This report presents the results from fifth round of Myanmar Global Youth Tobacco Survey (GYTS) (2016). The survey assesses indicators on tobacco use prevalence, tobacco cessation, exposure to secondhand smoke, access to and availability of tobacco products, exposure to tobacco marketing and anti-tobacco messages, and knowledge and attitudes towards tobacco use among 13-15 year old school going adolescents.

The results provide a credible evidence base to review the impact of public health policies and tobacco control interventions among Myanmar’s youth. Policy makers, programme managers, researchers, tobacco control advocates and other relevant stakeholders will find the report useful to inform their work on tobacco control especially among youth.
This survey and report have been made possible by the joint efforts of the United States Centers for Disease Control and Prevention (CDC), the World Health Organization Regional Office for South-East Asia and the Ministry of Health and Sports, The Republic of the Union of Myanmar.

Online repositories for Myanmar GYTS can be found at:
http://www.searo.who.int/tobacco/data/mmr_RTC_reports
http://www.searo.who.int/NTS/Publications
https://nada.searo.who.int/index.php
https://nccd.cdc.gov/GTSSDataSurveyResources/Ancillary/DataReports.aspx

Report of Fifth Global Youth Tobacco Survey (GYTS), Myanmar, 2016

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Acronyms

CDC  Centers for Disease Control and Prevention (United States)
CI  confidence interval
GATS  Global Adult Tobacco Survey
GYTS  Global Youth Tobacco Survey
GSHS  Global School-based Health Survey
HMIS  health management information system
MPOWER  A package of six evidence-based demand reduction measures:
  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
  Raise taxes on tobacco
OSH  Office on Smoking and Health (US)
SE  standard error
SHS  second-hand smoke
WHO  World Health Organization
WHO-FCTC  The World Health Organization Framework Convention on Tobacco Control
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The Global Youth Tobacco Survey (GYTS) 2016 was successfully completed with the efforts and involvement of numerous organizations and individuals at different stages of the survey. We would like to thank everyone who helped to make the survey a success.

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Message from Union Minister, Ministry of Health and Sports

Myanmar ratified the WHO Framework Convention on Tobacco Control more than a decade ago. It passed its first tobacco law—“The Control of Smoking and Consumption of Tobacco Product Law”—in 2006, which was followed by promulgation of by-laws in subsequent years for restricting smoking in all indoor public places (2014) and for the introduction of 75% pictorial health warnings (2016) on cigarette and tobacco products packages. It had also raised tobacco taxes gradually up to 35.3% of the retail price on the most sold brand in 2016.

Protecting our youth from initiating tobacco is a great challenge. Myanmar had successfully completed the Global Youth Tobacco Survey 2016—the fifth such survey since 2001. The Global Youth Tobacco Survey (GYTS) is a global standard for monitoring youth tobacco use and tracking key tobacco control indicators. As party to the World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC), the GYTS assists Myanmar to fulful its obligations to this Convention by monitoring and generating comparable data on tobacco use, access/availability and price, exposure to second-hand smoke (SHS), cessation, media and advertising, together with youth’s perception towards smoking and tobacco use.

The results from the 2016 survey show no significant decline in the prevalence of current use of any tobacco product in the last 15 years. Almost one in three students were exposed to second-hand tobacco smoke at home; and more than three in five current smokers were easily able to buy cigarettes from the market despite being below the permitted legal age. The survey results provide valuable information to Ministry of Health and Sports in order to further fine-tune and strengthen tobacco control programme.

Recently, Myanmar had rolled out the “Five Year Strategic Plan for Young People’s Health (2016–2020)”, which recognizes the importance of improving adolescent health. These youth-related policies will serve as one of the avenues to promote the agenda of reducing tobacco consumption among youth.

The Ministry of Health and Sports remains committed to take more effective measures to reduce tobacco use among adolescents and to raise awareness on harmful effects of tobacco.
On behalf of the Ministry of Health and Sports, I would like to acknowledge and thank the Centres for Disease Control and Prevention (CDC), Atlanta, USA, for their continuous support for tobacco surveillance among youth, which is critical to tobacco control efforts in Myanmar.

Dr Myint Htwe
Union Minister,
Ministry of Health and Sports,
The Republic of the Union of Myanmar
Message from Regional Director

Globally, nearly nine out of 10 smokers initiate smoking before the age of 18. Approximately three out of four teenage smokers become adult smokers. Children and adolescents have a higher vulnerability to nicotine addiction, implying that the earlier people start smoking the more likely they are to become addicted.

As part of addressing this problem, Myanmar has endorsed the ambitious global voluntary noncommunicable disease control target and is pursuing the Sustainable Development Goal of reducing the relative prevalence of tobacco use in persons aged 15 years and over by 30% by 2030. In doing so, Myanmar has performed impressive work in monitoring tobacco use among youth. Since 2001, and as part of the Global Youth Tobacco Survey (GYTS) Initiative, the Ministry of Health and Sports has conducted youth tobacco use surveys every 3-5 years, demonstrating the country’s commitment to protecting the next generation from tobacco’s adverse impact on health and wellbeing.

This report presents results from the fifth round of the national youth tobacco survey. Despite a series of interventions over the past 10 years (including the introduction of graphic warnings covering 75% of the surface area of tobacco packages, as well as raising taxes on tobacco products), tobacco use has remained stubbornly high, with more than 1 in 10 students (13.6%) reporting current use of a tobacco product. Notably, more than half of all teenage smokers purchased their cigarettes from a store, shop or street vendor, and were not refused tobacco because of their age – a clear violation of the law prohibiting the sale of tobacco to children and adolescents below the age of 18.

This report provides an opportunity to review the impact of public health policies and tobacco control interventions among Myanmar’s youth, and suggests the need for proactive and sustained tobacco control efforts on multiple fronts, including stricter enforcement of its tobacco control laws. I am certain that the results from the current and previous rounds of GYTSs will help authorities plan and implement effective tobacco control strategies. WHO remains committed to supporting Myanmar in its efforts to protect its youth from the scourge of tobacco, and I am hopeful that given current political commitment, Myanmar will be able to keep its next generation tobacco-free.

Dr Poonam Khetrapal Singh
Regional Director
WHO South-East Asia Region
Executive summary

The 2016 Myanmar Global Youth Tobacco Survey (GYTS) is the fifth since the first survey done in 2001. The 2016 GYTS, like its predecessors, was a national-level representative survey based on a sample of students 13–15 years of age enrolled in grades 9–11. A total of 3633 students were sampled in the survey with an overall response rate of 95.5% but the results in this report only pertain to students aged 13–15 years. The survey throws light on a number of tobacco control indicators. The following points are important takeaways from this survey.

▶ Tobacco use: There has been no significant change in the prevalence of current use of any tobacco product (15.3% in 2007 to 13.6% in 2016). However, there was an increase in the prevalence of current cigarette smoking between 2007 and 2011 (from 4.9% to 8.3% overall, 8.5 to 17.0% in boys and 1.3% to 1.5% in girls) with no significant change in current smokeless tobacco use (the decline from 6.5% to 5.7% was not statistically significant).

▶ Tobacco cessation (pertaining to article 14 of FCTC): About 69.4% of current smokers wanted to stop smoking now, and almost three quarters of current smokers (74.5%) had tried to quit smoking in the past year but just 45.8% received professional help to quit. A worrisome finding, however, was the decline in the percentage of those who wanted to stop smoking from 83.0% in 2007 to 69.4% in 2016.

▶ Secondhand smoke (pertaining to article 8 of FCTC): Exposure to secondhand smoke (SHS) in homes did not change significantly between 2007 and 2016. One third of the students were still exposed to SHS in these circumstances. In contrast, the reported exposure to SHS in enclosed public has declined significantly from 46.4% (all public places) in 2007 to 28.4% (enclosed public places) in 2016. The national law prohibits smoking within and near school premises but over half the students (64.5%) reported seeing someone smoking in school premises during the past 30 days.

▶ Access and availability (pertaining to article 16 of FCTC): Despite the ban on the sale of tobacco to minors, 54.5% of the smokers reported that they obtained cigarettes from a store, shop or street vendor and more worryingly about two-thirds reported that they were not prevented from buying those cigarettes because of their age; these indicators have remained largely unchanged over the years.

▶ Anti-tobacco messages (pertaining to articles 11 and 12 of FCTC): The percentage of students who saw anti-tobacco messages in the media dropped significantly from 93.4% in 2007 to 80.2% in 2016. Similarly, the students who saw anti-tobacco messages at sporting/community events declined significantly from 88.0 to 59.6% in that period.

▶ Tobacco marketing (pertaining to article 13 of FCTC): The percentage of students who saw someone using tobacco on TV or in videos or movies was high at 83.4%. Tobacco marketing has also declined. The percentage of students who were offered free tobacco products by tobacco companies and those who reported ownership of tobacco branded objects was found to be less than 6%.
Knowledge and attitudes: There was a major gap in the students’ knowledge about the harms of tobacco smoke. Almost two thirds definitely thought that other people’s smoking was harmful to them. Also, the percentage of students who were taught in school about the dangers of tobacco was just 64.2%. On a positive note, the survey showed positive changes in the mindset of students against tobacco smoking. Nearly all the students (>90%) favored banning smoking in enclosed public places.

It is clear from the foregoing, that achievements in a number of fronts are being bogged down by complacency on others. Myanmar deserves credit for keeping the overall tobacco use and smokeless tobacco use among adolescents from increasing over the past decade. Another decisive achievement is the cut down of smoking in enclosed public places such as office spaces and public transport, although much needs to be done to further reduce SHS exposure within homes and schools. Over the years, Myanmarese adolescents have realized the importance of banning smoking in public places and tobacco companies have been restricted from overtly marketing their products to the youth, both of which are important perquisites to reduce SHS exposure and curbing the flow of new adopters. But still, loopholes in the law and its poor implementation have prevented decline in tobacco smoking and there seems to rather an increase in cigarette smoking among adolescent boys. Unrestricted access, inadequate anti-tobacco media campaigns and lack of appropriate behaviour change communication in schools and communities may be responsible to some extent for these unfavourable trends. Opportunities for improvement of this abound but at the same time the challenges identified above must be given adequate attention as well.
1. Introduction

Tobacco use is one of the leading causes of preventable death, globally. As per the recent estimates from IHME, tobacco kills more than 7 million people annually. According to the IHME, more than 65,000 people die every year in Myanmar – a lower-middle-income country with a per capita GDP of US$ 1190 – due to tobacco-related diseases and about 18% of all deaths was caused by tobacco. On an average more adults and adolescent boys use tobacco when compared with other low-income countries with similar level of socioeconomic development. According to a costing study carried out in 2004, the amount of money spent on tobacco was 13 times what was spent on education and 34 times what was spent on health care in one year. This shows that Myanmar has a real challenge in controlling tobacco use by its population.

Most people begin using tobacco before age 18 and therefore it is important to monitor the initiation and tobacco use among the youth. Also, the youth have long been the target of tobacco companies, which regard them as tomorrow’s regular customers. Like other developing nations, Myanmar – the fifth largest nation in the WHO South-East Asia region with a total population of 51.5 million – is currently experiencing a demographic transition, where the age structure is dominated by 10–19-year-olds, who constitute 19.4% of the total population. Youth are hence an important population group for any tobacco control strategy.

