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Exploring the Use of Tobacco among School Age Students in Kabul city, Afghanistan

**Dissertation Submitted in partial fulfilment of the Requirement for the award of the degree of Master
of Public Health**

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Certificate

This is certified that the dissertation "Exploring the Use of tobacco among school age students in Kabul city, Afghanistan" is a record of the research work undertaken by **Alawi Sayed Ali Shahin** partial fulfillment of requirements for the award of the degree of Master of Public Health under my guidance and supervision.

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Declaration

I hereby declare that this dissertation **exploring the Use of tobacco among school age students in Kabul city, Afghanistan** is the bonafide record of my original field research. It has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished work of others has been duly acknowledged in the text.

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Abstract

Background: Tobacco use is a major preventable cause of premature death and disease worldwide. Approximately 5.4 million people die each year due to tobacco-related illnesses (which is about 7% of all deaths) -- a figure expected to increase to more than eight million a year by 2030. If current trends continue, tobacco use may kill a billion people by the end of this century. It is estimated that more than three quarters of these deaths will be in low- and middle-income countries. To combat tobacco epidemic through identifying interventions/approaches to prevent tobacco related diseases and deaths, update data and studies on tobacco use is necessary. The GYTS is a global standard for systematically monitoring youth tobacco use (smoking and smokeless) and tracking key tobacco control indicators.

Method: YTS 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. The YTS employs a standard methodology with self-administered questionnaire.

Results: Data are presented from 5 schools in Kabul city. Current use of any tobacco product ranges from 10.1% to 5.6%, with high rates of smoked tobacco use in boys. Current cigarette smoking ranges from 8.0% to less than 3.7%, with nearly 25% of students who smoke, having smoked their first cigarette before the age of 10 years. Exposure to advertising is high (75% of students had seen pro-tobacco ads); more than 10% of students had something with a tobacco brand logo on it. Exposure to environmental tobacco smoke (ETS) is very high in all countries, 35.3% of students were exposed to tobacco smoke in public places. Only about half of the students reported that they had been taught in school about the dangers of smoking during the year preceding the survey. About 47% of respondents thought smoking is harmful to them, and 72.4% of students favored prohibiting smoking inside enclosed public places.

Conclusion: Valid and reliable data on the extent of youth tobacco use, and correlates of use, are essential to plan and evaluate tobacco use prevention programs. The survey has proven the feasibility of an inexpensive, standardized, nationwide surveillance system for youth tobacco use. The survey will be expanded to the majority of provinces in the next few years, and can serve as a baseline for monitoring and evaluating national tobacco control efforts, data shows that boys are more tobacco users than girls; it is double among boys, it shows that among current users of cigarettes boys are using four times more than girls, so preventive interventions should focus on adolescents especially adolescent boys. More than one third of students were exposed to second hand smoke in closed public areas, enforcement of law for banning of tobacco use in closed public places is vital.

Key words: Students, School, Tobacco, Survey, Kabul

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Abbreviations and Acronyms

ADHS	Afghan Demographic Household Survey
CDC	Communicable Disease Center
CI	Confidence intervals
EMRO	Eastern Meditrian Region Office
ETS	Environmental Tobacco Smoke
FCTC	Framework Convention on Tobacco Control
FDA	Food & Drug Administration
GYTS	Global Youths Tobacco Survey
HIV	HumanImmune Virus
IRB	Institutional Review Board
MAU	Maulana Azad University
MoE	Ministry of Education
MoPH	Ministry of Public Health
MPH	Master of Public Health
NGO	None Governmental Organization
OR	Odds Ratio
PI	Primary Recipient
RMNCAH	Reproductive Maternal Neonatal Child and Adolescent Health strategy
SE	Standard Error
UNICEF	United Nation International for Children Fund
WHO	World Health Organization

Introduction

Tobacco consumption is one of greatest public health threats in the world. The World Health Organization (WHO) points that about 6 million tobacco-attributable deaths each year, which is about 7% of all deaths. The number of deaths is rising fast, especially in developing countries where the number of tobacco users has been increasing. By about 2025, ten million deaths per year will occur, 3 million of which will be in developed countries and 7 million in developing countries.

Tobacco consumption devastates health, economic, social and environmental consequences. Tobacco addiction starts early in life and every day 80-100 000 youths become regular smokers. However regardless of the worldwide movement against tobacco, tobacco companies still control the tobacco market. They produce over one trillion sticks, over a billion smokers and influences ever increasing people, especially the young to start smoking every year.

WHO and CDC developed the Global Youths Tobacco Survey (GYTS) to track tobacco use among youths across countries using a common methodology. The GYTS surveillance system is intended to enhance the capacity of countries to design implement and evaluate tobacco control and prevention policy and programs.

In Afghanistan the GYTS was conducted by MOPH in coordination of MoE and support of WHO and CDC on 2004 and 2010. As tobacco epidemic is a worldwide problem and caring for tobacco-related disease displaces funding from other public health priorities, such as immunization, malaria control, HIV prevention and child health programs and it is clear that children and young people are now more at risk than ever before; and they should be the primary focus for preventive strategies.

Review of Literature

Tobacco use is an epidemic which causes about than six million preventable deaths every year, Based on data from national and international studies, the use of tobacco is started during the Adolescent age (13-16 year) and it affects adolescents more commonly in developing countries.

In addition to the harmful effects caused by direct use of tobacco, children are also exposed to second-hand tobacco smoke. Nearly 700 million, or almost half of the world's children, breathe air polluted by second-hand smoke, according to the report. In almost all cases, they have no choice in the matter, as they are unable to protest or protect themselves. The report also deals with the issues of child labor. Tobacco companies have been implicated in child labor in the major tobacco producing countries.

There is overwhelming scientific evidence for the harmful impact of tobacco use and second-hand smoke on child health, as well as wide documentation on the targeting of children by tobacco companies. Comprehensive tobacco control is not only a valid concern falling within the legislative competence of governments, but also an obligation under the Convention,

This report was released by WHO, to encourage countries to abide by the terms of the Convention on the Rights of the Child by taking necessary legislative and regulatory measures to protect children from tobacco, and ensure that the interests of children take precedence over those of the tobacco industry.

According to the tobacco survey conducted among school students in Kabul province on 2010; More than 16 % of youths have ever tried or experimented with cigarette smoking, even one or two puffs.

Almost 90 % students, who are smoking, first tried a cigarette on 13 years' age.

More than 90 % of sellers did not ever refuse to sell cigarettes because of age to fewer than 18yr children.

About 17 % of children have been affected by environmental tobacco smoke (ETS) from their family members smoking, and 21 % of students responded that most of their closest friends' smoke cigarettes Only 40 % of family members have ever talked about the hazards of smoking cigarettes to their children.

11% students didn't know cigarette smoking is harmful to their health

"Report GYTS 2010"

The prevalence of cigarette smoking among men aged 15yrs and older in Kabul city estimated to be 35.2%. Study findings shows that 46% of respondents were smoking in some point in their life. Totally 85.4% (35.2% currently smokers & 50.2% passive smokers) of respondents were somehow exposed to cigarettes smoke. Those respondents, who grew up in a family where family members were smoking, are more likely to smoke compared to those respondents whose family members were not smoking (OR: 2.2; CI: 1.918 - 4.245).

Meanwhile those respondents, whose friends smoke, are more likely to smoke compared to those respondents whose friends are not smoking (OR: 7.08; CI: 3.5 - 14.2). Among smokers, 15% of them reported that they had started smoking at the age of less than 16yrs old. Among those who quitted smoking, 64.6% said they had quitted due to having health problems. Among none smoking respondents 78.3% reported that they are exposed to environment, where they can smell smoke or someone smokes (35.6% at home, 56% at public transportation). In the study participants, 20% of respondents use answer (a type of tobacco used sublingually) and 4% reported to use chars (similar to Hashish). Smokers were slightly more likely to use other substances than non-smokers (OR: 2.195, CI: 1.4-3.6). "Study on smoking prevalence among men Kabul city 2011"

Methodology

Study design: The 2017 Afghanistan GYTS is a school-based survey and is designed to produce cross-sectional estimates, which employed a two-stage cluster sample design to produce a (regional/city-level) representative sample of students in grades [7,8,9 and 10]. The sampling frame consisted of all [SCHOOL TYPES] containing grades. In the first stage, schools are going to be 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 selected during the first stage.

Study method: The study is going to be conducted through self-administered questionnaire, anonymous to ensure confidentiality. Sampling; multistage stratified random sample with probability proportional will be carried out. The stratification will be based upon the regions, type of school, grades, and gender.

Sample frame; according to 2010 survey, it was conducted in 25 schools in Kabul city, from this 25 schools we are going to randomly select 5 schools which include more than 394 student's male and female.

Inclusion Criteria: Ever adolescent m/female (aged 13 – 16 years) studying and enrolled at the 5 selected schools for the following purposes:

- Be part of random sampling selection
- Present on the day of interview
- Adolescents are accepting the interview

Exclusion Criteria:

- Ever adolescent aged below 13 and above 16
- Adolescents are not part of random sampling selection
- Adolescents from outside class area of the selected schools
- Adolescent unwilling to participate in the study

Study setting: The study will be conducted in 5 schools. All of the 5 selected located in Kabul city/province.

