



GLOBAL ADULT TOBACCO SURVEY 2021 SOUTH AFRICA COUNTRY REPORT LAUNCH



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OUTLINE

- Background
- Objectives
- Methodology (Mr Londani)
- Results
- Recommendations
- Conclusion



BACKGROUND

- Tobacco use remains a leading cause of preventable deaths, morbidity and impoverishment globally and in South Africa
- Article 20 of the WHO FCTC requires countries to conduct research and surveillance on tobacco use in the population
- Good policies are best informed by effective tracking of tobacco use.
- The implementation of GATS in 2021 became South Africa's first attempt to collect detailed data about tobacco use in the adult population
- GATS assists countries in monitoring the implementation of the WHO MPOWER policy package

Smoking causes  more deaths each year than **HIV/AIDS, tuberculosis, and malaria** combined.

(WHO, 2008, WHO, 2015)



Monitor tobacco use & prevention policies

Protect people from tobacco smoke

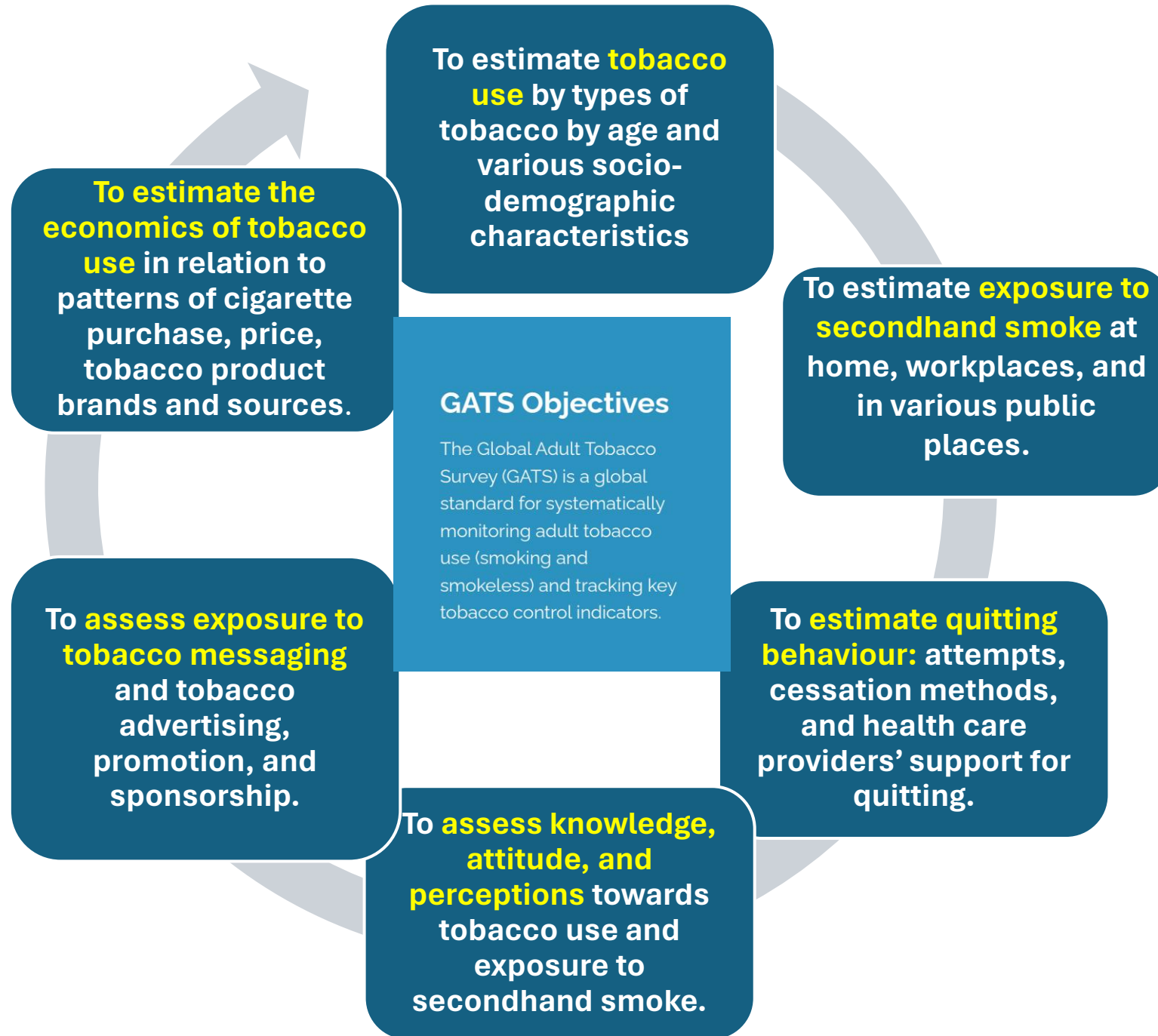
Offer help to quit tobacco use

Warn about the dangers of tobacco

Enforce bans on tobacco advertising, promotion, & sponsorship

Raise taxes on tobacco

OBJECTIVES



METHODOLOGY: QUESTIONNAIRE

The GATS Core Questionnaire was adapted for use in South Africa by specialists in tobacco control research and study design, then reviewed by the GATS Questionnaire Review Committee

Two questionnaires were used for the survey:

1. Household questionnaire: for screening the household for eligibility and to randomly select a respondent from eligible household members

2. Individual questionnaire: administered on one consenting randomly selected household member aged 15 years and older (and with consent from parent/guardian for respondents who were <18 years)

The GATS-SA questionnaire was translated into the 10 official languages of South Africa (sign language was not an official language at that time) in addition to English to ensure that all respondents' linguistic needs and preferences were facilitated in the survey



METHODOLOGY: SAMPLING

GATS South Africa 2021 (GATS-SA) was a national cross-sectional household survey

The target population of GATS-SA included all men and women aged 15 years and older

GATS-SA used the official sampling frame created by Statistics South Africa (StatsSA), referred to as the Master Sample Frame (MSF)

Multi-stage stratified sampling design was used

121 PSUs were selected from rural and urban areas in each province (66 rural and 55 urban)

A total of 7,245 dwelling units were sampled (3,948 were rural and 3,297 urban)

SAMPLE DESIGN: SAMPLE SIZE

	Target		Actual	
Sample size	7245		6311	
PSUs	121		120	
Breakdown	PSU	sample	PSU	sample
Urban	55	3297	55	2894
Rural	66	3948	65	3417

	Household	Individual
Total Interviews	6424	6311
Response rate	93.0%	98.4%
OVERALL RESPONSE RATE	91.5%	

DATA COLLECTION & ANALYSIS

- **Data collection:**
 - Took place over ~3.5-month period (17th May to 1st September 2021)
 - Conducted by 44 trained fieldworkers (33 field interviewers and 11 field supervisors)
 - FIs visited each selected household and conducted face-to-face interviews using Tablets (handheld electronic data collection devices) through the GTSS software
 - COVID-19 SOPs were followed throughout the data collection exercise
- **Weighting:** was applied during the analysis to ensure the results are representative of the South African population
- The final GATS-SA survey weight (wf) is the product of the individual weight (adjusted for non-response and post-stratification calibration weights)
- SAS programming was used to analyze the data





GATS-SA RESULTS

A SNIPPET!

