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Tobacco use among youth and related characteristics, Turkey

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Summary

Objectives: To provide nationally representative data on smoking prevalence of Turkish adolescents; to examine their knowledge, attitude and exposure to tobacco
Methods: A school-based representative survey of adolescents (13–15 years) was conducted within the frame of Global Youth Tobacco Survey (GYTS). 15957 students were selected using a two-stage cluster sampling method and completed an internationally standardized questionnaire on tobacco use and related factors.
Results: About one-third of students had already experienced smoking and 10 % were current smokers. Rate of exposure to passive smoking was high both in current smokers (89.0 %) and never smokers (79.2 %). More than one-third of current smokers had intended to quit. Susceptibility to initiate smoking was fairly high among never smokers, especially in boys (9.1 % versus 5.8 %). Considerable proportions of both never, and current smokers had positive attitude toward tobacco use. Half of the students had no school curriculum about the effects of tobacco use.
Conclusions: Smoking prevalence among Turkish adolescents is alarmingly high and the gender gap is closing. A relevant legislation is a must for success in tobacco control but should be combined by other effective prevention and cessation programs.

Keywords: Smoking – Youth – Adolescents – Survey – Turkey – GYTS

Tobacco use is one of the chief preventable causes of morbidity and mortality worldwide. Currently, there are about one billion smokers in the world and one out of ten deaths among adults is attributable to tobacco use (World Bank 1999, Peto & Lopez 2001). Another billion young adults are estimated to start smoking by year 2030 and about 10 million would die due to the habit of tobacco use, 70 % occurring in developing countries (Peto & Lopez 2001). Countries served by the European Region of the World Health Organization (WHO), with only 15 % of the world's population, face nearly one third of the worldwide burden of tobacco-correlated diseases. At the end of the 1990s, tobacco products were responsible for 1.2 million (14 % of all) deaths in this region and unless more effective measures are implemented, they seem to cause 2 million (20 % of all) deaths annually by year 2020 (WHO 2002).

In 2001, 2 % of tobacco consumed worldwide and 14 % of those consumed in the European region belonged to Turkey (World Bank 2003). Research suggest that prevalence of tobacco smoking in Turkey is 33.6 %, being significantly higher in men (57.8 %) than in women (13.5 %) (Ministry of Health 1993). Tobacco consumption in Turkey increased by 80 % after 1984, in contrast to a 30 % decline in the USA (Sezer 2002). Law numbered 4207 for "Preventing the Hazards of Tobacco and Tobacco Products" which came into force in 1997, banned all kinds of tobacco advertisement in Turkey. Arrangements brought by this Law have been a turning point in tobacco control endeavor: as a result of arrangements stemming from the law, cigarette consumption rate decreased from 7.7 % to 2.8 % by the end of 1998 (Sezer 2002). However, tobacco use still has an enormous negative impact on health and economy: annually, it leads to about 100000 premature deaths and causes an economic loss of 2.72 billion dollars (Soydal & Erguder 2002).

Local surveys carried out on Turkish youth demonstrate that 29.6 % of girls and 46.4 % of boys aged 13–14 years have ever smoked and 4.3 %, and 14.1 % of them, respectively, are current smokers (Erbaydar et al. 2003). Various studies conducted in youngsters of different ages and regions have

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indicated that smoking prevalence rates of ever-smokers differ between 0.7 % to 21.1 % among girls, and 1.1 % to 52.4 % among boys (Argun et al. 2004a, 2004b, Bilir et al. 2000, Emri et al. 1998).

In 1998, the World Health Organization (WHO), in collaboration with the US Centers for Disease Control and Prevention (CDC) and UNICEF, began a project called the Global Youth Tobacco Survey (GYTS) to enhance tobacco surveillance among young people. So far, the survey has been completed in over 126 countries, including 22 European countries in the WHO European region (CDC 2003). Turkey, with other 11 countries from the Central-Eastern European region, joined to the survey in year 2003.