Study subjects:

All students aged 13-15 years; of randomly selected schools/class are eligible to enroll in the study.

Study teams:

Two teams of data collectors each 2 people have been assigned for data collection. The data collectors were selected among medical staff and those with social science background from MOPH and MOE, are familiar with the education system in Afghanistan, have working experience with organizations delivering education services and who were also involved in conducting surveys.

Data Collection:

The Data were collected through anonymous and confidential self-administered questionnaire using a standardized WHO questionnaire; Students recorded their responses directly on answer sheet.

The questionnaire consisted of a “core” component and “optional” component to obtain information related to objective of study. Many forms of questions have been used, a close-ended question that can be simply answered by yes/no, dichotomous question, a specific simple piece of information, or multiple choices questions. The questions assess students’ attitude, knowledge and behavior related to tobacco use and exposure to environmental tobacco smoke (ETS), as well as youth exposure to preventive measures in school curricula, community programs, and media messages aimed at preventing and reducing youth tobacco use. Also it provides information on where tobacco products used, as well as the effectiveness of enforcement measures. The data collectors will be fluent in both spoken and written local languages.

The final questionnaire was adapted and translated into local language (Dari & Pashto) and back-translated into English to check for accuracy.

Table 1. Schools attended on tobacco survey							
No	School's Name	School's type	Students# in Secondary period	Students# in High period	Total Per School	Target Sample for Each School	
1	ShaShahidKhas	Secondary school	2500	0	2500	36	
2	RabiaBalkhi	High school	3500	2500	6000	86	
3	KhalilullahKhalili	High school	3000	2000	5000	72	
4	ShahrakWahdat	High school	3700	3000	6700	96	
5	Ghulam Moh. Ghubar	High school	4000	3200	7200	104	
Total			16700	10700	27400	394	

Sample size calculation was done based on Slovin's formula:

Total number (N): 27400

Margin of error (e): 0.05

Target sample (n): $n=N/(1+Ne^2)$

e^2 0.0025

Ne^2 68.5

$1+Ne^2$ 69.5

Target sample 394

Data Analysis:

A weighting factor has been applied to each student record to adjust for sample selection (school and class levels), non-response (school, class, and student levels), and post-stratification of the sample population relative to the grade and sex distribution in the total population. Epi Info a software package for statistical analysis of complex survey data was used to calculate weighted prevalence estimates and standard errors (SE) of the estimates (95% confidence intervals [CI] have been calculated from the SEs). Frequency tables have been developed for the survey questions that were reconsidered key tobacco control indicators.

The weighting factor consisted of the following formula:

$$W = W_1 \times W_2 \times f_1 \times f_2 \times f_3 \times f_4$$

W_1 = the inverse of the probability of selection for each school

W_2 = the inverse of the probability of selection of each classroom within each selected school

f_1 = a school level, non-response adjustment calculated by school enrolment size category (small, medium, large); school non-response is calculated within each title

f_2 = a class level, non-response adjustment factor calculated for each school

f_3 = a student level, non-response adjustment factor calculated by class

f_4 = a post-stratification adjustment factor calculated by sex and grade.

The core data collection team consisted of 12 health professional/child health experts from Ministry of public health and Ministry of Education, and they were trained for two days on data collection tools and field testing. All formats explained to them and practical group works conducted so as to ensure higher reliability of data collection and the reliability testing for inter and intra surveyor's reliability have been carried out. The surveyors were enabled, and they did the following activities in the field:

1. Contact the site manager and relevant MOEschool principle/head master, receive their class informed consent, and arrange for a time to visit and to request the presence of all relevant staff members, most importantly the teacher responsible for the class and members of parent's teacher association.
2. The individual/team should review previous reports from the conducted surveys to note any issues, challenges for discussion at the site.
3. Conduct field visits of at least one school per day.
4. Collect data from selected classes of public schools.
5. Compile data collection sheets/answer sheets and related formats in a specific labeled envelope and submit all to the survey investigator at the end of each day.

Study duration:

The study was completed within seven months' period starting from October 2017 and ending in April 2018. The study timeline presented below summarize the main study activities and their proposed times.

Table 2. Schedule of study period

Activities/Months	M1	M2	M3	M4	M5	M6	M7
Develop and submit draft outline proposal							
Revise and submit the final outline proposal							
Application for ethical approval							
Submission of questionnaire							
Ethical approval							
Data collection and initial analysis							
Draft methodology and result chapters							
Draft discussion chapter							
Final draft							
Final submission							

Ethical Considerations

The study was carried out according to ethical approval from Department of Public Health of Maulan Azad University and approval of Institutional Review Board (IRB) of Afghan National Public Health Institute of the Ministry of Public Health (MoPH), Afghanistan.

Since the study intended to deal with human data, verbal informed consent has been taken from each targeted school head master. The consent forms are translated to local language and the interviews were conducted in local language.

It was ensured that the participants voluntarily took part in the study and provides them with the option to withdraw from the study at any time they feel uncomfortable.

To observe confidentiality, we did not record any names or addresses of the participants. We used specific codes for each selected school. All information is kept in a safe place so that no one except the Principal Investigator can access to it.

We ensured privacy during the survey by using the specific school form, class form, header sheet, and questionnaire.

The investigation team observed privacy, confidentiality and safety measures to ensure that the study subjects will not be exposed to any risk as a result of information they share with the study team. The study provides direct benefits to the society to which the subjects belong. The study identifies the factors that contributes to the formulation of effective policies and strategies to improve practice of tobacco control program in the country and improved school health indicators, and prevent tobacco related diseases and deaths.

Except taking 30-45 minutes of time of each individual study subject during the filling answer sheets, the study imposes no other monetary and non-monetary costs to the participants. Therefore, no compensation or incentive will be provided to the participants.

Data Management and Quality Control

The Principle Investigator (PI) trained the data collectors on data collection methods, usage of questionnaire, and related school and class forms according to the guide. Regular meetings Conducted with the study teams before they depart to the field, and with Ministry of Education team and school principals according to the plan. The teams shared their experience, and the challenges they faced in the field. Possible solutions or refinements in the process were also discussed.

The teams were responsible for data collection and submitted all forms at the end of the day to Principle investigator. At the end of data collection session, all related documents (answer sheets, header sheets, and school/class forms) were submitted for analysis.

The data quality assessment process was carried out jointly by MOPH and MOE. The process of administering the data quality assessment checklist took half of one day. Team members or an individual administering the tool utilized their best judgment and targeted their investigation towards more pertinent issues during the time available. The process was flexible and followed the steps outlined below:

- Contact the site manager and relevant MoPH, and arrange for a time to visit and to request the presence of all relevant staff members, most importantly the person's responsible for data collection and reporting

- Complete the data collection tools (all forms and sheets)
- The individual/team should review previous reports (where available) from the site to note any challenges, discrepancies or outliers in the data.
- Share result with assessment team members (where relevant) and staff involved

Results and Discussions

This section presents the data as captured from the questionnaires of school age student in Kabul city that attended in 5 selected schools.

Numeric data was analyzed through the use of descriptive statistics, and the output was then presented through the use of table and chart(s). We targeted 394 school age respondents.

The response rate was 100% since we were able to reach 394 school age respondents. This was reasonable and adequately taken from initial random sample and ensured that all the cases had equal opportunity in the study.

Respondent Characteristics

Out of 394 schools age respondent (13-17year), majority of the sampled respondent were in the 224 male (57 %) with 170 female (43%).

Table 3: Distribution of current tobacco users to the related respondents

Indicators	Indicators	Boys	Girls
Current tobacco smokers	6.3 (4.5 - 8.8)	8.0 (5.1 - 12.3)	3.7 (1.6 - 8.3)
Current cigarette smokers	2.9 (1.9 - 4.6)	4.3 (2.5 - 7.5)	1.0 (0.3 - 4.0)
Current smokeless tobacco users	4.1 (2.4 - 6.9)	4.8 (2.5 - 9.2)	3.3 (1.4 - 7.6)
Current tobacco users	8.3 (6.0 - 11.4)	10.1 (6.3 - 15.9)	5.6 (2.7 - 11.1)

look to the above table and figure 1, it has been shows; more than 8% are current tobacco users, more than 6% are current smokers and 2.9% are cigarette smokers and boys smoke cigarettes more than girls (4.31Vs.1). About 4% of current tobacco users are using other types of tobacco products and again boys smoke more than girls.