Current Tobacco Use by Type of Use

- Overall, **29.4%** of people currently use tobacco (**41.7%** of men and **17.9%** of women)
 - 85.3% use smoked products only
 - 12.1% use smokeless products only
 - 2.5% use both smoked and smokeless products
 - 0.1% used smoked and heated products simultaneously



Frequency of Smoking

- Overall, 21.2% of adults in South Africa smoked daily and 4.6% smoked occasionally.
 - among men, 35.1% smoked daily and 6.1% smoked occasionally and
 - among women, 8.3% smoked daily and 3.3% smoked occasionally.
- Among those who smoke cigarettes daily, they smoke 8.5 cigarettes per day on average

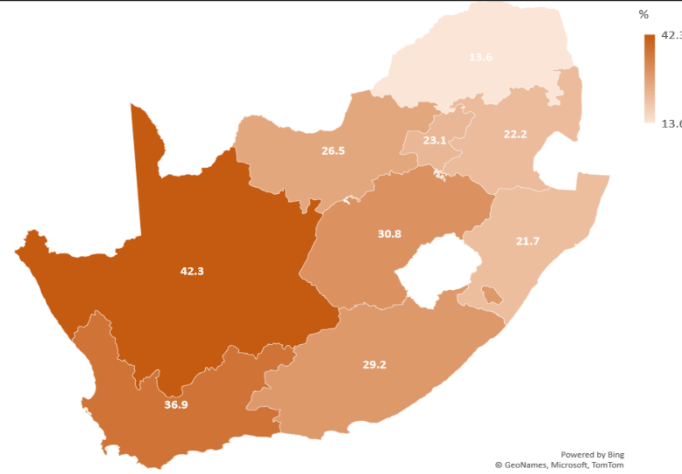
Demographic Characteristics	Tobacco Smoking Frequency						Total
	Daily		Occasional ¹		Non-smoking		
	Percentage (95% CI)						
Overall	21.2	(18.5, 24.1)	4.6	(3.6, 5.8)	74.2	(71.0, 77.2)	100
<i>Age (years)</i>							
15-24	16.2	(12.4, 20.9)	7.6	(5.7, 10.1)	76.1	(71.1, 80.5)	100
25-44	22.2	(18.4, 26.6)	4.5	(3.2, 6.2)	73.3	(68.9, 77.3)	100
45-64	25.8	(22.4, 29.4)	2.8	(1.9, 4.1)	71.4	(67.9, 74.8)	100
65+	16.4	(13.3, 20.2)	2.5	(1.3, 5.0)	81.1	(76.7, 84.8)	100
<i>Residence</i>							
Urban	24.2	(19.8, 29.2)	4.5	(3.5, 5.8)	71.2	(66.2, 75.8)	100
Rural	16.2	(13.7, 19.1)	4.8	(3.0, 7.4)	79.0	(74.1, 83.2)	100
<i>Education Level</i>							
No formal education	23.9	(16.5, 33.3)	1.0	(0.4, 2.7)	75.1	(65.7, 82.6)	100
Primary/secondary incomplete	23.5	(20.2, 27.1)	5.2	(4.0, 6.7)	71.3	(67.7, 74.6)	100
Secondary complete	19.1	(15.0, 23.9)	4.7	(3.4, 6.5)	76.2	(71.1, 80.7)	100
College or university+	17.1	(13.6, 21.3)	2.9	(1.9, 4.6)	80.0	(75.6, 83.8)	100
<i>Wealth index</i>							
Lowest	25.7	(23.4, 28.2)	6.7	(4.0, 11.1)	67.5	(62.9, 71.9)	100
Low	15.9	(11.8, 21.1)	4.8	(3.7, 6.2)	79.3	(74.6, 83.3)	100
Middle	26.0	(20.6, 32.2)	4.3	(2.9, 6.4)	69.7	(63.4, 75.3)	100
High	19.1	(15.3, 23.6)	3.8	(2.5, 5.9)	77.1	(72.5, 81.1)	100
Highest	21.4	(17.9, 25.4)	3.7	(2.6, 5.4)	74.9	(70.3, 78.9)	100

¹ Occasional refers to less than daily smoking.

Provincial Prevalence of Tobacco Use

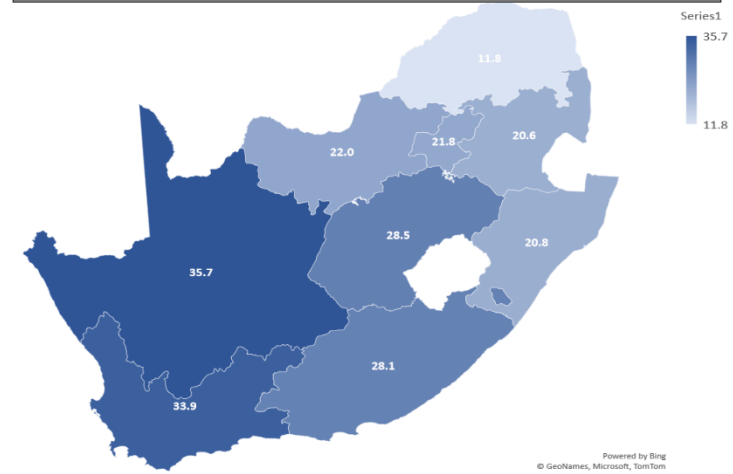
Prevalence of smoking by province (%)

Overall prevalence 25.8%
(41.2% men; 11.5% women)



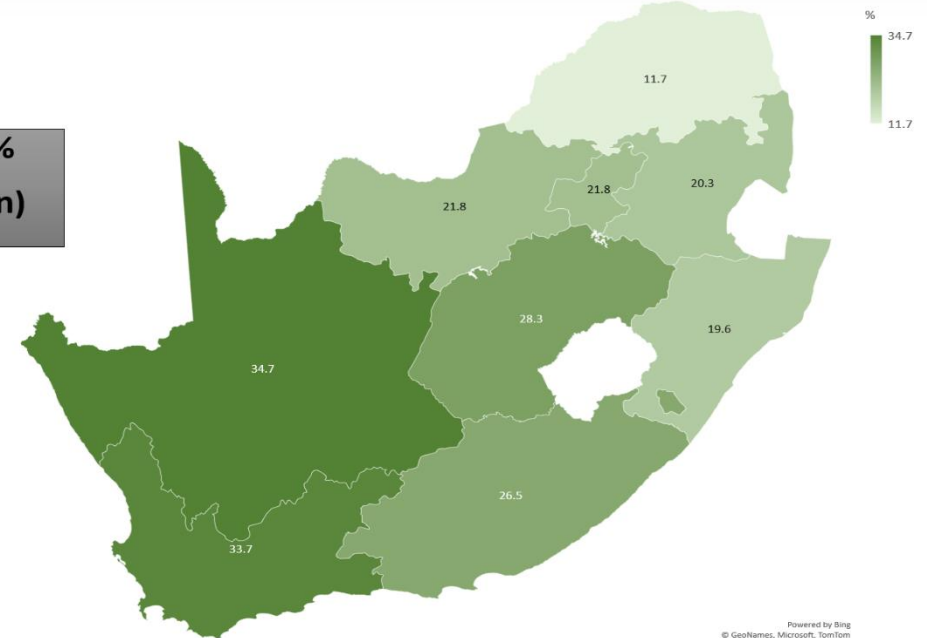
Prevalence of cigarette smoking by province (%)

Overall prevalence 23.9%
(39.1% men; 9.7% women)



Manufactured cigarettes smoking by province (%)

Overall prevalence 23.4%
(38.3% men; 9.5% women)



Demographic Characteristics	Average age of smoking initiation (years) ¹		Age at smoking initiation (years) ¹								
			<15		15-16		17-19		20+		Total
	Mean (95% CI)		Percentage (95% CI)								
Overall	17.6	(17.0, 18.3)	18.3	(14.1, 23.5)	25.1	(21.3, 29.4)	30.3	(24.8, 36.4)	26.3	(21.1, 32.2)	100
<i>Gender</i>											
Men	17.4	(16.6, 18.1)	20.1	(14.7, 26.9)	26.7	(21.5, 32.7)	27.7	(21.3, 35.2)	25.4	(18.4, 33.9)	100
Women	18.5	(17.5, 19.4)	12.9	(7.3, 22.0)	20.3	(10.6, 35.5)	37.9	(27.5, 49.7)	28.8	(19.9, 39.7)	100
<i>Residence</i>											
Urban	17.3	(16.4, 18.3)	20.9	(15.3, 27.9)	26.4	(21.5, 32.1)	29.5	(22.4, 37.9)	23.1	(15.7, 32.5)	100
Rural	18.2	(17.7, 18.7)	13.5	(10.2, 17.6)	22.7	(17.7, 28.6)	31.7	(25.0, 39.2)	32.2	(27.6, 37.1)	100

¹ Among respondents 20-34 years of age who are ever smoked tobacco.

