 2020, *SAMJ, S. Afr. Med. J*, Pretoria, v. 110, n. 6, p. 546-551, June. Available from <http://www.scielo.org.za/scielo.php?script=sci_arttext&pid=S0256-95742020000600036&lng=en&nrm=iso>. access on 22 Dec. 2023.

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Implement a comprehensive health promotion strategy and effective tobacco cessation programs to prevent tobacco use and assist school personnel and the general community in quitting. Develop school rules and policies for the prevention and control of tobacco use.

Preventing tobacco use among youth and young adults: a report of the Surgeon General. Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention, 2012 (<http://www.surgeongeneral.gov/library/reports/preventing-youth-tobacco-use/index.html>).

Siddiqi, K., Husain, S., Vidyasagaran, A. et al (2020), Global burden of disease due to smokeless tobacco consumption in adults: an updated analysis of data from 127 countries. BMC Med 18, 222.

The Government of the Republic of Zambia, Public Health (Tobacco) Regulations (Statutory Instrument No. 163 of 1992). In: Public Health Act (Laws, Volume XI Cap535), 1992

The Government of the Republic of Zambia, The Local Government (Prohibition of Smoking in Public Places) Regulations, 2008 (Statutory Instrument No. 39 of 2008). In: The Local Government Act (Laws, Volume 16, Cap 281), 2008.

Public Places) Regulations, 2008 (Statutory Instrument No. 39 of 2008). In: The Local Government Act (Laws, Volume 16, Cap 281), 2008.

Tobacco and Non-Communicable Diseases Campaign for Tobacco Free Kids 2013

University of Zambia School of Medicine and Atlanta: American Cancer Society. Copyright ©2019 University of Zambia and the American Cancer Society.

WHO (2018), Non-communicable diseases Zambia 2018 country profile

WHO Report on the Global Tobacco epidemic 2023

WHO Report on the Global Tobacco epidemic 2023

WHO Report On The Global Tobacco Epidemic, 2011: Warning about the dangers of tobacco. Geneva, World Health Organization, 2011 Prevalence of tobacco use and perceptions of student health professionals about cessation training: results from Global Health Professions Survey. Sreerameraddy, CT et al BMJ open. 2018 8(5): e0177477 published online 2018 May 26.

WHO, 2002. 2002 GYTS Factsheet Zambia 2002 GYTS Fact Sheet Zambia, Geneva: World Health Organization.

WHO, 2007. 2007 GYTS factsheet Zambia. 2007 GYTS Fact Sheet Zambia, Geneva: World Health Organization.

WHO, 2011. 2011 GYTS Factsheet Zambia, Geneva: World Health Organization.

WHO, MoH, CSO (2017) Zambia Stepwise Survey: For Non Communicable Diseases Risk Factors.

WHO, n.d. MPOWER. [Online] Available at: <https://www.who.int/initiatives/mpower> [Accessed 23 August 2024].

WHO, n.d. WHO Framework Convention on Tobacco Control (WHO FCTC). [Online]. Available at: [https://www.who.int/europe/teams/tobacco/who-framework-convention-on-tobacco-control-\(who-fctc\)#:~:text=The%20WHO%20FCTC%20is%20a,force%20on%2027%20February%202005](https://www.who.int/europe/teams/tobacco/who-framework-convention-on-tobacco-control-(who-fctc)#:~:text=The%20WHO%20FCTC%20is%20a,force%20on%2027%20February%202005). [Accessed 24 August 2024].

World Health Organization, Surveillance of noncommunicable diseases | Zambia (who.int)

World Health Organization. Global Status Report on Non-Communicable Diseases. Geneva: WHO; 2011

Zambia Statistics Agency, Ministry of Health (MOH) Zambia, and ICF, (2019), Zambia Demographic and Health Survey 2018. Lusaka, Zambia, and Rockville, Maryland, USA: Zambia Statistics Agency, Ministry of Health, and ICF.

Zambia Statistics Agency, Ministry of Health (MOH) Zambia, and ICF. 2019. Zambia Demographic and Health Survey 2018. Lusaka, Zambia, and Rockville, Maryland, USA: Zambia Statistics Agency, Ministry of Health, and ICF.

ZamStats (2022), Highlights of the 2022 Poverty Assessment in Zambia. Zambia Statistics Agency, Lusaka, Zambia.