Figure 1. Utilization of current tobacco users among schools age student's respondents

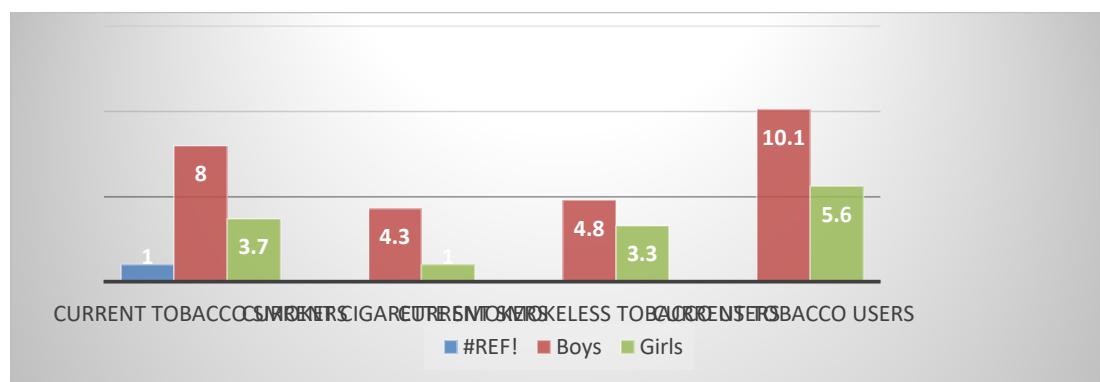
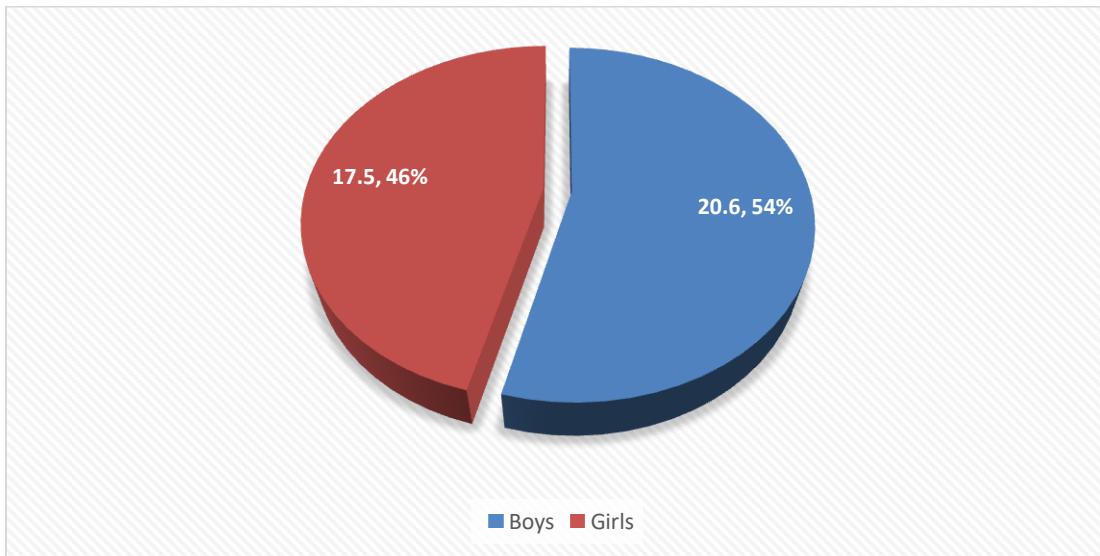


Table 4. Distribution of respondents, exposed with second hand smoke

Indicators	Indicators	Boys	Girls
Exposed to tobacco smoke at home	25.3 (22.6 - 28.1)	27.3 (22.4 - 32.8)	22.0 (17.0 - 28.0)
Exposed to tobacco smoke inside any enclosed public place	35.3 (30.4 - 40.6)	35.5 (29.1 - 42.6)	33.6 (27.4 - 40.4)
Exposed to tobacco smoke at any outdoor public place	43.0 (37.4 - 48.7)	41.5 (32.6 - 51.0)	44.3 (39.1 - 49.7)

Nearly 3 out of 10 students (25.3%) are exposed to tobacco smoke from others at home and about half (43%) of them are exposed in public places. There are no significant differences between boys and girls in this situation.

Figure 2. Perceptions of respondents regarding tobacco advertisement



About 20% of students Noticed tobacco advertisements or promotions at points of sale, and about 70% noticed anyone using tobacco on television, videos, or movies. This is significant number for tobacco promotion and needs more focus and action.

Table 5. Perception of respondents regarding anti-tobacco advertisement, messages that are against using tobacco (might include cigarettes, other smoked tobacco, and smokeless tobacco)

Indicators	Indicators	Boys	Girls
Anti-tobacco messages in the media	79.4 (76.1 - 82.5)	77.8 (72.7 - 82.1)	81.8 (77.1 - 85.6)
Anti-tobacco messages at sporting or community events	47.0 (40.5 - 53.6)	48.7 (40.4 - 57.0)	42.3 (32.6 - 52.6)

Above table shows that; more than 79% saw anti-tobacco messages in the media, and about 50% of student saw anti-tobacco messages in sporting or community events.

Table 6. Distribution of respondents didn't receive cigarettes from sellers because their ages

Indicators	Indicators	Boys	Girls
Buying them from a store, shop, street vendor, or kiosk [tobacco pavilion, cigarette Karachi].	61.3 (31.6 - 84.4)*	59.7 (29.4 - 84.0)*	52.1 (4.9 - 95.8)*
Not prevented from buying cigarettes because of their age	58.3 (40.8 - 73.9)*	54.1 (29.3 - 77.0)*	66.2 (12.2 - 96.5)*

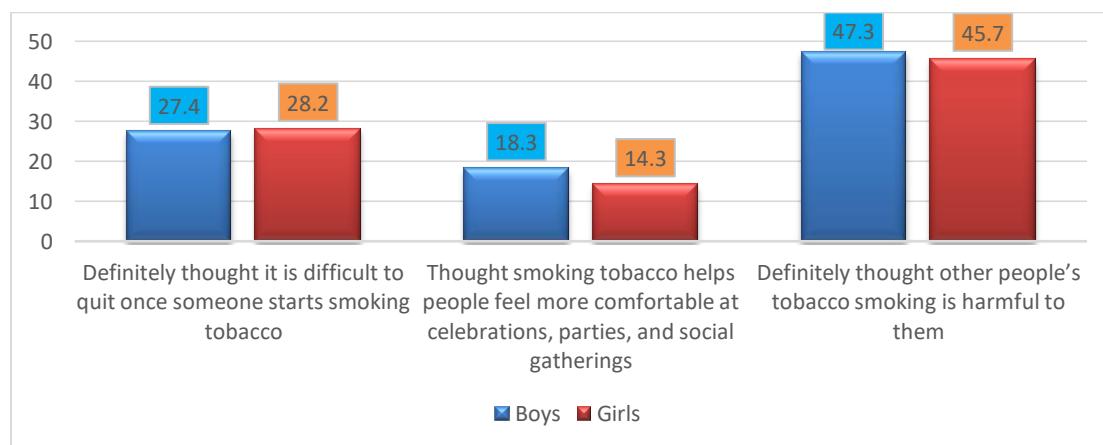
Reference to table six; 50% of student refused from buying cigarettes because of their age, so minor was not prevented because of their age.

Table 7.Knowledge and awareness of respondents regarding the dangers of tobacco use

Indicators	Indicators	Boys	Girls
Thought about quitting smoking because of a warning label	22.6 (7.8 - 50.0)*	11.0 (2.2 - 40.1)*	50.3 (19.7 - 80.6)*
Taught in school about the dangers of tobacco use	72.5 (67.1 - 77.3)	71.4 (63.8 - 78.0)	74.1 (67.4 - 79.8)

Looking at table seven we found that; 70 % of students are taught about dangers of smoking and discussed reasons why people their age use tobacco products (67.1 - 77.3)). The results about teaching about the effects of using tobacco products are the same. There are no significant differences between boys and girl.

Figure 3: Distribution of respondent's knowledge toward stopping smoking



To obtain the perception of any respondents toward stopping smoking among the school age students we found them that; more than one fourth of students thought it is difficult to stop smoking once someone starts, approximately half of student responded that other tobacco smoking is harmful to them.

Table 8. Distribution of barriers regarding use of smoking inside public places

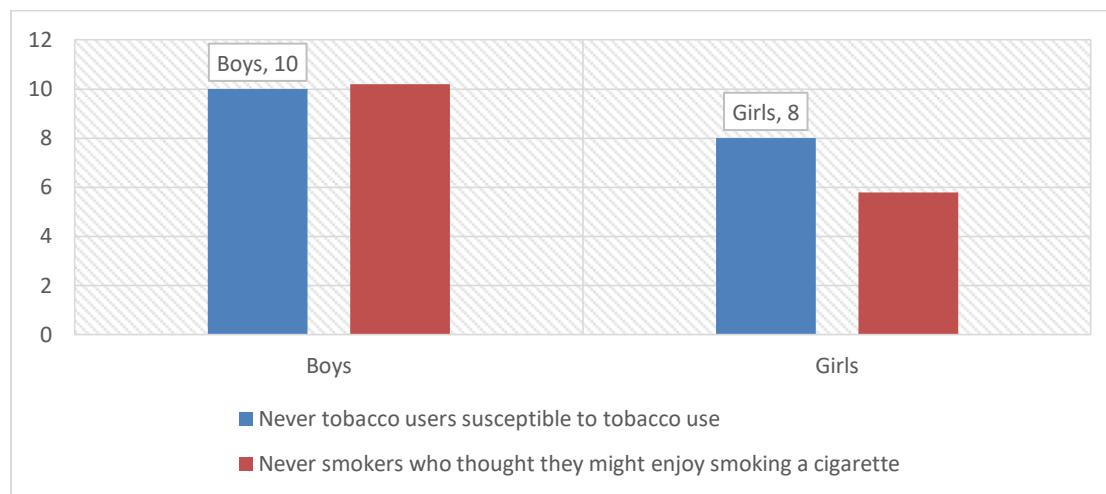
Indicators	Indicators	Boys	Girls
Favored banning smoking inside enclosed public places	72.4 (68.3 - 76.1)	71.5 (66.7 - 75.9)	73.7 (67.6 - 78.9)
Favored banning smoking at outdoor public places	72.2 (66.4 - 77.3)	70.8 (65.2 - 75.8)	73.8 (64.7 - 81.3)

As illustrated in table 8. 70% of respondents are favoured banning smoking inside enclosed public places, and there is no significant difference between boys and girls.