This paper summarizes findings of the Global Youth Tobacco Survey (GYTS), Turkey. GYTS-Turkey aimed to be the first tobacco-related study, representative of Turkish adolescents and to constitute a reference for future prevalence studies. Use of a standardized data collection tool (i. e., GYTS) intended to allow comparison of tobacco-related data at national, regional, and global levels. More importantly, the survey destined to provide evidence for integrating the "tobacco issue" in the training curricula of elementary schools and to guide development of the National Tobacco Control Program.

Materials and methods

The 2003 GYTS (Turkey) was a school-based survey. The survey had a two-stage cluster sampling design, to gather a nationally representative sample of students attending seventh, eighth, and ninth grades.

The first sampling frame consisted of all schools including "regular", "private" and "technical (vocational)" schools, from rural and urban regions. All schools containing 7th (primary), 8th (primary) and 9th (high school 1st year) classes, containing 40 or more students were included in the sampling frame. Schools were selected with probability proportional to school enrollment size.

There was a regional stratification for sampling, as well: 60 schools were selected both from 3 big cities Ankara, Istanbul and Izmir and 142 schools were selected from seven geographical regions.

The second stage of the sampling was based on a 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 and all students in the selected classes were eligible to participate in the survey. Overall response rates slightly changes with regions, ranging between 84.0 % and 94.2 %. Altogether, 15 957 students (92.1 % of all eligibles) from 202 schools were included in the study.

The Substance Dependence Section of Mental Health Department of Primary Health Care General Directorate of the Turkish Ministry of Health coordinated the survey. Data collection was administered between 13 October and 21 November 2003. Data were collected in school-settings, using an anonymous, self-reported, standardized questionnaire of 90 questions that were developed especially for the WHO-European region, and ensured for its linguistic quality. Queries focused on seven topics: prevalence, environmental tobacco smoke, students' knowledge and attitudes related to smoking, minor's access to smoking, tendency to cease smoking, tobacco-related school-curriculum, and smoking- related topics in media and advertising.

Prior to data collection, permission was obtained from all selected schools and the parents. Participation was voluntary and anonymous. Data collection was standardized by standard training of data collectors and provision of written field guides. A total of 14 personnel from the Ministry of Health headquarters conducted supervision visits to randomly selected provinces, and schools.

All data collected were sent to the CDC, USA, where data scanning, data file compilations, and statistical analyses were completed. *Epi Info 2002* statistical software package was used for statistical analyses: a weighted analysis was used to adjust for the complex sampling design and to get robust estimates for prevalence rates, and standard errors, compensating for differing patterns of non-response. All statistical analyses reported in the paper are based on weighted analyses, where weights represent the inverses of sampling fractions. Prevalence rates are presented as percentages with relevant 95 % confidence intervals (CI). Statistical differences were determined by comparing the range of the 95 % CIs for the estimates: the differences were considered as statistically significant if the ranges did not overlap. For analytical purposes, schools were grouped under 4 headings to reflect the geographic and cultural differences including, the "cities" and "Western", "Central" and "Eastern" regions.

Throughout the paper, "ever-smokers" means those who experienced tobacco at least one or two puffs any time in life, "current smokers" are those who used used any form of tobacco (at least one day) in the past 30 days.

Results

In the study population, about 3 in 10 students had ever smoked cigarettes and of those, one third had initiated smoking before age ten (Tab. 1). Prevalence of ever smoking was significantly higher in boys than in girls, and highest in the Eastern region (33.4 %) and lowest in the cities (26.4 %). About one-tenth of the students reported themselves as "cur-

Table 1 Frequency and characteristics of smoking experience of adolescents by gender, GYTS, Turkey, 2003†

	Ever Smoked (including one or two puffs)		Current Smokers			
	Percent	% of those smoked before age 10	Percent	% using hand-rolled cigarettes ‡	% using manufactured cigarettes ‡	total # of cigarettes per day
Boys	34.9 (± 2.8)	33.1 (± 2.4)	14.0 (± 1.5)	31.2 (± 3.7)	86.3 (± 3.2)	11.9 (± 1.6)
Girls	21.5 (± 2.3)	22.3 (± 3.5)	6.0 (± 1.0)	22.7 (± 5.4)	89.4 (± 3.9)	5.0 (± 0.9)
Total	29.3 (± 2.1)	29.5 (± 2.4)	10.9 (± 1.1)	30.3 (± 3.1)	86.6 (± 2.6)	9.1 (± 1.1)

† Prevalance and relevant standard deviation are presented.
‡ Given that adolescents may smoke both hand-rolled and manufactured cigarettes, percentages were calculated out of total number of current cigarette smokers.

