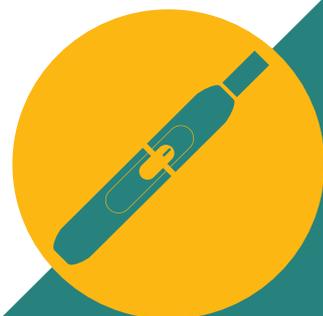


Tobacco and Nicotine Use Among

ADOLESCENTS

IN THE DEMOCRATIC REPUBLIC OF THE CONGO

Results of the DaYTA survey, 2024



May 2025

This study on tobacco and nicotine product use among adolescents in the Democratic Republic of Congo (DRC) is part of the Data on Youth and Tobacco in Africa (DaYTA) program was implemented by the Research Initiatives for Social Development – RISD, Laboratory for Survey and Research for Development –SRD Lab and Development Gateway: an IREX Venture in collaboration with the Ministry of Health (MoH) of DRC, and other stakeholders. Funding for the survey was provided by the Bill and Melinda Gates Foundation (INV-048743). A study Research Advisory Committee comprising representatives from the National Programme for the Fight Against Drug Abuse and Toxic Substances (PNLCT), University of Kinshasa, University of Lubumbashi, National Institute of Public Health provided technical insights throughout the implementation of the study.

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The conclusions and opinions expressed in this work are those of the author(s) alone and shall not be attributed to the Gates Foundation.

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FOREWORD

In October 2005, the Democratic Republic of Congo (DRC) ratified the World Health Organization Framework Convention on Tobacco Control (WHO FCTC), thereby committing to protect its population from the devastating effects of tobacco. These effects are health-related, social, environmental, and economic; pose a significant public health challenge. As the first international treaty in the field of health, the WHO FCTC provides member states with a robust framework to strengthen their tobacco control policies.

However, the effective implementation of this convention in the DRC has long been hampered by several challenges, foremost among them being the lack of reliable data to inform policy and interventions. In recent years, notable progress has been achieved, driven by an evidence-based response approach. This momentum has been spearheaded by initiatives led by Development Gateways_An INREX Venture (DG), whose first survey in the DRC focused on the illicit trade of cigarettes, conducted in 2023.

Today, DG takes a significant step forward with the implementation of the Data on Youth and Tobacco in Africa (DaYTA) project, which generates unprecedented data on the prevalence of tobacco use among youth aged 10 to 17. This achievement responds to a national priority identified during the High-level meeting of the DaYTA project steering committee, where participants emphasized the urgent need to fill the gap in recent data. Until now, the only available information dated back to the 2008 Global Youth Tobacco Survey (GYTS), which was limited to the provinces of Kinshasa and Haut-Katanga.

This new survey is therefore an important contribution, not only for the National Programme for the Fight Against Drug Abuse and Toxic Substances (PNLCT), but also for the entire health sector, technical and financial partners, the tripartite tobacco control platform, and all stakeholders involved in protecting youth. This study is distinguished by its national scope and rigorous methodology, with household-level data collection stratified across all levels of the health system pyramid.

The results of this survey reinforce the DRC Government's commitment, through the Ministry of Public Health, Hygiene, and Prevention to the implementation of the WHO FCTC. This study also aligns with the recommendations made during the needs assessment mission conducted by the FCTC Secretariat in August 2015 in DRC. Among these recommendations were the expansion of the tripartite structure to include additional sectors and the urgent need to update data and base public policies on strong evidence.

We express our deep appreciation for the valuable contribution of this survey to the strategic planning of tobacco control efforts in the DRC; particularly for the protection of youth, who remain the primary target of the tobacco industry. The data generated will serve as a foundation for updating the National Strategic Plan (NSP) for tobacco control and will help to further strengthen the implementation of the WHO FCTC across the country.



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We extend our sincere thanks to the Advisory Board and the DaYTA Project Steering Committee for their guidance and contributions throughout the research process. We warmly thank the National Health Ethics Committee (CNES) for its ethical approval and for ensuring compliance with national standards for research ethics and participant protection. We are also grateful to DG for its technical leadership in this research, as well as to Research Initiatives for Social Development (RISD) for conducting the fieldwork in the DRC.

Our special thanks go to the families and adolescents who generously shared their time and insights, as well as to the data collection teams, whose professionalism and commitment were essential to the success of this study.

The knowledge generated will be a valuable resource for strengthening tobacco control policies and protecting the health of young people across the country.



Dr Dieudonné Muamba Kazadi

Director General of the National Institute of Public Health of the Democratic Republic of Congo

EXECUTIVE SUMMARY

Background and Purpose

The Democratic Republic of Congo (DRC) pledged to curb tobacco use when it ratified the WHO Framework Convention on Tobacco Control in 2005, yet decision-makers still lacked reliable, nationwide evidence on how many young people were using tobacco, which products they favoured and why. The *Data on Youth and Tobacco in Africa* (DaYTA) survey set out to close this knowledge gap. Between March and June 2024, a cross-sectional, five-stage household survey visited 144 enumeration areas across 16 provinces and interviewed 4,675 adolescents aged 10–17 years. Rigorous weighting and multivariable analysis ensured that every figure in this report speaks for adolescents across the entire country.

Prevalence and profile of products

The picture that emerges is both sobering and instructive. Based on the national adolescent population of approximately 27.48 million, an estimated **5.08 million adolescents (18.5%)** have experimented with a tobacco or nicotine product, and about **3.27 million (11.9%)** are current users. Manufactured cigarettes remain the most common product, currently used by roughly **1.84 million adolescents (6.7%)**, while smokeless tobacco is currently used by about 1.62 million (5.9%). Roll-your-own cigarettes account for approximately **907,000 current users (3.3%)**, and shisha by around **385,000 adolescents (1.4%)**, whereas electronic cigarettes remain rare, with approximately **165,000 adolescents (0.6%)** reporting use, indicating a market in flux.

Early initiation and determinants of use

Initiation happens early: two-thirds of users take their first puff or pinch between **11 and 14 years**. Peer groups are the main gateway for smoked products, while family habits still shape smokeless use. Once a young person starts, several forces pull them deeper into consumption. Being self-employed or receiving regular pocket money increases the odds of use, as does simply living with a smoker—a household circumstance that multiplies the risk by nearly fifty-fold. By contrast, attending school, living in an urban setting or being part of a female-headed household all help shield adolescents from tobacco.

Access, exposure and market practices

Adolescents encounter tobacco everywhere: one in four inhales second-hand smoke at home, and one in eight is exposed during public transport journeys. At the same time, age restrictions are routinely bypassed, enabling most youths to purchase single cigarettes without any challenge. This pervasive exposure not only weakens current legal protections but also normalizes smoking in settings where young people should be safeguarded.

Policy response: a six-point agenda

The evidence points to a clear-cut response. First, the sale of single sticks must end, and age verification must become the norm rather than the exception. Second, smoke-free legislation needs to extend decisively to every enclosed public space and vehicle. Third, prevention messages must resonate with distinct audiences—boys and girls, younger and older teens, in-school and out-of-school youth. Fourth, families deserve support to quit, because household smoking is where many children learn the habit. Fifth, schools and primary-care centers should offer youth-friendly cessation services backed by trained counsellors and digital quit-lines. Finally, the country should repeat the spot-check prevalence surveys every two years to keep a finger on the pulse and hold policies to account.

Strengths, limitations and final message

This study's reach, national in scope and inclusive of out-of-school adolescents, is its prime strength, yet self-reported answers and small provincial subsamples remind us to interpret some figures with caution. Even so, the message is unmistakable: Congolese adolescents are encountering tobacco early and often, but they are also surrounded by protective structures; school, urban infrastructure, engaged families; that can be reinforced. Acting on the insights delivered here could avert countless future cases of tobacco-related disease and secure a healthier adulthood for the country's young people.

ACRONYMS AND ABBREVIATION

| | |
|--------------|-----------------------------------------------|
| APHRC | African Population and Health Research Center |
| ATCA | African Tobacco Control Alliance |
| ASH-Y | ASH Smokefree Great Britain Youth Survey |
| CDC | Center for Disease Control and Prevention |
| CNES | National Committee of Health Ethics |
| DaYTA | Data on Youth and Tobacco in Africa |
| DG | Development Gateway: An IREX Venture |
| DRC | Democratic Republic of the Congo |
| FCTC | Framework Convention on Tobacco Control |
| GATS | Global Adult Tobacco Survey |
| GSHS | Global School-based Student Health Surveys |
| GYTS | Global Youth Tobacco Survey |
| HA | Health Areas |
| HZ | Health Zones |
| INS | National Institute of Statistics |

ACRONYMS AND ABBREVIATIONS

| | |
|------------------|--------------------------------------------------------------------------|
| ITC | International Tobacco Control |
| LMICs | Low- and Middle-Income Countries |
| NSP | National Strategic Plan |
| NYTS | National Youth Tobacco Survey |
| PNLCT | National Programme for the Fight Against Drug Abuse and Toxic Substances |
| RYO | Roll-your-Own |
| SSA | Sub Saharan Africa |
| TAPS | Tobacco advertising, promotion, and sponsorship |
| TQS-Youth | Tobacco Questions for Surveys of Youth |
| WHO | World Health Organization |
| UN | United Nations |

DEFINITION OF TERMS

| | |
|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Current use | Adolescents aged 10 to 17 who have used any tobacco or nicotine product within the past 30 days. |
| Current use prevalence | The proportion of adolescents aged 10 to 17 who have used any tobacco or nicotine product within the past 30 days, relative to the total of adolescents aged 10 to 17. |
| Initiation | The first-ever use of any tobacco or nicotine product by an adolescent (even a single trial, such as one or two puffs or a single use). |
| Ever use | Adolescent aged 10 to 17 who have used any tobacco or nicotine product even a single trial, such as one or two puffs or a single use. |
| Ever use prevalence | The proportion of adolescents aged 10 to 17 who have ever tried any tobacco or nicotine product (even once), relative to the total of adolescents aged 10 to 17. |
| Household | A person or group of individuals, related or unrelated, living together in the same housing unit(s), recognizing one adult (male or female) as head of household, pooling some or all of their income and resources, sharing certain goods and services collectively (primarily housing and food), and regarded as a single economic unit. |
| Emancipated minors | Adolescents who live apart from their parents and are autonomous (for example, married or raising children), deemed competent to make their own decisions and provide consent. |

1. INTRODUCTION/BACKGROUND

In the Democratic Republic of Congo (DRC), 57,6% of the population was aged 19 or under in 2020 according to DRC National Institute of Statistics (Institut National de la Statistique _INS, 2020). Such a high proportion of adolescents present an opportunity for the tobacco industry (PNS 2016-2020). They seize this context to aggressively market their products to this demographic group through celebrities and influencers. This marketing also includes advertising near schools and playgrounds, incorporation of flavorings into tobacco products, providing free products, and by encouraging adolescents to use new tobacco products (World Health Organization (WHO), 2024). Some tobacco and nicotine products traditionally not widely used by adolescents, such as shisha (hookah) or e-cigarettes, are becoming increasingly popular among this population in Africa since many adolescents perceive these products as "safer" than cigarettes (James, et al., 2022). In Africa, young e-cigarette users are three times more likely to have ever smoked cigarettes and twice as likely to be current smokers and those who start using e-cigarettes earlier in their teenage years are also more likely to use cigarettes later in life (Chido-Amajuoyi et al, 2021).

Within this context, tobacco use remains a major public health concern in the DRC, particularly among adolescents. In response to the escalating health risks linked to tobacco consumption, the DRC ratified the World Health Organization Framework Convention on Tobacco Control (WHO FCTC) in 2005, committing to implement evidence-based policies aimed at reducing tobacco use and protecting public health (African Tobacco Control Alliance [ATCA], 2024). Since then, national legislation has introduced various tobacco control measures including Law No. 18/035 of December 13, 2018 which align with Framework Convention on Tobacco Control of the World Health Organization (WHO_FCTC).

In DRC, smoking is prohibited in enclosed public spaces such as healthcare facilities, educational institutions, and cultural or athletic venues (Tobacco Control Laws, 2024a). The law also prohibits the advertising of tobacco products through television, radio, billboards, and other print media (Tobacco Control Laws, 2024b). In addition, there are restrictions on tobacco sponsorship, particularly for activities targeting minors and sports events, and tobacco packaging must include both text and graphic health warnings (Tobacco Control Laws, 2024c). The sale of tobacco products through vending machines is banned, and it is illegal to sell these products to individuals under the age of 18 (Tobacco Control Laws, 2024d). However, significant regulatory gaps remain. For instance, there are currently no restrictions on internet sales, and the sale of single cigarettes or small packets is not formally prohibited that make tobacco more accessible and affordable to youth (Tobacco Control Laws, 2024d).

While the DRC legal provisions represent important steps toward protecting youth, their enforcement remains weak in practice. Indeed, underage individuals continue to access tobacco products with relative ease due to limited regulatory oversight, insufficient monitoring, and low compliance among vendors (ATCA, 2024; Tobacco Control Laws, 2024d). Moreover, enforcement agencies often lack the necessary resources and coordination to ensure full implementation of the existing laws at national and local levels. In addition to enforcement issues, the current legislative framework still lacks comprehensive measures to curb tobacco use among adolescents. For example, there are no explicit regulations addressing point-of-sale advertising, flavoring tobacco products that attract young consumers, or age verification mechanisms for online sales. These gaps undermine the effectiveness of existing policies and highlight the urgent need for more robust, enforceable, and youth-centered tobacco control measures.

These legal and regulatory gaps highlight the need for current, robust data on tobacco use among adolescents in the DRC. In fact, there is a significant gap in the available data on tobacco and nicotine product consumption among adolescents in the DRC. This gap impedes the understanding of the extent and nature of tobacco and nicotine product use in this vulnerable population, leading to a lack of policy interventions.

For many Sub-Saharan African countries, including the DRC, most data on adolescent smoking comes from the Global Youth Tobacco Survey (GYTS) and the Global School Health Survey (GSHS), which target 13-15-year-olds in schools. While these school-based studies provide valuable insights, they are limited in scope as they exclude out-of-school adolescents, and those within the age groups 10-12-year-olds and 16-19-year-olds. This is despite evidence suggesting that the young people most likely to start smoking are those who are not actively enrolled in school (Ogwell, Aström, and Haugejorden, 2003). Moreover, in the DRC, 22% of children aged 6-11, 17% of those aged 12-13, and 28% of those aged 14-17 are out of school, and 7.6 million children (12%) aged 5-17 were still out of school in 2018 (MICS-PALU RDC, 2017-2018). In addition, data from Sub-Saharan Africa indicate that the age at which adolescents begin smoking ranges from approximately 7 to 16 years old (Rigobert and Célestin; N., 2008; Ogundipe, et al., 2018). Therefore, surveys targeting 13-15-year-olds in schools may miss critical information on younger or older adolescents who start smoking.

In the DRC, a major limitation of the currently available data is its geographical coverage. The most recent GYTS conducted by Mbuyu and Banza (2008) was restricted to two urban areas, Kinshasa and Lubumbashi. However, for the survey to provide accurate and actionable insights, it must be representative of the entire country, covering both urban and rural settings.

Additionally, data on youth tobacco use in the DRC is outdated. The latest surveys include the MICS-PALU RDC survey from 2017-2018 (MICS-PALU RDC, 2017-2018) and the GYTS from 2008 (Mbuyu and Banza, 2008). These studies also do not account for emerging nicotine products such as electronic cigarettes. The absence of up-to-date, comprehensive data on adolescent tobacco use trends and patterns hinders the ability of government bodies to take timely and appropriate action.

The DaYTA program aims to address these data gaps by conducting population-based household surveys in the DRC, Kenya, and Nigeria. These surveys collect comprehensive and up-to-date data on tobacco and nicotine product use among adolescents aged 10-17 years, providing a clearer understanding of tobacco use patterns. By adopting a household survey approach, the program ensures the inclusion of both in-school and out-of-school adolescents, as well as representation from both urban and rural areas.

Focusing specifically on 10-17-year-olds, rather than the broader 10-19 age range, allows for a more precise analysis of adolescent minors who remain under significant parental, educational, and institutional influence. This distinction enables the generation of more targeted and actionable insights. Individuals aged 18-19 often fall into different social and behavioral categories, as they are typically considered young adults in many contexts.

2. OBJECTIVES OF THE STUDY AND RESEARCH QUESTIONS

2.1. General Objective

The overarching aim of this study is to determine the prevalence and predictive factors of tobacco use and the consumption of nicotine-based products among adolescents aged 10 to 17 in the DRC.

2.2. Specific Objectives

To achieve this goal, the study will pursue the following specific objectives:

- To identify the various forms of tobacco and nicotine-based products consumed by adolescents aged 10 to 17 years old in the DRC;
- To document new tobacco and nicotine products, as well as their derivatives available in the DRC, and analyze their use among boys and girls aged 10 to 17 years old;
- To estimate the prevalence of tobacco and nicotine-based product use, including their derivatives, among adolescents aged 10 to 17 years old in the DRC;
- To analyze individual, family, and environmental factors associated with the use of tobacco and nicotine products among adolescents in this age group.
- To establish a reliable database to support decision-making and guide national anti-tobacco policy.

2.3. Research Questions

Based on the above objectives, this study seeks to answer the following research questions:

- ✓ What is the prevalence of tobacco and nicotine product use among adolescents aged 10-17 years old in the DRC?
- ✓ What individual, household, and environmental factors are associated with tobacco and nicotine product use among adolescents in the DRC?

3. METHODS

3.1. Overall study design

The study was a nationwide, population-based, cross-sectional household survey. A household was defined as a person or a group of related or unrelated individuals who reside together in the same dwelling unit(s), recognize one adult (male or female) as the head of the household, pool some or all their income and resources, and collectively consume certain goods and services, primarily housing and food (United Nations, 2017).

3.2. Study setting

The DRC is the largest country in Sub-Saharan Africa, consisting of 26 provinces. The sampling frame for this study was based on the DRC's National Health Information System, provided by the National Program for Countering Drug Addiction and Toxic Substances (PNLCT_ in French Programme National de Lutte contre la Toxicomanie et les Substances Toxiques). This framework, derived from the health pyramid established by the Ministry of Public Health, Hygiene, and Prevention, and it includes all health zones (HZs), which are well-defined geographical areas within the boundaries of a municipality or territory. Each HZ typically serves a population of approximately 50,000 to 100,000 inhabitants in rural areas and 150,000 to 200,000 in urban areas (Crispin and Muhindo, 2001). HZs are further subdivided into health areas (HAs), which are smaller administrative units than HZ covering approximately 5,000 inhabitants in rural areas and 10,000 in urban areas (Crispin and Muhindo, 2001). HAs are composed of avenues (in urban areas) or villages (in rural areas).

For this study, data collection was conducted in 16 provinces out of the 26 provinces. In each province, three HZs were selected, followed by the selection of three HAs within each HZ, and finally, one village or avenue per HA.

3.3. Study population

The study focused on adolescents aged 10 to 17 years and their caretakers in the DRC.

Household eligibility criteria: A household was considered eligible if it included at least one adolescent aged 10 to 17 years. During the household listing process, field interviewers identified whether an adolescent within this age range resided in the household. Household participation requires consent from the designated head of the household.

Individual eligibility criteria: The study targeted all the adolescents aged 10 to 17 years who were members of the selected eligible households. Adolescents who were unable to provide consent, either due to their parents' refusal, their own refusal or an inability to understand the study information and the survey questions, were excluded. Furthermore, adolescents with significant physical disabilities (e.g., hearing or speech impairments) that would hinder the oral administration of the surveys were excluded.

3.4. Sample size

The study design yielded a nationally representative sample of adolescents, encompassing both urban and rural areas. The sample size was calculated using the United Nations' formula for estimating sample sizes in prevalence studies (United Nations, 2008), with a 95% confidence level. A design effect of 1.5 was applied to adjust for the multistage sampling design. Additionally, a 10% non-response rate was incorporated into the sample size calculations, in line with previous studies conducted in the DRC (Mukuku et al., 2018; Ntambue et al, 2017). The adolescent population proportion was estimated at 23%, and the average household size was set at 5.25, according to the National Institute of Statistics (2021). We applied an adolescent tobacco use prevalence of 25%, based on a previous survey that reported smoking rates of 22.3% in Kinshasa and 24.6% in Lubumbashi (Mbuyu & Banza, 2008). More details of the sample size formula and the sample calculation are given in Appendix A1.

Using these parameters in the sampling formula, we calculated a minimum required nationally representative sample size of 4,323 adolescents in the DRC. We applied a 10% non-response rate, and this together with rounding adjustments made at each sampling stage (provinces, HZs, HAs, and villages/avenues) led to a final target sample size of 4,892.

3.5. Sampling procedures

The survey employed a multi-stage sampling plan to ensure comprehensive coverage and representation. The sampling plan was adapted from the survey on immunization coverage of children aged 6 to 23 months in the DRC in 2021 (École de Santé Publique de Kinshasa, 2021) and the Multiple Indicator Cluster Survey with malaria component (INS 2018, MICS-Palu DRC 2017-2018).

The sampling process was carried out as follows: Given the vast size of the DRC and the constraints of time and financial resources, it was not feasible to conduct the survey across all 26 provinces. Instead, using Taro Yamane's (1967) formula described in Appendix A3, we determined that data collection would take place in 16 of the 26 provinces. To ensure that the sample will be representative, a stratified sampling approach was employed. In consultation with academics and tobacco control stakeholders in the DRC brought together within the advisory board, the 26 provinces were grouped into six strata, corresponding to the six former provinces of the country (1947–1963): Katanga, Kasai, Léopoldville, Équateur, Orientale, and Kivu. Provinces within each stratum share common historical, cultural, and socio-economic characteristics that may influence behaviours and attitudes toward smoking.

In this report, these stratum names will be used to maintain consistency, as they refer to strata (groups of provinces) rather than current administrative provinces. Thus, in this study, Léopoldville refers to a stratum corresponding to the present-day provinces of Kinshasa, Kongo Central, Kwango, Kwilu, and Mai-Ndombe. Équateur refers to the present-day provinces of Équateur, Mongala, Nord-Ubangi, Sud-Ubangi, and Tshuapa. Kasai refers to the group of present-day provinces of Kasai, Kasai Central, Kasai Orientale, Lomami, and Sankuru. Katanga refers to the group of present-day provinces of Haut-Katanga, Haut-Lomami, Lualaba, and Tanganyika. Similarly, Kivu does not refer to a current province in the DRC but rather to a group of provinces that today correspond to Maniema, Sud-Kivu, and Nord-Kivu. Orientale, for its part, corresponds to the group of present-day provinces of Bas-Uele, Haut-Uele, Ituri, and Tshopo. Since the study was conducted in 16 provinces that are representative of the DRC's 26 provinces, a given number of provinces was randomly selected to represent each stratum as shown below.

The number of provinces randomly selected from each stratum was proportional to the number of provinces within that stratum, as illustrated in Table 1 below. This approach ensured broad geographical coverage across the country, with all regions being represented in the sample. Additionally, the number of households to be surveyed in each stratum was determined proportionally to the population size of each stratum, ensuring a representative distribution of the sample.

Table 1: Distribution of Provinces by Stratum

| Strata (Former provinces) | Number of new provinces | Proportion of provinces by stratum | Number of provinces to sample |
|------------------------------------------|------------------------------------|-----------------------------------------------|------------------------------------------|
| | (a) | (b) | (c) |
| Formula | (a) | (b=a/26) | (c=b*16) |
| Total | 26 | 1.00 | 16 |
| Équateur | 5 | 0.192 | 3 |
| Kasai | 5 | 0.192 | 3 |
| Katanga | 4 | 0.154 | 3 |
| Kivu | 3 | 0.115 | 2 |
| Léopoldville | 5 | 0.192 | 3 |
| Orientale | 4 | 0.154 | 2 |

1. **Stage One:** Provinces for the survey were randomly selected from each stratum to ensure diverse representation across different regions. Once the total number of households to be surveyed for each stratum was determined, the number of households to be surveyed per province was calculated by evenly distributing the total number of households within each stratum among the provinces selected from that stratum.

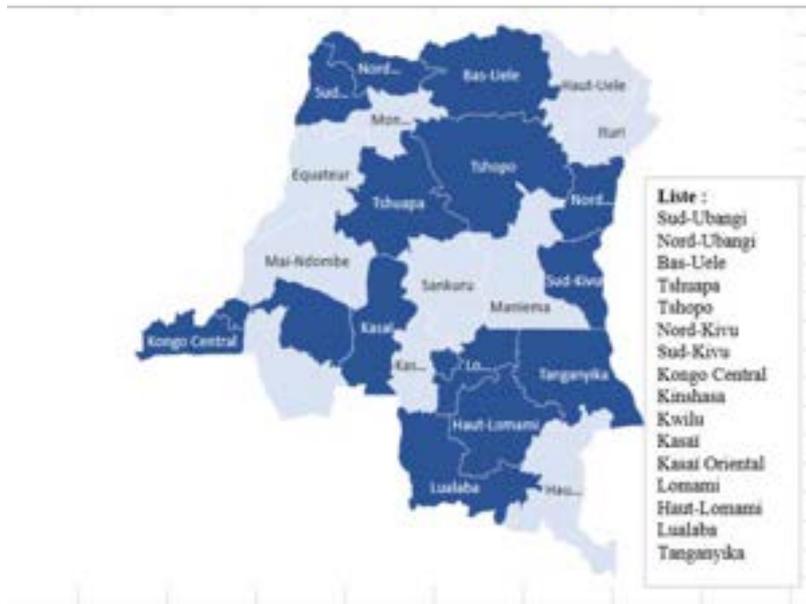
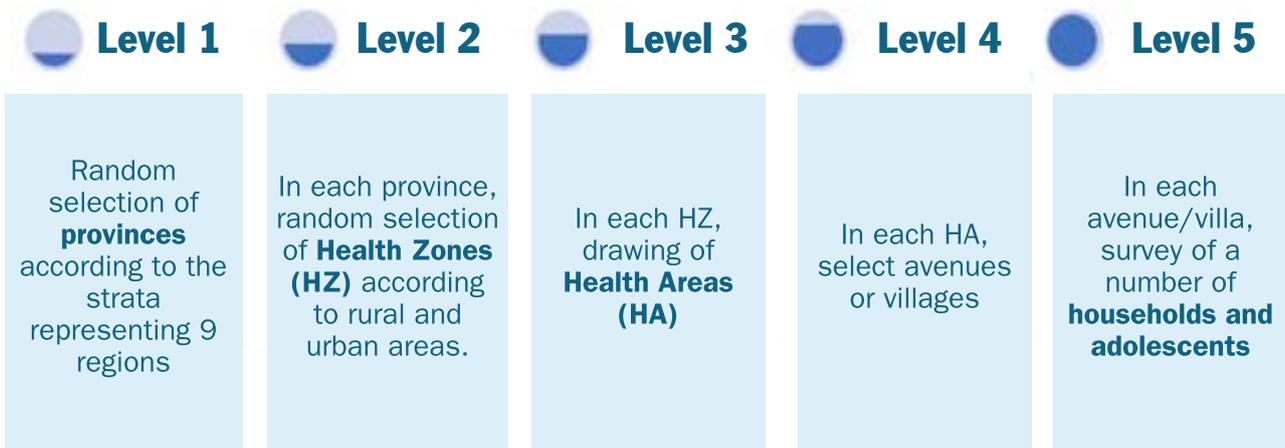


Figure 1: Map of sampled provinces

2. **Stage Two:** In each of the 16 selected provinces, three HZs were randomly chosen, within the sampled provinces. To ensure balanced representation, two rural and one urban health zone were selected from each province. This approach resulted in a total of 48 HZs, consisting of 16 urban and 32 rural HZs. The number of households to be surveyed per HZ was determined by evenly distributing the total number of households in the province across the sampled HZs.
3. **Stage Three:** In each of the 48 selected HZs, three HAs were randomly sampled, two in rural areas and one in urban areas for each HZ. This resulted in a total of 144 HAs being selected, with 48 in urban areas and 96 in rural areas. The number of households to be surveyed per HA was obtained by equally distributing the total number of households in the HZ among the sampled HAs of each HZ.
4. **Stage Four:** Within these HAs, one avenue (in urban area) or one village (in rural area) was chosen for data collection. These avenues and villages constituted the Enumeration Areas (EAs). This approach resulted in a total of 144 EAs. The number of households to be surveyed per village/avenue was obtained by equally distributing the total number of households in the HA among the sampled villages/avenues of each HA.
5. **Stage Five:** In the selected avenues and villages, a household listing was conducted to identify eligible households, specifically those with adolescents aged 10 to 17. Prior to the start of fieldwork, the survey team carried out a comprehensive household listing operation in all selected enumeration areas (EAs), which then served as the sampling frame for the next stage of sample selection. Households to be interviewed were selected from each EA using simple random sampling. In each selected household that agreed to participate, one adolescent aged 10 to 17 was randomly chosen and interviewed.

The following diagram provides a visual representation of this multi-stage sampling process:

Figure 2: Survey design to select the target population



The following diagram provides a visual representation of this multi-stage sampling process:

3.6. Sampling weights

Weighting method was used to ensure that survey data accurately represent the total population. This was done by applying a two-step weighting procedure. First, weights were computed for each sample participant. Second, these base weights were adjusted to correct differential non-response. Since population totals were unknown, post-stratification calibration adjustments were not applied.

Weights were calculated as the inverse of the overall selection probability for each participant. The selection probabilities considered multiple stages, including the probability of selecting primary sampling units (PSUs), which corresponded to enumeration areas (EAs) represented by avenues in urban areas and villages in rural areas. It also accounted for the probability of selecting households within each PSU and the probability of selecting eligible adolescents within sampled households. Because the sampling process varied by health area, weights differed accordingly. The detailed weight procedure and calculations are presented in the Appendix A2.

A total of 4,675 households and adolescents provided verbal consent to participate, resulting in an overall response rate of 95.6%. To correct non-response, initial sampling weights were adjusted by dividing the weights of respondents by the corresponding response rates. The final weights were then normalized to ensure that the sum of all weights matched the total target population. This was achieved by dividing each final weight by the sum of all final weights and multiplying by the desired population size. These weights were applied in the data analysis to ensure that survey results accurately reflected the broader adolescent population in the DRC.

The sampling strategy in the DRC followed a five-stage approach, with the final stage corresponding to the selection of one avenue or village per health area. A total of 144 health areas were included in the study. Before data collection, a household listing operation was conducted within each selected avenue or village, and eligible households were randomly selected for participation. As a result of this multi-stage process, weights varied across different health areas, reflecting differences in selection probabilities at each stage.

3.7. Participant recruitment

The survey team in each EA, working closely with local and community leaders/representatives to demarcate EA boundaries. Each household within these boundaries was visited to determine if there was an adolescent aged 10 to 17 years available to participate in the survey. This process created a sampling frame from which eligible households were randomly chosen for inclusion. The survey teams secured consent (see ethical considerations section for details of the consent process) from the head of household or acting head of household of each randomly selected household prior to administering a household questionnaire. The household questionnaire collected household-level information, including a list of members of the household and their ages. This list was used to identify all eligible adolescents within the household. In households with more than one eligible adolescent, one adolescent was randomly chosen for participation in the study. Parental consent and adolescent assent were obtained prior to administering the adolescent survey questionnaire. For emancipated minors (those living independently from parents and competent to make their own decisions), consent was obtained directly from the adolescent before administering the questionnaires.

3.8. Questionnaire development

This survey is based on two distinct questionnaires: the household questionnaire and the adolescent questionnaire. The DaYTA standardized questionnaire was crafted through an extensive review of existing literature, incorporating insights from globally recognized survey instruments such as the National Youth Tobacco Survey (NYTS), the Global Youth Tobacco Survey (GYTS), the Global Adult Tobacco Survey (GATS), the Action on Smoking and Health Smoke-Free Great Britain Youth Survey (ASH-Y), the International Tobacco Control (ITC)-Youth Surveys, and the World Health Organization (WHO) Tobacco Questions for Surveys of Youth (TQS-Youth). This thorough review was further supported by consultations with key national stakeholders, including in-depth interviews to grasp their data requirements and priorities for decision-making. Feedback from these stakeholders shaped the questionnaire development, leading to country-specific workshops where the draft was presented and adjusted according to local input. A subsequent cross-country workshop ensured that the questionnaire was relevant and suitable for DRC and also Kenya and Nigeria, the two other participating countries to DaYTA study.

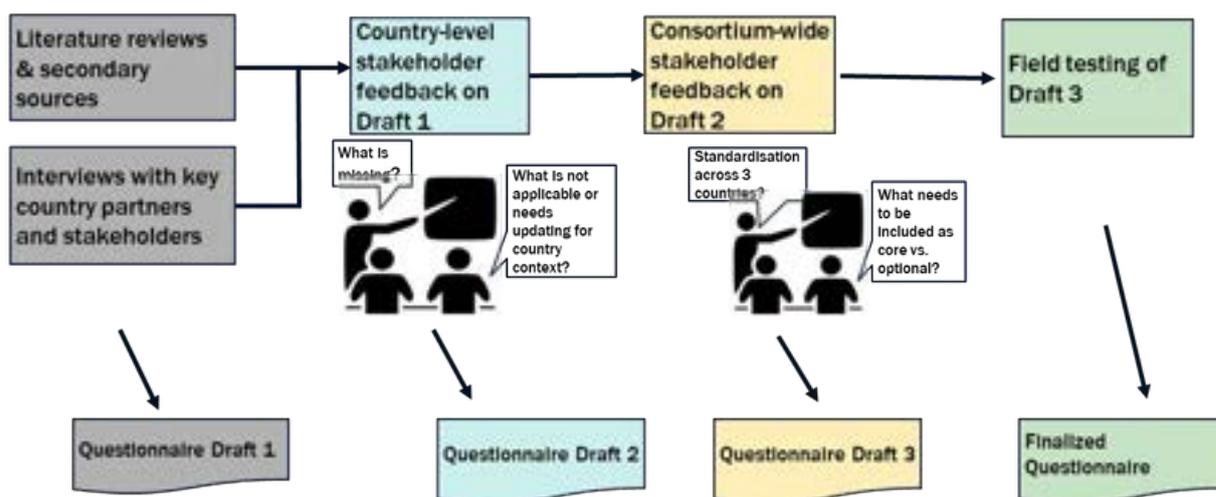


Figure 3: Questionnaire development process

For the DRC, the questionnaires were customized to align with the specific context and needs of the country as follows:

- **Language and terminology customization** to allow for the use of local languages and terminology, making the questions more understandable and accessible to respondents.
- **Cultural relevance adaptation** to ensure that the questions were culturally appropriate and resonated with local values, practices, and norms, in order to improve the accuracy and relevance of the responses.
- **Inclusion of context-specific issues** and priorities to ensure that the survey provides meaningful data that is directly relevant and actionable for local decision-making.
- **Tailoring the questionnaires to local contexts** to enhance respondent engagement and cooperation, leading to higher quality and more reliable data.

3.9. Translations and back-translations of questionnaires

This survey is based on two distinct questionnaires: the household questionnaire and the adolescent questionnaire. The DaYTA standardized questionnaire was crafted through an extensive review of existing literature, incorporating insights from globally recognized survey instruments such as the National Youth Tobacco Survey (NYTS), the Global Youth Tobacco Survey (GYTS), the Global Adult Tobacco Survey (GATS), the Action on Smoking and Health Smoke-Free Great Britain Youth Survey (ASH-Y), the International Tobacco Control (ITC)-Youth Surveys, and the World Health Organization (WHO) Tobacco Questions for Surveys of Youth (TQS-Youth). This thorough review was further supported by consultations with key national stakeholders, including in-depth interviews to grasp their data requirements and priorities for decision-making. Feedback from these stakeholders shaped the questionnaire development, leading to country-specific workshops where the draft was presented and adjusted according to local input. A subsequent cross-country workshop ensured that the questionnaire was relevant and suitable for DRC and also Kenya and Nigeria, the two other participating countries to DaYTA study.

The questionnaires were extensively field tested before being finalized and deployed.

3.9.1. Household questionnaire

The household questionnaire was administered to the consenting head of household or acting head of household and consisted of two distinct modules focusing on demographics and socio-economic status. As presented in Appendix A4 the questionnaires' modules are as follow: the first module was a household roster which collected demographic details including sex, age, income, disability status, marital status, health insurance cover, and education of the de facto members of the household. The second module collected information on household characteristics pertinent to socio-economic assessment, such as sources of drinking water, access to sanitation and cooking facilities, housing structure and materials, and ownership of assets.

3.9.2. Adolescent questionnaire

The adolescent questionnaire was administered to adolescents participating and included 12 modules aimed at collecting multi-level (e.g., individual-, household-, and environment-level) factors that are potentially associated with tobacco and nicotine product use (Appendix A5).

The questionnaire covered the following aspects:

- ✓ **Socio-demographic characteristics** such as age, sex, school year (if in school), average weekly spending money, in-school/out-of-school status, parents/guardians/other family members' tobacco use histories, and tobacco use amongst close friends, marital status among adolescents aged 15 years old to 17 years old, functional difficulties, i.e., vision, mobility, cognition, remembering, self-care, and communication.
- ✓ **Use of smoked tobacco** (manufactured/factory-made cigarettes, roll-your-own (RYO)/hand-rolled cigarettes, shisha/waterpipe/hookah, and other smoked tobacco products, e.g., cigars, cheroots, cigarillos), heated tobacco products, smokeless tobacco (chewing tobacco such as tobacco leaf, tobacco leaf and lime, kuber; applying tobacco such as tobacco toothpaste-dentobac, tobacco tooth powder-lal, etc.; snuff), electronic cigarettes, and nicotine pouches. For each product or product type, we collected information including quantity, frequency, dependency, age of initiation, where they smoked, with whom, and access (how they accessed, where, and for how much).
- ✓ **Knowledge, attitudes, perceptions, and intentions** regarding tobacco use and its consequences, including exposure to tobacco advertising, promotion or sponsorship, and exposure to anti-tobacco messages. This section was only administered to those who had ever used a tobacco or nicotine product.
- ✓ **Additional information on cessation of tobacco use** (for those using tobacco products), and second-hand exposure to tobacco smoke within the home and in indoor and outdoor public places.