Table 9.Perception of respondents regarding tobacco use susceptibility in the future

Indicators	Indicators	Boys	Girls
Never tobacco users susceptible to tobacco use	9.3 (7.4 - 11.6)	10.0 (7.3 - 13.6)	8.0 (5.0 - 12.6)
Never smokers who thought they might enjoy smoking a cigarette	8.2 (5.8 - 11.6)	10.2 (6.8 - 15.0)	5.8 (3.5 - 9.6)

Table 9, and figure 4 shows that; ten percent of male respondents are believing never tobacco users are susceptible to tobacco use. Meanwhile; less than girls believing that, and that is an alarming issue for raising the prevalence of tobacco users in the future.

Figure 4. Perception of respondents regarding tobacco use susceptibility in the future

Discussion

According to our data, there is a significant difference between boys and girls who ever smoked cigarettes. Also there is a significant difference between boys and girls who tried their first cigarette before age 10. This shows that we will be facing with an increase in smoking prevalence among young student especially boys in near future. This is strengthened by the fact that we see no significant differences between boys and girls likely to initiate smoking within next year. There is significant difference between boys and girls in this respect and boys are at greater risk than girls. In case of current smoking, there is a significant difference between boys and girls in using cigarettes and also other types of tobacco products that shows boys are at greater risks to become a regular smoker. Data analysis shows that other types of tobacco products (sniff) are also popular among young people and these types of tobacco products could act as an initiator for tobacco smoking which may be shift to cigarette smoking in their more adulthood periods of life. Also qalian is the common route for using tobacco products among afghan boys and girls. More than one-third of students are exposed to smoke from others at home and about half of them are exposed to others smoke in public places, this shows that we need push the enforcement of our newly passed law, comprehensive act for national control and campaign for tobacco products, related to prohibition of smoking in enclosed public places including workplace, public transport vehicles and other places like them. Also it is necessary to has more educational programs for adults specially parents in relation with passive smoking and its adverse effect on non-smokers. In enforcement of this issue we have a good support from the side of the youth; 77% of them think that smoking should be banned in public places. Data show that we have a weak basis in our educational programs for youth in respect of tobacco related issues including dangers of smoking, effects of smoking on smokers, body and health; and reasons why people initiate smoking in their teen ages. Although a significant number of students were taught on these issues in last year, but it is not repeated in different age groups and grades. So, it is necessary to include tobacco related issues in our school's curriculum especially topics related to qalian and snuff.

Tobacco advertisement has effects on health and its role as an initiator in formation of tobacco products addiction. Although any type of tobacco advertisements, direct and indirect, are prohibited by law; but a

number of students have objects with a cigarette or tobacco logo on it. This shows that we must be more serious in enforcement of the law particularly on indirect advertisement bans. Also it is very important to enforce bans on selling tobacco products to minors which has predicted in law, because more than 50% of current cigarette smokers said that they had bought their cigarettes from a store.

Conclusion

YTS results shows that smoking of other types of tobacco products especially snuff and qalian are the most important problem among youth in Kabul in the present and near future. This truth that smoking experimentation age is lowering to under age 10 makes this issue worst. So, we need to implement comprehensive act for national control and campaign for tobacco products completely to achieve better control on tobacco accessibility for youth and reduce probability of tobacco consumption among this age group.

Recommendations

The nature of tobacco use epidemic requires a comprehensive prevention intervention plan focusing on the community as well as school in order to achieve the followings:

1. Enforcement of existing laws restricting youth access to tobacco products by banning tobacco sales to minors
2. Prohibition of smoking in public places in order to reduce youth exposure to environmental tobacco exposure
3. Effective and comprehensive educational programs on the health risks of tobacco consumption and exposure to tobacco smoke to students
4. Development of youth tobacco cessation facilities to help smoker students gets rid of their smoking habit
5. Involvement of youth NGOs and parents in tobacco control programs
6. Licensing the distribution of tobacco products in order to decrease the availability of tobacco products.

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- CDC. 2001 Handbook for Conducting Youth Risk Behavior Surveys
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- World Health Organization (WHO), 2012 Preventing and Treating Nicotine Dependence
- Afghanistan report on WHO FCTC, 2012 framework convention on tobacco control
- Protocol on Illicit Trade on Tobacco Product 2012, INB, Geneva, Switzerland
- World Health Organization, Second Hand Smoke Policy, 2009
- World Health Organization, Smoke Free Environment 2014
- Tobacco Advertisement Protocol, WHO-EMRO 2012
- Tobacco Control Packaging, FCTC, WHO/EMRO 2012

List of Tables

Table 3: Distribution of current tobacco users to the related respondents

Indicators	Indicators	Boys	Girls
Current tobacco smokers	6.3 (4.5 - 8.8)	8.0 (5.1 - 12.3)	3.7 (1.6 - 8.3)
Current cigarette smokers	2.9 (1.9 - 4.6)	4.3 (2.5 - 7.5)	1.0 (0.3 - 4.0)
Current smokeless tobacco users	4.1 (2.4 - 6.9)	4.8 (2.5 - 9.2)	3.3 (1.4 - 7.6)
Current tobacco users	8.3 (6.0 - 11.4)	10.1 (6.3 - 15.9)	5.6 (2.7 - 11.1)

Table 4. Distribution of respondents, exposed with second hand smoke

Indicators	Indicators	Boys	Girls
Exposed to tobacco smoke at home	25.3 (22.6 - 28.1)	27.3 (22.4 - 32.8)	22.0 (17.0 - 28.0)
Exposed to tobacco smoke inside any enclosed public place	35.3 (30.4 - 40.6)	35.5 (29.1 - 42.6)	33.6 (27.4 - 40.4)
Exposed to tobacco smoke at any outdoor public place	43.0 (37.4 - 48.7)	41.5 (32.6 - 51.0)	44.3 (39.1 - 49.7)

Table 5. Perception of respondents regarding anti-tobacco advertisement, messages that are against using tobacco (might include cigarettes, other smoked tobacco, and smokeless tobacco)

Indicators	Indicators	Boys	Girls
Anti-tobacco messages in the media	79.4 (76.1 - 82.5)	77.8 (72.7 - 82.1)	81.8 (77.1 - 85.6)
Anti-tobacco messages at sporting or community events	47.0 (40.5 - 53.6)	48.7 (40.4 - 57.0)	42.3 (32.6 - 52.6)

Table 6. Distribution of respondents didn't receive cigarettes from sellers because their ages

Indicators	Indicators	Boys	Girls
Buying them from a store, shop, street vendor, or kiosk [tobacco pavilion, cigarette Karachi].	61.3 (31.6 - 84.4)*	59.7 (29.4 - 84.0)*	52.1 (4.9 - 95.8)*
Not prevented from buying cigarettes because of their age	58.3 (40.8 - 73.9)*	54.1 (29.3 - 77.0)*	66.2 (12.2 - 96.5)*

Table 7. Knowledge and awareness of respondents regarding the dangers of tobacco use

Indicators	Indicators	Boys	Girls
Thought about quitting smoking because of a warning label	22.6 (7.8 - 50.0)*	11.0 (2.2 - 40.1)*	50.3 (19.7 - 80.6)*
Taught in school about the dangers of tobacco use	72.5 (67.1 - 77.3)	71.4 (63.8 - 78.0)	74.1 (67.4 - 79.8)

