

**REPORT OF THE GLOBAL YOUTH TOBACCO
SURVEY (GYTS) AND GLOBAL SCHOOL
PERSONNEL SURVEY (GSPS)**

Sri Lanka

P.W.GUNASEKARA

RESEARCH COORDINATOR

CONSULTANT EDUCATION SPECIALIST

**WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR SOUTH EAST ASIA
NEW DELHI**

Summary.

The government of Sri Lanka made two very important policy decisions regarding tobacco control in the past decade. The most important is the enactment of The National Authority on Tobacco Control Act (NATAA) passed by the Parliament unanimously in 2006, and the other one is the ratification of World Health Organization Framework Convention on Tobacco Control (WHO FCTC) in 2003. Sri Lanka conducted three Global Youth Tobacco Surveys (GYTS) in 1999, 2003 and 2007 in an effort to track tobacco use among adolescents.

The GYTS is a school-based survey of students aged 13-15 years. The GYTS was conducted in 50 schools in all 9 provinces. Representative national estimates for Sri Lanka 1999, 2003 and 2007 were used in this study .

In 2007, 1.2% of students currently smoke cigarettes and 8.6.9% currently used other tobacco products. Current smoker rates have significantly declined than those observed in 1999 and 2003. But use of other tobacco products has gone up continuously. Over the same period, exposure to SHS at home and in public places have decreased significantly; whereas, exposure to pro-tobacco ads on billboards and the ability to purchase cigarettes in a store did not change significantly. The ability to purchase cigarettes in a store did not change significantly and intact the proportion of students who could have obtained their cigarettes from a store has gone up from 68.2% in 1999 to 75.5% in 2007.

CONCLUSION

Tobacco use is one of the major preventable causes of premature death and disease in the world. A disproportionate share of the global tobacco burden falls on developing countries, where 84% of 1.3 billion current smokers live.¹ In an effort to strengthen the tobacco control effort in Sri Lanka, the Government of Sri Lanka passed the National Authority on Tobacco and Alcohol Act (NATAA) in 2006.² And, in 2003 the Government of Sri Lanka ratified the World Health Organization (WHO) Framework Convention on Tobacco Control (WHO FCTC).³ One of the main objectives of the Sri Lanka NATAA, 2006 was to discourage the intake of tobacco and alcohol among young children and adults. The Act prohibits the selling of cigarettes to any person less than 21 years of old. Across Sri Lanka, all cigarette sellers are forced to display a notice, 'cigarettes will not be sold to persons less than 21 years old.' The Act prohibits smoking in all enclosed public places. Twenty eight (28) such places are listed in NATAA

Global Tobacco Surveillance

In 1998, WHO, the U.S. Centers for Disease Control and Prevention, and the Canadian Public Health Association developed the Global Tobacco Surveillance System (GTSS) to assist WHO Member States in establishing continuous tobacco control surveillance and monitoring.^{5,6} The GTSS includes collection of data through three surveys: the Global Youth Tobacco Survey (GYTS) for youth, and the Global School Personnel Survey (GSPS) and the Global Health Professions Student Survey (GHPSS) for adults. The GYTS provides systematic global surveillance of youth tobacco use. Countries can use GYTS data to enhance their capacity to monitor tobacco use among youth; guide development, implementation, and evaluation of their national tobacco prevention and control

program; and allow comparison of tobacco-related data at the national, regional, and global levels.

The purpose of this paper is to use data from the GYTS conducted in Sri Lanka in 1999, 2003 and 2007 to examine changes in different tobacco control measures, which can be used to monitor various provisions of NATAA and relevant articles in the WHO FCTC.

METHODS

Procedures

The GYTS is a school based survey that uses a two-stage cluster sample design to produce representative samples of students in grades associated with ages 3–15. The sampling frame includes all schools containing any of the identified grades. At the first stage, the probability of schools being selected is proportional to the number of students enrolled in the specified grades. At the second sampling stage, classes within the selected schools are randomly selected. All students in selected classes attending school the day that the survey is administered are eligible to participate. Student participation is voluntary and anonymous using self-administered data-collection procedures. The GYTS sample design produces representative, independent, cross-sectional estimates for each site. Data in this paper are limited to students aged 13–15 years old.

