Report on Global Youth Tobacco Survey (GYTS), Thailand, 2006

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Abstract

Thailand ratified the WHO Framework Convention on Tobacco Control (WHO FCTC) on November 8, 2004. The WHO FCTC requires all Parties to inform all persons of the health consequences of tobacco consumption and exposure to tobacco smoke. Each Party has agreed to develop, implement and evaluate effective tobacco control programs to measure progress in reaching the goals of the WHO FCTC. The Global Youth Tobacco Survey (GYTS) was developed to provide data on youth tobacco use to countries for their development of youth based tobacco control programs.

Through the cooperation of the Army Reserve Affairs, information on tobacco control issues/topics, including strategies of tobacco industry to tempt young people to smoke, were published as a chapter in the new edition of Army Reserve Training Manual, which is distributed to all first year Army reserve students. Follow up on the youths and the Army Reserve Teaching staffs regarding knowledge, attitude, and tobacco control laws will be conducted next year.

Data in this report can be used as baseline measures for future evaluation of the tobacco control programs implemented by the Ministry of Health. The key for Thailand is to implement and enforce the provisions of indirect tobacco advertising, no smoking in public places, selling tobacco to youth under age 18, and use the data from GYTS to monitor progress toward achieving the goals of the WHO FCTC. When these goals are met, tobacco consumption and exposure in Thailand will have declined substantially.

Introduction

The World Health Organization (WHO) Framework Convention on Tobacco Control (WHO FCTC) was adopted by the 56th World Health Assembly in May 2003 and became international law on February 27, 2005 (1). Thailand ratified the WHO FCTC on November 8, 2004. The WHO FCTC is the world's first public health treaty on tobacco control. The WHO FCTC provides the driving force and blueprint for the global response to the pandemic of tobacco-induced death and disease. The Convention embodies a coordinated, effective, and urgent action plan to curb tobacco consumption, laying out cost-effective tobacco control strategies for public policies, such as bans on direct and indirect tobacco advertising, tobacco tax and price increases, promoting smoke-free public places and workplaces, and prominent health messages on tobacco packaging. In addition, the Convention encourages countries to address cross-border issues, such as illegal trade and duty-free sales. One important feature of the WHO FCTC is the call for countries to establish programs for national, regional, and global surveillance (Article 20).

> Research, surveillance and exchange of information – The parties shall establish, as appropriate, programmes for national, regional and global surveillance of the magnitude, patterns, determinants and consequences of tobacco consumption and exposure to tobacco smoke. Towards this end, the Parties should integrate tobacco surveillance programmes into national, regional and global health surveillance programmes so that data are comparable and can be analyzed at the regional and international levels, as appropriate (1).

WHO, the U.S. Centers for Disease Control and Prevention (CDC), and the Canadian Public Health Association (CPHA) developed the Global Tobacco Surveillance System (GTSS) to assist all 192 WHO Member States in establishing continuous tobacco control surveillance and monitoring (2). The GTSS provides a flexible system that includes

common data items but allows countries to include important unique information, at their discretion. It also uses a common survey methodology, similar field procedures for data collection, and similar data management and processing techniques. 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 Professional Survey (GHPS) for adults.

The purpose of this paper is to use data from the GYTS conducted in Thailand in 2005 to monitor Articles in the WHO FCTC. The GYTS has been completed by over 2 million students in 140 countries (3).

The Global Youth Tobacco Survey (GYTS)

In 1999, 11 countries (Barbados, China, Fiji, Jordan, Poland, Russian Federation, South Africa, Sri Lanka, Ukraine, Venezuela, and Zimbabwe) pilot-tested the first GYTS (4). All 11 countries completed successful surveys during 1999. After this initial success, many countries asked WHO and CDC for assistance in participating in GYTS. The GYTS data in this report include the following 5 regions in the country of Thailand: 2005 (Bangkok, Central-Western, North Eastern, Northern, and Southern). The school response rate was 100% in all sites. The student response rate was 99%.