3.10 Adolescent questionnaire

The figure below provides an overview of the tobacco and nicotine product categories and subcategories examined in the study. The chart classifies products into two main groups: tobacco and nicotine, with further subdivisions illustrating specific product types within each group.

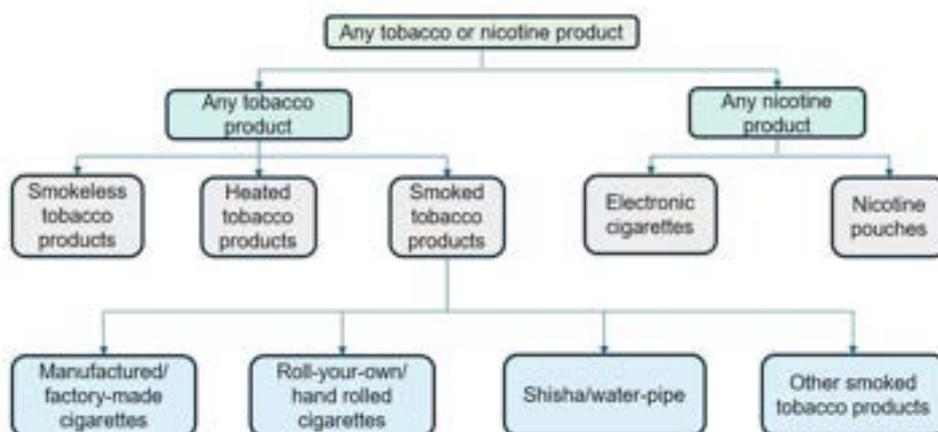
Tobacco products are defined as substances derived from the leaf of the tobacco plant, whether processed or unprocessed, for consumption in various forms (WHO, 2023).

These products are categorized into three main subgroups: smoked, heated, and smokeless tobacco. According to the WHO (2023), smoked tobacco products are those that are burned and inhaled. The subcategories under smoked tobacco include manufactured (factory-made) cigarettes, hand-rolled (roll-your-own) cigarettes, shisha (also known as waterpipe or hookah), and other smoked tobacco products such as cigars. Heated tobacco products, in contrast, involve heating tobacco rather than burning it, producing an aerosol for inhalation—examples including heat sticks.

Smokeless tobacco products are consumed without combustion and include options that are chewed, sucked, or applied, such as snuff or chewing tobacco.

Nicotine products, on the other hand, do not contain the tobacco plant leaf but instead contain nicotine, a stimulant that enhances neural transmission between the brain and the body (WHO, 2023). These products are classified into two subgroups: e-cigarettes and nicotine pouches. Electronic cigarettes (e-cigarettes) are devices that vaporize liquid solutions containing nicotine for inhalation, commonly referred to as "vaping." Nicotine pouches are placed between the gums and lips for absorption (WHO, 2023).

Figure 4: Tobacco and Nicotine products of interest



3.11 Training of the research team on study procedures

Field interviewers were selected based on multiple criteria including their educational background (at least a bachelor's degree), prior experience in both quantitative and qualitative surveys, and proficiency in the local languages spoken in the selected provinces. The recruitment process was transparent and adhered to high ethical and research standards. All field interviewers were required to attend all training sessions and participate in planned activities, including the pilot and debrief exercises. All research field workers (enumerators and supervisors) completed a minimum of five days of training prior to the piloting and data collection phases. The training included in-depth sessions on the study objectives, survey tools, data collection techniques, and ethical considerations, presented through various methods. Additionally, the training featured mock interviews and role-playing exercises, and all sessions were mandatory for research assistants and data collectors involved in the study, including during the pilot and debriefing stages. Experienced researchers supervised the data collection process. A written quiz was administered to assess the participants' understanding of the study objectives, survey procedures, and research ethics. Team leaders received additional training in logistics, supervision, and conducting data quality spot checks. The training sessions were led by qualified and experienced researchers. A comprehensive training and data collection manual was created to guide both facilitators and field interviewers throughout the training and data collection process.

3.12 Field testing of study procedures and questionnaires

Once the field workers were recruited and trained, they were deployed to the 16 surveyed provinces in teams. Before the full-scale data collection began, field testing was conducted in selected EAs to assess the feasibility and appropriateness of the study procedures and questionnaires (both in terms of content and format). The EAs (avenues/villages) for field testing were selected based on accessibility and were not part of the survey's sampled EAs.

During field testing, each enumerator was asked to administer the household questionnaire to two household heads or acting head of household and to administer the adolescent questionnaire to two adolescents in each province. This phase allowed researchers to identify potential challenges, such as ambiguities in survey questions, technical issues with electronic data collection tools, or difficulties in obtaining consent from participants.

Adjustments were made to the survey of instruments and protocols based on feedback from field workers and observations during the pilot test.

The research team developed a field management procedure to guide the supervision of the data collection process, ensuring consistency, efficiency, and adherence to ethical standards. A supervisor was assigned to each team to oversee field operations, provide technical support, and address any logistical challenges encountered during data collection.

3.13 Data collection

Data collection activities were conducted in person across the randomly selected EAs from March to May 2024. The questionnaires were interviewer-administered electronically using tablets, and the enumerators were able to use the language preferred by the respondent (French, Lingala, Swahili, Tshiluba, or Kikongo). Field interviewers were assigned to provinces where they resided or originated from to minimize potential language or cultural barriers. Interviews were conducted within the participants' households, and individual interviews with adolescents were held in a space that ensured privacy. Both household and adolescent interviews lasted, on average, between 20 and 45 minutes.

Five field enumerators were assigned to each province (1 supervisor and 4 enumerators). Data collection occurred simultaneously in all provinces. In each province, data collectors moved from one EA to another after completing the previous one. The data collection instrument supported both online and offline methods.

The data collection process was structured into four main stages.

1. Preliminary Identification

- ➡ **Provincial and Local Selection:** After determining the provinces, HZ, HA, and villages/avenues for the survey, interviewers visited their assigned locations.
- ➡ **Pilot Survey:** Interviewers conducted a plot survey in the designated avenue/village. This involved listing all households including those with at least one eligible adolescent (aged 10 to 17) using a plot survey form.

2. Sampling Frame Creation

- ➡ With the assistance of community relays, the collected data was used to create a sampling frame of eligible households in the village/avenue.
- ➡ **Household Selection:** From this list of eligible households, households were randomly selected for the survey.

3. Survey Execution

- ➡ **Return Visits:** Enumerators returned to the selected households to conduct the survey.
- ➡ **Head and Acting Head of Household Interview:** In each household, the head of the household was interviewed first or the acting head of household. Then consent was asked by the household head or acting head for the adolescent's participation.

4. Adolescent Selection

- ➡ **Eligibility Assessment:** The interviewer identified all eligible adolescents present in the household when filling in the household form.
- ➡ **Random Selection:** In Survey CTO program was made to randomly selected eligible adolescents.
- ➡ **Survey Administration:** After having obtained the selected adolescent assent, the adolescent was then interviewed, with a focus on smoking-related questions. The following figure presents the data collection procedure.
- ➡ After completing the survey, adolescents were given an information leaflet on the harms of tobacco and nicotine use.

Measures were put in place to ensure the security and well-being of field workers, including regular check-ins, emergency protocols, and coordination with local authorities when necessary.

3.14. Data processing and management

The electronic tools used in the survey included automated quality checks, logical skips, and constraints to minimize potential data quality issues. The SurveyCTO online data collection platform was utilized for managing the data processing activities (Dobility, Inc. 2024, SurveyCTO, Version 2.70). Collected data was regularly uploaded to the server to prevent data loss in the event of tablet malfunction or loss, with backup copies stored on the tablets. Data on the tablets were encrypted to ensure confidentiality. Once transferred to the central servers, the data was secured with password protection to restrict access to authorized personnel only. To ensure data quality, the electronic questionnaire included appropriate skip-logic patterns that were programmed into the electronic data collection devices, and spot checks were conducted on at least 5% of the sample to verify data accuracy. Research assistants ensured that every question was asked and that responses were recorded clearly and accurately before completing each interview. Regular data validation and verification checks were also run on 100% of the data collected using a syntax script to ensure data completeness, correctness, and consistency. Supervisors maintained regular communication with the central coordination team to discuss progress and address any operational challenges, facilitating adjustments to the data collection process as needed.

High-frequency checks (HFC) were performed on all data submitted during data collection, and a report was shared weekly. The HFC' reports identified any data quality issues, including duplicate entries and outliers. These flagged issues were addressed in collaboration with the field teams, and corrective actions were documented. Data cleaning was an ongoing process throughout the data collection period.

Once transferred to the central servers, the data was safeguarded with password protection to ensure access was restricted to authorized personnel only.

As part of the data preparation, the survey data was carefully reviewed for accuracy and completeness. This involved identifying outliers for continuous variables, such as pocket money, age of the household head, and purchase price of tobacco and nicotine products, using the interquartile range (IQR) method. Extreme outliers were thoroughly examined to determine if they reflected valid responses or data entry errors, with corrections made when necessary.

The cleaning process also addressed missing values, outliers, responses categorized as 'other,' and any other inconsistencies in the data. Once cleaned, the data was used to generate this detailed report, which includes comprehensive tables on various variables as well as a summarized overview of the results.

Each participant who consented to the study was then assigned a unique identification number, which was consistently linked to their collected, entered, and analyzed data. To ensure confidentiality, all personal identifiers—such as names, identity numbers, phone numbers, and addresses—were removed from the analytical datasets prior to sharing or analysis. The raw data underwent a meticulous cleaning process, which was documented using Stata do-files to maintain traceability and verification.

To prepare the data for analysis and improve its interpretability, certain continuous and categorical variables were generated and recoded as described below.

Data processing/Variable creation and recoding

To facilitate analysis and enhance interpretability, certain continuous and categorical variables were generated and/or recoded as follows:

Household questionnaire



Wealth index: A composite measure (index) of a household's cumulative living standard was calculated using data on a household's ownership of selected assets, such as televisions and bicycles; materials used for housing construction; and types of water access and sanitation facilities, by applying the Principal Components Analysis (PCA). The household wealth index variables were categorized into five quintiles (poorest, poor, middle, rich, and richest). The (weighted) cut-off values for quintiles of the wealth index were determined and assigned each household to a wealth quintile according to these cut-offs.



Household head's education level: This variable, which initially had five categories; no education, primary, secondary, technical/vocational, and higher/tertiary education was recoded into two categories: primary and below and secondary and above.



Family smoke: This variable was derived from the question, "Does any member of your family, your guardians, your teachers, or your neighbor use tobacco products?" which originally had eleven categories, with multiple responses allowed: None, Father, Mother, Guardian, Teacher, Sister, Brother, Other family member, Neighbor, I don't know, and Other (specify). These responses were then recoded into a binary format: 1 = if at least one family member or neighbor uses tobacco, and 0 = if none of them do.

Adolescent questionnaire



Age: The continuous variable for adolescent age was categorized into three groups: 10 to 12 years, 13 to 15 years, and 16 to 17 years, allowing for the analysis of differences in tobacco and nicotine use prevalence by age group.



Pocket money: The continuous variable representing adolescents receiving pocket money was categorized into two groups: those who receive pocket money and those who do not. This categorization allows for the analysis of differences in tobacco and nicotine use prevalence based on whether adolescents have pocket money.



Level of knowledge: To calculate the knowledge indicator on the harms of tobacco, we used responses from the following four questions in the survey that were, each designed to assess the participant's awareness of the health risks associated with tobacco use and exposure:

- "Do you think using tobacco is harmful to your health?" Responses "probably yes", or "definitely yes" were judged as correct, whilst "probably no", "definitely no", "I don't know" and refusals were judged as incorrect responses.
- "Do you think it is safe to use tobacco for only a year or two as long as you quit after that?" Responses "probably no", or "definitely no" were judged as correct, whilst "probably yes", "definitely yes", "I don't know" and refusals were judged as incorrect responses.,
- "Do you think there are safe tobacco products?" The response "no" was judged as correct, whilst "yes", "I don't know" and refusals were judged as incorrect responses., and
- "Do you think the smoke from other people's tobacco smoking is harmful to you?". Responses "probably yes", or "definitely yes" were judged as correct, whilst "probably no", "definitely no", "I don't know" and refusals were judged as incorrect responses.

The first question asked if using tobacco is harmful to health, The second question inquired whether it is safe to use tobacco for a year or two if quitting afterward. The third question asked if there are safe tobacco products and the fourth questioned if second-hand smoke is harmful. For these four questions, the answer was "probably/definitely no" (classified as a correct answer), with the wrong answers being "probably/definitely yes," "I don't know," and "refused."

The knowledge score was then calculated by counting the number of correct responses (out of four). Based on the number of correct answers, participants were classified as follows: High Knowledge for 4 correct answers, Medium Knowledge for 3 correct answers, Low Knowledge for 1 or 2 correct answers, and No Knowledge for 0 correct answers. This approach provides a clear measure of the participant's level of knowledge regarding the harms of tobacco use and exposure.



Perceptions about tobacco use: This variable was derived from two survey questions:

- "Do you think using tobacco makes young people look more or less attractive?" The responses "more attractive", "I don't know" or refusals were judged as positive attitudes/perception towards using tobacco; and "less attractive"; "no difference from non-users" were judged as negative attitudes/perception towards using tobacco
- "Do you think smoking tobacco helps people feel more comfortable or less comfortable at celebrations, parties, or in other social gatherings?" The responses "more comfortable", "I don't know" or refusals were judged as positive attitudes/perception towards using tobacco; and "less comfortable"; "no difference from non-users" were judged as negative attitudes/perception towards using tobacco.

For each question, positive attitudes/perception towards using tobacco were assigned a score of 1 and negative attitudes/perception towards using tobacco a score of 0. Adolescents were then categorized as having a positive attitude towards tobacco products if they had a score of one for at least one of the two questions while those with scores of 0 on both questions were categorized as having a negative attitude.



Living status of both biological parents of adolescents: The living status of both biological parents of adolescents was determined by combining two separate variables: whether the adolescent's biological mother was alive and whether the biological father was alive. If both the mother and father were reported as alive, the adolescent was categorized as having both parents alive. If one parent was reported as alive while the other was deceased or if both the mother and father were reported as deceased, the adolescent was categorized as not having both parents alive.



Functional disability: This variable was generated using the Washington Group Short Set (WG-SS) of six questions on functioning and following the methodology proposed by WG for analyzing disability (CDC National Center for Health Statistics, 2021). The questionnaire gathered information about difficulties in basic activity functioning such as visual, hearing, mobility, cognitive remembering, self-care and communication with the responses for each question being "no difficulty", "some difficulty", "a lot of difficulty" and "cannot do entirely". Each domain was scored based on responses: "no difficulty" (0 points), "some difficulty" (1 point), "a lot of difficulty" (6 points), and "cannot do at all" (36 points). The total score, calculated by summing the domain scores, was used to classify adolescents into four severity categories: None (no difficulty in all domains, score = 0), Milder (some difficulty in 1 to 4 domains without "a lot of difficulty" or "cannot do at all," score = 1-4), Moderate (some difficulty in 5 to 6 domains or up to 3 domains coded as "a lot of difficulty," score = 5-23), and Severe (4 or more domains coded as "a lot of difficulty" or any domain as "cannot do at all," score = 24-216). The scoring was based on the Washington group analytic guidelines for the WG-SS severity indicators.



Exposure to antitobacco messages via media: This variable was derived by combining responses from two questions assessing whether the adolescent had been exposed to anti-tobacco messages through media, specifically television and social media or not. The questions were:

- During the past 30 days, did you see or hear any **anti-tobacco** media messages on television, radio, internet, billboards, posters, newspapers, magazines, movies?
- During the past 30 days, did you see or hear any **anti-tobacco** media messages on social media platforms such as Instagram, Facebook, WhatsApp, TikTok, Twitter, LinkedIn, Pinterest, YouTube, and Snapchat?

The response options for both questions were: "Yes," "No," or "Refused". An adolescent was classified as having been exposed to anti-tobacco messages via media if they answered "Yes" to at least one of these questions. If they responded "No" to both, they were considered not to have been exposed to anti-tobacco messages through media.



Tobacco use by teachers: This variable was derived from the question, "How often do you see teachers smoking in or around the school?" which originally had five response categories: *Don't have/not enrolled in school*, *About every day*, *Sometimes*, *Never*, and *Refused*. For analysis, these responses were recoded into a binary format: 1 = If the respondent reported seeing teachers smoke about every day or sometimes. 0 = If the respondent reported never seeing teachers smoke or indicated they were *not enrolled in school*. Responses marked as *Refused* were excluded from the analysis.

Tobacco advertising, promotion, and sponsorship: This variable was derived by combining responses from four questions assessing whether the adolescent had been exposed to tobacco messages an advertisement. The questions were:



- ➡ During the past 30 days, did you see any people using tobacco on TV?
- ➡ During the past 30 days, did you see any people using tobacco in social media platforms such as Instagram, Facebook, WhatsApp, TikTok, Twitter, LinkedIn, Pinterest, YouTube, and Snapchat?
- ➡ During the past 30 days, did you see any advertisements or promotions for tobacco products at points of sale (such as: stores, shops, kiosks, etc.)?
- ➡ Has a person working for a tobacco company ever offered you a free tobacco product?

The response options for both questions were: "Yes," "No," or "Refused". An adolescent was classified as having been exposed to TAPS if they answered "Yes" to at least one of these questions. If they responded "No" to all the four questions, they were considered not to have been exposed to tobacco messages.



Exposure to tobacco smoke in public transport: This variable was derived from the question, "During the past 30 days, on how many days has anyone smoked in your presence inside any public transportation vehicle, such as trains, buses, or taxicabs?" The original response categories included: not using public transportation in the past 30 days, using public transportation but not witnessing smoking, exposure on 1 to 2 days, 3 to 4 days, 5 to 6 days, 7 days, or more than 7 days, with an option to refuse to answer. For analysis, these responses were recoded into a binary format, where 1 was assigned if the respondent reported exposure to smoking inside public transport on at least one occasion, and 0 if they reported never being exposed, or did not use public transportation in the past 30 days. Responses marked as Refused were excluded from the analysis.

The response options for both questions were: "Yes," "No," or "Refused". An adolescent was classified as having been exposed to anti-tobacco messages via media if they answered "Yes" to at least one of these questions. If they responded "No" to both, they were considered not to have been exposed to anti-tobacco messages through media.

3.15. Data analysis

Survey-weighted descriptive analysis was carried out for the background characteristics of both households and adolescent participants. This included percentages, means, medians, and standard deviations and presenting the data in tables. Prevalence estimates for ever-use and current use were also computed: this included overall estimates as well as product specific estimates. The analysis included a detailed disaggregation by key variables such as sex, school attendance (in-school/out-of-school), urban versus rural location, socioeconomic status, and other relevant individual or household characteristics. Descriptive statistics were also computed for additional indicators of interest such as frequency of use, age of initiation, self-efficacy to resist use, product use susceptibility, intensity and frequency of use, and second-hand tobacco smoke exposure. The statistical techniques applied accounted for the survey's complex design, including stratification, clustering, and computed sampling weights.

Binary logistic regression models were applied to estimate adjusted odds ratios of potential factors associated with current use of any tobacco product, current tobacco smoking, and current smokeless tobacco use.

Independent variables were categorized across three levels: individual, household, and environmental following the socio-ecological model originally developed by Bronfenbrenner (1977) and adapted in public health by researchers such as Kenneth McLeroy et al. (1988). At the individual level, covariates included sex, age group, employment status, schooling status, and the living status of the adolescent's biological parents. At household level the variables used in the model were family smoking status at home, household head gender, and household head education level. Environmental level, variables included tobacco use by teachers, exposure to second-hand smoke at public transport and place of residence (rural/urban). There might be questions about the relevance of these environmental factors in the smokeless tobacco use model. In fact, the hypothesis was that social influence, such as tobacco use by teachers, may normalize tobacco consumption, including smokeless forms, among students.

Passive exposure to second-hand smoke in public transport can indicate social acceptance of tobacco, potentially increasing the likelihood of smokeless tobacco use. The place of residence also plays a role, as differences in availability and cultural acceptance may make smokeless tobacco more common in rural areas than in urban settings with stricter regulations. Age was categorized into three groups: 10–12 years, 13–15 years, and 16–17 years.

The selection of the independent variables used in the models was firstly based on their theoretical relevance, evidence from prior studies and their statistical contribution to the model. We also conducted a Variance Inflation Factor (VIF) test to identify multicollinear variables. A VIF value of higher than 5 indicates the presence of multicollinearity, while a value below 5 suggests that the variable is within an acceptable range. Based on the result of VIF, if two variables were highly correlated and provided similar information, we removed one from the model. The statistical techniques employed accounted for the sampling design, including stratification and clustering, as well as the computed sampling weights.

Separate logistic regression models were constructed to adjust for potential confounders at each level. The results are presented as adjusted odds ratios (aOR) with associated 95% confidence intervals. All analyses were done using STATA version 18.

3.16. Ethical considerations

The protocol and data collection instruments were reviewed and approved by the appropriate scientific and ethics review boards in the DRC, specifically the National Health Ethics Committee of the DRC, under approval number 513/CNES/BN/PMMF/2024 on 17/02/2024. This ethical approval ensured the study's compliance with research ethics standards. In addition to ethical approval, the necessary research permits and letters of support were obtained from relevant authorities for the fieldwork, including authorization granted by the Ministry of Health, as well as by provincial and local authorities. The study adhered to the strict ethical guidelines outlined in the principles of the Helsinki Declaration to ensure the voluntary participation, dignity, and rights of all respondents.

Considering the context of the DRC, where the population is generally reluctant to sign documents, and given that the study did not involve human biological sampling, participants provided verbal informed consent in accordance with ethical protocols. Prior to participation, all respondents were given comprehensive study information, which was read to them by researchers in their preferred language (French, Lingala, Swahili, Tshiluba, or Kikongo). Researchers carefully explained the purpose of the study, the procedures involved, including measures to ensure confidentiality, potential risks and benefits, and the voluntary nature of participation, i.e., their right to abstain from participation or withdraw consent at any time without consequence.

To confirm understanding, researchers asked follow-up questions. Respondents were encouraged to ask questions, and additional clarifications were provided when necessary to ensure full comprehension. Informed consent was obtained from household representatives for their own interviews and for the participation of adolescent minors, while assent was obtained from the adolescents. In the case of adolescents, verbal assent was obtained in the presence of a household representative to ensure transparency and adherence to ethical standards. The participants' consents and assents were documented.

4. RESULTS

4.1. Flow of participants through the survey processes

4.1.1. Household participation overview

In this survey, we began with a total of 15,864 listed households. Out of these, 9,226 were determined to be eligible for inclusion in the study. From the eligible households, we proceeded to sample 4,892 households. Of those sampled, 4,867 households consented to participate in the study. This represents a high level of engagement and support from the sampled group (figure 1).

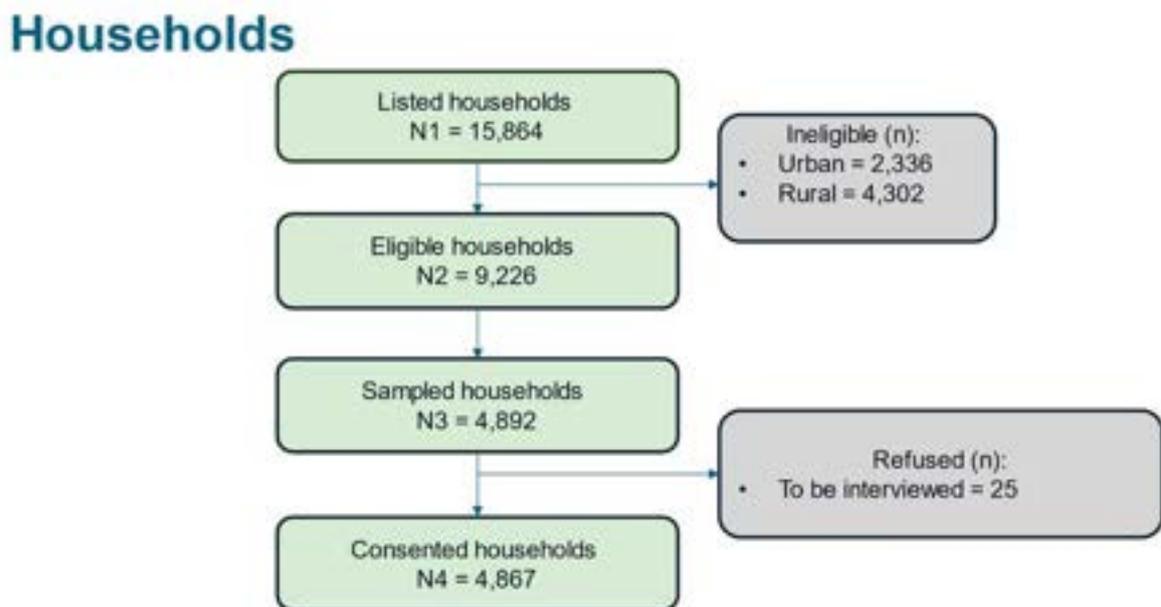


Figure 5 : Household flow through the survey

4.1.2. Adolescent participation overview

The study initially enumerated 22,291 adolescents from the 15,864 households listed in the first stage of data collection. From these 22,291 adolescents, 9,186 adolescents were deemed eligible based on their age, specifically those aged 10 to 17 years old, and belonging to a consenting household. We then randomly selected 4,867 adolescents from the eligible pool for further participation: in households where there was more than one eligible adolescent, we randomly selected one to participate, and in households where there was only one eligible adolescent, he/she was systematically selected.

Out of those selected, 4,851 adolescents provided the necessary consent (for emancipating minor) or assent (for minor) to participate in the study. Following the consent process, 4,675 adolescents completed the required forms and were subsequently included in the analysis. This structured approach ensured a robust dataset for our study.

Adolescents

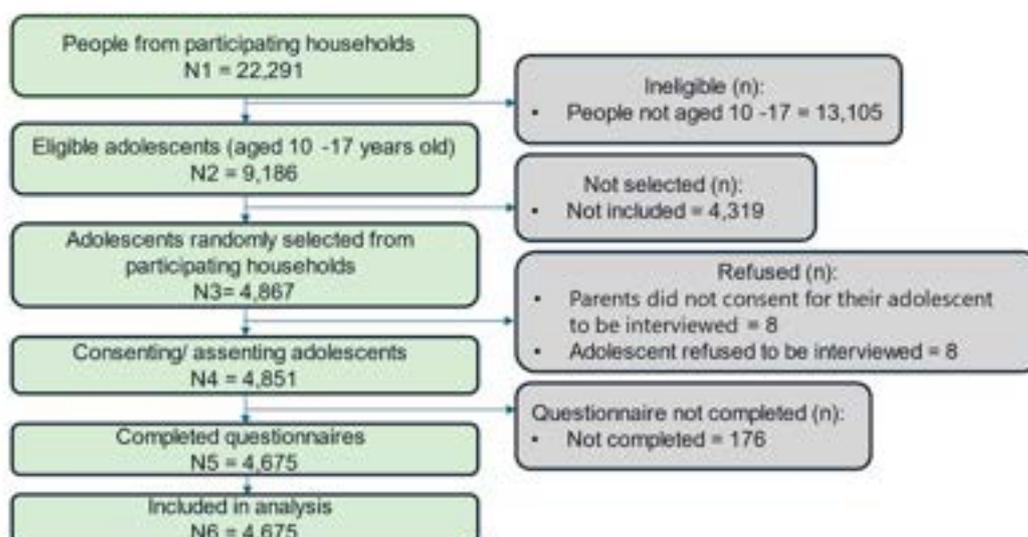


Figure 6: Adolescent flow through the survey

4.2. Background characteristics

4.2.1. Household characteristics

Table 2 presents a comprehensive overview of the household socio-demographic and economic characteristics. It includes details such as the sex and age of household heads, disability status, household size, income activities, marital status, education levels, wealth quintile, place of residence, health insurance coverage, and geographical distribution across different strata.

Table 2: Household background characteristics

| | n (%) |
|------------------------------------------------------------|--------------|
| Number of people in household, mean (SD) | 4.7 (2.1) |
| Number of eligible adolescents in the household, mean (SD) | 1.9 (1.0) |
| Age of household head, mean (SD) | 41.6 (14.9) |
| Sex (household head) | |
| Male, n (%) | 3,203 (68.5) |
| Female, n (%) | 1,472 (31.5) |
| Disability status (household head) | |
| Person with disability, n (%) | 193 (4.3) |
| Person without disability, n (%) | 4,330 (95.7) |
| Main income activity (household head) | |
| None, n (%) | 752 (16.6) |
| Unestablished own business, n (%) | 653 (14.4) |
| Established own business, n (%) | 78 (1.7) |
| Informal casual, n (%) | 601 (13.3) |
| Informal salaried, n (%) | 249 (5.5) |
| Formal salaried, n (%) | 515 (11.4) |
| Formal casual, n (%) | 138 (3.1) |
| Agriculture, n (%) | 1,538 (34.0) |

| Marital status (household head) | n (%) |
|-------------------------------------------------------|--------------|
| Not in a union, n (%) | 481 (10.3) |
| Married, n (%) | 3,048 (65.4) |
| In a union, n (%) | 363 (7.8) |
| Divorced, n (%) | 85 (1.8) |
| Separated, n (%) | 243 (5.2) |
| Widowed, n (%) | 427 (9.2) |
| Refused to answer, n (%) | 10 (0.2) |
| Education level (household head) | |
| No education, n (%) | 511 (11.4) |
| Primary, n (%) | 1,062 (23.6) |
| Secondary, n (%) | 2,401 (53.4) |
| Technical/Vocational, n (%) | 113 (2.5) |
| Higher, n (%) | 413 (9.2) |
| Household wealth index | |
| Lowest, n (%) | 936 (20) |
| Low, n (%) | 937 (20) |
| Middle, n (%) | 933 (20) |
| High, n (%) | 936 (20) |
| Highest, n (%) | 933 (20) |
| Residence | |
| rural, n (%) | 2,926 (62.6) |
| Urban, n (%) | 1,749 (37.4) |
| Head of household health insurance | |
| Yes, n (%) | 319 (7.1) |
| No, n (%) | 4,205 (92.9) |
| Number of household members with insurance, mean (SD) | 0.2 (0.9) |
| Strata | |
| Equateur, n (%) | 527 (11.3) |
| Kasai, n (%) | 918 (19.6) |
| Katanga, n (%) | 735 (15.7) |
| Kivu, n (%) | 842 (18.0) |
| Leopoldville, n (%) | 1,089 (23.3) |
| Oriental, n (%) | 564 (12.1) |

Table 2 shows that most household heads were male (68.3%), with an average age of 39.9 years. The majority were married or living in a marital union (59.2%), had attained secondary education (51.1%), and primarily relied on agriculture (30.7%) for their main income. Household size averaged around five members and included approximately two eligible adolescents. A significant proportion of households resided in rural areas (62.6%). Only 6.7% of household heads had health insurance, and 4.4% reported having a disability. Regarding household wealth, the sample was distributed equally into 5 quantiles wealth index. The households were distributed across the regions as follows: Leopoldville (23.3%), Kasai (19.6%), Katanga (19.6%), Kivu (18.0%), Equateur (11.3%), and Oriental (12.1%).

4.2.2. Adolescent characteristics

Table 3 provides the background characteristics of adolescents disaggregated by sex. It shows that adolescents had a mean age of 13.0 years. The majority (88.5%) were in school, and the median weekly pocket money was 1,200 CDF. Most adolescents (84.1%) did not engage in work, with only 2.5% employed and 8.0% self-employed. Among those aged 15 years and older who reported their marital status, 97.0% stated they were not in a union, while only 2.8% were in a union. Christianity was the predominant religion (87.9%), and nearly all adolescents (96.4%) reported having no functional disability. Most had their biological mother (87.7%) and father (82.1%) alive. The majority (62.6%) resided in rural areas, with the highest regional sample in Leopoldville (23.3%). For most other variables, the overall trends were similar between the two groups. Table 3 also presents the distribution by sex.

Table 3: Adolescent characteristics

| | Sex | | Total |
|--------------------------------------|---------------|---------------|---------------|
| | Boys | Girls | |
| Age, mean (SD) | 13.0 (2.3) | 13.0 (2.2) | 13.0 (2.3) |
| Schooling status | | | |
| Out-of-school, n (%) | 304 (12.0) | 233 (10.9) | 537 (11.5) |
| In-school, n (%) | 2,236 (88.0) | 1,902 (89.1) | 4,138 (88.5) |
| Pocket money (weekly), median (IQR) | 1,500 (4,000) | 1,100 (3,000) | 1,200 (3,000) |
| Engagement in work | | | |
| Employee, n (%) | 89 (3.5) | 28 (1.3) | 117 (2.5) |
| Self-employed, n (%) | 222 (8.7) | 153 (7.2) | 375 (8.0) |
| No work, n (%) | 2,084 (82.0) | 1,846 (86.5) | 3,930 (84.1) |
| Refused, n (%) | 145 (5.7) | 108 (5.1) | 253 (5.4) |
| Marital status | | | |
| NOT in a union, n (%) | 848 (98.0) | 665 (96.0) | 1,513 (97.1) |
| In a union, n (%) | 12 (1.4) | 16 (2.3) | 28 (1.8) |
| Separated, n (%) | 0 (0.0) | 3 (0.4) | 3 (0.2) |
| Partner deceased, n (%) | 1 (0.1) | 2 (0.3) | 3 (0.2) |
| Refused, n (%) | 4 (0.5) | 7 (1.0) | 11 (0.7) |
| Religion | | | |
| No religion, n (%) | 142 (5.6) | 58 (2.7) | 200 (4.3) |
| Christianity, n (%) | 2,186 (86.1) | 1,924 (90.1) | 4,110 (87.9) |
| Islam, n (%) | 100 (3.9) | 61 (2.9) | 161 (3.4) |
| Hinduism, n (%) | 9 (0.4) | 5 (0.2) | 14 (0.3) |
| Indigenous/Prophetic churches, n (%) | 78 (3.1) | 78 (3.7) | 156 (3.3) |
| Refused, n (%) | 25 (1.0) | 9 (0.4) | 34 (0.7) |
| Functional disability | | | |
| Person with no disability, n (%) | 2,459 (96.8) | 2,046 (95.8) | 4,505 (96.4) |
| Person with disability, n (%) | 81 (3.2) | 89 (4.2) | 170 (3.6) |
| Biological mother alive | | | |
| yes, n (%) | 2,218 (87.3) | 1,881 (88.1) | 4,099 (87.7) |

| | Sex | | |
|--------------------------------|--------------|--------------|--------------|
| | Boys | Girls | Total |
| NO, n (%) | 141 (5.6) | 104 (4.9) | 245 (5.2) |
| Do not know, n (%) | 5 (0.2) | 1 (0.0) | 6 (0.1) |
| Not declared, n (%) | 176 (6.9) | 149 (7.0) | 325 (7.0) |
| Biological father alive | | | |
| yes, n (%) | 2,086 (82.1) | 1,751 (82.0) | 3,837 (82.1) |
| No, n (%) | 257 (10.1) | 218 (10.2) | 475 (10.2) |
| Do not know, n (%) | 21 (0.8) | 17 (0.8) | 38 (0.8) |
| Not declared, n (%) | 176 (6.9) | 149 (7.0) | 325 (6.9) |
| residence | | | |
| Rural, n (%) | 1,617 (63.7) | 1,309 (61.3) | 2,926 (62.6) |
| Urban, n (%) | 923 (36.3) | 826 (38.7) | 1,749 (37.4) |
| Strata | | | |
| Équateur, n (%) | 286 (11.3) | 241 (11.3) | 527 (11.3) |
| Kasai, n (%) | 545 (21.5) | 373 (17.5) | 918 (19.6) |
| Katanga, n (%) | 419 (16.5) | 316 (14.8) | 735 (15.7) |
| Kivu, n (%) | 417 (16.4) | 425 (19.9) | 842 (18.0) |
| Léopoldville, n (%) | 556 (21.9) | 533 (25.0) | 1,089 (23.3) |
| Oriental, n (%) | 317 (12.5) | 247 (11.6) | 564 (12.1) |

4.3. PREVALENCE OF TOBACCO AND NICOTINE PRODUCTS USE

4.3.1. Ever-use prevalence of tobacco and nicotine products

4.3.1. Overall and gender disaggregated prevalence of ever-using tobacco and nicotine products

Table 4 provides a summary overview of the prevalence of ever using tobacco and nicotine products among adolescents, segmented by sex. It highlights the percentage of boys and girls who have ever used various tobacco and nicotine products, including smoked tobacco (such as cigarettes and shisha), smokeless tobacco, heated tobacco, and nicotine products like electronic cigarettes and nicotine pouches.