Table 2 Distribution of tobacco types consumed by current smokers, GYTS, Turkey, 2003

	Other Tobacco Products – Total	Cigars	Chew, snuff, dip	Pipe	Other types
Boys	4.5 (± 0.5)	3.1 (± 0.4)	1.9 (± 0.3)	2.1 (± 0.3)	10.9 (± 1.1)
Girls	5.9 (± 0.7)	4.0 (± 0.5)	2.2 (± 0.4)	2.4 (± 0.4)	14.0 (± 1.5)
Total	2.0 (± 0.4)	1.5 (± 0.4)	1.2 (± 0.3)	1.1 (± 0.3)	6.0 (± 1.0)

† Prevalance and relevant standard deviation are presented.
Note: Individuals may use more than one tobacco products.

Table 3 Distribution of various measures for readiness to stop smoking among current smokers, GYTS, Turkey, 2003

	those reporting desire to stop smoking (%±std. dev.)	those received any help/advice to cease smoking (%±std. dev.)	those who tried to stop in the past year (%±std. dev.)
Boy	66.6 (± 4.9)	64.9 (± 3.5)	69.2 (± 4.9)
Girl	54.5 (± 8.1)	55.0 (± 7.0)	54.9 (± 9.3)
Total	62.8 (± 3.8)	63.0 (± 3.0)	65.1 (± 4.0)

rent smokers". Distribution of current smoking by geographic region was similar to that obtained for "ever-smoking", such that; rates varied between the lowest 6.8 % (in cities) to the highest 13.5 % (in the Eastern region). About 90 % of current smokers reported that they use manufactured cigarettes, while one third were using hand-rolled cigarettes. Use of hand-rolled cigarettes reached up to 50.4 % in the Eastern region, although use of manufactured cigarettes was not quite different than those in other regions (83.2 %). Prevalence rates for current smoking were significantly higher in boys (11.9 %) than in girls (5.0 %), regardless of regions. Yet, differences among gender groups were more prominent in central (12.4 % vs. 4.7 %) and Eastern regions (16.3 % vs. 6.2 %).

In the study population, 10.9 % of all students were currently using some type of tobacco product: 11.9 % were currently smoking cigarettes only and 4 % were using a tobacco product other than cigarettes. Of the students 3.1 % were reportedly using cigars, 2.1 % were using pipes, and 1.9 % reported snuffing, chewing or dipping some tobacco product (Tab. 2). About 5.9 % were using more than one from of tobacco product. Use of tobacco products other than cigarettes was about twice higher in boys than in girls for cigars, pipe and chew/snuff/dip, etc. Prevalence of any tobacco product other than cigarettes was most common in the Eastern region (7.5 % ±1.6) and differences among gender groups were also most prevalent in this region: 8.2 % ±1.4 in boys and 3.5 % ±1.6 in girls.

The study also aimed to identify the proportion of students who feel free to/do smoke at home. More than one third of smoker girls (35.5 ± 8.4) reported that they smoked at home, whereas, only 18.6 % (±3.6) of boys used to do so ($p < 0.05$). Half of the current smokers, with slightly higher rates among boys (53.5 % ±5.4 vs. 42.9 % ±7.6), reported that they purchase cigarettes from stores, preferring places where they were not refused for their age. In 14 % of cases, refusal by store staff does not prevent adolescents' (attempt to) buying cigarettes.

Reporting of a wish for smoking a cigarette as the first thing in the morning was used as a surrogate measure for addiction. Accordingly, 15.9 % of current smokers were addicted. About two thirds of the students [66.6 % of boys and (54.5 %) of girls] reported a desire to stop smoking and almost an equal proportion had tried to stop smoking in the previous year. Proportion of boys who had received any help/advice to stop smoking was slightly higher in boys than girls. In the never smokers group, 7.7 % reported a wish/feeling to initiate smoking in the coming year. While addiction seems to be higher in girls, tendency to start smoking was higher in boys (Tab. 3).

