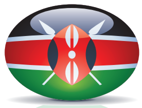
The International Tobacco Control Policy Evaluation Project

ITC Kenya National Report



FINDINGS FROM THE WAVE 1 AND 2 SURVEYS (2012-2018)

MAY 2021

EXECUTIVE SUMMARY

International Tobacco Control Policy Evaluation Project

UNIVERSITY OF NAIROBI

Ministry of Health

Findings from the ITC Kenya Wave 1 and 2 Surveys (2012-2018)

ITC Kenya National Report Executive Summary

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The complete ITC Kenya Wave 1 and 2 National Report is available on the ITC Project website at www.itcproject.org.

Foreword

The ITC Kenya Survey is part of the International Tobacco Control Policy Evaluation Project (the ITC Project) – an international cohort survey conducted in 29 countries, designed to measure the impact of key policies of the World Health Organization Framework Convention on Tobacco Control (WHO FCTC). In 2012 and 2018, two waves of the ITC Kenya Survey were conducted among a cohort of tobacco users and non-users in the country (approximately 1500 tobacco users and 600 non-users at each wave). The ITC Kenya Survey is a nationally representative probability sample of respondents aged 15 years or older, conducted through face-to-face household interviews using methods designed by the ITC Project research team at the University of Waterloo in Canada.

The results indicate that in 2018, the majority of Kenya tobacco users (89% of smokers and 75% of smokeless users) regret that they started smoking cigarettes or using smokeless tobacco. Only one-third (37%) of those who visited a doctor or health professional in the last 6 months in 2018 received advice to quit. These findings point to the need to enhance access to cessation support through physicians or health professionals and affordable cessation services and treatments. Global evidence demonstrate the importance of high tax rates to reduce demand of tobacco products. The ITC survey shows that tobacco products in Kenya, particularly smokeless and hand-rolled cigarettes, are inexpensive, and this high affordability is a major barrier to reducing tobacco use in our country. The survey findings point to the need to strengthen enforcement on the ban on the sale of loose cigarettes as the majority of smokers (82%) last purchased loose (single) cigarettes rather than in a pack.

We are pleased to learn that an increasing number of Kenyans reported that smoking is not allowed in their homes (86% in 2018). In addition, secondhand smoke exposure continued to be low in hospitals, educational institutions, public transport, and in restaurants. However, exposure to secondhand smoke is still high in bars, where more than half of respondents noticed people smoking during their last visit. About two-thirds of Kenyans support a complete ban on smoking in bars so there is very strong public support for strengthening smoke-free laws, even among smokers. An additional challenge is that smoking in indoor workplaces increased from 11% in 2012 to 16% in 2018. There is clearly more that needs to be done to reduce harmful secondhand smoke, which the WHO has identified as a major cause of disease and death globally.

ITC Survey findings show that there is strong compliance with the comprehensive ban on tobacco advertising, promotion, and sponsorship (TAPS): less than 10% of tobacco users and non-users reported noticing tobacco products being advertised in various venues in the last 6 months. However, there was some evidence of the need for stronger enforcement of existing TAPS bans in certain areas, such as the entertainment media where about 1 in 4 respondents noticed the use of tobacco products in the last 6 months.

Findings show that the new cigarette pictorial health warnings have had substantial benefits. After their introduction, smokers were more likely to state that because of the warnings, they thought about the health risks of smoking (from 28% to 43%), and that the warnings made them “a lot” more likely to quit (from 24% to 38%). Three-quarters (75%) of smokers who saw the new pictorial health warnings agreed that they made smoking seem more dangerous. Additionally, knowledge of many of the specific health effects caused by tobacco increased among all respondents between 2012 to 2018. ITC evidence suggests that increasing the size of the pictorial health warnings on cigarette packs and implementing pictorial health warnings on smokeless tobacco would further increase the impact of tobacco health warnings in Kenya.

The Kenya Government wishes to acknowledge the contribution of those institutions who were responsible for the successful completion of the 2018 ITC Kenya Survey and the preparation of this landmark report, including the University of Nairobi, Kenya Medical Research Institute, the International Institute of Legislative Affairs, the Ministry of Health, and our partners in Canada at the University of Waterloo.