Table 4: Summary prevalence of ever using tobacco and nicotine products

| | Ever use of tobacco and nicotine products | | | | | |
|-----------------------------|-------------------------------------------|-----------------------|-------|---------------------|-------|---------------------|
| | Boys | | Girls | | Total | |
| | n | % [95% CI] | n | % [95% CI] | n | % [95% CI] |
| Tobacco or nicotine product | 797 | 23.46 [16.16 - 32.77] | 354 | 13.03 [13.02-13.05] | 1151 | 18.53 [18.52-18.55] |
| Tobacco product | 792 | 23.22 [16.03 - 32.40] | 351 | 13.01 [12.99-13.03] | 1143 | 18.39 [18.38-18.41] |
| Smoked tobacco product | 555 | 17.31 [11.33 - 25.55] | 168 | 6.66 [6.65-6.68] | 723 | 12.28 [12.26-12.29] |
| Manufactured cigarette | 472 | 13.96 [8.37 - 22.35] | 93 | 3.60 [3.59-3.61] | 565 | 9.06 [9.05-9.07] |
| Hand-rolled cigarette | 233 | 7.91 [4.14 - 14.60] | 55 | 2.42 [2.42-2.43] | 288 | 5.32 [5.31-5.33] |
| Shisha product | 78 | 2.91 [0.43 - 4.94] | 46 | 1.47 [1.56-1.58] | 124 | 2.23 [2.37 - 2.38] |

| Ever use of tobacco and nicotine products | | | | | | |
|-------------------------------------------|------|---------------------|-------|------------------|-------|------------------|
| | Boys | | Girls | | Total | |
| | n | % [95% CI] | n | % [95% CI] | n | % [95% CI] |
| Smokeless tobacco product | 396 | 10.23 [10.88-10.91] | 226 | 7.62 [8.12-8.16] | 622 | 9.00 [8.99-9.01] |
| Heated tobacco product | 12 | 0.28 [0.29-0.30] | 2 | 0.05 [0.05-0.05] | 14 | 0.17 [0.18-0.18] |
| Nicotine product | 28 | 1.20 [1.20-1.21] | 11 | 0.36 [0.36-0.37] | 39 | 0.80 [0.80-0.81] |
| Electronic cigarettes | 4 | 0.21 [0.22-0.23] | 4 | 0.07 [0.08-0.08] | 8 | 0.15 [0.15-0.17] |
| Nicotine pouches | 24 | 0.99 [1.06-1.07] | 7 | 0.29 [0.31-0.31] | 31 | 0.66 [0.70-0.71] |

Table 4 indicates that the overall prevalence of ever using any tobacco or nicotine product was 18.5% - equating to approximately 5.08 million adolescents out of the 27.5 million general population of adolescents. Similarly, the prevalence of ever using a tobacco product was 18.4% (about 5.06 million adolescents). Within tobacco products, the products with highest prevalence were manufactured cigarettes (9.5%, ~2.61 million) and smokeless tobacco (9.6%, ~2.64 million). Smoked tobacco overall ever use prevalence was 12.3% (~3.38 million), with hand-rolled cigarettes at 5.6% (~1.54 million) and shisha at 2.4% (~660,000). Ever use prevalence for heated tobacco products was 0.2% (~55,000). For nicotine products, the prevalence of ever use among adolescents was 0.8% (about 220,000) with that of electronic cigarettes being 0.2% (~55,000) and that for nicotine pouches being 0.7% (~192,000). For all product categories, the prevalence of ever use was higher among boys than girls (see Table 3).

4.3.1.2. Prevalence of ever use of any tobacco or nicotine product disaggregated by adolescent characteristics

Table 5 provides a comprehensive overview of the ever use of any tobacco or nicotine product among adolescents, broken down by factors such as age, schooling status, residence, socioeconomic status, marital status, engagement in work, religion, and disability status. The table also highlights the distribution by sex (boys and girls).

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Table 5: Prevalence of ever using any tobacco and nicotine products by key socio-demographic characteristics

| Age | Ever use of any tobacco or nicotine product | | | | | |
|-------------|---------------------------------------------|-----------------------|------|-----------------------|-------|----------------------|
| | Total | | Boys | | Girls | |
| | n | % [95% CI] | n | % [95% CI] | n | % [95% CI] |
| 10 - 12 yrs | 360 | 14.3 [9.72 - 20.55] | 225 | 16.71 [12.42 - 22.11] | 135 | 11.35 [6.14 - 20.04] |
| 13 - 15 yrs | 464 | 18.95 [10.01 - 32.96] | 334 | 24.24 [14.35 - 37.92] | 130 | 13.5 [5.66 - 28.88] |

| Ever use of tobacco and nicotine products | | | | | | |
|-------------------------------------------|------|---------------------|-------|------------------|-------|------------------|
| | Boys | | Girls | | Total | |
| | n | % [95% CI] | n | % [95% CI] | n | % [95% CI] |
| Smokeless tobacco product | 396 | 10.23 [10.88-10.91] | 226 | 7.62 [8.12-8.16] | 622 | 9.00 [8.99-9.01] |
| Heated tobacco product | 12 | 0.28 [0.29-0.30] | 2 | 0.05 [0.05-0.05] | 14 | 0.17 [0.18-0.18] |
| Nicotine product | 28 | 1.20 [1.20-1.21] | 11 | 0.36 [0.36-0.37] | 39 | 0.80 [0.80-0.81] |
| Electronic cigarettes | 4 | 0.21 [0.22-0.23] | 4 | 0.07 [0.08-0.08] | 8 | 0.15 [0.15-0.17] |
| Nicotine pouches | 24 | 0.99 [1.06-1.07] | 7 | 0.29 [0.31-0.31] | 31 | 0.66 [0.70-0.71] |

Table 4 indicates that the overall prevalence of ever using any tobacco or nicotine product was 18.5% - equating to approximately 5.08 million adolescents out of the 27.5 million general population of adolescents. Similarly, the prevalence of ever using a tobacco product was 18.4% (about 5.06 million adolescents). Within tobacco products, the products with highest prevalence were manufactured cigarettes (9.5%, ~2.61 million) and smokeless tobacco (9.6%, ~2.64 million). Smoked tobacco overall ever use prevalence was 12.3% (~3.38 million), with hand-rolled cigarettes at 5.6% (~1.54 million) and shisha at 2.4% (~660,000). Ever use prevalence for heated tobacco products was 0.2% (~55,000). For nicotine products, the prevalence of ever use among adolescents was 0.8% (about 220,000) with that of electronic cigarettes being 0.2% (~55,000) and that for nicotine pouches being 0.7% (~192,000). For all product categories, the prevalence of ever use was higher among boys than girls (see Table 3).

4.3.1.2. Prevalence of ever use of any tobacco or nicotine product disaggregated by adolescent characteristics

Table 5 provides a comprehensive overview of the ever use of any tobacco or nicotine product among adolescents, broken down by factors such as age, schooling status, residence, socioeconomic status, marital status, engagement in work, religion, and disability status. The table also highlights the distribution by sex (boys and girls).

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Table 5: Prevalence of ever using any tobacco and nicotine products by key socio-demographic characteristics

| | Ever use of any tobacco or nicotine product | | | | | |
|-------------|---------------------------------------------|-----------------------|------|-----------------------|-------|----------------------|
| | Total | | Boys | | Girls | |
| | n | % [95% CI] | n | % [95% CI] | n | % [95% CI] |
| Age | | | | | | |
| 10 - 12 yrs | 360 | 14.3 [9.72 - 20.55] | 225 | 16.71 [12.42 - 22.11] | 135 | 11.35 [6.14 - 20.04] |
| 13 - 15 yrs | 464 | 18.95 [10.01 - 32.96] | 334 | 24.24 [14.35 - 37.92] | 130 | 13.5 [5.66 - 28.88] |

Ever use prevalence of any tobacco or nicotine product increases with age, from 14.3% among 10–12-year-olds to 27.7% among 16–17-year-olds. Out-of-school adolescents (20.3%) show a higher prevalence compared to their in-school counterparts (18.3%). The ever use prevalence among urban residents (30.7%) was nearly double the prevalence among rural residents (15.5%). By wealth, the lowest and lower status groups exhibit the highest ever use prevalence (19.8–21.1%). For marital status, the ever-use prevalence among adolescents who were aged 15 and above and who were in a union was 32.5% versus 25.2% among those not in a union. Among work categories, employees had the highest ever use prevalence (31.6%), whilst those who had no work had the lowest (17.7%). In the religious category, adolescents with no religion (36.6%) and the small Hindu group (37.2%) recorded the highest ever use prevalence compared to Christianity and Islam (17.8% and 17.3%). Those with functional disabilities had a higher prevalence of ever use of 24.2% versus 18.2% among those without functional disabilities. Regionally, Oriental stands at 50.4% ever use prevalence while Kivu is only 8.6%. In most categories, boys reported higher ever use prevalence than girls, except among employees and in the small Hindu group sample where girls showed higher ever use prevalence than boys. In addition, when considering the current schooling status for girls, the prevalence of ever using a tobacco or nicotine product was higher among those who were in school (13.5%) when compared to those who were out-of-school (9.6%).

4.3.1.3. Prevalence of ever use of any tobacco product disaggregated by adolescent characteristics

Table 6 provides a detailed overview of the prevalence of ever use of any tobacco product by adolescents, categorized by various factors such as age, schooling status, residence, socioeconomic status, marital status, engagement in work, religion, and disability status.

Table 6: Prevalence of ever using any tobacco product by key socio-demographic characteristics

| Ever use of any tobacco product | | | | | | |
|---------------------------------|-------|-----------------------|------|-----------------------|-------|-----------------------|
| | Total | | Boys | | Girls | |
| | n | % [95% CI] | n | % [95% CI] | n | % [95% CI] |
| Age | | | | | | |
| 10 - 12 yrs | 356 | 14.24 [14.22 - 14.26] | 224 | 16.64 [16.61 - 16.67] | 132 | 11.30 [6.10 - 19.97] |
| 13 -15 yrs | 462 | 18.69 [18.67 - 18.72] | 332 | 23.73 [23.70 - 23.77] | 130 | 13.50 [5.66 - 28.88] |
| 16 - 17yrs | 325 | 27.64 [27.60 - 27.68] | 236 | 39.05 [38.99 - 39.11] | 89 | 15.77 [5.02 - 39.88] |
| Schooling status | | | | | | |
| In-school | 970 | 18.13 [18.12 - 18.15] | 657 | 22.23 [22.21 - 22.25] | 313 | 13.51 [5.65 - 28.96] |
| Out-of-school | 173 | 20.27 [20.23 - 20.32] | 135 | 30.60 [30.53 - 30.67] | 38 | 9.56 [5.88 - 15.17] |
| Residence (rural/urban) | | | | | | |
| Rural | 669 | 15.46 [15.44 - 15.47] | 467 | 19.82 [19.79 - 19.84] | 202 | 10,66 [4,79 - 22,03] |
| Urban | 474 | 30.05 [30.01 - 30.09] | 325 | 36.37 [36.31 - 36.42] | 149 | 22,66 [10,53 - 42,18] |
| SES/wealth index | | | | | | |
| 1st quintile: lowest | 310 | 19.77 [19.7 - 19.80] | 230 | 27.27 [27.22 - 27.32] | 80 | 10,08 [3,83 - 24,00] |
| 2nd quintile: low | 249 | 20.88 [20.84 - 20.91] | 170 | 25.97[25.92 - 26.2] | 79 | 15,53 [6,02 - 34,54] |
| 3rd quintile: middle | 203 | 17.77 [17.74 - 17.80] | 135 | 19.21 [19.17 - 19.25] | 68 | 15,98 [4,21 - 45,16] |
| 4th quintile: high | 197 | 16.73 [16.70 - 16.76] | 135 | 22.21 [22.16 - 22.26] | 62 | 11,17 [6,00 - 19,87] |
| 5th quintile: highest | 184 | 16.79 [16.76 - 16.82] | 122 | 21.68 [21.63 - 21.73] | 62 | 11,89 [8,24 - 16,86] |

| Ever use of any tobacco product | | | | | | |
|---------------------------------|-------|-----------------------|------|-----------------------|-------|-----------------------|
| | Total | | Boys | | Girls | |
| | n | % [95% CI] | n | % [95% CI] | n | % [95% CI] |
| Marital status | | | | | | |
| Not in a union | 536 | 24.83 [24.81 - 24.86] | 382 | 31.40 [31.36 - 31.44] | 154 | 17.19 [17.16 - 17.23] |
| In a union | 12 | 32.45 [32.17 - 32.74] | 9 | 70.33 [69.75 - 70.90] | 3 | 21.18 [20.90 - 21.47] |
| Engagement in work | | | | | | |
| Employee, n (%) | 40 | 31.59 [31.51 - 31.68] | 30 | 30.51 [30.42 - 30.60] | 10 | 37.74 [37.51 - 37.97] |
| Self-employed, n (%) | 167 | 26.26 [26.20 - 26.31] | 131 | 43.02 [42.93 - 43.11] | 36 | 10.36 [10.31 - 10.41] |
| No work, n (%) | 901 | 17.58 [17.56 - 17.60] | 609 | 21.35 [21.32 - 21.37] | 292 | 13.56 [13.54 - 13.58] |
| Religion | | | | | | |
| No religion | 78 | 36.60 [36.51 - 36.69] | 66 | 41.98 [41.87 - 42.09] | 12 | 26.33 [26.20 - 26.47] |
| Christianity | 982 | 17.63 [17.61 - 17.64] | 662 | 22.23 [22.21 - 22.25] | 320 | 12.70 [12.68 - 12.71] |
| Islam | 38 | 16.88 [16.80 - 16.96] | 35 | 25.41 [25.29 - 25.53] | 3 | 3.79 [3.72 - 3.85] |
| Hinduism | 3 | 37.16 [36.83 - 37.49] | 1 | 11.25 [10.95 - 11.56] | 2 | 61.83 [61.36 - 62.29] |
| Other | 38 | 18.42 [18.34 - 18.50] | 24 | 21.83 [21.71 - 21.95] | 14 | 14.31 [14.20 - 14.43] |
| Functional disability | | | | | | |
| Person with disability | 60 | 24.18 [24.11 - 24.25] | 34 | 31.91 [31.80 - 32.01] | 26 | 15.42 [15.33 - 15.51] |
| Person without disability | 1083 | 18.08 [18.06 - 18.09] | 758 | 22.74 [22.72 - 22.76] | 325 | 12.88 [12.86 - 12.90] |
| Strata | | | | | | |
| Equateur | 122 | 23.47 [23.38 - 23.55] | 83 | 27.78 [27.66 - 27.90] | 39 | 18.39 [18.28 - 18.50] |
| Kasai | 246 | 28.99 [28.94 - 29.03] | 213 | 39.47 [39.41 - 39.53] | 33 | 12.90 [12.85 - 12.96] |
| Katanga | 178 | 23.05 [22.99 - 23.10] | 139 | 30.72 [30.64 - 30.80] | 39 | 13.21 [13.14 - 13.27] |
| Kivu | 108 | 8.57 [8.56 - 8.59] | 61 | 11.03 [11.01 - 11.06] | 47 | 6.13 [6.12 - 6.15] |
| Leopoldville | 233 | 18.49 [18.46 - 18.52] | 140 | 21.73 [21.68 - 21.77] | 93 | 15.12 [15.08 - 15.16] |
| Oriental | 256 | 49.02 [48.96 - 49.09] | 156 | 48.68 [48.60 - 48.77] | 100 | 49.47 [49.37 - 49.57] |

Ever use of any tobacco product increased with age, from 14.2% among 10–12-year-olds to 27.6% among 16–17-year-olds. Out of school adolescents (20.3%) showed higher ever use prevalence than in-school youth (18.1%). The ever use prevalence among urban residents (30.1%) was nearly double that of rural residents (15.5%). By wealth, the lowest and low status groups exhibited the highest ever use prevalence (19.8–21%), with lower prevalence in higher wealth categories. Among those 15 years of age and older, adolescents in a union's ever use prevalence was higher (32.5%) compared to those not in a union (24.8%). Among work categories, employees (31.6%) have the highest ever use prevalence, followed by self-employed (26.3%) and nonworking adolescents (17.6%). In the religious category, those with no religion (36.6%) and the small Hindu group sample (37.2%) recorded the highest ever use prevalence compared to Christianity (17.6%) and Islam (16.9%). Those with functional disabilities reported 24.2% versus 18.1% among those without functional disabilities. Regionally, Oriental stood at 49% while Kivu was 8.6%. In most categories, boys had higher ever use prevalences than girls, except among employees and in the very small Hindu group sample where girls had higher prevalences. In addition, when considering the current schooling status for girls, the prevalence of ever using a tobacco or nicotine product was higher among those who were in school (13.5%) when compared to those who were out-of-school (9.6%).

4.3.1.4. Prevalence of ever use of any smoked tobacco product disaggregated by adolescent characteristics

Ever use of any tobacco product increased with age, from 14.2% among 10–12-year-olds to 27.6% among 16–17-year-olds. Out of school adolescents (20.3%) showed higher ever use prevalence than in-school youth (18.1%). The ever use prevalence among urban residents (30.1%) was nearly double that of rural residents (15.5%). By wealth, the lowest and low status groups exhibited the highest ever use prevalence (19.8–21%), with lower prevalence in higher wealth categories. Among those 15 years of age and older, adolescents in a union's ever use prevalence was higher (32.5%) compared to those not in a union (24.8%). Among work categories, employees (31.6%) have the highest ever use prevalence, followed by self-employed (26.3%) and nonworking adolescents (17.6%). In the religious category, those with no religion (36.6%) and the small Hindu group sample (37.2%) recorded the highest ever use prevalence compared to Christianity (17.6%) and Islam (16.9%). Those with functional disabilities reported 24.2% versus 18.1% among those without functional disabilities. Regionally, Oriental stood at 49% while Kivu was 8.6%. In most categories, boys had higher ever use prevalences than girls, except among employees and in the very small Hindu group sample where girls had higher prevalences. In addition, when considering the current schooling status for girls, the prevalence of ever using a tobacco or nicotine product was higher among those who were in school (13.5%) when compared to those who were out-of-school (9.6%).

4.3.1.4. Prevalence of characteristics ever use of any smoked tobacco product disaggregated by adolescent

Table 7 provides a detailed breakdown of ever use of smoked tobacco products among adolescents, categorized by various factors such as age, schooling status, residence, socioeconomic status, marital status, engagement in work, religion, and disability status.

Table 7: Prevalence of ever using smoked tobacco products by key socio-demographic characteristics

| | Ever use: Any smoked tobacco product | | | | | |
|--------------------------------|--------------------------------------|---------------------|------|---------------------|-------|--------------------|
| | Total | | Boys | | Girls | |
| | n | % [95% CI] | n | % [95% CI] | n | % [95% CI] |
| Age | | | | | | |
| 10 - 12 yrs | 183 | 8.84 [8.82 - 8.85] | 125 | 11.09 [11.07-11.12] | 58 | 6.07 [6.05 - 6.09] |
| 13 - 15 yrs | 301 | 12.28 [12.26-12.30] | 242 | 18.06 [18.03-18.09] | 59 | 6.32 [6.30 - 6.34] |
| 16 - 17 yrs | 239 | 20.42 [20.39-20.46] | 188 | 31.76 [31.70-31.81] | 51 | 8.63 [8.59 - 8.66] |
| Schooling status | | | | | | |
| In-school | 579 | 11.52 [11.51-11.53] | 435 | 15.82 [15.80-15.84] | 144 | 6.68 [6.66 - 6.69] |
| Out-of-school | 144 | 17.69 [17.65-17.74] | 120 | 28.42 [28.35-28.49] | 24 | 6.57 [6.53 - 6.61] |
| Residence (rural/urban) | | | | | | |
| Rural | 413 | 9.89 [9.87 - 9.90] | 330 | 14.84 [14.82-14.86] | 83 | 4.43 [4.42 - 4.44] |

| Ever use: Any smoked tobacco product | | | | | | |
|--------------------------------------|-------|-----------------------|------|-----------------------|-------|-----------------------|
| | Total | | Boys | | Girls | |
| | n | % [95% CI] | n | % [95% CI] | n | % [95% CI] |
| Urban | 310 | 21.76 [21.73-21.80] | 225 | 26.86 [26.81-26.91] | 85 | 15.81 [15.77-15.86] |
| SES/wealth index | | | | | | |
| 1st quintile: lowest | 194 | 14.11 [14.08-14.14] | 158 | 20.98 [20.93 - 21.02] | 36 | 5.25 [5.22 - 5.28] |
| 2nd quintile: low | 150 | 13.41 [13.39-13.44] | 118 | 19.70 [19.65 - 19.74] | 32 | 6.82 [6.79 - 6.85] |
| 3rd quintile: middle | 138 | 11.98 [11.95-12.00] | 99 | 13.51 [13.47-13.55] | 39 | 10.08 [10.05-10.12] |
| 4th quintile: high | 126 | 11.76 [11.74-11.79] | 99 | 17.85 [17.80 - 17.89] | 27 | 5.59 [5.56 - 5.62] |
| 5th quintile: highest | 115 | 10.07 [10.04 - 10.09] | 81 | 14.74 [14.70-14.78] | 34 | 5.38 [5.35 - 5.41] |
| Marital status | | | | | | |
| NOT in a union | 384 | 17.80 [17.77-17.82] | 30 | 25.54 [25.50-25.58] | 82 | 8.79 [8.76 - 8.82] |
| In a union | 10 | 19.26 [19.02-19.50] | 28 | 37.17 [36.70-37.65] | 2 | 3.75 [3.67-3.84] |
| Engagement in work | | | | | | |
| Employee, n (%) | 32 | 28.59 [28.50-28.67] | 26 | 28.94 [28.85-29.03] | 6 | 26.57 [26.36-26.78] |
| Self-employed, n (%) | 133 | 20.89 [20.84-20.94] | 115 | 37.77 [37.68-37.85] | 18 | 4.89 [4.85 - 4.93] |
| No work, n (%) | 544 | 11.04 [11.03 - 11.05] | 404 | 14.87 [14.85-14.89] | 140 | 6.95 [6.93 - 6.96] |
| Religion | | | | | | |
| No religion | 64 | 28.30 [28.22-28.39] | 56 | 34.18 [16.98-17.22] | 8 | 17.10 [16.98-17.22] |
| Christianity | 612 | 11.76 [11.75-11.77] | 458 | 16.49 [6.68 - 6.70] | 15 | 6.69 [6.68 - 6.70] |
| Islam | 27 | 13.48 [13.41-13.55] | 25 | 20.77 [2.22 - 2.33] | 42 | 2.27 [2.22 - 2.33] |
| Hinduism | 1 | 5.49 [5.33 - 5.65] | 1 | 11.25 [10.95-11.56] | 0 | 0.0 |
| Other | 15 | 6.16 [6.11 - 6.22] | 11 | 10.64 [10.55-10.73] | 4 | 0.78 [0.75 - 0.81] |
| Functional disability | | | | | | |
| Person with disability | 52 | 20.53 [20.46-20.59] | 28 | 25.69 [25.59-25.79] | 24 | 14.68 [14.59-14.76] |
| Person without disability | 671 | 11.82 [11.81-11.84] | 527 | 16.85 [16.83-16.87] | 144 | 6.23 [6.21 - 6.24] |
| Strata | | | | | | |
| Equateur | 48 | 9.45 [9.40 - 9.51] | 42 | 13.64 [13.55-13.73] | 6 | 4.53 [4.47 - 4.59] |
| Kasai | 228 | 26.71 [26.66-26.75] | 200 | 37.68 [37.61-37.74] | 28 | 9.88 [9.83 - 9.92] |
| Katanga | 150 | 19.78 [19.73-19.84] | 123 | 28.07 [27.99-28.15] | 27 | 9.15 [9.10 - 9.21] |
| Kivu | 105 | 7.96 [7.95 - 7.98] | 60 | 10.81 [10.79-10.84] | 45 | 5.13 [5.12 - 5.15] |
| Leopoldville | 62 | 5.34 [5.32 - 5.36] | 45 | 8.32 [8.29 - 8.35] | 17 | 2.24 [2.22 - 2.26] |
| Oriental | 130 | 23.79 [23.74-23.85] | 85 | 24.38 [24.31-24.46] | 45 | 23.03 [22.94 - 23.11] |

Table 7 shows that for smoked tobacco products the ever use prevalence among adolescents increased with age, from 8.8% among 10–12-year-olds to 20.4% among 16–17-year-olds. Out-of-school adolescents had a higher ever use prevalence of 17.1% compared to 11.5% among in-school adolescents. Urban residents had an ever use prevalence of 21.8%, more than double that of rural residents (9.9%). The lowest and low wealth quintiles had higher ever use prevalence (14.1%–13.6%) compared to the middle to highest groups. Among those 15 years of age and older, those who were not in a union had an ever-use prevalence of 17.8% compared to 19.3% among those in a union.

Table 8: Prevalence of ever using smoked cigarettes by key socio-demographic characteristics

| | Ever use of smoked cigarette | | | | | |
|--------------------------------|------------------------------|-----------------------|------|-----------------------|-------|-----------------------|
| | Total | | Boys | | Girls | |
| | n | % [95% CI] | n | % [95% CI] | n | % [95% CI] |
| Age | | | | | | |
| 10 - 12 yrs | 174 | 8.61 [8.59 - 8.62] | 121 | 10.82 [10.79-10.84] | 53 | 5.90 [5.88 - 5.92] |
| 13 -15 yrs | 271 | 10.81 [10.79 - 10.83] | 232 | 17.21 [17.17-17.24] | 39 | 4.22 [4.20 - 4.23] |
| 16 - 17yrs | 214 | 18.65 [18.62 - 18.69] | 175 | 30.24 [30.19-30.30] | 39 | 6.59 [6.56 - 6.62] |
| Schooling status | | | | | | |
| In-school | 522 | 10.52 [10.51 - 10.54] | 414 | 15.22 [15.20-15.24] | 108 | 5.24 [5.23 - 5.25] |
| Out-of-school | 137 | 16.87 [16.83 - 16.91] | 114 | 26.97 [26.90 - 27.04] | 23 | 6.40 [6.36 - 6.44] |
| Residence (rural/urban) | | | | | | |
| Rural | 406 | 9.59 [9.58 - 9.60] | 324 | 14.50 [14.48-14.52] | 82 | 4.18 [4.17 - 4.19] |
| Urban | 253 | 18.09 [18.06 - 18.13] | 204 | 24.74 [24.69-24.79] | 49 | 10.32 [10.28-10.36] |
| SES/wealth index | | | | | | |
| 1st quintile: lowest | 188 | 13.66 [13.63 - 13.69] | 155 | 20.82 [20.78-20.87] | 33 | 4.41 [4.38 - 4.44] |
| 2nd quintile: low | 146 | 12.79 [12.76 - 12.82] | 114 | 18.48 [18.44-18.53] | 32 | 6.82 [6.79 - 6.85] |
| 3rd quintile: middle | 127 | 10.99 [10.96 - 11.01] | 97 | 13.30 [13.26-13.34] | 30 | 8.13 [8.10 - 8.16] |
| 4th quintile: high | 109 | 10.07 [10.05 - 10.10] | 92 | 16.70 [16.66-16.75] | 17 | 3.35 [3.32 - 3.37] |
| 5th quintile: highest | 89 | 8.93 [8.91 - 8.96] | 70 | 13.78 [13.74-13.82] | 19 | 4.07 [4.05 - 4.10] |
| Marital status | | | | | | |
| Not in a union | 346 | 16.29 [16.26 - 16.31] | 28 | 24.28 [24.24-24.31] | 62 | 6.99 [6.97 - 7.01] |
| In a union | 10 | 19.26 [19.02 - 19.50] | 48 | 61.31 [60.69 - 61.92] | 2 | 6.75 [6.58 - 6.93] |
| Engagement in work | | | | | | |
| Employee, n (%) | 28 | 26.34 [26.26 - 26.42] | 23 | 26.59 [26.50-26.67] | 5 | 24.96 [24.76 - 25.16] |
| Self-employed, n (%) | 125 | 19.46 [19.41 - 19.51] | 111 | 36.01 [35.92 - 36.09] | 14 | 3.77 [3.73 - 3.80] |
| No work, n (%) | 494 | 10.11 [10.10 - 10.13] | 384 | 14.37 [14.35-14.39] | 110 | 5.57 [5.56 - 5.59] |
| Religion | | | | | | |

| Ever use or smoked cigarette | | | | | | |
|------------------------------|-----|-----------------------|-----|-----------------------|-----|---------------------|
| | n | Total | n | Boys | n | Girls |
| No religion | 64 | 28.30 [28.22 - 28.39] | 56 | 34.18 [34.07-34.29] | 8 | 17.10 [16.98-17.22] |
| Christianity | 551 | 10.68 [10.66 - 10.69] | 434 | 15.71 [15.69-15.73] | 11 | 5.28 [5.27 - 5.30] |
| Islam | 25 | 13.22 [13.15 - 13.29] | 231 | 20.34 [20.23-20.45] | 7 | 2.27 [2.22 - 2.33] |
| Hinduism | 1 | 5.49 [5.33 - 5.65] | 10 | 11.25 [10.95-11.56] | 20 | 0.0 |
| Other | 14 | 6.00 [5.94 - 6.05] | 10 | 10.33 [10.24-10.42] | 4 | 0.78 [0.75 - 0.81] |
| Functional disability | | | | | | |
| Person with disability | 38 | 16.46 [16.40 - | 25 | 23.25 [23.16- | 13 | 8.77 [8.70 - 8.84] |
| Person without disability | 621 | 16.52 [11.02 | 50 | 23.35 [16.24 | 118 | 5.20 [5.19 - 5.21] |
| Strata | | [11.01 - 11.03] | 3 | [16.22-16.26] | | |
| Equateur | 47 | 9.35 [9.29 - 9.41] | 41 | 13.44 [13.35-13.54] | 6 | 4.53 [4.47 - 4.59] |
| Kasai | 223 | 25.80 [25.76 - 25.85] | 198 | 37.03 [36.97 - 37.10] | 25 | 8.57 [8.53 - 8.62] |
| Katanga | 145 | 19.53 [19.48 - 19.58] | 119 | 27.67 [27.59-27.75] | 26 | 9.09 [9.03 - 9.14] |
| Kivu | 77 | 6.79 [6.78 - 6.81] | 52 | 10.09 [10.06-10.11] | 25 | 3.53 [3.52 - 3.55] |
| Leopoldville | 46 | 4.65 [4.63 - 4.67] | 37 | 7.54 [7.51 - 7.57] | 9 | 1.64 [1.63 - 1.66] |
| Oriental | 121 | 21.93 [21.88 - 21.99] | 81 | 23.31 [23.24-23.38] | 40 | 20.15 [20.07-20.23] |

The prevalence of ever smoking cigarettes increased with age, from 8.6% among 10–12-year-olds to 18.7% among 16–17-year-olds. Out of school adolescents reported a higher ever-use prevalence (16.9%) than in school adolescents (10.5%). Urban residents (18.1%) had nearly double the rate of rural residents (9.6%). By wealth, the lowest wealth quintile exhibited the highest ever use prevalence (13.7%), declining to 8.9% in the highest quintile. Adolescents aged 15 years and over who were in a union had a higher ever use prevalence (19.3%) than those not in a union with 16.3%. Among work categories, employees recorded 26.3% ever use prevalence, and self-employed 19.5%, both higher than non-working adolescents (10.1%). In the religious category, the prevalence of ever smoking cigarettes among those with no religion was 28.3%, while Christianity (10.7%) and Islam (13.2%) had lower ever use prevalence. Adolescents with functional disabilities showed 16.5% ever use prevalence versus 11% among those without functional disabilities. Regionally, Kasai (25.8%) and Oriental (21.9%) had the highest ever use prevalence. In all categories, boys consistently reported higher prevalences than girls.

4.3.1.6. Prevalence of ever use of manufactured cigarette disaggregated by adolescent characteristics

Table 9 provides a detailed overview of the prevalence of ever-use of manufactured cigarettes by adolescents, categorized by various factors such as age, schooling status, residence, socioeconomic status, marital status, engagement in work, religion, and disability status.

Table 9: Prevalence of ever-use of manufactured cigarettes by key socio-demographic characteristics

| | Ever use of manufactured cigarette | | | | | |
|-------------|------------------------------------|--------------------|------|--------------------|-------|--------------------|
| | Total | | Boys | | Girls | |
| | n | % [95% CI] | n | % [95% CI] | n | % [95% CI] |
| Age | | | | | | |
| 10 - 12 yrs | 127 | 5.52 [5.51 - 5.53] | 95 | 7.02 [7.00 - 7.04] | 32 | 3.68 [3.66 - 3.69] |

| | | | | | | |
|--------------------------------|-----|-----------------------|-----|-----------------------|----|---------------------|
| 13 - 15 yrs | 243 | 9.34 [9.32 - 9.35] | 213 | 15.45 [15.42 - 15.48] | 30 | 3.04 [3.02 - 3.05] |
| 16 - 17 yrs | 195 | 16.89 [16.86 - 16.93] | 164 | 28.76 [28.71 - 28.82] | 31 | 4.55 [4.52 - 4.57] |
| Schooling status | | | | | | |
| In-school | 440 | 8.18 [8.17 - 8.198] | 365 | 12.47 [12.45 - 12.49] | 75 | 3.35 [3.34 - 3.36] |
| Out-of-school | 125 | 15.36 [15.33 - 15.40] | 107 | 25.05 [24.98 - 25.11] | 18 | 5.32 [5.29 - 5.35] |
| Residence (rural/urban) | | | | | | |
| Rural | 348 | 7.75 [7.74 - 7.76] | 288 | 12.03 [12.01 - 12.04] | 60 | 3.05 [3.03 - 3.06] |
| Urban | 217 | 14.24 [14.21 - 14.27] | 184 | 21.41 [21.36 - 21.46] | 33 | 5.87 [5.84 - 5.90] |
| SES/wealth index | | | | | | |
| 1st quintile: lowest | 152 | 9.17 [9.15 - 9.20] | 134 | 14.57 [14.53 - 14.61] | 18 | 2.20 [2.18 - 2.22] |
| 2nd quintile: low | 129 | 11.02 [11.00 - 11.05] | 103 | 16.61 [16.57 - 16.65] | 26 | 5.16 [5.13 - 5.19] |
| 3rd quintile: middle | 107 | 8.32 [8.30 - 8.34] | 88 | 11.89 [11.85 - 11.92] | 19 | 3.91 [3.89 - 3.93] |
| 4th quintile: high | 93 | 8.27 [8.24 - 8.29] | 81 | 13.67 [13.63 - 13.72] | 12 | 2.78 [2.76 - 2.80] |
| 5th quintile: highest | 84 | 8.52 [8.50 - 8.54] | 66 | 13.26 [13.22 - 13.31] | 18 | 3.76 [3.74 - 3.78] |
| Marital status | | | | | | |
| Not in a union | 31 | 14.49 [14.46 - 14.51] | 26 | 22.70 [22.67 - 22.74] | 50 | 4.93 [4.91 - 4.95] |
| In a union | 77 | 12.51 [12.31 - 12.71] | 77 | 54.56 [53.93 - 55.19] | 0 | 0.0 |
| Engagement in work | | | | | | |
| Employee, n (%) | 21 | 16.19 [16.12 - 16.26] | 17 | 14.98 [14.91 - 15.05] | 4 | 23.05 [22.85-23.24] |
| Self-employed, n (%) | 117 | 18.43 [18.38 - 18.47] | 105 | 34.35 [34.27 - 34.44] | 12 | 3.32 [3.29 - 3.35] |
| No work, n (%) | 417 | 8.08 [8.07 - 8.09] | 341 | 12.32 [12.30 - 12.34] | 76 | 3.56 [3.55 - 3.57] |
| Religion | | | | | | |
| No religion | 57 | 25.33 [25.25 - 25.41] | 50 | 30.86 [30.76 - 30.97] | 7 | 14.79 [14.67-14.90] |
| Christianity | 467 | 8.31 [8.30 - 8.32] | 385 | 12.90 [12.88 - 12.92] | 82 | 3.40 [3.39 - 3.41] |
| Islam | 24 | 12.75 [12.68 - 12.82] | 22 | 19.57 [19.46 - 19.68] | 2 | 2.27 [2.22 - 2.33] |
| Hinduism | 1 | 5.49 [5.33 - 5.65] | 1 | 11.25 [10.95 - 11.56] | 0 | 0.0 |
| Other | 12 | 5.79 [5.74 - 5.84] | 10 | 10.33 [10.24 - 10.42] | 2 | 0.33 [0.31 - 0.35] |
| Functional disability | | | | | | |
| Person with disability | 33 | 14.90 [14.84 - 14.96] | 22 | 21.65 [21.56 - 21.74] | 11 | 7.26 [7.20 - 7.32] |
| Person without disability | 532 | 8.74 [8.73 - 8.75] | 450 | 13.53 [13.51 - 13.55] | 82 | 3.40 [3.39 - 3.41] |
| Strata | | | | | | |
| Equateur | 40 | 6.51 [6.48 - 6.58] | 36 | 10.86 [10.81 - 10.97] | 4 | 1.39 [1.36 - 1.43] |
| Kasai | 202 | 22.62 [22.58 - 22.67] | 180 | 33.02 [32.96 - 33.08] | 22 | 6.67 [6.63 - 6.71] |
| Katanga | 137 | 18.58 [18.53 - 18.53] | 114 | 26.81 [26.73 - 26.89] | 23 | 8.03 [7.97 - 8.08] |
| Kivu | 66 | 5.43 [5.42 - 5.45] | 45 | 7.86 [7.84 - 7.88] | 21 | 3.03 [3.01 - 3.04] |
| Leopoldville | 42 | 3.74 [3.73 - 3.76] | 35 | 5.82 [5.79 - 5.84] | 7 | 1.58 [1.57 - 1.60] |
| Oriental | 78 | 11.83 [11.78 - 11.87] | 62 | 17.06 [16.99 - 17.13] | 16 | 5.05 [5.01 - 5.09] |

The prevalence of ever use of manufactured cigarettes increased with age, from 5.8% among 10–12-year-olds to 17.7% among 16–17-year-olds. Out-of-school adolescents had nearly double the ever use prevalence (16.7%) of in-school adolescents (8.6%). Urban residents (14.4%) had higher ever use prevalence than rural residents (8.2%). By wealth, the lowest and low wealth quintiles had the highest ever use prevalence (9.3–11.4%). The ever use prevalence among those 15 years of age and older who were not in a union was 15.2% compared to 12.5% for those in a union. Among work categories, self-employed adolescents have the highest ever use prevalence (19.3%), followed by employees (16.2%) and nonworking youth (8.1%). In the religious category, those with no religion had the highest ever use prevalence (25.5%), while Christianity (8.7%) and Islam (12.8%) are lower. Adolescents with functional disabilities reported higher ever use prevalence (14.9%) than those without (9.2%). Regionally, Kasai (22.9%) and Katanga (19.2%) recorded the highest ever use prevalence. In most categories, boys consistently had higher ever use prevalence than girls, except among employees where girls (23%) exceed boys (15%).