Recognizing the public health importance of tobacco control and the globalization of the tobacco epidemic, WHO Member States adopted the WHO Framework Convention on Tobacco Control (WHO FCTC) in 2003. The FCTC is the driving force behind, and blueprint for, the global response to the pandemic of tobacco-induced deaths and diseases. To help countries fulfil their WHO FCTC obligations, in 2008 WHO introduced MPOWER, a technical package of six evidence-based tobacco control measures that are proven to reduce tobacco use and save lives. It consists of the following components.

The current survey report supports the WHO MPOWER package by monitoring country-specific data on key tobacco indicators among youth (13–15 years old) and provides information for monitoring the implementation of MPOWER policy package and country’s compliance to key FCTC articles such as Article 8 (protection from second-hand smoke), Article 11 (graphic health warning on tobacco packages), Article 12 (raising...
public awareness through media), Article 13 (ban on tobacco advertising, promotion and sponsorship), Article 14 (support for reducing tobacco dependence and cessation) and Article 16 (restricting access of underage persons to tobacco products).

1.1 Youth tobacco surveys in Myanmar: Purpose and rationale

Periodic monitoring of youth tobacco use through high-quality population-based surveys is expected to facilitate monitoring of consumption and initiation of tobacco use among the youth, and guide national tobacco prevention and controls programmes. In addition, use of standardized survey instruments and sampling will facilitate comparison of tobacco-related data at the national, regional and global levels. Results from such population-based surveys are also useful for documenting changes in different aspects of tobacco control measures and for monitoring the implementation of different provisions of the tobacco control law and the relevant Articles of the WHO FCTC.

In keeping with this, Myanmar has been conducting youth tobacco surveys as part of Global Youth Tobacco Survey Report (GYTS) every 3 to 5 years since 2001. Over the years, the GYTS has evolved into a more robust tobacco surveillance tool. Such repeated cross-sectional data can be used to develop policies, determine priorities, establish and evaluate programmes to protect and promote health with regard to tobacco use.

This report presents the results from 5th round of survey conducted in 2016, and compares the results where feasible with the previous rounds conducted in 2007, and 2011(6,7). Only those indicators that were comparable across all the included surveys were used for this comparison. The 2001 and 2004 data were not used for comparison.
2. Methodology

2.1 The survey

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 countries representing the six WHO regions, to present comprehensive tobacco prevention and control information on young people. The GYTS provides a global standard to systematically monitor youth tobacco use and track key tobacco control indicators. It is a nationally representative school-based survey of students aged 13–15 years, and uses a consistent and standard protocol across countries. It is intended to generate comparable data within and across countries.

One major limitation of GYTS is that it only samples school-going adolescents. With a school dropout rate of 55% in grade 11 in Myanmar, substantial proportion of youth may be excluded from the survey. If the tobacco use is higher among out-of-school youth, the indicators measured through this survey may underestimate the tobacco use and other indicators.

2.2 Questionnaire

The GYTS 2016 questionnaire contained 75 multiple-choice questions. The questionnaire was in Burmese. No skip patterns were used. The English version is provided in Annex 1.

2.3 Sampling design

All schools containing grades 9–11 that contained 40 or more students were included in the sampling frame. A two-stage cluster sample design was used to produce a representative sample as follows: The first-stage sampling frame consisted of all schools containing grades 9–11 that contained 40 or more students. Schools were selected with probability proportional to school enrolment size. The second sampling stage consisted of systematic equal probability sampling (with a random start) of classes from each school that participated in the survey. All classes in the selected schools were included in the sampling frame. All students in the selected classes were eligible to participate in the survey. All the 51 sampled schools, all the 70 sampled classes and 3633 of the 3806 sampled students participated giving an overall response rate of 95.5%.

Since the survey collected data from all the students in the sampled classes, students aged 12 or younger and those aged 16 or more were also included in the sample. But this report presents the results of only students aged 13 to 15 years (n=2621) to ensure uniformity and consistency with other surveys.

2.4 Data collection

Data collection took place in July 2016. Survey procedures were designed to protect the students’ privacy by allowing for anonymous and voluntary participation. The questionnaire
was self-administered anonymously in the classroom. Students recorded their responses directly on an answer sheet that could be scanned by a computer.

2.5 Data analysis

A weight has been associated with each participating student record to reflect the likelihood of sampling each student and to reduce bias by compensating for differing patterns of nonresponse. The weight used for estimation is given by:

\[ W = W_1 \times W_2 \times f_1 \times f_2 \times f_3 \times f_4 \]

- \( W_1 \): the inverse of the probability of selecting the school
- \( W_2 \): the inverse of the probability of selecting the class within the school
- \( f_1 \): a school-level non-response adjustment factor calculated by school-size category (small, medium, large)
- \( f_2 \): a class adjustment factor calculated by school
- \( f_3 \): a student-level non-response adjustment factor calculated by class
- \( f_4 \): a post-stratification adjustment factor calculated by gender and grade

*Table 1* provides information on the sample size and response rate.

**Table 1: Sample sizes and response rates (unweighted) – GYTS Myanmar, 2016**

<table>
<thead>
<tr>
<th>School level</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of schools sampled</td>
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</tr>
<tr>
<td>Number of participating schools</td>
<td>51</td>
</tr>
<tr>
<td>School response rate (%)</td>
<td>100</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Class level</th>
<th></th>
</tr>
</thead>
<tbody>
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<td>Number of sampled classes</td>
<td>70</td>
</tr>
<tr>
<td>Number of participating classes</td>
<td>70</td>
</tr>
<tr>
<td>Class response rate (%)</td>
<td>100</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Student level</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of students sampled</td>
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</tr>
<tr>
<td>Number of participating students</td>
<td>3633</td>
</tr>
<tr>
<td>Student response rate</td>
<td>95.5</td>
</tr>
</tbody>
</table>

**Overall response rate (%) 95.5**

Note: Overall response rate = school response rate x class response rate x student response rate
3. Results

3.1 Tobacco use

3.1.1 Ever use

Nearly one third (31.4%) of the students reported ever using any tobacco product (boys 51.0%, girls 15.8%).

Ever use of smoked tobacco products

More than a quarter (27.3%) reported ever smoking any tobacco product (boys 46.2%, girls 12.2%). Cigarettes were the most commonly reported smoked tobacco products with one in five students reporting ever smoking cigarettes (boys 41.1%, girls 7.5%) and about 12.6% reported smoking tobacco products other than cigarettes (boys 19.5%, girls 7.1%) (Fig 1).

Ever use of smokeless tobacco products

The reported ever use of smokeless products was less than that of smoked products with about 12.8% of students reported ever use of smokeless tobacco (boys 21.2%, girls 6.1%) (Fig 1). All these tobacco-use indicators were significantly higher among boys than in girls.

Fig 1: Ever use of tobacco products – GYTS 2016

---

1This included cigarettes; any smoked tobacco product other than cigarettes such as cheroot, cigar, pipe; any form of smokeless product such as betel quid with tobacco such as tobacco leaf, hnathsay, hsaypaung.
Trends in ever use of tobacco

The prevalence of ever cigarette smokers significantly increased from 14.7 to 22.3% (23.4 to 41.1% in boys, 6.3 to 7.5% in girls (not significant) between 2007 and 2016 (Fig 2).

Fig 2: Trends in the prevalence of ever cigarette smokers – GYTS 2007, 2011 and 2016

3.1.2 Current use

In 2016, more than 1 in 10 students (13.6%) reported currently using any tobacco product^ (boys 26.3%, girls 3.7%) (Fig 3).

Current use of smoked tobacco products

Nearly one in 10 (10.6%) reported currently smoking any tobacco product (boys 21.1%, girls 2.4%). Cigarettes were the most commonly reported smoked tobacco product with 8.3% of students (boys 17.0%, girls 1.5%) reported smoking cigarettes on at least one of the days in the past 30 days (Fig 3). About 4.1% of students (boys 7.5%, girls 1.3%) reported currently smoking a tobacco product other than cigarettes such as cheroot, cigar, and pipe (Fig 3). While more than half of current cigarette smokers reported smoking <1 cigarette/day, about a quarter reported smoking one cigarette per day (Fig 4).

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^This included cigarettes; any smoked tobacco product other than cigarettes such as cheroot, cigar, pipe; any form of smokeless product such as betel quid with tobacco such as tobacco leaf, hnathsay, hsaypaung, chewing tobacco leaf or applying tobacco.
Current use of smokeless tobacco products

Current use of smokeless tobacco products (such as betel quid with tobacco such as tobacco leaf, hnat hsay, hsya paung chewing tobacco leaf) was reported by 5.7% of students (boys 11%, girls 1.5%) (Fig 3). All these indicators were significantly higher in boys when compared with girls.

Fig 3: Current use of tobacco products – GYTS 2016

![Graph showing current use of tobacco products]

Fig 4: Percentage of current cigarette smokers by number of cigarette smoked each day – GYTS 2016

![Graph showing percentage of current cigarette smokers]

Note: *N was small to make valid estimates for girls

Age at initiation of cigarette smoking

Among ever cigarette smokers, 69.1% of students reported trying their first cigarette before their 14th birthday and 17.2% reported trying their first cigarette before age 10 (boys 15.2%, girls 28.2%) (Fig 5).

Trends in current use of tobacco

Between 2007 and 2016, the prevalence of current tobacco users declined from 15.3% to 13.6% (a marginal increase in boys from 22.5% to 26.3% but a decline in girls from 8.2% to 3.7%), none of these differences are statistically significant. Similarly, the prevalence of current smokeless tobacco use declined marginally during that period, from 6.5% to 5.7% (an increase from 10.3% to 11.0% in boys but a decline from 2.7% to 1.5% in girls). The prevalence of current tobacco smokers declined from 13.8% in 2011 to 10.6% in 2016 (23.5% to 21.1% in boys and 3.6% to 2.4% in girls). There was a pronounced increase in current cigarette smokers, the prevalence of which nearly doubled from 4.9% in 2007 to 8.3% in 2016 (8.6 to 17% in boys and 1.0 to 1.5% in girls) (Figs 6–9).

To conclude, there seems to be no definite declining trends in tobacco use since 2007, it has either stagnated at higher levels or somewhat increased, especially for cigarette smoking. Although there is some evidence of decline in smokeless tobacco use, it is hard to conclude definitely due to a difference in the way the questions were asked in different rounds.
Fig 6: Trends in the prevalence of current tobacco users – GYTS, 2011 and 2016

Fig 7: Trends in the prevalence of current tobacco smokers – GYTS 2011 and 2016
Fig 8: Trends in the prevalence of current cigarette smokers – 
GYTS 2007, 2011 and 2016

Fig 9: Trends in the prevalence of current smokeless tobacco users – 
GYTS 2007, 2011 and 2016

Note: 2007 data is % chewed tobacco or snuff on 1 or more days in the past 30 days and 2016 data is % who used any smokeless tobacco products in the past 30 days
3.2 Cessation (pertaining to article 14 of FCTC)

Almost seven in 10 (69.4%) current smokers wanted to stop smoking now but about three-fourth (74.5%) of them had tried to quit smoking in the past year. Only 45.8% of the students had received help/advice to stop smoking from a programme or professional and a majority of students (80.2%) thought they would be able to stop smoking if they wanted (Fig 10).

Fig 10: Percentage of current smokers who wanted to quit, tried to quit, received help to quit and thought they can quit– GYTS 2016

Note: N was small to make valid estimates for girls

Trends in susceptibility to tobacco use and cessation indicators

The susceptibility to future tobacco use was assessed with the help of two questions: 1. If one of your best friends offered you a cigarette (a “tobacco product” in 2016 survey), would you use it; and 2. If anytime during the 12 months do you think you will use a cigarette (“any form of tobacco in 2016”).

