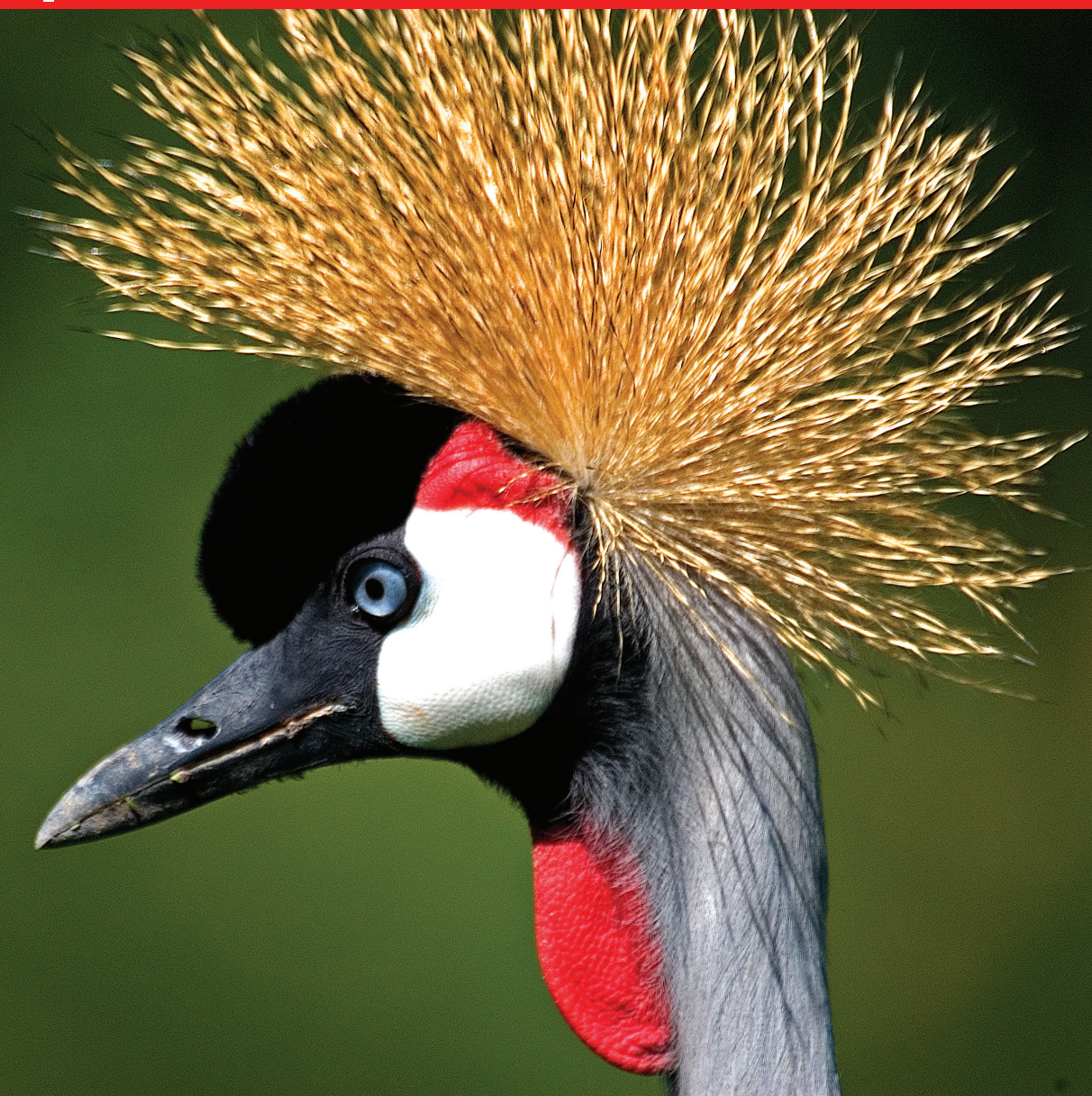


# GATS | UGANDA



## GLOBAL ADULT TOBACCO SURVEY: EXECUTIVE SUMMARY 2013





## EXECUTIVE SUMMARY

### Introduction

The Global Adult Tobacco Survey (GATS) is the global standard for systematically monitoring adult tobacco use (smoking and smokeless) and tracking key tobacco control indicators. The 2013 Uganda GATS was a nationally representative household survey of non-institutionalized men and women aged 15 years or older. The survey was designed to produce internationally comparable data for the country as a whole and by gender and place of residence (urban/rural).