4.3.1.7. Prevalence of ever use of roll-your-own (RYO) cigarettes disaggregated by adolescent characteristics

Table 10 provides a detailed overview of the prevalence of ever-use of RYO cigarettes by adolescents, categorized by various factors such as age, schooling status, residence, socioeconomic status, marital status, engagement in work, religion, and disability status

Table 10: Prevalence of ever-use of roll-your-own (RYO) cigarettes by key socio-demographic characteristics

| | Ever use of RYO cigarettes | | | | | |
|--------------------------------|----------------------------|--------------------|------|-----------------------|-------|--------------------|
| | Total | | Boys | | Girls | |
| | n | % [95% CI] | n | % [95% CI] | n | % [95% CI] |
| Age | | | | | | |
| 10 - 12 yrs | 81 | 4.53 [4.52 - 4.55] | 55 | 5.97 [5.95 - 5.99] | 26 | 2.77 [2.76 - 2.79] |
| 13 -15 yrs | 114 | 4.92 [4.90 - 4.93] | 102 | 8.02 [8.00 - 8.05] | 12 | 1.71 [1.70 - 1.72] |
| 16 - 17yrs | 93 | 7.96 [7.94 - 7.98] | 76 | 12.65 [12.61 - 12.69] | 17 | 3.08 [3.06 - 3.10] |
| Schooling status | | | | | | |
| In-school | 213 | 4.83 [4.83 - 4.84] | 167 | 7.00 [6.98 - 7.01] | 46 | 2.40 [2.39 - 2.41] |
| Out-of-school | 75 | 8.77 [8.74 - 8.80] | 66 | 14.74 [14.69 - 14.80] | 9 | 2.58 [2.56 - 2.61] |
| Residence (rural/urban) | | | | | | |
| Rural | 180 | 4.48 [4.47 - 4.49] | 148 | 7.12 [7.11 - 7.14] | 32 | 1.56 [1.55 - 1.57] |
| Urban | 108 | 8.65 [8.63 - 8.68] | 85 | 10.96 [10.92 - 10.99] | 23 | 5.96 [5.93 - 5.99] |
| SES/wealth index | | | | | | |
| 1st quintile: lowest | 85 | 7.48 [7.46 - 7.50] | 67 | 11.12 [11.08 - 11.15] | 18 | 2.78 [2.76 - 2.80] |
| 2nd quintile: low | 66 | 6.62 [6.60 - 6.64] | 51 | 10.06 [10.03 - 10.10] | 15 | 3.01 [2.99 - 3.03] |
| 3rd quintile: middle | 49 | 4.70 [4.68 - 4.72] | 37 | 5.06 [5.04 - 5.08] | 12 | 4.25 [4.23 - 4.28] |
| 4th quintile: high | 52 | 4.61 [4.59 - 4.63] | 45 | 7.78 [7.75 - 7.81] | 7 | 1.39 [1.38 - 1.41] |
| 5th quintile: highest | 36 | 3.16 [3.14 - 3.17] | 33 | 5.62 [5.59 - 5.65] | 3 | 0.69 [0.68 - 0.70] |
| Marital status | | | | | | |
| Not in a union | 150 | 7.41 [7.39 - 7.42] | 126 | 10.95 [10.92 - 10.97] | 24 | 3.29 [3.27 - 3.31] |

| Ever use of RYO cigarettes | | | | | | |
|----------------------------|-------|-----------------------|------|-----------------------|-------|---------------------|
| | Total | | Boys | | Girls | |
| | n | % [95% CI] | n | % [95% CI] | n | % [95% CI] |
| in a union | 7 | 17.09 [16.87 - 17.32] | 5 | 51.85 [51.22 - 52.48] | 2 | 6.75 [6.58 - 6.93] |
| Engagement in work | | | | | | |
| Employee, n (%) | 15 | 20.46 [20.39 - 20.54] | 13 | 23.14 [23.06 - 23.23] | 2 | 5.32 [5.22 - 5.43] |
| Self-employed, n (%) | 55 | 7.32 [7.29 - 7.35] | 51 | 13.63 [13.57 - 13.69] | 4 | 1.34 [1.32 - 1.36] |
| No work, n (%) | 212 | 4.51 [4.50 - 4.51] | 164 | 6.27 [6.26 - 6.28] | 48 | 2.62 [2.61 - 2.63] |
| Religion | | | | | | |
| No religion | 39 | 14.79 [14.73 - 14.86] | 36 | 19.24 [19.15 - 19.33] | 3 | 6.31 [6.24 - 6.39] |
| Christianity | 223 | 4.92 [4.91 - 4.93] | 17 | 7.28 [7.27 - 7.30] | 48 | 2.38 [2.38 - 2.39] |
| Islam | 17 | 9.28 [9.22 - 9.35] | 5 | 13.85 [13.75 - 13.94] | 2 | 2.27 [2.22 - 2.33] |
| Hinduism | 0 | 0.0 | 15 | | | |
| Other | 6 | 0.68 [0.66-0.70] | 4 | 0.87 [0.84 - 0.90] | 2 | 0.45 [0.43 - 0.47] |
| Functional disability | | | | | | |
| Person with disability | 13 | 9.28 [9.24 - 9.33] | 11 | 16.14 [16.06 - 16.23] | 2 | 1.51 [1.48 - 1.54] |
| Person without disability | 275 | 5.10 [5.09 - 5.11] | 222 | 7.46 [7.44 - 7.47] | 53 | 2.47 [2.47 - 2.48] |
| Strata | | | | | | |
| Equateur | 15 | 4.29 [4.25 - 4.33] | 13 | 5.27 [5.21 - 5.33] | 2 | 3.14 [3.09 - 3.19] |
| Kasai | 104 | 12.94 [12.91 - 12.98] | 92 | 18.38 [18.33 - 18.43] | 12 | 4.60 [4.57 - 4.64] |
| Katanga | 60 | 6.76 [6.73 - 6.79] | 54 | 10.61 [10.55 - 10.66] | 6 | 1.83 [1.80 - 1.86] |
| Kivu | 26 | 2.81 [2.81 - 2.82] | 20 | 4.75 [4.74 - 4.77] | 6 | 0.90 [0.89 - 0.90] |
| Leopoldville | 19 | 2.17 [2.16 - 2.18] | 17 | 4.20 [4.18 - 4.22] | 2 | 0.06 [0.06 - 0.06] |
| Oriental | 64 | 13.62 [13.57 - 13.66] | 37 | 11.64 [11.59 - 11.70] | 27 | 16.18 [16.10-16.25] |

The ever use prevalence of roll-your-own (RYO) cigarettes increased with age, from 4.8% among 10–12-year-olds to 8.4% among 16–17-year-olds. Out-of-school adolescents had a higher ever-use prevalence (9.5%) than those in-school (5.1%). Urban residents had an ever use prevalence of 8.9%, nearly double that of rural residents (4.8%). By wealth, the lowest wealth quintile had the highest ever use prevalence (7.7%), declining to 3.6% in the highest quintile. Among those 15 years of age and older, adolescents in a union had an ever use prevalence of 17.1% compared to 7.8% among those not in a union. Employees had the highest ever use prevalence (21.1%), followed by self-employed (7.7%) and non-working youth (4.6%). In the religious category, those with no religion record an ever use prevalence of 15.1%, while that for Christianity and Islam was lower. Adolescents with functional disabilities had a higher ever-use prevalence (9.3%) than those without (5.4%). Regionally, Kasai (13.3%) and Oriental (13.7%) had the highest ever use prevalence. In most categories, boys had a higher ever use prevalence than girls, except in Oriental where girls had a higher ever-use prevalence (16.4%).

4.3.1.8. Prevalence of ever-use prevalence of shisha disaggregated by adolescent characteristics

Table 11 provides a detailed overview of the ever use prevalence of shisha among adolescents, categorized by various factors such as age, schooling status, residence, socioeconomic status, marital status, engagement in work, religion, and disability status.

Table 11: Prevalence of ever-use of shisha by key socio-demographic characteristics

| | Ever use of shisha | | | | | |
|--------------------------------|--------------------|-----------------------|------|-----------------------|-------|--------------------|
| | Total | | Boys | | Girls | |
| | n | % [95% CI] | n | % [95% CI] | n | % [95% CI] |
| Age | | | | | | |
| 10 - 12 yrs | 17 | 0.57 [0.57 - 0.58] | 12 | 0.89 [0.89 - 0.90] | 5 | 0.18 [0.17 - 0.18] |
| 13 - 15 yrs | 59 | 2.79 [2.78 - 2.80] | 35 | 3.25 [3.24 - 3.27] | 24 | 2.32 [2.31 - 2.33] |
| 16 - 17 yrs | 48 | 5.04 [5.02 - 5.06] | 31 | 7.39 [7.35 - 7.42] | 17 | 2.60 [2.58 - 2.62] |
| Schooling status | | | | | | |
| In-school | 95 | 2.00 [1.99 - 2.00] | 53 | 2.37 [2.36 - 2.37] | 42 | 1.58 [1.58 - 1.59] |
| Out-of-school | 29 | 3.88 [3.86 - 3.90] | 25 | 6.94 [6.90 - 6.98] | 4 | 0.70 [0.69 - 0.71] |
| Residence (rural/urban) | | | | | | |
| Rural | 26 | 1.10 [1.10 - 1.11] | 24 | 1.86 [1.85 - 1.87] | 2 | 0.26 [0.26 - 0.27] |
| Urban | 98 | 6.70 [6.68 - 6.72] | 54 | 6.94 [6.92 - 6.97] | 44 | 6.42 [6.92 - 6.97] |
| SES/Wealth index | | | | | | |
| 1st quintile: lowest | 17 | 1.30 [1.29 - 1.31] | 14 | 1.67 [1.65 - 1.68] | 3 | 0.84 [0.83 - 0.85] |
| 2nd quintile: low | 16 | 3.27 [3.26 - 3.29] | 16 | 6.39 [6.36 - 6.42] | 0 | 0.0 |
| 3rd quintile: middle | 19 | 1.44 [1.43 - 1.45] | 9 | 0.96 [0.95 - 0.98] | 10 | 2.03 [2.01 - 2.05] |
| 4th quintile: high | 32 | 2.95 [2.93 - 2.96] | 20 | 3.57 [3.55 - 3.60] | 12 | 2.31 [2.29 - 2.33] |
| 5th quintile: highest | 40 | 2.22 [2.21 - 2.24] | 19 | 2.32 [2.30 - 2.33] | 21 | 2.13 [2.11 - 2.15] |
| Marital status | | | | | | |
| Not in a union | 78 | 4.04 [4.03 - 4.06] | 51 | 5.63 [5.61 - 5.65] | 27 | 2.20 [2.19 - 2.21] |
| In a union | 0 | 0.0 | | | | |
| Engagement in work | | | | | | |
| Employee, n (%) | 9 | 11.28 [11.23 - 11.34] | 8 | 12.99 [12.93 - 13.06] | 1 | 1.61 [1.55 - 1.67] |
| Self-employed, n (%) | 30 | 4.65 [4.62 - 4.67] | 23 | 7.56 [7.51 - 7.60] | 7 | 1.89 [1.87 - 1.91] |
| No work, n (%) | 83 | 1.64 [1.64 - 1.65] | 47 | 1.76 [1.75 - 1.77] | 36 | 1.52 [1.51 - 1.53] |
| Religion | | | | | | |
| No religion | 3 | 1.38 [1.36 - 1.40] | 3 | 2.11 [2.07 - 2.14] | 0 | 0.0 |
| Christianity | 11 | 2.43 [2.42 - 2.43] | 7 | 3.18 [3.17 - 3.19] | 46 | 1.62 [1.61 - 1.63] |
| Islam | 72 | 0.26 [0.25 - 0.27] | 1 | 0.43 [0.41 - 0.45] | 0 | 0.0 |
| Hinduism | 0 | 0.0 | 2 | 0.0 | 0 | 0.0 |
| Other | 2 | 0.28 [0.27 - 0.29] | 2 | 0.51 [0.49 - 0.54] | 0 | 0.0 |
| Functional disability | | | | | | |
| Person with disability | 25 | 12.88 [12.83 - 12.94] | 11 | 17.55 [17.46 - 17.63] | 14 | 7.59 [7.53 - 7.66] |
| Person without disability | 99 | 1.64 [1.64 - 1.65] | 67 | 2.10 [2.09 - 2.11] | 32 | 1.14 [1.13 - 1.14] |
| Strata | | | | | | |
| Equateur | 1 | 0.10 [0.10 - 0.11] | 1 | 0.19 [0.18 - 0.21] | 0 | 0.0 |
| Kasai | 10 | 1.82 [1.80 - 1.83] | 7 | 2.15 [2.13 - 2.17] | 3 | 1.31 [1.29 - 1.32] |

| | Ever use of shisha | | | | | |
|--------------|--------------------|--------------------|------|--------------------|-------|--------------------|
| | Total | | Boys | | Girls | |
| | n | % [95% CI] | n | % [95% CI] | n | % [95% CI] |
| Katanga | 12 | 1.16 [1.15 - 1.17] | 10 | 1.89 [1.87 - 1.92] | 2 | 0.22 [0.21 - 0.23] |
| Kivu | 52 | 2.69 [2.68 - 2.69] | 26 | 3.44 [3.42 - 3.45] | 26 | 1.94 [1.93 - 1.95] |
| Leopoldville | 25 | 1.16 [1.15 - 1.17] | 15 | 1.62 [1.61 - 1.64] | 10 | 0.69 [0.68 - 0.69] |
| Oriental | 24 | 5.09 [5.06 - 5.12] | 19 | 6.80 [6.75 - 6.84] | 5 | 2.88 [2.85 - 2.91] |

The ever use prevalence of shisha increased with age, from 0.6% among 10–12-year-old adolescents to 5.3% among 16–17-year-old adolescents. Out-of-school adolescents had a higher ever-use prevalence (4.3%) than in-school adolescents (2.1%). Urban residents exhibited a higher ever use prevalence of 6.9%, compared to 1.2% among rural residents. By wealth status, the ever use prevalence of shisha ranged from 1.4% in the lowest to 2.6% in the highest wealth quintile. Among those 15 years of age and older, adolescents not in a union had an ever use prevalence of 4.3%. Among work categories, the ever use prevalence decreases from employees (11.6%) to self-employed and is lowest among non-working adolescents (1.7%). For religion, Christianity (2.6%) and no religion (1.5%) show modest ever use prevalence. Adolescents with disabilities have a markedly higher ever-use prevalence (13.1%) of shisha than those without (1.8%). Regionally, Oriental (5.1%) had the highest and Equateur the lowest (0.1%) ever use prevalence. In most categories, boys report higher ever use prevalence of shisha than girls. When considering current schooling status for girls, the prevalence of ever using shisha was higher among those who were in school (1.7%) when compared to those who were out-of-school (0.8%). Table 12 shows the prevalence of ever using smokeless tobacco products among adolescents by age, schooling status, residence, socioeconomic status, marital status, work engagement, religion, functional disability, and geographical strata.

4.3.1.9. Prevalence characteristics of ever using smokeless tobacco products, disaggregated by adolescent

Table 12: Prevalence of ever using smokeless tobacco products by key socio-demographic characteristics

| | Ever use: Smokeless tobacco product | | | | | |
|--------------------------------|-------------------------------------|-----------------------|------|-----------------------|-------|---------------------|
| | Total | | Boys | | Girls | |
| | n | % [95% CI] | n | % [95% CI] | n | % [95% CI] |
| Age | | | | | | |
| 10 - 12 yrs | 221 | 7.20 [7.19 - 7.22] | 130 | 7.93 [7.91 - 7.95] | 91 | 6.31 [6.29 - 6.33] |
| 13 -15 yrs | 238 | 9.58 [9.56 - 9.60] | 154 | 10.60 [10.58 - 10.63] | 84 | 8.52 [8.49 - 8.54] |
| 16 - 17yrs | 163 | 12.09 [12.07 - 12.12] | 112 | 15.36 [15.31 - 15.40] | 51 | 8.70 [8.66 - 8.73] |
| Schooling status | | | | | | |
| In-school | 553 | 9.31 [9.30 - 9.33] | 345 | 10.37 [10.35 - 10.38] | 208 | 8.13 [8.12 - 8.15] |
| Out-of-school | 69 | 6.72 [6.69 - 6.74] | 51 | 9.19 [9.15 - 9.24] | 18 | 4.15 [4.12 - 4.18] |
| Residence (rural/urban) | | | | | | |
| Rural | 370 | 7.53 [7.52 - 7.54] | 229 | 7.91 [7.89 - 7.93] | 141 | 7.12 [7.10 - 7.13] |
| Urban | 252 | 14.81 [14.78 - 14.84] | 167 | 19.17 [19.13 - 19.22] | 85 | 9.71 [9.67-9.74] |
| SES/Wealth index | | | | | | |
| 1st quintile: lowest | 175 | 9.36 [9.34 - 9.39] | 121 | 11.88 [11.84 - 11.91] | 54 | 6.12 [6.09 - 6.15] |
| 2nd quintile: low | 159 | 11.70 [11.68 - 11.73] | 100 | 12.85 [12.81 - 12.89] | 59 | 10.50 [10.47-10.54] |
| 3rd quintile: middle | 108 | 9.34 [9.32 - 9.36] | 68 | 10.31 [10.27 - 10.34] | 40 | 8.15 [8.11 - 8.18] |

| Ever use: Smokeless tobacco product | | | | | | |
|-------------------------------------|-------|-----------------------|------|-----------------------|-------|-----------------------|
| | Total | | Boys | | Girls | |
| | n | % [95% CI] | n | % [95% CI] | n | % [95% CI] |
| 4th quintile: high | 91 | 6.50 [6.48 - 6.52] | 51 | 6.84 [6.81 - 6.87] | 40 | 6.15 [6.13 - 6.18] |
| 5th quintile: highest | 89 | 7.94 [7.92 - 7.97] | 56 | 8.91 [8.88 - 8.95] | 33 | 6.97 [6.94 - 7.00] |
| Marital status | | | | | | |
| Not in a union | 26 | 11.92 [11.90 - 11.94] | 17 | 13.23 [13.20 - 13.26] | 94 | 10.40 [10.88-10.94] |
| In a union | 95 | 18.68 [18.44 - 18.92] | 53 | 16.81 [16.35 - 17.29] | 2 | 19.23 [18.96-19.51] |
| Engagement in work | | | | | | |
| Employee, n (%) | 13 | 4.92 [4.88 - 4.96] | 7 | 2.83 [2.80 - 2.87] | 6 | 16.72 [16.54-16.89] |
| Self-employed, n (%) | 63 | 9.07 [9.04 - 9.11] | 41 | 12.35 [12.29 - 12.41] | 22 | 5.96 [5.92 - 6.00] |
| No work, n (%) | 519 | 9.51 [9.50 - 9.52] | 332 | 10.93 [10.91 - 10.95] | 187 | 8.00 [7.98 - 8.01] |
| Religion | | | | | | |
| No religion | 41 | 18.63 [18.55 - 18.70] | 32 | 18.41 [18.33 - 18.50] | 9 | 19.03 [18.90-19.15] |
| Christianity | 52 | 8.09 [8.08 - 8.10] | 31 | 9.07 [9.05 - 9.08] | 20 | 7.04 [7.02 - 7.05] |
| Islam | 0 | 12.67 [12.60 - 12.74] | 9 | 19.08 [18.97 - 19.19] | 1 | 2.83 [2.77 - 2.88] |
| Hinduism | 26 | 31.67 [31.36 - 31.99] | 24 | 0.0 | 22 | 61.83 [61.36-62.29] |
| Other | 2 | 17.34 [17.25 - 17.42] | 0 | 20.13 [20.01 - 20.24] | 12 | 13.98 [13.87 - 14.09] |
| Functional disability | | | | | | |
| Person with disability | 11 | 4.17 [4.14 - 4.21] | 9 | 7.20 [7.14 - 7.26] | 2 | 0.74 [0.72 - 0.76] |
| Person without disability | 611 | 9.26 [9.25 - 9.27] | 387 | 10.39 [10.38 - 10.41] | 224 | 8.00 [7.98 - 8.01] |
| Strata | | | | | | |
| Equateur | 96 | 18.53 [18.46 - 18.61] | 62 | 22.31 [22.20 - 22.42] | 34 | 14.08 [13.98-14.18] |
| Kasai | 82 | 11.59 [11.56 - 11.62] | 66 | 14.62 [14.57 - 14.66] | 16 | 6.94 [6.90 - 6.98] |
| Katanga | 51 | 5.10 [5.07 - 5.13] | 38 | 5.57 [5.53 - 5.61] | 13 | 4.49 [4.45 - 4.53] |
| Kivu | 5 | 0.75 [0.75 - 0.76] | 2 | 0.28 [0.28 - 0.28] | 3 | 1.22 [1.21 - 1.23] |
| Leopoldville | 201 | 15.11 [15.08 - 15.13] | 114 | 16.23 [16.19 - 16.27] | 87 | 13.94 [13.90-13.98] |
| Oriental | 187 | 35.38 [35.32 - 35.44] | 114 | 37.55 [37.47 - 37.64] | 73 | 32.56 [32.47-32.66] |

Table 12 shows that the ever use prevalence of smokeless tobacco products among adolescents increased with age—from 7.7% among 10–12-year-olds to 12.8% among 16–17-year-olds. In-school adolescents had a higher ever use prevalence (9.9%) than out-of-school adolescents (7.4%). Urban residents had an ever use prevalence of 15.3%, nearly double that of rural residents (8.1%). By socioeconomic status, ever use prevalence peaks in the lower quintiles (9.7%–12.3%) and declines in higher groups. Among those 15 years of age and older, those who were not in a union had an ever use prevalence of 12.6%, while for those in a union it was 18.7%. Among work categories, ever use prevalence was lowest among employees (5.1%), whereas self-employed and nonworking adolescents report around 9.6–9.7%. For religion, adolescents with no religion recorded 19.2%, Christianity 8.6%, and Islam 12.7%; Hinduism on the other hand had an ever use prevalence of 31.7% with an exceptionally high prevalence among girls (61.8%). The ever use prevalence among adolescents without functional disabilities was 9.9% versus 4.2% among those with disabilities. Regionally, Oriental (35.4%) and Equateur (18.9%) had the highest ever use prevalence. In most categories, boys reported higher ever use prevalence than girls, except for those who were employees where the ever use prevalence was higher among girls than boys (16.7% vs. 2.9%, respectively).

4.3.1.10. Prevalence of ever using heated tobacco products disaggregated by adolescent characteristics

Table 13 shows the prevalence of ever using heated tobacco products among adolescents by age, schooling status, residence, socioeconomic status, marital status, work engagement, religion, functional disability, and geographical strata.

Table 13: Prevalence of ever using heated tobacco products by key socio-demographic characteristics

| | Ever use of heated tobacco product | | | | | |
|--------------------------------|------------------------------------|--------------------|------|--------------------|-------|--------------------|
| | Total | | Boys | | Girls | |
| | n | % [95% CI] | n | % [95% CI] | n | % [95% CI] |
| Age | | | | | | |
| 10 - 12 yrs | 5 | 0.10 [0.10 - 0.10] | 5 | 0.18 [0.18 - 0.19] | 0 | 0.0 |
| 13 -15 yrs | 5 | 0.19 [0.18 - 0.19] | 4 | 0.25 [0.25 - 0.26] | 1 | 0.12 [0.11 - 0.12] |
| 16 - 17 yrs | 4 | 0.29 [0.29 - 0.30] | 3 | 0.56 [0.55 - 0.57] | 1 | 0.02 [0.02 - 0.02] |
| Schooling status | | | | | | |
| In-school | 12 | 0.18 [0.18 - 0.18] | 10 | 0.29 [0.28 - 0.29] | 2 | 0.06 [0.05 - 0.06] |
| Out-of-school | 2 | 0.10 [0.10 - 0.10] | 2 | 0.20 [0.19 - 0.20] | 0 | 0.0 |
| Residence (rural/urban) | | | | | | |
| Rural | 6 | 0.05 [0.04 - 0.05] | 6 | 0.09 [0.09 - 0.09] | 0 | 0.0 |
| Urban | 8 | 0.66 [0.65 - 0.66] | 6 | 1.01 [1.00 - 1.02] | 2 | 0.25 [0.24 - 0.25] |
| SES/wealth index | | | | | | |
| 1st quintile: lowest | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| 2nd quintile: low | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| 3rd quintile: middle | 4 | 0.20 [0.20 - 0.21] | 4 | 0.37 [0.36 - 0.38] | 0 | 0.0 |
| 4th quintile: high | 6 | 0.41 [0.41 - 0.42] | 5 | 0.60 [0.59 - 0.61] | 1 | 0.22 [0.21 - 0.23] |
| 5th quintile: highest | 4 | 0.23 [0.22 - 0.23] | 3 | 0.44 [0.43 - 0.45] | 1 | 0.02 [0.02 - 0.02] |
| Marital status | | | | | | |
| NOT in a union | 6 | 0.27 [0.26 - 0.27] | 4 | 0.37 [0.36 - 0.37] | 2 | 0.15 [0.14 - 0.15] |
| In a union | 1 | 1.14 [1.08 - 1.21] | 1 | 4.98 [4.71 - 5.26] | 0 | 0.0 |
| Engagement in work | | | | | | |
| Employee, n (%) | 3 | 1.77 [1.74 - 1.79] | 2 | 1.48 [1.45 - 1.50] | 1 | 3.41 [3.32 - 3.50] |
| Self-employed, n (%) | 2 | 0.1 [0.10 - 0.11] | 1 | 0.17 [0.17 - 0.18] | 1 | 0.03 [0.03 - 0.04] |
| No work, n (%) | 9 | 0.11 [0.11 - 0.11] | 9 | 0.21 [0.20 - 0.21] | 0 | 0.0 |
| Religion | | | | | | |
| No religion | 2 | 0.19 [0.18 - 0.20] | 2 | 0.29 [0.28 - 0.30] | 0 | 0.0 |
| Christianity | 8 | 0.11 [0.11 - 0.11] | 6 | 0.16 [0.16 - 0.16] | 2 | 0.05 [0.05 - 0.06] |
| Islam | 3 | 1.81 [1.79 - 1.84] | 3 | 2.99 [2.95 - 3.04] | 0 | 0.0 |
| Hinduism | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| Other | 1 | 0.27 [0.26 - 0.28] | 1 | 0.49 [0.47 - 0.51] | 0 | 0.0 |
| Functional disability | | | | | | |
| Person with disability | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| Person without disability | 14 | 0.18 [0.18 - 0.18] | 12 | 0.29 [0.29 - 0.29] | 2 | 0.05 [0.05 - 0.06] |
| Strata | | | | | | |

| | Ever use of heated tobacco product | | | | | |
|--------------|------------------------------------|--------------------|------|--------------------|-------|--------------------|
| | Total | | Boys | | Girls | |
| | n | % [95% CI] | n | % [95% CI] | n | % [95% CI] |
| Equateur | 1 | 0.12 [0.11 - 0.13] | 1 | 0.22 [0.21 - 0.24] | 0 | 0.0 |
| Kasai | 5 | 0.50 [0.49 - 0.50] | 5 | 0.82 [0.81 - 0.83] | 0 | 0.0 |
| Katanga | 5 | 0.38 [0.37 - 0.38] | 5 | 0.67 [0.65 - 0.68] | 0 | 0.0 |
| Kivu | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| Leopoldville | 1 | 0.01 [0.01 - 0.01] | 0 | 0.0 | 1 | 0.02 [0.02 - 0.02] |
| Oriental | 2 | 0.80 [0.79 - 0.81] | 1 | 0.94 [0.93 - 0.96] | 1 | 0.61 [0.60 - 0.63] |

Table 13 shows that the ever use prevalence of heated tobacco products among adolescents was less than 1% in most cases; except among those in a union, employees and the Islam religion where this is more than 1%.

4.3.1.11. Prevalence of ever-use of any nicotine products disaggregated by adolescent characteristics

Table 14 provides a detailed breakdown of the prevalence of ever use of any nicotine product among adolescents, categorized by various factors such as age, schooling status, residence, socioeconomic status, marital status, engagement in work, religion, and disability status. Below is a concise comparative analysis of the findings, focusing on the differences between boys and girls.

Table 14: Prevalence of ever using any nicotine products by key socio-demographic characteristics

| | Ever use of any nicotine product | | | | | |
|--------------------------------|----------------------------------|--------------------|------|--------------------|-------|--------------------|
| | Total | | Boys | | Girls | |
| | n | % [95% CI] | n | % [95% CI] | n | % [95% CI] |
| Age | | | | | | |
| 10 - 12 yrs | 17 | 0.80 [0.80 - 0.81] | 10 | 0.99 [0.98 - 0.99] | 7 | 0.57 [0.57 - 0.58] |
| 13 -15 yrs | 10 | 0.59 [0.59 - 0.60] | 9 | 1.08 [1.07 - 1.08] | 1 | 0.09 [0.09 - 0.09] |
| 16 - 17yrs | 12 | 1.24 [1.23 - 1.25] | 9 | 2.00 [1.98 - 2.01] | 3 | 0.45 [0.44 - 0.46] |
| Schooling status | | | | | | |
| In-school | 30 | 0.73 [0.72 - 0.73] | 21 | 1.06 [1.06 - 1.07] | 9 | 0.35 [0.34 - 0.35] |
| Out-of-school | 9 | 1.37 [1.36 - 1.38] | 7 | 2.24 [2.22 - 2.26] | 2 | 0.47 [0.46 - 0.48] |
| Residence (rural/urban) | | | | | | |
| Rural | 11 | 0.29 [0.29 - 0.29] | 7 | 0.37 [0.37 - 0.37] | 4 | 0.20 [0.20 - 0.21] |
| Urban | 28 | 2.84 [2.83 - 2.86] | 21 | 4.41 [4.38 - 4.43] | 7 | 1.01 [1.00 - 1.03] |
| SES/ wealth index | | | | | | |
| 1st quintile: lowest | 9 | 0.81 [0.81 - 0.82] | 5 | 0.93 [0.92 - 0.94] | 4 | 0.66 [0.65 - 0.67] |
| 2nd quintile: low | 10 | 0.74 [0.73 - 0.75] | 5 | 0.67 [0.66 - 0.68] | 5 | 0.81 [0.80 - 0.83] |
| 3rd quintile: middle | 11 | 1.06 [1.05 - 1.07] | 9 | 1.62 [1.62 - 1.64] | 2 | 0.37 [0.36 - 0.37] |
| 4th quintile: high | 6 | 0.90 [0.89 - 0.91] | 6 | 1.78 [1.76 - 1.79] | 0 | 0.0 |
| 5th quintile: highest | 3 | 0.48 [0.47 - 0.48] | 3 | 0.95 [0.94 - 0.96] | 0 | 0.0 |

| Ever use of any nicotine product | | | | | | |
|----------------------------------|----------------|--------------------|------|--------------------|-------|--------------------|
| | Total | | Boys | | Girls | |
| | n | % [95% CI] | n | % [95% CI] | n | % [95% CI] |
| Marital status | | | | | | |
| Not in a union | 15 | 1.08 [1.07 - 1.09] | 13 | 1.86 [1.84 - 1.87] | 2 | 0.17 [0.17 - 0.18] |
| In a union | 2 | 4.84 [4.72 - 4.98] | 1 | 4.98 [4.71 - 5.26] | 1 | 4.80 [5.66 - 4.95] |
| Separated Partner | 0 ¹ | 0.0 | | | | |
| deceased | 0 | 0.0 | | | | |
| Engagement in work | | | | | | |
| Employee, n (%) | 1 | 1.02 [1.01 - 1.04] | 1 | 1.21 [1.18 - 1.23] | 0 | 0.0 |
| Self-employed, n (%) | 6 | 1.33 [1.32 - 1.35] | 5 | 2.26 [2.24 - 2.29] | 1 | 0.45 [0.44 - 0.46] |
| No work, n (%) | 31 | 0.77 [0.77 - 0.78] | 2 | 1.14 [1.13 - 1.14] | 10 | 0.39 [0.38 - 0.39] |
| Religion | | | | | | |
| | | | 1 | | | |
| No religion | 11 | 5.13 [5.09 - 5.17] | 7 | 3.90 [3.86 - 3.95] | 4 | 7.48 [7.40 - 7.56] |
| Christianity | 22 | 0.54 [0.54 - 0.54] | 15 | 0.90 [0.90 - 0.91] | 7 | 0.15 [0.15 - 0.16] |
| Islam | 5 | 3.49 [3.45 - 3.53] | 5 | 5.76 [5.69 - 5.82] | 0 | 0.0 |
| Hinduism | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| Other | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| Functional disability | | | | | | |
| Person with disability | 0 | 0.0 | | | | |
| Person without disability | 39 | 0.85 [0.85 - 0.85] | 28 | 1.27 [1.26 - 1.27] | 11 | 0.38 [0.38 - 0.39] |
| Strata | | | | | | |
| Equateur | 6 | 0.64 [0.62 - 0.65] | 2 | 0.36 [0.34 - 0.37] | 4 | 0.96 [0.93 - 0.99] |
| Kasai | 22 | 3.58 [3.57 - 3.60] | 17 | 4.48 [4.46 - 4.51] | 5 | 2.20 [2.18 - 2.23] |
| Katanga | 3 | 0.29 [0.29 - 0.30] | 2 | 0.21 [0.20 - 0.21] | 1 | 0.40 [0.39 - 0.42] |
| Kivu | 1 | 0.01 [0.01 - 0.01] | 1 | 0.02 [0.01 - 0.02] | 0 | 0.0 |
| Leopoldville | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| Oriental | 7 | 3.24 [3.21 - 3.26] | 6 | 5.27 [5.23 - 5.30] | 1 | 0.61 [0.60 - 0.63] |

Table 14 shows that the ever use prevalence of any nicotine product among adolescents increased with age, from 0.8% among 10–12-year-old adolescents to 1.2% among 16–17-year-old adolescents. Out-of-school adolescents exhibited a higher ever use prevalence (1.4%) than in-school adolescents (0.7%). Urban residents had an ever use prevalence of 2.8%, compared to 0.3% among rural residents. By socioeconomic status, ever use prevalence ranges from 0.5% to 1.1%, peaking in the middle quintile. Among those 15 years of age and older, adolescents who were in a union had an ever use prevalence of 4.8% versus 1.1% for those not in a union. Among work categories, self-employed adolescents had a marginally higher ever use prevalence (1.3%) compared to employees (1.0%) and nonworking adolescents (0.8%). By religion, ever use prevalence was highest among adolescents with no religion (5.1%) and Islam (3.5%), while Christianity is very low (0.5%). Adolescents without functional disabilities had an ever use prevalence of 0.8%. In most categories, boys had a higher ever use prevalence than girls, except among adolescents with no religion, where it was higher among girls.

¹ Since the number of observations in the sample is zero (n=0), no confidence interval can be estimated.

4.3.1.12. Prevalence of ever using electronic cigarettes disaggregated by adolescent characteristics

Table 15 shows the prevalence of ever using electronic cigarettes among adolescents by age, schooling status, residence, socioeconomic status, marital status, work engagement, religion, functional disability, and geographical strata.

Table 15: Prevalence of ever using electronic cigarettes by key socio-demographic characteristics

| | Ever use of electronic cigarette | | | | | |
|--------------------------------|----------------------------------|--------------------|------|--------------------|-------|--------------------|
| | Total | | Boys | | Girls | |
| | n | % [95% CI] | n | % [95% CI] | n | % [95% CI] |
| Age | | | | | | |
| 10 - 12 yrs | 2 | 0.02 [0.02 - 0.02] | 0 | 0.0 | 2 | 0.04 [0.04 - 0.05] |
| 13 - 15 yrs | 2 | 0.28 [0.28 - 0.29] | 2 | 0.56 [0.55 - 0.57] | 0 | 0.0 |
| 16 - 17 yrs | 4 | 0.18 [0.17 - 0.18] | 2 | 0.06 [0.06 - 0.07] | 2 | 0.29 [0.29 - 0.30] |
| Schooling status | | | | | | |
| In-school | 8 | 0.17 [0.17 - 0.17] | 4 | 0.24 [0.24 - 0.24] | 4 | 0.09 [0.08 - 0.09] |
| Out-of-school | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| Residence (rural/urban) | | | | | | |
| Rural | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| Urban | 8 | 0.73 [0.72 - 0.74] | 4 | 1.02 [1.01 - 1.04] | 4 | 0.38 [0.37 - 0.39] |
| SES/wealth index | | | | | | |
| 1st quintile: lowest | 2 | 0.06 [0.06 - 0.06] | 0 | 0.0 | 2 | 0.13 [0.13 - 0.14] |
| 2nd quintile: low | 2 | 0.03 [0.03 - 0.03] | 1 | 0.03 [0.03 - 0.03] | 1 | 0.03 [0.03 - 0.03] |
| 3rd quintile: middle | 2 | 0.11 [0.11 - 0.12] | 1 | 0.03 [0.03 - 0.03] | 1 | 0.22 [0.22 - 0.22] |
| 4th quintile: high | 2 | 0.53 [0.53 - 0.54] | 2 | 1.06 [1.05 - 1.07] | 0 | 0.0 |
| 5th quintile: highest | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| Marital status | | | | | | |
| Not in a union | 5 | 0.35 [0.35 - 0.36] | 3 | 0.51 [0.50 - 0.51] | 2 | 0.17 [0.17 - 0.18] |
| In a union | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| Engagement in work | | | | | | |
| Employee, n (%) | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| Self-employed, n (%) | 2 | 0.26 [0.25 - 0.27] | 1 | 0.06 [0.06 - 0.06] | 1 | 0.45 [0.44 - 0.45] |
| No work, n (%) | 6 | 0.15 [0.15 - 0.16] | 3 | 0.26 [0.26 - 0.26] | 3 | 0.04 [0.03 - 0.04] |
| Religion | | | | | | |
| No religion | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| Christianity | 8 | 0.16 [0.16 - 0.17] | 4 | 0.24 [0.24 - 0.24] | 4 | 0.08 [0.08 - 0.08] |
| Islam | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| Hinduism | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| Other | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |

| | Ever use of electronic cigarette | | | | | |
|---------------------------|----------------------------------|--------------------|------|--------------------|-------|--------------------|
| | Total | | Boys | | Girls | |
| | n | % [95% CI] | n | % [95% CI] | n | % [95% CI] |
| Functional disability | | | | | | |
| Person with disability | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| Person without disability | 8 | 0.15 [0.15 - 0.16] | 4 | 0.22 [0.22 - 0.22] | 4 | 0.08 [0.08 - 0.08] |
| Strata | | | | | | |
| Equateur | 4 | 0.46 [0.44 - 0.47] | 1 | 0.14 [0.13 - 0.15] | 3 | 0.83 [0.81 - 0.86] |
| Kasai | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| Katanga | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| Kivu | 1 | 0.01 [0.01 - 0.01] | 1 | 0.02 [0.02 - 0.02] | 0 | 0.0 |
| Leopoldville | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| Oriental | 3 | 1.57 [1.55 - 1.59] | 2 | 2.31 [2.28 - 2.34] | 1 | 0.61 [0.60 - 0.63] |

Table 15 shows that the ever use prevalence of electronic cigarettes among adolescents ranged from 0.0% in 10–12-year-old adolescents to 0.3% in 13–15-year-olds, with 16–17-year-olds at 0.2%. In-school adolescents had an ever-use prevalence of 0.2%, while none of the out-of-school adolescents reported using electronic cigarettes. Urban residents had an ever-use prevalence of 0.8%, with no cases in rural areas. Across socioeconomic groups, ever use prevalence ranged from 0.0% in the fifth quintile to 0.6% in the 4th quintile. Among those 15 years of age and older, adolescents not in a union had an ever use prevalence of 0.4%. For work engagement, self-employed adolescents had an ever use prevalence of 0.3% and this was 0.2% for nonworking adolescents. Among religions, only Christianity registers an ever use prevalence (0.2%). The ever use prevalence among adolescents without functional disabilities was 0.2%. Equateur and Oriental had ever use prevalence of 0.5% and 1.6%, respectively. In most categories, boys exhibit slightly higher ever use prevalence than girls, except in the 16–17-year age group, the 3rd wealth quintile, and among self-employed adolescents where it was marginally higher among girls.