The report provides evidence that the majority of Kenyans support greater action to tackle the harm done by using tobacco. We anticipate that the findings of this report will further assist us to build on our progress in tobacco control and to continue to plan and implement evidence-based policies and programmes to curb tobacco use and its devastating consequences in Kenya.

SEN. MUTAHI KAGWE, EGH

CABINET SECRETARY, MINISTRY OF HEALTH

Preface

We are extremely pleased to release this landmark report on findings of the International Tobacco Control (ITC) Kenya Wave 2 Survey. The ITC Kenya Survey was conducted in 2018 among 1500 Kenyan tobacco users and 500 non-users. This report is a follow up to the ITC Kenya Wave 1 Report, which was released in Kenya in 2015.

The findings provide a rigorous assessment of the impact of changes in the tobacco control policy landscape in Kenya between 2013-2018, including implementation of the Tobacco Control Regulations, 2014.

The Report presents evidence of Kenya's achievements in tobacco control. For example, after the implementation of new pictorial warnings in 2016, more smokers thought about the health risks of smoking "a lot" (increasing from 28% to 43%) and were "a lot" more likely to quit (increasing from 24% to 38%). Smokers also became more knowledgeable of the health effects of tobacco use. Findings also show strong compliance with the comprehensive ban on tobacco advertising, promotion, and sponsorship with fewer than 10% of respondents noticing tobacco marketing in stores, print and electronic media, and public places. Smoking in restaurants and public transport has remained low (less than 10%) between 2012 and 2018 and more tobacco users reported having home smoking bans (increasing from 50% to 61% of tobacco users).

However, Kenya is committed to further strengthening tobacco control measures and the Report provides evidence that Kenyans are supportive of stronger policies. More than 4 out of 5 respondents support having more information on cigarette and smokeless tobacco packs, a ban on tobacco advertisements in stores, a complete smoking ban in restaurants and workplaces, and tobacco tax increases.

I thank the ITC Project research team at the University of Waterloo and the ITC Project collaborators in Kenya for your dedication to this project and for bringing these important research findings to our attention. We look forward to continued collaboration in undertaking future ITC surveys to further improve tobacco control and the implementation of the FCTC in Kenya. The Ministry of Health acknowledges the financial support of the University of Waterloo and the technical contribution of organizations such as The International Institute for Legislative Affairs (ILA), University of Nairobi (UoN), and the Kenya Medical Research Institute (KEMRI).

In particular, we are grateful for the dedication of the following individuals from University of Waterloo – Prof. Geoffrey Fong (Chief Principal Investigator of the ITC Project), Dr. Mary Thompson, Dr. Anne Quah, and Dr. Susan Kaai; from the Ministry of Health – Ms. Dorcas Kiptui

and Ms. Anne Kendagor; as well as Ms. Emma Wanyonyi (formerly of ILA), Dr. Lawrence Ikamari (UoN), and Dr. Jane Ong'ang'o (KEMRI).

The ITC Kenya Survey findings have great potential to accelerate and strengthen our implementation of the World Health Organization Framework Convention on Tobacco Control and to curb the tobacco epidemic in Kenya

SUSAN MOCHACHE, CBS

PRINCIPAL SECRETARY, MINISTRY OF HEALTH

Acknowledgements

The International Tobacco Control Policy Evaluation Project (the ITC Project) in Kenya was created in 2010 by an international research team in Canada and Kenya to evaluate the impact of Kenya's tobacco control policies and to guide future evidence-based legislative efforts enacted under the World Health Organization Framework Convention on Tobacco Control (WHO FCTC). We are grateful for the dedicated work of the project partners in planning and conducting the Wave 2 Survey in April to June 2018 and for the continued collaboration of the team in preparing this important report to disseminate the survey findings among the tobacco control community in Kenya.

The Government of Kenya would like to thank the following collaborating organizations:

- University of Waterloo — Canada
- University of Nairobi — Kenya
- Kenya Medical Research Institute — Kenya
- Ministry of Health — Kenya
- International Institute for Legislative Affairs – Kenya

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We thank the team of collaborators who contributed to the preparation of this report at the University of Waterloo: Dr. Genevieve Sansone, Dr. Gang Meng, Ms. Yingchen Fan, Ms. Lorraine Craig, Dr. Susan C. Kaai, Dr. Eunice O. Indome, Dr. Anne C.K. Quah, and Dr. Geoffrey T. Fong.