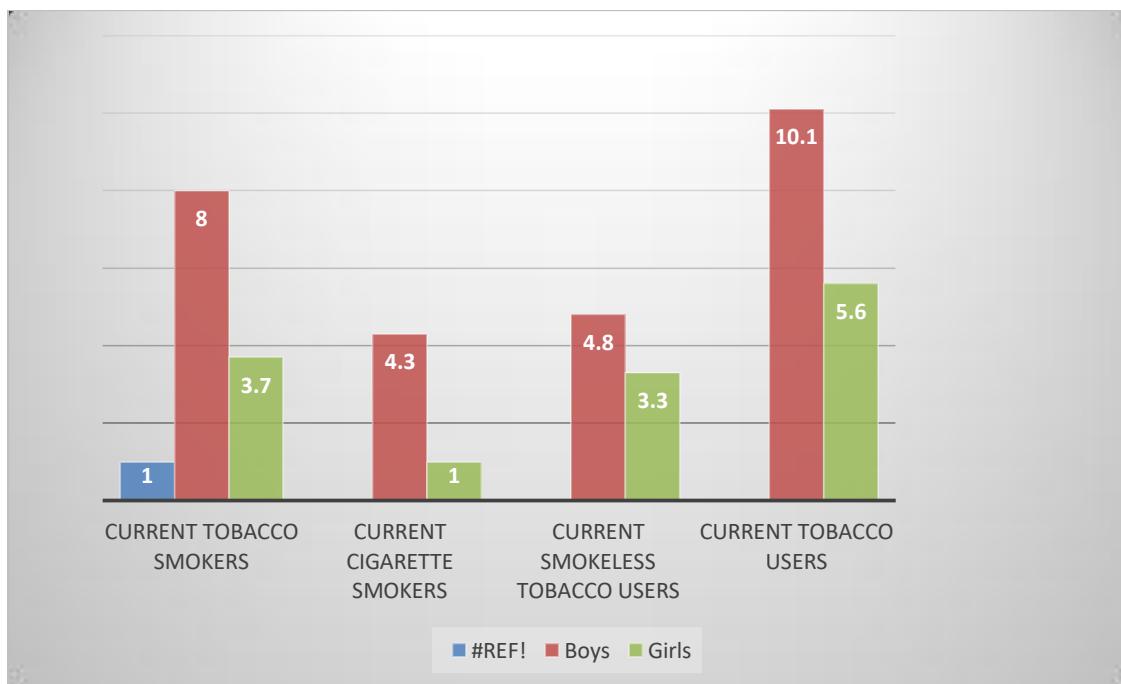
Table 8. Distribution of barriers regarding use of smoking inside public places

Indicators	Indicators	Boys	Girls
Favored banning smoking inside enclosed public places	72.4 (68.3 - 76.1)	71.5 (66.7 - 75.9)	73.7 (67.6 - 78.9)
Favored banning smoking at outdoor public places	72.2 (66.4 - 77.3)	70.8 (65.2 - 75.8)	73.8 (64.7 - 81.3)

Table 9. Perception of respondents regarding tobacco use susceptibility in the future

Indicators	Indicators	Boys	Girls
Never tobacco users susceptible to tobacco use	9.3 (7.4 - 11.6)	10.0 (7.3 - 13.6)	8.0 (5.0 - 12.6)
Never smokers who thought they might enjoy smoking a cigarette	8.2 (5.8 - 11.6)	10.2 (6.8 - 15.0)	5.8 (3.5 - 9.6)

List of Chart's

Figure 1. Utilization of current tobacco users among schools age student's respondents**Figure 2.** Perceptions of respondents regarding tobacco advertisement

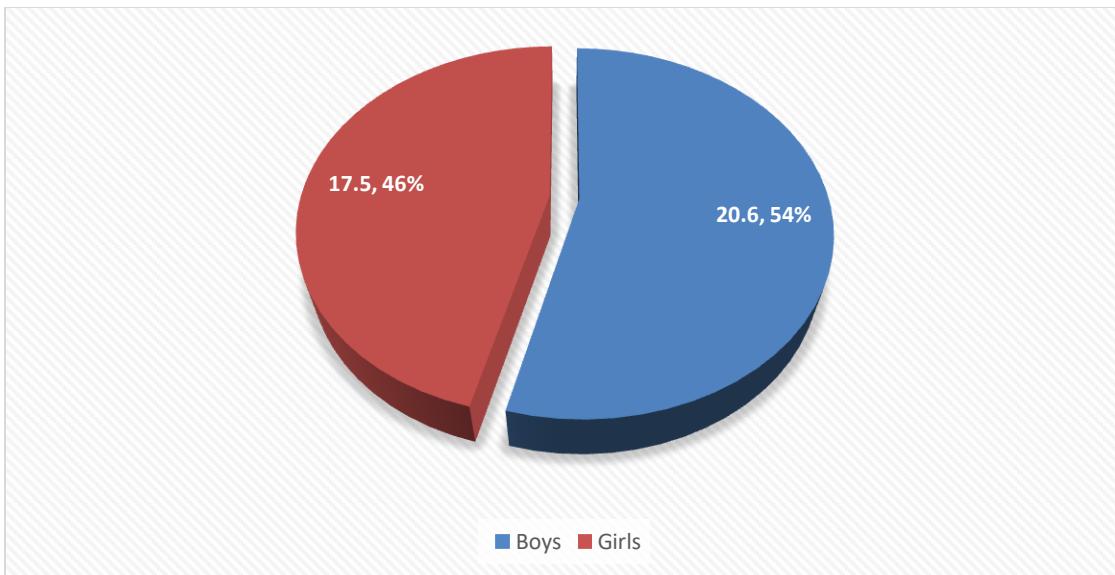


Figure 3: Distribution of respondent's knowledge toward stopping smoking

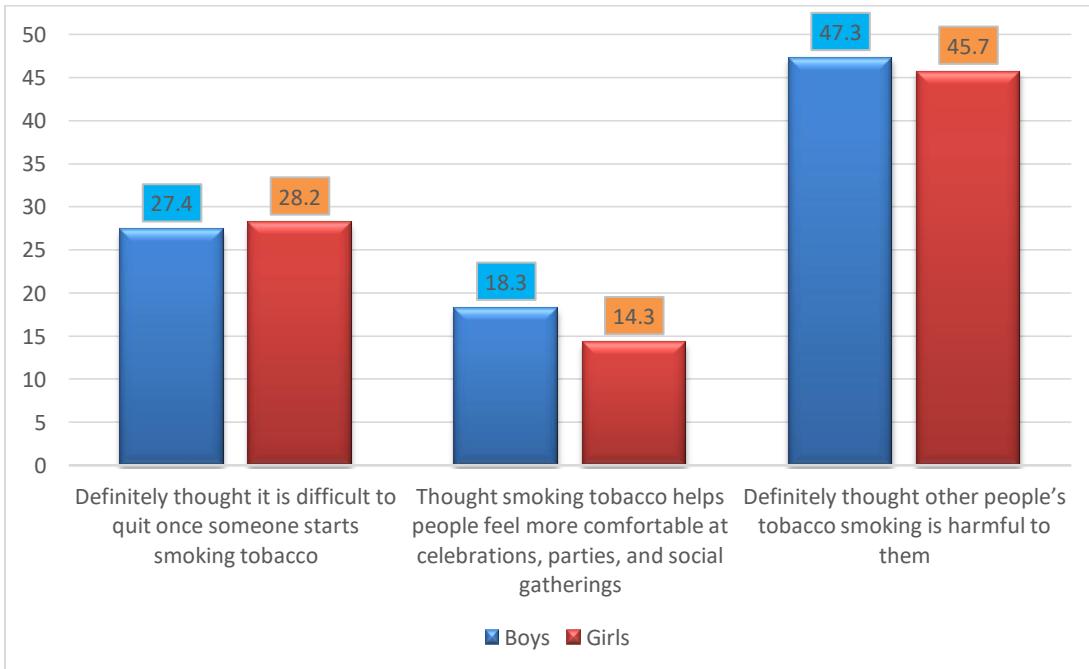
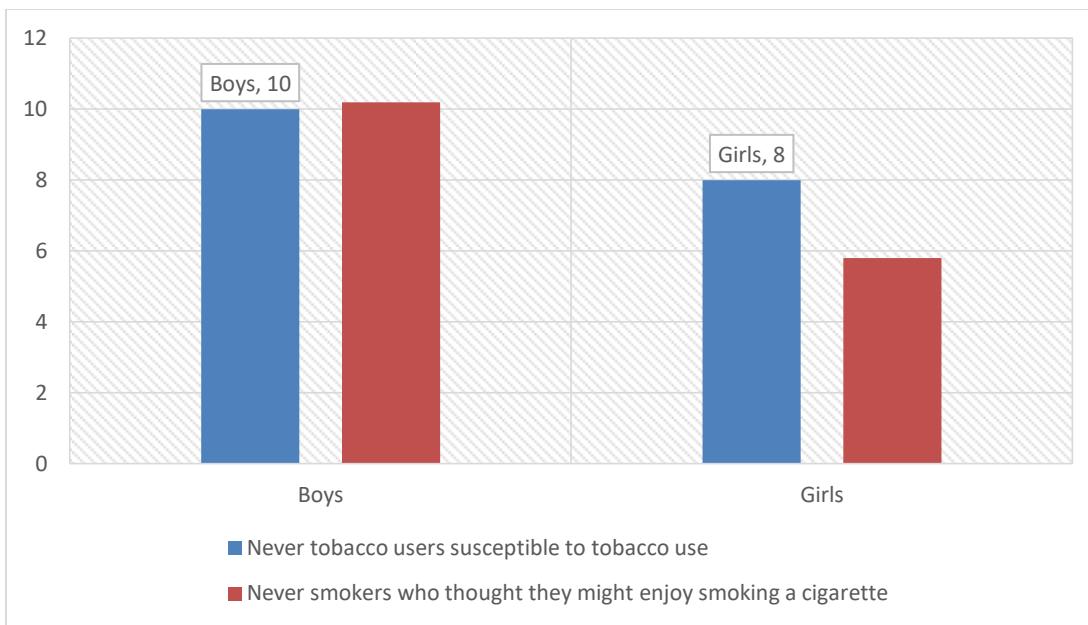