4.3.1.13. Prevalence of ever using nicotine pouches disaggregated by adolescent characteristics

Table 16 shows the prevalence of ever using nicotine pouches among adolescents by age, schooling status, residence, socioeconomic status, marital status, work engagement, religion, functional disability, and geographical strata.

Table 16: Prevalence of ever using nicotine pouches by key socio-demographic characteristics

| | Ever use of nicotine pouches | | | | | |
|--------------------------------|------------------------------|--------------------|------|--------------------|-------|--------------------|
| | Total | | Boys | | Girls | |
| | n | % [95% CI] | n | % [95% CI] | n | % [95% CI] |
| Age | | | | | | |
| 10 - 12 yrs | 15 | 0.78 [0.78 - 0.79] | 10 | 0.99 [0.98 - 0.99] | 5 | 0.53 [0.52 - 0.54] |
| 13 -15 yrs | 8 | 0.31 [0.30 - 0.31] | 7 | 0.52 [0.51 - 0.52] | 1 | 0.09 [0.09 - 0.09] |
| 16 - 17 yrs | 8 | 1.06 [1.05 - 1.07] | 7 | 1.93 [1.91 - 1.95] | 1 | 0.15 [0.15 - 0.16] |
| Schooling status | | | | | | |
| In-school | 22 | 0.56 [0.56 - 0.56] | 17 | 0.82 [0.82 - 0.83] | 5 | 0.26 [0.26 - 0.26] |
| Out-of-school | 9 | 1.37 [1.36 - 1.38] | 7 | 2.24 [2.22 - 2.26] | 2 | 0.47 [0.46 - 0.48] |
| Residence (rural/urban) | | | | | | |
| Rural | 11 | 0.29 [0.29 - 0.29] | 7 | 0.37 [0.37 - 0.37] | 4 | 0.20 [0.20 - 0.21] |
| Urban | 20 | 2.11 [2.10 - 2.13] | 17 | 3.38 [3.36 - 3.40] | 3 | 0.63 [0.62 - 0.64] |
| SES/Wealth index | | | | | | |
| 1st quintile: lowest | 7 | 0.76 [0.75 - 0.76] | 5 | 0.93 [0.92 - 0.95] | 2 | 0.53 [0.52 - 0.54] |
| 2nd quintile: low | 8 | 0.71 [0.71 - 0.72] | 4 | 0.64 [0.63 - 0.65] | 4 | 0.79 [0.78 - 0.80] |
| 3rd quintile: middle | 9 | 0.95 [0.94 - 0.95] | 8 | 1.59 [1.58 - 1.61] | 1 | 0.15 [0.14 - 0.15] |
| 4th quintile: high | 4 | 0.36 [0.36 - 0.37] | 4 | 0.72 [0.71 - 0.73] | 0 | 0.0 |
| 5th quintile: highest | 3 | 0.48 [0.47 - 0.48] | 3 | 0.95 [0.94 - 0.96] | 0 | 0.0 |
| Marital status | | | | | | |
| Not in a union | 10 | 0.73 [0.72 - 0.73] | 9 | 1.35 [1.34 - 1.36] | 1 | 0.17 [0.17 - 0.18] |
| In a union | 2 | 4.84 [4.72 - 4.98] | 1 | 4.98 [4.71 - 5.26] | 1 | 4.80 [4.66 - 4.95] |
| Engagement in work | | | | | | |
| Employee, n (%) | 1 | 1.02 [1.01 - 1.04] | 1 | 1.21 [1.18 - 1.23] | 0 | 0.0 0.0 0.35 |
| Self-employed, n (%) | 4 | 1.07 [1.06 - 1.08] | 4 | 2.20 [2.18 - 2.23] | 0 | [0.35 - 0.35] |
| No work, n (%) | 25 | 0.62 [0.62 - 0.63] | 18 | 0.88 [0.87 - 0.88] | 7 | |
| Religion | | | | | | |
| No religion | 11 | 5.13 [5.09 - 5.17] | 7 | 3.90 [3.86 - 3.95] | 4 | 7.48 [7.40 - 7.56] |
| Christianity | 14 | 0.38 [0.37 - 0.38] | 11 | 0.66 [0.66 - 0.67] | 3 | 0.07 [0.07 - 0.07] |
| Islam | 5 | 3.49 [3.45 - 3.53] | 5 | 5.76 [5.69 - 5.82] | 0 | 0.0 |
| Hinduism | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| Other | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |

| | Ever use of nicotine pouches | | | | | |
|---------------------------|------------------------------|--------------------|------|--------------------|-------|--------------------|
| | Total | | Boys | | Girls | |
| | n | % [95% CI] | n | % [95% CI] | n | % [95% CI] |
| Functional disability | | | | | | |
| Person with disability | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| Person without disability | 31 | 0.69 [0.69 - 0.70] | 24 | 1.05 [1.04 - 1.05] | 7 | 0.30 [0.30 - 0.31] |
| Strata | | | | | | |
| Equateur | 2 | 0.18 [0.17 - 0.19] | 1 | 0.22 [0.21 - 0.23] | 1 | 0.13 [0.12 - 0.14] |
| Kasai | 22 | 3.58 [3.57 - 3.60] | 17 | 4.48 [4.46 - 4.51] | 5 | 2.20 [2.18 - 2.23] |
| Katanga | 3 | 0.29 [0.29 - 0.30] | 2 | 0.21 [0.20 - 0.21] | 1 | 0.40 [0.39 - 0.42] |
| Kivu | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| Leopoldville | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| Oriental | 4 | 1.67 [1.65 - 1.68] | 4 | 2.95 [2.93 - 2.98] | 0 | 0.0 |

Table 16 shows that the ever use prevalence of nicotine pouches among adolescents was higher among those aged 16-17 years old (1.1%) than those aged 10-12 (0.8%) and 13-15 (0.3%) with boys consistently higher than girls. In-school adolescents had an ever use prevalence of 0.6% compared to 1.5% for out-of-school adolescents. The ever use prevalence among urban residents (2.2%) far exceeded that among rural residents (0.3%). By socioeconomic status, ever use prevalence was highest in the 3rd quintile (1.0%). Among those 15 years of age and older, adolescents who were not in a union had an ever use prevalence of 1.1%, versus 4.8% for those in a union. Among work categories, self-employed adolescents (1.1%) had higher prevalence than non-working adolescents (0.6%). For religion, the ever use prevalence for Christianity (0.4%) and Islam (3.5%) were lower than for those with no religion (5.2%). Adolescents without functional disabilities had an ever use prevalence of 0.7%, and Kasai (3.7%) is highest regionally. Overall, boys report higher prevalence than girls. However, the ever use prevalence among girls with no religion (7.6%) exceeded that among boys with no religion (4%).

4.3.2. Current use of tobacco and nicotine products

4.3.2.1. Summary prevalence of the current use of tobacco and nicotine products

Table 17 provides a summary overview of the prevalence of current use of tobacco and nicotine products among adolescents, segmented by sex. It highlights the percentage of boys and girls who currently use various tobacco and nicotine products, including smoked tobacco (such as cigarettes and shisha), smokeless tobacco, heated tobacco, and nicotine products like electronic cigarettes and nicotine pouches.

Table 17: Prevalence of current use of tobacco and nicotine products

| Current use of tobacco and nicotine products | | | | | | | |
|----------------------------------------------|------|---------------------|-----|------------------|-----|---------------------|--|
| | Boys | | | Girls | | Total | |
| | n | | n | % | n | % | |
| | | % [95% CI] | | [95% CI] | | [95% CI] | |
| Tobacco or nicotine product | 552 | 16.15 [16.13-16.17] | 201 | 7.09 [7.08-7.11] | 753 | 11.87 [11.86-11.88] | |
| Tobacco product | 551 | 16.13 [16.11-16.15] | 198 | 7.07 [7.06-7.09] | 749 | 11.85 [11.84-11.86] | |
| Smoked tobacco product | 405 | 12.44 [12.43-12.46] | 79 | 3.00 [2.99-3.01] | 484 | 7.98 [7.97-7.99] | |

| Current use of tobacco and nicotine products | | | | | | |
|----------------------------------------------|------------------------|------------------|---------------------|------------------|------------------|------------------|
| | Boys | | Girls | | Total | |
| | n | % [95% CI] | n | % [95% CI] | n | % [95% CI] |
| | Manufactured cigarette | 355 | 10.92 [10.91-10.94] | 53 | 1.96 [1.95-1.97] | 408 |
| Hand-rolled cigarette | 173 | 5.45 [5.44-5.47] | 24 | 0.94 [0.93-0.94] | 197 | 3.32 [3.31-3.32] |
| Shisha product | 45 | 1.93 [1.92-1.94] | 21 | 0.75 [0.74-0.75] | 66 | 1.37 [1.37-1.37] |
| Smokeless tobacco product | 245 | 6.75 [6.74-6.76] | 145 | 4.92 [4.91-4.94] | 390 | 5.89 [5.88-5.89] |
| Heated tobacco product | 9 | 0.20 [0.20-0.21] | 0 | 0.0 | 9 | 0.11 [0.11-0.11] |
| Nicotine product | 19 | 0.84 [0.83-0.84] | 10 | 0.33 [0.33-0.34] | 29 | 0.60 [0.59-0.60] |
| Electronic cigarettes | 1 | 0.01 [0.01-0.01] | 4 | 0.07 [0.07-0.08] | 5 | 0.04 [0.04-0.04] |
| Nicotine pouches | 18 | 0.83 [0.82-0.83] | 6 | 0.26 [0.26-0.26] | 24 | 0.56 [0.56-0.56] |

The overall prevalence of current use of any tobacco or nicotine product was 11.9%, equating to approximately 3.27 million adolescents out of a total of 27.48 million general population of adolescents. Similarly, the current use of tobacco products was 11.8% (about 3.24 million adolescents). Within tobacco products, the prevalence of current smoked tobacco use was 8.0% (~2.20 million adolescents), driven primarily by manufactured cigarettes (6.7%, ~1.84 million adolescents) and hand-rolled cigarettes (3.3%, ~0.91 million adolescents). The prevalence of current shisha use was 1.4% (~385,000 adolescents) and that for other smoked products was negligible. The prevalence of current use of smokeless tobacco was 5.9% (~1.62 million adolescents) and that of heated tobacco products was 0.1% (~27,500 adolescents). For nicotine products, the prevalence of current use was 0.6% (~165,000 adolescents), with nicotine pouches accounting for most of this prevalence. Across all categories, current use was higher among boys than girls (see Table 17).

4.3.2.2. Prevalence of current use of any tobacco or nicotine products

Table 18 shows the prevalence of current use of any tobacco or nicotine products among adolescents by age, schooling status, residence, socioeconomic status, marital status, work engagement, religion, functional disability, and geographical strata.

Table 18: Prevalence of current use of any tobacco or nicotine products by key socio-demographic characteristics

| | Current use or any tobacco or nicotine product | | | | | |
|--------------------------------|------------------------------------------------|-----------------------|------|-----------------------|-------|---------------------|
| | Total | | Boys | | Girls | |
| | n | % [95% CI] | n | % [95% CI] | n | % [95% CI] |
| Age | | | | | | |
| 10 - 12 yrs | 232 | 8.94 [8.92 - 8.95] | 151 | 11.15 [11.12 - 11.17] | 81 | 6.23 [6.21 - 6.25] |
| 13 -15 yrs | 300 | 11.80 [11.78 - 11.82] | 233 | 16.35 [16.31 - 16.38] | 67 | 7.11 [7.09 - 7.14] |
| 16 - 17 yrs | 221 | 18.94 [18.91 - 18.98] | 168 | 28.56 [28.51 - 28.61] | 53 | 8.93 [8.90 - 8.97] |
| Schooling status | | | | | | |
| In-school | 616 | 11.24 [11.23 - 11.25] | 438 | 14.98 [14.96 - 15.00] | 178 | 7.03 [7.01 - 7.04] |
| Out-of-school | 137 | 16.38 [16.34 - 16.42] | 114 | 24.87 [24.80 - 24.93] | 23 | 7.57 [7.53 - 7.61] |
| Residence (rural/urban) | | | | | | |
| Rural | 488 | 10.58 [10.57 - 10.59] | 360 | 14.59 [14.57 - 14.61] | 128 | 6.16 [6.14 - 6.17] |
| Urban | 265 | 16.98 [16.95 - 17.02] | 192 | 22.16 [22.11 - 22.21] | 73 | 10.93 [10.89-10.97] |
| SES/wealth index | | | | | | |
| 1st quintile: lowest | 208 | 11.33 [11.30 - 11.35] | 159 | 15.46 [15.41 - 15.50] | 49 | 5.99 [5.96 - 6.02] |
| 2nd quintile: low | 178 | 14.61 [14.58 - 14.64] | 121 | 19.69 [19.64 - 19.74] | 57 | 9.27 [9.24 - 9.31] |
| 3rd quintile: middle | 131 | 11.19 [11.16 - 11.21] | 96 | 13.92 [13.88 - 13.96] | 35 | 7.81 [7.78 - 7.84] |
| 4th quintile: high | 120 | 11.00 [10.98 - 11.03] | 90 | 15.88 [15.83 - 15.92] | 30 | 6.06 [6.03 - 6.09] |
| 5th quintile: highest | 116 | 11.19 [11.16 - 11.21] | 86 | 16.20 [16.15 - 16.24] | 30 | 6.16 [6.13 - 6.19] |
| Marital status | | | | | | |
| Not in a union | 369 | 17.18 [17.16 - 17.20] | 28 | 23.49 [23.45 - 23.53] | 87 | 9.84 [9.81 - 9.87] |
| In a union | 10 | 19.83 [19.59 - 20.07] | 29 | 70.33 [69.75-70.90] | 1 | 4.80 [4.66 - 4.95] |
| Engagement in work | | | | | | |
| Employee, n (%) | 25 | 15.98 [15.91 - 16.04] | 18 | 15.05 [14.98 - 15.13] | 7 | 21.18 [20.99-21.38] |
| Self-employed, n (%) | 129 | 21.20 [21.15 - 21.25] | 106 | 35.47 [35.39 - 35.56] | 23 | 7.66 [7.62 - 7.71] |
| No work, n (%) | 584 | 11.13 [11.11 - 11.14] | 418 | 14.83 [14.81 - 14.85] | 166 | 7.17 [7.15 - 7.18] |
| Religion | | | | | | |
| No religion | 63 | 29.88 [29.79 - 29.96] | 54 | 35.67 [35.56 - 35.78] | 9 | 18.82 [18.70-18.95] |
| Christianity | 632 | 10.99 [10.98 - 11.00] | 451 | 14.92 [14.90 - 14.93] | 18 | 6.78 [6.77 - 6.79] |
| Islam | 31 | 15.11 [15.03 - 15.18] | 29 | 23.46 [23.35 - 23.58] | 1 | 2.27 [2.22 - 2.33] |
| Hinduism | 3 | 37.16 [36.83 - 37.49] | 1 | 11.25 [10.95 - 11.56] | 2 | 61.83 [61.36-62.29] |
| Other | 20 | 8.42 [8.36 - 8.48] | 13 | 11.94 [11.84 - 12.03] | 27 | 4.20 [4.13 - 4.26] |
| Functional disability | | | | | | |
| Person with disability | 18 | 10.55 [10.50 - 10.60] | 15 | 17.95 [17.87 - 18.04] | 3 | 2.16 [2.13 - 2.20] |
| Person without disability | 735 | 11.94 [11.93 - 11.95] | 537 | 16.05 [16.03 - 16.07] | 198 | 7.36 [7.35 - 7.38] |
| Strata | | | | | | |

| | Current use or any tobacco or nicotine product | | | | | |
|--------------|------------------------------------------------|-----------------------|------|-----------------------|-------|---------------------|
| | Total | | Boys | | Girls | |
| | n | % [95% CI] | n | % [95% CI] | n | % [95% CI] |
| Equateur | 66 | 12.65 [12.59 - 12.72] | 39 | 12.97 [12.88 - 13.06] | 27 | 12.28 [12.18-12.37] |
| Kasai | 208 | 24.06 [24.02 - 24.11] | 183 | 33.70 [33.64 - 33.76] | 25 | 9.28 [9.23 - 9.32] |
| Katanga | 145 | 17.06 [17.01 - 17.11] | 115 | 23.24 [23.17 - 23.32] | 30 | 9.14 [9.08 - 9.19] |
| Kivu | 50 | 4.37 [4.36 - 4.38] | 34 | 6.88 [6.86 - 6.90] | 16 | 1.89 [1.88 - 1.90] |
| Leopoldville | 127 | 11.13 [11.10 - 11.16] | 79 | 12.97 [12.94 - 13.01] | 48 | 9.21 [9.18 - 9.25] |
| Oriental | 157 | 30.05 [29.98 - 30.11] | 102 | 32.19 [32.11 - 32.27] | 55 | 27.26 [27.18-27.35] |

The current use prevalence of any tobacco or nicotine product among adolescents increased with age—from 8.9% in 10–12-year-olds to 18.9% in 16–17-year-olds. Out-of-school adolescents (16.4%) had a higher current use prevalence than in-school adolescents (11.2%), and urban residents (17%) had a current use prevalence that was nearly double that for rural residents (10.6%). Current use prevalence was similar across most wealth quintiles at around 11.1% to 11.4%, except for the low quintile where it was significantly higher (14.6%). Among those 15 years of age and older, adolescents who were not in a union had a current use prevalence of 17.2%, while this was 19.8% among those in a union. In terms of work, the current use prevalence among self-employed adolescents (21.2%) exceeded that among employees (16%) and nonworking adolescents (11.1%). By religion, the current use prevalence was highest among Hindus (37.2%) followed by those with no religion (29.9%); it was lowest in those who are of other unspecified religions. Adolescents without functional disabilities had a current use prevalence of 11.9% versus 10.5% among those with a functional disability. Regionally, Oriental (30%) and Kasai (24.1%) had the highest prevalence, with Kivu the lowest (4.4%). In nearly all categories, boys report higher current use prevalence than girls, with a few notable exceptions in Hinduism where girls had a higher current use prevalence than boys (61.8%).

4.3.2.3. Prevalence of current use of any tobacco product

Table 19 shows the prevalence of current use of any tobacco products among adolescents by age, schooling status, residence, socioeconomic status, marital status, work engagement, religion, functional disability, and geographical strata.

Table 19: Prevalence of current use of any tobacco product by key socio-demographic characteristics

| | Current use or any tobacco product | | | | | |
|--------------------------------|------------------------------------|-----------------------|------|-----------------------|-------|--------------------|
| | Total | | Boys | | Girls | |
| | n | % [95% CI] | n | % [95% CI] | n | % [95% CI] |
| Age | | | | | | |
| 10 - 12 yrs | 229 | 8.91 [8.90 - 8.93] | 151 | 11.15 [11.12 - 11.17] | 78 | 6.18 [6.16 - 6.20] |
| 13 - 15 yrs | 299 | 11.78 [11.76 - 11.80] | 232 | 16.30 [16.27 - 16.33] | 67 | 7.11 [7.09 - 7.14] |
| 16 - 17 yrs | 221 | 18.94 [18.91 - 18.98] | 168 | 28.56 [28.51 - 28.61] | 53 | 8.93 [8.90 - 8.97] |
| Schooling status | | | | | | |
| In-school | 612 | 11.22 [11.20 - 11.23] | 437 | 14.96 [14.94 - 14.98] | 175 | 7.00 [6.99 - 7.02] |
| Out-of-school | 137 | 16.38 [16.34 - 16.42] | 114 | 24.87 [24.80 - 24.93] | 23 | 7.57 [7.53 - 7.61] |
| Residence (rural/urban) | | | | | | |

| Current use of any tobacco product | | | | | | | |
|------------------------------------|-------|------------------------|------|-----------------------|-------|-----------------------|--|
| | Total | | Boys | | Girls | | |
| | n | % [95% CI] | n | % [95% CI] | n | % [95% CI] | |
| Rural | 487 | 10.508 [10.56 - 10.59] | 360 | 14.59 [14.57 - 14.61] | 127 | 6.15 [6.14 - 6.17] | |
| Urban | 262 | 16.9 [16.87 - 16.93] | 191 | 22.08 [22.03 - 22.13] | 71 | 10.84 [10.80 - 10.88] | |
| SES/wealth index | | | | | | | |
| 1st quintile: lowest | 207 | 11.30 [11.27 - 11.32] | 159 | 15.46 [15.41 - 15.50] | 48 | 5.92 [5.89 - 5.95] | |
| 2nd quintile: low | 176 | 14.58 [14.55 - 14.61] | 121 | 19.69 [19.64 - 19.74] | 55 | 9.22 [9.19 - 9.26] | |
| 3rd quintile: middle | 130 | 11.15 [11.12 - 11.17] | 95 | 13.85 [13.81 - 13.88] | 35 | 7.9 [7.78 - 7.84] | |
| 4th quintile: high | 120 | 11.00 [10.98 - 11.03] | 90 | 15.88 [15.83 - 15.92] | 30 | 6.06 [6.03 - 6.09] | |
| 5th quintile: highest | 116 | 11.19 [11.16 - 11.21] | 86 | 16.20 [16.15 - 16.24] | 30 | 6.16 [6.13 - 6.19] | |
| Marital status | | | | | | | |
| Not in a union | 368 | 17.15 [17.13 - 17.18] | 281 | 23.44 [23.40 - 23.48] | 87 | 9.84 [9.81 - 9.87] | |
| In a union | 10 | 19.83 [19.59 - 20.07] | 9 | 70.33 [69.75-70.90] | 1 | 4.80 [4.66 - 4.95] | |
| Engagement in work | | | | | | | |
| Employee, n (%) | 25 | 15.98 [15.91 - 16.04] | 18 | 15.05 [14.98 - 15.13] | 7 | 21.18 [20.99 - 21.38] | |
| Self-employed, n (%) | 129 | 21.20 [21.15 - 21.25] | 106 | 35.47 [35.39 - 35.56] | 23 | 7.66 [7.62 - 7.71] | |
| No work, n (%) | 580 | 11.10 [11.09 - 11.11] | 417 | 14.81 [14.79 - 14.83] | 163 | 7.14 [7.13 - 7.16] | |
| Religion | | | | | | | |
| No religion | 63 | 29.88 [29.79 - 29.96] | 54 | 35.67 [35.56 - 35.78] | 9 | 18.82 [18.70 - 18.95] | |
| Christianity | 628 | 10.97 [10.95 - 10.98] | 450 | 14.90 [14.88 - 14.92] | 178 | 6.76 [6.74 - 6.77] | |
| Islam | 31 | 15.11 [15.03 - 15.18] | 29 | 23.46 [23.35 - 23.58] | 2 | 2.27 [2.22 - 2.33] | |
| Hinduism | 3 | 37.16 [36.83 - 37.49] | 1 | 11.25 [10.95 - 11.56] | 2 | 61.83 [61.36 - 62.29] | |
| Other | 20 | 8.42 [8.36 - 8.48] | 13 | 11.94 [11.84 - 12.03] | 7 | 4.20 [4.13 - 4.26] | |
| Functional disability | | | | | | | |
| Person with disability | 18 | 10.55 [10.50 - 10.60] | 15 | 17.95 [17.87 - 18.04] | 3 | 2.16 [2.13 - 2.20] | |
| Person without disability | 731 | 11.92 [11.91 - 11.93] | 536 | 16.03 [16.01 - 16.05] | 195 | 7.34 [7.32 - 7.35] | |
| Strata | | | | | | | |
| Equateur | 63 | 12.36 [12.30 - 12.43] | 39 | 12.97 [12.88 - 13.06] | 24 | 11.65 [11.55 - 11.74] | |
| Kasai | 208 | 24.06 [24.02 - 24.11] | 183 | 33.70 [33.64 - 33.76] | 25 | 9.28 [9.23 - 9.32] | |
| Katanga | 145 | 17.06 [17.01 - 17.11] | 115 | 23.24 [23.17 - 23.32] | 30 | 9.14 [9.08 - 9.19] | |
| Kivu | 50 | 4.37 [4.36 - 4.38] | 34 | 6.88 [6.86 - 6.90] | 16 | 1.89 [1.88 - 1.90] | |
| Leopoldville | 127 | 11.13 [11.10 - 11.16] | 79 | 12.97 [12.94 - 13.01] | 48 | 9.21 [9.18 - 9.25] | |
| Oriental | 156 | 29.93 [29.87 - 29.99] | 101 | 31.99 [31.91 - 32.08] | 55 | 27.26 [27.18 - 27.35] | |

Table 19 shows that the current use prevalence of any tobacco product among adolescents increased with age—from 8.9% in 10–12-year-olds to 18.9% in 16–17-year-olds. Out-of-school adolescents had a higher current use prevalence (16.4%) than in-school adolescents (11.2%), and urban residents (16.9%) had a notably higher current use prevalence than rural residents (10.6%). By socioeconomic status, prevalence ranges from 11.1% in the highest quintile to 11.3% - 14.5% in the low and lowest quintile. Among those 15 years of age and older, adolescents who were not in a union had a prevalence

of 17.2%, compared to 19.8% for those in a union. Regarding work engagement, self-employed adolescents had the highest prevalence (21.2%), followed by employees (16%) with the lowest current use prevalence being among non-working adolescents (11.1%). Among religious groups, those with no religion show the highest current use prevalence (29.9%), while that among Islam and Christianity was lower (15.1% and 11%, respectively). Adolescents without functional disabilities had a current use prevalence of 11.9% versus 10.5% among those with functional disabilities. Regionally, Oriental (29.9%) and Kasai (24.1%) exhibited the highest current use prevalence, while Kivu had the lowest (4.4%). In nearly all categories, boys report higher current use prevalence than girls, with the notable exception of employees.

4.3.2.4. Prevalence of current use of any smoked tobacco products

Table 20 shows the prevalence of current use of any smoked tobacco products among adolescents by age, schooling status, residence, socioeconomic status, marital status, work engagement, religion, functional disability, and geographical strata.

Table 20: Prevalence of current use of any smoked tobacco products by key socio-demographic characteristics

| | Current use of any smoked tobacco product | | | | | |
|--------------------------------|-------------------------------------------|-----------------------|------|-----------------------|-------|--------------------|
| | Total | | Boys | | Girls | |
| | n | % [95% CI] | n | % [95% CI] | n | % [95% CI] |
| Age | | | | | | |
| 10 - 12 yrs | 113 | 5.06 [5.05 - 5.07] | 88 | 7.38 [7.36 - 7.40] | 25 | 2.21 [2.20 - 2.22] |
| 13 -15 yrs | 208 | 8.42 [8.41 - 8.44] | 181 | 13.11 [13.08 - 13.14] | 27 | 3.59 [3.58 - 3.61] |
| 16 - 17 yrs | 163 | 14.02 [13.99 - 14.05] | 136 | 24.08 [24.03 - 24.13] | 27 | 3.56 [3.53 - 3.58] |
| Schooling status | | | | | | |
| In-school | 367 | 7.06 [7.05 - 7.08] | 304 | 10.97 [10.95 - 10.99] | 63 | 2.67 [2.66 - 2.68] |
| Out-of-school | 117 | 14.54 [14.51 - 14.58] | 101 | 23.44 [23.38 - 23.51] | 16 | 5.32 [5.28 - 5.35] |
| Residence (rural/urban) | | | | | | |
| Rural | 304 | 6.84 [6.83 - 6.85] | 263 | 11.20 [11.18 - 11.22] | 41 | 2.04 [2.03 - 2.05] |
| Urban | 180 | 12.50 [12.47 - 12.53] | 142 | 17.25 [17.21 - 17.29] | 38 | 6.95 [6.92 - 6.98] |
| SES/wealth index | | | | | | |
| 1st quintile: lowest | 133 | 7.77 [7.75 - 7.79] | 115 | 11.81 [11.77 - 11.84] | 18 | 2.55 [2.53 - 2.58] |
| 2nd quintile: low | 105 | 9.62 [9.60 - 9.65] | 85 | 14.64 [14.60 - 14.68] | 20 | 4.36 [4.34 - 4.39] |
| 3rd quintile: middle | 89 | 7.28 [7.26 - 7.30] | 71 | 10.16 [10.12 - 10.19] | 18 | 3.72 [3.70 - 3.74] |
| 4th quintile: high | 79 | 7.99 [7.97 - 8.01] | 70 | 13.57 [13.53 - 13.61] | 9 | 2.33 [2.31 - 2.34] |
| 5th quintile: highest | 78 | 7.24 [7.22 - 7.26] | 64 | 12.51 [12.47 - 12.55] | 14 | 1.96 [1.94 - 1.97] |
| Marital status | | | | | | |
| Not in a union | 274 | 13.01 [12.99 - 13.04] | 231 | 20.08 [20.05 - 20.12] | 43 | 4.80 [4.77 - 4.82] |
| In a union | 9 | 17.76 [17.53 - 17.99] | 8 | 61.31 [60.69 - 61.92] | 1 | 4.80 [4.66 - 4.95] |
| Engagement in work | | | | | | |
| Employee, n (%) | 19 | 12.88 [12.82 - 12.94] | 16 | 13.75 [13.68 - 13.82] | 3 | 7.95 [7.83 - 8.08] |
| Self-employed, n (%) | 100 | 16.07 [16.02 - 16.11] | 90 | 29.53 [29.45 - 29.61] | 10 | 3.30 [3.27 - 3.33] |

| Current use of any smoked tobacco product | | | | | | |
|-------------------------------------------|-------|-----------------------|------|-----------------------|-------|---------------------|
| | Total | | Boys | | Girls | |
| | n | % [95% CI] | n | % [95% CI] | n | % [95% CI] |
| NO WORK, n (%) | 355 | 7.10 [7.09 - 7.11] | 290 | 10.90 [10.88 - 10.92] | 65 | 3.04 [3.03 - 3.05] |
| Religion | | | | | | |
| No religion | 55 | 26.15 [26.07 - 26.23] | 48 | 31.12 [31.02 - 31.23] | 7 | 16.66 [16.54-16.78] |
| Christianity | 392 | 7.15 [7.14 - 7.16] | 325 | 11.33 [11.31 - 11.34] | 67 | 2.67 [2.66 - 2.68] |
| Islam | 23 | 12.85 [12.78 - 12.92] | 21 | 19.73 [19.62 - 19.84] | 2 | 2.27 [2.22 - 2.33] |
| Hinduism | 1 | 5.49 [5.33 - 5.65] | 1 | 11.25 [10.95 - 11.56] | 0 | 0.0 |
| Other | 9 | 3.09 [3.05 - 3.13] | 6 | 5.08 [5.02 - 5.15] | 3 | 0.70 [0.67 - 0.72] |
| Functional disability | | | | | | |
| Person with disability | 16 | 10.37 [10.32 - 10.42] | 13 | 17.62 [17.53 - 17.70] | 3 | 2.16 [2.13 - 2.20] |
| Person without disability | 468 | 7.85 [7.84 - 7.86] | 392 | 12.16 [12.14 - 12.18] | 76 | 3.05 [3.04 - 3.06] |
| Strata | | | | | | |
| Equateur | 24 | 3.69 [3.65 - 3.73] | 23 | 6.55 [6.48 - 6.61] | 1 | 0.33 [0.32 - 0.35] |
| Kasai | 194 | 22.83 [22.79 - 22.87] | 171 | 32.23 [32.17 - 32.29] | 23 | 8.41 [8.37 - 8.45] |
| Katanga | 117 | 13.68 [13.63 - 13.72] | 99 | 20.64 [20.57 - 20.71] | 18 | 4.76 [4.71 - 4.80] |
| Kivu | 48 | 4.20 [4.19 - 4.21] | 33 | 6.66 [6.64 - 6.68] | 15 | 1.89 [1.74 - 1.76] |
| Leopoldville | 39 | 3.85 [3.83 - 3.86] | 29 | [5.70 - 5.76] | 10 | 1.89 [1.88 - 1.91] |
| Oriental | 62 | 10.98 [10.94 - 11.02] | 50 | [15.12 - 15.25] | 12 | 5.54 [5.50 - 5.59] |

Table 20 shows that the current use prevalence of smoked tobacco products among adolescents increased with age, from 5.1% in 10–12-year-olds to 14% in 16–17-year-olds. Out-of-school adolescents (14.5%) had about double the prevalence of in-school adolescents (7.1%), and urban residents (12.5%) had a much higher current use prevalence than their rural counterparts (6.8%). By socioeconomic status, current use prevalence was highest in the low quintile (9.6%) and lowest in the highest quintile (7.2%). Among those 15 years of age and older, adolescents who were not in a union had a current use prevalence of 13.0% versus 17.8% for those in a union. Self-employed adolescents (16.1%) had the highest prevalence among work categories, followed by employees (12.9%) and nonworking adolescents (7.1%). In religious terms, those with no religion (26.1%) and Islam (12.8%) registered higher prevalence than Christians (7.1%). Adolescents with functional disabilities had a higher prevalence (10.4%) than those without (7.8%). Regionally, Kasai (22.8%) and Katanga (13.7%) had the highest current use prevalence. In all indicators, boys consistently show substantially higher prevalence than girls.

4.3.2.5. Prevalence of current use of any smoked cigarette

Table 21 shows the prevalence of current use of smoked tobacco cigarettes (RYO and manufactured cigarettes) among adolescents by age, schooling status, residence, socioeconomic status, marital status, work engagement, religion, functional disability, and geographical strata.