APPENDIX A: QUESTIONNAIRE

Global Youth Tobacco Survey (GYTS)
Zambia 2021

Global Core Questionnaire Instructions

- Please read each question carefully before answering it.
- Choose the answer that best describes what you believe and feel to be correct.
- Choose only one answer for each question.
- On the answer sheet, locate the circle that corresponds to your answer and fill it in completely with the pencil that was provided to you.
- Correctly fill in the bubbles like this:
- If you have to change your answer, don't worry, just erase it completely, without leaving marks.

Example:

. Do you believe that fish live in water?

- a. Definitely yes
- b. Probably yes
- c. Probably not
- d. Definitely not

Introduction

Thank you for participating in this survey. Before you start, please read the following information that will help you to answer the questions

- Some of the questions will ask about smoking cigarettes.
- Other questions may ask about smoking tobacco in general that includes cigarettes and other types of smoked tobacco products.
- Other questions may ask about using smokeless tobacco, which is tobacco that is not smoked, but is sniffed through the nose, held in the mouth, or chewed.
- Finally, other questions may ask about any tobacco use or any tobacco products – this includes smoking cigarettes, smoking tobacco other than cigarettes, and using smokeless tobacco.
- Here is a chart that provides examples of various tobacco products

Any Tobacco Use	
Smoking Tobacco includes:	Smokeless Tobacco includes:
Cigarettes <ul style="list-style-type: none"> • ¾Manufactured cigarettes • ¾Hand-rolled cigarettes • ¾Kretek cigarettes • ¾Roll-your-own (Balani) 	<ul style="list-style-type: none"> • ¾Snuff (nsunko) • ¾Chewing tobacco • ¾Dip • Betel quid with tobacco
Other types of smoked tobacco: <ul style="list-style-type: none"> • ¾Pipes • ¾Cigars, mini cigars/cigarillos • ¾Waterpipes/hookah/shisha/narguileh/hubble-bubble • Bidis 	

The first few questions ask for some background information about yourself.

1. 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

2. What is your sex?

- a. Male
- b. Female

3. In what grade/form are you?

- a. 7
- b. 8
- c. 9

4. During an average week, how much money do you have that you can spend on yourself, however you want?

- a. I usually don't have any spending money
- b. Less than K2
- c. K2 - K5
- d. K6 - K10
- e. K11- K15
- f. K16 - K20
- g. More than K20

The next questions ask about your use of tobacco.

5. Have you ever tried or experimented with cigarette smoking (including hand-rolled cigarettes, kretek cigarettes, and roll-your-own [balani]), even one or two puffs?

- a. Yes
- b. No

6. How old were you when you first tried a cigarette (including hand-rolled cigarettes, kretek cigarettes, and roll-your-own [balani])?

- a. I have never tried smoking a cigarette (including hand-rolled cigarettes, kretek cigarettes, and roll-your-own [balani])
- 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

7. During the past 30 days, how many days did you smoke cigarettes (including hand-rolled cigarettes, kretek cigarettes, and roll-your-own [balani])?

- 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

8. Please think about the days you smoked cigarettes (including hand-rolled cigarettes, kretek cigarettes, and roll-your-own [balani]) during the past 30 days. How many cigarettes did you usually smoke per day?

- a. I did not smoke cigarettes (including hand-rolled cigarettes, kretek cigarettes, and roll-your-own [balani]) during the past 30 days
- 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

9. During the past 30 days, how often did you smoke hand-rolled cigarettes?

- a. I did not smoke hand-rolled cigarettes during the past 30 days
- b. Less than once a week
- c. At least once a week but not every day
- d. Every day

10. During the past 30 days, how often did you smoke manufactured cigarettes?

- a. I did not smoke manufactured cigarettes during the past 30 days
- b. Less than once a week
- c. At least once a week but not every day
- d. Every day

11. Have you ever tried or experimented with any form of smoked tobacco products other than cigarettes (such as pipes, cigars, shisha or waterpipe, bidis)?

- a. Yes
- b. No

The next two questions ask about shisha smoking.

13. Have you ever tried or experimented with shisha smoking, even one or two puffs?

- a. Yes
- b. No

14. How old were you when you first tried smoking shisha?

- a. I have never tried smoking shisha
- 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
- 16 years old or older

The next two questions ask about tobacco smoking (including cigarettes, hand-rolled cigarettes, kretek cigarettes roll-your-own (Balani), shisha, pipes, cigars, and bidis).