The GYTS uses a standardized methodology for constructing sampling frames, selecting schools and classes, preparing questionnaires, carrying out field procedures, and processing data. The GYTS includes data on prevalence of cigarette and other 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 GYTS questionnaire is self-administered in classrooms, and school, class, and student anonymity is maintained throughout the GYTS process. Country-specific questionnaires consist of a core set of questions that all countries ask as well as unique country-specific questions. The final country questionnaires are translated in-country into local languages and back-translated to check for accuracy. GYTS country research coordinators conduct focus groups of students aged 13–15 to further test the accuracy of the translation and student understanding of the questions.

The following data are presented in this report: lifetime cigarette use; initiation of smoking before age 10; likely initiation of smoking during the next year among never smokers (i.e., susceptibility)[1]; current cigarette smoking, current use of tobacco products other than cigarettes; dependency on cigarettes among current smokers; exposure to secondhand smoke (SHS) at home; exposure to SHS in public places; desire for a ban on smoking in public places; students who were taught in school about the dangers of smoking, the reasons why young people smoke, or were taught about the effects of smoking on their health; students who saw advertisements for cigarettes on billboards or newspapers or magazines; students who have an object with a cigarette brand logo on it; smokers who want to stop, have tried to stop, and received help to stop smoking; and access and availability to cigarettes among smokers.

[1] Susceptibility, defined as the absence of a firm decision not to smoke, precedes the early experimentation stage of smoking onset. Smoking onset is generally agreed to be a time-dependent, four-level process that includes 1. preparation, 2. early experimentation 3. more advanced regular but non-daily smoking, and 4. a stable level of addiction (5)

Methods

The GYTS is a school-based survey of defined geographic sites which can be countries, provinces, cities, or any other sampling frame including sub national areas, non-Member States, or territories. The GYTS uses a two-stage cluster sample design that produces representative samples of students in grades associated with ages 13–15. 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 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. For cross-site comparisons, data in this paper are limited to students aged 13–15 years old.

A weighting factor is applied to each student record to adjust for non-response (by school, class, and student) and variation in the probability of selection at the school, class, and student levels. A final adjustment sums the weights by grade and gender to the population of school children in the selected grades in each sample site. 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 (6).

Results

Prevalence

Almost 3 in 10 (26.7%) students have ever smoked cigarettes (Table 1). Boys (37.9%) were significantly more likely than girls (15.1%) to have ever smoked cigarettes. There was no difference in lifetime cigarette smoking across the regions. Of ever smokers, 16.9% initiated smoking before age 10. Early initiation of smoking did not differ by gender or across regions..

A series of questions are used to develop an index of likely initiation of smoking among never smokers (i.e., susceptibility). Among never smokers, 10.0% indicated that they were likely to initiate smoking during the next year (Table 1). There was no difference in likely initiation of smoking between boys and girls (8.7% and 10.0%, respectively). Likely initiation was less than 10% in all regions, except the North Eastern (15.2%).

Overall, 11.7% of students in Thailand currently smoked cigarettes (Table 2). Boys (17.4%) were 3.6 times more likely than girls (4.8%) to currently smoke cigarettes. There was no difference in levels of current cigarette smoking across the regions. Overall, 7.7% of students currently used tobacco products other than cigarettes. Boys (10.4%) were significantly more likely than girls (4.9%) to use other tobacco products. Use of other tobacco products was less than 10% in all regions. Less than 10% of current cigarette smokers (7.8%) reported they feel like having a cigarette (or chew) first thing in the morning (i.e. tobacco dependency). There was no difference in tobacco dependency by gender or region.

Exposure to Secondhand Smoke (SHS)

Almost half (49.0%) of students in Thailand reported that they were exposed to smoke from others in their home (Table 3). Exposure to SHS at home was significantly

higher in the Southern region (54.0%) than in Bangkok or the Central Western and Northern regions. Almost 7 in 10 (68.2%) students reported that they were exposed to smoke from others in public places. Exposure to secondhand smoke in public places was significantly higher in the Southern region (74.5%) than in the Northern region (64.4%). Almost 9 in 10 (88.1%) students thought smoking should be banned in public places (Table 3). Positive attitudes toward banning smoking in public places did not differ by gender or region.