An encouraging finding was that the prevalence of never tobacco users who reported being susceptible to cigarette smoking (tobacco use3) decreased from 11.4% in 2007 to 5.9% in 2016 (15.9 to 8.9% in boys and 8.1 to 4.6% in girls). But it was worrisome to note that between 2007 and 2016, the prevalence rates of intention to stop smoking decreased from 83.0% to 69.4%, those who tried to quit smoking decreased from 88.1% to 74.5% (86.3% to 73.3% in boys) (Figs 11–13).

3 In the earlier rounds, the susceptibility was assessed for future cigarette smoking, but in 2016 round it was assessed for overall tobacco use.

Fig 11: Trends in the percentage of never cigarette (tobacco) users susceptible to tobacco use – GYTS 2007, 2011 and 2016

Note: Susceptibility in 2007-2011 was estimated among never cigarette users for future cigarette smoking and for 2016 it is estimated among never tobacco users for future use of any tobacco product.

Fig 12: Trends in the prevalence of those who want to stop smoking now – GYTS 2007, 2011 and 2016

Note: N was small to make valid estimates for girls; Prevalence in 2007-2011 is estimated among current cigarette users and for 2016 it is estimated among current tobacco users.
Fig 13: Trends in the percentage of current smokers who tried to quit smoking – GYTS 2007, 2011 and 2016

Note: N was small to make valid estimates for girls; Prevalence in 2007-2011 is estimated among current cigarette users and for 2016 it is estimated among current tobacco users.

3.3 Second-hand smoke (pertaining to Article 8 of FCTC)

A sizeable proportion of students reported being exposed to second-hand smoke (SHS); about 33.2% at home, about 28.4% in enclosed public places and 29.0% at outdoor public places in the past seven days. Overall, about 47% (boys 53.7%, girls 41.8%) reported being exposed to SHS at any of the above places Less than two-thirds (64.5%) reported seeing someone smoking in the school premises during the past 30 days. Encouragingly, nearly all (94.6%) were in favour of banning smoking in enclosed public places (Fig 14).

Fig 14: Percentage of youth who were exposed to second-hand smoke and their attitude towards second-hand smoke – GYTS 2016

Trends in second-hand smoke exposure and attitudes to banning smoking in public

The trends in second-hand smoke exposure were examined in three domains, at home and in enclosed and outdoor public places. Between 2007 and 2016, the prevalence of SHS exposure at home remained unchanged, but declined from 46.4% to 28.4% in enclosed public places. The reported exposure to SHS in outdoor public places also remained rather unchanged in the range of 32.6% to 29.0% between 2011 and 2016. Between 2007 and 2016, the percentage of those who favoured banning of smoking in enclosed public spaces increased from 88.9% to 94.6% (Figs 15–18).


Fig 16: Trends in the prevalence of second-hand smoke exposure in enclosed public places – GYTS 2007, 2011 and 2016

Note: Enclosed or outdoor public places in 2007-11 data and enclosed public places in 2016 data
3.4 Access and availability (pertaining to Article 16 of FCTC)

Among current cigarette smokers, 15.7% obtained cigarettes by buying them from a store or shop, 38.8% from a street vendor and 32.0% got them from someone else. Among current cigarette smokers who bought cigarettes, 62.9% were not prevented from buying them because of their age.

Note: Enclosed or outdoor public places in 2007 data and enclosed public places in 2016 data
Trends in access to and availability of tobacco

There was an increasing trend in the percentage of current smokers who bought cigarettes from a store from 23.7% in 2007 to 54.5% in 2016 (Fig 19).

**Fig 19: Trends in the percentage of those who bought cigarettes from a store – GYTS 2007, 2011 and 2016**

Note: N was small to make valid estimates for girls; 2016 data refers to source from a store, shop, or street vendor

3.5 Media (pertaining to Articles 11, 12 and 13 of FCTC)

3.5.1 Anti-tobacco messages (pertaining to Articles 11 and 12 of FCTC)

Nearly four-fifths of the students saw or heard anti-tobacco messages in the media and more than one quarter were exposed to the same at sporting or other community events (Fig 20). Among current smokers, nearly three-fourths of the students noticed health warnings on cigarette packages and almost one third reported thinking of quitting smoking because of the health warnings (Fig 21).
Trends in anti-tobacco messages

Between 2007 and 2016, exposure to anti-tobacco messages in the media declined from 93.4% to 80.2% (Fig 22) and the same at sporting or community events declined from 88.0% to 59.6% (Fig 23).
3.5.2 Tobacco marketing (pertaining to Article 13 of FCTC)

Almost 6% of the students (boys 8.7%, girls 3.6%) reported being offered free tobacco products by tobacco companies and a similar percentage (boys 7.3%, girls 4.2%) reported owning something with a tobacco product brand logo on it (Fig 24).
**Trends in tobacco marketing**

Between 2007 and 2016, witnessing anyone using tobacco on television, videos, or movies declined from 94.3% to 83.4%, being offered free tobacco products from tobacco companies declined from 8.7% to 5.9% in 2016 and ownership of objects with a tobacco brand logo declined from 8.6% to 5.6% in 2016 (Figs 25-27).

**Fig 25: Trends in the percentage of those who noticed anyone using tobacco on television, videos, or movies – GYTS 2007 and 2016**

100%

90%

80%

70%

60%

50%

40%

30%

20%

10%

0%

Overall

Boys

Girls

94.3 83.4

94.4 85.3

94.4 81.8
3.6 Knowledge and attitudes

Almost two-thirds of the students (boys 59.9%, girls 69.1%) definitely thought that other people’s tobacco smoking was harmful to them and more than nine in 10 students (boys 91.2%, girls 93.5%) favoured banning smoking at outdoor public places (Fig 28).
**Fig 28: Attitude and knowledge about second-hand smoking – GYTS 2016**

**Trends in knowledge and attitudes regarding tobacco**

The percentage of those who definitely thought other people’s tobacco smoking is harmful to them increased from 48.4% in 2007 to 65% in 2016 and being taught in school about the dangers of tobacco use remained unchanged at 65.4% in 2007 to 64.2% in 2016 (Figs 29, 30).

**Fig 29: Trends in the percentage of those who definitely thought other people’s tobacco smoking is harmful to them – GYTS 2007, 2011 and 2016**
Fig 30: Trends in the percentage of those who were taught in school about the dangers of tobacco use – GYTS 2007, 2011 and 2016

<table>
<thead>
<tr>
<th></th>
<th>Overall</th>
<th>Boys</th>
<th>Girls</th>
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<tr>
<td>2007</td>
<td>65.4</td>
<td>65.0</td>
<td>66.1</td>
</tr>
<tr>
<td>2011</td>
<td>65.3</td>
<td>60.7</td>
<td>70.1</td>
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<tr>
<td>2016</td>
<td>64.2</td>
<td>61.4</td>
<td>66.4</td>
</tr>
</tbody>
</table>
4. Discussion

The results of this GYTS are critical for understanding the implementation of the WHO FCTC and MPOWER policy package in Myanmar. Myanmar’s regular participation in the GYTS in 2001, 2004, 2007, 2011 and 2016 addresses the first element of MPOWER (Monitor tobacco use and prevention policies) package for youth.

4.1 Stagnant or increasing tobacco use among adolescents

The analysis and comparison of data over different rounds of GYTS show that there are no definite declining trends in tobacco use among schoolgoing adolescents over last 15 years, the prevalence has either stagnated or is increasing. Over the years, the use of smokeless tobacco use is declining among schoolgoing Myanmar adolescents whereas the prevalence of cigarette smoking is increasing, which is a worrying trend, and further exploration of the data is required to understand the dynamics of tobacco use among youth.

4.2 Protect people from tobacco smoke (pertaining to Article 8 of FCTC)

While the proportion of students who were exposed to SHS at home has remained the same over the past decade, the percentage of students reporting SHS exposure in public places has declined significantly, which may imply effective implementation of tobacco control act. Also, the percentage of those who favoured banning of smoking inside enclosed public spaces has increased, as has the percentage of those who definitely thought other people’s tobacco smoking was harmful to them. In spite of the prohibition of sale of tobacco products within the compound or within 100 feet from the compound of the schools, almost 65% reported that they saw someone smoking in and around school premises.

4.3 Offer help to quit tobacco use (pertaining to Article 14 of FCTC)

Myanmar performed poorly in this domain, as the prevalence rates of those who wanted to stop smoking, those who tried to quit and those who received professional help to quit have decreased over the years. The programme for aiding tobacco cessation has been largely dormant in the country and it is now time to turn the leaf on this issue by providing national toll-free quit lines, training health-care workers to identify and provide help for tobacco addiction and increasing institutional capacity to specifically deal with this issue.

4.4 Warn about the dangers of tobacco (pertaining to Articles 11–12 of FCTC)

Over the years, the percentage of those who saw anti-tobacco messages in the media and sporting/community events has declined, as did the percentage of those who were taught in school about the dangers of tobacco use. But on the other hand the perceived susceptibility
of never users to use tobacco has also declined. According to WHO assessments, between 2014 and 2016, there were no national anti-tobacco campaigns in Myanmar but the health warnings on tobacco products have been effectively implemented.(8)

4.5 Enforce bans on tobacco advertising, promotion and sponsorship (pertaining to Article 13 of FCTC)

In this domain encouraging performance was noted, as exposure to tobacco use on television, videos, or movies, offering of free tobacco products and ownership of tobacco branded items have all declined. But, as per the latest WHO assessment there were no bans on advertising at point of sale and no or partial ban on tobacco promotion and sponsorship.(8) These and many other loopholes are still being exploited by tobacco companies to promote their products.

4.6 Access and availability of tobacco products (pertaining to Article 16 of FCTC)

There is much room for improvement in restricting tobacco access to minors, which requires strict enforcement of tobacco laws. Students reported that they were able to buy cigarettes with relative ease from stores. Also, they reported that being underage was not much of a barrier to access. In addition to the street vendors who act as easy access point, illicit trade cross border trade and unregulated informal sectors have made it difficult to restrict availability of tobacco products to minors in Myanmar.

4.7 Comparison with Global School-Based Student Health Survey

In 2016, another youth risk factor survey as part of the Global School-Based Student Health Survey (GSHS)(9) was conducted among Myanmar schoolgoing adolescents aged 13–17 years to collect information on a wide range of risk behaviours related to dietary habits, substance abuse (including tobacco use), violence and injuries, sexual health, mental health and personal hygiene. According to this survey, among those aged 13–15 years, the prevalence of current (at least once in the past 30 days) any tobacco use was 9% (7.8–10.5), current any tobacco smoking was 6.7% (5.4–8.4) and current smokeless tobacco use was 7.6% (5.9–9.8) and the corresponding figures from the current survey were 13.6% (11.2–16.3), 10.6% (8.5–13.1) and 5.7% (4.5–7.2). This shows that the results were largely similar between the two surveys but in GSHS the prevalence of SLT use was higher than tobacco smoking whereas in GYTS, this was seen to be reversed.