Table 21: Prevalence of current use of any smoked cigarette (RYO cigarettes and manufactured cigarettes by key socio-demographic characteristics

| Current use or any smoked cigarette | | | | | | |
|-------------------------------------|-------|-----------------------|------|-----------------------|-------|---------------------|
| | Total | | Boys | | Girls | |
| | n | % [95% CI] | n | % [95% CI] | n | % [95% CI] |
| Age | | | | | | |
| 10 - 12 yrs | 107 | 4.81 [4.80 - 4.83] | 84 | 7.03 [7.01 - 7.04] | 23 | 2.10 [2.09 - 2.11] |
| 13 - 15 yrs | 196 | 7.89 [7.87 - 7.90] | 175 | 12.75 [12.69 - 12.75] | 21 | 2.89 [2.88 - 2.91] |
| 16 - 17 yrs | 147 | 12.61 [12.58 - 12.64] | 128 | 22.99 [22.94 - 23.04] | 19 | 1.81 [1.80 - 1.83] |
| Schooling status | | | | | | |
| In-school | 341 | 6.54 [6.53 - 6.55] | 293 | 10.62 [10.60 - 10.63] | 48 | 1.94 [1.94 - 1.95] |
| Out-of-school | 109 | 13.71 [13.62 - 13.69] | 94 | 21.98 [21.92 - 22.04] | 15 | 5.16 [5.13 - 5.19] |
| Residence (rural/urban) | | | | | | |
| Rural | 297 | 6.66 [6.65 - 6.67] | 256 | 10.84 [10.84 - 10.88] | 41 | 2.04 [2.03 - 2.05] |
| Urban | 153 | 10.39 [10.36 - 10.41] | 131 | 16.17 [16.13 - 16.21] | 22 | 3.63 [3.60 - 3.65] |
| SES/wealth index | | | | | | |
| 1st quintile: lowest | 128 | 7.33 [7.30 - 7.35] | 113 | 11.67 [11.63 - 11.70] | 15 | 1.72 [1.70 - 1.74] |
| 2nd quintile: low | 101 | 9.14 [9.12 - 9.16] | 81 | 13.69 [13.65 - 13.73] | 20 | 4.37 [4.34 - 4.39] |
| 3rd quintile: middle | 81 | 6.51 [6.49 - 6.53] | 69 | 9.96 [9.93 - 10.00] | 12 | 2.25 [2.23 - 2.27] |
| 4th quintile: high | 73 | 7.63 [7.60 - 7.65] | 66 | 13.03 [12.99 - 13.07] | 7 | 2.14 [2.12 - 2.15] |
| 5th quintile: highest | 67 | 6.47 [6.45 - 6.49] | 58 | 11.77 [11.74 - 11.81] | 9 | 1.16 [1.14 - 1.17] |
| Marital status | | | | | | |
| Not in a union | 250 | 11.87 [11.85 - 11.89] | 219 | 19.24 [19.21 - 19.28] | 31 | 3.29 [3.27 - 3.31] |
| In a union | 9 | 17.76 [17.53 - 17.99] | 8 | 61.31 [60.69 - 61.92] | 1 | 4.80 [4.66 - 4.95] |
| Engagement in work | | | | | | |
| Employee, n (%) | 16 | 11.77 [11.71 - 11.83] | 14 | 12.73 [12.66 - 12.79] | 2 | 6.34 [6.23 - 6.46] |
| Self-employed, n (%) | 94 | 14.98 [14.91 - 14.99] | 86 | 28.48 [28.40 - 28.56] | 8 | 2.24 [2.21 - 2.26] |
| No work, n (%) | 330 | 6.58 [6.56 - 6.58] | 278 | 10.48 [10.46 - 10.50] | 52 | 2.41 [2.40 - 2.42] |
| Religion | | | | | | |
| No religion | 55 | 26.26 [26.17 - 26.34] | 48 | 31.32 [31.22 - 31.43] | 7 | 16.66 [16.54-16.78] |
| Christianity | 359 | 6.51 [6.50 - 6.52] | 308 | 10.77 [10.75 - 10.78] | 51 | 1.95 [1.95 - 1.96] |
| Islam | 22 | 12.63 [12.55 - 12.70] | 20 | 19.36 [19.25 - 19.47] | 2 | 2.27 [2.22 - 2.33] |
| Hinduism | 1 | 5.49 [5.33 - 5.65] | 1 | 11.25 [10.95 - 11.56] | 0 | 0.0 |
| Other | 9 | 3.09 [3.05 - 3.13] | 6 | 5.08 [5.02 - 5.15] | 3 | 0.70 [0.67 - 0.72] |
| Functional disability | | | | | | |
| Person with disability | 13 | 9.03 [8.95 - 9.04] | 12 | 16.67 [16.47 - 16.64] | 1 | 0.43 [0.42 - 0.45] |
| Person without disability | 437 | 7.32 [7.31 - 7.33] | 375 | 11.69 [11.67 - 11.71] | 62 | 2.46 [2.45 - 2.46] |
| Strata | | | | | | |
| Equateur | 23 | 3.59 [3.55 - 3.62] | 22 | 6.35 [6.29 - 6.42] | 1 | 0.33 [0.32 - 0.35] |
| Kasai | 189 | 21.93 [21.89-21.97] | 169 | 31.59 [31.53 - 31.65] | 20 | 7.11 [7.06 - 7.15] |

| | Current use or any smoked cigarette | | | | | | |
|--------------|-------------------------------------|-----------------------|------|-----------------------|--------------------|--------------------|--------------------|
| | Total | | Boys | | Girls | | |
| | n | % [95% CI] | n | % [95% CI] | n | % [95% CI] | |
| Katanga | 113 | 13.52 [13.45 - 13.54] | 96 | 20.36 [20.29 - 20.43] | 17 | 4.71 [4.65 - 4.73] | |
| Kivu | 36 | 3.72 [3.70 - 3.73] | 3.53 | 27 | 6.19 [6.16 - 6.20] | 9 | 1.27 [1.26 - 1.28] |
| Leopoldville | 34 | [3.52 - 3.55] | 9.21 | 26 | 5.42 [5.38 - 5.43] | 8 | 1.58 [1.56 - 1.59] |
| Oriental | 55 | [9.17 - 9.25] | 47 | 14.07 [14.01 - 14.13] | 8 | 2.92 [2.89 - 2.95] | |

Table 21 shows that the current use prevalence of smoked cigarettes among adolescents increased with age—from 4.8% among 10–12-year-olds to 12.6% among 16–17-year-olds. Out-of-school adolescents (13.7%) had a higher current use prevalence than in-school adolescents (6.5%), and the current use prevalence among urban residents (10.4%) exceeded that among rural residents (6.7%). Among socioeconomic groups, prevalence was highest in the low quintile (9.1%) and lowest in the middle and highest quintiles (6.5% and 6.4%, respectively). Among those 15 years of age and older, adolescents who were not in a union exhibited a current use prevalence of 11.9%, compared to 17.8% for those in a union. Self-employed adolescents (15%) showed a higher prevalence than employees (11.8%) and nonworking adolescents (6.6%). In the religious category, those with no religion recorded the highest prevalence (26.1%), followed by Islam (12.6%) and Christianity (6.5%). Adolescents with functional disabilities had a higher prevalence (9%) than those without (7.3%). Regionally, Kasai (21.9%) and Katanga (13.5%) had the highest current use prevalence, and in all categories, boys exhibited higher current use prevalence than girls.

4.3.2.6. Prevalence of current use of manufactured cigarettes

Table 22 shows the prevalence of the current use of manufactured cigarettes among adolescents by age, schooling status, residence, socioeconomic status, marital status, work engagement, religion, functional disability, and geographical strata.

Table 22: Prevalence of current use of manufactured cigarettes by key socio-demographic characteristics

| | Current use of manufactured cigarette | | | | | |
|--------------------------------|---------------------------------------|-----------------------|------|-----------------------|-------|--------------------|
| | Total | | Boys | | Girls | |
| | n | % [95% CI] | n | % [95% CI] | n | % [95% CI] |
| Age | | | | | | |
| 10 - 12 yrs | 88 | 4.01 [4.00 - 4.02] | 71 | 5.84 [5.83 - 5.86] | 17 | 1.77 [1.76 - 1.78] |
| 13 -15 yrs | 182 | 7.16 [7.14 - 7.17] | 164 | 11.88 [11.85 - 11.90] | 18 | 2.32 [2.31 - 2.34] |
| 16 - 17 yrs | 138 | 12.06 [12.03 - 12.09] | 120 | 22.18 [22.13 - 22.23] | 18 | 1.66 [1.64 - 1.68] |
| Schooling status | | | | | | |
| In-school | 304 | 5.82 [5.81 - 5.83] | 264 | 9.58 [9.56 - 9.60] | 40 | 1.61 [1.60 - 1.62] |
| Out-of-school | 104 | 12.80 [12.77 - 12.84] | 91 | 20.95 [20.89 - 21.01] | 13 | 4.38 [4.35 - 4.41] |
| Residence (rural/urban) | | | | | | |
| Rural | 264 | 5.90 [5.89 - 5.91] | 229 | 9.75 [9.73 - 9.77] | 35 | 1.67 [1.66 - 1.68] |
| Urban | 144 | 9.76 [9.74 - 9.79] | 126 | 15.47 [15.43 - 15.51] | 18 | 3.14 [3.12 - 3.16] |
| SES/wealth index | | | | | | |

| Current use of manufactured cigarette | | | | | | |
|---------------------------------------|-------|-----------------------|------|-----------------------|-------|---------------------|
| | Total | | Boys | | Girls | |
| | n | % [95% CI] | n | % [95% CI] | n | % [95% CI] |
| 1st quintile: lowest | 110 | 6.33 [6.31 - 6.35] | 99 | 10.10 [10.07 - 10.13] | 11 | 1.49 [1.48 - 1.51] |
| 2nd quintile: low | 96 | 8.79 [8.77 - 8.82] | 76 | 13.03 [12.99 - 13.07] | 20 | 4.37 [4.34 - 4.39] |
| 3rd quintile: middle | 72 | 5.62 [5.60 - 5.64] | 65 | 9.55 [9.52 - 9.58] | 7 | 0.76 [0.75 - 0.77] |
| 4th quintile: high | 67 | 6.48 [6.45 - 6.50] | 61 | 10.97 [10.93 - 11.01] | 6 | 1.92 [1.90 - 1.93] |
| 5th quintile: highest | 63 | 6.19 [6.17 - 6.21] | 54 | 11.28 [11.24 - 11.32] | 9 | 1.16 [1.14 - 1.17] |
| Marital status | | | | | | |
| Not in a union | 238 | 11.15 [11.13 - 11.17] | 210 | 18.43 [18.40 - 18.46] | 28 | 2.72 [2.71 - 2.74] |
| In a union | 6 | 10.44 [10.26 - 10.63] | 6 | 45.54 [44.91 - 46.17] | 0 | 0.0 |
| Engagement in work | | | | | | |
| Employee, n (%) | 14 | 11.02 [10.97 - 11.08] | 13 | 12.45 [12.39 - 12.52] | 1 | 2.93 [2.85 - 3.01] |
| Self-employed, n (%) | 90 | 14.89 [14.84 - 14.93] | 82 | 28.65 [28.57 - 28.73] | 8 | 2.24 [2.21 - 2.26] |
| No work, n (%) | 29 | 5.83 [5.82 - 5.84] | 252 | 9.37 [9.35 - 9.39] | 44 | 2.06 [2.05 - 2.07] |
| Religion | | | | | | |
| No religion | 49 | 23.30 [23.22 - 23.38] | 43 | 28.08 [27.98 - 28.18] | 6 | 14.35 [14.24-14.46] |
| Christianity | 32 | 5.83 [5.82 - 5.84] | 281 | 9.78 [9.77 - 9.80] | 44 | 1.61 [1.61 - 1.62] |
| Islam | 5 | 12.63 [12.55 - 12.70] | 20 | 19.36 [19.25 - 19.47] | 2 | 2.27 [2.22 - 2.33] |
| Hinduism | 22 | 5.49 [5.33 - 5.65] | 1 | 11.25 [10.95 - 11.56] | 0 | 0.0 |
| Other | 17 | 2.90 [2.86 - 2.93] | 6 | 5.11 [5.04 - 5.17] | 1 | 0.25 [0.23 - 0.27] |
| Functional disability | | | | | | |
| Person with disability | 13 | 9.05 [9.00 - 9.04] | 12 | 16.71 [16.62 - 16.79] | 1 | 0.43 [0.42 - 0.45] |
| Person without disability | 395 | 6.54 [6.54 - 6.55] | 343 | 10.61 [10.59 - 10.62] | 52 | 2.04 [2.04 - 2.05] |
| Strata | | | | | | |
| Equateur | 21 | 3.32 [3.28 - 3.35] | 20 | 5.87 [5.81 - 5.94] | 1 | 0.33 [0.32 - 0.35] |
| Kasai | 173 | 19.78 [19.74 - 19.82] | 155 | 28.68 [28.62 - 28.74] | 18 | 6.24 [6.21 - 6.28] |
| Katanga | 104 | 12.65 [12.61 - 12.70] | 89 | 19.14 [19.07 - 19.21] | 15 | 4.33 [4.29 - 4.37] |
| Kivu | 33 | 3.42 [3.41 - 3.43] | 26 | 5.96 [5.94 - 5.98] | 7 | 0.93 [0.92 - 0.93] |
| Leopoldville | 30 | 2.95 [2.94 - 2.97] | 24 | 4.34 [4.31 - 4.36] | 6 | 1.52 [1.51 - 1.53] |
| Oriental | 47 | 7.95 [7.91 - 7.99] | 41 | 12.70 [12.64 - 12.76] | 6 | 1.80 [1.77 - 1.82] |

The current use prevalence of manufactured cigarettes among adolescents increased with age, rising from 4% in 10–12-year-olds to 12% in 16–17-year-olds. Out-of-school adolescents (12.7%) had more than double the current use prevalence of in-school adolescents (5.8%), while the prevalence among urban residents (9.7%) exceeded that for rural residents (5.9%). By socioeconomic status, prevalence ranged from 5.6% in the middle quintile to 8.7% in the low quintile. Among those 15 years of age and older, adolescents who were not in a union had a current use prevalence of 11.2%, and this was 10.4% for those in a union. Self-employed adolescents exhibited the highest prevalence (14.7%), followed by employees (11%) and nonworking adolescents (5.8%). In religion, prevalence was highest among

adolescents with no religion (23%) and Islam (12.6%), compared to Christianity (5.8%). Regionally, Kasai (19.7%) and Katanga (12.6%) reported the highest current use prevalence.

4.3.2.7. Prevalence of current use of roll-your-own cigarettes (RYO)

Table 23 shows the prevalence of current use of RYO cigarettes among adolescents by age, schooling status, residence, socioeconomic status, marital status, work engagement, religion, functional disability, and geographical strata.

Table 23: Prevalence of current use of roll-your-own (RYO) cigarette by key socio-demographic characteristics

| | Current use of RYO cigarette | | | | | |
|--------------------------------|------------------------------|-----------------------|------|-----------------------|-------|--------------------|
| | Total | | Boys | | Girls | |
| | n | % [95% CI] | n | % [95% CI] | n | % [95% CI] |
| Age | | | | | | |
| 10 - 12 yrs | 46 | 2.11 [2.10 - 2.11] | 36 | 3.15 [3.14 - 3.17] | 10 | 0.82 [0.81 - 0.83] |
| 13 -15 yrs | 84 | 3.49 [3.48 - 3.50] | 79 | 5.93 [5.91 - 5.95] | 5 | 0.99 [0.98 - 1.00] |
| 16 - 17yrs | 67 | 5.84 [5.82 - 5.86] | 58 | 10.41 [10.37 - 10.45] | 9 | 1.10 [1.08 - 1.11] |
| Schooling status | | | | | | |
| In-school | 139 | 2.80 [2.79 - 2.81] | 120 | 4.60 [4.59 - 4.61] | 19 | 0.77 [0.77 - 0.78] |
| Out-of-school | 58 | 7.06 [7.03 - 7.08] | 53 | 11.95 [11.90 - 12.00] | 5 | 2.05 [2.03 - 2.08] |
| Residence (rural/urban) | | | | | | |
| Rural | 131 | 3.04 [3.03 - 3.05] | 116 | 5.10 [5.09 - 5.11] | 15 | 0.77 [0.77 - 0.78] |
| Urban | 66 | 4.42 [4.40 - 4.44] | 57 | 6.82 [6.79 - 6.85] | 9 | 1.62 [1.60 - 1.63] |
| SES/wealth index | | | | | | |
| 1st quintile: lowest | 58 | 3.70 [3.68 - 3.71] | 52 | 5.99 [5.96 - 6.02] | 6 | 0.7 [0.69 - 0.71] |
| 2nd quintile: low | 43 | 4.45 [4.43 - 4.46] | 35 | 7.54 [7.51 - 7.57] | 8 | 1.21 [1.20 - 1.22] |
| 3rd quintile: middle | 34 | 2.76 [2.74 - 2.77] | 28 | 3.76 [3.74 - 3.78] | 6 | 1.52 [1.51 - 1.54] |
| 4th quintile: high | 32 | 2.95 [2.94 - 2.97] | 30 | 5.06 [5.03 - 5.08] | 2 | 0.82 [0.81 - 0.83] |
| 5th quintile: highest | 30 | 2.75 [2.74 - 2.77] | 28 | 5.12 [5.09 - 5.15] | 2 | 0.4 [0.37 - 0.39] |
| Marital status | | | | | | |
| Not in a union | 111 | 5.51 [5.49 - 5.52] | 98 | 8.85 [8.82 - 8.87] | 13 | 1.62 [1.60 - 1.63] |
| In a union | 6 | 15.59 [15.37 - 15.81] | 5 | 51.85 [51.22 - 52.48] | 1 | 4.80 [4.66 - 4.95] |
| Engagement in work | | | | | | |
| Employee, n (%) | 6 | 8.74 [8.69 - 8.79] | 5 | 9.69 [9.63 - 9.74] | 1 | 3.41 [3.32 - 3.50] |
| Self-employed, n (%) | 39 | 5.53 [5.50 - 5.56] | 37 | 10.46 [10.41 - 10.51] | 2 | 0.89 [0.88 - 0.91] |
| No work, n (%) | 147 | 2.85 [2.84 - 2.86] | 127 | 4.68 [4.67 - 4.69] | 20 | 0.90 [0.89 - 0.91] |
| Religion | | | | | | |
| No religion | 35 | 13.42 [13.36 - 13.48] | 32 | 17.17 [17.08 - 17.26] | 3 | 6.31 [6.24 - 6.39] |
| Christianity | 140 | 2.76 [2.76 - 2.77] | 123 | 4.65 [4.64 - 4.66] | 17 | 0.75 [0.74 - 0.75] |
| Islam | 15 | 8.67 [8.61 - 8.73] | 13 | 12.85 [12.75 - 12.94] | 2 | 2.27 [2.22 - 2.33] |

| Current use of RYO cigarette | | | | | | |
|------------------------------|-------|-----------------------|------|-----------------------|-------|--------------------|
| | Total | | Boys | | Girls | |
| | n | % [95% CI] | n | % [95% CI] | n | % [95% CI] |
| Hinduism | 0 | 0.0 | | | | |
| Other | 4 | 0.38 [0.37 - 0.39] | 2 | 0.32 [0.31 - 0.34] | 2 | 0.45 [0.43 - 0.47] |
| Functional disability | | | | | | |
| Person with disability | 3 | 6.29 [6.25 - 6.33] | 3 | 11.92 [11.84 - 11.99] | 0 | 0.0 |
| Person without disability | 194 | 3.15 [3.15 - 3.16] | 170 | 5.10 [5.09 - 5.11] | 24 | 0.99 [0.98 - 0.99] |
| Strata | | | | | | |
| Equateur | 8 | 1.54 [1.52 - 1.57] | 8 | 2.82 [2.78 - 2.87] | 0 | 0.0 |
| Kasai | 89 | 11.30 [11.27 - 11.34] | 78 | 16.36 [16.31 - 16.41] | 11 | 3.56 [3.53 - 3.59] |
| Katanga | 51 | 5.48 [5.45 - 5.51] | 47 | 9.16 [9.11 - 9.21] | 4 | 0.75 [0.73 - 0.77] |
| Kivu | 12 | 1.48 [1.48 - 1.49] | 8 | 2.24 [2.23 - 2.25] | 4 | 0.73 [0.73 - 0.74] |
| Leopoldville | 16 | 1.60 [1.59 - 1.61] | 14 | 3.09 [3.07 - 3.11] | 2 | 0.06 [0.06 - 0.06] |
| Oriental | 21 | 3.14 [3.12 - 3.17] | 18 | 4.51 [4.48 - 4.55] | 3 | 1.36 [1.34 - 1.38] |

Table 23 shows that the current use prevalence of roll your own (RYO) cigarettes among adolescents increased with age—from 2.1% in 10–12-year-olds to 5.8% in 16–17-year-olds. Out-of-school adolescents had a higher prevalence (7.0%) compared to in-school adolescents (2.8%), and the current use prevalence among urban residents (4.4%) exceeded that among rural residents (3.0%). By socioeconomic status, current use prevalence was highest in the low quintile (4.4%) and lowest in the highest quintile (2.7%). Among those 15 years of age and older, adolescents who were in a union exhibited a markedly higher current use prevalence (15.6%) than those not in a union (5.5%). Among work categories, adolescents working for others show the highest prevalence (8.7%), followed by self-employed adolescents (5.5%) and nonworking adolescents (2.8%). In religion, those with no religion (13.4%) and Islam (8.7%) had a higher current use prevalence than Christianity (2.8%). Adolescents with functional disabilities reported a higher prevalence (6.3%) than those without (3.1%), and Kasai recorded the highest regional prevalence (11.3%). In all categories, boys report higher current use prevalence than girls.

4.3.2.8. Prevalence of current use of shisha

Table 24 shows the prevalence of the current use of shisha among adolescents by age, schooling status, residence, socioeconomic status, marital status, work engagement, religion, functional disability, and geographical strata.

Table 24: Prevalence of current use of shisha by key socio-demographic characteristics

| Current use of shisha | | | | | | |
|-----------------------|-------|--------------------|------|--------------------|-------|--------------------|
| | Total | | Boys | | Girls | |
| | n | % [95% CI] | n | % [95% CI] | n | % [95% CI] |
| Age | | | | | | |
| 10 - 12 yrs | 6 | 0.25 [0.24 - 0.25] | 4 | 0.36 [0.35 - 0.36] | 2 | 0.11 [0.10 - 0.11] |
| 13 -15 yrs | 26 | 1.19 [1.18 - 1.20] | 19 | 1.55 [1.54 - 1.56] | 7 | 0.82 [0.81 - 0.83] |

| Current use of snisna | | | | | | |
|---------------------------|-------|--------------------|------|-----------------------|-------|--------------------|
| | Total | | Boys | | Girls | |
| | n | % [95% CI] | n | % [95% CI] | n | % [95% CI] |
| 16 - 17 yrs | 34 | 4.39 [4.37 - 4.40] | 22 | 6.70 [6.66 - 6.72] | 12 | 1.98 [1.97 - 2.00] |
| Schooling status | | | | | | |
| In-school | 44 | 1.22 [1.22 - 1.22] | 27 | 1.64 [1.63 - 1.64] | 17 | 0.75 [0.75 - 0.76] |
| Out-of-school | 22 | 2.45 [2.42 - 2.46] | 18 | 4.15 [4.09 - 4.15] | 4 | 0.70 [0.69 - 0.71] |
| Residence (rural/urban) | | | | | | |
| Rural | 14 | 0.65 [0.65 - 0.65] | 13 | 1.23 [1.22 - 1.23] | 1 | 0.01 [0.01 - 0.02] |
| Urban | 52 | 4.23 [4.21 - 4.24] | 32 | 4.64 [4.61 - 4.66] | 20 | 3.75 [3.72 - 3.77] |
| SES/wealth index | | | | | | |
| 1st quintile: lowest | 13 | 1.03 [1.02 - 1.03] | 10 | 1.17 [1.16 - 1.19] | 3 | 0.81 [0.83 - 0.85] |
| 2nd quintile: low | 9 | 2.36 [2.35 - 2.37] | 9 | 4.61 [4.59 - 4.67] | 0 | 0.0 |
| 3rd quintile: middle | 12 | 1.06 [1.05 - 1.07] | 6 | 0.73 [0.72 - 0.74] | 6 | 1.47 [1.46 - 1.49] |
| 4th quintile: high | 12 | 0.93 [0.93 - 0.94] | 8 | 1.60 [1.58 - 1.61] | 4 | 0.26 [0.25 - 0.26] |
| 5th quintile: highest | 20 | 1.48 [1.46 - 1.48] | 12 | 1.76 [1.75 - 1.78] | 8 | 1.20 [1.19 - 1.21] |
| Marital status | | | | | | |
| Not in a union | 51 | 3.27 [3.26 - 3.28] | 35 | 4.67 [4.64 - 4.68] | 16 | 1.65 [1.63 - 1.66] |
| In a union | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| Engagement in work | | | | | | |
| Employee, n (%) | 7 | 9.84 [9.78 - 9.89] | 6 | 11.30 [11.24 - 11.36] | 1 | 1.61 [1.55 - 1.67] |
| Self-employed, n (%) | 21 | 3.61 [3.59 - 3.64] | 16 | 5.05 [5.46 - 5.54] | 5 | 1.83 [1.80 - 1.85] |
| No work, n (%) | 38 | 0.78 [0.77 - 0.78] | 23 | 0.89 [0.88 - 0.89] | 1 | 0.66 [0.65 - 0.66] |
| Religion | | | | | | |
| No religion | 1 | 0.13 [0.13 - 0.14] | 1 | 0.20 [0.19 - 0.22] | 0 | 0.0 |
| Christianity | 63 | 1.52 [1.52 - 1.53] | 42 | 2.18 [2.17 - 2.19] | 21 | 0.82 [0.82 - 0.83] |
| Islam | 1 | 0.22 [0.21 - 0.23] | 1 | 0.37 [0.35 - 0.39] | 0 | 0.0 |
| Hinduism | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| Other | 1 | 0.11 [0.11 - 0.12] | 1 | 0.21 [0.19 - 0.22] | 0 | 0.0 |
| Functional disability | | | | | | |
| Person with disability | 5 | 7.86 [7.82 - 7.91] | 3 | 13.28 [13.21 - 13.36] | 2 | 1.70 [1.70 - 1.76] |
| Person without disability | 61 | 1.01 [1.01 - 1.02] | 42 | 1.30 [1.29 - 1.31] | 19 | 0.69 [0.69 - 0.70] |
| Strata | | | | | | |
| Equateur | 1 | 0.10 [0.10 - 0.11] | 1 | 0.19 [0.18 - 0.21] | 0 | 0.0 |
| Kasai | 9 | 1.73 [1.72 - 1.74] | 6 | 2.01 [1.99 - 2.02] | 3 | 1.31 [1.29 - 1.32] |
| Katanga | 9 | 0.73 [0.71 - 0.74] | 7 | 1.12 [1.10 - 1.13] | 2 | 0.22 [0.21 - 0.23] |
| Kivu | 23 | 1.46 [1.45 - 1.46] | 14 | 2.28 [2.27 - 2.29] | 9 | 0.64 [0.64 - 0.65] |
| Leopoldville | 8 | 0.44 [0.44 - 0.45] | 5 | 0.54 [0.53 - 0.55] | 3 | 0.34 [0.33 - 0.34] |

| | Current use of shisha | | | | | |
|----------|-----------------------|--------------------|------|--------------------|-------|--------------------|
| | Total | | Boys | | Girls | |
| | n | % [95% CI] | n | % [95% CI] | n | % [95% CI] |
| Oriental | 16 | 3.87 [3.82 - 3.87] | 12 | 4.84 [4.76 - 4.85] | 4 | 2.63 [2.59 - 2.65] |

Table 24 shows that the prevalence of current use of shisha among adolescents increased with age from 0.2% in 10–12-year-olds to 4.4% in 16–17-year-olds. Out-of-school adolescents (2.4%) had double the prevalence of in-school adolescents (1.2%), and the current use prevalence among urban residents (4.2%) far exceeded that among their rural counterparts (0.7%). Across socioeconomic groups, prevalence varies from 1.0% in the lowest quintile to 2.4% in the low quintile. Among those 15 years of age and older, adolescents who were not in a union had a current use prevalence of 3.3% compared to 0.0% among those in a union. Among work categories, employees had the highest prevalence (9.8%), followed by self-employed adolescents (3.6%) and nonworking adolescents (0.8%). In religious terms, Christianity (1.5%) had the highest current use prevalence. Notably, adolescents with functional disabilities had a higher current use prevalence (7.9%) than those without (1.0%). Regionally, prevalence was highest in Oriental (3.8%), followed by Kasai (1.7%), Kivu (1.5%), Katanga (0.7%), Leopoldville (0.4%), and Equateur (0.1%). In nearly all categories, boys consistently exhibited higher current use prevalence than girls, except for adolescents in the middle socioeconomic group where the prevalence among girls (1.5%) was double that of boys (0.7%).

4.3.2.9. Prevalence of current use of smokeless tobacco

Table 25 shows the prevalence of the current use of smokeless tobacco among adolescents by age, schooling status, residence, socioeconomic status, marital status, work engagement, religion, functional disability, and geographical strata.

Table 25: Prevalence of current use of smokeless tobacco by key socio-demographic characteristics

| | Current use of smokeless tobacco products | | | | | |
|--------------------------------|-------------------------------------------|--------------------|------|-----------------------|-------|--------------------|
| | Total | | Boys | | Girls | |
| | n | % [95% CI] | n | % [95% CI] | n | % [95% CI] |
| Age | | | | | | |
| 10 - 12 yrs | 150 | 5.34 [5.32 - 5.35] | 86 | 5.73 [5.71 - 5.75] | 64 | 4.85 [4.83 - 4.87] |
| 13 - 15 yrs | 138 | 5.66 [5.64 - 5.67] | 90 | 6.91 [6.89 - 6.94] | 48 | 4.37 [4.35 - 4.38] |
| 16 - 17yrs | 102 | 7.64 [7.62 - 7.66] | 69 | 9.04 [9.01 - 9.08] | 33 | 6.19 [6.16 - 6.22] |
| Schooling status | | | | | | |
| In-school | 343 | 5.99 [5.98 - 6.00] | 207 | 6.70 [6.68 - 6.71] | 136 | 5.20 [5.19 - 5.21] |
| Out-of-school | 47 | 5.12 [5.10 - 5.14] | 38 | 7.15 [7.11 - 7.19] | 9 | 3.03 [3.01 - 3.06] |
| Residence (rural/urban) | | | | | | |
| Rural | 254 | 5.01 [5.00 - 5.02] | 157 | 5.40 [5.39 - 5.41] | 97 | 4.58 [4.57 - 4.59] |
| Urban | 136 | 9.36 [9.34 - 9.39] | 88 | 11.95 [11.92 - 11.99] | 48 | 6.34 [6.31 - 6.37] |
| SES/wealth index | | | | | | |
| 1st quintile: lowest | 112 | 6.43 [6.41 - 6.45] | 75 | 8.06 [8.03 - 8.095] | 37 | 4.32 [4.29 - 4.35] |
| 2nd quintile: low | 111 | 7.93 [7.91 - 7.95] | 68 | 9.63 [9.60 - 9.67] | 43 | 6.16 [6.13 - 6.19] |
| 3rd quintile: middle | 68 | 6.35 [6.33 - 6.37] | 43 | 6.88 [6.85 - 6.91] | 25 | 5.69 [5.67 - 5.72] |

| Current use of smokeless tobacco products | | | | | | |
|-------------------------------------------|-------|-----------------------|------|-----------------------|-------|-----------------------|
| | Total | | Boys | | Girls | |
| | n | % [95% CI] | n | % [95% CI] | n | % [95% CI] |
| 4th quintile: high | 52 | 3.99 [3.97 - 4.00] | 29 | 4.02 [4.00 - 4.04] | 23 | 3.95 [3.93 - 3.98] |
| 5th quintile: highest | 47 | 4.60 [4.58 - 4.62] | 30 | 4.80 [4.77 - 4.82] | 17 | 4.40 [4.38 - 4.43] |
| Marital status | | | | | | |
| Not in a union | 167 | 7.34 [7.33 - 7.36] | 11 | 8.31 [8.29 - 8.33] | 57 | 6.22 [6.20 - 6.25] |
| In a union | 4 | 7.56 [7.40 - 7.72] | 0 | 16.81 [31.42 - 33.66] | 1 | 4.80 [4.66 - 4.95] |
| Separated | 0 | 0.0 | 3 | | | |
| Partner deceased | 0 | 0.0 | | | | |
| Engagement in work | | | | | | |
| Employee, n (%) | 8 | 3.70 [3.67 - 3.74] | 3 | 1.50 [1.47 - 1.52] | 5 | 16.16 [15.99 - 16.34] |
| Self-employed, n (%) | 48 | 8.08 [8.04 - 8.11] | 33 | 11.62 [11.56 - 11.67] | 15 | 4.72 [4.68 - 4.76] |
| No work, n (%) | 326 | 6.08 [6.07 - 6.09] | 205 | 7.05 [7.04 - 7.07] | 121 | 5.05 [5.03 - 5.06] |
| Religion | | | | | | |
| No religion | 32 | 13.32 [13.26 - 13.38] | 25 | 14.04 [13.96 - 14.12] | 7 | 11.96 [11.85 - 12.06] |
| Christianity | 315 | 5.20 [5.19 - 5.21] | 186 | 5.72 [5.71 - 5.73] | 129 | 4.64 [4.63 - 4.65] |
| Islam | 22 | 11.12 [11.06 - 11.19] | 21 | 17.40 [17.30 - 17.50] | 1 | 1.33 [1.30 - 1.37] |
| Hinduism | 2 | 31.67 [31.36 - 31.99] | 0 | 0.0 | 2 | 61.83 [61.36 - 62.29] |
| Other | 16 | 8.05 [7.99 - 8.11] | 10 | 11.18 [11.09 - 11.27] | 6 | 4.12 [4.06 - 4.19] |
| Functional disability | | | | | | |
| Person with disability | 2 | 0.18 [0.17 - 0.19] | 2 | 0.34 [0.33 - 0.36] | 0 | 0.0 |
| Person without disability | 388 | 6.20 [6.19 - 6.20] | 243 | 7.10 [7.08 - 7.11] | 145 | 5.19 [5.18 - 5.21] |
| Strata | | | | | | |
| Equateur | 47 | 10.27 [10.21 - 10.33] | 24 | 9.38 [9.30 - 9.46] | 23 | 11.31 [11.22 - 11.41] |
| Kasai | 75 | 10.13 [10.10 - 10.16] | 62 | 13.61 [13.57 - 13.66] | 13 | 4.80 [4.76 - 4.83] |
| Katanga | 41 | 4.13 [4.28 - 4.33] | 29 | 4.25 [4.21 - 4.28] | 12 | 4.38 [4.34 - 4.42] |
| Kivu | 2 | 0.18 [0.17 - 0.18] | 1 | 0.22 [0.22 - 0.22] | 1 | 0.13 [0.13 - 0.14] |
| Leopoldville | 101 | 8.12 [8.09 - 8.14] | 56 | 8.05 [8.02 - 8.08] | 45 | 8.18 [8.15 - 8.22] |
| Oriental | 124 | 25.24 [25.18 - 25.29] | 73 | 25.57 [25.49 - 25.65] | 51 | 24.81 [24.72 - 24.89] |

The current use prevalence of smokeless tobacco among adolescents increased with age— from 5.3% in 10–12-year-olds to 7.6% in 16–17-year-olds. In-school adolescents (6.0%) had a slightly higher prevalence than out-of-school adolescents (5.1%). Urban residents (9.3%) had a substantially higher prevalence than rural residents (5.0%). By socioeconomic status, prevalence was highest in the 2nd quintile (7.9%) and lowest in the 4th quintile (4.0%). Among those 15 years of age and older, adolescents who were not in a union exhibited a prevalence of 7.3%, similar to those in a union (7.6%). Among work categories, self-employed adolescents (8.1%) had the highest prevalence, followed by non-working (6.1%) and employee adolescents (3.7%). For religion, those with no religion (13.2%) and Islam (11.1%) had a higher prevalence than Christianity (5.2%). Adolescents without functional disabilities (6.2%) had a higher current use prevalence than those with functional disabilities (0.2%). Regionally, Oriental stands out at 25%, while Kivu (0.2%) had the lowest current

use prevalence. In nearly all indicators, boys consistently report higher prevalence than girls, with a few exceptions where girls show higher prevalences. For example, girls who were employed report 16.2% compared to 1.5% for boys, Hindu girls report 61.8% versus 0% for boys, and girls in the Equateur (11.3% vs. 9.3%) and Léopoldville (8.1% vs. 7.9%) regions also exhibit higher prevalence than boys.

4.3.2.10. Prevalence of current use of heated tobacco products

Table 26 shows the prevalence of current use of heated tobacco products among adolescents by age, schooling status, residence, socioeconomic status, marital status, work engagement, religion, functional disability, and geographical strata.

Table 26: Prevalence of current use of heated tobacco products by key socio-demographic characteristics

| Current use of heated tobacco products | | | | | | | |
|----------------------------------------|-------|--------------------|------|--------------------|-------|------------|--|
| | Total | | Boys | | Girls | | |
| | n | % [95% CI] | n | % [95% CI] | n | % [95% CI] | |
| Age | | | | | | | |
| 10 - 12 yrs | 5 | 0.10 [0.10 - 0.10] | 5 | 0.18 [0.18 - 0.19] | 0 | 0.0 | |
| 13 - 15 yrs | 1 | 0.03 [0.03 - 0.03] | 1 | 0.05 [0.05 - 0.05] | 0 | 0.0 | |
| 16 - 17 yrs | 3 | 0.29 [0.28 - 0.29] | 3 | 0.56 [0.55 - 0.57] | 0 | 0.0 | |
| Schooling status | | | | | | | |
| In-school | 8 | 0.12 [0.12 - 0.12] | 8 | 0.22 [0.22 - 0.22] | 0 | 0.0 | |
| Out-of-school | 1 | 0.04 [0.03 - 0.04] | 1 | 0.07 [0.07 - 0.07] | 0 | 0.0 | |
| Residence (rural/urban) | | | | | | | |
| Rural | 5 | 0.04 [0.04 - 0.04] | 5 | 0.07 [0.07 - 0.07] | 0 | 0.0 | |
| Urban | 4 | 0.38 [0.38 - 0.39] | 4 | 0.71 [0.70 - 0.72] | 0 | 0.0 | |
| SES/wealth index | | | | | | | |
| 1st quintile: lowest | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | |
| 2nd quintile: low | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | |
| 3rd quintile: middle | 1 | 0.03 [0.03 - 0.03] | 1 | 0.05 [0.05 - 0.05] | 0 | 0.0 | |
| 4th quintile: high | 5 | 0.30 [0.30 - 0.31] | 5 | 0.60 [0.59 - 0.61] | 0 | 0.0 | |
| 5th quintile: highest | 3 | 0.22 [0.21 - 0.22] | 3 | 0.44 [0.43 - 0.45] | 0 | 0.0 | |
| Marital status | | | | | | | |
| Not in a union | 3 | 0.17 [0.17 - 0.18] | 3 | 0.32 [0.32 - 0.33] | 0 | 0.0 | |
| In a union | 1 | 1.14 [1.08 - 1.21] | 1 | 4.98 [4.71 - 5.26] | 0 | 0.0 | |
| Separated Partner | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | |
| deceased | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | |
| Engagement in work | | | | | | | |
| Employee, n (%) | 2 | 1.26 [1.24 - 1.28] | 2 | 1.48 [1.45 - 1.50] | 0 | 0.0 | |
| Self-employed, n (%) | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | |
| No work, n (%) | 7 | 0.07 [0.07 - 0.07] | 7 | 0.13 [0.13 - 0.14] | 0 | 0.0 | |

| Current use of heated tobacco products | | | | | | | |
|----------------------------------------|-------|--------------------|------|--------------------|-------|------------|--|
| | Total | | Boys | | Girls | | |
| | n | % [95% CI] | n | % [95% CI] | n | % [95% CI] | |
| Religion | | | | | | | |
| No religion | 2 | 0.19 [0.18 - 0.20] | 2 | 0.29 [0.28 - 0.30] | 0 | 0.0 | |
| Christianity | 5 | 0.08 [0.08 - 0.08] | 5 | 0.15 [0.15 - 0.15] | 0 | 0.0 | |
| Islam | 2 | 1.04 [1.01 - 1.06] | 2 | 1.71 [1.68 - 1.75] | 0 | 0.0 | |
| Hinduism | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | |
| Other | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | |
| Functional disability | | | | | | | |
| Person with disability | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | |
| Person without disability | 9 | 0.11 [0.11 - 0.11] | 9 | 0.22 [0.21 - 0.22] | 0 | 0.0 | |
| Strata | | | | | | | |
| Equateur | 1 | 0.12 [0.11 - 0.13] | 1 | 0.22 [0.21 - 0.23] | 0 | 0.0 | |
| Kasai | 3 | 0.28 [0.27 - 0.28] | 3 | 0.46 [0.45 - 0.47] | 0 | 0.0 | |
| Katanga | 4 | 0.28 [0.27 - 0.28] | 4 | 0.49 [0.48 - 0.51] | 0 | 0.0 | |
| Kivu | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | |
| Leopoldville | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | |
| Oriental | 1 | 0.53 [0.52 - 0.54] | 1 | 0.94 [0.93 - 0.96] | 0 | 0.0 | |

The current use prevalence of heated tobacco products among adolescents was less than 1% in most cases; except among those in a union, employees and the Islam religion where this was 1% or more.

