



## MINISTRY OF HEALTH

### PRESS RELEASE

#### OFFICIAL LAUNCH OF THE 2014 GLOBAL ADULT TOBACCO SURVEY (GATS) FINDINGS

Nairobi, Friday, 28<sup>th</sup> November 2008 –The Principal Secretary, Dr. Khadijah Kassachoon today launched the results of the first Global Adult Tobacco Survey (GATS) ever conducted in the country. The survey was conducted by the Ministry of Health (MoH) in conjunction with the Kenya National Bureau of Statistics (KNBS) and with the support of the World Health Organization, CDC and CDC Foundation.

Tobacco use is a major preventable cause of premature death, disease and disability , presently causing over 6 million deaths each year in the world and expected to cause over 8 million deaths yearly by 2030. In the 20th century, the tobacco epidemic killed 100 million people worldwide; during the 21st century, it is estimated that it could kill one billion. Containing this epidemic is one of the most important and urgent public health priorities of our time. Unless current trends are changed, the vast majority of these deaths, 80%, are projected to occur in the developing world. An efficient and systematic surveillance mechanism to monitor the epidemic is one of the essential components of a comprehensive tobacco control program. This can only happen if there is data for evidence – based monitoring and evaluation.

GATS is a nationally representative household survey of all non-institutionalized men and women aged 15 years and older using a standard and consistent protocol. Survey data were collected electronically during in-person interviews. The sample size for 2014 Kenya GATS was 5,376 households and was selected from a total of 192 clusters, 102 in urban and 90 in rural, with a uniform sample of 28 households per cluster. The sample was selected in three stages. Stage one involved selection of clusters while stage two selected households and stage three selected individuals. The clusters were selected systematically from NASSEP V frame maintained by KNBS with equal probability independently within the urban-rural domains. The process involved ordering the cluster by urbanicity, then county and finally by unique geocode.

To effectively combat the tobacco epidemic, WHO and CDC recommend that countries utilize the WHO Framework Convention on Tobacco Control (WHO FCTC) – a global health treaty – and MPOWER measures— a set of six proven strategies: **M**onitor tobacco use and prevention policies; **P**rotect people from tobacco smoke; **O**ffer help to quit tobacco use; **W**arn about the dangers of tobacco; **E**nforce bans on tobacco advertising, promotion and sponsorship; and **R**aise taxes on tobacco.

#### **The results of 2014 Global Adult Tobacco Survey**

The results detailed below from GATS will assist Kenya in translating data into action to improve tobacco related policies and programs.

Approximately 2.5 million adults in Kenya (11.6 percent of the adult population) currently use tobacco. Of great concern, one in five men (19.1%) use tobacco.

**Tobacco use kills.** Approximately half of life time users will die of tobacco related diseases, many in their most productive years between the ages of 30 and 60.

The majority of tobacco users start at young ages before they are fully aware of the dangers of tobacco. Over half of Kenyan smokers started smoking before the age of 20 and almost all started before the age of 25.

**Cigarettes are very affordable in Kenya.** The average amount spent on one pack of manufactured cigarettes (containing 20 cigarettes) is 102.7 Kenyan shillings (USD \$1.15), which is less than the cost of a packet of unga, which is a basic household food commodity.

**Increasing tobacco taxes is a win-win for Kenya.** One of the single most effective ways to prevent youth from starting to smoke and to help smokers quit is to raise the price of tobacco through tax increases. This will consequently reduce the health risks associated with tobacco use as well as other socio-economic effects of tobacco use.

Raising tobacco taxes will also bring in additional revenue that the government can use to improve the health of its citizens. Raising tobacco taxes is strongly supported by the public. The GATS survey found that 8 in 10 Kenyans support increasing tobacco taxes.

Kenya currently has text only warning labels on tobacco packs, and approximately half of smokers (55.9 percent) report thinking about quitting because of the labels. Evidence from around the world shows that pictorial warning labels are much more effective at encouraging smokers to quit and stopping youth from starting. The Ministry of Health has the authority to mandate that pictorial health warnings be placed on tobacco package. By quickly implementing appropriate graphic health warnings, the MOH can increase the effectiveness of tobacco pack warnings and reduce the number of youth who start to smoke and help smokers to quit while supporting former smokers to stay quit.

There is no safe level of exposure to tobacco smoke and only 100% smoke-free environments are effective. Over 85 percent of adults (3.1 million adults) who visited bars and nightclubs were exposed to tobacco smoke and about 17 percent of adults (0.7 million adults) who work indoors were exposed to tobacco smoke at their workplaces. Closing the legal loop holes in the smoke-free law, including eliminating designated smoking areas, and enhanced enforcement of the existing measures, can serve to fully protect the health of all Kenyans and eliminate exposure to secondhand smoke.

Kenyan citizens are in favor of tobacco control policies—97 percent of adults support the law prohibiting smoking inside of restaurants, and 8 in 10 adults favor increasing taxes on tobacco products.

Kenya has banned all forms of direct and indirect tobacco advertising, promotion and sponsorship. One in four (25.2 percent) Kenyan adults noticed tobacco advertising, promotion or sporting event sponsorship in the last 30 days. Enforcement of the prohibition on tobacco advertising, promotion and sponsorship is critical to reduce tobacco use and prevent young people from starting to smoke.

Tobacco use and exposure to tobacco smoke result in severe health effects. Nine in ten Kenyan adults (92.8 percent) believe that smoking causes serious illness; however, only half of adults (49 percent) believe that smoking causes stroke, a disease for which tobacco use is a major risk factor. With 5 in 10 adults noticing anti-cigarette smoking information on television or on the radio, a national mass media campaign would have the benefit of raising public awareness on the harmful effects of tobacco use.

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