Taught in School about the Tobacco

Students were asked if, during the past school year in classes, if they had been taught about the dangers of tobacco, discussed the reasons why young people smoke, or if they had been taught about the effects of tobacco on their health. Six in 10 (61.9%) students in Thailand reported that they had been taught about the dangers of tobacco (Table 4). Three in 10 (30.7%) students had discussed reasons why young people use tobacco in any of their classes. Students in the North Eastern region (36.8%) were significantly more likely than students in the Central Western or Northern regions to have discussed reasons why young people use tobacco in any of their classes. Six in 10 (59.9%) students were taught about the effects of tobacco use during the past school year.

Indirect Advertising Exposure

Over 4 in 10 (42.0%) students in Thailand reported that they had an object (i.e., hat, t-shirt, knapsack, etc) with a cigarette or tobacco logo on it (Table 5). There was no difference by gender or region in exposure to indirect advertising.

Cessation

Among students who currently smoke cigarettes, 72.3% reported that they want to stop smoking now (Table 6). Over 8 in 10 (83.3%) students who currently smoke stated that they tried to stop smoking during the past year but failed. Almost 9 in 10 (89.2%) reported that they had received help to stop smoking. There were no differences by gender or region for any of these indicators.

Access and Availability

Four in 10 (38.1%) students who currently smoke reported that they "usually" bought their tobacco in a store (Table 7). Current smokers who usually buy their tobacco in a store were asked if they had been refused purchase because of their age. Approximately 3 in 10 (28.3%) reported they had NOT been refused purchase because of their age. Purchasing in a store and not being refused purchase because of their age did not differ by gender or region.

Students were asked if they had been offered "free" cigarettes by a tobacco company representative at any time. Overall, 10.2% of students had been offered "free" cigarettes (Table 7). There was no difference by gender or region.

Discussion

KEY POINTS –

1 – Boys significantly higher than girls for ever smoking and current smoking BUT susceptibility is NOT DIFFERENT. This may be a sign that girl smoking is on the increase in Thailand. Check out Girl current smoking (4.8%) vs. susceptibility (10.0%)….this is bad news

For the past 10 years, Action on Smoking or Health (ASH-Thailand) has put a lot of efforts in campaigning among Thai youths, by inviting role models among singers,

actors/actress, sportsman/sportswoman, and Miss Thailand to talk to students in the primary, secondary and high-school levels around the country, about harmful effects of smoking. Youths tend to believe their idols more than prominent researchers, so appropriate health communication is needed for various target groups.

In order to have effective strategies on preventing youth smoking, the ideas and planning should come from the youth group themselves, not from researchers, epidemiologists, or academicians. The researchers, epidemiologists, and academicians can serve as advisors, or counselors for the program planned by the youths.

Even though Thailand has a law prohibiting selling cigarette and liquor to youth under age 18, but enforcement in the past had not been very strict, and penalty had not been heavy enough to make people follow the law strictly.

Ministry of Public Health issued ministerial order last year that, from now on youths under 18 who bought cigarette would be penalized. In the past, only sellers were penalized for selling cigarettes to underage youths. Also, the ministry has been considering harsher penalty for sellers, such as revoking permit to sell cigarette for those stores which sell cigarette to underage youths.

2 – Other tobacco use – boys (10.4%) 2.1 times more likely than girls to use BUT girl current cigarette smoking (4.8%) is same as current other tobacco use (4.9%) Another bad news and may be a signal of increase among young girls…suggests tobacco control programs need to increase focus on prevention among young girls….

Young girls in Thailand would like to be looked at as sophisticated, liberated, and attractive. They smoke to show that they are already adult and in control of themselves.

An effective strategy is to use appropriate message for the right target group. For example, telling young girls that smoking will make them look older than their real age, will probably scare them more than lung cancer. Health communication is an important factor if tobacco control group wants to reduce smoking rate in young girls.

Another effective strategy to reduce smoking rate among young girls is to invite their peers to come and plan program to educate them about dangers of tobacco, and to learn how to stop smoking. Inviting model, actresses, singers, and teen idols who are role models in not smoking, as presenters for Tobacco or Health program, will also serve as an effective strategy.

The WHO FCTC and GYTS share the same goal: the development, implementation, and evaluation of effective tobacco control programs in all WHO Member States. What the WHO FCTC asks countries to monitor, the GYTS can help to measure. The GYTS provides indicators for measuring achievement of seven WHO FCTC Articles (surveillance and monitoring, prevalence, exposure to secondhand smoke, school-based tobacco control, cessation, media and advertising, and minor's access and availability). The WHO FCTC calls for countries to use consistent methods and procedures in their surveillance efforts. The GYTS was designed for exactly this purpose (i.e., the sampling procedures, core questionnaire items, training in field procedures, and analysis of data are consistent across all survey sites). The results from this effort can be used to set a baseline for monitoring specific WHO FCTC Articles in Thailand.

