

SMOKING AMONG YOUTH IN SURINAME

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Introduction

In 2007, Suriname created a National Council for Tobacco Control, which is developing a national tobacco control policy. In 2008, Suriname also ratified the WHO Framework Convention on Tobacco Control that will guide the implementation of tobacco control policies. Given these imminent policy and legislative changes, there is a need for a more detailed understanding about the age at which youth initiate smoking and about the determinants of smoking and smoking cessation among youth.

Objectives

This study aims to inform the design of tobacco control policies and programs for youth in Suriname. Specifically, we aim to identify the age groups that should be targeted by such policies and programs, and to identify factors that are associated with smoking and smoking cessation among youth to facilitate the design of communication campaigns geared at changing smoking behavior.

Data and Methods

We analyze the 2000 and 2004 Suriname Global Youth Tobacco Surveys, which are part of WHO's Tobacco Free Initiative. The sample covers classes that typically correspond with ages 13-15; all students in the selected classes are included. Our working sample sizes are 1,610 and 2,118, respectively. In 2000, 53% had tried cigarettes; in 2004, 42% had. Current smoking was 15% and 10%, respectively. Most youth want to quit (77% and 83%). We use life table analyses to estimate the proportion of youth who have experimented with cigarettes by a given age, by gender and survey year. We use logistic regression analyses to identify the factors that are associated with smoking behavior and cessation among youth.

Fig. 1: Cumulative Proportion of Youth Who Ever Smoked Cigarettes, by Age

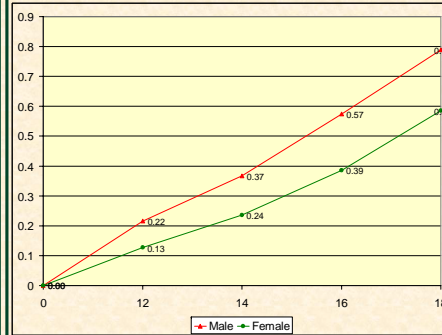


Fig. 2: Cumulative Proportion of Youth Who Ever Smoked Cigarettes, by Age and Survey Year

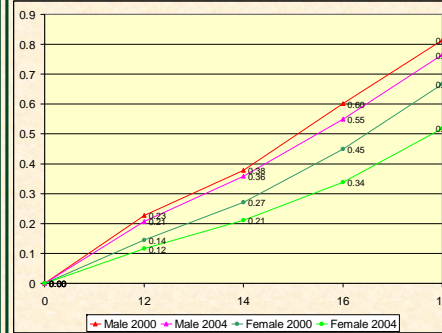


Table 1: Determinants of Smoking Behavior and Smoking Cessation

| | Ever Smoked | Currently Smokes | Wants to Stop Smoking | Able to Stop Smoking | Has Stopped Smoking |
|---|-------------|------------------|-----------------------|----------------------|---------------------|
| Age | | | | | |
| <13 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 |
| 14 | 1.57** | 1.24 | 3.94 | 0.96 | 1.78 |
| 15 | 2.06*** | 1.32 | 2.36 | 2.58 | 1.48 |
| 16 | 2.98*** | 2.14** | 1.39 | 1.43 | 1.42 |
| 17+ | 2.93*** | 2.44*** | 1.72 | 2.86* | 0.97 |
| Female | 0.52*** | 0.45*** | 0.77 | 1.33 | 1.81*** |
| Has no allowance | 0.69*** | 0.45*** | 1.29 | 0.63 | 1.27 |
| School Type | | | | | |
| MULO | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 |
| LBGO | 0.88 | 1.72*** | 1.41 | 0.46* | 0.83 |
| LTS | 0.76 | 1.03 | 4.25 | 1.83 | 1.06 |
| ETO | 1.62 | 1.73 | 4.47 | 0.70 | 2.5 |
| Parental Smoking | | | | | |
| Neither | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 |
| Father | 1.24* | 1.55*** | 3.98*** | 2.24** | 0.78 |
| Mother | 1.68* | 1.04 | - | 4.08 | 0.77 |
| Both | 2.40*** | 2.36*** | 2.81* | 1.20 | 1.15 |
| Peer Smoking | | | | | |
| None | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 |
| Some | 2.50*** | 4.01*** | 0.34 | 1.43 | 0.34*** |
| Many | 3.45*** | 12.53*** | 0.20* | 1.03 | 0.14*** |
| School program's effect on smoking, past year | 0.74*** | 0.96 | 2.89** | 1.11 | 1.61** |
| Exposure to anti-smoking messages on TV | | | | | |
| None | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 |
| Some | 0.84 | 0.81 | 1.52 | 0.96 | 1.64** |
| A lot | .81* | 0.74 | 1.93 | 1.68 | 2.30*** |
| Exposure to cigarette brand advertising at events | | | | | |
| None | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 |
| Some | 1.15 | 1.07 | 0.93 | 1.60 | 1.16 |
| A lot | 1.22 | 1.35 | 0.46 | 1.23 | 0.87 |
| Cessation Help from Health Professional | | | 3.56*** | 0.72 | 1.29 |
| Cessation Help from Friend | | | 1.01 | 2.71 | 0.77 |
| Survey Year | | | | | |
| 2000 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 |
| 2004 | 0.91*** | 0.93* | 1.07 | 0.94 | 1.01 |
| N of Cases | 3,333 | 3,219 | 326 | 720 | 1,199 |

*p<0.01, **p<.001, ***p<0.001

Results

Experimentation with cigarettes is more common than often believed, and starts very early (Figure 1). Moreover, a large proportion of young females experiment with cigarettes. By age 12, 22% of males and 13% of females had experimented with cigarettes. By age 16, this had increased to 57% and 39% respectively. By age 18, 79% of males and 58% of females had tried cigarettes.

Figure 2 shows that the age at which Surinamese youth start to experiment with cigarettes changed substantially for females, but not for males. The percentage of females who tried cigarettes by age 14 decreased from 27% in 2000 to 21% in 2004. The percentage of females who tried cigarettes by age 16 decreased from 45% to 34%, and the percentage who did so by age 18 decreased from 67% to 52%. By contrast, the age at which males start to experiment with cigarettes has changed only a little, and mostly among older youth.

Table 1 shows that risk of experimentation and current smoking increase from an early age. Parental and peer smoking increases those risks. School programs and TV messages reduce experimentation, but have no effect on current smoking. Both experimentation and current smoking are declining.

Exposure to parental smoking, school programs, and help from health professional increase the desire to stop smoking. Older youth, and those whose father smokes are more confident that they are able to stop smoking, while youth in LBGO vocational schools are less confident.

Girls, and youth exposed to school programs and TV messages are more likely to have quit smoking.

Conclusions

Anti-smoking campaigns in schools and in mainstream media have demonstrable impacts upon youth smoking behaviors, including both inhibiting uptake and promoting cessation. Nonetheless, such programs face significant difficulties in countering enormous peer and parental effects. Segmentation and targeting by age and gender may yield greater program impact. Social network interventions should be considered in tandem with current programs.