SUDAAN, a software package for statistical analysis of correlated data, was used to compute standard errors of the estimates and produced 95% confidence intervals which are shown as lower and upper bounds.⁷ Differences in proportions were considered statistically significant at the $p < 0.05$ level.

Participants

The 1999 GYTS was a national sample of 100 schools selected from all 8 provinces. The 2003 and 2007 GYTS were performed in 50 sample schools selected from all provinces. In 2007 survey, 50 government controlled schools covering all 9 provinces (instead of 8 in 1999 and 2003) were selected for the survey. Students in Grades 8 -10 participated. Nine Provincial Managers working with ADB funded project, along with few other data enumerators were selected for the purpose and they were trained in the Ministry of Education regarding all logistical arrangements and survey procedures. The data collection was started in March and concluded in May, except 4 schools in the North Province, which took two additional months due to the inaccessibility. The school response rate was 100% and the student response rate ranged from 85%. A total of 1,764 students responded.

For each survey, a sampling factor was applied to each student record to adjust for the probability of selection at the school and student level and non-response at the school, class, and student level. A final adjustment sums the weights by grade and gender to the population of school children in grades 8-10 in the country.

The 2007 Sri Lanka GSPS

Along with the GYTS 2007, the Global School Personnel Survey (GSPS) was also conducted in Sri Lanka and the current report presents its results too. In Sri Lanka, education is a state responsibility and in accordance with the annual school census conducted by the Ministry of Education in 2005 there are 9714 government schools in 9 provinces. Schools in all 9 provinces qualified to enter the survey. Survey

procedures allowed for anonymous and voluntary participation. Nine researchers were trained to conduct the survey with teachers. The teachers in the whole school were gathered into a classroom and the questionnaire was administered for all teachers at the same time and the completed questionnaire was collected immediately after they completed. A weighting factor was applied to adjust for non-response and for the varying probabilities of selection. The Efi- Info program computed prevalence rates and confidence intervals for the estimates. As in the case of GYTS, teachers too recorded their responses on a sheet, which could subsequently be optically read by machine. Survey procedures allowed for anonymous and voluntary participation. Nine researchers were trained to conduct the survey with teachers.

The objectives of the GSPS are to: (1) collect baseline information on tobacco use; (2) evaluate the existence, implementation and enforcement of tobacco control policies in schools, (3) understand the knowledge and attitudes towards tobacco control policies; (4) assess training and material requirement for implementing tobacco prevention and control interventions; and (5) verify some information obtain from the GYTS.

All school personnel in the eligible school was qualified to take part in the survey but, due to the large number of teachers serving in some schools, the enumerators were compelled to limit it to manageable number. All selected schools participated in the study. Response rate among eligible school personnel was 100%. All 1597 teachers who participated submitted their responses to the data enumerated. Majority (72.4%) were female teachers with less (27.6%) number of male. Some 41.7% teachers were aged less than 40 years and 20.6% were older than 50 years. The majority of school personnel (61.5%) were teachers and there were 46 (3.9%) Principals and 41

represented the ancillary staff. Out of the respondents 23.7% teachers were directly teaching the health subject as their primary responsibility and 33% were teaching the health subject occasionally. However, 4 in 10 (43.0%) were not teaching the subject at all.

GYTS Questionnaire

For the Sri Lanka country-specific questionnaires included data on prevalence of cigarettes, bidis (small, filterless, handmade cigarettes rolled in a leaf, which can be flavored), and smokeless tobacco use, perceptions and attitudes about tobacco, access to and availability of tobacco products, exposure to secondhand smoke, school curricula, media and advertising, and smoking cessation. The final Sri Lanka questionnaires were translated into local languages i.e Sinhala and Tamil, and back-translated into English to check for accuracy. GYTS country research coordinator conducted focus group of students aged 13–15 to confirm the accuracy of the translation and student understanding of the questions.

GSPS Questionnaire

The GSPS questionnaire contained 46 multiple choice questions. The questionnaire originally prepared in English was translated to local languages namely, Sinhala and Tamil. Before administering the questionnaire it was pre-tested with few selectees. The Sri lanka country specific questionnaire included data on prevalence of cigarette smoking, and use of other tobacco products both smoking and smokeless (e.g. Bidis, cigars, chewing tobacco with betel etc.), school policies prohibiting use of tobacco, and tobacco related curricula.