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Finally, immense gratitude goes to the Project Manager, Data Manager, Data Entry Clerks, Regional Supervisors, Field Supervisors, Interviewers, and all of the respondents who participated in the collection of ITC Project data that are so important to evaluating and guiding tobacco control efforts in Kenya.

DR. PATRICK AMOTH, EBS

Ag. DIRECTOR GENERAL FOR HEALTH

ITC POLICY EVALUATION PROJECT IN KENYA

The International Tobacco Control Policy Evaluation Project (the ITC Project) is a multi-country prospective cohort study designed to measure the psychosocial and behavioural impact of key policies of the World Health Organization Framework Convention on Tobacco Control (WHO FCTC) in more than 29 countries.

The ITC Kenya Survey is a face-to-face survey of a nationally representative cohort sample of approximately 1,500 tobacco users and 600 non-users. The Wave 1 Survey was conducted October to December 2012. Wave 2 was conducted from April to June 2018. This report presents the results from the most recent wave (Wave 2) of the ITC Kenya Survey and compares progress on tobacco control in Kenya against other ITC countries.

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This report was prepared by a team of collaborators at the University of Waterloo: Dr. Genevieve Sansone, Dr. Gang Meng, Ms. Yingchen Fan, Ms. Lorraine Craig, Dr. Susan Kaai, Dr. Eunice O. Indome, Dr. Anne C.K. Quah, and Dr. Geoffrey T. Fong; and the ITC Kenya team: Dr. Lawrence Ikamari of the University of Nairobi, Dr. Jane Rahedi Ong'ang'o of Kenya Medical

Research Institute. Ms. Anne Kendagor of the Kenya MOH and Ms. Emma Wanyonyi formerly of the International Institute for Legislative Affairs also provided peer review comments.

EXECUTIVE SUMMARY

Evaluation of Tobacco Control in Kenya: the ITC Kenya Survey

This report evaluates Kenya's progress in the implementation of the World Health Organization Framework Convention on Tobacco Control (WHO FCTC) and its guidelines. The findings are based on research conducted by the International Tobacco Control Policy Evaluation Project (the ITC Project) – an international cohort survey conducted in 29 countries, designed to evaluate the impact of global tobacco control policies. In 2012 and 2018, two waves of the ITC Kenya Survey were conducted among a cohort of adult tobacco users and non-users in the country (approximately 1500 tobacco users and 600 non-users at each wave). The Wave 1 ITC Kenya Report was released in December 2015 (see https://itcproject.org/findings/reports/itc-kenya-national-report-wave-1-2012-december-2015/). This new Wave 1 to 2 Report assesses Kenya's progress in tobacco control from 2012 to 2018, and compares findings from Kenya to other ITC countries around the world.

Key Findings and Recommendations from the ITC Kenya Wave 1 to 2 Report

Kenya ratified the FCTC in 2004, and the treaty became effective in 2005. Since the FCTC came into force over fifteen years ago, Kenya has taken important steps to strengthen tobacco control efforts, backed by strong political support and civil society engagement. Kenya's main tobacco control legislation, the 2007 Tobacco Control Act (TCA), took effect in 2008 and includes several key provisions to reduce tobacco use, such as a complete ban on tobacco advertising, promotion, and sponsorship, a partial ban on smoking in public places and workplaces, and text warnings on tobacco packages. The legislation was strengthened with the passage of the 2014 Tobacco Regulations, which mandated pictorial health warnings and imposed further restrictions on smoking in public places, among other measures. In addition, tobacco tax reforms have been introduced to reduce the affordability of tobacco products, and strong measures have been implemented to help control illicit trade in the country.

Findings from the ITC Kenya Survey show that tobacco control policies implemented thus far have been effective in some policy domains, such as curbing direct forms of tobacco advertising, promotion, and sponsorship, raising awareness of the health risks caused by tobacco use, and providing protection in some public places from the harms of secondhand smoke. However, despite these important policy achievements, the findings also highlight areas where stronger action by the government is needed, as described below. Therefore, Kenya must build on its progress thus far and continue to accelerate the implementation of evidence-based tobacco control measures in line with the WHO FCTC and its guidelines in order to fully protect the current and future health of its population from the harms of tobacco.

Based on the ITC Kenya Wave 1 to 2 Survey findings, the research team offers the following recommendations for strengthening tobacco control in Kenya:

1. Design and implement more public education campaigns to reduce misperceptions of the harms of tobacco products and decrease the social acceptability of tobacco use.