GATS Uganda was conducted by the Uganda Bureau of Statistics (UBOS) under the coordination of Ministry of Health. Technical assistance was provided by the World Health Organization (WHO) and the U.S. Centers for Disease Control and Prevention (CDC).

GATS enhances countries' capacity to design, implement and evaluate national tobacco control programs and policies. It will also assist countries to implement the WHO Framework Convention on Tobacco Control (FCTC) and MPOWER technical package. WHO developed MPOWER to assist countries in implementing selected demand reduction measures contained in the WHO FCTC. Uganda is a party to the WHO FCTC which it ratified in 2007. The major objectives of the survey were to systematically monitor adult tobacco use (smoking and smokeless) and other key tobacco control indicators by using a nationally representative sample of Ugandan adults.



**Monitor** tobacco use & 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, & sponsorship

**Raise** taxes on tobacco

### Methodology

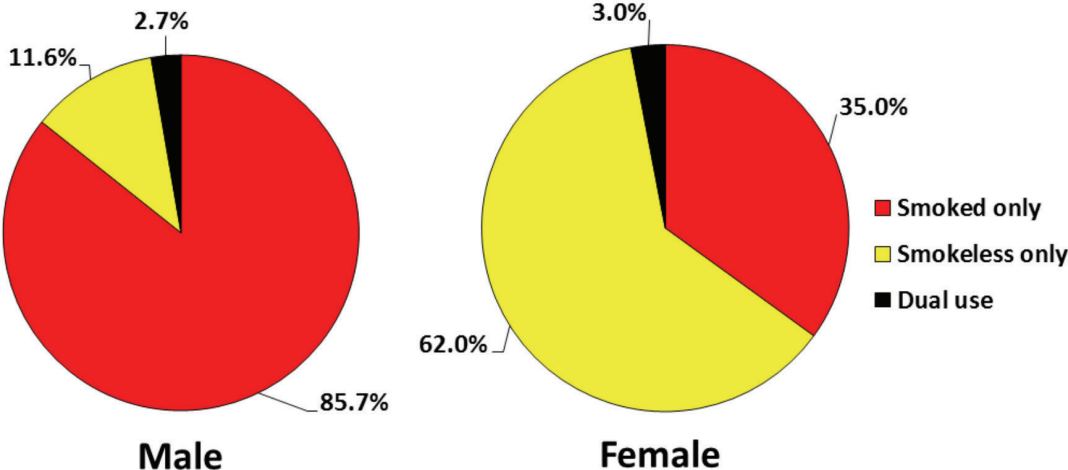
GATS Uganda used a standardized questionnaire, sample design, data collection, and management procedures. A multi-stage stratified cluster sampling design was used to produce key indicators for the country as a whole and by gender and residence (urban or rural). In Uganda, GATS was conducted in 2013, and it was the first stand-alone survey on tobacco use with a very large scope and nationwide coverage. Electronic handheld devices were used for data collection and management. A total of 10,382 households were sampled; 8,982 households completed screening and 8,508 individuals were successfully interviewed (one individual was randomly chosen from each selected household to participate in the survey). The overall response rate for GATS Uganda was 86.6%. The household response rate was 91.2% (89.3% urban, 93.1% rural), while the individual response rate was 94.9% (94.8% urban, 95.0% rural).

The survey provided information on tobacco use (smoking and smokeless), cessation, exposure to secondhand smoke, economics, media knowledge, attitudes and perceptions. The data from GATS will assist Uganda to enhance its capacity to design, implement, and evaluate tobacco control programs and to fulfill its obligations under the WHO FCTC to generate comparable data within and across countries.