Regarding the trends in tobacco use over the years, a comparison of the 2007 and the 2016 GSHS rounds revealed that cigarette smoking prevalence increased significantly from 2.0% to 6.7%, which was also the seen when comparing the GYTS rounds, especially among boys.(9,10) This is a very worrisome finding and points to the failure of tobacco control efforts in Myanmar for young persons. With regard to SHS exposure the GSHS found a non-significant but perceptible increase in the second hand smoke exposure from 67% to 73% among 13–15-year-olds, which was in contrast to the results of the previous four GYTS rounds. The reasons for the discrepancies between GSHS and GYTS need to be explored further.
The GSHS 2016 also reported on other tobacco indicators; about three-fourth of ever cigarette smokers initiated before age 14 which was similar to GYTS 2016, about 88% tried to quit in the past year, which was higher than that reported in GYTS 2016, and about 73% reported exposure to SHS during the past seven days, which was higher than that reported in GYTS 2016.
5. Conclusions and recommendations

Myanmar undertook several anti-tobacco policy initiatives since 2012 such as the tobacco control programme launched in 2000, the ratification of the WHO Framework Convention on Tobacco Control in 2004, and the enactment of the National Tobacco Control Law in 2007 (11). However, in adolescents we are seeing an increase or stagnation in smoking prevalence rates at higher level. The actual rates may even if higher if the out-of-school are more likely to smoke, as the current survey does not include out-of-school adolescents. This failure to control tobacco use in all its forms has been explored partly by the WHO (8), which found Myanmar’s performance on MPOWER indicators to be less than ideal. As of 2016, Myanmar performed to the fullest satisfaction only in the monitoring component, whereas it performed moderately or poorly in cessation programmes, health warnings and advertising bans, smoke-free policies, mass media promotion of tobacco use and taxation.

According to WHO, an investment of just 33 Kyats per person per year may help Myanmar implement an effective and comprehensive tobacco control policy(2). But a strong political will is required to commit to such an investment. Illegal smuggling of cigarettes, cross-border illicit trade, illegal sales of duty-free cigarettes, unauthorized points of sale such as tea shops, street vendors and supermarkets, large international tobacco companies attempting to influence the youth and take advantage of the increased consumer spending, and inadequate staff for tobacco control are some of the important factors that pose a challenge to tobacco control in Myanmar.

Recommendations

In the light of the GYTS 2016 findings, Myanmar should consider rapidly implementing expanded comprehensive tobacco control measures across all levels. The following interventions are recommended:

▶ Myanmar’s Ministry of Health and Sports recently rolled out the ‘Five Year Strategic Plan for Young People’s Health’ (12) for 2016–2020, which recognizes the importance of improving adolescent health.(13) These youth-related policies have to be seen as avenues to push the agenda of reducing tobacco use among the youth.

▶ The school environment has an important role to play in engaging students for reducing tobacco use, but according to the 2007 Global School Personnel Survey(6), only about 70% of the school personnel stated that they had access to teaching materials and a mere 33% had received any training to prevent tobacco use among the youth.(11) These deficiencies need to be rectified.

▶ In Myanmar, smoke-free laws have been implemented in many public places but enforcement needs to be improved further and dedicated funding for the same should be made available.

▶ Considering the high levels of tobacco use prevalence, the government should further raise taxes on all tobacco products, which have remained stagnant for long. Myanmar falls short of the WHO recommended 75% excise tax and till now has
enforced only a 50% retail price excise tax. An econometric estimation showed that smokers in Myanmar were very sensitive to an increase in prices. In order to effectively reduce tobacco consumption, real prices of tobacco products need to be increased through heavier taxation.(14)

▶ Myanmar should ensure the availability of adequate and dedicated staff for tobacco control activities at the national and provincial levels. It should strive to provide committed national funds for tobacco control efforts and such a fund may be financed from tobacco taxation.

▶ The Ministry of Health and Sports and all other stakeholders should work cohesively to minimize access to and availability of tobacco products to minors.

▶ The government should take strict action against the tobacco industry and prevent it from distributing free samples and branded objects. Tobacco advertisements still find their way to reach the target audience and young impressionable minds by taking advantage of lax implementation of the national law.

▶ The government should further strengthen anti-tobacco mass media programmes through television, radio, sports and community events. Stakeholders involved in tobacco control should work to ensure that the harms of tobacco remain in the public consciousness.

▶ A majority of the students who smoke expressed the desire to quit smoking and many had even attempted to quit. In spite of this encouraging finding the country does not have adequate cessation services, such as a toll-free quit line and nicotine replacement therapies. This situation must be overcome by training of health and school personnel and institutional capacity-building.

Conclusion

Myanmar is sitting on the cusp of a great public health challenge. On one hand tobacco control efforts are failing to meet expectations and on the other hand, big tobacco companies are making inroads and gaining a foothold in Myanmar following its market liberalization. However, there are some positive policies from the government such as implementing a 75% pictorial health warning on tobacco packs but there is still a lot of ground to cover, and the above-mentioned recommendations provide a path to comprehensive, effective, strictly enforced and successful tobacco control policies.(15,16)
References


Annex 1

Questionnaires used in Global Youth Tobacco Survey (GYTS), Myanmar 2016

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

<table>
<thead>
<tr>
<th>Any tobacco use</th>
<th>Smoking tobacco includes</th>
<th>Smokeless tobacco includes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cigarettes</td>
<td>- Manufactured cigarettes</td>
<td>- Betel quid with tobacco such as tobacco leaf, hnathsay, hsaypaung</td>
</tr>
<tr>
<td>Other types of smoked tobacco:</td>
<td>- Cheroots</td>
<td>- Chewing tobacco leaf</td>
</tr>
<tr>
<td></td>
<td>- Pipes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Cigars</td>
<td></td>
</tr>
</tbody>
</table>

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. Grade 8
   b. Grade 9
   c. Grade 10
   d. Grade 11

4. During an average day, how much money (pocket 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 100 Kyats
   c. 101–200 Kyats
   d. 201–300 Kyats
   e. 301–400 Kyats
   f. 401–500 Kyats
   g. 501–1000 Kyats
   h. More than 1000 Kyats

The next questions ask about your use of tobacco.

5. Have you ever tried or experimented with cigarette smoking, even one or two puffs?
   a. Yes
   b. No
6. How old were you when you first tried a cigarette?
   a. I have never tried smoking a cigarette
   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, on how many days did you smoke cigarettes?
   a. 0 days
   b. 1 or 2 days
   c. 3 to 5 days
   d. 6 to 9 days
   e. 10 to 19 days
   f. 20 to 29 days
   g. All 30 days

8. Please think about the days you smoked cigarettes during the past 30 days. How many cigarettes did you usually smoke per day?
   a. I did not smoke cigarettes 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. Have you ever tried or experimented with any form of smoked tobacco products other than cigarettes (such as: cheroot, cigar, pipe,)?
   a. Yes
   b. No

10. During the past 30 days, did you use any form of smoked tobacco products other than cigarettes (such as: cheroot, cigar, pipe)?
    a. Yes
    b. No

11. 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
12. 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

13. Where do you usually smoke?
   (SELECT ONLY ONE RESPONSE)
   a. I do not smoke
   b. At home
   c. At school
   d. At work
   e. At friends’ houses
   f. At social events
   g. In public spaces (e.g. parks, shopping centers, street corners)

14. Have you ever tried or experimented with any form of smokeless tobacco products (such as: Betel quid with tobacco such as tobacco leaf, hnat hsay, hsay paung, chewing tobacco leaf or applying tobacco)?
   a. Yes
   b. No

15. During the past 30 days, did you use any form of smokeless tobacco products (such as: Betel quid with tobacco such as tobacco leaf, hnat hsay, hsay paung, chewing tobacco leaf or applying tobacco)?
   a. Yes
   b. No

The next questions ask about your feelings toward stopping smoking.

16. Do you want to stop smoking now?
   a. I have never smoked
   b. I don’t smoke now
   c. Yes
   d. No
17. 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

18. 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

19. 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
   c. Yes, from a friend
   d. Yes, from a family member
   e. Yes, from both programs or professionals and from friends or family members
   f. No

20. How easy or difficult would you find it to give up smoking altogether if you
    wanted to?
    a. I do not smoke now
    b. Very difficult
    c. Fairly difficult
    d. Fairly easy
    e. Very easy

21. 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 does not like it
    f. Because my friends do not like it
    g. Other
The next questions ask about your exposure to other people’s smoking

22. 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

23. 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: restaurants, buses, other vehicles, trains, sport centers, shopping malls, movie theaters)?
   a. 0 days
   b. 1 to 2 days
   c. 3 to 4 days
   d. 5 to 6 days
   e. 7 days

24. During the past 7 days, on how many days has anyone smoked in your presence, at any outdoor public place (such as: playgrounds, bus-stops, parks)?
   a. 0 days
   b. 1 to 2 days
   c. 3 to 4 days
   d. 5 to 6 days
   e. 7 days

25. During the past 30 days, did you see anyone smoke inside the school building or outside on school property?
   a. Yes
   b. No

26. 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
27. Are you in favor of banning smoking inside enclosed public places (such as: restaurants, buses, other vehicles, trains, schools, sport centers, shopping malls, movie theaters)?
   a. Yes
   b. No

28. Are you in favor of banning smoking at outdoor public places (such as: playgrounds, bus-stops, parks)?
   a. Yes
   b. No

The next questions ask about getting cigarettes

29. The last time you smoked cigarettes during the past 30 days, how did you get them?
   (SELECT ONLY ONE RESPONSE)
   a. I did not smoke any cigarettes during the past 30 days
   b. I bought them in a store or a shop
   c. I bought them from a street vendor
   d. I gave someone else money to buy them for me
   e. I got them from someone else
   f. I stole them.
   g. I got them some other way

30. 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

31. 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
32. On average, how much do you think a pack of 20 cigarettes costs?
   a. Less than 400 Kyats
   b. 400 – 599 Kyats
   c. 600 – 799 Kyats
   d. 800 – 999 Kyats
   e. 1000 – 1999 Kyats
   f. 2000 – 2999 Kyats
   g. More than or equal to 3000 Kyats
   h. I don’t know

33. 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. Red Ruby
   d. Mevius
   e. Lucky Strike
   f. London
   g. Premium Gold
   h. Other

34. On the whole, do you find it easy or difficult to buy cigarettes from a shop?
   a. I do not usually buy cigarettes from a shop
   b. Very difficult
   c. Fairly difficult
   d. Fairly easy
   e. Very easy

35. Can you purchase (tobacco products/ cigarettes) near your school?
   a. Yes
   b. No
   c. I don’t know

36. Do you think the price of (tobacco products/ cigarettes) should be increased?
   a. Yes
   b. No
The next questions ask about messages that are against using tobacco (might include cigarettes, other smoked tobacco, and smokeless tobacco).

37. 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

38. 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

39. During the past 30 days, did you see any health warnings on cigarette packages?
   a. Yes, but I didn’t think much of them
   b. Yes, and they led me to think about quitting smoking or not starting smoking
   c. No

40. 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).

41. 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

42. During the past 30 days, did you see any advertisements or promotions for tobacco products at points of sale (such as street vendors, tea shops, restaurants, stores, shopping malls)?
   a. I did not visit any points of sale in the past 30 days
   b. Yes
   c. No
43. 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

44. Do you have something (for example, t-shirt, pen, backpack) with a tobacco product brand logo on it?
   a. Yes
   b. No

45. Has a person working for a tobacco company ever offered you a free tobacco product?
   a. Yes
   b. No

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

46. 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

47. At anytime 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

48. 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
49. Do you think smoking tobacco helps people feel more comfortable or less comfortable at celebrations, parties, or in other social gatherings?
   a. More comfortable
   b. Less comfortable
   c. No difference whether smoking or not

50. 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

The next questions ask about smokeless tobacco. This includes (betel quid with tobacco such as tobacco leaf, hnat hsay, hsay paung) and chewing tobacco leaf.