4.3.2.11. Prevalence of current use of nicotine products (electronic cigarettes and nicotine pouches)

Table 27 shows the prevalence of current use of nicotine products among adolescents by age, schooling status, residence, socioeconomic status, marital status, work engagement, religion, functional disability, and geographical strata.

Table 27: Prevalence of current use of nicotine products key socio-demographic characteristics

| Current use of nicotine products | | | | | | | |
|----------------------------------|-------|--------------------|------|--------------------|-------|--------------------|--|
| | Total | | Boys | | Girls | | |
| | n | % [95% CI] | n | % [95% CI] | n | % [95% CI] | |
| Age | | | | | | | |
| 10 - 12 yrs | 14 | 0.72 [0.71 - 0.72] | 8 | 0.90 [0.89 - 0.90] | 6 | 0.50 [0.49 - 0.51] | |
| 13 - 15 yrs | 6 | 0.28 [0.28 - 0.29] | 5 | 0.47 [0.47 - 0.48] | 1 | 0.09 [0.09 - 0.09] | |
| 16 - 17 yrs | 9 | 0.93 [0.92 - 0.94] | 6 | 1.40 [1.38 - 1.41] | 3 | 0.45 [0.44 - 0.46] | |
| Schooling status | | | | | | | |
| In-school | 21 | 0.51 [0.50 - 0.51] | 12 | 0.65 [0.64 - 0.65] | 9 | 0.35 [0.34 - 0.35] | |
| Out-of-school | 8 | 1.26 [1.24 - 1.27] | 7 | 2.24 [2.22 - 2.26] | 1 | 0.24 [0.23 - 0.24] | |

| Current use of nicotine products | | | | | | |
|----------------------------------|-------|--------------------|------|--------------------|-------|--------------------|
| | Total | | Boys | | Girls | |
| | n | % [95% CI] | n | % [95% CI] | n | % [95% CI] |
| Residence (rural/urban) | | | | | | |
| Rural | 10 | 0.28 [0.28 - 0.29] | 6 | 0.36 [0.35 - 0.36] | 4 | 0.20 [0.20 - 0.21] |
| Urban | 19 | 1.84 [1.83 - 1.86] | 13 | 2.68 [2.67 - 2.70] | 6 | 0.86 [0.85 - 0.87] |
| SES/wealth index | | | | | | |
| 1st quintile: lowest | 7 | 0.73 [0.73 - 0.74] | 3 | 0.79 [0.78 - 0.80] | 4 | 0.66 [0.65 - 0.67] |
| 2nd quintile: low | 8 | 0.66 [0.65 - 0.66] | 4 | 0.64 [0.63 - 0.65] | 4 | 0.67 [0.66 - 0.68] |
| 3rd quintile: middle | 9 | 0.95 [0.94 - 0.96] | 7 | 1.42 [1.41 - 1.44] | 2 | 0.37 [0.36 - 0.37] |
| 4th quintile: high | 3 | 0.15 [0.14 - 0.15] | 3 | 0.29 [0.28 - 0.30] | 0 | 0.0 |
| 5th quintile: highest | 2 | 0.46 [0.46 - 0.47] | 2 | 0.93 [0.92 - 0.94] | 0 | 0.0 |
| Marital status | | | | | | |
| Not in a union | 11 | 0.65 [0.65 - 0.66] | 9 | 1.07 [1.06 - 1.08] | 2 | 0.17 [0.17 - 0.18] |
| In a union | 2 | 4.84 [4.72 - 4.98] | 1 | 4.98 [4.71 - 5.26] | 1 | 4.80 [4.66 - 4.95] |
| Separated | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| Partner deceased | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| Engagement in work | | | | | | |
| Employee, n (%) | 0 | 0.0 | 4 | 2.20 [2.18 - 2.23] | 1 | 0.45 [0.44 - 0.46] |
| Self-employed, n (%) | 5 | 1.30 [1.29 - 1.32] | 1 | 0.78 [0.78 - 0.79] | 9 | 0.35 [0.35 - 0.35] |
| No work, n (%) | 23 | 0.57 [0.57 - 0.58] | 4 | | | |
| Religion | | | | | | |
| No religion | 11 | 5.13 [5.09 - 5.17] | 7 | 3.90 [3.86 - 3.95] | 4 | 7.48 [7.40 - 7.56] |
| Christianity | 14 | 0.33 [0.32 - 0.33] | 8 | 0.52 [0.52 - 0.52] | 6 | 0.12 [0.12 - 0.12] |
| Islam | 4 | 3.11 [3.07 - 3.14] | 4 | 5.13 [5.07 - 5.19] | 0 | 0.0 |
| Hinduism | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| Other | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| Functional disability | | | | | | |
| Person with disability | 0 | 0.0 | | | | |
| Person without disability | 29 | 0.63 [0.63 - 0.63] | 19 | 0.88 [0.88 - 0.89] | 10 | 0.35 [0.35 - 0.35] |
| Strata | | | | | | |
| Equateur | 5 | 0.56 [0.55 - 0.58] | 1 | 0.22 [0.21 - 0.23] | 4 | 0.96 [0.93 - 0.99] |
| Kasai | 19 | 3.42 [3.41 - 3.44] | 14 | 4.22 [4.19 - 4.25] | 5 | 2.20 [2.18 - 2.23] |
| Katanga | 1 | 0.09 [0.08 - 0.09] | 1 | 0.15 [0.15 - 0.16] | 0 | 0.0 |
| Kivu | 1 | 0.01 [0.01 - 0.01] | 1 | 0.02 [0.01 - 0.02] | 0 | 0.0 |
| Leopoldville | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| Oriental | 3 | 1.18 [1.16 - 1.19] | 2 | 1.61 [1.59 - 1.64] | 1 | 0.61 [0.60 - 0.63] |

Table 27 shows that the current use prevalence of any nicotine product among adolescents was 0.7% among 10–12-year-olds, 0.3% among 13–15-year-olds, and 0.9% among 16–17-year-olds. The current use prevalence among out-of-school adolescents (1.3%) was nearly three times that among in-school adolescents (0.5%). Urban residents (1.8%) had a higher current use prevalence than rural residents (0.3%). When considering socioeconomic groups, current use prevalence ranged from 0.1% in the high quintile to 1.0% in the middle quintile. Among those 15 years of age and older, adolescents who were in a union exhibited a substantially higher current use prevalence (7.1%) compared to 0.7% among those not in a union. Among work categories, self-employed adolescents (1.3%) had higher prevalence than nonworking adolescents (0.6%). By religion, those with no religion (5.1%) and Islam (3.1%) registered higher prevalence than Christianity (0.3%). Adolescents without functional disabilities had a prevalence of 0.6%. Regionally, current use prevalence was highest in Kasai (3.4%), followed by Oriental (1.2%), while Equateur (0.6%), Katanga (0.1%), and Kivu (virtually 0%) had the lowest. In most indicators, boys consistently showed higher current use prevalence than girls, except among adolescents without a religious affiliation where girls registered a prevalence of 7.5% compared to 3.5% for boys, and in the Equateur region where girls reported a prevalence of 1% versus 0.2% for boys.

4.3.2.12. Prevalence of current use of electronic cigarettes

Table 28 shows the prevalence of current use of electronic cigarettes among adolescents by age, schooling status, residence, socioeconomic status, marital status, work engagement, religion, functional disability, and geographical strata.

Table 28: Prevalence of current use of electronic cigarettes by key socio-demographic characteristics

| | Current use of electronic cigarettes | | | | | |
|--------------------------------|--------------------------------------|--------------------|------|--------------------|-------|--------------------|
| | Total | | Boys | | Girls | |
| | n | % [95% CI] | n | % [95% CI] | n | % [95% CI] |
| Age | | | | | | |
| 10 - 12 yrs | 2 | 0.02 [0.02 - 0.02] | 0 | 0.0 | 2 | 0.04 [0.04 - 0.04] |
| 13 -15 yrs | 0 | 0.0 | | 0.0 | | |
| 16 - 17 yrs | 3 | 0.16 [0.16 - 0.17] | 1 | 0.04 [0.03 - 0.04] | 2 | 0.29 [0.29 - 0.30] |
| Schooling status | | | | | | |
| In-school | 5 | 0.04 [0.04 - 0.05] | 1 | 0.01 [0.01 - 0.01] | 4 | 0.09 [0.08 - 0.09] |
| Out-of-school | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| Residence (rural/urban) | | | | | | |
| Rural | 0 | 0.0 | | 0.0 | 0 | 0.0 |
| Urban | 5 | 0.19 [0.19 - 0.20] | 1 | 0.03 [0.03 - 0.03] | 4 | 0.38 [0.37 - 0.39] |
| SES/wealth index | | | | | | |
| 1st quintile: lowest | 2 | 0.06 [0.06 - 0.06] | 0 | 0.0 | 2 | 0.13 [0.13 - 0.14] |
| 2nd quintile: low | 1 | 0.01 [0.01 - 0.01] | 0 | 0.0 | 1 | 0.03 [0.03 - 0.03] |
| 3rd quintile: middle | 2 | 0.11 [0.11 - 0.12] | 1 | 0.03 [0.03 - 0.03] | 1 | 0.22 [0.22 - 0.23] |
| 4th quintile: high | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| 5th quintile: highest | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| Marital status | | | | | | |

| Current use of electronic cigarettes | | | | | | |
|--------------------------------------|-------|--------------------|------|--------------------|-------|--------------------|
| | Total | | Boys | | Girls | |
| | n | % [95% CI] | n | % [95% CI] | n | % [95% CI] |
| NOT in a union | 3 | 0.09 [0.09 - 0.09] | 1 | 0.02 [0.02 - 0.02] | 2 | 0.17 [0.17 - 0.18] |
| In a union | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| Separated | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| Partner deceased | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| Engagement in work | | | | | | |
| Employee, n (%) | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| Self-employed, n (%) | 1 | 0.23 [0.22 - 0.24] | 0 | 0.0 | 1 | 0.45 [0.44 - 0.46] |
| No work, n (%) | 4 | 0.02 [0.02 - 0.02] | 1 | 0.01 [0.01 - 0.01] | 3 | 0.04 [0.03 - 0.04] |
| Religion | | | | | | |
| No religion | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| Christianity | 5 | 0.04 [0.04 - 0.04] | 1 | 0.01 [0.01 - 0.01] | 4 | 0.08 [0.08 - 0.08] |
| Islam | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| Hinduism | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| Other | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| Functional disability | | | | | | |
| Person with disability | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| Person without disability | 5 | 0.04 [0.04 - 0.04] | 1 | 0.01 [0.01 - 0.01] | 4 | 0.08 [0.08 - 0.08] |
| Strata | | | | | | |
| Equateur | 3 | 0.38 [0.37 - 0.39] | 0 | 0.0 | 3 | 0.83 [0.81 - 0.86] |
| Kasai | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| Katanga | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| Kivu | 1 | 0.01 [0.01 - 0.01] | 1 | 0.02 [0.01 - 0.02] | 0 | 0.0 |
| Leopoldville | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| Oriental | 1 | 0.27 [0.26 - 0.27] | 0 | 0.0 | 1 | 0.61 [0.60 - 0.63] |

Table 28 shows that the current use prevalence of electronic cigarettes among adolescents was less than 1% in all categories.

4.3.2.13. Prevalence of current use of nicotine pouches

Table 29 shows the prevalence of current use of nicotine pouches among adolescents by age, schooling status, residence, socioeconomic status, marital status, work engagement, religion, functional disability, and geographical strata.

Table 29: Prevalence of current use of nicotine pouches by key socio-demographic characteristics

| Current use: Nicotine pouches | | | | | | |
|--------------------------------|-------|--------------------|------|--------------------|---------|--------------------|
| | Total | | Boys | | Girls % | |
| | n | % [95% CI] | n | % [95% CI] | n | [95% CI] |
| Age | | | | | | |
| 10 - 12 yrs | 12 | 0.70 [0.69 - 0.70] | 8 | 0.90 [0.89 - 0.90] | 4 | 0.46 [0.45 - 0.46] |
| 13 -15 yrs | 6 | 0.28 [0.28 - 0.29] | 5 | 0.47 [0.47 - 0.48] | 1 | 0.09 [0.09 - 0.09] |
| 16 - 17yrs | 6 | 0.77 [0.76 - 0.78] | 5 | 1.36 [1.35 - 1.37] | 1 | 0.15 [0.15 - 0.16] |
| Schooling status | | | | | | |
| In-school | 16 | 0.46 [0.46 - 0.46] | 11 | 0.64 [0.64 - 0.64] | 5 | 0.26 [0.26 - 0.26] |
| Out-of-school | 8 | 1.26 [1.24 - 1.27] | 7 | 2.24 [2.22 - 2.26] | 1 | 0.24 [0.23 - 0.24] |
| Residence (rural/urban) | | | | | | |
| Rural | 10 | 0.28 [0.28 - 0.29] | 6 | 0.36 [0.35 - 0.36] | 4 | 0.20 [0.20 - 0.21] |
| Urban | 14 | 1.66 [1.64 - 1.66] | 12 | 2.66 [2.63 - 2.67] | 2 | 0.48 [0.47 - 0.49] |
| SES/Wealth index | | | | | | |
| 1st quintile: lowest | 5 | 0.68 [0.67 - 0.68] | 3 | 0.79 [0.78 - 0.80] | 2 | 0.53 [0.52 - 0.54] |
| 2nd quintile: low | 7 | 0.64 [0.64 - 0.65] | 4 | 0.64 [0.63 - 0.65] | 3 | 0.64 [0.63 - 0.65] |
| 3rd quintile: middle | 7 | 0.84 [0.83 - 0.84] | 6 | 1.40 [1.38 - 1.41] | 1 | 0.15 [0.14 - 0.15] |
| 4th quintile: high | 3 | 0.15 [0.14 - 0.15] | 3 | 0.29 [0.28 - 0.30] | 0 | 0.0 |
| 5th quintile: highest | 2 | 0.46 [0.46 - 0.47] | 2 | 0.93 [0.92 - 0.94] | 0 | 0.0 |
| Marital status | | | | | | |
| Not in a union | 8 | 0.56 [0.56 - 0.57] | 8 | 1.05 [1.04 - 1.06] | 0 | 0.0 |
| In a union | 2 | 4.84 [4.72 - 4.98] | 1 | 4.98 [4.71 - 5.26] | 1 | 4.80 [4.66 - 4.95] |
| Engagement in work | | | | | | |
| Employee, n (%) | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| Self-employed, n (%) | 4 | 1.07 [1.06 - 1.08] | 4 | 2.20 [2.18 - 2.23] | 0 | 0.0 |
| No work, n (%) | 19 | 0.55 [0.55 - 0.55] | 13 | 0.77 [0.77 - 0.78] | 6 | 0.31 [0.31 - 0.32] |
| Religion | | | | | | |
| No religion | 11 | 5.13 [5.09 - 5.17] | 7 | 3.90 [3.86 - 3.95] | 4 | 7.48 [7.40 - 7.56] |
| Christianity | 9 | 0.28 [0.28 - 0.29] | 7 | 0.51 [0.51 - 0.52] | 2 | 0.04 [0.04 - 0.04] |
| Islam | 4 | 3.12 [3.07 - 3.14] | 4 | 5.16 [5.07 - 5.19] | 0 | 0.0 |
| Hinduism | 0 | 0.0 | | 0.0 | 0 | 0.0 |
| Other | 0 | 0.0 | | 0.0 | 0 | 0.0 |
| Functional disability | | | | | | |
| Person with disability | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| Person without disability | 24 | 0.59 [0.59 - 0.59] | 18 | 0.88 [0.87 - 0.88] | 6 | 0.27 [0.27 - 0.28] |
| Strata | | | | | | |
| Equateur | 2 | 0.18 [0.17 - 0.19] | 1 | 0.22 [0.21 - 0.23] | 1 | 0.13 [0.12 - 0.14] |

| Current use: Nicotine pouches | | | | | | |
|-------------------------------|-------|--------------------|------|--------------------|---------|--------------------|
| | Total | | Boys | | Girls % | |
| | n | % [95% CI] | n | % [95% CI] | n | % [95% CI] |
| Kasai | 19 | 3.43 [3.41 - 3.44] | 14 | 4.23 [4.19 - 4.25] | 5 | 2.20 [2.18 - 2.23] |
| Katanga | 1 | 0.09 [0.08 - 0.09] | 1 | 0.15 [0.15 - 0.16] | 0 | 0.0 |
| Kivu | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| Leopoldville | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| Oriental | 2 | 0.91 [0.90 - 0.92] | 2 | 1.62 [1.59 - 1.64] | 0 | 0.0 |

Table 29 shows that the current use prevalence of nicotine pouches among adolescents was higher among those aged 16-17 years (0.8%) than those aged 10-12 (0.7%) and 13-15 (0.3%). Out-of-school adolescents (1.3%) had a notably higher prevalence than in-school adolescents (0.5%), and the current use prevalence among urban residents (1.7%) far exceeded that among rural residents (0.3%). Current use prevalence was less than 1% across all socioeconomic groups. Among those 15 years of age and older, adolescents who were in a union had a higher current use prevalence (7.1%) compared to those not in a union. Among work categories, self-employed adolescents (1.1%) have a higher current use prevalence than nonworking adolescents (0.6%). By religion, those with no religion register the highest prevalence (5.1%). Regionally, Kasai stands out at 3.4%, while Equateur, Katanga, Kivu, and Leopoldville report near-zero prevalence, and Oriental 0.9%.

4.4. Factors associated with tobacco product use

Understanding the factors associated with the use of tobacco and nicotine products is essential for designing targeted interventions and public health policies. This analysis explores the influence of individual, household, and environmental factors on the current use of tobacco products among adolescents.

Table 30 presents the adjusted odds ratios (aOR) and 95% confidence intervals (CI) for various factors associated with the current use of tobacco products among adolescents.

Table 30: Factors associated with current use of tobacco and nicotine products

| | Any Tobacco products aOR1 (95% CI) | Smoked tobacco products aOR (95% CI) | Smokeless tobacco use aOR (95% CI) |
|-------------------------------|---------------------------------------|-----------------------------------------|---------------------------------------|
| Individual-level factors | | | |
| Sex(ref=Boy) | | | |
| Girl | 0.50* [0.39,0.64] | 0.27** [0.20,0.36] | 1.37*[1.04,1.80] |
| Age group(ref=10-12 years) | | | |
| 13-15 years old | 1.10 [0.84,1.44] | 1.65** [1.23,2.20] | 0.76 [0.52,0.95] |
| 16-17years old | 1.23 [0.90,1.69] | 1.86** [1.34,2.59] | 0.81 [0.57,1.16] |
| Work engagement (ref=No work) | | | |
| Employee | 0.81 [0.42,1.55] | 0.90[0.47,1.73] | 0.46[0.21,1.05] |

| | Any tobacco products aOR1 (95% CI) | Smoked tobacco products aOR (95% CI) | Smokeless tobacco aOR (95% CI) |
|-----------------------------------------------------|-----------------------------------------------------|-------------------------------------------------------|-------------------------------------------------|
| Self-employed | 1.87**[1.30,2.69] | 1.75**[1.24,2.47] | 0.88 [0.59,1.32] |
| Pocket money (ref=No) | | | |
| Pocket money | 1.65** [1.24,2.19] | 2.08**[1.50,2.87] | 1.34[0.98,1.87] |
| School status (ref=Out-of-school) | | | |
| In-school | 0.51** [0.36,0.72] | 0.38* [0.27,0.53] | 1.21 [0.80,1.81] |
| Orphan status (ref: Both parents alive) | | | |
| One or both parents deceased | 1.88**[1.37,2.58] | 1.83**[1.33,2.51] | 1.35 [0.95,1.91] |
| Functional disability (ref=Without disability) | | | |
| With disability | 0.24** [0.13,0.46] | 0.51* [0.27,0.97] | 0.08** [0.02,0.31] |
| Household-level factors | | | |
| Household wealth (ref=Lowest) | | | |
| Low | 1.41* [1.02,1.95] | 1.14 [0.81,1.60] | 1.62** [1.14,2.29] |
| Middle | 1.14 [0.80,1.63] | 1.12 [0.78,1.63] | 1.09 [0.74,1.62] |
| High | 0.98[0.69,1.40] | 0.98 [0.68,1.43] | 0.77 [0.51,1.16] |
| Highest | 1.09[0.75,1.58] | 1.10 [0.75,1.62] | 0.70 [0.45,1.07] |
| Family smoke (ref=No) | | | |
| Yes | 50.15**[28.70,53.76] | 19.64** [12.57,25.65] | 47.27** [24.98,55.78] |
| Household head sex (ref=Female) | | | |
| Female | 0.66* [0.51,0.86] | 0.64* [0.50,0.88] | 0.66* [0.50,0.92] |
| Education of Household Head (ref=Primary and below) | | | |
| Secondary and above | 1.30*[1.00,1.69] | 1.16 [0.88,1.53] | 1.12 [0.84,1.51] |
| Environmental factors | | | |
| Smoking inside school (ref=No) | | | |
| Yes | 1.07 [0.81,1.42] | 0.98 [0.73,1.32] | 1.02 [0.75,1.38] |
| Residence: (ref=Rural) Urban Observations | | | |
| Exponentiated coefficients; | 0.68** 0.53,0.86] | 0.89[0.69,1.14] | 0.80 [0.61,1.06] |
| 95% confidence intervals in brackets | 4422 | 4422 | 4398 |

¹* p<0.01 aOR: adjusted Odd Ratio

4.4.1. Individual-level factors

For **any tobacco product use**, girls had significantly lower odds compared to boys, with their odds reduced to 0.50 times those of boys (aOR = 0.50; 95% CI: 0.39–0.64). Being self-employed significantly increased the odds of using any tobacco product, with self-employed adolescents being 1.87 times more likely to use tobacco compared to adolescents who did not work (aOR = 1.87; 95% CI: 1.30–2.69). Receiving pocket money was significantly associated with higher odds of tobacco use; adolescents receiving pocket money were 1.65 times more likely to use any tobacco product (aOR = 1.65; 95% CI: 1.24–2.19). School attendance was protective, with in-school adolescents having 0.51 times the odds compared to out-of-school adolescents (aOR = 0.51; 95% CI: 0.36–0.72). Furthermore, adolescents with a functional disability had significantly lower odds of using any tobacco product, with their odds reduced to 0.24 times compared to those without a disability (aOR = 0.24; 95% CI: 0.13–0.46).

For **smoked tobacco products**, girls had even lower odds compared to boys, with their odds reduced to 0.27 times those of boys (aOR = 0.27; 95% CI: 0.20–0.36). Adolescents aged 13–15 and 16–17 had significantly increased odds of using smoked tobacco compared to the 10–12 age group, with their odds respectively 1.65 times (aOR = 1.65; 95% CI: 1.23–2.20) and 1.86 times (aOR = 1.86; 95% CI: 1.34–2.59). Self-employed adolescents also had significantly higher odds (aOR = 1.75; 95% CI: 1.24–2.47). Receiving pocket money significantly increased the odds of smoked tobacco use, with these adolescents being 2.08 times more likely to smoke (aOR = 2.08; 95% CI: 1.50–2.87). Being in school significantly reduced the odds of smoked tobacco use to 0.38 times compared to out-of-school adolescents (aOR = 0.38; 95% CI: 0.27–0.53). Adolescents with a functional disability had significantly lower odds, at 0.51 times compared to those without disabilities (aOR = 0.51; 95% CI: 0.27–0.97). For **smokeless tobacco use**, girls had significantly higher odds than boys, with their odds being 1.37 times higher (aOR = 1.37; 95% CI: 1.04–1.80). Adolescents aged 13–15 had significantly lower odds of smokeless tobacco use, with their odds reduced to 0.76 times compared to the 10–12 age group (aOR = 0.76; 95% CI: 0.52–0.95). Having a functional disability significantly reduced the odds of smokeless tobacco use, to only 0.08 times compared to those without a disability (aOR = 0.08; 95% CI: 0.02–0.31).

4.4.2. Household-level factors

For **any tobacco product use**, adolescents living in households with smoking family members had increased odds, being 50.15 times more likely to use tobacco compared to those without smoking family members (aOR = 50.15; 95% CI: 28.70–53.76). Adolescents from households headed by females had significantly lower odds of tobacco use, with odds reduced to 0.66 times those of male-headed households (aOR = 0.66; 95% CI: 0.51–0.86). Additionally, adolescents living in households where the head had secondary or higher education had higher odds of tobacco use, at 1.30 times compared to those with household heads having primary education or below (aOR = 1.30; 95% CI: 1.00–1.69). Adolescents from households in the low wealth category had higher odds of tobacco use, 1.41 times higher compared to adolescents from the lowest wealth category (aOR = 1.41; 95% CI: 1.02–1.95).

For **smoked tobacco products**, having family members who smoked was associated with increased odds; these adolescents were 19.64 times more likely to smoke tobacco compared to adolescents without smoking family members (aOR = 19.64; 95% CI: 12.57–25.65). Living in households headed by females significantly reduced odds of smoked tobacco use, with odds at 0.64 times those of male-headed households (aOR = 0.64; 95% CI: 0.50–0.88). For smokeless tobacco use, adolescents with family members who smoked had higher odds, being 47.27 times more likely to use smokeless tobacco compared to adolescents without smoking family members (aOR = 47.27; 95% CI: 24.98–55.78). Additionally, adolescents from households headed by females had reduced odds, at 0.66 times those from male-headed households (aOR = 0.66; 95% CI: 0.50–0.92). Adolescents from households categorized as having low wealth had increased odds of smokeless tobacco use, being 1.62 times more likely compared to adolescents from households in the lowest wealth category (aOR = 1.62; 95% CI: 1.14–2.29).

4.4.3. Environmental factors

Regarding environmental factors for any tobacco product use, living in urban areas significantly reduced the odds, with urban adolescents having odds at 0.68 times compared to rural adolescents (aOR = 0.68; 95% CI: 0.53–0.86). None of the other environmental factors presented in the table, such as smoking within schools, showed statistically significant associations with the three types of tobacco use analyzed.

4.5. Patterns of tobacco and nicotine product use

4.5.1. Daily use of tobacco and nicotine products

Table 31 presents the proportion of current users that are daily users of tobacco and nicotine products; where daily use is defined as the percentage of adolescents who used the product for at least 20 days in the past 30 days. (What is the percentage of adolescents who used the product for at least 20 days in the past 30 days?).

Table 31: Proportion of current tobacco and nicotine products who are daily users

| Product | n (%) |
|---------------------------------------------------------------|------------|
| Manufactured/factory-made cigarettes | 131 (30.6) |
| RYO / hand rolled cigarettes | 33 (24.4) |
| Shisha, water-pipe, hookah and cigarillos | 4 (26.3) |
| Smokeless tobacco; tobacco leaf, tobacco leaf and lime; Kuber | 13 (3.8) |
| Heated tobacco products | 0 (0.0) |
| Electronic cigarette | 0 (0.0) |
| Nicotine pouches | 2 (1.2) |

Manufactured cigarettes had the highest proportion of users who are daily users (30.6%), followed by roll-your-own at 24.4% and shisha at 26.3%. In contrast, only 3.8% of adolescent users of smokeless tobacco products use them daily, while heated tobacco products and electronic cigarettes report no daily use, and nicotine pouches are used daily by just 1.2% of users.

4.5.2. Average number of smoking/use days during the 30 past days

Table 32 shows the average number of smoking/use days during the past 30 days for all the tobacco and nicotine products among current users.

Table 32: Average number of smoking/use days during the past 30 days for tobacco and nicotine products among current users

| Product | n | Mean (Standard deviation) |
|---------------------------------------------------------------|-----|---------------------------|
| Manufactured/factory-made cigarettes | 408 | 12 (10) |
| Roll-your own/ hand rolled cigarettes | 197 | 10 (9) |
| Shisha, water-pipe, hookah and cigarillos | 66 | 10 (11) |
| Smokeless tobacco; tobacco leaf, tobacco leaf and lime; Kuber | 390 | 5 (5) |

| | | |
|-------------------------|----|-------|
| Heated tobacco products | 9 | 7 (5) |
| Electronic cigarette | 5 | 2 (4) |
| Nicotine pouches | 24 | (3) |

Table 31 shows the average number of days adolescents used tobacco and nicotine products in the past 30 days among current users. Users of manufactured cigarettes reported an average of 12 use days, while those using RYO cigarettes and shisha reported an average of 10 days. The average use was lower for smokeless tobacco products at 5 days, with heated tobacco products used on average for 7 days. Both electronic cigarettes and nicotine pouches were used on average for 2 days in the past 30 days. The relatively high standard deviations indicate considerable variability in individual use patterns—some adolescents use these products almost daily, while others do so only sporadically.

4.5.3. Average quantity of cigarettes or other smoked tobacco products smoked per day in the past 30 days

Table 33 shows the average daily consumption of smoked tobacco products among current users in the past 30 days.

Table 33: Average quantity of cigarettes or other smoked tobacco products smoked per day in the past 30 days

| Product | Average quantity per day per current user |
|-------------------------------|-------------------------------------------|
| Manufactured cigarettes | 1.3 |
| RYO cigarettes | 1.2 |
| Other smoked tobacco products | 0 |

According to the data in table 33, current users of manufactured cigarettes and RYO cigarettes smoke an average of 1 cigarette per day.

4.5.4. Average quantity of smoked tobacco products smoked per typical smoking day in the past 30 days

Table 34 shows the average quantity of manufactured cigarettes, RYO cigarettes and other smoked tobacco products used on a typical smoking day by current users in the past 30 days.

Table 34: Average quantity of smoked tobacco products smoked per typical smoking day in the past 30 days

| Product | Average quantity per typical smoking day |
|--------------------------------------|------------------------------------------|
| Manufactured/factory-made cigarettes | 3 |

| | |
|---------------------------------------|---|
| Roll-your own/ hand rolled cigarettes | 3 |
| Other smoked tobacco products | 0 |

Table 34 shows that adolescent users of both manufactured and RYO cigarettes reported consuming an average of 3 cigarettes per typical smoking day, while there were no other smoked tobacco products consumed by adolescents.

4.5.5. Average number of times used per day in the past 30 days (shisha and smokeless tobacco)

Table 35 presents the average frequency of use for shisha products and smokeless tobacco among current users, measured as the number of times used per smoking day over the past 30 days.

Table 35: Average number of times used per day in the past 30 days for shisha and smokeless tobacco

| Product | Number of times per user per smoking day |
|-------------------------------|------------------------------------------|
| Shisha products | 2 |
| Any smokeless tobacco product | 2 |

The data indicates that users of shisha products reported an average of 2 uses per day, and similarly, users of smokeless tobacco products reported an average of 2 uses per day.

4.5.6. Average number of times used on a typical use day (shisha and smokeless tobacco)

Table 36 provides the average number of times that current users of shisha and smokeless tobacco products engage with these products on a typical use day.

Table 36: Average number of times used on typical use day for shisha and smokeless tobacco

| Product | Average quantity per day per current user |
|-------------------------------|-------------------------------------------|
| Shisha products | 1 |
| Any smokeless tobacco product | 1 |

Table 36 shows that on a typical day, current users of both shisha products and smokeless tobacco each use their respective products once.

4.5.7. Percentage of current users of heated tobacco and electronic cigarettes using the product for a particular number of times per typical day

Table 37: Percentage of current users of heated tobacco and electronic cigarette using the product for a particular number of times per typical day

| Number of times | Heated tobacco n (%) | Electronic cigarette n (%) |
|-----------------|----------------------|----------------------------|
| 1 time | 3 (36.1) | 1 (14.3) |

| | | |
|--------------------|----------|----------|
| 2-5 times | 4 (56.7) | -- |
| 5-20 times | -- | 1(9.0) |
| More than 20 times | 2 (7.2) | 3 (76.7) |
| Don't know/Refused | 100.0 | 100.0 |

Table 37 shows the percentage distribution of current users of heated tobacco and electronic cigarettes by the number of times these products are used per day. For heated tobacco, the majority of users (56.7%) reported using the product between two and five times per day, while 36.1% used it only once daily. A smaller proportion (7.2%) did not provide a specific usage frequency. In contrast, among electronic cigarette users, only 14.3% reported using the product once per day and 9.0% used it more than 20 times per day. Notably, a substantial majority (76.7%) of electronic cigarette users either did not know or refused to indicate their usage frequency.

4.5.8. Susceptibility to use tobacco or nicotine products in the next 12 months among current non-users

Susceptibility was defined as the proportion of current non-users of a given tobacco or nicotine product who self-reported that they thought they would definitely or probably use the product in the next 12 months.

Table 38: Proportion of current non-users who were susceptible to using tobacco or nicotine products in the next 12 months.

| | Total, n (%) | Boys, n (%) | Girls, n (%) |
|--------------------------------|--------------|-------------|--------------|
| Manufactured cigarette | 74 (1.9) | 49 (2.5) | 25 (1.2) |
| Roll-your-own (RYO) cigarettes | 95 (2.3) | 67 (3.1) | 28 (1.3) |
| Shisha product | 183 (4.0) | 138 (5.7) | 45 (2.1) |
| Other smoked tobacco product | 141 (3.0) | 121 (4.8) | 20 (0.9) |
| Smokeless tobacco product | 203 (4.8) | 142 (6.3) | 61 (3.1) |
| Heated tobacco product | 128 (2.8) | 107 (4.3) | 21 (1.0) |
| Electronic cigarettes | 126 (2.7) | 108 (4.3) | 18 (0.8) |
| Nicotine pouches | 145 (3.1) | 121 (4.8) | 24 (1.1) |

Table 38 shows that for **manufactured cigarettes**, the overall susceptibility was 1.9% (boys: 2.5%; girls: 1.2%), while for **RYO cigarettes** it was 2.3% overall (boys: 3.1%; girls: 1.3%).

Susceptibility to use **shisha products** stood at 4.0% overall, with a higher percentage among boys (5.7%) compared to girls (2.1%). **Other smoked tobacco products** show an overall susceptibility of 3.0% (boys: 4.8%; girls: 0.9%).

For **smokeless tobacco products**, the overall figure is 4.8% (boys: 6.3%; girls: 3.1%). **Heated tobacco products** have an overall susceptibility of 2.8% (boys: 4.3%; girls: 1.0%), while **electronic cigarettes** are at 2.7% overall (boys: 4.3%; girls: 0.8%). Lastly, **nicotine pouches** show an overall susceptibility of 3.1% (boys: 4.8%; girls: 1.1%)

4.5.9. Self-efficacy to resist tobacco and nicotine products in the next 12 months among current non-users

Table 39 presents data on low self-efficacy, defined here as the proportion of current non-users of tobacco and nicotine products who self-reported that they would definitely or probably use these products if offered by their close friend or relative.

Table 39: Proportion of current non-users with low self-efficacy

| | Total n (%) | Boys n (%) | Girls n (%) |
|-------------------------------|-------------|------------|-------------|
| Manufactured cigarette | 90 (2.2) | 59 (2.9) | 31(1.5) |
| Roll-your-own cigarette (RYO) | 106 (2.5) | 73 (3.3) | 33 (1.6) |
| Shisha product | 207 (4.6) | 156 (6.4) | 51 (2.4) |
| Other smoked tobacco product | 129 (3.3) | 23 (5.1) | 152 (1.1) |
| Smokeless tobacco product | 220 (5.2) | 156 (6.9) | 64 (3.3) |
| Heated tobacco product | 134 (2.9) | 113 (4.5) | 21 (1.0) |
| Electronic cigarettes | 141 (3.0) | 117 (4.6) | 24 (1.1) |
| Nicotine pouches | 169 (3.6) | 140 (5.6) | 29 (1.4) |

Table 40 shows that among adolescents who were current non-users, 5.2% indicated they would use smokeless tobacco products if offered, 4.6% would try shisha products, and 3.6% would use nicotine pouches. In comparison, lower proportions reported they would use manufactured cigarettes (2.2%), roll-your-own cigarettes (2.5%), other smoked tobacco products (3.3%), heated tobacco products (2.9%), and electronic cigarettes (3.0%). In each product category, boys consistently reported higher self-efficacy than girls, suggesting that boys were more inclined than girls to initiate use if offered by a friend or close relative.

4.5.10. Age of initiation age of tobacco and nicotine product use

Table 40 presents the average age of initiation for various tobacco and nicotine products among adolescents, with data provided for all adolescents as well as separately for boys and girls.