Prevalence of self-reported exposure to passive smoking in both residential and non-residential environment was evaluated: 89.0 % ±1.9 of current smokers and 79.2 % ±1.0

Table 4 Percentages of adolescents' experience to passive smoking in non-residential environment and related thoughts, GYTS, Turkey, 2003†

	Never Smokers			Current Smokers		
	exposed to smoking in public places	"passive smoking is harmful"	"smoking should be prohibited in public places"	exposed to smoking in public places	"passive smoking is harmful"	"smoking should be prohibited in public places"
Boys	82.9 (±1.5)	78.6 (±1.7)	92.6 (±0.9)	91.5 (±2.1)	54.3 (±5.0)	66.5 (±4.5)
Girls	85.1 (±1.2)	85.7 (±1.3)	95.9 (±0.6)	91.7 (±3.4)	59.6 (±6.5)	59.4 (±6.3)
Total	83.8 (±1.2)	81.6 (±1.0)	94.0 (±0.6)	91.1 (±1.8)	55.3 (±4.1)	64.1 (±3.7)

† Prevalance and relevant standard deviation (in parantheses) are presented.

of never smokers were exposed to smoking in their residential environment and 91.1 %±1.8 of current-, and 83.8 % ±1.2 of never smokers reported that they had been to smoking in public places (Tab. 4). The source of exposure to smoke at home was mainly father, followed by mother and sister/brother: rates were higher in current smokers, regardless of the source person. Comparing current smokers with never smokers, prevalence of exposure to passive smoking in residential environment from a smoker best friend was lower: 65.0 ± 5.9 vs. 83.1 ± 2.3 in boys and 49.0 ± 8.9 vs. 86.6 ± 1. in girls.

The tobacco survey aimed to evaluate adolescents' thoughts on smokers. Regardless of gender, 35.1 % of current smokers and 22.0 % of never smokers believe "smoking boys have more friends than their non-smoking counterparts". About one fourth of the current smokers and 14.2 % of never smokers believe that "smoker girls are more likely to have more friends than non-smoker girls". Perception of a correlation between smoking and physical attractiveness differed by gender and smoking status. In contrasting "current" versus "never" smokers: 47.9 % vs. 17.3 % of boys and 49.9 % vs. 8.8 % of girls think that "smoking makes boys look more attractive"; and 39.1 % vs. 16.9 % of boys and 37.7 % vs. 7.9 % of girls think "smoking makes girls look more attractive".

About half of current smokers and 81.6 % of never smokers thought that "exposure to smoke from others is harmful to them". Yet, 64.1 % and 94 % of current-, and never smokers, respectively, think "smoking should be banned from public places": these rates did not change much with gender.

The study aimed to investigate whether the students learn about effects of smoking in school curriculum and if so, what they learn. Regardless of gender, about 40 % of the students had a class on effects of smoking in past year; more than half had a class focused on hazards of smoking; and, about one forth had discussed specifically the reasons why people their age smoked.

Importance of oral and written media on students learning about smoking was investigated through asking 8 questions on whether they saw any advertisement for, or against smoking. Television was the most commonly reported media where students saw any message related to smoking. In decreasing frequency order, community events/social gatherings, billboards and written media were reported as sources of information regarding smoking. Data suggests that messages obtained from such sources are mostly against, rather than motivating, smoking. Proportion of students offered a free cigarette by a tobacco company (25 % vs. 8.2 %) and those who have belongings with a cigarette brand logo on it (33 % vs. 9.9 %) were higher in current smokers versus in never smokers: rates being higher in boys than girls.

Discussion

Tobacco use represents the single greatest preventable cause of death and disability worldwide. All kind of prevention activities, particularly those at early ages in life, would be of significant impact on public health. Global approaches, with priority to high-risk regions, groups or individuals, would improve the effectiveness of the fight against tobacco-related health hazards. It is noteworthy, that tobacco industry needs a new smoker for each quitter and given the increasing quantity and quality of adult-oriented smoking cessation programs, it is not unlikely that tobacco industry would promote its products to younger generations (Global Tobacco Surveillance System Collaborating Group (GTSSCG) 2005).