15. Do you ever smoke tobacco or feel like smoking tobacco first thing in the morning?

- a. I don't smoke tobacco
- b. No, I don't smoke tobacco or feel like smoking tobacco first thing in the morning
- c. Yes, I sometimes smoke tobacco or feel like smoking tobacco first thing in the morning
- d. Yes, I always smoke tobacco or feel like smoking tobacco first thing in the morning

16. How soon after you smoke tobacco do you start to feel a strong desire to smoke again that is hard to ignore?

- a. I don't smoke tobacco
- b. I never feel a strong desire to smoke again after smoking tobacco
- c. Within 60 minutes
- d. 1 to 2 hours
- e. More than 2 hours to 4 hours
- f. More than 4 hours but less than one full day
- g. 1 to 3 days
- h. 4 days or more

The next two questions ask about smokeless tobacco products (including Nsunko (snuff), chewing tobacco, and dip).

17. Have you ever tried or experimented with any form of smokeless tobacco products (such as Nsunko [snuff], chewing tobacco, dip, betel quid with tobacco)?

- a. Yes
- b. No

18. During the past 30 days, did you use any form of smokeless tobacco products (such as Nsunko [snuff], chewing tobacco, dip, betel quid with tobacco)?

- a. Yes
- b. No

19. How old were you when you first tried using smokeless tobacco (such as Nsunko [snuff], chewing tobacco, dip, betel quid with tobacco)?

- a. I have never tried using smokeless tobacco
- 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

The next questions ask about electronic cigarettes. Electronic cigarettes, or e-cigarettes, are electronic devices that usually contain a nicotine-based liquid that is vaporized and inhaled. You may also know them as vape pens, hookah pens, electronic hookahs (e-hookahs), electronic cigars (e-cigars), electronic pipes (e-pipes), or e-vaporizers. Some look like cigarettes and others look like pens or small pipes. These are battery-powered devices that produce vapor instead of smoke.

20. Before today, had you ever heard of electronic cigarettes or e-cigarettes?

- a. Yes
- a. No

21. During the past 30 days, how many days did you use electronic cigarettes?

- a. 0 days
- b. 1 or 2 days
- c. 3 to 5 days
- d. 6 to 9 days
- e. 10 or 19 days
- f. 20 to 29 days
- g. All 30 days

The next questions ask about your feelings toward stopping smoking.

22. Do you want to stop smoking now?

- a. I have never smoked
- b. I don't smoke now
- c. Yes
- d. No

23. During the past 12 months, did you ever try to stop smoking?

- a. I have never smoked
- b. I did not smoke during the past 12 months
- c. Yes
- d. No

24. Do you think you would be able to stop smoking if you wanted to?

- a. I have never smoked
- b. I don't smoke now
- c. Yes
- d. No

25. Have you ever received help or advice to help you stop smoking? (SELECT ONLY ONE RESPONSE)

- a. I have never smoked
- b. Yes, from a program or professional from a club
- c. Yes, from a friend or a family member
- d. Yes, from a teacher
- e. Yes, from school
- f. Yes, from church
- g. Yes, from both programs or professionals AND friends, family members, teachers, school, and church
- h. No

26. What was the main reason you decided to stop smoking? (SELECT ONE RESPONSE ONLY)

- a. I have never smoked
- b. I have not stopped smoking
- c. To improve my health
- d. To save money
- e. Because my family or friends do not like it
- f. I am afraid of getting COVID 19
- g. I listened to advice to stop smoking
- h. Another reason

The next questions ask about your exposure to other people's smoking

27. During the past 7 days, on how many days has anyone smoked inside 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

28. How often do you see your father (stepfather or mother's partner) smoking in your home?

- a. Don't have father/stepfather/mother's partner
- b. About every day
- c. Sometimes
- d. Never

29. How often do you see other people smoking in your home?

- a. Don't have/don't see other people in my home
- b. About every day
- c. Sometimes
- d. Never

30. During the past 7 days, on how many days has anyone smoked in your presence, inside any enclosed public place, other than your home (such as school, shops, restaurants, shopping malls, movie theaters, markets, taverns, and stadium)?

- a. 0 days
- b. 1 to 2 days
- c. 3 to 4 days
- d. 5 to 6 days
- e. 7 days

31. During the past 7 days, on how many days has anyone smoked in your presence, at any outdoor public place (such as playgrounds, sidewalks, entrances to buildings, parks, beaches, kantemba, market, sports arena, zoo)?