51. How old were you when you first tried using smokeless 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

52. During the past 30 days, on how many days did you use smokeless tobacco?
   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

53. Please think about the days you used smokeless tobacco during the past 30 days. How many times did you usually use smokeless tobacco per day?
   a. I did not use smokeless tobacco during the past 30 days
   b. Less than once per day
   c. Once per day
d. 2 to 5 times per day  
  e. 6 to 10 times per day  
  f. 11 to 20 times per day  
  g. More than 20 times per day  

54. **Do you ever use smokeless tobacco or feel like using smokeless tobacco first thing in the morning?**  
  a. I don’t use smokeless tobacco  
  b. No, I don’t use or feel like using smokeless tobacco first thing in the morning  
  c. Yes, I sometimes use or feel like using smokeless tobacco first thing in the morning  
  d. Yes, I always use or feel like using smokeless tobacco first thing in the morning  

55. **How soon after you use smokeless tobacco do you start to feel a strong desire to use it again that is hard to ignore?**  
  a. I don’t use smokeless tobacco  
  b. I never feel a strong desire to use it again after using smokeless 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  

56. **Do you want to stop using smokeless tobacco now?**  
  a. I have never used smokeless tobacco  
  b. I don’t use smokeless tobacco now  
  c. Yes  
  d. No  

57. **During the past 12 months, did you ever try to stop using smokeless tobacco?**  
  a. I have never used smokeless tobacco  
  b. I did not use smokeless tobacco during the past 12 months  
  c. Yes  
  d. No  

58. **Do you think you would be able to stop using smokeless tobacco if you wanted to?**  
  a. I have never used smokeless tobacco  
  b. I don’t use smokeless tobacco now  
  c. Yes  
  d. No
59. Have you ever received help or advice to help you stop using smokeless tobacco? (SELECT ONLY ONE RESPONSE)
   a. I have never used smokeless tobacco
   b. Yes, from a program or professional
   c. Yes, from a friend
   d. Yes, from a family member
   e. Yes, from both programs or professionals and from friends or family members
   f. No

60. The last time you used smokeless tobacco during the past 30 days, how did you get it? (SELECT ONLY ONE RESPONSE)
   a. I did use any smokeless tobacco during the past 30 days
   b. I bought them in a store or a shop
   c. I bought them from a street vendor
   d. I gave someone else money to buy them for me
   e. I got them from someone else
   f. I stole them.
   g. I got them some other way

61. During the past 30 days, did anyone refuse to sell you smokeless tobacco because of your age?
   a. I did not try to buy smokeless tobacco during the past 30 days
   b. Yes, someone refused to sell me smokeless tobacco because of my age
   c. No, my age did not keep me from buying smokeless tobacco

62. During the past 30 days, did you see any health warnings on smokeless tobacco packages?
   a. Yes, but I didn’t think much of them
   b. Yes, and they led me to think about quitting smokeless tobacco or not starting smokeless tobacco
   c. No

63. Has a person working for a tobacco company ever offered you free smokeless tobacco?
   a. Yes
   b. No

64. If one of your best friends offered you smokeless tobacco, would you use it?
   a. Definitely not
   b. Probably not
   c. Probably yes
   d. Definitely yes
65. Once someone has started using smokeless tobacco, do you think it would be difficult for them to quit?
   a. Definitely not
   b. Probably not
   c. Probably yes
   d. Definitely yes

66. Do you think using smokeless tobacco helps people feel more comfortable or less comfortable at celebrations, parties, or in other social gatherings?
   a. More comfortable
   b. Less comfortable
   c. No difference whether using smokeless tobacco or not

67. Do you agree or disagree with the following: “I think I might enjoy using smokeless tobacco.”
   a. I currently use smokeless tobacco
   b. Strongly agree
   c. Agree
   d. Disagree
   e. Strongly disagree

The next questions ask about your background information, knowledge, and attitudes.

68. Do your parents work?
   a. Father only
   b. Mother only
   c. Both
   d. Neither
   e. Don’t know

69. What level of education did your mother complete?
   a. Illiterate
   b. Only read and write
   c. Primary school passed
   d. Middle school passed
   e. High school passed
   f. Graduated
   g. Don’t know
70. **Do your parents smoke tobacco?**
   a. None
   b. Both
   c. Father only
   d. Mother only
   e. Don't know

71. **Do you think smoking tobacco is harmful to your health?**
   a. Definitely not
   b. Probably not
   c. Probably yes
   d. Definitely yes

72. **During the past 12 months, did you read in your school texts or books about the health effects of tobacco?**
   a. Yes
   b. No
   c. I do not have school texts or books

73. **During the past 12 months, did you discuss in any of your classes the reasons why people your age use tobacco?**
   a. Yes
   b. No
   c. Not sure

74. **During school hours, how often do you see teachers smoking in the school building/outdoors on school premises?**
   a. About every day
   b. Sometimes
   c. Never
   d. Don’t know

75. **Do you think the sale of tobacco products to minors should be banned?**
   a. Yes
   b. No
# Annex 2

## Results of Global Youth Tobacco Survey (GYTS), Myanmar 2016

### Table 2: Detailed tobacco uses status among students 13–15 years old, by gender – GYTS Myanmar, 2016

<table>
<thead>
<tr>
<th></th>
<th>Overall</th>
<th>Boys</th>
<th>Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Smoked tobacco</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current tobacco smokers(^1)</td>
<td>10.6</td>
<td>21.1</td>
<td>2.4</td>
</tr>
<tr>
<td></td>
<td>(8.5–13.1)</td>
<td>(16.3–26.9)</td>
<td>(1.6–3.6)</td>
</tr>
<tr>
<td>Current cigarette smokers(^2)</td>
<td>8.3</td>
<td>17.0</td>
<td>1.5</td>
</tr>
<tr>
<td></td>
<td>(6.4–10.5)</td>
<td>(12.9–22.1)</td>
<td>(0.8–2.6)</td>
</tr>
<tr>
<td>Frequent cigarette smokers(^3)</td>
<td>0.6</td>
<td>1.1</td>
<td>0.0</td>
</tr>
<tr>
<td></td>
<td>(0.3–0.9)</td>
<td>(0.6–2.0)</td>
<td>(0.0–0.3)</td>
</tr>
<tr>
<td>Current smokers of other tobacco(^4)</td>
<td>4.1</td>
<td>7.5</td>
<td>1.3</td>
</tr>
<tr>
<td></td>
<td>(3.0–5.5)</td>
<td>(5.2–10.8)</td>
<td>(0.8–2.2)</td>
</tr>
<tr>
<td>Ever tobacco smokers(^5)</td>
<td>27.3</td>
<td>46.2</td>
<td>12.2</td>
</tr>
<tr>
<td></td>
<td>(23.3–31.6)</td>
<td>(38.7–53.8)</td>
<td>(10.2–14.5)</td>
</tr>
<tr>
<td>Ever cigarette smokers(^6)</td>
<td>22.3</td>
<td>41.1</td>
<td>7.5</td>
</tr>
<tr>
<td></td>
<td>(18.8–26.2)</td>
<td>(33.9–48.7)</td>
<td>(6.1–9.3)</td>
</tr>
<tr>
<td>Ever smokers of other tobacco(^7)</td>
<td>12.6</td>
<td>19.5</td>
<td>7.1</td>
</tr>
<tr>
<td></td>
<td>(10.4–15.1)</td>
<td>(15.6–24.1)</td>
<td>(5.6–9.0)</td>
</tr>
<tr>
<td><strong>Smokeless tobacco</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current smokeless tobacco user</td>
<td>5.7</td>
<td>11.0</td>
<td>1.5</td>
</tr>
<tr>
<td></td>
<td>(4.5–7.2)</td>
<td>(8.7–13.7)</td>
<td>(0.9–2.5)</td>
</tr>
<tr>
<td>Ever smokeless tobacco users(^9)</td>
<td>12.8</td>
<td>21.2</td>
<td>6.1</td>
</tr>
<tr>
<td></td>
<td>(10.3–15.7)</td>
<td>(17.1–25.9)</td>
<td>(4.3–8.5)</td>
</tr>
<tr>
<td><strong>Tobacco use</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current tobacco users(^10)</td>
<td>13.6</td>
<td>26.3</td>
<td>3.7</td>
</tr>
<tr>
<td></td>
<td>(11.2–16.3)</td>
<td>(21.2–32.1)</td>
<td>(2.5–5.3)</td>
</tr>
<tr>
<td>Ever tobacco users(^11)</td>
<td>31.4</td>
<td>51.0</td>
<td>15.8</td>
</tr>
<tr>
<td></td>
<td>(26.8–36.5)</td>
<td>(43.2–58.7)</td>
<td>(12.8–19.5)</td>
</tr>
<tr>
<td><strong>Susceptibility to tobacco use</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never tobacco users susceptible to</td>
<td>5.9</td>
<td>8.9</td>
<td>4.6</td>
</tr>
<tr>
<td>tobacco use in the future(^12)</td>
<td>(4.8–7.4)</td>
<td>(6.3–12.3)</td>
<td>(3.5–6.0)</td>
</tr>
<tr>
<td>Never smokers who thought they might</td>
<td>9.7</td>
<td>12.7</td>
<td>8.3</td>
</tr>
<tr>
<td>enjoy smoking a cigarette(^13)</td>
<td>(7.9–12.0)</td>
<td>(9.2–17.2)</td>
<td>(6.7–10.4)</td>
</tr>
</tbody>
</table>

---

1. Smoked tobacco at any time during the past 30 days
2. Smoked cigarettes at any time during the past 30 days
3. Smoked cigarettes on 20 or more days in the past 30 days
4. Smoked tobacco other than cigarettes any time during the past 30 days
5. Ever smoked any tobacco, even one or two puffs
6. Ever smoked cigarettes, even one or two puffs
7. Ever smoked tobacco other than cigarettes, even one or two puffs
8. Used smokeless tobacco any time during the past 30 days
9. Ever used smokeless tobacco
10. Smoked tobacco and/or used smokeless tobacco any time during the past 30 days
11. Ever smoked tobacco and/or used smokeless tobacco
12. Susceptible to future tobacco use includes those who answered “Definitely yes”, “Probably yes”, or “Probably not” to using tobacco if one of their best friends offered it to them or those who answered “Definitely yes”, “Probably yes”, or “Probably not” to using tobacco during the next 12 months
13. Those who answered “Agree” or “Strongly agree” to the statement: “I think I might enjoy smoking a cigarette.”
Table 3: Cigarettes smoked per day among current cigarette smokers 13–15 years old, by gender – GYTS Myanmar, 2016

<table>
<thead>
<tr>
<th>Number of cigarettes usually smoked¹</th>
<th>Overall</th>
<th>Boys</th>
<th>Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 1 per day</td>
<td>58.4 (50.4–66.0)</td>
<td>55.7 (47.6–63.5)</td>
<td>-</td>
</tr>
<tr>
<td>1 per day</td>
<td>27.0 (21.5–33.4)</td>
<td>28.6 (22.5–35.6)</td>
<td>-</td>
</tr>
<tr>
<td>2 to 5 per day</td>
<td>10.4 (7.0–15.2)</td>
<td>11.0 (7.5–15.9)</td>
<td>-</td>
</tr>
<tr>
<td>6 to 10 per day</td>
<td>2.2 (0.7–6.4)</td>
<td>2.4 (0.8–7.1)</td>
<td>-</td>
</tr>
<tr>
<td>11 to 20 per day</td>
<td>0.3 (0.0–2.1)</td>
<td>0.3 (0.0–2.3)</td>
<td>-</td>
</tr>
<tr>
<td>More than 20 per day</td>
<td>1.7 (0.6–5.1)</td>
<td>1.9 (0.6–5.6)</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

¹On the days that current cigarette smokers smoked cigarette tes during the past 30 days.