The GYTS provides a standardized methodology and provides unique data in assessing a country's tobacco epidemic and tobacco-related issues and by implementing the survey every 3–4 years, it can stimulate development and evaluation of comprehensive tobacco control programs, and provide a means of assessing progress in meeting national program goals. Use of GYTS-like standardized tools globally, tobacco-related data can be compared at regional and global levels, as well. Advanced analysis of regional and national differences, can help in looking for general features of epide-

miology of smoking and factors influencing its initiation and development of smoking habit (GTSSCG 2005).

It is important to note that heterogeneity across nations (even regions) in terms of presence and effectiveness legislations, educational structure, ethnic and cultural influences, and so, necessitates to collect national data and compare and contrast it with others' in discussing its potential implications on future activities, and in tailoring specific and effective preventive measures (GTSSCG 2005, Nikolaishvili & Gambkrelidze 2002, GYTS Slovakia 2003, Juricic 2003).

This GYTS in Turkey provided valuable data on smoking behavior and related characteristics of Turkish adolescents, aged 13–15 years. Given that elementary education of 8 years is obligatory in Turkey since year 1999, the study population is representative of Turkish teenagers aged 13–15 years. Large sample size and high completion rate secured generalizability of the results and represent a strong nation-wide and multidisciplinary effort.

The study aimed mainly to obtain prevalence of smoking in these adolescents. Strikingly, one-third of these had experiences smoking at least once in their lives and one-tenth of them were current smokers. These rates are remarkably high compared with eastern Mediterranean countries such as, Islamic Republic of Iran, Lebanon, Syrian Arab Republic, Egypt and Oman (CDC 2003, GTSSCG 2005). Gender differences in smoking behavior favor higher rates in boys than girls similar to those obtained in Eastern Mediterranean countries (CDC 2003, GTSSCG 2005). Not surprisingly, this gender difference is less prominent in metropolitan cities, similar to smoking behavior of adolescents in European countries: Hungary, Albania, Poland, etc. (CDC 2003, GTSSCG 2005). This can at least be explained by tobacco advertising and marketing practices aimed at young women through use of technology (television, fashion magazines etc.) and/or "independence" image of girls in big cities. Also, availability and access to tobacco products are higher in big cities than in other regions and, may in turn, affect use of tobacco products in such areas. Closing of the gender gap in this study underscores the potential growth of tobacco epidemic among women, especially in big cities, and would positively affect women's smoking rates in future years, as urbanization increases. In implementing tobacco control programs in youngsters, high-risk subgroups (like, girls in big cities) should be specifically targeted.

The most popular tobacco form used is manufactured cigarettes, yet, about three of ten current smoker adolescents use hand-rolled cigarettes in all regions. Regional differences in consumption of hand-rolled cigarettes can be explained by high availability of rough tobacco in country-side where tobacco is grown and high accessibility rates due to low local prices.

Almost one-sixth of current smokers mentioned that "they feel like smoking a cigarette first thing in the morning" and "it would be tough for them to cease smoking", suggesting addictive behavior. This relatively high occurrence of nicotine dependence among youngsters implies an emerging need for youth-oriented cessation programs and research in schools should look into potential use of nicotine replacement therapy and bupropion in children.

Of the study participants, one third of ever-smokers reported that they started smoking before age 10. Starting smoking at early ages leads to an increase in cumulative exposure to tobacco and related health hazards and premature deaths are more common in this group. This calls for primary prevention efforts focused on young children and including education of children on health hazards of smoking and providing a supportive peer environment. Given that almost one-tenth of never smokers, being more prominent among boys, think of starting to smoke in the upcoming year, such efforts would also be helpful in preventing new "experiences". Health professionals at all levels should provide and support smoking-related informational and counseling activities for never smokers.