RESULTS FROM GYTS AND COMPARING THE GYTS IN 1999, 2003 AND 2007

Prevalence

In 2007, 5.1% of students had ever smoked cigarettes, even one or two puffs (Table 1). Between 1999 and 2007, ever smoking decreased statistically overall and by sex (1999, 12.1% and 2007 6.3%). In 2007, among ever smokers, 39.5% initiated smoking before age 10. Between 1999 and 2003, early initiation significantly decreased overall to 31.2% but compared to boys (29.6%) girls rate was again high (38.1%) . In 2007, 1.2% of students currently smoked cigarettes (a current smoker is defined as a student who smoked a cigarette on at least one day in the month prior to the survey), with the rate for boys significantly higher (1.6%) than girls (0.9%). Between 1999 and 2003, current cigarette smoking decreased significantly from 4.0% to 2.4%. In 2007, 8.6% of students currently use tobacco products other than cigarettes (such as bidis, chewing tobacco, betel quids, etc), with the rate for boys (11.6%) significantly higher than girls (5.6%). Between 1999 and 2003, other tobacco use did not change statistically (1999, 7.2% and 2003 7.0%). In 2007, the prevalence of other tobacco use was significantly higher than cigarette smoking overall, for boys and for girls. In 2007, 3.7 % of never smokers stated that they wanted to initiate smoking in the next year compared to 5.1% in 1999 and 4.6% in 2003. Though this is a minor change still the issue is heartening.

Cessation

From 1999 to 2007 there was no change in the percent of current smokers expressed their desire to stop smoking now (79.0%, 73.7%, and 76.5%, respectively).

Exposure to Secondhand Smoke (SHS)

In 2007, 24.2% of the students reported that they were exposed to SHS from others in their home during the 7 days prior to the survey (Table 2). Between 1999 and 2003, exposure to SHS at home also marginally decreased overall and for boys and girls. In 2007, 65.9% of the students reported that they were exposed to SHS in public places during the 7 days prior to the survey. Between 1999 and 2003, exposure to SHS in public places slightly increased, overall and for girls. In 2007, 87.9% of the students reported that they favored a ban on smoking in public places. Between 1999 and 2003, the desire to ban smoking in public places were high (1999, 91.4% and 2003, 93.0%) than in 2007.

Media and Advertising

In 2007, 67.4% of the students reported that they saw “a lot” of advertisements for cigarettes on billboards during the month prior to the survey (Table 2). Between 1999 and 2003, exposure to billboard advertisements changed only a marginally (81.0% - 79.3%).

Minors' Access and Availability

In 2007, 21.8% could have bought their tobacco in a store, and 75.5% of current smokers reported that they usually bought their cigarettes in a store and 75.4% of them were not refused to purchase because of their age (Table 2).

Between 1999 and 2003, the percent of current smokers who purchased their cigarettes in a store increased slightly (68.2% -72.3%). In 2007, 3.0% of students reported that they had been offered free cigarettes by a tobacco company representative. This shows a further reduction from 6.4% from 1999 to 5.9% in 2003.

RESULTS FROM GSPS 2007

Prevalence among School Personnel (Table 2)

The prevalence rate among current school personnel is 16.2% of which majority (48.9%) are males compared to 3.7% females. Of the current smokers, 1.1% smoke daily and 3.6% occasionally. Among those current daily smokers and 10.6% are males compared to 0.1% females. As far as ever smokers are concerned, 8.9% have ever smoked cigarettes. Males have outnumbered (20.8%) the females (4.6%). Total of 8.6% using other tobacco products such as chewing tobacco, of which majority (20.8%) are males (females, 4.6%). Smokers of low cost varieties such as Bidis are 4.3% and among them majority are males (10.5%) with only 1.1% females

School Policies (Table No.4)

Asked whether they think there should be a policy or rule to prohibit tobacco use among students on school premises more than 9 out of 10 (92%) say yes. Similar number (91.0%) thinks there should have such policy prohibiting tobacco use even among school personnel on school premises. Fifty percent of respondents believe school should have a policy to prohibit smoking not only inside school buildings (57.7%) but outside the buildings/school premises (53.3%) as well. Only 4 out of 10 aware their school has a policy or rule to prohibit students smoking (40.5%) and

school personnel smoking (39.1%) at school sponsored activities. Less than half (49.7%) are aware of any existing rule or a policy on banning the smoking of school personnel inside the school building/premises (44.8%). Only four out of ten are aware whether their school completely enforces any of its policy on tobacco among student (46.9%) and school personnel (39.1%).

