

TOBACCO SURVEYS IN TURKEY

April 21 – 23, 2014

Ankara, Turkey

Outline

- Background: Tobacco based/relevant surveys (GATS&HIS)
- GATS&HIS
 - Content
 - Methodology (sampling method and distribution, response and non-response rate)
 - (Pre)field application and quality control
 - Data analysis and publication
- Basic indicators of GATS and HIS
- Future plans

Background: Tobacco based/relevant surveys

GATS

- GATS 2008
 - GATS 2012
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- Prepared questionnaire by WHO and CDC
 - Turkey and Thailand are the only two countries repeating GATS

HIS

- HIS 2008
 - HIS 2010
 - HIS 2012
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- Prepared questionnaire by Eurostat
 - Turkey is repeating biannually, while EU member states are repeating it once every six years

Content

GATS

Tobacco questions (MPOWER)

- Monitor tobacco use and 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 and sponsorship
- Raise taxes on tobacco

HIS

Modules on health

- Health status
 - Health status, disease and chronic conditions, accidents and injuries, absence from work due to health problems, physical and sensory functional limitations, Personal care activities, household activities, pain, mental health
- Health care
 - Use of inpatient and day care, use of ambulatory and home care, medicine use, preventive services, unmet needs for health care
- Health determinants
 - Weight and height, physical activity and exercise, consumption of fruit and vegetables, **smoking (MPOWER)**, alcohol consumption, social support, provision of informal care or assistance,

Methodology (GATS)

GATS 2008

- Sampling method: Three staged stratified cluster
 - 400 blocks (200 urban, 200 rural),
 - 28 households(14 males, 14 females) from each blocks = total 11200 households, 5600 urban (2800 males, 2800 females), 5600 rural (2800 males, 2800 females),
 - only one 15+ household member randomly selected
- Response rate
 - Household response rate : 93,7%
 - Individual response rate : 97,0%

GATS 2012

- Sampling method: Three staged stratified cluster
 - 412 blocks (~~206 urban, 206 rural~~),
 - 28 households(~~14 males, 14 females~~) from each blocks = total 11536 households, ~~5768 urban (2884 males, 2884 females), 5768 rural (2884 males, 2884 females)~~,
 - only one 15+ household member randomly selected
- Response rate
 - Household response rate : 93,3%
 - Individual response rate : 98,9%

Methodology (HIS)		
HIS 2008	HIS 2010	HIS 2012
Sampling method: Two staged stratified cluster	Sampling method: Two staged stratified cluster	Sampling method: Two staged stratified cluster
–372 blocks urban, 233 blocks rural	–356 blocks urban, 219 blocks rural	–888 blocks urban, 468 blocks rural
–15 households from each blocks in urban = total 5580 households, 10 households from each blocks in urban = total 2330 households,	–16 households from each blocks in urban = total 5340 households, 10 households from each blocks in urban = total 2190 households,	–12 households from each blocks in urban = total 10656 households, 8 households from each blocks in urban = total 3744 households,
*all household members are selected (unlike other member states 0-14 age groups are also included for some national questions)	*all household members are selected (unlike other member states 0-14 age groups are also included for some national questions)	*all household members are selected (unlike other member states 0-14 age groups are also included for some national questions)
Response rate: 78% of households completed	Response rate: 78% of households completed	Response rate: 84% of households completed