In parallel to findings of earlier GYTSs in the neighboring countries (Nikolaishvili & Gambkrelidze 2002, GYTS Slovakia 2003, Juricic 2003), adolescents have shown to often concentrate on short-term "benefits" of tobacco use, neglecting its harmful effects. Smoking is mainly a social activity and a way of contact with peers. GYTS shows that both current and never smokers think that smoking facilitates having more friends and/or looking more attractive: this belief is more common for boy smokers than for girls. This finding parallels to that imposed by the oral/written media supporting cigarette companies and such a positive attitude towards smoking is very hazardous since it would motivate many teenagers to start/maintain smoking. Professionals in mass media have great responsibility in balancing between the financial impact of tobacco advertising and social liability for disseminating information on health hazards of smoking. Financial and media-wise professional investment of the government into anti-tobacco advertising could contribute to counterbalancing the effect of the pro-tobacco advertising, including indirect advertising speculated by the tobacco industry. Smoking control programs based on psychological and social aspects of smoking such as, assertive behavior, peer pressure, alternatives for smoking, providing socializing non-smoking environments, and motivation for quitting should be promoted in school-based tobacco control programs.

Besides active smoking, passive exposure to smoking stands as an important health hazard, not only for providing a motivating environment for young individuals to start or continue but also due to its direct effects on health. The vast majority of

study participants, regardless of gender and region, reported exposure to smoking in residency, and public places (Tab. 4). Reportedly higher rates of passive smoking in residential areas of current smokers than never smokers suggest that young people who have smoking role models and relatives are more likely to smoke and is consistent with previous GYTSs (Emri et al. 1998, Nikolaishvili & Gambkrelidze 2002). It is necessary to develop programs that address passive smoking and adults would be the key players in such efforts.

Families, teachers, and health professionals should also take responsibility to make sure that accessibility of adolescents to tobacco products is restricted. Although banned by the present law on "Preventing the Hazards of Tobacco and Tobacco Products", our data show that the half of current smokers can get their cigarettes from stores and most of them have never been refused because of their age. Additionally, being true especially for the Eastern region, tobacco products other than cigarettes and hand-rolled cigarettes are very much accessible by the young people. This situation also exist in other countries which conducted GYTS in recent years (Nikolaishvili & Gambkrelidze 2002) and implies that existence of a law alone can not avoid hazardous behaviors, if not enforced appropriately and that the present law does not have efficient measures to control the enforcement.

Similarly, although banned by Law, 30–50 % of the students reported that they saw some advertising favoring smoking and an important proportion (including never smokers) have been offered free cigarettes and/or objects with cigarette brand logos. Gender differences in exposure to tobacco advertising may be explained by differences in preferences of using media channels, and due to the regional differences in availability of such advertising.

It is pleasing to find that more than two thirds of current smokers want to quit and many tried to stop smoking in the last year. This information suggests that young people are ready for a behavioral change and two-third received/seeked help from others. A high proportion of current smoker teenagers could quit smoking before health hazards become evident if counseling services, including education on health hazards of smoking, become highly available and easy to access and if number of support groups are increased for those who want to cease smoking. Changing the environment to non-smoking would provide good role models for children and is required for youth to grow up healthy.

Finally, school-based tobacco prevention education is a unique opportunity for effective tobacco control, because it reaches to all children and at early ages where behavioural changes are easier. Anti-smoking messages might lead students not to "try" smoking; to learn more about its health hazards, thus, to "stay away" from smoking; and, children are likely to carry such messages to their families. For integrating issues on tobacco control and health promotion into school education, evidence based curricula adopted for specific conditions should be developed. Implementation of school programs should be continuously monitored especially from aspect of their long-term effects.

What is new?

This study is unique with its nation-wide, population-based nature, high response rates, large sample size and, thus, high external validity.

The study has also played a precious and leading role in tobacco control activities in Turkey. It led to integration of "tobacco issue" in the training curricula of elementary schools, with contribution of the Minister of Health personnel and senior national education officials. It also indicated an urgent need for developing more effective executive policies for already existing legislation including, effective competencies for supervision bodies and higher penalties. Data provided have been used in developing of the "National Tobacco Control Program" by the Ministry of Health, after adaptation and signing of the WHO Framework Convention on Tobacco Control. Based on the GYTS-Turkey, one of the subgroups of this taskforce, the "minor's access and availability" have been founded to develop national tobacco control strategies and activities with an attempt to decrease tobacco consumption among youngsters.