Tobacco Related Curricular (Table No.5)

Nearly 7 in 10 (66.8%) say tobacco prevention is included in their school curriculum. But only 7.3% have been in access to teaching- learning materials to use to help students to prevent using tobacco. Only 16.2% have had a training on how to prevent tobacco use among youth. Non-classroom activities used to teach children the prevention of tobacco use are also not that encouraging. Only 41.3% have given a positive answer.

Discussion for GYTS

Results from the 2007 GYTS indicate some positive results compared to 1999 and 2003 surveys. Prevalence of cigarette smoking among 13-15 years old reduced to a great extent. When the first GYTS results were available, Education and Health authorities as well as parents were shocked. The results of the three Sri Lanka surveys show that country can bring the adolescents tobacco use to a zero level provided effective advocacy programs are put in place.

Despite some rules and regulations the Sri Lanka data from 1999 to 2007 show that access to cigarettes by minors remains almost the same. Focus need to be given to better enforcement of existing Law of prohibiting sale of tobacco to minors.

Priority attention is needed for this in order to comply with the Article 16 of FCTC

(sale to and by minors) Sri Lanka was successful in banning advertisement of tobacco products and tobacco use promotion in all local media. However, children today are more familiar with the internet and other international media. A ban on advertising in such media can have positive GYTS from all three studies show that exposure to second hand smoking (SHS) is very high in homes and in public places. Enforcement of legislation (NATAA) on banning smoking in public places can emerge better results. This again has to consider as a priority measure in order to be in line with the Article 8 of the FCTC. Such enforcement is endorsed by around 90% of students across all three studies.

Discussion for GSPS

Since 1938 Education Ordinance came into effect, there was a school policy to prohibit tobacco use in the premises. The ordinance barred school teachers not only to smoke in the school buildings and premises, but also chewing betel (understandably with tobacco). The legislation in 2006, (NATAA) lists all the education institutes to be free from tobacco. In this GSPS 2007, teachers when asked to respond about their knowledge on school policies and rules on tobacco use their response was very negative. These responses seriously and strongly suggest that school personnel should have some sessions included in their training programs on existing policies and laws in Sri Lanka.

Tobacco use often starts in adolescent years. This study taken with GYTS studies strongly suggests that school personnel should form important role models, potentially influencing the youth on tobacco use.

Recommendations

GYTS

1. In order to meet obligations under different Article in FCTC as party to the Convention, data gathered through GYTS are very useful. The same should also be used for formulation/amendments/implementation of policy for tobacco control, which should lead to meeting the treaty obligations.
2. Also the GYTS findings should form basis for strict enforcement of national tobacco control legislations in Sri Lanka (NATAA, 2006). Law enforcement authorities should be exposed to a comprehensive training on the NATAA laws and FCTC provisions.
3. Comprehensive legislation on controlling the use and importation of tobacco products in the country will be an effective measure in controlling tobacco use among the Sri Lankan population.
4. Effective training program, should be put in place by the MoE in collaboration with MoH, with strong implementation, monitoring and evaluation mechanisms. Training of a set of Trainers selected from Provinces can be involved in training the other teachers.
5. Establish smoke free schools island-wide to take the anti-tobacco messages to the community.