Figure 4. Perception of respondents regarding tobacco use susceptibility in the future



Annexure

Annex 01: Copy of Paper Published/consent for publication

Not published yet and it's going to be published

Annex 02: Questioners for Interview with school age students**The first few questions ask for some background information about you.**

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
2. What is your sex?
 - a. Male
 - b. Female
3. In what grade/form are you?
 - a. seven
 - b. eight
 - c. nine
4. During an average week, how much money do you have that you can spend on yourself, however you want?
 - a. I usually don't have any spending money
 - b. 10 AFN or less
 - c. 11-20 AFN
 - d. 21-30 AFN
 - e. 31-50 AFN
 - f. 51-100 AFN
 - g. More than 100 AFN

The next questions ask about your use of tobacco.

1. Have you ever tried or experimented with cigarette smoking, even one or two puffs?
 - a. Yes
 - b. No
2. 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

3. 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
4. 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
5. Have you ever tried or experimented with any form of smoked tobacco products other than cigarettes (such as cigars, pipes, Water-Pipe, Haka)?
 - a. Yes
 - b. No
6. During the past 30 days, did you use any form of smoked tobacco products other than cigarettes (such as cigars, pipes, Water-pipe, Hoka)?
 - a. Yes
 - b. No
7. 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
8. 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

- 9.** Have you ever tried or experimented with any form of smokeless tobacco products (such as Snuff, Pan)?
- Yes
 - No
- 10.** During the past 30 days, did you use any form of smokeless tobacco products (such as Snuff, Pan)?
- Yes
 - No

The next questions ask about your feelings toward stopping smoking.

- Do you want to stop smoking now?
 - I have never smoked
 - I don't smoke now
 - Yes
 - No
- During the past 12 months, did you ever try to stop smoking?
 - I have never smoked
 - I did not smoke during the past 12 months
 - Yes
 - No
- Do you think you would be able to stop smoking if you wanted to?
 - I have never smoked
 - I don't smoke now
 - Yes
 - No
- Have you ever received help or advice to help you stop smoking?
(SELECT ONLY ONE RESPONSE)
 - I have never smoked
 - Yes, from a program or professional
 - Yes, from a friend
 - Yes, from a family member
 - Yes, from both programs or professionals and from friends or family members
 - No

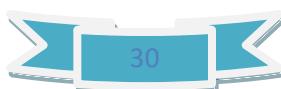
The next questions ask about your exposure to other people's smoking.

- During the past 7 days, on how many days has anyone smoked inside your home, in your presence?
 - 0 days
 - 1 to 2 days
 - 3 to 4 days
 - 5 to 6 days
 - 7 days

2. 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: school, shops, restaurants, shopping malls, movie theaters, teaching courses, close playground, swimming pools)?
 - a. 0 days
 - b. 1 to 2 days
 - c. 3 to 4 days
 - d. 5 to 6 days
 - e. 7 days
3. During the past 7 days, on how many days has anyone smoked in your presence, at any outdoor public place (such as: playgrounds, sidewalks, entrances to buildings, parks, beaches)?
 - a. 0 days
 - b. 1 to 2 days
 - c. 3 to 4 days
 - d. 5 to 6 days
 - e. 7 days
4. During the past 30 days, did you see anyone smoke inside the school building or outside on school property?
 - a. Yes
 - b. No
5. 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
6. Are you in favor of banning smoking inside enclosed public places (such as: schools, shops, restaurants, shopping malls, movie theaters, waiting area, tuition courses, closed sport area, swimming pool)?
 - a. Yes
 - b. No
7. Are you in favor of banning smoking at outdoor public places (such as: playgrounds, sidewalks, entrances to buildings, parks, beaches)?
 - a. Yes
 - b. No

The next questions ask about getting cigarettes.

1. 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 shop
 - c. I bought them from a street vendor



- d. I bought them at a kiosk [tobacco pavilion, cigarette Karachi]
 - e. I got them from someone else
 - f. I got them some other way
- 2.** 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
- 3.** 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
- 4.** On average, how much do you think a pack of 20 cigarettes costs?
- a. 20-24 AFN
 - b. 25-29 AFN
 - c. 30-39 AFN
 - d. 40-49 AFN
 - e. 50 AFN or more
 - f. I don't know

The next questions ask about messages that are against using tobacco (might include cigarettes, other smoked tobacco, and smokeless tobacco).

- 1.** 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
- 2.** 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
- 3.** 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
- 4.** 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).

1. 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
2. During the past 30 days, did you see any advertisements or promotions for tobacco products at points of sale (such as: stores, shops, kiosks, street vendor, etc.)?
 - a. I did not visit any points of sale in the past 30 days
 - b. Yes
 - c. No
3. 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
4. Do you have something (for example, t-shirt, pen, backpack) with a tobacco product brand logo on it?
 - a. Yes
 - b. No
5. 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.

1. 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
2. At any time 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
3. 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
4. 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
5. 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 applying tobacco such as snuff such as pan, nas and answer).

1. 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
2. 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
3. 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
4. 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
5. 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
6. 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
7. 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
8. 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
9. 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

10. The last time you used smokeless tobacco during the past 30 days, how did you get it?

(SELECT ONLY ONE RESPONSE)

- a. I did not use smokeless tobacco during the past 30 days
- b. I bought it in a store or shop
- c. I bought it from a street vendor
- d. I bought it at a kiosk [tobacco, cigarette kiosk]
- e. I got it from someone else
- f. I got it some other way

11. 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

12. 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

13. Has a person working for a tobacco company ever offered you free smokeless tobacco?

- a. Yes
- b. No

14. 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

Annex 03: Local language's questioners for Interview with school age students

نمونه سوالات سروی جهانی استعمال تنبا کو نزد جوانان

سوالات اساسی:

سروی جهانی استعمال تنبا کو نزد جوانان

-a سه سوال پرسش در مورد ساقه شخص شما است

1. شما چند ساله هستید؟

- 11 ساله یا کمتر
- 12 ساله
- 13 ساله
- 14 ساله
- 15 ساله
- 16 ساله

2. جنسیت شما چیست؟

- مذکور
- موئنث

3. به کدام درجه موقعيت دارید (در کدام صنف هستید)؟ مطابق ساحه مربوط بنویسید

- صنف 6
- صنف 7
- صنف 8
- صنف 9
- صنف 10

این بخش در مورد استعمال تنبا کو در نزد شما سوال میکند.

4. آیا گاهی کوشش و یا تجریب کشیدن سگرت را نموده اید حتی یک و یا دو کش؟

- بله
- نه

5. وقتیکه شما برای اولین بار کوشش به کشیدن سگرت نمودید چند سال داشتید؟

- من هیچوقت سگرت نکشیدم.
- هفت سال و یا از آن کوچکتر.
- 8 یا 9 سال
- 10 یا 11 سال
- 12 یا 13 سال
- 14 یا 15 سال

شانزده و یا از آن زیاد تر

6. در جریان 30 روز گذشته (یک ماه) چند روز سگرت کشیده اید؟

- صفر
- 1 یا 2 روز
- 3 یا 5 روز
- 6 یا 9 روز
- 10 یا 19 روز
- 20 یا 29 روز
- تمام 30 روز

7. در جریان 30 روز گذشته (یک ماه) در روزهای که سگرت کشیده اید در هر روز چند دانه سگرت کشیده اید؟

در مدت سی روز گذشته هیچ سگرت نکشیده ام.