Table 4: Age at cigarette smoking initiation among ever cigarette smokers 13–15 years old, by gender – GYTS Myanmar, 2016

<table>
<thead>
<tr>
<th>Age when first trying a cigarette¹</th>
<th>Overall</th>
<th>Boys</th>
<th>Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 years old or younger</td>
<td>9.0 (6.2–12.9)</td>
<td>7.1 (4.8–10.5)</td>
<td>19.4 (9.8–34.8)</td>
</tr>
<tr>
<td>8 or 9 years old</td>
<td>8.2 (6.0–11.2)</td>
<td>8.1 (5.4–12.0)</td>
<td>8.8 (4.2–17.5)</td>
</tr>
<tr>
<td>10 or 11 years old</td>
<td>11.1 (8.4–14.5)</td>
<td>9.7 (6.7–14.0)</td>
<td>17.3 (9.3–30.0)</td>
</tr>
<tr>
<td>12 or 13 years old</td>
<td>40.8 (35.6–46.1)</td>
<td>41.4 (36.6–46.4)</td>
<td>38.1 (27.0–50.6)</td>
</tr>
<tr>
<td>14 or 15 years old</td>
<td>30.9 (25.1–37.4)</td>
<td>33.6 (26.9–41.0)</td>
<td>16.3 (7.1–33.2)</td>
</tr>
<tr>
<td>At less than 10 years old</td>
<td>17.2 (13.0–22.5)</td>
<td>15.3 (11.0–20.9)</td>
<td>28.3 (15.6–45.6)</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

¹Among those that have ever tried a cigarette
Table 5: Current smokers 13–15 years old who showed signs of smoking dependence, by gender – GYTS Myanmar, 2016

<table>
<thead>
<tr>
<th>Signs of smoking dependence¹</th>
<th>Overall</th>
<th>Boys</th>
<th>Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>43.3</td>
<td>43.2</td>
<td>0</td>
</tr>
<tr>
<td>(34.1–53.1)</td>
<td>(33.9–53.0)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

¹Those who answered: they sometimes or always smoke tobacco or feel like smoking tobacco first thing in the morning, or they start to feel a strong desire to smoke again within one full day after smoking.

Table 6: Smoking tobacco cessation indicators among current smokers 13–15 years old, by gender – GYTS Myanmar, 2016

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Overall</th>
<th>Boys</th>
<th>Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Want to stop smoking now</td>
<td>69.4</td>
<td>67.7</td>
<td>*</td>
</tr>
<tr>
<td>(59.4–77.8)</td>
<td>(57.5–76.5)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thought they would be able to stop smoking if they wanted to</td>
<td>80.2</td>
<td>79.1</td>
<td>*</td>
</tr>
<tr>
<td>(68.3–88.4)</td>
<td>(66.4–87.9)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have ever received help/advice from a programme or professional to stop smoking</td>
<td>45.8</td>
<td>46.4</td>
<td>*</td>
</tr>
<tr>
<td>(38.1–53.8)</td>
<td>(37.7–55.3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tried to stop smoking in the past 12 months</td>
<td>74.5</td>
<td>73.3</td>
<td>*</td>
</tr>
<tr>
<td>(62.2–83.8)</td>
<td>(61.0–82.8)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Response was less than 35

Table 7: Students 13–15 years old who were exposed to tobacco smoke during the past 30 days, by gender – GYTS Myanmar, 2016

<table>
<thead>
<tr>
<th>Exposed to tobacco smoke</th>
<th>Overall</th>
<th>Boys</th>
<th>Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>At home</td>
<td>33.2</td>
<td>37.7</td>
<td>29.5</td>
</tr>
<tr>
<td>(28.2–38.5)</td>
<td>(32.3–43.4)</td>
<td>(24.1–35.6)</td>
<td></td>
</tr>
<tr>
<td>Inside any enclosed place</td>
<td>28.4</td>
<td>32.8</td>
<td>24.8</td>
</tr>
<tr>
<td>(24.6–32.5)</td>
<td>(27.7–38.4)</td>
<td>(20.7–29.4)</td>
<td></td>
</tr>
<tr>
<td>Any outdoor public place</td>
<td>29.0</td>
<td>34.3</td>
<td>24.8</td>
</tr>
<tr>
<td>(24.5–34.0)</td>
<td>(29.2–39.9)</td>
<td>(19.8–30.6)</td>
<td></td>
</tr>
<tr>
<td>Saw anyone smoking</td>
<td>64.5</td>
<td>55.7</td>
<td>71.6</td>
</tr>
<tr>
<td>Inside school building</td>
<td>(59.8–69.0)</td>
<td>(50.5–60.7)</td>
<td>(65.1–77.3)</td>
</tr>
<tr>
<td>Or outside on school</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Table 8: Source for obtaining cigarettes among cigarette smokers 13–15 years old, by gender – GYTS Myanmar, 2016

<table>
<thead>
<tr>
<th>Source of Cigarettes</th>
<th>Overall</th>
<th>Boys</th>
<th>Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purchased from a store or shop</td>
<td>15.7</td>
<td>14.1</td>
<td>*</td>
</tr>
<tr>
<td></td>
<td>(11.3–21.3)</td>
<td>(9.5–20.4)</td>
<td></td>
</tr>
<tr>
<td>Purchased from a street vendor</td>
<td>38.8</td>
<td>40.6</td>
<td>*</td>
</tr>
<tr>
<td></td>
<td>(32.3–45.8)</td>
<td>(33.3–48.4)</td>
<td></td>
</tr>
<tr>
<td>Got them from someone else</td>
<td>32.0</td>
<td>31.7</td>
<td>*</td>
</tr>
<tr>
<td></td>
<td>(24.9–39.9)</td>
<td>(24.1–40.5)</td>
<td></td>
</tr>
<tr>
<td>Got them some other way</td>
<td>4.3</td>
<td>4.4</td>
<td>*</td>
</tr>
<tr>
<td></td>
<td>(1.8–10.0)</td>
<td>(1.7–10.9)</td>
<td></td>
</tr>
<tr>
<td>Giving someone else money to buy them</td>
<td>6.4</td>
<td>6.4</td>
<td>*</td>
</tr>
<tr>
<td></td>
<td>(3.7–10.9)</td>
<td>(3.2–12.4)</td>
<td></td>
</tr>
<tr>
<td>Stealing them</td>
<td>2.8</td>
<td>2.8</td>
<td>*</td>
</tr>
<tr>
<td></td>
<td>(1.1–7.1)</td>
<td>(1.0–7.5)</td>
<td></td>
</tr>
</tbody>
</table>

*Response was less than 35

### Table 9: Current cigarette smokers 13–15 years old who were not prevented from buying cigarettes because of their age, by gender – GYTS Myanmar, 2016

<table>
<thead>
<tr>
<th>Current cigarette smokers who were not prevented from buying cigarettes because of their age</th>
<th>Overall</th>
<th>Boys</th>
<th>Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>62.9</td>
<td>64.7</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(51.4–73.0)</td>
<td>(52.4–75.3)</td>
<td></td>
</tr>
</tbody>
</table>

### Table 10: Unit of cigarette purchase among current cigarette smokers 13–15 years old, by gender – GYTS Myanmar, 2016

<table>
<thead>
<tr>
<th>Unit of Cigarette Purchase</th>
<th>Overall</th>
<th>Boys</th>
<th>Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual sticks</td>
<td>61.9</td>
<td>65.3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(52.8–70.2)</td>
<td>(54.0–75.2)</td>
<td></td>
</tr>
<tr>
<td>Pack</td>
<td>29.1</td>
<td>27.2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(21.8–37.6)</td>
<td>(18.8–37.6)</td>
<td></td>
</tr>
<tr>
<td>Carton</td>
<td>2.9</td>
<td>2.8</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(1.2–6.9)</td>
<td>(1.0–7.3)</td>
<td></td>
</tr>
<tr>
<td>Rolls</td>
<td>5.1</td>
<td>3.5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(1.8–13.4)</td>
<td>(1.1–10.7)</td>
<td></td>
</tr>
<tr>
<td>Loose tobacco for hand-rolled cigarettes</td>
<td>1.0</td>
<td>1.2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(0.1–8.0)</td>
<td>(0.1–8.8)</td>
<td></td>
</tr>
</tbody>
</table>

*Response was less than 35
Table 11: Estimated cost of cigarettes among students 13–15 years old, by gender and smoking status – GYTS Myanmar, 2016

<table>
<thead>
<tr>
<th>Cost of a pack (20 cigarettes)</th>
<th>Overall</th>
<th>Boys</th>
<th>Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage (95% CI)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than 400 Kyats</td>
<td>17.9 (14.8–21.6)</td>
<td>17.0 (14.3–20.1)</td>
<td>19.0 (14.8–23.9)</td>
</tr>
<tr>
<td>400 to less than 600 Kyats</td>
<td>33.3 (29.5–37.2)</td>
<td>32.0 (27.1–37.4)</td>
<td>34.6 (30.1–39.4)</td>
</tr>
<tr>
<td>600 to less than 800 Kyats</td>
<td>22.2 (19.3–25.3)</td>
<td>22.1 (17.9–26.9)</td>
<td>22.2 (18.8–26.1)</td>
</tr>
<tr>
<td>800 to less than 1000 Kyats</td>
<td>20.2 (15.3–26.0)</td>
<td>22.0 (16.0–29.4)</td>
<td>18.3 (14.0–23.5)</td>
</tr>
<tr>
<td>1000 to less than 2000 Kyats</td>
<td>4.5 (3.4–5.9)</td>
<td>4.4 (3.1–6.2)</td>
<td>4.6 (3.0–7.0)</td>
</tr>
<tr>
<td>2000 to less than 3000 Kyats</td>
<td>1.2 (0.7–2.2)</td>
<td>1.5 (0.7–3.6)</td>
<td>0.9 (0.4–2.1)</td>
</tr>
<tr>
<td>More than or equal to 3000 Kyats</td>
<td>0.7 (0.4–1.4)</td>
<td>0.9 (0.4–2.3)</td>
<td>0.5 (0.3–1.0)</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 12: Noticed anti-tobacco information among students 13–15 years old, by gender – GYTS Myanmar, 2016

<table>
<thead>
<tr>
<th>Noticed anti-tobacco messages in the media¹ in the past 30 days²</th>
<th>Overall</th>
<th>Boys</th>
<th>Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage (95% CI)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Among all students in the past 30</td>
<td>80.2 (77.3–82.9)</td>
<td>80.8 (77.1–83.9)</td>
<td>79.9 (76.0–83.2)</td>
</tr>
</tbody>
</table>

Noticed anti-tobacco messages at sporting or community events

<table>
<thead>
<tr>
<th>Among all students in the past 30</th>
<th>27.9 (25.1–31.0)</th>
<th>28.4 (25.5–31.5)</th>
<th>27.5 (23.7–31.7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Among those who attended sporting or community events in the past 30 days</td>
<td>59.6 (55.2–63.9)</td>
<td>56.3 (51.8–60.7)</td>
<td>62.7 (56.7–68.3)</td>
</tr>
</tbody>
</table>

Taught in school about the dangers of tobacco use in the past 12 months²

| Among all students in the past 30                                 | 64.2 (58.9–69.2) | 61.4 (55.2–67.3) | 66.4 (60.9–71.5) |