- a. 0 days
- b. 1 to 2 days
- c. 3 to 4 days
- d. 5 to 6 days
- e. 7 days

32. During the past 30 days, did you see anyone smoke inside the school building or outside on school property?

- a. Yes
- b. No

33. During school hours, how often do you see teachers smoking outdoors on school premises?

- a.About every day
- b.Sometimes
- c.Never
- d.Don't know

34. Do you think the smoke from other people's tobacco smoking is harmful to you?

- a.Definitely not
- b.Probably not
- c.Probably yes
- d.Definitely yes

35. Are you in favor of banning smoking inside enclosed public places (such as schools, shops, restaurants, shopping malls, movie theaters, markets, taverns, stadiums)?

- a.Yes
- b.No

36. Are you in favor of banning smoking at outdoor public places (such as playgrounds, sidewalks, entrances to buildings, parks, beaches, kantemba, markets, sports arenas, zoos)?

- a.Yes
- b.No

The next questions ask about getting cigarettes and other tobacco products.

37. The last time you smoked cigarettes (including hand-rolled cigarettes, kretek cigarettes, and roll-your-own [balani]) during the past 30 days, how did you get them?

(SELECT ONLY ONE RESPONSE)

- a.I have never smoked
- b.I did not smoke any cigarettes during the past 30 days
- c.I bought them in a store or shop or kantemba
- d.I bought them from a street vendor
- e.I stole them
- f.I got them from a friend
- g.It was a free sample
- h.I got them some other way

38. During the past 30 days, did anyone refuse to sell you cigarettes because of your age?

- a.I did not try to buy cigarettes during the past 30 days
- b.Yes, someone refused to sell me cigarettes because of my age
- c.No, my age did not keep me from buying cigarettes

39. The last time you bought cigarettes during the past 30 days, how did you buy them?

- a. I did not buy cigarettes during the past 30 days
- b. I bought them in a pack
- c. I bought individual sticks (singles)
- d. I bought them in a carton
- e. I bought them in rolls
- f. I bought tobacco and rolled my own Balani (Roll-your-own)

40. On average, how much do you think a pack of 20 cigarettes costs?

- a. Less than K10
- b. K10 – K14
- c. K15 – K19
- d. K20 – K24
- e. K25 – K29
- f. K30 – K34
- g. K35 and above
- h. I don't know

41. During the past 30 days, what brand of cigarettes did you usually smoke? (SELECT ONLY ONE RESPONSE)

- a. I did not smoke cigarettes during the past 30 days
- b. No usual brand
- c. Pacific
- d. Consulate
- e. Peter
- f. Dunhill
- g. Other brand

42. On the whole, do you find it easy or difficult to buy cigarettes from a shop?

- a. I do not buy cigarettes from a shop
- b. There are no shops to buy cigarettes from
- c. Very difficult
- d. Fairly difficult
- e. Fairly easy
- f. Very easy

43. Can you purchase cigarettes or other tobacco products near your school?

- a. Yes
- b. No
- c. I don't know

44. Do you think the price of cigarettes or other tobacco products should be increased?

- a. Yes
- b. No

45. The last time you used smokeless tobacco during the past 30 days, how did you get it?

(SELECT ONLY ONE RESPONSE)

- a. I did not use smokeless tobacco during the past 30 days
- b. I bought it in a store or shop or kantemba
- c. I bought it from a street vendor
- d. I stole it
- e. I got it from a friend
- f. It was a free sample
- g. I got it some other way

The next questions ask about messages that are against using tobacco (might include cigarettes, other smoked tobacco, and smokeless tobacco).

46. During the past 30 days, did you see or hear any anti-tobacco media messages on television, radio, internet, billboards, posters, newspapers, magazines, or movies?

- a. Yes
- b. No

47. During the past 30 days, did you see or hear any anti-tobacco messages at sports events, fairs, concerts, or community events, or social gatherings?

- a. I did not go to sports events, fairs, concerts, or community events, or social gatherings in the past 30 days
- b. Yes
- c. No

48. During the past 30 days, did you see any health warnings on cigarette packages?

- a. No, I did not see any cigarette packages
- b. Yes, but I didn't think much of them
- c. Yes, and they led me to think about quitting smoking or not starting smoking

49. During the past 12 months, were you taught in any of your classes about the dangers of tobacco use?

- a. Yes
- b. No
- c. I don't know

The next questions ask about advertisements or promotions for tobacco (might include cigarettes, other smoked tobacco, and smokeless tobacco).