Age of Smoking Initiation

- The **average age** at which adults aged 20 to 34 years old initiated smoking was **17.6 years old**
- **20.9% of urban residents** and **13.5% of rural residents** initiated smoking **before the age of 15**
- The average age of initiation for **men was 17.4 years** and **18.5 years for women**
- Overall, **30.3%** of people aged 20 to 34 years old who smoked initiated smoking at **17 to 19 years old**

Time to First Tobacco Use

Demographic Characteristics	Time to first tobacco use				Total
	≤5 minutes	6-30 minutes	31-60 minutes	>60 minutes	
	<i>Percentage (95% CI)</i>				
Overall	33.9 (29.1, 39.0)	32.8 (29.1, 36.7)	17.1 (13.8, 21.1)	16.2 (13.6, 19.1)	100
<i>Gender</i>					
Men	32.5 (28.2, 37.0)	32.6 (28.5, 37.0)	18.2 (14.5, 22.7)	16.6 (13.7, 20.0)	100
Women	37.4 (28.2, 47.7)	33.2 (26.0, 41.4)	14.3 (10.1, 19.9)	15.0 (11.8, 18.9)	100
<i>Age (years)</i>					
15-24	31.0 (22.3, 41.3)	34.8 (25.7, 45.1)	18.9 (10.8, 30.8)	15.3 (9.1, 24.5)	100
25-44	37.9 (30.7, 45.5)	30.6 (25.6, 36.1)	15.7 (11.6, 20.9)	15.8 (12.8, 19.4)	100
45-64	30.5 (23.6, 38.4)	32.8 (26.2, 40.0)	17.9 (14.1, 22.5)	18.8 (14.1, 24.6)	100
65+	27.8 (17.3, 41.3)	42.6 (29.9, 56.4)	19.5 (9.6, 35.7)	10.2 (6.1, 16.4)	100
<i>Residence</i>					
Urban	31.9 (27.3, 36.9)	35.2 (30.7, 40.0)	17.1 (12.7, 22.6)	15.8 (13.3, 18.6)	100
Rural	38.3 (28.1, 49.7)	27.3 (22.6, 32.6)	17.2 (13.1, 22.3)	17.1 (11.3, 25.1)	100
<i>Education Level</i>					
No formal education	38.2 (23.9, 55.0)	13.0 (6.9, 23.2)	22.8 (10.9, 41.4)	26.0 (11.7, 48.2)	100
Primary/secondary incomplete	35.0 (28.9, 41.6)	34.2 (29.7, 39.0)	14.6 (10.5, 19.9)	16.2 (12.9, 20.1)	100
Secondary complete	30.3 (22.9, 38.8)	31.5 (23.5, 40.8)	22.1 (15.5, 30.6)	16.1 (11.7, 21.7)	100
College or university+	35.3 (23.7, 48.9)	36.7 (26.9, 47.6)	15.8 (8.8, 26.8)	12.2 (6.6, 21.6)	100
<i>Wealth index</i>					

- Overall, **33.9%** of those who use tobacco daily used tobacco **within five minutes** of waking up
 - 37.4% among women and 32.5% among men
- By age group: **31.0%** among those aged **15 to 24 years**, **37.9%** among those aged **25 to 44 years** and **27.8%** among the **65 years and older** age group
- **32.8%** used tobacco within 6 to 30 minutes after waking up



Electronic Cigarettes

- Overall, 36.1% of adults had ever heard of electronic cigarettes, 45.8% among men and 27.1% among women
- Overall, **6.2% of adults had ever used e-cigarettes**
- **2.2%** were currently using e-cigarettes (3.8% of men and 0.7% of women)



Reasons for E-cigarette Use

Demographic Characteristics	Reasons for Using Electronic Cigarettes ¹								
	Quit smoking tobacco ²	Avoid returning to smoking tobacco ³	Enjoy using	Addicted	Can use where smoking tobacco is not allowed	Less harmful than smoking tobacco	Comes in likeable flavors	A friend or family member uses them	
	<i>Percentage (95% CI)</i>								
Overall	42.3 (25.0, 61.6)	- -	70.3 (56.2, 81.3)	6.9 (3.2, 14.4)	31.1 (19.2, 46.1)	45.1 (29.9, 61.3)	67.5 (50.7, 80.8)	43.5 (27.5, 61.0)	
Gender									
Men	49.1 (30.3, 68.2)	- -	69.7 (51.9, 83.0)	8.3 (3.9, 16.9)	31.5 (18.6, 48.1)	42.9 (26.8, 60.7)	63.6 (44.5, 79.2)	41.2 (24.1, 60.8)	
Women	- -	- -	- -	- -	- -	- -	- -	- -	
Age (years)									
15-24	- -	- -	86.4 (62.6, 96.0)	6.6 (1.5, 24.6)	15.3 (5.3, 36.7)	48.9 (24.5, 73.8)	82.5 (64.1, 92.6)	57.7 (33.9, 78.3)	
25-44	44.2 (23.6, 67.1)	- -	64.7 (47.4, 78.9)	6.1 (1.8, 18.4)	33.3 (17.6, 53.7)	42.2 (23.8, 63.1)	63.9 (39.8, 82.5)	38.1 (20.9, 58.8)	
45-64	- -	- -	- -	- -	- -	- -	- -	- -	
65+	- -	- -	- -	- -	- -	- -	- -	- -	
Residence									
Urban	46.0 (26.7, 66.5)	- -	72.8 (57.5, 84.1)	7.7 (3.5, 16.1)	32.2 (19.2, 48.8)	46.4 (29.4, 64.3)	67.7 (49.1, 82.0)	46.3 (28.4, 65.2)	
Rural	- -	- -	- -	- -	- -	- -	- -	- -	
Education Level									
No formal education	- -	- -	- -	- -	- -	- -	- -	- -	
Primary/secondary incomplete	- -	- -	82.1 (60.7, 93.2)	7.4 (2.0, 24.0)	14.9 (5.5, 34.6)	37.7 (16.9, 64.4)	57.5 (26.6, 83.5)	36.3 (13.5, 67.5)	
Secondary complete	24.6 (9.0, 51.9)	- -	66.1 (49.5, 79.5)	1.0 (0.1, 7.6)	39.0 (21.3, 60.2)	47.6 (27.5, 68.4)	74.5 (58.5, 85.8)	39.4 (21.7, 60.4)	
College or university+	- -	- -	- -	- -	- -	- -	- -	- -	
Wealth index									
Lowest	- -	- -	- -	- -	- -	- -	- -	- -	
Low	- -	- -	- -	- -	- -	- -	- -	- -	
Middle	- -	- -	- -	- -	- -	- -	- -	- -	
High	- -	- -	- -	- -	- -	- -	- -	- -	
Highest	- -	- -	57.3 (35.5, 76.6)	12.1 (5.3, 25.2)	47.4 (27.7, 68.0)	55.5 (35.8, 73.7)	76.7 (56.2, 89.4)	49.6 (27.1, 72.4)	

¹ Among adults who currently used electronic cigarettes.