¹For example, television, radio, internet, billboards, posters, newspapers, magazines, movies
²Among all students aged 13–15 year sold

Table 13: Noticed health warnings on cigarette packages among current and never smokers 13–15 years old, by gender – GYTS Myanmar, 2016

<table>
<thead>
<tr>
<th></th>
<th>Overall</th>
<th>Boys</th>
<th>Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Percentage(95%CI)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current smokers who noticed health warnings on cigarette packages</td>
<td>74.0 (67.2–79.9)</td>
<td>73.6 (67.4–79.0)</td>
<td>77.3 (56.6–89.9)</td>
</tr>
<tr>
<td>Thought about quitting smoking because of health warnings on cigarette packages (among current smokers)</td>
<td>29.6 (25.2–34.4)</td>
<td>29.9 (24.8–35.6)</td>
<td>27.5 (16.5–42.1)</td>
</tr>
<tr>
<td>Thought about quitting smoking because of health warnings on cigarette packages (among current smokers who noticed health warnings)</td>
<td>40.0 (33.8–46.5)</td>
<td>40.7 (33.5–48.2)</td>
<td>*</td>
</tr>
<tr>
<td>Never smokers who thought about not starting smoking because of health warnings on cigarette packages</td>
<td>45.4 (40.7–50.1)</td>
<td>49.2 (44.9–53.5)</td>
<td>43.3 (36.3–50.6)</td>
</tr>
</tbody>
</table>

*Response was less than 35

Table 14: Noticed tobacco marketing among students 13–15 years old, by gender – GYTS Myanmar, 2016

<table>
<thead>
<tr>
<th></th>
<th>Overall</th>
<th>Boys</th>
<th>Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notice tobacco advertisements or promotions at points of sale</td>
<td>Percentage(95%CI)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Among all students in the past 30 days</td>
<td>23.4 (20.3–26.9)</td>
<td>30.3 (25.5–35.6)</td>
<td>18.0 (15.0–21.4)</td>
</tr>
<tr>
<td>Among those who visited a point of sale in the past 30 days</td>
<td>42.3 (37.5–47.2)</td>
<td>47.3 (41.3–53.5)</td>
<td>37.0 (31.5–43.0)</td>
</tr>
<tr>
<td>Noticed anyone using tobacco on television, videos, or movies</td>
<td>Percentage(95%CI)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Among all students in the past 30 days</td>
<td>69.2 (64.9–73.3)</td>
<td>73.1 (68.1–77.5)</td>
<td>66.2 (61.5–70.6)</td>
</tr>
<tr>
<td>Among those who watched television, videos, or movies in the past 30 days</td>
<td>83.4 (79.2–86.9)</td>
<td>85.3 (80.6–89.0)</td>
<td>81.8 (77.7–85.2)</td>
</tr>
<tr>
<td>Ever offered a free tobacco product from a tobacco company representative</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>5.9 (4.8–7.1)</td>
<td>8.7 (7.0–10.7)</td>
<td>3.6 (2.5–5.0)</td>
</tr>
</tbody>
</table>
Table 15: Ownership and receptivity to tobacco marketing among students 13–15 years old, by gender – GYTS Myanmar, 2016

<table>
<thead>
<tr>
<th>Students who...</th>
<th>Overall</th>
<th>Boys</th>
<th>Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Owned something with a tobacco brand logo on it¹</td>
<td>5.6 (4.5–7.0)</td>
<td>7.3 (5.7–9.3)</td>
<td>4.2 (3.2–5.6)</td>
</tr>
<tr>
<td>Owned something with a tobacco brand logo on it or might in the future</td>
<td>17.3 (14.0–21.3)</td>
<td>20.0 (14.9–26.4)</td>
<td>16.1 (13.0–19.8)</td>
</tr>
</tbody>
</table>

¹Never smokers who might use or wear something that has a tobacco company or product name or picture on it, for example, a T-shirt, pen, backpack

Table 16: Knowledge and attitudes towards tobacco among students 13–15 years old, by gender – GYTS Myanmar- 2016

<table>
<thead>
<tr>
<th>Students who...</th>
<th>Overall</th>
<th>Boys</th>
<th>Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definitely thought it is difficult to quit once someone starts smoking tobacco</td>
<td>30.4 (26.8–34.3)</td>
<td>29.7 (26.0–33.8)</td>
<td>31.0 (26.1–36.4)</td>
</tr>
<tr>
<td>Thought smoking tobacco helps people feel more comfortable at celebrations-parties and social gatherings</td>
<td>25.8 (20.7–31.6)</td>
<td>28.8 (23.9–34.3)</td>
<td>23.3 (17.4–30.3)</td>
</tr>
<tr>
<td>Definitely thought it is difficult to quit once someone starts using smokeless tobacco</td>
<td>34.0 (29.3 – 39.1)</td>
<td>32.6 (27.0 – 38.8)</td>
<td>35.2 (30.2 – 40.5)</td>
</tr>
<tr>
<td>Thought using smokeless tobacco helps people feel more comfortable at celebrations-parties and social gatherings</td>
<td>24.6 (19.9–30.1)</td>
<td>28.4 (23.7–33.7)</td>
<td>21.6 (16.2–28.2)</td>
</tr>
<tr>
<td>Thought that the price of tobacco should be increased</td>
<td>62.4 (59.2–65.5)</td>
<td>66.1 (62.5–69.5)</td>
<td>59.5 (55.5–63.4)</td>
</tr>
<tr>
<td>Definitely thought smoking tobacco is harmful to one’s health</td>
<td>86.0 (83.3–88.4)</td>
<td>83.2 (79.1–86.6)</td>
<td>88.2 (85.3–90.6)</td>
</tr>
<tr>
<td>Read in the school textbooks about health effects of tobacco in the past 12 months</td>
<td>63.1 (59.8–66.2)</td>
<td>61.3 (56.1–66.3)</td>
<td>64.5 (60.9–67.9)</td>
</tr>
<tr>
<td>Discussed in classes the reasons why people their age use tobacco in the past 12 months</td>
<td>23.7 (21.1–26.4)</td>
<td>27.3 (23.8–31.2)</td>
<td>20.7 (18.1–23.6)</td>
</tr>
<tr>
<td>Thought that the sale of tobacco products to minors should be banned</td>
<td>93.0 (91.4–94.3)</td>
<td>91.5 (88.8–93.7)</td>
<td>94.1 (92.2–95.6)</td>
</tr>
<tr>
<td>Definitely thought that they will not use if a best friend offered smokeless tobacco</td>
<td>89.4 (86.8–91.5)</td>
<td>81.8 (77.1–85.7)</td>
<td>95.4 (94.0–96.4)</td>
</tr>
<tr>
<td>Strongly disagreed that they might enjoy using smokeless tobacco</td>
<td>62.8 (57.7–67.7)</td>
<td>53.9 (48.1–59.6)</td>
<td>70.0 (64.7–74.8)</td>
</tr>
</tbody>
</table>
### Table 17: Knowledge and attitudes towards second-hand smoke among students 13–15 years old, by gender – GYTS Myanmar, 2016

<table>
<thead>
<tr>
<th>Students who...</th>
<th>Overall</th>
<th>Boys</th>
<th>Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definitely thought other people’s tobacco smoking is harmful to them</td>
<td>65.0 (59.9–69.8)</td>
<td>59.9 (54.6–64.9)</td>
<td>69.1 (63.0–74.6)</td>
</tr>
<tr>
<td>Favoured banning smoking inside enclosed public places</td>
<td>94.6 (93.1–95.8)</td>
<td>94.2 (92.0–95.8)</td>
<td>94.9 (92.7–96.5)</td>
</tr>
<tr>
<td>Favoured banning smoking at outdoor public places</td>
<td>92.5 (90.6–94.1)</td>
<td>91.2 (88.0–93.6)</td>
<td>93.5 (91.5–95.1)</td>
</tr>
</tbody>
</table>

### Table 18: Smoking by parents and teachers reported by students 13–15 years old, by gender – GYTS Myanmar, 2016

<table>
<thead>
<tr>
<th>Percentage (95% CI)</th>
<th>Overall</th>
<th>Boys</th>
<th>Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Either or both parents smoke tobacco</td>
<td>38.3 (33.9–42.8)</td>
<td>38.5 (33.5–43.9)</td>
<td>38.1 (33.3–43.1)</td>
</tr>
<tr>
<td>Teachers smoke in the school premises daily or sometimes during school hours</td>
<td>40.1 (35.3–45.2)</td>
<td>49.2 (45.3–53.0)</td>
<td>32.9 (25.8–40.8)</td>
</tr>
</tbody>
</table>
# Annex 3