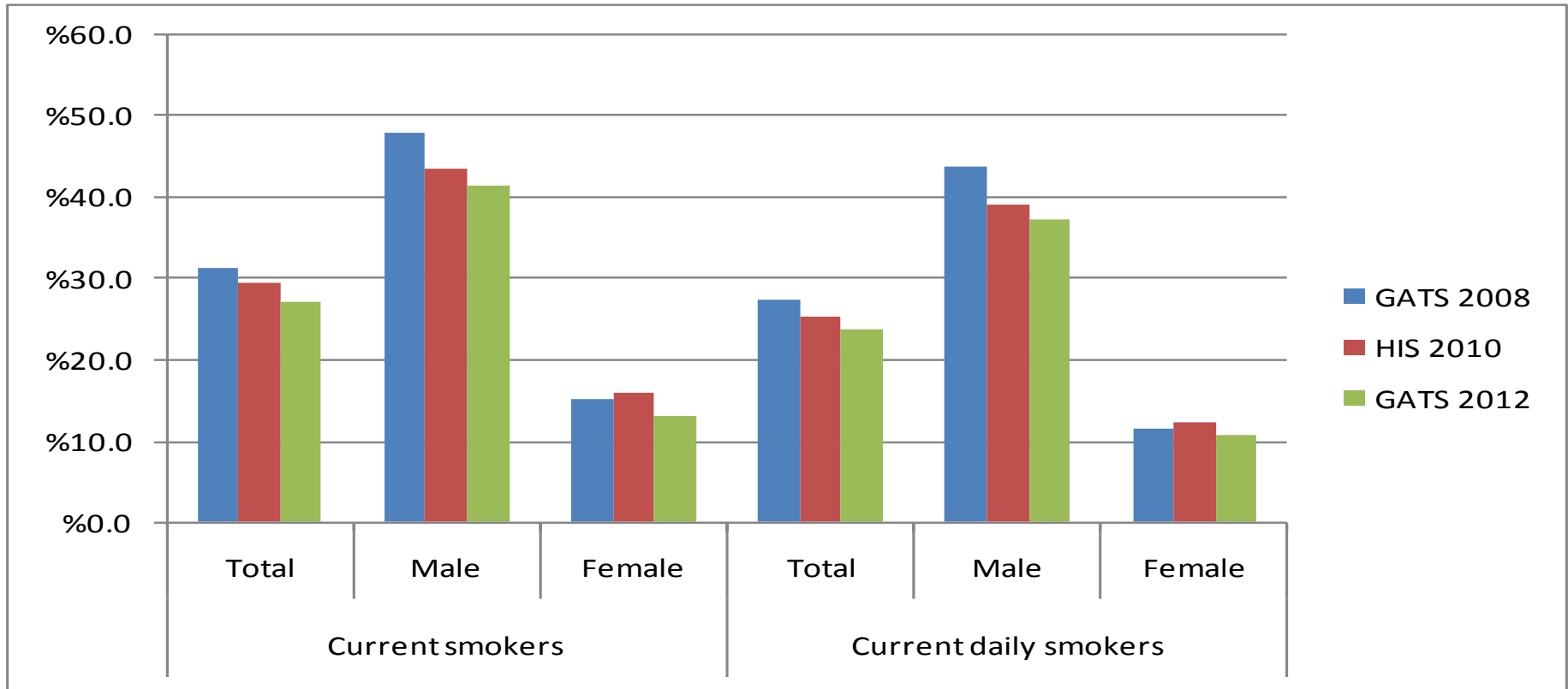
	GATS	HIS
Preparing questionnaires	The questions for national needs proposed by national shareholders such as Ministry of Health and Tobacco and Alcohol Market Regulatory Authority are added to original questionnaire	The questions for national needs proposed by national shareholders such as Ministry of Health and Tobacco and Alcohol Market Regulatory Authority and Ministry of Family and Social Policies are added to original questionnaire
Pilot application	For GATS 2008, pilot application was done, but for GATS 2012 not	For HIS 2008, pilot application was done, but for HIS 2010 and HIS 2012 not
Traininig	For both of the surveys the interviewers were trained	For all of the surveys the interviewers were trained
Field application	Only 15+ people are covered and proxy is not allowed, quality control by means of CATI for 2008 only	For tobacco questions only 15+ people are covered and proxy is not recommended but allowed in some cases according to sensitivity or subjectiveness of the question and availability of interviewee, quality control by means of CATI for 2010 only
Dissemintaion	For GATS 2008, both press release and book, but for GATS 2012, only press release	For all of the HISs, both press release and book
Results	Turkey, urban, rural	Turkey, urban, rural

Division of Work

- **Social Sector Statistics Department:** Design of Turkish questionnaire s prepared by CDC (GATS questionnaire)/Eurostat(HIS questionnaire) beforehand, additional questions and design of them, coordination with regional offices in the process of pilot/field application, data analysis, publication of press release and book
- **Information Technologies Department:** Preparing the data entry programme (with the help of CDC for GATS) and storage in oracle and SAS
- **Sampling and Analysis Technique Department:** Sampling and assigning weight after the completion of field application

**For almost all of the stages above, TurkStat tries to stick to CDC and Eurostat recommendations*

Basic indicators for GATS and HIS



**HIS results on tobacco are not shared with public for the years GATS implemented as well (2008, 2012)*

**This indicator shows that we can provide the sustainability and consistency in measuring some indicators on tobacco by means of HIS conducted in every two years.*

Future plans

- In September-November 2014, HIS will be repeated.
- The draft questionnaire includes almost 15 questions (4 of them are the proposal of Eurostat, others are the proposals of TQS and national partners).
- These questions help to provide some information on
 - Monitoring tobacco use and prevention policies
 - Protecting people from tobacco smoke
 - Offering help to quit tobacco use

Monitor tobacco use and prevention policies

Indicators:

- Current Tobacco Smokers
- Current Daily Tobacco Smokers
- Former Tobacco Smokers
- Smoking initiation age and its reason (not in TQS)
- Daily smoking initiation age (not in TQS)
- Type of tobacco used (not in TQS)
- Average number of cigarettes smoked per day

Protect people from tobacco smoke

Indicators:

- Exposure to secondhand smoke indoor
- Places where exposed to secondhand smoke

Offer help to quit tobacco use

Indicators:

- Smoking quit attempt
- Methods used for smoking quit

Thank you ...