The ITC Kenya Wave 2 findings suggest that although most tobacco users have negative perceptions of tobacco companies and the majority (75% of smokeless users and 89% of smokers) express regret for using tobacco, smoking remains more socially acceptable in Kenya compared to other countries. In fact, Kenya has the lowest percentage of smokers (53%) who think society disapproves of smoking among 11 ITC LMICs. The Wave 2 results also show that many tobacco users hold incorrect beliefs about the harms of certain tobacco products, such as smokeless tobacco, compared to regular cigarettes. For example, despite the evidence that smokeless tobacco is less harmful than combustible cigarettes, the majority of smokers believe that smokeless tobacco is either more harmful (23%) or equally harmful (64%). These findings suggest that there is a need to increase efforts to denormalize tobacco use in Kenya and to raise awareness of the relative harms of various tobacco products through sustained public education and mass media campaigns.

2. Introduce a ban on menthol cigarettes to help reduce tobacco consumption and initiation, particularly among youth.

Menthol is a common flavouring agent added to cigarettes to mask the harsh properties of tobacco smoke. The prevalence of menthol cigarette smoking in Kenya was found to be higher than in most high-income countries - about one-fifth (20%) of smokers in Kenya who had a regular brand of cigarettes in 2018 smoked menthol cigarettes, and menthol use was more common among females. In addition, even though all conventional cigarette brands are equally harmful, over two-thirds (66%) of smokers in Kenya believe that menthol cigarettes are less harmful than regular cigarettes. These findings are concerning, particularly for youth, as menthol has been found to promote smoking initiation and reduce the likelihood of quitting. Kenya could benefit by following the lead of more than 30 countries and jurisdictions including Senegal, Nigeria, Uganda, Ethiopia, Canada, United Kingdom, Moldova, Turkey, and the European Union by implementing a progressive ban on menthol cigarettes.

3. Enhance access to cessation services to support tobacco users who want to quit, including increased training of physicians and health care providers.

It is well established that receiving advice to quit from a physician or health professional is a powerful motivator for quitting; yet only one-quarter (23%) of Kenyan tobacco users visited a doctor or health provider in the last 6 months in 2018, and only one-third (37%) of those who visited received advice to quit - the lowest percentage of smokers who received cessation advice among all 11 ITC LMICs. In addition, the Wave 2 findings show that most tobacco users have no immediate plans to quit and have not made a quit attempt. For example, only 16% of smokers and 13% of smokeless users plan to quit in the next month or next 6 months. These findings demonstrate the need to enhance access to physicians and other affordable cessation services and treatments for Kenyan tobacco users, such as Nicotine Replacement Therapies (NRTs) and quitline services, in order to increase quit attempts and successful quitting.

4. Increase the impact of the current health warnings by implementing the full set of all 15 rotating PHWs on both smoked and smokeless tobacco packages, and increasing the size of health warnings to at least 50% of both sides of the pack.

The Wave 2 findings show significant improvement in some measures of the cognitive and behavioural impact of health warnings on cigarette packages after the partial implementation of 3 of the 15 mandated pictorial health warnings (PHWs) in 2016. For example, the percentage of smokers who thought about the health risks of smoking “a lot” because of warnings increased from 28% at Wave 1 to 43% at Wave 2, and the percentage who said the warnings made them “a lot” more likely to quit increased from 24% to 38%. The salience of Kenya’s new PHWs is also much greater than text-only warnings in other ITC LMICs.

The Wave 2 findings also showed a strong impact of the new PHWs on increasing smokers’ awareness of the harms of smoking, as about three-quarters of smokers who had seen the new warnings agreed they made smoking seem more dangerous. In addition, there was an increase in knowledge of many of the specific health effects caused by tobacco among all respondents between 2012 and 2018.

However, while the change from text-only to PHWs is an important step, there was no change in the size of warnings (30% of the front and 50% of the back of packs) and thus the current PHWs still do not meet the recommendation of the FCTC Article 11 Guidelines of at least 50% of both sides of the pack. Findings from other ITC countries that have implemented larger PHWs suggest that Kenya would benefit even further by increasing the size of the PHWs and rotating or revising the warnings periodically to maintain salience and enhance the impact of warnings on behaviours that could lead to quitting. The survey findings also show the need to strengthen health warnings on smokeless tobacco packages, which remain text-only (or come without any warning labels), as few smokeless users reported noticing smokeless warnings often (12%).