Recommendations

GSPS

1. As it is clearly visible in the survey data, most of the teachers are unaware of the existing law in the country on tobacco control. Hence, it is very important to make them aware of the law by making available the copies of NATAA and FCTC in their local languages.
2. Ministries of Education and Health in collaboration should conduct island wide training programs based on WHO-FCT and on the MPower package, for school personnel on how to work with students in combating the tobacco problem among youths. This could be done first by training of a set of trainers on provincial level and then trained the local teachers by using them.
3. Teaching - learning materials to work with the classroom students should be made available to the teachers. Specially, the School Tobacco Control Manual published by WHO is needed to be translated into local languages and copies be made available to principals and teachers in all schools around the country.
4. Development of Monitoring and Evaluation system is recommended to achieve effective results on implementation of school policies

Table 1: Prevalence – SRI LANKA 2001, 2003 and 2007 (13-15 Years ONLY)

Prevalence	1999			2003			2007		
	Total	Boy	Girl	Total	Boy	Girl	Total	Boy	Girl
Ever smoked cigarettes	12.1 (9.4 - 15.4)	17.7 (13.7 - 22.5)	5.9 (4.1 - 8.4)	6.3 (4.6 - 8.5)	9.2 (6.4 - 12.9)	2.9 (1.7 - 4.9)	5.1 (2.9 - 9.0)	6.9 (3.5 - 12.9)	3.4 (1.6 - 7.4)
Ever Smokers, first smoked cigarettes before age 10	34.6 (25.1 - 45.4)	30.0 (21.6 - 40.0)	58.7 (36.1 - 78.2)*	31.2 (19.3 - 46.1)	29.6 (16.7 - 47.0)	38.1 (19.5 - 61.0)*	39.5 (21.6 - 60.8)	31.7 (16.1 - 52.7)*	58.3 (25.2 - 85.3)*
Current cigarette smoker	4.0 (2.8 - 5.8)	6.2 (4.3 - 9.0)	1.6 (0.9 - 2.9)	2.4 (1.5 - 3.7)	3.0 (1.8 - 4.9)	1.3 (0.6 - 2.9)	1.2 (0.5 - 2.9)	1.6 (0.7 - 3.7)	0.9 (0.2 - 3.5)
Current user of other tobacco products	7.2 (6.1 - 8.4)	9.2 (7.2 - 11.6)	5.0 (3.9 - 6.4)	7.0 (5.4 - 8.9)	7.9 (5.6 - 11.2)	5.8 (4.4 - 7.6)	8.6 (6.4 - 11.5)	11.6 (8.0 - 16.6)	5.6 (3.5 - 8.7)
Never smokers likely to initiate smoking in the next year	5.1 (4.2 - 6.4)	7.6 (5.7 - 10.1)	3.1 (2.2 - 4.2)	4.6 (3.5 - 6.1)	5.8 (4.0 - 8.4)	3.4 (2.1 - 5.4)	3.7 (2.4 - 5.6)	5.2 (3.1 - 8.7)	2.2 (1.2 - 4.3)

Table 2: Factors influencing tobacco use – SRI LANKA 2001, 2003 and 2007 (13-15 Years ONLY)