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Zusammenfassung

Der Tabakkonsum türkischer Jugendlicher und andere tabakspezifische Faktoren

Fragestellung: Wie lauten die national repräsentativen Daten zur Tabakprävalenz bei türkischen Jugendlichen? Über welches Wissen bezüglich des Rauchens verfügen die Jugendlichen, wie ist ihre Haltung dazu, in welcher Weise sind sie dem Tabak ausgesetzt?

Methoden: Eine schulbasierte, repräsentative Erhebung bei Adoleszenten (13–15 Jahre) wurde im Rahmen des Global Youth Tobacco Surveys (GYTS) durchgeführt. 15957 Schülerinnen und Schüler wurden anhand einer zweistufigen cluster sampling Methode ausgewählt und füllten einen internationalen, standardisierten Fragebogen zum Tabakgebrauch und verwandten Faktoren aus.

Resultate: Etwa ein Drittel der Studierenden gaben an, bereits Erfahrungen mit dem Rauchen gemacht zu haben und 10 % bezeichneten sich als Rauchende. Das Mass an Passivrauchen war sowohl bei Rauchenden (89.0 %) wie auch bei Never Smokers (79.2 %) hoch. Mehr als ein Drittel der Rauchenden hatten bereits einmal die Absicht, das Rauchen aufzugeben. Die Wahrscheinlichkeit, mit Rauchen zu beginnen war bei den Never Smokers eher hoch, besonders bei Jungen (9.1 % im Vergleich zu den Mädchen 5.8 %). Ein erheblicher Anteil sowohl der Rauchenden wie auch der Never Smokers zeigten eine positive Einstellung zum Rauchen. Die Hälfte der Studierenden wurden in der Schule nicht über die Auswirkungen des Tabakgebrauchs unterrichtet.

Schlussfolgerungen: Die Rauchprävalenz bei türkischen Jugendlichen ist alarmierend hoch und die Geschlechterunterschiede verwischen sich diesbezüglich. Eine relevante Gesetzgebung ist deshalb angezeigt für die erfolgreiche Tabakkontrolle, diese sollte aber mit anderen wirkungsvollen Präventions- und Entwöhnungsprogrammen kombiniert werden.

Résumé

Tabagisme chez les adolescents en Turquie et autres facteurs en lien avec le tabac

Objectifs: Fournir des données représentatives de la prévalence du tabagisme chez les adolescents turcs; identifier leurs connaissances, leurs attitudes et leur exposition au tabac.

Méthodes: Une étude a été menée dans les écoles auprès d'adolescents turcs (13–15 ans) dans le cadre de l'Enquête Mondiale sur le Tabagisme chez les jeunes (GYTS). 15957 étudiants ont été sélectionnés au moyen d'une méthode d'échantillonnage aléatoire; ils ont répondu à un questionnaire international standardisé portant sur l'usage du tabac et sur des facteurs associés.

Résultats: Un tiers des étudiants avait déjà fumé et 10 % étaient des fumeurs réguliers. Les taux d'adolescents exposés au tabagisme passif étaient élevés (89.0 % chez les fumeurs réguliers, 79.2 % chez les non-fumeurs). Plus d'un tiers des fumeurs réguliers avaient eu l'intention d'arrêter de fumer. Un nombre important des non fumeurs était susceptibles de commencer à fumer, particulièrement chez les garçons (9.1 % versus 5.8 %). Une proportion considérable de non fumeurs et de fumeurs avait une attitude positive à l'égard du tabac. La moitié des étudiants n'avait pas de cours en lien avec les effets du tabagisme.

Conclusions: La prévalence du tabagisme chez les adolescents en Turquie est extrêmement élevée ; la différence entre les sexes s'estompe. Une législation efficace est un facteur clé de la prévention du tabagisme. Elle doit cependant être combinée à d'autres programmes de prévention et de soutien à l'arrêt du tabagisme.

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