Article 20: Research, surveillance and exchange of information

Through support from Thai Health Promotion Foundation, in September 2005, Thailand establishes Tobacco Research Center and Knowledge Management, to produce

tobacco researches, surveillance, and exchanging of information for tobacco related issues. This is a national center for training, educating, and advocating various target groups on tobacco related issues.

This research center is the national focal point on disseminating and distributing information on research results, through conferences, seminar, brain-storming sessions, and advocating policy-makers on tobacco-related issues.

Article 8: Protection from exposure to tobacco smoke

In 1992, Thailand passed a Non-smokers' Health Protection Act, which banned smoking in public places. The Ministry of Public Health announces additional areas for tobacco-free every year. This means smokers will have less number of areas for smoking every year. Therefore, majority of population will be protected from exposure to tobacco smoke. Even though the law is good, but the enforcement though, has not been very strict, and the penalty is very light, therefore, no one follow the law strictly. The necessary measure needed here is to find effective enforcement strategies.

Article 12: Education, communication, training and public awareness

Overall, six out of ten students in Thailand reported that during the past school year they had been taught about the dangers of smoking and about one-third had discussed reasons why people their age smoke. The GYTS indicates that there is a need for development, implementation and evaluation of evidence based programs to be used in schools.

Article 13: Tobacco advertising, promotion and sponsorship

Since Thailand has Tobacco Products Control Act of 1992, which includes total advertising ban, tobacco industry has tried indirect advertising. Results of GYTS

indicated that more than 4 in 10 students had an object (t-shirt, hat, knapsack, sticker, etc.) with a tobacco company logo on it. The school students need to be informed that they are being used by trans-national tobacco industry to advertise the products and brands on its behalf.

Article 14: Demand reduction measures concerning tobacco dependence and cessation

Seven in 10 current smokers wanted to stop smoking and over 7 in 10 have tried to stop during the past year but have failed. This finding suggests a need to develop, pilot test, and evaluate potential youth cessation programs. Once effective programs have been identified, they need to be made widely available throughout Thailand.

Article 16: Sales to and by minors

Thailand has a law prohibiting selling tobacco products to youths under age 18. GYTS data show about 4 in 10 current smokers usually buy their cigarettes in a store and less than 3 out of 10 were not refused purchase because of their age. About one in ten was offered "free" cigarettes by a tobacco company representative. Clearly, enforcement of this law is a major issue facing Thailand as well as implementing the prohibition of stores selling cigarette not to be within 500 meters of school.

CONCLUSION

Thailand has two laws regarding tobacco control since 1992. These two laws, Tobacco Products Control Act of 1992, and Non-smokers' Health Protection Act of 1992, are milestones for tobacco control advocates in Thailand. What is necessary now is strategies on how to implement and enforce the laws effectively. Thailand needs to use

the GYTS data to assist in developing national tobacco control policy and plan of action as recommended in the WHO South-East Asia Regional Office strategy document, "Regional Strategy for Utilization of Global Youth Tobacco Survey Data" (9). Development of an effective comprehensive tobacco control program will require careful monitoring and evaluation of existing programs and the likely development of new efforts. The synergy between Thailand's leadership in ratifying the WHO-FCTC, and in supporting the conduct of the GYTS offers Thailand a unique opportunity to develop, implement and evaluate comprehensive tobacco control policy that can be most helpful to Thailand.