**Key Findings**

**Tobacco Use:** In 2013, 7.9% (1.3 million) Ugandan adults aged 15 years or older currently were using tobacco products: 11.6% of men and 4.6% of women. Overall, 5.8% (0.96 million) of adults (10.3% of men and 1.8% of women) smoked tobacco, and 5.3% (0.88 million) of adults (9.6% of men and 1.4% of women) smoked cigarettes. Smokeless tobacco products were used by 2.4% of adults (0.39 million); (1.7% of men and 3.0% of women). The majority of male tobacco users smoked tobacco while most female tobacco users used smokeless tobacco (Figure 1).

**Fig. 1. Type of Tobacco Use by Gender, GATS Uganda 2013**



Overall, 4.8% of adults (0.8 million) were daily smokers (8.6% of men, 1.3% of women) while 1.0% (0.17 million) were occasional smokers (1.6% of men and 0.4% of women). Daily cigarette smokers smoked an average of 7 cigarettes per day; 7 cigarettes per day in urban areas and 6 cigarettes per day in rural areas. Seventy-three percent of 20 to 34 year old males who had ever smoked on a daily basis started smoking daily before the age of 20 years. Almost three quarters of all current daily tobacco users (72.3%) had their first tobacco use of the day within 30 minutes of waking up (Table 1).

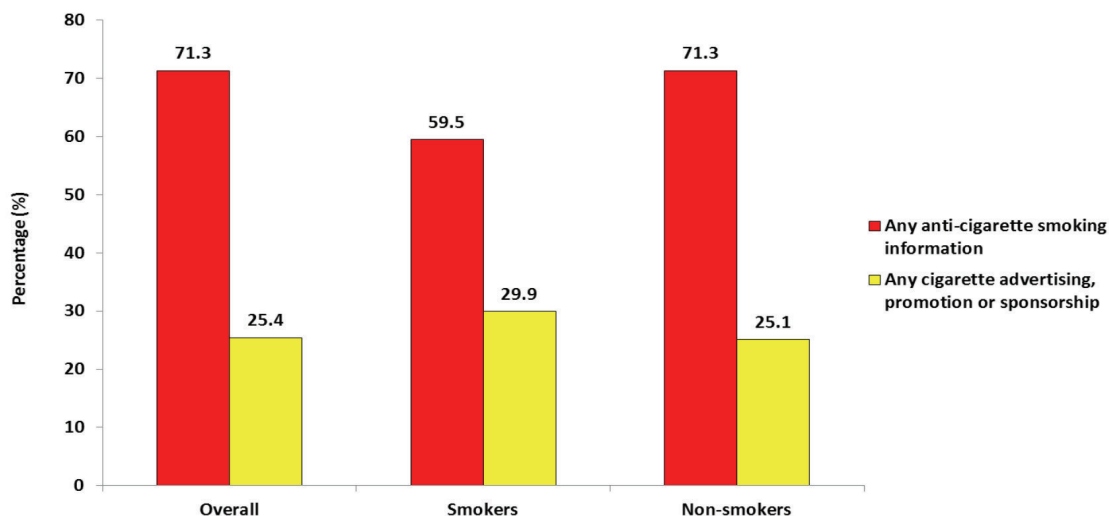
**Smoking Cessation:** Overall, two in three (63.6%) current smokers planned to or were thinking about quitting smoking someday. Over four in ten (43.9%) of all smokers aged 15 years or above in Uganda had made an attempt to quit smoking in the past 12 months. Three out of four (75.7%) current smokers who attempted to quit smoking in the past 12 months tried to quit without any assistance. Only 45.2% of current smokers who had visited a health care provider in the past 12 months received advice to quit smoking from the provider.