5. Consider moving forward with plain packaging legislation along with larger PHWs as part of a comprehensive strategy to further increase the impact of health warnings and reduce the appeal of tobacco, which has been successfully implemented in Australia and many other countries.

Tobacco packages are one of the few remaining channels for tobacco companies to market and promote their products. In order to restrict the tobacco industry’s ability to use packaging elements to appeal to and mislead consumers, a growing number of countries have adopted – or are in the process of implementing – plain packaging legislation, as recommended by the WHO FCTC. Plain or standardised packaging refers to the removal of all branding (images and text) from tobacco packages and the standardization of all other packaging elements, including colours, font, shape and size. Evidence from ITC Surveys and other global studies have clearly demonstrated the effectiveness of plain packaging, particularly in reducing the appeal of tobacco packages and enhancing the salience and impact of health warnings. ITC evidence from other countries also shows that support for plain packaging laws is high and increases after implementation. This evidence, along with the recent ruling by the World Trade Organization (WTO) affirming Australia’s plain packaging law as scientifically and legally sound, should encourage Kenya and other countries to accelerate implementation of similar legislation.

6. Strengthen the current smoke-free law by making all public places and workplaces 100% smoke-free without exceptions, accompanied by a rigorous enforcement effort to ensure compliance.

Global evidence clearly demonstrates that only a comprehensive smoke-free law can fully protect the public from exposure to harmful tobacco smoke. Smoking has been prohibited in public places and workplaces in Kenya since 2008; however, even after new regulations were introduced in 2014 to expand the smoking ban to cover more areas, Kenya's legislation is not fully compliant with the FCTC Article 8 Guidelines as it still allows for designated smoking areas.

The Wave 1 to 2 findings show that there have been some decreases in exposure to secondhand smoke (SHS) in public places from 2012 to 2018. Indoor smoking has remained low in some places, such as hospitals, educational institutions, and public transport, and a minority of respondents (7%) noticed people smoking in restaurants at Wave 2. In addition, the majority of respondents (86%) reported that smoking is not allowed in their homes, and there was an increase in home smoking bans among tobacco users from 2012 to 2018.

However, Kenyans are still being exposed to SHS in other public places - especially bars, where two-thirds of smokers reported smoking indoors themselves and 57% of all respondents noticed other people smoking during their last visit. While the prevalence of smoking in bars has decreased since 2012 in Kenya, it is still higher compared to most other ITC countries. There was also no improvement in the level of observed smoking in indoor workplaces, which increased from 11% in 2012 to 16% in 2018. These findings suggest the need to improve enforcement of existing smoke-free policies and strengthen smoke-free legislation by implementing a comprehensive national smoking ban.

7. Strengthen enforcement of the ban on TAPS to decrease exposure to tobacco marketing in the entertainment media and in retail environments even further.

In Kenya, all forms of tobacco advertising, promotion and sponsorship (TAPS) are prohibited under the 2007 TCA, including product displays. The ITC Kenya Survey findings show that overall compliance with the comprehensive TAPS ban is strong and has improved in some areas since 2012. For example, less than 10% of tobacco users and non-users noticed tobacco products being advertised in various venues in the last 6 months (e.g. stores, print and electronic media, public places), with a decrease in noticing advertising in shops and store windows since 2012. Kenya has the third-lowest percentage of smokers and quitters (4%) who noticed any tobacco promotion "often" in the last 6 months among 10 ITC LMICs. A minority of respondents also reported noticing various types of tobacco promotion, such as branding, discounts, and sponsorship.

However, there was some evidence of the need for stronger enforcement of existing TAPS bans in certain areas, such as the entertainment media and retail environments – which remain the most common sources for noticing tobacco advertising and promotion. About one-quarter (22%) of respondents noticed people using tobacco products in the entertainment media in the last 6 months, which previous studies have shown to be a factor in encouraging youth smoking. Comprehensive restrictions covering all direct and indirect forms of TAPS with monitoring and enforcement mechanisms are essential in order to reduce tobacco consumption and protect non-smokers from exposure to tobacco industry marketing in Kenya.