² Among adults who currently smoked tobacco products.

³ Among adults who formerly smoked tobacco products.

- Indicates estimate is suppressed due to unweighted sample size less than 25.

- 70.3% cited enjoyment
- 67.5% because of the likable flavors
- 45.1% perceived e-cigarettes as being less harmful than tobacco
- 43.5% due to significant others (i.e. friends or family members) who used e-cigarettes

Demographic Characteristics	Nicotine-containing electronic cigarettes					Total (%)	
	Yes	No	Don't know				
	<i>Percentage (95% CI)</i>						
Overall	41.8	(30.4, 54.2)	30.2	(16.6, 48.5)	27.9	(16.4, 43.3)	100
<i>Gender</i>							
Men	42.9	(30.6, 56.2)	32.3	(17.6, 51.5)	24.8	(13.3, 41.4)	100
Women	-	-	-	-	-	-	100
<i>Age (years)</i>							
15-24	19.3	(8.0, 39.6)	25.0	(10.8, 48.0)	55.7	(31.6, 77.3)	100
25-44	46.7	(28.2, 66.1)	36.5	(17.7, 60.7)	16.8	(8.3, 31.2)	100
45-64	-	-	-	-	-	-	100
65+	-	-	-	-	-	-	100
<i>Residence</i>							
Urban	43.3	(30.8, 56.7)	29.2	(14.7, 49.7)	27.5	(15.2, 44.5)	100
Rural	-	-	-	-	-	-	100
<i>Education Level</i>							
No formal education	-	-	-	-	-	-	100
Primary/secondary incomplete	18.5	(7.8, 37.9)	44.2	(17.7, 74.5)	37.3	(14.1, 68.3)	100
Secondary complete	55.0	(34.1, 74.2)	15.5	(3.8, 46.3)	29.5	(14.1, 51.4)	100
College or university+	-	-	-	-	-	-	100
<i>Wealth index</i>							
Lowest	-	-	-	-	-	-	100
Low	-	-	-	-	-	-	100
Middle	-	-	-	-	-	-	100
High	-	-	-	-	-	-	100
Highest	69.9	(51.1, 83.8)	18.7	(9.0, 34.8)	11.4	(4.1, 27.9)	100

Note: Current electronic cigarette users includes daily and occasional (less than daily) users.

- Indicates estimate is suppressed due to unweighted sample size less than 25.

Current Use of Nicotine Containing Electronic Cigarettes

Among those currently using e-cigarettes: 41.8% used e-cigarettes containing nicotine

27.9% were not aware of whether the e-cigarette they used contained nicotine

Over half (55.7%) of those aged 15 to 24 years reported not knowing if the e-cigarette they use contain nicotine or not

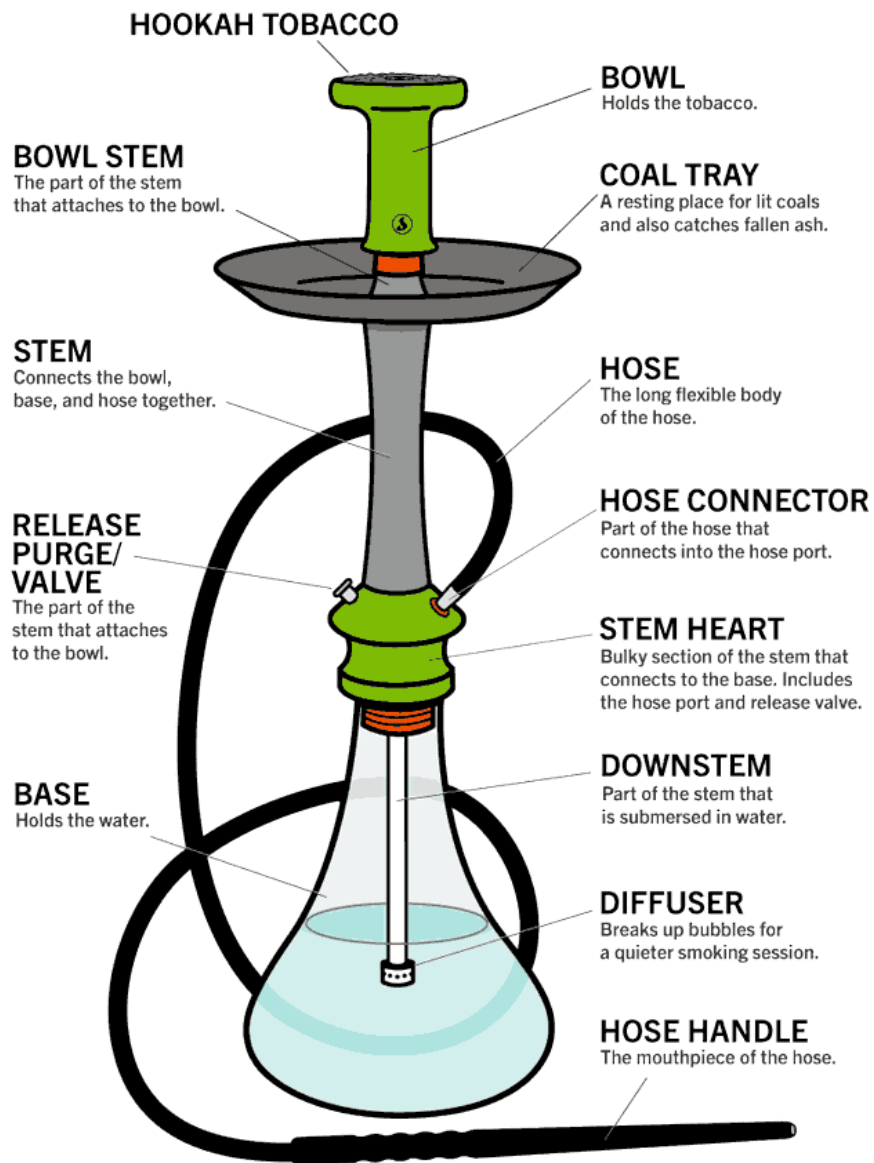
Expenditure on E-cigarettes

Demographic Characteristics	Money spent on electronic cigarettes in the past 30 days (South African Rand)						Total
	0	1-100	101+	Percentage (95% CI)			
Overall	51.3	(35.5, 66.8)	19.4	(9.8, 34.9)	29.3	(17.9, 44.1)	100
<i>Gender</i>							
Men	49.0	(31.3, 67.0)	22.5	(11.5, 39.4)	28.4	(16.3, 44.8)	100
Women	-	-	-	-	-	-	100
<i>Age (years)</i>							
15-24	-	-	-	-	-	-	100
25-44	50.6	(29.1, 71.9)	14.3	(5.2, 33.9)	35.1	(18.1, 56.9)	100
45-64	-	-	-	-	-	-	100
65+	-	-	-	-	-	-	100
<i>Residence</i>							
Urban	50.2	(32.8, 67.6)	18.6	(8.4, 36.2)	31.2	(18.2, 47.9)	100
Rural	-	-	-	-	-	-	100
<i>Education Level</i>							
No formal education	-	-	-	-	-	-	100
Primary/secondary incomplete	58.6	(28.3, 83.6)	24.3	(8.5, 52.5)	17.1	(5.5, 42.3)	100
Secondary complete	43.5	(27.7, 60.7)	17.2	(5.5, 42.7)	39.3	(20.2, 62.3)	100
College or university+	-	-	-	-	-	-	100
<i>Wealth index</i>							
Lowest	-	-	-	-	-	-	100
Low	-	-	-	-	-	-	100
Middle	-	-	-	-	-	-	100
High	-	-	-	-	-	-	100
Highest	50.2	(29.2, 71.2)	8.6	(2.0, 30.2)	41.2	(21.8, 63.8)	100

Note: Current electronic cigarette use includes daily and occasional (less than daily) use.