50. During the past 30 days, did you see any people using tobacco on TV, in videos, or in movies?

- a. I did not watch TV, videos, or movies in the past 30 days
- b. Yes
- c. No

51. During the past 30 days, did you see any advertisements or promotions for tobacco products at points of sale (such as stores, shops, kantemba, etc.)?

- a. I did not visit any points of sale in the past 30 days
- b. Yes
- c. No

52. Would you ever use or wear something that has a tobacco company or tobacco product name or picture on it such as a lighter, t-shirt, hat, or sunglasses?

- a. Yes
- b. Maybe
- c. No

53. Do you have something (for example, a t-shirt, pen, backpack) with a tobacco product brand logo on it?

- a. Yes
- b. No
- c. I don't know

54. Has a person working for a tobacco company ever offered you a free tobacco product?

- a. Yes
- b. No
- c. I don't know

The next questions ask about your attitudes and beliefs about using tobacco

55. Do any of your closest friends smoke tobacco?

- a. None of them
- b. Some of them
- c. Most of them
- d. All of them
- e. I don't know

56. If one of your best friends offered you a tobacco product, would you use it?

- a. Definitely not
- b. Probably not
- c. Probably yes
- d. Definitely yes

57. If one of your best friends offered you Nsunko (snuff), would you use it?

- a. Definitely not
- b. Probably not
- c. Probably yes
- d. Definitely yes

58. At any time during the next 12 months do you think you will use any form of tobacco?

- a. Definitely not
- b. Probably not
- c. Probably yes
- d. Definitely yes

59. Once someone has started smoking tobacco, do you think it would be difficult for them to quit?

- a. Definitely not
- b. Probably not
- c. Probably yes
- d. Definitely yes

60. Do you think smoking tobacco helps people feel more comfortable or less comfortable at celebrations, parties, or other social gatherings?

- a. More comfortable
- b. Less comfortable
- c. No difference whether smoking or not

61. Do you agree or disagree with the following: "I think I might enjoy smoking a cigarette."

- a. I currently smoke cigarettes
- b. Strongly agree
- c. Agree
- d. Disagree
- e. Strongly disagree

62. Do you agree or disagree with the following: "I think I might enjoy smoking shisha."

- a. I currently smoke shisha
- b. Strongly agree
- c. Agree
- d. Disagree
- e. Strongly disagree

63. Do you agree or disagree with the following: “I think I might enjoy using nsunko (snuff).”

- a. I currently smoke shisha
- b. Strongly agree
- c. Agree
- d. Disagree
- e. Strongly disagree

64. Does the use of tobacco for a long time lead to developing lung cancer, heart disease, or chronic cough?

- a. Yes
- b. No
- c. I don't know

65. Does tobacco use lead to the use of illegal drugs like marijuana?

- a. Yes
- b. No
- c. I don't know

66. Tobacco use does not prevent COVID-19 disease.

- a. Yes
- b. No
- c. I don't know

67. Do you agree or disagree that COVID-19 disease might be more severe in people who use tobacco?

- a. Strongly agree
- b. Agree
- c. Disagree
- d. Strongly disagree
- e. I don't know

Thank you for participating in the survey!

School Policy Questionnaire

1. What is your primary position in this school?

- a. Administrator/Headmaster
- b. Teacher
- c. School health services personnel (ex. Nurse)
- d. Clerical staff
- e. Other type of school personnel (_____)

2. Does your school have a policy or rule specifically prohibiting tobacco use among students inside school buildings?

- a. Yes
- b. No
- c. I don't know

3. Does your school have a policy or rule specifically prohibiting tobacco use among students outside school buildings on school premises/property?

- a. Yes
- b. No
- c. I don't know

4. Does your school have a policy or rule specifically prohibiting tobacco use among school personnel inside school buildings?

- a. Yes
- b. No
- c. I don't know

5. Does your school have a policy or rule specifically prohibiting tobacco use among school personnel outside school buildings on school premises/property?

- a. Yes
- b. No
- c. I don't know

6. How well does your school enforce any of its policies (or rules) on tobacco use among students?

- a. There is no policy or rule on tobacco use among students
- b. Completely
- c. Partially
- d. Not at all

7. How well does your school enforce any of its policies (or rules) on tobacco use among school personnel?

- a. There is no policy or rule on tobacco use among school personnel
- b. Completely
- c. Partially
- d. Not at all

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Ministry Of Health

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