## Comparison of indicators from Myanmar GYTS 2007, 2011 and 2016

<table>
<thead>
<tr>
<th></th>
<th>2007</th>
<th>2011</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Overall</td>
<td>Boys</td>
<td>Girls</td>
</tr>
<tr>
<td><strong>Smoked tobacco</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current tobacco smokers</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Current cigarette smokers</td>
<td>4.9 (3.6–6.5)</td>
<td>8.5 (6.2–11.6)</td>
<td>1.3 (0.6–2.6)</td>
</tr>
<tr>
<td>Ever cigarette smokers</td>
<td>14.7 (11.5–18.6)</td>
<td>23.4 (17.9–30.1)</td>
<td>6.3 (4.8–8.2)</td>
</tr>
<tr>
<td><strong>Smokeless tobacco</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current smokeless tobacco users$^1$</td>
<td>6.5 (5.1–8.3)</td>
<td>10.3 (7.7–13.5)</td>
<td>2.7 (1.9–3.9)</td>
</tr>
<tr>
<td><strong>Tobacco use</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current tobacco users</td>
<td>15.3 (12.4–18.7)</td>
<td>22.5 (18.1–27.4)</td>
<td>8.2 (5.9–11.3)</td>
</tr>
<tr>
<td>Ever tobacco users</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td><strong>Susceptibility</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never tobacco users susceptible to tobacco use$^2$</td>
<td>11.4 (9.4–13.8)</td>
<td>15.9 (12.5–20.0)</td>
<td>8.1 (6.2–10.6)</td>
</tr>
<tr>
<td></td>
<td>2007</td>
<td>2011</td>
<td>2016</td>
</tr>
<tr>
<td>--------------------------</td>
<td>---------------</td>
<td>---------------</td>
<td>---------------</td>
</tr>
<tr>
<td></td>
<td>Overall</td>
<td>Boys</td>
<td>Girls</td>
</tr>
<tr>
<td><strong>Cessation</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tried to stop smoking in</td>
<td>88.1 (78.8–93.6)</td>
<td>86.3 (75.7–92.7)</td>
<td>*</td>
</tr>
<tr>
<td>the past 12 months³</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Want to stop smoking now³</td>
<td>83.0 (66.8–92.2)</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Received help/advice from</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>a program or professional</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>to stop smoking</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Second-hand smoke</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exposed to tobacco smoke</td>
<td>34.1 (29.6–38.9)</td>
<td>38.8 (33.0–45.0)</td>
<td>29.4 (24.5–34.9)</td>
</tr>
<tr>
<td>at home⁶</td>
<td>(29.6–38.9)</td>
<td>(33.0–45.0)</td>
<td>(24.5–34.9)</td>
</tr>
<tr>
<td>Exposed to tobacco smoke</td>
<td>46.4 (41.9–51.1)</td>
<td>51.2 (45.1–57.2)</td>
<td>42.1 (35.7–48.7)</td>
</tr>
<tr>
<td>inside any enclosed public</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>place⁶</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exposed to tobacco smoke</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>at any outdoor public place⁶</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Either or both parents</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>smoke⁸</td>
<td>44.1 (38.4–50.0)</td>
<td>47.2 (39.4–55.1)</td>
<td>41.1 (35.9–46.6)</td>
</tr>
<tr>
<td><strong>Access and availability</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Buying them from a store⁴</td>
<td>23.7 (16.1–33.4)</td>
<td>22.4 (14.7–32.7)</td>
<td>*</td>
</tr>
<tr>
<td>Not prevented from buying</td>
<td>*</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>cigarettes because of their age</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Media</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Data are not adjusted for non-response.
2. Based on adjusted data.
3. Based on self-reported smoking prevalence.
4. Data based on adjusted prevalence of smoking.
5. Data based on adjusted exposure to second-hand smoke.
6. Data based on adjusted exposure to second-hand smoke.
7. Data based on adjusted exposure to second-hand smoke.
8. Data based on adjusted exposure to second-hand smoke.
9. Data based on adjusted exposure to second-hand smoke.
10. Data based on adjusted exposure to second-hand smoke.
<table>
<thead>
<tr>
<th></th>
<th>2007</th>
<th>2011</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Overall</td>
<td>Boys</td>
<td>Girls</td>
</tr>
<tr>
<td>Tobacco industry advertising</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Noticed anyone using tobacco on television, videos, or movies</td>
<td>94.3 (92.1–95.9)</td>
<td>94.4 (91.2–96.4)</td>
<td>94.4 (90.8–96.6)</td>
</tr>
<tr>
<td>Ever offered a free tobacco product from a tobacco company</td>
<td>8.7 (7.2–10.4)</td>
<td>9.5 (7.5–11.9)</td>
<td>7.9 (5.8–10.6)</td>
</tr>
<tr>
<td>Owned something with a tobacco brand logo on it</td>
<td>8.6 (6.9–10.6)</td>
<td>9.5 (7.3–12.3)</td>
<td>7.7 (5.7–10.2)</td>
</tr>
<tr>
<td>Anti-tobacco advertising</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anti-tobacco messages in the media</td>
<td>93.4 (91.2–95.0)</td>
<td>91.9 (88.4–94.4)</td>
<td>94.7 (92.7–96.2)</td>
</tr>
<tr>
<td>Anti-tobacco messages at sporting or community events</td>
<td>88.0 (85.5–90.0)</td>
<td>88.2 (85.3–90.6)</td>
<td>87.5 (83.8–90.5)</td>
</tr>
<tr>
<td>Knowledge and attitudes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Taught in school about the dangers of tobacco use</td>
<td>65.4 (61.2–69.4)</td>
<td>65.0 (59.5–70.1)</td>
<td>66.1 (60.6–71.7)</td>
</tr>
<tr>
<td>Definitely thought other people’s tobacco smoking is harmful to them</td>
<td>48.4 (44.5–52.4)</td>
<td>49.2 (44.2–54.2)</td>
<td>47.9 (43.2–52.7)</td>
</tr>
<tr>
<td>Favoured banning smoking inside enclosed public places</td>
<td>88.9 (85.5–91.6)</td>
<td>87.7 (84.2–90.5)</td>
<td>90.0 (85.4–93.3)</td>
</tr>
</tbody>
</table>

* Response was less than 35
NA: Indicator was not included in survey
1 2007 Percent chewed tobacco or snuff on 1 or more days of the past 30 days/2016
Number of respondents who used any smokeless tobacco products in the past 30 days
2 Among current cigarette user/2016 among current tobacco user
3 Among current cigarette user/2016 among current smokeless tobacco user
4 During past 7 days
5 Cigarette brand/2016 tobacco brand
6 Enclosed or outdoor public places/2016 Endlosed public places
7 2016 source from a store, shop, or street vendor
Annex 4
Factsheet of Global Youth Tobacco Survey (GYTS), Myanmar 2016

GYTS Objectives
The Global Youth Tobacco Survey (GYTS), a component of the Global Tobacco Surveillance System (GTSS), is a global standard for systematically monitoring youth tobacco use (smoking and smokeless) and tracking key tobacco control indicators.

GYTS is a cross-sectional, nationally representative school-based survey of students in grades associated with ages 13 to 15 years. GYTS uses a standard core questionnaire, sample design, and data collection protocol. It assists countries in fulfilling their obligations under the World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC) to generate comparable data within and across countries. WHO has developed MPOWER, a technical package of selected demand reduction measures contained in the WHO FCTC.

GYTS Methodology
GYTS uses a global standardized methodology that includes a two-stage sample design with schools selected with a probability proportional to enrollment size. The classes within selected schools are chosen randomly and all students in selected classes are eligible to participate in the survey. The survey uses a standard core questionnaire with a set of optional questions that countries can adapt to measure and track key tobacco control indicators. The questionnaire covers the following topics: tobacco use (smoking and smokeless), cessation, secondhand smoke (SHS), pro- and anti-tobacco media and advertising, access to and availability of tobacco products, and knowledge and attitudes regarding tobacco use. The questionnaire is self-administered; using scannable paper-based bubble sheets, it is anonymous to ensure confidentiality.

In Myanmar, GYTS was conducted in 2016 by the Department of Public Health, under the coordination of the Ministry of Health and Sports. The overall response rate was 95.5%. A total of 3,633 eligible students in grades 9 - 11 completed the survey, of which 2,621 were aged 13-15 years. Data are reported for students aged 13-15 years.

GYTS Highlights

TOBACCO USE
- 13.6% of students, 26.3% of boys, and 3.7% of girls currently used any tobacco products.
- 10.6% of students, 21.1% of boys, and 2.4% of girls currently smoked tobacco.
- 8.3% of students, 17.0% of boys, and 1.5% of girls currently smoked cigarettes.
- 5.7% of students, 11.0% of boys, and 1.5% of girls currently used smokeless tobacco.

CESSATION
- More than 7 in 10 current smokers tried to stop smoking in the past 12 months.
- Almost 7 in 10 current smokers wanted to stop smoking now.

SECONDHAND SMOKE
- 33.2% of students were exposed to tobacco smoke at home.
- 28.4% of students were exposed to tobacco smoke inside enclosed public places.

ACCESS & AVAILABILITY
- 54.5% of current cigarette smokers bought cigarettes from a store, shop, or street vendor.
- Among current cigarette smokers who tried to buy cigarettes, 62.9% were not prevented from buying them because of their age.

MEDIA
- More than 8 in 10 students noticed anti-tobacco messages in the media.
- More than 4 in 10 students noticed tobacco advertisements or promotions when visiting points of sale.
- More than 1 in 20 students had something with a tobacco brand logo on it.

KNOWLEDGE & ATTITUDES
- 65.0% of students definitely thought other people’s tobacco smoking is harmful to them.
- 94.6% of students favored prohibiting smoking inside enclosed public places.
**Report of Fifth Global Youth Tobacco Survey (GYTS) Myanmar, 2016**

### ACCESS & AVAILABILITY

**CURRENT TOBACCO USE**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>BOYS (%)</th>
<th>GIRLS (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never smoked</td>
<td>12.6</td>
<td>19.3</td>
</tr>
<tr>
<td>Ever smoked of other tobacco</td>
<td>13.6</td>
<td>21.2</td>
</tr>
<tr>
<td>Ever smokeless tobacco users</td>
<td>5.7</td>
<td>11.0</td>
</tr>
<tr>
<td>Any tobacco use (smoked and/or smokeless)</td>
<td>12.8</td>
<td>21.2</td>
</tr>
</tbody>
</table>

**SUSCEPTIBILITY**

- Never tobacco users susceptible to tobacco use in the future: 5.9 (GIRLS) 9.7 (BOYS) 6.9%
- Never tobacco users who thought they might enjoy smoking a cigarette: 9.7 (GIRLS) 12.7 (BOYS) 8.3%

**KNOWLEDGE & ATTITUDES**

**MEDIA**

- Students who noticed anti-tobacco messages in the media: 80.2% (GIRLS) 80.8% (BOYS) 79.9%
- Students who thought smoking tobacco helps people feel more comfortable at celebrations, parties, and social gatherings: 25.8% (GIRLS) 28.0% (BOYS) 23.3%

**KNOWLEDGE & ATTITUDES**

- Students who definitely thought it is difficult to quit once someone starts smoking tobacco: 65.0% (GIRLS) 59.9% (BOYS) 68.1%
- Students who thought smoking tobacco helps people feel more comfortable at celebrations, parties, and social gatherings: 25.8% (GIRLS) 28.0% (BOYS) 23.3%
- Students who definitely thought other people’s tobacco smoking is harmful to them: 94.6% (GIRLS) 94.2% (BOYS) 84.9%
- Students who favored prohibiting smoking inside enclosed public places: 94.6% (GIRLS) 94.2% (BOYS) 94.9%
- Students who favored prohibiting smoking at outdoor public places: 92.5% (GIRLS) 91.2% (BOYS) 93.5%

**CESSATION**

- Current tobacco users who tried to stop smoking in the past 12 months: 74.5% (GIRLS) 73.3% (BOYS)
- Current tobacco users who wanted to stop smoking: 69.4% (GIRLS) 63.7% (BOYS)
- Current tobacco users who thought they would be able to stop smoking if they wanted to: 86.2% (GIRLS) 79.1% (BOYS)
- Current tobacco users who have ever received help/advice from a program or professional to stop smoking: 45.8% (GIRLS) 46.4% (BOYS)

**SECONDHAND SMOKE**

- Exposure to tobacco smoke at home: 33.2% (GIRLS) 37.7% (BOYS) 29.5%
- Exposure to tobacco smoke inside any enclosed public place: 29.0% (GIRLS) 34.3% (BOYS) 24.0%
- Exposure to tobacco smoke at any outdoor public place: 64.5% (GIRLS) 55.7% (BOYS) 71.6%

**SMOKELESS TOBACCO**

- Current smokeless tobacco users: 5.7 (GIRLS) 11.0% (BOYS)
- Ever smokeless tobacco users: 13.6% (GIRLS) 21.2% (BOYS)

**SMOKED TOBACCO**

- Current cigarette smokers: 22.3% (GIRLS) 41.1% (BOYS) 7.5%
- Ever cigarette smokers: 22.3% (GIRLS) 41.1% (BOYS) 7.5%
- Frequent cigarette smokers: 22.3% (GIRLS) 41.1% (BOYS) 7.5%
- Current smokers of other tobacco products: 22.3% (GIRLS) 41.1% (BOYS) 7.5%

**Note:** Data are weighted to be nationally representative of all students aged 13-15 years who are enrolled in school. Percentages reflect the prevalence of each indicator in each group, not the distribution across groups.

*Estimates based on unweighted cases less than 35 are not presented.
*Gender comparisons are significant at p < 0.05.

Last updated 17 January 2018
This report presents the results from fifth round of Myanmar Global Youth Tobacco Survey (GYTS) (2016). The survey assesses indicators on tobacco use prevalence, tobacco cessation, exposure to secondhand smoke, access to and availability of tobacco products, exposure to tobacco marketing and anti-tobacco messages, and knowledge and attitudes towards tobacco use among 13-15 year old school going adolescents.

The results provide a credible evidence base to review the impact of public health policies and tobacco control interventions among Myanmar’s youth. Policy makers, programme managers, researchers, tobacco control advocates and other relevant stakeholders will find the report useful to inform their work on tobacco control especially among youth.