- Indicates estimate is suppressed due to unweighted sample size less than 25.

- Overall, 29.3% of adults who currently used electronic cigarettes reported spending more than R100 on electronic cigarettes in the past 30 days
- Among those aged 25 to 44 years old, 35.1% reported spending more than R100
- 41.1% of those within the highest wealth index reported spending more than R100 on electronic cigarettes in the last 30 days



Waterpipe/Hubbly Bubbly

- **3.1% of adults** reported smoking waterpipe (**7.1% among those aged 15 to 24yrs**)
- The mean age of initiation for those who have ever smoked waterpipe was 21.1 years
- On average, men and women who were currently smoking waterpipe had initiated waterpipe smoking at 21.2 and 20.9 years respectively
- For those aged 15 to 24 years the average age of initiation is 17.3yrs (over 51% initiating between ages 18 and 24 yrs)

Smoking Cessation



- **48.1%** who formerly smoked daily have quit since the **past 10 years or more**
- **11.7%** had quit within the **last 12 months** before the survey
- **65.7%** of those who currently use tobacco were either **planning to or thinking about quitting**
- Among adults who currently smoke tobacco and those who had been abstinent for less than 12 months, two-fifths (40.5%) had made at least one attempt to quit smoking (40.7% of men and 39.7%)

NICOTINE REPLACEMENT



1-ON-1 THERAPY



SUPPORT GROUPS



TEXT-TO-QUIT SERVICES



Smoking Cessation

- Among adults who were currently smoking tobacco and who attempted to quit, **80.9% attempted to quit without any assistance**
- **4.1%** of adults attempted to quit using **pharmacotherapy**
- **42.9%** received advice to quit from their **Healthcare provider**

Need a Reason to QUIT?

Mouth

Your sense of taste and smell improves within 48 hours. You'll also smile brighter since the tar and nicotine from cigarettes will no longer stain your teeth and you won't have smoker's breath.

Eyes

You can stop the damage smoking does to your eyes and preserve your vision, especially at night.

Skin

Kicking the habit can help protect skin from premature aging and wrinkles. This means you'll look younger.

Heart

Your blood pressure and heart rate will return to near normal within 2 hours. Your risk for coronary artery disease and heart attack starts to decline within 1 day. Within 1 year, your risk for heart disease falls by half and within 15 years, your risk is the same as a non-smoker.

Immune system

Smoking damages your airways, making you more prone to colds, coughs and respiratory infections. Once you quit, your immune system will get stronger and you'll be less likely to get sick. Since blood flow will improve, wounds will heal faster and better.

Lungs

You'll be breathing more easily within 2-3 weeks as lung capacity increases. Within a few months, your coughing and shortness of breath will improve dramatically. Lung cancer risk drops to half that of a non-smoker by 10 years and almost equals a non-smoker within 15 years.

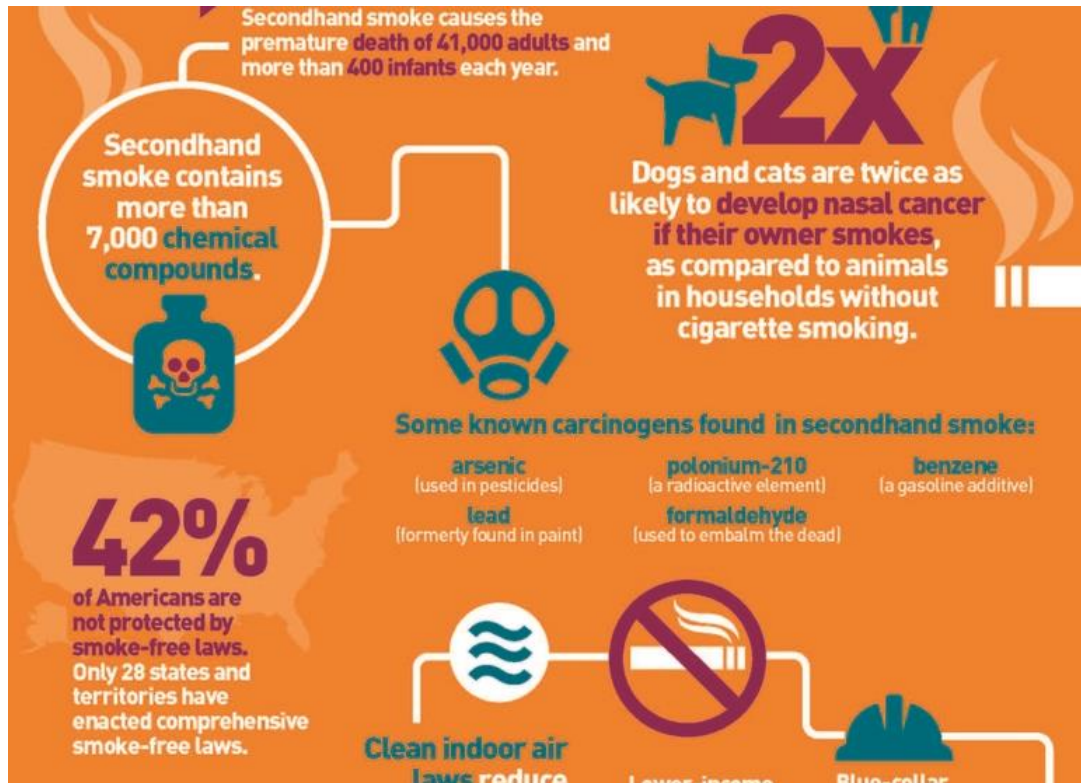
Belly

Quitting can help reduce belly fat and lower your risk of diabetes. If you already have diabetes, it can make it easier to keep blood sugar under control.

Reasons for Trying to Quit Smoking

- **63.4%** of adults who were currently, or formerly smoking tobacco tried quitting because they were **concerned for their own health**
- **44.3%** wanted to set a **good example for their children**
- **38.8%** were concerned about the effects of exposure to **secondhand smoke on others**
- **35.6%** because of the increased likelihood of sickness if they were to contract **COVID-19**
- **30.1%** because of the **cost** of smoking tobacco.

Exposure to Secondhand Smoke in Public Places

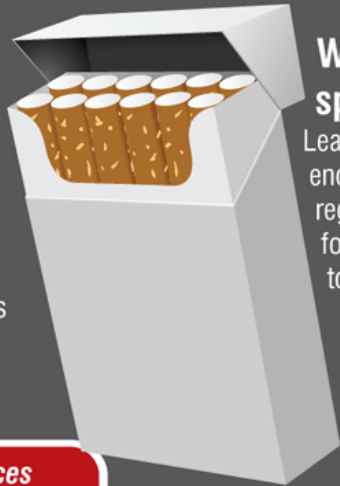


- **Overall**, among adults who visited public places, **74.4%** were exposed to secondhand smoke (SHS) at bars/taverns/pubs, shebeens or night clubs
- 19.9% at schools, 16.0% in tertiary educational institutions and 11.3% in cafes
- Among those who do not smoke, the three places where they visited and were exposed to SHS the most were: bars/taverns/pubs, shebeens or night clubs (67.2%), schools (19.8%) and tertiary educational institutions (15.7%)

ECONOMIC IMPACT OF TOBACCO:

Tobacco use costs national economies enormously through increased health-care costs and decreased productivity.