8. Simplify the tobacco tax structure by applying a uniform specific tax rate so that all tobacco products are taxed equally to discourage switching between brands or products, and implement regular tax increases which translate to price increases at the retail level in order to make tobacco products less affordable over time.

Increasing tobacco taxes and prices is known to be one of the most effective tobacco control measures to reduce tobacco use, particularly among youth. Guidelines for Article 6 of the WHO FCTC recommend using the simplest and most efficient tax system with all tobacco products taxed at a uniform rate. However, Kenya has a history of complex excise tax systems, which have had little impact on reducing the affordability of tobacco products. Starting in 2012, Kenya has made some progress in introducing reforms in the tax administration system, including simplifying the tax structure and implementing a new track-and-trace system to help control illicit trade. While previous research evidence shows that these measures have helped to reduce cigarette consumption, current tobacco taxes remain well below the WHO's recommendation of 70% of the retail price, and the ITC Kenya Wave 2 findings suggest tobacco products are still affordable for the majority of Kenyans - especially smokeless tobacco and hand-rolled cigarettes. The findings also suggest that tobacco prices are not a strong motivator for quitting - Kenya has the fourth-lowest percentage of smokers who stated that the price of cigarettes was a reason for thinking about quitting (39%) among all 26 ITC countries. However, an encouraging finding is that tobacco users have become increasingly concerned about the costs of their tobacco use from 2012 to 2018, and these concerns are leading about half of smokers to reduce their consumption (55%) and consider quitting (49%) in order to save money.

These findings suggest that Kenya should continue to build on recent progress to improve tobacco tax systems by implementing additional tax policy reforms and price increases to make all tobacco products even less affordable and accessible for consumers and motivate more smokers to quit.

9.Strengthen enforcement of the ban on the sale of cigarettes by single sticks.

Banning the sale of single cigarettes is an important tobacco control measure for reducing access to tobacco products among youth. The availability of loose cigarettes and smokeless tobacco products also reduces the impact of health warnings on tobacco packages. In Kenya, all cigarettes are required to be sold in minimum packages of 10 sticks under the 2007 TCA. However, findings from the Wave 2 Survey show that the majority of smokers in Kenya (82%) last purchased cigarettes in loose (single) form rather than a pack, and this percentage has not changed since 2012. These findings suggest that there is a need to improve compliance with the existing legislation to eliminate the availability of single cigarettes.

In Kenya, both tobacco users and non-users support stronger tobacco control policies.

An important and consistent finding from the ITC Kenya Wave 2 Survey is that the majority of respondents – including tobacco users themselves – support stronger tobacco control measures across key policy domains:

- The majority of respondents support greater action by the Kenyan government on tobacco control in general - 89% of tobacco users and 95% of non-users think the government should do more to tackle the harm done by using tobacco; and 76% of tobacco users and 91% of non-users think tobacco products should be more tightly regulated.
- Almost all respondents (91% of tobacco users and 96% of non-users) would support a total ban on tobacco products in 10 years if the government provided assistance to help smokers quit.
- Even though new PHWs were partially introduced on cigarette packs in 2016, the majority of Kenyans would still support enhanced health warnings that meet Article 11 Guidelines on all tobacco packages. Overall, 85% of respondents think there should be more health information on cigarette packs and 92% think there should be more health information on smokeless tobacco packs.
- Support for smoking bans in public places has remained high and has increased over time for certain public indoor and outdoor places, including bars and outdoor eating areas. Overall, 90% of respondents would support a complete smoking ban in restaurants and workplaces; 64% support smoke-free bars; and 94% or more support smoke-free hospitals, educational institutions, and public transport.
- There is strong and growing support for more effective enforcement of existing TAPS restrictions to further decrease exposure to tobacco advertising and promotion in retail settings. Overall, 86% of respondents agree “a lot” with the ban on tobacco advertisements in stores and 86% agree that displays of tobacco products should be completely banned.
- The findings showed strong support for raising tobacco taxes across all products. Overall, 89% of respondents support a tax increase on cigarettes, and 88% support tax increases on hand-rolled tobacco and smokeless tobacco. Support was higher among non-users compared to tobacco users (e.g. 93% of non-users vs. 60% of smokers support a tax increase on cigarettes).

This report is available at:

International Tobacco Control (ITC) Policy Evaluation Project: www.itcproject.org

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