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Table 1: Percent of students who had ever smoked cigarettes, ever smoked their first cigarette before age 10, and of students who had never smoked cigarettes those that are likely to initiate smoking in the next year (i.e., susceptible), Thailand GYTS 2005

State	Ever smoked cigarettes, even one or two puffs	Ever smokers who initiated smoking before age 10	Percent never smokers likely to initiate smoking within a year
Thailand	26.7 (23.5 - 30.2)	16.9 (13.8 - 20.6)	10.0 (5.5 - 17.3)
Male	37.9 (34.6 - 41.3)	15.7 (13.4 - 18.4)	8.7 (7.6 - 9.9)
Female	15.1 (11.7 - 19.2)	15.6 (11.0 - 21.7)	10.0 (4.0 - 23.0)
Region			
Bangkok	23.8 (20.8 - 27.0)	14.9 (12.2 - 18.0)	6.5 (5.3 - 8.0)
Central Western	27.5 (21.2 - 34.8)	10.3 (7.5 - 14.1)	6.5 (5.3 - 8.0)
North Eastern	27.6 (20.6 - 36.0)	21.2 (13.7 - 31.5)	15.2 (5.3 - 36.6)
Northern	24.4 (19.8 - 29.8)	16.9 (12.3 - 22.9)	6.3 (5.2 - 7.5)
Southern	28.1 (24.4 - 32.2)	20.2 (16.3 - 24.7)	8.8 (6.6 - 11.6)

Table 2: Percent of students who were current cigarette smokers, current users of tobacco products other than cigarettes, and current smokers who feel like having a cigarette first thing in the morning (i.e., dependency on tobacco products), Thailand GYTS 2005

State	Current cigarette smoker	Currently use other tobacco products	Percent of current cigarette smokers who feel like having a cigarette/chew first thing in the morning
Thailand	11.7 (10.0 - 13.7)	7.7 (6.6 - 9.0)	7.8 (5.1 - 11.8)
Male	17.4 (15.2 - 20.0)	10.4 (8.7 - 12.3)	11.3 (7.2 - 17.3)
Female	4.8 (3.6 - 6.4)	4.9 (3.9 - 6.0)	3.6 (1.7 - 7.3)
Region			
Bangkok	11.0 (9.0 - 13.6)	6.6 (5.2 - 8.2)	10.0 (6.0 - 16.2)
Central Western	14.1 (9.3 - 20.7)	6.0 (4.6 - 7.9)	5.5 (2.6 - 11.2)
North Eastern	9.9 (7.1 - 13.7)	8.2 (5.8 - 11.3)	9.3 (3.3 - 23.5)
Northern	11.8 (9.6 - 14.4)	9.4 (6.8 - 13.0)	7.6 (4.4 - 12.9)
Southern	13.5 (11.1 - 16.3)	9.7 (7.5 - 12.4)	6.1 (3.5 - 10.5)

Table 3: Percent of students exposed to smoke at home, exposed to smoke in public places, and support ban on smoking in public places, Thailand GYTS 2005

State	Percent exposed to smoke from others at home	Percent exposed to smoke from others in public places	Percent who think smoking should be banned in public places
Thailand	49.0 (45.9 - 52.0)	68.2 (64.8 - 71.4)	88.1 (83.1 - 91.8)
Male	47.4 (45.3 - 49.5)	68.4 (66.1 - 70.6)	87.8 (86.3 - 89.2)
Female	48.6 (43.1 - 54.1)	67.9 (61.8 - 73.5)	89.5 (79.2 - 95.0)
Region			
Bangkok	43.7 (40.5 - 46.9)	69.0 (65.6 - 72.3)	90.9 (89.0 - 92.5)
Central Western	45.0 (41.5 - 48.7)	68.9 (64.7 - 72.7)	92.0 (88.4 - 94.5)
North Eastern	53.7 (46.3 - 60.9)	66.9 (58.0 - 74.8)	85.0 (70.4 - 93.1)
Northern	44.2 (40.4 - 48.0)	64.4 (61.4 - 67.3)	86.8 (82.5 - 90.2)
Southern	54.0 (50.5 - 57.4)	74.5 (71.4 - 77.3)	88.3 (85.8 - 90.4)

Table 4: Percent of students who were taught dangers of smoking, discussed reasons why people their age use tobacco, or were taught effect of using tobacco, Thailand GYTS 2005