It worsens health inequalities and exacerbates poverty, as the poorest people spend less on essentials such as food, education and health care.



What you could rather spend:

Leading a Balanced Lifestyle encourages you to eat healthy, do regular exercise, be stress free, go for regular screening, and avoid tobacco and alcohol

By giving up smoking, you could rather spend your money on living healthier:

1 DAY - R30

=
Buy a healthy snack such as a smoothie, pack of apples, bananas or similar

1 MONTH - R900

=
Spend time with loved ones and enjoy a healthy meal out

1 WEEK - R210

=
Go for regular screening, such as a Pap smear* or PSA** at your nearest CANSAs Care Centre

1 YEAR - R11 000

=
Take that well-deserved holiday which you could never afford or pay that long-overdue debt (such as school fees)

"The tobacco industry produces and markets products that kill millions of people prematurely, rob households of finances that could have been used for food and education, and impose immense healthcare costs on families, communities and countries"

Dr Oleg Chestnov,
WHO's Assistant Director-General for Non-communicable Diseases (NCDs) and Mental Health

*Pap smear - screening test for early diagnosis of cervical cancer

**PSA: Prostate Specific Antigen test - finger prick test to help detect prostate abnormalities

Expenditure on Cigarettes

- Overall, median values show that South African adults who smoked manufactured cigarettes spent
 - **R24.70** on a pack of 20 cigarettes
 - **R263.10** on cigarettes monthly
- **Men** spent a median amount of **R273.20** while **women** spent a median amount of **R207.20** monthly on cigarettes.
- The **top five brands** bought by South Africans who smoke manufactured cigarettes were: Peter Stuyvesant (22.4%), Remington Gold (14.1%), Dunhill (8.0%), Savannah (7.5%) and Sahawi (3.6%) (excluding "other" categories)

Sources of Last Cigarette Purchase

The three most common places people purchased cigarettes from were: spaza shop/kiosk (68.0%), grocery store/supermarket (22.8%), and street vendors (4.2%).

A majority (77.1%) of respondents who smoked and aged 15 to 24 years reported purchasing manufactured cigarettes at spaza shops/kiosks

A higher proportion of men than women purchased cigarettes from street vendors (5.2% of men vs 0.6% of women)

A higher proportion of women than men purchased manufactured cigarettes at spaza shops and kiosks (76.3% of women compared to 65.8% of men)

Table 7.2: Percentage distribution of adults ≥15 years old who report currently smoking manufactured cigarettes, by the source of last purchase of cigarettes and selected demographic characteristics – GATS South Africa, 2021.

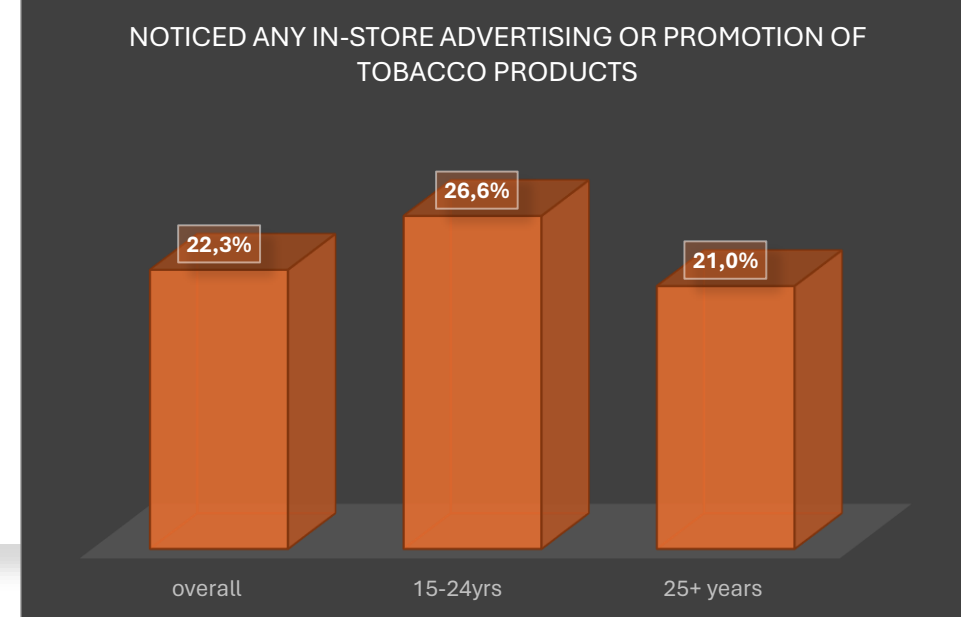
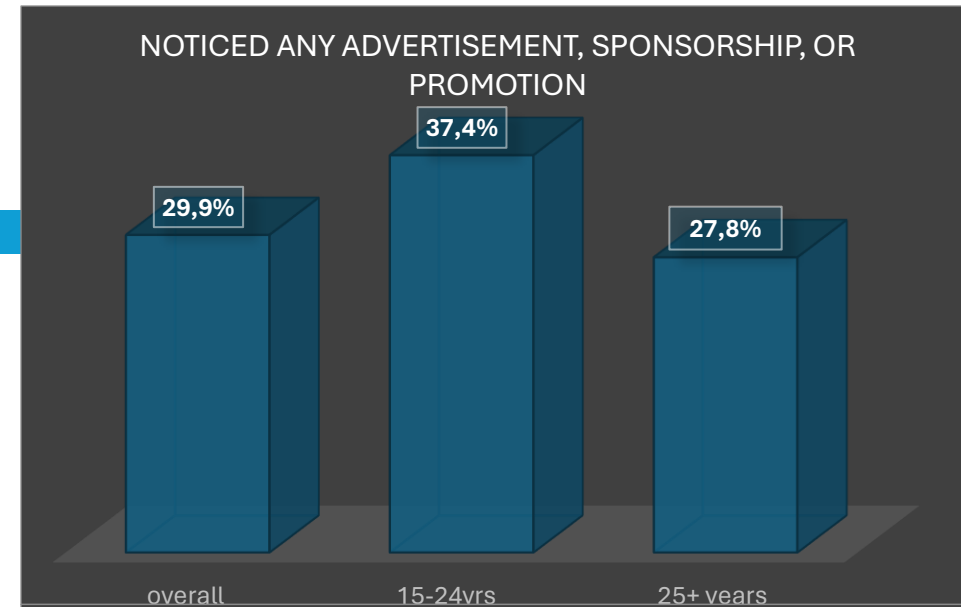
Source	Overall		Gender		Age (years)				Residence					
	Percentage	(95% CI)	Men	Women	15-24	25+	Urban	Rural						
	<i>Percentage (95% CI)</i>													
Grocery store/supermarkets	22.8	(17.2, 29.6)	23.0	(17.3, 29.8)	22.1	(15.2, 31.2)	9.2	(4.7, 17.2)	25.7	(19.3, 33.2)	26.7	(19.6, 35.2)	13.0	(7.5, 21.6)
Street vendor	4.2	(2.6, 6.8)	5.2	(3.1, 8.3)	0.6	(0.2, 2.2)	6.2	(2.9, 12.5)	3.8	(2.2, 6.6)	4.1	(2.2, 7.5)	4.5	(2.0, 9.7)
Vending machine	1.1	(0.6, 2.1)	1.4	(0.7, 2.6)	0.2	(0.0, 1.3)	0.6	(0.1, 4.4)	1.2	(0.6, 2.4)	1.6	(0.8, 2.9)	0.0	N/A
Tobacconist	1.4	(0.4, 4.6)	1.8	(0.5, 5.8)	0.0	N/A	0.7	(0.1, 4.2)	1.6	(0.4, 5.7)	2.0	(0.6, 6.1)	0.1	(0.0, 0.5)
Liquor store	0.4	(0.1, 1.1)	0.5	(0.2, 1.3)	0.0	N/A	0.1	(0.0, 0.9)	0.4	(0.1, 1.3)	0.2	(0.0, 0.6)	0.9	(0.2, 3.6)
Duty-free shop	0.4	(0.2, 1.1)	0.5	(0.2, 1.3)	0.1	(0.0, 1.1)	0.3	(0.1, 1.3)	0.5	(0.2, 1.3)	0.4	(0.1, 1.3)	0.6	(0.2, 2.0)
Spaza shop/Kiosk	68.0	(59.8, 75.2)	65.8	(57.1, 73.5)	76.3	(67.2, 83.6)	77.1	(61.8, 87.5)	66.0	(57.8, 73.4)	63.7	(54.1, 72.4)	78.7	(66.5, 87.3)
From another person	1.1	(0.3, 3.9)	1.3	(0.3, 5.0)	0.3	(0.0, 2.0)	4.6	(0.8, 22.0)	0.3	(0.1, 0.8)	1.1	(0.2, 6.1)	1.0	(0.3, 2.9)
Other	0.6	(0.3, 1.2)	0.7	(0.3, 1.4)	0.3	(0.1, 1.8)	1.2	(0.3, 4.7)	0.5	(0.2, 1.0)	0.3	(0.1, 0.9)	1.3	(0.5, 3.2)
Total		100		100		100		100		100		100		100