Factors	1999			2003			2007		
	Total	Boy	Girl	Total	Boy	Girl	Total	Boy	Girl
EXPOSURE TO SMOKE	50.8	52.8	49.0	41.2	43.1	39.3	29.9	32.0	27.8
One or more parents smoke	(47.8 – 53.8)	(49.4 – 56.2)	(44.8 – 53.3)	(37.2 – 45.4)	(37.4 – 49.0)	(34.3 – 44.4)	(25.6 – 34.5)	(26.3 – 38.2)	(22.2 – 34.2)
All or most best friends smoke	5.2	7.6	2.4 (1.6 – 3.6)	3.6 (2.7 – 4.9)	4.8 (3.3 – 7.0)	2.5 (1.6 – 3.9)	3.3 (1.9 – 5.7)	4.6 (2.5 – 8.3)	2.0 (1.0 – 4.1)
Exposed to smoke in public places	67.9	72.1	64.1	68.3	70.5	65.8	65.9	66.5	65.1
	(64.5 – 71.2)	(68.2 – 75.7)	(59.6 – 68.3)	(64.9 – 71.4)	(66.5 – 74.2)	(61.1 – 70.2)	(62.1 – 69.5)	(60.5 – 72.1)	(60.5 – 69.4)
In favor of banning smoking in public places	91.4	89.7	93.3	93.0	91.8	94.4	87.9	85.8	90.1
	(88.6 – 93.6)	(86.8 – 92.1)	(89.3 – 95.9)	(90.9 – 94.7)	(89.1 – 93.8)	(91.6 – 96.3)	(83.1 – 91.5)	(80.0 – 90.1)	(83.7 – 94.1)
SCHOOL									
During this school year, were taught in any classes about the dangers of smoking	62.7	58.0	67.5	79.8	78.5	81.4	72.8	65.8	79.8
	(59.3 – 66.0)	(54.3 – 61.6)	(63.0 – 71.6)	(75.8 – 83.3)	(72.5 – 83.5)	(77.4 – 84.8)	(67.1 – 77.8)	(58.3 – 72.5)	(74.8 – 84.0)
MEDIA/ADVERTISING									
During the past month saw any anti-smoking media messages	90.4	89.1	91.9	84.8	81.3	88.4	84.5	82.7	86.3
	(88.5 – 92.0)	(86.5 – 91.2)	(89.5 – 93.8)	(81.0 – 88.0)	(74.8 – 86.4)	(85.6 – 90.7)	(81.3 – 87.2)	(78.6 – 86.2)	(82.3 – 89.4)
During the past month saw any advertisement for cigarettes on billboards	81.0	81.0	81.1	79.3	81.6	76.8	67.4	69.3	65.5
	(78.8 – 83.1)	(78.3 – 83.4)	(78.1 – 83.7)	(76.3 – 82.0)	(77.8 – 84.9)	(72.4 – 80.7)	(62.6 – 71.8)	(64.0 – 74.1)	(59.5 – 71.1)
During the past month saw any advertisements or promotions for cigarettes in newspapers or magazines	83.4	83.6	83.2	78.4	77.8	78.9	68.4	68.8	68.0
	(81.3 – 85.3)	(80.7 – 86.1)	(80.0 – 86.1)	(75.5 – 81.0)	(74.3 – 80.9)	(74.3 – 82.9)	(64.5 – 72.1)	(62.1 – 74.7)	(63.1 – 72.6)
Have an object (t-shirt, pen, backpack, etc) with a cigarette brand logo on it	10.5	11.6	9.0 (7.3 – 11.1)	11.0	11.8	9.8 (7.3 – 12.9)	5.7 (4.1 – 7.9)	6.0 (4.0 – 9.0)	5.5 (3.7 – 8.0)
	(8.9 – 12.3)	(9.2 – 14.5)		(9.3 – 12.9)	(9.3 – 14.9)				
CESSATION									
Current smokers who want to stop smoking now	79.0	79.8	69.8	73.7	70.5	75.2	76.5	64.5	100.0*
	(61.8 – 89.7)	(60.3 – 91.1)	(28.6 – 93.0)*	(49.1 – 89.1)*	(39.6 – 89.7)*	(35.0 – 94.5)*	(56.8 – 88.9)*	(36.3 – 85.3)*	
Current smokers who always feel like having a cigarette first thing in the morning	NA	NA	NA	0.0*	0.0*	0.0*	6.8 (1.2 – 30.6)*	12.6 (3.5 – 36.1)*	0.0*
ACCESS									
Current smokers who usually buy their cigarettes in a store were not refused purchase because of their age	68.2	75.0	34.1	72.3	81.4	43.9	75.5	100.0*	51.0
	(49.2 – 82.6)	(57.0 – 87.1)	(11.4 – 67.6)*	(29.6 – 94.2)*	(28.4 – 98.0)*	(4.1 – 93.5)*	(14.3 – 98.3)*		(5.3 – 95.1)*
Ever offered a “free” cigarette by a cigarette company representative	6.4	7.9	4.4 (3.2 – 6.1)	5.9 (4.7 – 7.5)	7.5 (5.7 – 9.8)	4.2 (2.9 – 6.1)	3.0 (1.7 – 5.0)	2.7 (1.3 – 5.7)	3.2 (1.8 – 5.8)