State	Percent taught dangers of smoking/chewing tobacco	Percent discussed reasons why people their age smoke/chew tobacco	Percent taught about the effects of smoking/chewing tobacco
Thailand	61.9 (58.6 - 65.2)	30.7 (27.9 - 33.5)	59.9 (56.6 - 63.0)
Male	63.4 (61.3 - 65.5)	28.7 (26.5 - 31.0)	57.2 (55.2 - 59.3)
Female	62.6 (56.2 - 68.5)	33.2 (29.2 - 37.5)	63.1 (57.0 - 68.7)
Region			
Bangkok	65.4 (62.5 - 68.2)	27.6 (25.2 - 30.1)	61.5 (58.6 - 64.3)
Central Western	63.3 (58.7 - 67.6)	25.5 (22.9 - 28.1)	56.5 (52.4 - 60.6)
North Eastern	58.8 (50.5 - 66.6)	36.8 (30.1 - 44.1)	60.8 (52.4 - 68.6)
Northern	62.5 (59.9 - 65.1)	26.7 (23.8 - 29.8)	59.1 (55.4 - 62.8)
Southern	64.4 (60.3 - 68.2)	29.9 (27.6 - 32.3)	62.9 (59.4 - 66.2)

Table 5: Percent of students who had an object with a tobacco company logo on it, Thailand GYTS 2005

State	Percent who have an object with a cigarette or tobacco logo on it
Thailand	42.0 (38.6 - 45.4)
Male	42.5 (40.2 - 44.8)
Female	41.1 (35.5 - 46.9)
Region	
Bangkok	38.5 (36.1 - 41.0)
Central Western	39.5 (36.0 - 43.1)
North Eastern	46.2 (38.2 - 54.5)
Northern	39.4 (35.2 - 43.8)
Southern	39.8 (36.1 - 43.5)

Table 6: Percent of current smokers who want to quit, who tried to quit, or who received help to quit, Thailand GYTS 2005

State	Percent of current cigarette smokers who desire to stop smoking	Percent of current cigarette smokers who tried to stop smoking during the past year	Percent of current smokers who received help to stop smoking
Thailand	72.3 (63.2 - 79.9)	83.3 (78.8 - 86.9)	89.2 (85.3 - 92.2)
Male	75.5 (69.4 - 80.7)	84.3 (79.9 - 87.9)	88.1 (84.7 - 90.8)
Female	70.9 (53.2 - 84.0)	82.6 (73.6 - 89.0)	86.0 (71.2 - 93.9)
Region			
Bangkok	77.1 (66.0 - 85.4)	84.0 (76.9 - 89.2)	86.7 (80.5 - 91.1)
Central Western	57.8 (37.5 - 75.7)	83.5 (77.0 - 88.5)	93.0 (87.0 - 96.3)
North Eastern	76.3 (58.8 - 87.9)	87.0 (76.2 - 93.3)	85.8 (73.7 - 92.9)
Northern	74.7 (62.6 - 83.9)	83.7 (75.9 - 89.3)	93.2 (88.4 - 96.0)
Southern	83.5 (76.5 - 88.6)	71.0 (58.0 - 81.3)	88.2 (82.2 - 92.4)

Table 7: Percent of current smokers who usually buy cigarettes in a store, of those who buy in a store the percent not refused purchase because of their age, and those offered free cigarettes by a tobacco company representative, Thailand GYTS 2005

State	Percent current smokers who usually buy their tobacco in a store	Percent current smokers who buy their tobacco in a store and were not refused cigarette purchase because of their age	Percent who have been offered "free" cigarettes by a tobacco company representative
Thailand	38.1 (31.7 - 45.1)	28.3 (18.9 - 40.1)	10.2 (8.2 - 12.7)
Male	40.3 (34.2 - 46.6)	25.2 (16.9 - 35.7)	11.3 (10.0 - 12.7)
Female	31.8 (21.5 - 44.4)	54.7 (34.9 - 73.1)	8.9 (5.6 - 14.0)
Region			
Bangkok	43.4 (35.9 - 51.3)	27.8 (18.6 - 39.3)	9.3 (7.5 - 11.4)
Central Western	36.8 (21.8 - 54.7)	24.1 (10.9 - 45.4)	7.3 (5.7 - 9.2)
North Eastern	38.2 (25.2 - 53.1)	29.7 (11.2 - 58.6)	12.5 (7.7 - 19.6)
Northern	39.3 (29.5 - 50.1)	24.4 (11.1 - 45.3)	9.2 (7.3 - 11.5)
Southern	33.4 (25.5 - 42.4)	46.5 (27.4 - 66.7)	11.3 (8.5 - 15.0)