Note: Current smoking of manufactured cigarettes includes daily and occasional (less than daily) smoking.

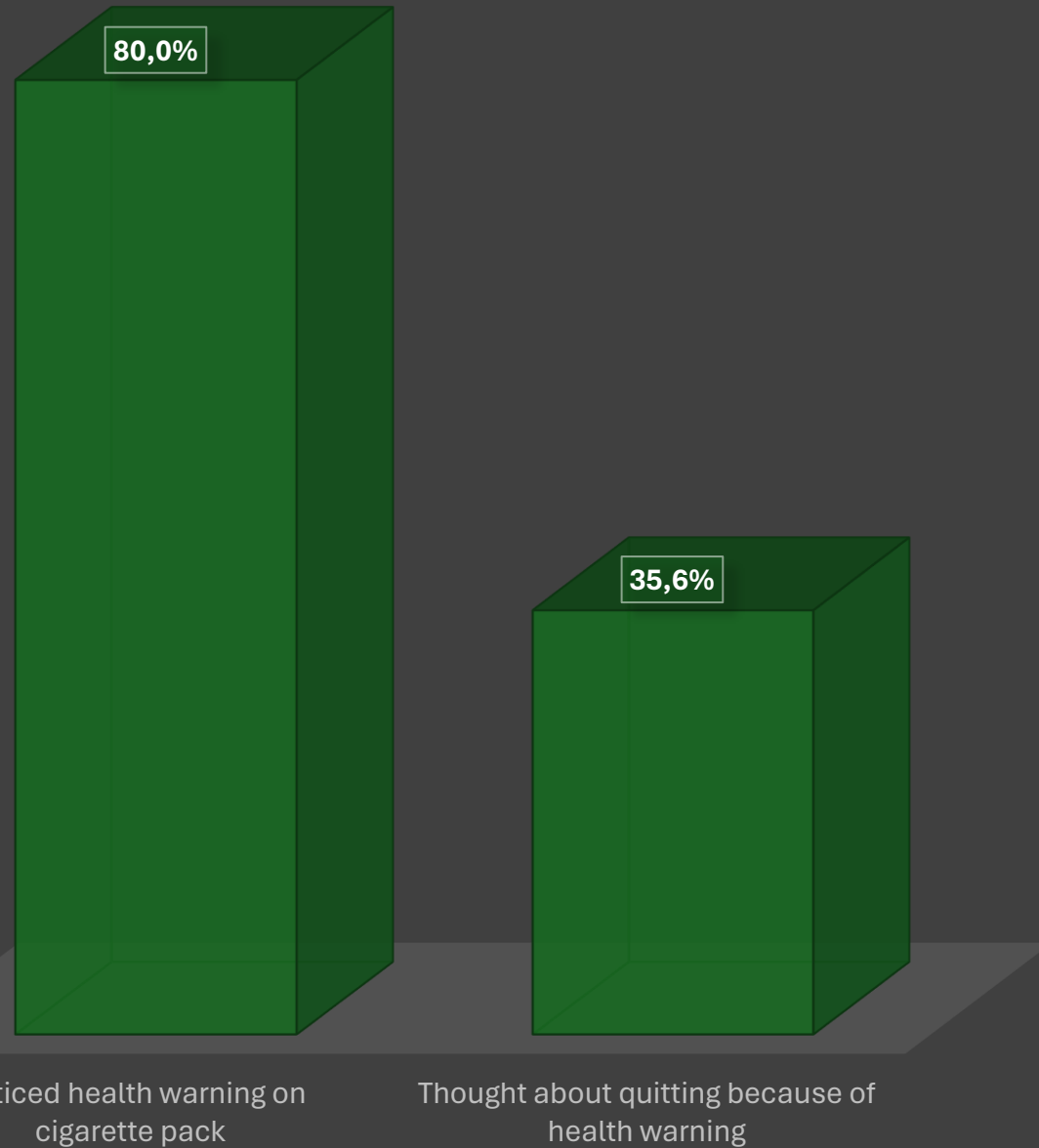
N/A - The estimate is "0.0".

Tobacco Advertising, Promotion and Sponsorship (TAPS)

- **Overall**, under a third (**29.9%**) of adults had noticed TAPS in South Africa
- More than one-third of adults aged **15-24 years (37.4%)** noticed any TAPS
- In store advertising or promotion was noticed by about a fifth (**22.3%**) of the participants (**23.8%** of men and **20.8%** of women)
- Overall, **2.0%** of adults noticed sports sponsorship and **2.0%** music/theater/art/fashion event sponsorship



HEALTH WARNING ON CIGARETTE PACKAGE



Anti-Tobacco messages

- **Overall, 41.1%** of South African adults had noticed information about the dangers of smoking at any location
 - **30.5%** on Television or radio, **17.5%** on the Internet or social media and **15.9%** in newspapers or magazines
- More respondents among 15- to 24-year-olds had noticed information about the dangers of tobacco than those who were 25 years and older (**46.4% and 39.5% respectively**)

Knowledge, Attitudes and Perceptions About Tobacco Products

- An overwhelming majority of adults believed that smoking causes **lung cancer (97.3%)**, and **heart attack (81.5%)**
- About two-thirds believe smoking causes **stroke (68.9%)**, and **emphysema (67.7%)**.
- Less than half (**48.2%**) believed that smoking causes **diabetes**
- Amongst individuals who were currently smoking, **91.5%** believed that smoking tobacco causes **serious illnesses**.
- This was consistent across various demographic factors, indicating that awareness of the adverse health effects of tobacco is high among the general population