**Exposure to Secondhand Smoke:** An estimated 20.4% (0.5 million) of adults who worked indoors had been exposed to secondhand smoke in their workplace in the past 30 days; for non-smokers the estimate was 18.7% (0.4 million). An estimated 13.1% (2.2 million) of adults in Uganda were exposed to secondhand smoke at home at least monthly. Among non-smokers, the estimated prevalence of such exposure was 10% (1.6 million); 8.8% for men (0.6 million) and 11% for women (0.9 million). Among adults who had visited different public places in the past 30 days, 62.3% (60.9% of non-smokers) were exposed to secondhand smoke in bars and night clubs; 7.8% (7.7%, non-smokers) in public transportation; 5.7% (5.8%, non-smokers) in government buildings; 16% (16.1%, non-smokers) in restaurants and 4.5% (4.5%, non-smokers) in health-care facilities.

**Economics of Tobacco Smoking:** The five most purchased brands of manufactured cigarettes were Supermatch (44.1%), Sportsman (37.7%), Safari (13.0%), Sweet Menthol (3.6%), and Rex (1.0%). The median amount spent on manufactured cigarettes per month was US\$ 11,980 (US\$ = Uganda Shillings, the currency for Uganda). On average, a current cigarette smoker in Uganda spent US\$ 20,730 per month on manufactured cigarettes. The average cost of 2000 manufactured cigarettes (100 packs) as a percentage of per capita Gross Domestic Product (GDP) [2013] was 16.4%. On average, a cigarette smoker spent US\$ 2,656 on 20 manufactured cigarettes (i.e. 1 pack). A vast majority of adults (88.2%) favor an increase in taxes on tobacco products.

**Media:** In the previous 30 days prior to the survey, 70.6% of Ugandan adults (59.5% current smokers and 71.3% non-smokers) noticed anti-cigarette information. Overall, 31.9% of current smokers thought about quitting because they noticed a warning label on a cigarette package. The percentage of adults who noticed any cigarette advertising, promotion or sponsorship in the last 30 days was 25.4% (29.9% of smokers and 25.1% of non-smokers) (Figure 2).

**Fig. 2. Exposure to Anti- and Pro- Cigarette Smoking Information, GATS Uganda 2013**



**Knowledge, Attitudes, and Perceptions:** More than 94.6% of Ugandan adults (87.0% of current smokers and 95.0% of non-smokers) believed that smoking causes serious illness. About one-third (36.3%) of current smokers believed that smoking causes stroke while for non-smokers, a higher percentage (59.0%) believed that smoking causes stroke. In general, 88.2% of Ugandan adults favored increasing taxes on tobacco products and 9 in 10 (89.3%) Ugandan adults favored a complete ban on tobacco advertising.

## **Policy Implications and Recommendations**

The GATS Uganda survey was the very first of its kind in Uganda and it provided critical information on tobacco use and key tobacco control indicators by important socio-demographic characteristics for policy makers and the tobacco control community for effective tobacco control. The overall findings from GATS Uganda indicated that there was a positive environment for tobacco control with public support for key tobacco control interventions. The key recommendations from the study are as follows:

- GATS Uganda 2013 findings showed the existence of exposure to secondhand smoke especially in workplaces, public places and in the hospitality industry like bars and hotels. Therefore, implementation of comprehensive smoke-free policies that cover all public places and workplaces to fully protect non-smokers from exposure to second-hand smoke is needed. A Smoke free law greatly improves public health by reducing public exposure to secondhand smoke and helping smokers reduce cigarette consumption.
- GATS Uganda 2013 reports a high level of tobacco dependence (first tobacco use of the day within 30 minutes of waking up) among current daily tobacco users. In addition, majority of current smokers who attempted to quit smoking in the past 12 months tried to quit without any assistance with many smokers not being advised to quit smoking by health care professionals. This calls for the integration of cessation services into the national health care system including increased capacity among health-care providers to provide counseling and cessation services.
- Over 70.0% of adults noticed anti-cigarette smoking information in media with over 30.0% of smokers reporting having thought about quitting after noticing warning labels on cigarette packs. Effective hard hitting media messages and pictorial health warnings on all tobacco products packaging is key to reducing tobacco use among users, discourage initiation and increase cessation.
- GATS Uganda 2013 reports existence of cigarette marketing by the tobacco industry in Uganda especially at the point of sale. In addition, 1 in every 4 adults (25.4%) reported noticing tobacco advertising, promotion or sponsorship (TAPS) through various media outlets. There is need to implement a total ban on TAPS with effective enforcement which is shown to have a significant impact on reducing tobacco use.
- GATS Uganda 2013 results show a low price for tobacco products compared to other household necessities like bread and sugar. Raising the price of tobacco products through tax would make them less affordable for the majority of people. This will encourage cessation and prevent initiation among potential users.
- Periodic monitoring of tobacco use and other key tobacco indicators is important to evaluate the impact of tobacco control policies and programs.