کمتر از یک سگرت در روز

- روز یک سگرت
 • 2 تا 5 سگرت در روز
 • 6 تا 10 سگرت در روز
 • 11 تا 20 سگرت در روز
 • بیشتر از 20 سگرت در روز
8. در جریان 30 روز گذشته (یک ماه) از کجا سگرت بدست میاوردید؟ (تنها یک جواب را انتخاب کنید .)
- درسی روز گذشته سگرت نکشیده ام
 - از مغازه ، دکان و یا از سگرت فروشی روی سر ک خریدم .
 - از یک فروشنده خریده ام
 - من برای کسی دیگر پول دادم تا برایم سگرت بیاورد .
 - من از کسی دیگر قرض گرفتم .
 - دزدی کردم .
 - یک شخص کلا نظر برایم داد .
 - از طریقه های دیگر بدست آوردم .
9. در یک ماه گذشته اکثراً کدام نوع سگرت را استعمال کردید؟ (تنها یک جواب را انتخاب کنید)
- من در جریان یک ماه سگرت نکشیده ام .
 - از انواع غیر معمول
- | | |
|------------|---|
| Seven star | • |
| Mild 88 | • |
| Pleasure | • |
| Pine | • |
| Marlbor | • |
| دیگر نوع | • |
10. آیا در جریان یک ماه کسی با خاطر کم عمری شما از فروختن سگرت بشما امتناع کرده است
- من در جریان یک ماه کوشش خریدن سگرت را نکرده ام .
 - بله ، بعضی کسان با خاطر کمی عمر از فروختن سگرت برایم امتناع کرده اند .
 - نه خیر ، عمرم مانع خریدن سگرت نمی شود .
11. آیا در جریان یک ماه غیر از سگرت از اشکال دیگر تنباکو استفاده نموده اید مانند) نصوار ، پاپ ، سیگار ، چلم و غیره .
- بله
 - نه خیر
12. وقتیکه شما برای اولین بار کوشش به کشیدن نصوار نمودید چند سال داشتید ؟
- من هیچوقت سگرت نکشیده ام .
 - هفت سال و یا از آن کوچکتر .
- | | |
|---------------------------|---|
| 8 یا 9 سال | • |
| 10 یا 11 سال | • |
| 12 یا 13 سال | • |
| 14 یا 15 سال | • |
| شانزده و یا از آن زیاد تر | • |
13. در جریان 30 روز گذشته (یک ماه) چند روز نصوار کشیده اید ؟
- صفر
 - 1 یا 2 روز
 - 3 یا 5 روز
 - 6 یا 9 روز
 - 10 یا 19 روز
 - 20 یا 29 روز
 - تمام 30 روز
14. در جریان 30 روز گذشته (یک ماه) در روز های که نصوار کشیده اید در هر روز چند پاکت نصوار کشیده اید

- (یک پاکت محتوی ۳۰ گرام نصوار)؟
- در مدت سی روز گذشته هیچ نصوار نکشیده ام .
 - کمتر از نیم پاکت در روز روز نیم پاکت
 - یک پاکت در روز
 - بیشتر از یک پاکت در روز
15. شما اکثراً در کجا سگرت می کشید؟ (تنها یک جواب را انتخاب کنید)
- من هیچگاهی سگرت نمی کشم .
 - در خانه
 - در مکتب
 - در کار
 - در خانه دوستان
 - در مراسم اجتماعی
 - درجا های ملی مانند (پارک ها , مغازه ها و کوچه ها
 - دیگر جا ها
16. آیا از طرف صبح گاهی سگرت کشیده کشیده اید و یا احساس کرده اید که صبح از هر چیز بیشتر سگرت بکشید .
- من هیچگاهی سگرت نمی کشم .
 - من زیاد سگرت نمی کشم .
 - نه خیر من صبح سگرت نکشیده ام و یا احساس نکرد هم که صبح از هر چیز بیشتر سگرت بکشم.
 - بلی , بعضی اوقات صبح سگرت کشیده ام و یا احساس کشیدن سگرت پیدا شده .
 - بلی همیشه صبح سگرت میکشم و یا احساس میکنم که صبح از هر چیز بیشتر سگرت بکشم .
- سوال بعدی مر بوط داشن و نظر شما درمورد تباکو سوال میشود .
17. آیا پدر و یا ما در شما سگرت میکشد ؟
- نه خیر (هیچکدام)
 - هر دو شان
 - تنها پدرم
 - تنها ما درم
 - من نمی فهمم
18. آیا دوستان شما اگر کسی برایتان سگرت تعارف نماید شما می کشید ؟
- به قاطعیت نه
 - شاید نه
 - شاید بلی
 - به قاطعیت بلی
19. آیا کدام یک از اعضاء خانواده تان در مورد ضرورت سگرت با شما صحبت نموده اند ؟
- بلی
 - نه خیر
20. آیا فکر میکنید که در دوازده ماه آینده شما سگرت بکشید ؟
- به قاطعیت نه
 - شاید نه
 - شاید بلی
 - به قاطعیت بلی
21. آیا فکر میکنید که در پنج سال آینده شما سگرت بکشید ؟
- به قاطعیت نه
 - شاید نه
 - شاید بلی
 - به قاطعیت بلی

22. زمانیکه کسی به کشیدن سگرت اغاز کرد به فکر شما ترک کردن آن برایش مشکل است؟
- شاید نه
 - شاید بله
 - شاید بله
 - به قاطعیت بله
23. آیا بنظر شما بچه های که سگرت میکشند رفقای زیاد دارندیا کم؟
- رفقای زیاد
 - رفقای کم
 - با کسانی که سگرت نمی کشند فرق ندارند.
24. آیا بنظر شما دختر های که سگرت میکشند دوستان زیاد دارند یا کم؟
- دوستان زیاد
 - دوستان کم
 - با کسانی که سگرت نمی کشند فرق ندارند.
25. ایا کشیدن سگرت برای کسانیکه در دعوت ها مراسم عروسی و یا دیگر مراسم اجتماعی مینماید کمک میکند که احساس ارامش نماید؟
- احساس ارامش زیاد
 - احساس آرامش کم
 - با کسانی که سگرت نمی کشند فرق ندارند.
26. بنظر شما بچه های که سگرت میکشند زیاد جلب توجه هستند و یا کم.
- زیاد جلب توجه هستند.
 - کم جلب توجه هستند
 - با کسانی که سگرت نمی کشند فرق ندارند.
27. به نظر شما دختران که سگرت میکشند زیاد جلب توجه هستند و یا کم؟
- زیاد جلب توجه هستند
 - کم جلب توجه هستند
 - با کسانی که سگرت نمی کشند فرق ندارند.
28. بنظر شما با کشیدن سگرت وزن بدنش زیاد میشود یا کم؟
- وزن بد نم زیاد میشود
 - وزن بد نم کم میشود
 - کدام فرقی ندارد
29. به نظر شما کشیدن سگرت بالای صحت شما ضرر دارد؟
- به قاطعیت نه
 - شاید نه
 - شاید بله
 - به قاطعیت بله
30. آیا کدام یکی از فقای نزدیک شما سگرت می کشد؟
- هیچکدام از انها
 - اکثریت انها
 - بعضی از انها
 - همه آنها
31. زمانیکه شما یک مرد را به حالت کشیدن سگرت ببینید در مورد این چه فکر میکنید؟ (تنها یک جواب را انتخاب کنید)
- با جربت
 - احمق
 - ضرر کننده
 - موفق
 - هوشیار

32. زمانیکه شما یک زن را به حالت کشیدن سگرت ببینید در مورد آن چه فکر میکنید؟ (تنها یک جواب را انتخاب کنید)

- با جرئت
- احمق
- ضرر کننده
- موفق
- هو شیار
- با فر هنگ

33. آیا فکر میکنید که کشیدن سگرت برای یک و یاد و سال بی ضرر بو ده بعد از آن شما انرا ترک میکنید؟

- به قاطعیت نه
- شاید نه
- شاید بلی
- به قاطعیت بلی

چهار سوال پس از پرسش در مورد اشخاصیکه سگرت میکشند و با شما به تماس هستند.

34. آیا شما فکر میکنید که دود سگرت دیگران برای شما مضر است؟

- به قاطعیت نه
- شاید نه
- شاید بلی
- به قاطعیت بلی

35. در جریان هفت روز گذشته در چند روز آن اشخاص در موجودیت شما در خانه شما سگرن کشیده‌اند؟

- صفر
- از 1 تا 2 روز
- از 3 تا 4 روز
- از 5 تا 6 روز
- هفت روز

36. در جریان هفت روز گذشته در چند روز آن اشخاص در موجودیت شما در جاهای دیگر اسگرت کشیده‌اند؟

- صفر
- از 1 تا 2 روز
- از 3 تا 4 روز
- از 5 تا 6 روز
- هفت روز

37. آیا شما طرفدار منع کردن از سگرت را در جاهای مزدهم و اجتماعات مانند (رستورانت‌ها داخل سرویس ، ریل ، داخل مکتب ، در جاهای سپورتی و دیگر جاهای) هستید؟

- بلی
- نه خیر

شش سوال پس از پرسش نظریات شما در مورد ترک سگرت است.