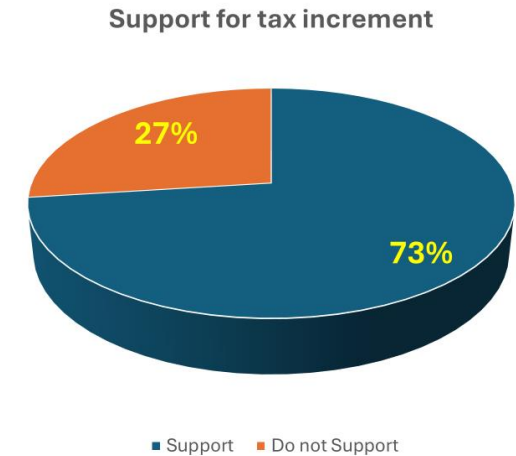
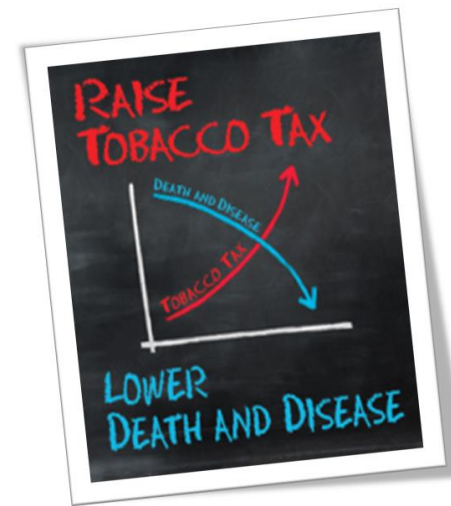
Demographic Characteristics	Adults who believe that smoking tobacco causes...					
	Serious illness	Stroke	Heart attack	Lung cancer	Diabetes	Emphysema
	<i>Percentage (95% CI)</i>					
Overall	92.9 (90.1, 95.0)	68.9 (64.7, 72.7)	81.5 (78.9, 83.8)	97.3 (96.3, 98.0)	48.2 (44.9, 51.6)	67.7 (63.6, 71.5)
<i>Smoking Status</i>						
Current smoke ¹	91.5 (88.8, 93.6)	70.4 (66.6, 73.9)	80.5 (75.9, 84.4)	95.8 (93.7, 97.3)	51.1 (44.7, 57.5)	66.0 (62.1, 69.6)
Do not smoke ²	93.4 (89.7, 95.8)	68.3 (63.3, 72.9)	81.8 (78.9, 84.5)	97.8 (96.6, 98.6)	47.2 (44.1, 50.3)	68.2 (63.1, 73.0)
<i>Gender</i>						
Men	92.3 (89.5, 94.4)	69.2 (65.6, 72.5)	81.8 (79.0, 84.4)	96.6 (94.7, 97.8)	48.5 (44.2, 52.8)	66.2 (61.6, 70.6)
Women	93.5 (90.5, 95.6)	68.6 (63.5, 73.2)	81.2 (77.6, 84.3)	97.9 (97.0, 98.6)	47.9 (44.8, 51.1)	69.0 (64.2, 73.4)
<i>Age (years)</i>						
15-24	91.6 (84.9, 95.5)	59.5 (54.6, 64.2)	74.9 (70.2, 79.0)	97.0 (94.7, 98.3)	40.8 (35.8, 46.0)	61.6 (56.0, 67.0)
25-44	93.0 (90.1, 95.1)	67.3 (61.6, 72.5)	81.8 (78.5, 84.7)	97.6 (96.7, 98.3)	46.8 (43.7, 50.0)	67.7 (62.1, 72.9)
45-64	93.9 (91.7, 95.5)	77.6 (72.4, 82.1)	86.3 (82.4, 89.5)	97.5 (95.4, 98.7)	56.4 (50.9, 61.7)	70.8 (66.5, 74.8)
65+	93.4 (90.1, 95.6)	78.3 (69.2, 85.3)	84.1 (76.5, 89.6)	95.5 (93.2, 97.0)	53.2 (45.3, 61.0)	74.4 (68.5, 79.6)
<i>Residence</i>						
Urban	92.1 (87.9, 94.9)	69.3 (62.8, 75.1)	82.5 (79.1, 85.5)	97.0 (95.7, 97.9)	51.3 (46.6, 55.9)	71.0 (64.4, 76.7)
Rural	94.3 (92.0, 95.9)	68.2 (64.6, 71.5)	79.8 (75.8, 83.3)	97.7 (96.4, 98.5)	43.2 (39.6, 46.8)	62.2 (56.9, 67.3)
<i>Education Level</i>						
No formal education	93.4 (89.7, 95.9)	78.3 (71.5, 83.9)	81.2 (73.0, 87.4)	96.4 (93.4, 98.1)	48.8 (40.9, 56.8)	60.3 (51.5, 68.5)
Primary/secondary incomplete	92.8 (89.3, 95.2)	69.2 (64.8, 73.2)	79.9 (76.5, 82.9)	96.7 (95.1, 97.8)	48.6 (44.2, 53.0)	63.9 (59.7, 68.0)

Knowledge, Attitudes and Perceptions of Tobacco Products

Overall, an overwhelming majority of South African adults (**93.8%**) believed that smoking **worsens Tuberculosis (TB)**

Less than half (**41.5%**) believed that smoking **accelerated the progression of HIV to AIDS**. This pattern was maintained irrespective of the demographic categories

TAX INCREASE: A higher proportion of respondents who did not smoke support increasing of taxes of tobacco products than those who smoked (**84.2% and 46.0% respectively**)





Monitor tobacco use & prevention policies

Protect people from tobacco smoke

Offer help to quit tobacco use

Warn about the dangers of tobacco

Enforce bans on tobacco advertising, promotion, & sponsorship

Raise taxes on tobacco

**TARGETED
STRATEGIES FOR
EFFECTIVE
TOBACCO CONTROL**

RECOMMENDATIONS

Following the six measures of the WHO MPOWER policy package the following recommendations are made:

- **Implementation of GATS South Africa on a regular basis** (every three to five years) would allow the country to effectively track the prevalence of tobacco use, evaluate current tobacco control policies, and monitor patterns of tobacco use
- **Effective implementation of smoke-free laws** to ensure compliance to protect people who do not smoke from exposure to second-hand tobacco smoke.
- **Graphic or pictorial health warnings on standardized packaging** of tobacco and nicotine products are needed in South Africa
- **Total and comprehensive bans on all forms of TAPS**, including traditional and nontraditional media platforms or channels are put in place and implemented
- **Implementation of a ban on tobacco advertising at points of sale** as proposed by the Tobacco Products and Electronic Delivery Systems Control Bill of 2022.
- **Consistent and annual increase of taxes on all tobacco and nicotine products** in keeping with the standards of the WHO FCTC, which is at least 70% tax share in the final consumer price

CONCLUSION

- Prevalence of tobacco use in South Africa is quite high
- Effective strategies to reduce tobacco use, including putting in place more comprehensive laws that are compliant with the WHO FCTC, should be implemented to protect more people from exposure to SHS, provide cessation services to help more people who smoke to quit
- The Tobacco Products and Electronic Delivery Systems Control Bill of 2022, if passed, would help to reduce the burden of tobacco use and in the long run the burden of tobacco-related diseases



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NGIYA THOKOZA!

ro livhuwa!

ke a leboga!

ENKOSI!

dankie!

thank you!

udo livhuwa!

inkomu!

ke a leboha!

ngiyabonga!

siyabonga!