**Table 1. Key Indicators, GATS Uganda 2013**

Indicator	Overall %	Gender		Residence	
		Male %	Female %	Urban %	Rural %
<b>M: Monitor tobacco use and prevention policies</b>					
Current tobacco use	7.9	11.6	4.6	6.1	8.6
Current tobacco smokers	5.8	10.3	1.8	5.5	5.9
Current cigarette smokers	5.3	9.6	1.4	4.8	5.4
Current manufactured cigarette smokers	3.8	7.7	0.4	4.2	3.7
Current smokeless tobacco use	2.4	1.7	3.0	0.8	2.9
Average number of cigarettes smoked per day ‡	6.5	6.9	3.7	6.7	6.4
Average age at daily smoking initiation ‡	18.2	18.1	—	18.5	18.1
<b>P: Protect people from tobacco smoke</b>					
Exposure to secondhand smoke at home at least monthly	13.1	14.2	12.0	8.4	14.7
Exposure to secondhand smoke at work †	20.4	26.0	13.7	13.5	26.7
Exposure to secondhand smoke in public places: *†					
Government building/offices	5.7	6.6	4.4	7.4	4.8
Health care facilities	4.5	4.8	4.3	5.0	4.3
Restaurants	16.0	17.3	13.9	15.3	16.3
Public transportation	7.8	9.2	6.5	7.7	7.9
<b>O: Offer help to quit tobacco use</b>					
Made a quit attempt in the past 12 months	43.9	44.8	39.2	51.0	41.6
Advised to quit smoking by a health care provider	45.2	44.6	47.4	48.0	44.2
Attempted to quit smoking using a specific cessation method:					
Pharmacotherapy	5.5	6.2	1.5	2.7	6.6
Counseling/advice	12.6	13.1	9.9	13.5	12.3
Interest in quitting smoking	63.6	66.1	50.0	69.9	61.5
Time to first tobacco use within 30 minutes of waking	72.3	72.1	72.7	66.4	73.6
<b>W: Warn about the dangers of tobacco</b>					
Belief that tobacco smoking causes serious illness	94.6	95.2	94.0	95.5	94.2
Belief that smoking causes stroke, heart attack and lung cancer	56.4	57.6	55.3	55.5	56.7
Belief that breathing other peoples' smoke causes serious illness	89.5	91.1	88.0	92.7	88.3
Noticed anti-cigarette smoking information at an location	70.6	73.6	67.9	72.9	69.8
Thinking of quitting because of health warnings on cigarette packages	31.9	36.7	7.2	39.4	29.5
<b>E: Enforce bans on tobacco advertising, promotion and sponsorship</b>					
Noticed any cigarette advertisement, promotion or sponsorship	25.4	30.5	20.8	30.3	23.7
<b>R: Raise taxes on tobacco</b>					
Average cigarette expenditure per month , per cigarette smoker (Ugandan shilling — USh) ‡	20,730	21,064	—	27,239	18,018
Average cost of a pack of manufactured cigarettes (Ugandan shilling — USh) ‡	2,656	2,664	—	3,470	2,314
Last cigarette purchase was from a store	71.6	71.8	—	75.1	70.3

- Indicator estimate based on less than 25 un-weighted cases and has been suppressed.

‡ Estimates presented as Ugandan Shilling.

† In the last 30 days.

\* Among adults who visited those places.



THE REPUBLIC OF UGANDA  
MINISTRY OF HEALTH

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