38. آیا شما میخواهید هیمن حلال سگرت را ترک کنید؟

- من هیچگاه سگرت نکشیده‌ام
- من حالت سگرت نمی‌کشم
- بلی
- نه خیر

39. آیا شما در سال گذشته برای ترک سگرت کوشش کردیده‌اید؟

- من هیچگاه سگرت نکشیده‌ام
- در سال گذشته من سگرت نکشیده‌ام
- بلی

- نه خیر
 40. چقدر وقت قل شما سگرت را ترک کر ده اید ؟
 • من هیچگاه سگرت نکشیده ام
 • من سگرت کشیدن را ترک نکرده ام
 • 1 الی 3 ماه
 • 4 الی 11 ماه
 • یکسال
 • دوساله
 • سه سال یا بیشتر
41. دلیل اساسی که سبب شد شما سگرت کشیدن را ترک کنید چه بود ؟ (تنها یک جواب را انتخاب کنید)
 • من هیچگاه سگرت نکشیده ام
 • من سگرت کشیدن را ترک نکرده ام
 • به خاطر بهتر شدن صحت خود
 • بخاطر جمع اوری پول
 • بخاطر یکه فا میلم خوش نداشت
 • بخاطر یکه رفاقت خوش نداشت
 • دیگر دلایل
42. شما فکر میکنید که توانایی ترک سگرت نزد شما موجود است اگر شما بخواهید ؟
 • من هیچگاه سگرت نکشیده ام
 • من قبل از سگرت کشیدن را ترک کرده ام
 • بلی
 • نه خیر
43. آیا تا حال کدام کمک و یا مشوره که شما را به ترک سگرت کمک نماید بدست آورده اید .
 • من هیچگاه سگرت نکشیده ام
 • بلی از یک پروگرام و یا یک شخص مسلکی
 • بلی از یک رفیق
 • بلی از یکی از اعضاء خانواده ام
 • بلی از پروگرام از شخص مسلکی ، از فیق و از اعضاء خانواده
 • نه خیر
- نه سوال بعدی پرسش درمورد دانش شمار در اعلانات درباره کشیدن سگرت است .
44. در جریان سی روز (یک ماه) چقدر پیغام های نشراتی بر ضد کشیدن سگرت در رادیو تلویزیون ، لوحه ها ، پوسته ها ، روزنامه ها ، مجله ها و فلم ها دیده اید ؟
 • زیاد
 • کم
 • هیچ نه
45. زمانیکه شما در مسابقات سپورتی ، نمایشات ، کنسرت ها و دیگر مراسم اجتماعی میروید چقدر پیغام های ضد سگرت کشیدن را می بینید ؟
 • من هیچگاه به مسابقات سپورتی ، نمایشات ، کنسرت ها و دیگر مراسم اجتماعی نمیروم
 • زیاد
 • بعضی اوقات
 • هیچگاه
46. زمانیکه شما تلویزیون ، ویدیو ، فلم میبینید چندبار هنر پیشه های فلم را با سگرت میبینید ؟
 • من هیچ گاه تلویزیون ، ویدیو ، فلم نمی بینم
 • زیاد

47. آیا شما چیز ما نند (جا کت ، قلم ، جمپر و بکس) دارید که در ان علامه و یا نشان سگرت باشد ؟
- بعضی اوقات
 - هیچ گاه
 - بلی
 - نه خیر
48. در جریان سی روز گذشته (یک ماه) زمانیکه مسا بقات ورزشی و یا دیگر پروگرام های تلویزیون را مشاهده کرده اید چند بار شناسانه یا علامه سگرت را دیده اید ؟
- من هیچ گاهی تلویزیون نمی بینم
 - بسیار زیاد
 - بعضی اوقات
 - هیچگاه
49. در جریان سی روز گذشته (یک ماه) چقدر اعلانات سگرت را روی لوحة دیده اید ؟
- بسیار زیاد
 - کم
 - هیچ نه
50. در جریان سی روز گذشته (یک ماه) چقدر اعلانات تشویقی سگرت را در روزنامه ها و مجله ها دیده اید ؟
- بسیار زیاد
 - کم
 - هیچ نه
51. ما اینکه شما در مسا بقات ورزشی ، نمایشات ، کنسرت ها و دیگر مراسم اجتماعی اشتراک می نماید چقدر اعلانات سگرت را می بینید ؟
- من هیچ گاه به مسا بقات ورزشی ، نمایشات ، کنسرت ها و دیگر مراسم اجتماعی نمی روم .
 - بسیار زیاد
 - بعضی اوقات
 - هیچ گاه
52. آیا گاهی نمایش دهنده سگرت برای شما سگرت را بصورت مفت تعارف نموده است ؟
- بلی
 - نه خیر
- چهار سوال بعدی پر سش در مورد تدریس درباره کشیدن سگرت در مکتب مبیا شد
53. در جریان هیمن سال تعلیمی آیا در کدام ساعت درسی در مورد خطرات سگرت برایتان ندربیش شده ؟
- بلی
 - نه خیر
 - یقین ندارم
54. در جریان هیمن سال تعلیمی آیا شما کدام مذاکره نموده اید در مورد اینکه چرا اشخاص به سنین شما سگرت می کشند ؟
- بلی
 - نه خیر
 - یقین ندارم
55. ای در جریان هیمن سال تعلیمی درباره تاثرات سئو سگرت مثل (زرد شدن دندان ، بوی دهن ، چین و چرک روی) برایتان تدریس شده ؟
- بلی
 - نه خیر
 - یقین ندارم
56. چقدر وقت قبل یک قسمت از درسها یا تدریسها در مورد سگرت کشیدن و صحبت برایتان تدریس شده ؟
- بلی
 - نه خیر
 - یقین ندارم

- هیچ گاہ
- در همین ربع
- در ربع گذشته
- دو ربع قبل
- سه ربع قبل
- اضافه از یک سال

دکتر سید علی شاه علوی. رئیس اطفال و جوانان وزارت صحت عامه

Annex 04: Interview schedule

Activities/Months	M1	M2	M3	M4	M5	M6	M7
Develop and submit draft outline proposal							
Revise and submit the final outline proposal							
Application for ethical approval							
Submission of questionnaire							
Ethical approval							
Data collection and initial analysis							

Draft methodology and result chapters							
Draft discussion chapter							
Final draft							
Final submission							

Annex 05: consent letter from site supervisors**Consent Letter from Site Supervisor (MPH 2016-18)****Date: September 2017**

To;
The Head
Department of Public Health
Maulana Azad University
Jodhpur, Rajasthan

Sub: Consent Letter to be a site supervisor for project/ thesis of [Alawi Sayed Ali Shah]

Dear Madam,

This is in reference to the above mentioned subject. In this regard I wish to inform you that I am willing to accept Dr.[Alawi Sayed Ali Shah] as my student for guiding his project/thesis work leading to the MPH degree from Maulana Azad University, Jodhpur. I will guide him for the entire duration of his project/thesis work and will supervise him throughout the process.

Thanking you

Yours faithfully

[..... Signature]

[Dr. Hafez Rasouli MD, MPH]

[Surveillance coordinator/MOPH, Lecturer in Kabul Medical University]

[Ministry of Public Health, Kabul Afghanistan]

[+93 798036038]

[dochafez@yahoo.com]

Annex 06: Thesis form**Department of Public Health, Maulana Azad University, Jodhpur****Thesis Form (MPH 2016-18)**

Thesis in MPH course comprise of research done on a particular subject of public health importance. Through thesis, students gets opportunity to apply public health concepts and enhance research knowledge and skills.

Semester III and Semester IV are dedicated for thesis work in MPH course. To complete the thesis, the student must submit thesis proposal at the end of semester III and final thesis at the end of semester IV

Name:	Alawi Sayed Ali Shah MD DCH
Address:	Khair khana 1 st part 11 th district, Kabul Afghanistan
Emergency contact number:	+93 700 290 136
Email id:	salawidr@gamil.com
Topic of Thesis:	Prevalence of Tobacco use among school students in Kabul city
Name and Place of Study Site (Please provide full address):	25 schools in Kabul city, Male and Female schools
Name of thesis site supervisor:	Dr. Hafiz Rasouli
Designation and qualification of site supervisor	Surveillance coordinator Ministry of Public Health and lecturer Kabul Medical University
Contact Phone No. and Email ID of site supervisor	[+93 798036038] [dochafez@yahoo.com]

Student's Signature
Date:

Sign of thesis site supervisor

Date: 24,09,2017

Place: ANPHI, MOPH

Sign of Head, Department of Public Health



Consent letter from parents of school age's students in local language**فورم درخواست رضایت والدین شاگردان****فورم اطلاع والدین**

مکتب شما در سروی جهانی استفاده از تباکو توسط نوجوانان که به حکم سازمان صحي جهان و وزارت صحت عامه راه اندازی ميگردد اشتراك مينماید اين مطالعه در مورد سلوک متعلمين صنف 7-10 در فسمت استفاده تباکو معلومات جمع آوري مينماید. سوالات در قسمت داشش ، نگرش و استفاده تباکو، توقف تباکو، دود سگرت دست دوم، تشویق توسط اعلانات رسانه اى و نصاب مکتب پرسيده خواهد شد.

سروی جهانی استفاده از تباکو در میان نوجوانان توسط وزارت صحت عامه تصویب گردیده است

تكمیل نمودن این ورق و سروی قلمی کدام خطري را بالاي طفل شما تحميل نمیکند. پروسیجر های این برای تامین و حفاظت اسرار طفل شما و اشتراك گمنام انها طرح و تدوین گردیده. نام هیچ کس یا مکتبی در نتیجه راپور این مطالعه ذکر نخواهد شد

در صورتیکه شما کدام سوالی داشته باشید لطفا باداکتر سید علیشا علوی به شماره 0700290136 به تماس شوید

از همکاری تان تشکر