Table 3: GSPS Prevalence – Sri Lanka 2007

	Total	Male	Female
Ever smoked cigarettes	16.2 (13.1 – 19.8)	48.9 (38.7 – 59.2)	3.7 (2.5 – 5.4)
Currently smoked cigarettes			
- Daily	1.1 (0.6 – 1.8)	3.9 (2.3 – 6.6)	0.0
- Occasionally	3.6 (2.5 – 5.1)	10.6 (7.1 – 15.6)	0.6 (0.2 – 1.7)
Ever used chewing tobacco	8.9 (6.4 – 12.4)	20.8 (12.5 – 32.7)	4.6 (3.0 – 6.8)
Currently used chewing tobacco			
- Daily	2.3 (0.9 – 5.5)	7.5 (2.8 – 18.9)	0.3 (0.1 – 1.1)
- Occasionally	2.2 (1.4 – 3.4)	4.0 (2.2 – 7.1)	1.5 (0.8 – 2.8)
Ever smoked bidis	4.3 (3.2 – 5.8)	12.5 (8.3 – 18.5)	1.1 (0.7 – 1.7)
Current smoke bidis			
- Daily	0.3 (0.1 – 0.9)	0.3 (0.1 – 1.1)	0.3 (0.1 – 1.2)
- Occasionally	0.7 (0.4 – 1.5)	1.5 (0.5 – 4.5)	0.2 (0.1 – 0.4)

Table 4 GSPS School Policy – Sri Lanka 2007

Think schools should have a policy or rule specifically prohibiting tobacco use among students on school premises/property	92.0 (90.4 – 93.3)
Think schools should have a policy or rule specifically prohibiting tobacco use among school personnel on school premises/property	91.0 (88.5 – 93.0)
School has a policy or rule specifically prohibiting tobacco use among students inside school buildings	57.4 (50.0 – 64.4)
School has a policy or rule specifically prohibiting tobacco use among students outside school buildings, but on school premises/property	55.3 (48.8 – 61.6)
School has a policy or rule specifically prohibiting tobacco use among students at school sponsored activities wherever they occur	40.5 (33.0 – 48.5)
School has a policy or rule specifically prohibiting tobacco use among school personnel inside school buildings	49.7 (41.9 – 57.5)
School has a policy or rule specifically prohibiting tobacco use among school personnel outside school buildings, but on school premises/property	44.8 (37.7 – 52.2)
School has a policy or rule specifically prohibiting tobacco use among school personnel at school sponsored activities wherever they occur	39.1 (33.1 – 45.3)
Does your school completely enforce any of its policy (or rule) on tobacco use among students	46.9 (39.8 – 54.2)
Does your school completely enforce any of its policy (or rule) on tobacco use among school personnel	39.1 (32.4 – 46.1)

Table 5: GSPS Teacher training etc – Sri Lanka 2007

Is tobacco use prevention included somewhere in your school curriculum	66.8 (59.5 – 73.4)
Did you have access to teaching and learning materials about tobacco use and how to prevent its use among youth	7.3 (4.5 – 11.6)
Have you ever received training to prevent tobacco use among youth	6.2 (4.3 – 8.9)
Are non-classroom programs or activities (such as an assembly) used to teach tobacco use prevention to students in your school	41.3 (30.9 – 52.5)

REFERENCES

1. *Jha P, Chaloupka FJ. Tobacco Control in Developing Countries. Oxford, UK: Oxford University Press 2000.*
2. *National Authority on Tobacco and Alcohol Act, No.27 of 2006.*
3. *World Health Organization. WHO Framework Convention on Tobacco Control. Geneva, Switzerland: World Health Organization 2003.*
4. *World Health Organization, African Regional Office. Implementation of the Framework Convention on Tobacco Control in the African Region: Current Status and the Way Forward. Brazzaville, Congo: World Health Organization, 2005.*
5. Anon. Details available at <http://www.smokefreeamericas.org>.
6. *World Health Organization, Eastern Mediterranean Regional Office. Plan of Action for Tobacco Control in the Eastern Mediterranean Region. Cairo, Egypt: World Health Organization, 2003.*
7. *World Health Organization, European Regional Office. European Strategy for Tobacco Control. Copenhagen, Denmark: World Health Organization, 2002.*
8. *World Health Organization, South-East Asia Regional Office. Regional Strategy for Utilization of Global Youth Tobacco Survey Data. New Delhi, India: World Health Organization 2005.*
9. *ND Brener, L.Kann, T McMannus, SA Kinchen, EC Sundburg, JG Ross, Reliability of the 1999 Youth Risk Behavior Survey Questionnaire. J. Adolesc Health 2002;31:336-42*