Table 40: Average age of initiation for tobacco and nicotine products

| Product | All | | | Boys | | | Girls | | |
|--------------------------|-----------|-----|--------|-----------|-----|--------|-----------|-----|--------|
| | Mean (SD) | Min | Median | Mean (SD) | Min | Median | Mean (SD) | Min | Median |
| Manufactured cigarettes | 13 (2.1) | 4 | 13 | 13 (2.1) | 4 | 13 | 12 (2.1) | 5 | 12 |
| Roll-your own cigarettes | 12 (2.7) | 6 | 12 | 12 (2.8) | 6 | 12 | 12 (2.7) | 8 | 11 |

| Product | All | | | Boys | | | Girls | | |
|----------------------|-----------|-----|--------|-----------|-----|--------|-----------|-----|--------|
| | mean (SD) | Min | Median | mean (SD) | Min | Median | mean (SD) | Min | Median |
| Shisha | 14 (1.9) | 8 | 14 | 14 (2.0) | 10 | 14 | 14 (1.9) | 8 | 14 |
| Smokeless tobacco | 12 (2.3) | 6 | 12 | 12 (2.3) | 6 | 12 | 12 (2.3) | 7 | 12 |
| Heated tobacco | 13 (1.4) | 10 | 14 | 13 (1.5) | 10 | 12 | 14 (1.4) | 12 | 14 |
| Electronic cigarette | 11 (4.8) | 9 | 9 | 16 (0) | 15 | 17 | 10 (4.8) | 9 | 9 |
| Nicotine pouches | 13 (2.1) | 10 | 13 | 13 (2.1) | 10 | 13 | 12 (2.1) | 10 | 11 |

Overall, the mean initiation ages ranged from about 11 to 14 years. Manufactured cigarettes have an overall mean initiation age of 13 years, roll-your-own cigarettes and smokeless tobacco both around 12 years, shisha at approximately 14 years, heated tobacco at 13 years, electronic cigarettes at 11 years, and nicotine pouches at about 13 years. In terms of sex, boys and girls exhibit distinct trends: girls tend to start earlier with manufactured cigarettes (12 years), electronic cigarettes (10.4 years), and nicotine pouches (12 years), while boys initiate heated tobacco use slightly earlier (13 years) than girls (14 years).

4.5.11. Reasons of initiating the use of tobacco and nicotine products

Table 41 provides a detailed breakdown of the self-reported reasons why adolescents started using various tobacco and nicotine products. The percentages reflect the proportion of users who identified specific factors as influencing their decision to start using each product, with multiple reasons possible for a single product.

Table 41: Reasons for initiating using tobacco and nicotine products

| Reasons* | Manufactured cigarettes, n (%) | RYO cigarettes n (%) | Shisha, n (%) | Smokeless tobacco products, n (%) | Heated tobacco products, n (%) | Electronic cigarettes, n (%) | Nicotine pouches, n (%) |
|------------------------------------------------------------------|--------------------------------|----------------------|---------------|-----------------------------------|--------------------------------|------------------------------|-------------------------|
| A friend used them | 346 (59.1) | 149 (59.3) | 75 (66.1) | 150 (26.2) | 4 (15.6) | 1 (3.8) | 8 (32) |
| A family member used them | 145 (23.5) | 61 (20.7) | 19 (13.9) | 310 (47.2) | 2 (19) | 0 | 6 (14.8) |
| To try to quit smoking cigarettes | 0 | 0 | 2 (3.3) | 0 | 0 | 1 (3.8) | 2 (15) |
| They costed less than cigarettes | 0 | 11 (3.8) | 3 (1.5) | 11 (1.9) | 1 (25.4) | 0 | 0 |
| They were easier to get than cigarettes | 0 | 11 (8.5) | 2 (1.3) | 9 (1.5) | 0 | 0 | 0 |
| I had seen people on TV, online, or in movies smoking/using them | 15 (3) | 2 (0.3) | 8 (5.2) | 3 (0.8) | 1 (2) | 0 | 1 (1.3) |
| They are less harmful than cigarettes | 0 | 0 | 2 (0.5) | 4 (0.5) | 0 | 0 | 0 |

| | Manufactured cigarettes n (%) | RYO cigarettes n (%) | Shisha n (%) | Smokeless tobacco products, n (%) | Heated tobacco products, n (%) | Electronic cigarettes, n (%) | Nicotine pouches, n (%) |
|------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------|-----------------|--------------------------------------------|-----------------------------------------|------------------------------------|-------------------------------|
| Smoking other tobacco products may be less harmful to people around me than smoking cigarettes | 0 | 0 | 4 (1.2) | 0 | 0 | 0 | 0 |
| They were available in various flavors | 4 (0.4) | 0 | 5 (15.5) | 0 | 1 (4) | 0 | 0 |
| I could smoke/use them unnoticed at home or school | 4 (0.2) | 0 | 3 (1.7) | 0 | 0 | 0 | 3 (10.2) |
| I could use them to do tricks | 4 (0.5) | 4 (1) | 0 | 4 (0.7) | 0 | 0 | 1 (2.1) |
| I was curious about them | 120 (7.3) | 39 (15.7) | 42 (41.7) | 42 (7.7) | 3 (16.7) | 3 (18.9) | 8 (23) |
| Because I felt anxious, stressed, or depressed | 27 (7.1) | 54 (24.1) | 0 | 167 (28.5) | 2 (38.1) | 0 | 2 (3.1) |
| To get a high or buzz | 5 (0.5) | 3 (0.5) | 0 | 0 | 0 | 0 | 0 |
| Packaging looks nice | 3 (0.3) | 0 | 0 | 0 | 0 | 0 | 0 |
| To get social acceptance | 12 (1.2) | 6 (1.1) | 1 (0.3) | 2 (0.7) | 1 (4.6) | 0 | 0 |
| I could smoke/use them in places where I can't smoke cigarettes | 3 (0.1) | 0 | 1 (0.5) | 0 | 0 | 0 | 0 |
| To cut down the number of cigarettes I smoke | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| By force, obligation or inadvertence | 1 (0.1) | 4 (1.7) | 0 | 1 (0.5) | 0 | 0 | 0 |
| Easier to hide | 0 | 2 (0.7) | 0 | 5 (1.3) | 0 | 0 | 0 |

*Multiple reasons for one product were possible

Table 42 shows that different factors predominantly drove adolescents' initiation of tobacco and nicotine product use. Peer influence was the leading reason for starting manufactured cigarettes (59.1%), roll-your-own cigarettes (59.3%), shisha (66.1%), and nicotine pouches (32%). In contrast, smokeless tobacco use is mainly influenced by use by family members (47.2%). Heated tobacco is primarily adopted due to emotional distress—with 38.1% of users citing feelings of anxiety, stress, or depression—while curiosity is the main factor prompting the use of electronic cigarettes (18.9%). Curiosity also seemed important for initiating shisha use.

4.5.12. Whom with during initiation

Table 42 provides a breakdown of the social context in which adolescents in the DRC initiate the use of various tobacco and nicotine products. The data captures whether the initiation occurred alone, with friends, family members, or new acquaintances, offering insights into the social dynamics that accompany the first use of these products.

Table 42: Whom with (%) during initiation to tobacco and nicotine product in the DRC

| | Manufactured cigarettes, n (%) | RYO cigarettes, n (%) | Shisha, n (%) | Smokeless tobacco products, n (%) | Heated tobacco products, n (%) | Electronic cigarettes, n (%) | Nicotine pouches, n (%) |
|--------|--------------------------------------|-----------------------------|------------------|--------------------------------------------|-----------------------------------------|------------------------------------|-------------------------------|
| Alone* | 121 (24.8) | 30 (9.1) | 6 (8.9) | 96 (16.9) | 4 (58.6%) | 1 (1.7) | 13 (38.6) |

| | | | | | | | |
|---------------------------------|------------|------------|------------|------------|----------|----------|-----------|
| With at least one friend | 396 (67.6) | 193 (70.0) | 100 (79.7) | 204 (34.3) | 4 (22.6) | 3 (8.9) | 11 (41.6) |
| With at least one family member | 59 (9.5) | 67 (21.9) | 21 (12.1) | 346 (52.3) | 3 (7.1) | 1 (13.0) | 2 (4.0) |
| With a new acquaintance | 2 (0.3) | 6 (1) | 4 (3.4) | 10 (1.8) | 3 (11.7) | 0 | 3 (11.2) |

*If not alone, multiple responses were possible

Table 42 details the social context in which adolescents in the DRC first used various tobacco and nicotine products. For manufactured cigarettes, roll-your-own cigarettes, shisha products, and nicotine pouches, the most common initiation context was with at least one friend—with 67.6%, 70.0%, 79.7%, and 41.6% of adolescents, respectively, reporting that their first use occurred in a social setting with friends. In contrast, for smokeless tobacco products and electronic cigarettes, the highest percentages of initiation occurred with at least one family member (52.3% and 13.0%, respectively). Meanwhile, the predominant context for initiating heated tobacco products was when adolescents were alone, with 58.6% reporting solitary initiation.

4.5.13. How do adolescents obtain tobacco and nicotine products?

Table 43 provides insight into how adolescents in the DRC access to tobacco and nicotine products. The data captures the various channels through which these products are obtained.

Table 43: How tobacco and nicotine products were obtained the last time they were used the past 30 days

| How products were obtained* | Manufacture d Cigarettes, n (%) | RYO cigarettes, n (%) | Shisha, n (%) | Smokeless tobacco products, n (%) | Heated tobacco products, n (%) | Electronic cigarettes, n (%) | Nicotine pouches, n (%) |
|------------------------------------------|---------------------------------|-----------------------|---------------|-----------------------------------|--------------------------------|------------------------------|-------------------------|
| I bought them in a store or shop | 58 (12.3) | 12 (5.5) | 2 (1.4) | 35 (11.8) | 1 (2.0) | 0.0 | 1 (2.9) |
| I bought them from a street/vendor | 69 (13.9) | 43 (19.7) | 13 (8.6) | 44 (12.9) | 0.0 | 0.0 | 0.0 |
| I bought them at a kiosk | 187 (46.3) | 43 (19.9) | 13 (39.3) | 60 (17.4) | 0.0 | 0.0 | 0.0 |
| I bought them from a vending machine | 7 (1.1) | 13 (7.3) | 0.0 | 28 (6.6) | 0.0 | 0.0 | 0.0 |
| I bought them from a restaurant/bar/club | 0.0 | 0.0 | 18 (20.3) | 0.0 | 0.0 | 0.0 | 0.0 |
| I had someone else buy them for me | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 1 (0.4) |
| I got them from someone else | 85 (26.2) | 82 (46.3) | 15 (11.8) | 188 (40.5) | 6 (45.1) | 4 (0.1) | 8 (33.2) |

* Multiple reasons for one product were possible

Table 43 shows that for manufactured cigarettes and shisha products, the most common method of access was purchasing them at a kiosk, with 46.3% and 39.3% of users, respectively, reporting this channel. In contrast, RYO cigarettes, as well as smokeless tobacco products, heated tobacco products, and nicotine pouches, were most frequently obtained from someone else, with 46.3%, 40.5%, 45.1%, and 33.2% of users, respectively, indicating that this was their main source. Electronic cigarettes, however, were rarely accessed, with the highest reported method—obtaining them from someone else—accounting for only 0.1% of cases.

4.5.14. Purchase refusals because of age

Table 44 focuses on the adolescents who attempted to purchase tobacco or nicotine products during the past 30 days and whether they experienced a refusal because of their age.

Table 44: Percentage of adolescents who experienced purchase refusal of tobacco or nicotine products because of their age in the past 30 days

| | Manufactured cigarette, n (%) | RYO cigarette, n (%) | Shisha product, n (%) | Any smokeless tobacco product, n (%) | Any heated tobacco product, n (%) | Any electronic cigarettes, n (%) | Any nicotine pouches, n (%) |
|------------------------------|-------------------------------|----------------------|-----------------------|--------------------------------------|-----------------------------------|----------------------------------|-----------------------------|
| I did not try to buy | 2,786 (63.1) | 3,694 (82.4) | 4,089 (88.1) | 3,559 (80.4) | 71 (14.6) | 4,121 (88.3) | 4,103 (88.3) |
| Yes, someone refused to sell | 38 (0.8) | 12 (0.2) | 5 (0.1) | 26 (0.3) | 1 (0.1) | 10 (0.1) | 14 (0.2) |
| No one refused to sell me | 1,598 (31.0) | 633 (9.9) | 149 (2.5) | 714 (10.9) | 5 (1.5) | 62 (0.6) | 80 (1.2) |
| Refused to answer | 253 (5.1) | 336 (7.5) | 432 (9.3) | 376 (8.3) | 189 (83.8) | 482 (10.9) | 478 (10.4) |

For most tobacco and nicotine products, the majority of adolescents had not tried to buy them within the last 30 days: 63.1% for manufactured cigarettes, 82.4% for roll-your-own cigarettes, 88.1% for shisha, 80.4% for smokeless tobacco, 88.3% for electronic cigarettes, and 88.3% for nicotine pouches. The only exception was heated tobacco products, where a striking 83.8% of respondents refused to answer whether they had attempted a purchase. It is important to note that 31.0% of adolescents said that no one refused to sell them manufactured cigarettes.

Table 45: Percentage of adolescents in DRC who tried to purchase tobacco products and experienced purchase refusal because of their age in the past 30 days

| | Manufactured cigarette n (%) | RYO cigarette n (%) | Shisha product n (%) | Any smokeless tobacco products n (%) | Any heated tobacco products n (%) | Any electronic cigarettes n (%) | Any nicotine pouches n (%) |
|------------------------------|------------------------------|---------------------|----------------------|--------------------------------------|-----------------------------------|---------------------------------|----------------------------|
| Yes, someone refused to sell | 38 (2.2) | 12 (1.1) | 5 (0.6) | 26 (1.6) | 1 (0.1) | 10 (1.1) | 14 (1.5) |
| No one refused to sell me | 1,598 (84.0) | 633 (56.3) | 149 (20.8) | 714 (56.0) | 5 (1.7) | 62 (5.6) | 80 (10.0) |
| Refused to answer | 253 (13.8) | 336 (42.6) | 432 (78.6) | 376 (42.4) | 189 (98.2) | 482 (93.3) | 478 (88.5) |

Adolescents who attempted to purchase manufactured cigarettes, roll-your-own cigarettes, and smokeless tobacco mostly reported successful transactions—84.0%, 56.3%, and 56.0% respectively—without facing an age-based refusal. In contrast, when it comes to shisha and the more novel products (heated tobacco, electronic cigarettes, and nicotine pouches), most adolescents refused to answer.

4.5.15. Place where tobacco or nicotine products were used

Table 46 presents data on where adolescents who had used tobacco products last used them the past 30 days.

Table 46: Place where tobacco or nicotine products have been used in the past 30 days

| | Manufactured cigarette, n (%) | RYO cigarettes, n (%) | Shisha product, n (%) | Smokeless tobacco product, n (%) | Heated tobacco product, n (%) | Any electronic cigarettes, n (%) | Any nicotine pouches, n (%) |
|--------------------|-------------------------------|-----------------------|-----------------------|----------------------------------|-------------------------------|----------------------------------|-----------------------------|
| At home | 91 (24.3) | 54 (32.1) | 13 (39.1) | 263 (67.1) | 2 (29.9) | 1 (55.1) | 4 (21.1) |
| At a restaurant | 14 (3.7) | 13 (8.5) | 1 (0.2) | 10 (3.2) | 0 | 0 | 7 (28.6) |
| In a bar or club | 13 (3.4) | 8 (3) | 28 (29.6) | 6 (1.7) | 0 | 1 (14.3) | 1 (1.2) |
| At school | 9 (2.1) | 2 (0.1) | 0 | 3 (0.8) | 1 (9) | 1 (9) | 4 (21.1) |
| At work | 12 (1.8) | 8 (2.3) | 2 (0.7) | 0 | 0 | 0 | 0 |
| At friends' houses | 172 (42.5) | 85 (40.4) | 12 (18.6) | 69 (15.7) | 2 (8.9) | 1 (14.3) | 3 (7.6) |
| In public spaces | 74 (15.1) | 25 (11.8) | 8 (8.9) | 36 (9.7) | 4 (52.3) | 0 | 5 (19.7) |
| In a distant place | 17 (7.1) | 0 | 0 | 0 | 0 | 0 | 0 |

Table 46 shows that for manufactured and roll-your-own cigarettes, the most common setting was at a friend's house, reported by 42.5% and 40.4% of users, respectively. In contrast, shisha products, smokeless tobacco, and electronic cigarettes were predominantly used at home—39.7%, 67.7%, and 55.1% of users, respectively. Heated tobacco products were most frequently used in public spaces (52.3%), while nicotine pouches were most often used at restaurants (28.6%).

4.5.16. Cost estimation of tobacco and nicotine products and the purchase format of manufactured cigarettes by adolescents

Table 47 reports the overall mean costs, in Congolese Francs (CDF), that adolescents paid for various tobacco and nicotine products at their last purchase.

Table 47: Amount (in CDF) paid for tobacco and nicotine products the last time adolescents bought them

| | Total | | | | Boys | | | | Girls | | | |
|-----------------------------------------------------|-------------|------|--------|-------|-------------|------|--------|------|-------------|------|--------|-------|
| | Mean (SD) | Min | Median | Max | Mean (SD) | Min | Median | Max | Mean (SD) | Min | Median | Max |
| Manufactured cigarettes (per pack of 20 cigarettes) | 3367 (1185) | 1000 | 3122.2 | 6000 | 3379 (1233) | 1000 | 3444 | 6000 | 3346 (1103) | 1900 | 3750 | 6000 |
| RYO cigarettes (per cigarette) | 250 (143) | 67 | 200 | 1500 | 247.8 (150) | 67 | 200 | 1500 | 254 (130) | 100 | 200 | 563 |
| Shisha (per session) | 3272 (5552) | 200 | 1000 | 28000 | 3332 (6058) | 200 | 1000 | 2800 | 3105 (3925) | 200 | 1000 | 18000 |
| Smokeless tobacco | 327 (329) | 100 | 200 | 6000 | 367 (381) | 100 | 200 | 6000 | 273 (229) | 100 | 200 | 2500 |
| Heated tobacco | 200 (0.0) | 200 | 200 | 200 | 200 (0.0) | 200 | 200 | 200 | - | - | - | - |
| Electronic cigarettes | - | - | - | - | - | - | - | - | - | - | - | - |
| Nicotine pouches | 1667 (1338) | 500 | 0 | 4200 | 1780 (1379) | 500 | 0 | 4200 | 833 (681.6) | 500 | 0 | 1500 |

Manufactured cigarettes (per pack of 20) have a mean cost of 3367 CDF, roll-your-own cigarettes 250 CDF per cigarette, shisha sessions 3272 CDF, smokeless tobacco 327 CDF, and heated tobacco is consistently priced at 200 CDF. Nicotine pouches have an overall mean cost of 1667 CDF, while no data are available for electronic cigarettes. In terms of sex trends, the mean prices are generally similar between boys and girls, except for nicotine pouches, which tend to be more expensive among boys.

4.5.17. Manufactured cigarettes pack size last purchased by adolescents

Table 48: Format of manufactured cigarettes at the Last Purchase by Adolescents

| Format | n | % [95% CI] |
|-------------------------|-------|-----------------------|
| Stem (single cigarette) | 1,571 | 90.43 [90.41 – 90.45] |
| Pack of 10 | 3 | 1.41 [1.40 – 1.42] |
| Pack of 20 | 172 | 7.92 [7.90 – 7.93] |
| Pack of 30 | 2 | 0.12 [0.12 – 0.12] |
| Refused to answer | 8 | 0.12 [0.12 – 0.12] |

Table 48 indicates that, among those adolescents who had ever bought manufactured cigarettes, most of them (90.4% [95% CI: 90.41–90.45]) had purchased them as single stems rather than in packs. In contrast, very few buy cigarettes in pack formats: only 1.4% (95% CI: 1.40–1.42) purchase a pack of 10, 7.9% (95% CI: 7.90–7.93) opt for a pack of 20, and a mere 0.1% (95% CI: 0.12–0.12) buy a pack of 30. Additionally, an insignificant proportion (0.1%) refused to provide an answer regarding their purchase format.

4.5.18. Cessation of tobacco product use

Table 49 presents data on the percentage of current tobacco users who were seriously considering quitting tobacco use within the next year. The data is broken down by sex, providing insights into the motivations behind quitting smoking among adolescents in the DRC.

Table 49: Cessation (%) of tobacco product use

| | Total, n (%) | Boys, n (%) | Girls, n (%) |
|------------------------------------------------------------------------------|--------------|-------------|--------------|
| Current tobacco users who were seriously thinking of quitting within a year. | 309 (37.4) | 231 (38.0) | 78 (36.0) |

Table 49 presents data on the percentage of current tobacco users who were seriously considering quitting within the next year, along with the reasons. Overall, 40.0% of current tobacco users are seriously thinking of quitting, with a nearly equal proportion among boys (40.0%) and girls (38.0%).

Table 50 shows the reasons why adolescents who use tobacco products tried to stop, based on their last attempt to quit.

Table 50: Reason for cessation (%) of tobacco product use

| Reason for cessation of tobacco use | Total, n (%) | Boys, n (%) | Girls n (%) |
|-------------------------------------|--------------|-------------|-------------|
| To improve my health | 173 (30.3) | 134 (34.3) | 39 (21.8) |
| To save money | 61 (12.8) | 51 (13.7) | 10 (11.0) |
| Because my family doesn't like it | 171 (29.0) | 113 (24.2) | 58 (39.2) |

| | | | |
|-----------------------------------|-----------|-----------|-----------|
| Because my friends do not like it | 20 (3.9) | 11 (4.2) | 9 (3.2) |
| Just because I wanted to stop | 86 (15.0) | 52 (13.6) | 34 (17.9) |

Among the reasons for cessation, improving health is the most commonly cited motivation, with 30.0% overall—34.0% of boys and 22.0% of girls indicating this reason. Saving money is another factor, reported by 13.0% overall, with 14.0% of boys and 11.0% of girls. Notably, family disapproval plays an important role, especially for girls, as 29.0% overall cited it, including 24.0% of boys and 39.0% of girls. A smaller percentage mentioned that they would quit because their friends do not like tobacco use (3.9% overall; 4.2% boys and 3.2% girls), and 15.0% indicated that they would stop simply because they wanted to (14.0% of boys and 18.0% of girls). Table 51 examines adolescents' perceptions of how easy or difficult it is to abstain from tobacco and the support they receive when attempting to quit

Table 51: Perceived Difficulty of Tobacco Abstinence and Support Adolescents in the DRC

| Perceived difficulty | Total, n (%) | Boys, n (%) | Girls, n (%) |
|-----------------------------------------------------------------------------|--------------|-------------|--------------|
| Ease of Abstaining from Tobacco Products for One Week | | | |
| Very difficult | 248 (22.3) | 193 (26.1) | 55 (14.7) |
| Fairly difficult | 179 (15.7) | 141 (19.1) | 38 (8.9) |
| Fairly easy | 254 (21.2) | 174 (19.1) | 80 (25.3) |
| Very easy | 377 (31.7) | 234 (28.6) | 143 (37.9) |
| Ease of Quitting Tobacco Products Completely | | | |
| Very difficult | 249 (22.3) | 196 (25.7) | 53 (15.5) |
| Fairly difficult | 188 (16.2) | 145 (20.1) | 43 (8.6) |
| Fairly easy | 228 (18.8) | 161 (18.0) | 67 (20.5) |
| Very easy | 400 (33.9) | 247 (29.5) | 153 (42.8) |
| Support Received During Last Quit Attempt | | | |
| Yes, from a program or professional | 27 (4.7) | 22 (5.5) | 5 (3.0) |
| Yes, from a friend | 66 (13.6) | 48 (13.8) | 18 (13.2) |
| Yes, from a family member | 103 (13.8) | 228 (65.5) | 109 (70.6) |
| I tried to quit using medication | 16 (2.4) | 77 (14.7) | 26 (11.9) |
| No, I tried to quit on my own without any help | 337 (67.1) | 15 (3.3) | 1 (0.3) |
| Lifetime Receipt of Tobacco Cessation Support | | | |
| Yes, from a program or professional | 30 (2.7) | 22 (2.9) | 8 (2.4) |
| Yes, from a friend | 117 (9.4) | 84 (9.9) | 33 (8.3) |
| Yes, from a family member | 192 (14.9) | 153 (18.4) | 39 (7.8) |
| Yes, from both programs or professionals and from friends or family members | 58 (4.5) | 45 (5.0) | 13 (3.6) |

Overall, when asked about abstaining from tobacco for one week, nearly one-third of respondents (31.7%) found it very easy, while 22.3% found it very difficult. In the context of quitting tobacco completely, 33.9% indicated it was very easy and 22.3% found it very difficult. Notably, girls reported higher ease in both scenarios (37.9% and 42.8% for very easy, respectively) compared to boys. Regarding support during their most recent quit attempt, the vast majority (67.1%) tried to quit on their own, with only a small minority receiving help from professionals (4.7%), friends (13.6%), or family (13.8%), and even fewer used medication (2.4%). Lifetime support was similarly limited, with 63.5% reporting no support, a figure higher among girls (69.3%) than boys (60.6%).

4.5.19. Knowledge about tobacco products

Table 52 shows the distribution of tobacco-related knowledge among adolescents, classified into four levels.

Table 52: Knowledge about tobacco products by adolescent characteristics in DRC

| | No knowledge | | Low knowledge | | Medium knowledge | | High knowledge | |
|---------------|--------------|-----------------------|---------------|-----------------------|------------------|-----------------------|----------------|---------------------|
| | n | % [95% CI] | n | % [95% CI] | n | % [95% CI] | n | % [95% CI] |
| Overall | 199 | 18.03 [17.99 - 18.06] | 568 | 50.71 [50.66 - 50.75] | 267 | 22.40 [22.36 - 22.44] | 119 | 8.87 [8.84 - 8.89] |
| Sex | | | | | | | | |
| Boys | 143 | 18.40 [18.36-18.44] | 396 | 50.20 [50.15-50.25] | 189 | 24.24 [24.19-24.28] | 71 | 7.16 [7.14-7.19] |
| Girls | 56 | 17.29 [17.23-17.35] | 172 | 51.72 [51.64-51.79] | 78 | 18.71 [18.65-18.77] | 48 | 12.28 [12.23-12.33] |
| Age group | | | | | | | | |
| 10 - 12 years | 76 | 23.15 [23.09-23.22] | 171 | 45.41 [45.34-45.48] | 72 | 22.67 [22.61-22.74] | 42 | 8.76 [8.72-8.80] |
| 13 - 15 years | 74 | 15.74 [15.68-15.79] | 229 | 52.65 [52.58-52.72] | 114 | 22.06 [22.00-22.12] | 48 | 9.55 [9.51-9.59] |
| 16 - 17 years | 49 | 14.85 [14.79-14.91] | 168 | 54.56 [54.48-54.64] | 81 | 22.52 [22.45-22.59] | 29 | 8.07 [8.02-8.11] |
| Residence | | | | | | | | |
| Rural | 143 | 22.46 [22.42-22.50] | 335 | 49.89 [49.84-49.94] | 142 | 21.06 [21.02-21.11] | 50 | 6.59 [6.56-6.61] |
| Urban | 56 | 9.19 [9.14-9.23] | 233 | 52.34 [52.26-52.41] | 125 | 25.06 [25.00-25.13] | 69 | 13.41 [13.36-13.47] |
| Wealth index | | | | | | | | |
| Lowest | 72 | 22.81 [22.73-22.89] | 130 | 36.33 [36.24-36.43] | 81 | 32.70 [32.61-32.79] | 29 | 8.16 [8.11-8.21] |
| Low | 53 | 20.36 [20.29-20.43] | 131 | 56.53 [56.44-56.62] | 47 | 16.03 [15.96-16.09] | 21 | 7.08 [7.03-7.13] |
| Middle | 27 | 13.43 [13.37-13.50] | 124 | 57.65 [57.55-57.74] | 35 | 19.80 [19.72-19.88] | 19 | 9.12 [9.06-9.17] |
| High | 29 | 20.53 [20.45-20.61] | 89 | 46.18 [46.08-46.28] | 58 | 24.27 [24.18-24.36] | 23 | 9.01 [8.96-9.07] |
| Highest | 18 | 12.11 [12.04-12.18] | 94 | 56.74 [56.64-56.85] | 46 | 19.54 [19.46-19.63] | 27 | 11.61 [11.54-11.67] |
| School status | | | | | | | | |
| In-school | 166 | 17.33 [17.30-17.37] | 472 | 50.79 [50.75-50.84] | 231 | 22.53 [22.49-22.57] | 111 | 9.35 [9.32-9.38] |
| Out-of-school | 33 | 22.54 [22.44-22.64] | 96 | 50.14 [50.02-50.26] | 36 | 21.58 [21.48-21.67] | 8 | 5.74 [5.69-5.80] |

Table 52 presents the levels of tobacco-related knowledge among adolescents in the DRC. Overall, 18.0% have no knowledge, 50.7% have low knowledge, 22.4% have medium knowledge, and 8.9% have high knowledge. Among boys, low knowledge is reported by 50.2%, while among girls it is

slightly higher at 51.7%. By age, low knowledge is most common, reported by 45.4% of 10–12-year-olds, 52.6% of 13–15-year-olds, and 54.6% of 16–17-year-olds. In terms of residence, 49.9% of rural and 52.3% of urban adolescents fall into the low knowledge category. Analysis by wealth shows that the low knowledge category predominates across all groups, ranging from 36.4% in the lowest wealth group to 56.7% in the highest. Finally, both in-school (50.8%) and out-of-school (50.1%) adolescents primarily exhibit low tobacco-related knowledge.

Table 53 below indicates the proportion of adolescents who have heard of relatively new tobacco and nicotine products such as electronic cigarettes (e-cigarettes), nicotine pouches and heated tobacco.

Table 53: Novel tobacco and nicotine products awareness

| Ever heard of the product | DRC, n (%) |
|----------------------------------|-------------------|
| E-cigarettes, n (%) | 417 (8.9) |
| Nicotine pouches, n (%) | 269 (5.7) |
| Heated tobacco, n (%) | 294 (6.3) |

Table 53 shows that awareness of relatively new tobacco and nicotine products among adolescents in the DRC is quite low. Only 8.9% of respondents have heard of electronic cigarettes, making them the most recognized among the three products. Heated tobacco products are known to 6.3% of adolescents, while awareness of nicotine pouches is slightly lower at 5.7%. These figures suggest that despite their emerging presence in the market, these newer tobacco products have not yet reached widespread recognition among adolescents in the DRC. Focusing on e-cigarettes, Table 54 provides details on the types of e-cigarette products used in the 30 days preceding data collection among the 5 adolescents who reported use.

Table 54: Type of E-cigarette products consumed by adolescents in the past 30 days

| Types of e-cigarettes | DRC (n = 5), n (%) |
|---------------------------------------------------------------------------------------------------------------------------|---------------------------|
| A disposable e-cigarette (for example, Puff Bar or STIG), n (%) | 0 |
| An e-cigarette that uses pre filled or refillable pods or cartridges (for example, JUUL, SMOK, or Suorin), n (%) | 1 (9.0) |
| An e-cigarette with a tank that you refill with liquids (including mod systems that can be customized by the user), n (%) | 0 |
| I don't know the type, n (%) | 4 (91.0) |

Table 54 shows that none of the respondents reported using disposable e-cigarettes or e-cigarettes with a refillable tank system. One adolescent (9.0%) reported using an e-cigarette that uses pre-filled or refillable pods or cartridges, while the majority—four adolescents (91.0%)—indicated that they did not know the type of e-cigarette they used.

Table 55 shows the types of heated tobacco products used by the 9 adolescents in the DRC who reported heated tobacco use in the past 30 days.

Table 55: Heated tobacco products consumed by adolescents in the past 30 days

| Type of heated tobacco product | DRC (n=9), n (%) |
|---------------------------------------|-------------------------|
|---------------------------------------|-------------------------|

| | |
|------------------------------|---------|
| IQOS, n (%) | 0 |
| glo, n (%) | 1 (0.7) |
| Ploom, n (%) | 2 (0.8) |
| iFuse, n (%) | 1 (0.8) |
| lil, n (%) | 0 |
| Refused, n (%) | 1 (0.2) |
| I don't know the type, n (%) | 4 (4.7) |

Table 55 shows that none of the respondents reported using IQOS or lil. Instead, 1 adolescent (0.7%) used glo, 2 adolescents (0.8%) used Ploom, and 1 adolescent (0.8%) used iFuse. Additionally, 1 adolescent (2.0%) refused to specify the product type, while the largest group—4 adolescents (4.7%)—reported that they did not know which type of heated tobacco product they used.

4.5.20. Attitudes towards tobacco products

Table 56 summarizes the attitudes of adolescents in the DRC toward tobacco use, broken down by key demographic characteristics. In this table, a "negative attitude" is defined as a perception that tobacco use is harmful or undesirable (less attractive, less comfortable in public gatherings), while a "positive attitude" indicates a more favorable or accepting view of tobacco use (more attractive, less comfortable in public gatherings).

Table 56: Attitudes towards tobacco use by adolescent characteristics in DRC

| | Negative attitude | | Positive attitude | |
|----------------------|-------------------|-----------------------|-------------------|-----------------------|
| | n | % [95% CI] | n | % [95% CI] |
| Overall | 403 | 34.63 [34.59 - 34.67] | 65.37 | [65.33 - 65.41] |
| Sex | | | | |
| Boys | 259 | 32.97 [32.92 - 33.02] | 540 | 67.03 [66.98 - 67.08] |
| Girls | 144 | 37.96 [37.89 - 38.04] | 210 | 62.04 [61.96 - 62.11] |
| Age group | | | | |
| 10 - 12 years | 131 | 37.69 [37.62-37.77] | 230 | 62.31 [62.23-62.38] |
| 13 - 15 years | 156 | 32.88 [32.81-32.94] | 309 | 67.12 [67.06-67.19] |
| 16 - 17 years | 116 | 33.25 [33.17-33.33] | 211 | 66.75 [66.67-66.83] |
| Residence | | | | |
| Rural | 227 | 38.70 [38.64-38.75] | 443 | 61.30 [61.25-61.36] |
| Urban | 176 | 26.52 [26.46-26.59] | 307 | 73.48 [73.41-73.54] |
| Wealth index | | | | |
| Lowest | 91 | 32.41 [32.32-32.50] | 221 | 67.59 [67.50-67.68] |
| Low | 78 | 30.93 [30.84-31.01] | 174 | 69.07 [68.99-69.16] |
| Middle | 67 | 33.92 [33.83-34.01] | 138 | 66.08 [65.99-66.17] |
| High | 75 | 28.98 [28.88-29.07] | 124 | 71.02 [70.93-71.12] |
| Highest | 92 | 49.02 [48.92-49.13] | 93 | 50.98 [50.87-51.08] |
| School status | | | | |

| | | | | |
|---------------|-----|---------------------|-----|---------------------|
| In School | 352 | 35.35 [35.31-35.39] | 628 | 64.61 [64.61-64.69] |
| Out of school | 51 | 29.97 [29.87-30.08] | 122 | 69.92 [69.92-70.13] |

Overall, 65.4% of adolescents reported a positive attitude, while 34.6% held a negative view. When disaggregated by sex, 67.0% of boys expressed positive attitudes compared to 62.0% of girls. By age, 13–15-year-olds showed the highest positive attitude at 67.1%, with 10–12-year-olds and 16–17-year-olds reporting 62.3% and 66.7%, respectively. Urban adolescents were notably more positive (73.5%) than their rural counterparts (61.3%). In terms of wealth, all groups except the highest exhibited predominantly positive attitudes (ranging from 67.6% to 71.0%), while the highest wealth group displayed a near-even split at 51.0% positive. Both in-school (64.6%) and out-of-school (70.0%) adolescents mostly expressed positive attitudes toward tobacco use. Table 57 presents data on adolescents' perceptions of tobacco products in the DRC, including views on attractiveness, comfort, safety, and the perceived cost of cigarettes. The data is broken down by sex, providing insights into how boys and girls perceive the use and effects of tobacco products.

Table 57: Perceptions about tobacco products by adolescents in DRC (%)

| | Total | Boys | Girls |
|--------------------------------------------------------------------|------------|------------|------------|
| Makes adolescents look more attractive, n (%) | 348 (29.7) | 252 (31.2) | 96 (26.9) |
| Makes adolescents look less attractive, n (%) | 360 (27.4) | 236 (24.9) | 124 (32.2) |
| Safe to use for a year or two as long as you quit, n (%) | 287 (26) | 202 (28) | 85 (21.2) |
| Helps people feel more comfortable, n (%) | 310 (25.2) | 231 (27.8) | 79 (20.0) |
| Helps people feel less comfortable, n (%) | 493(39.9) | 339 (39.4) | 154 (40.9) |
| Tobacco products perceived to be safe, n (%) | 117(10.3) | 93 (13.4) | 24 (4.3) |
| Perceived cost for a pack of 20 manufactured cigarettes, mean (SD) | 2206 (852) | 2248 (905) | 2112 (709) |
| Smoke from other people is harmful, n (%) | 383 (57) | 246 (44) | 137(63) |

About 30% believe tobacco enhances attractiveness, with boys slightly more inclined (31%) than girls (27%), while 27% think it makes one less attractive (girls 32%, boys 25%). Regarding safety, 26% agree that tobacco is safe for short-term use if one quits later, and only 10% consider it safe overall—boys being more optimistic (28% and 13%) than girls (21.2% and 4.3%). In terms of comfort, 25% feel tobacco increases comfort (28% of boys versus 20% of girls), though 40% believe it reduces comfort (41% of girls versus 39% of boys). Adolescents estimate the cost of a pack of 20 manufactured cigarettes at about 2206, with boys perceiving it slightly higher than girls. Lastly, while 57% recognize the harm of secondhand smoke, this concern is more marked among girls (63%) compared to boys (44%).

4.5.21. Exposure to tobacco advertising and promotion and sponsoring

Table 58 provides data on adolescents' exposure to tobacco marketing and advertising in the past 30 days.

Table 58: Exposure to pro-tobacco media messages by adolescents in the past 30 days in DRC

| | Total, n (%) | Boys, n (%) | Girls, n (%) |
|--------------------------------------------------------|--------------|-------------|--------------|
| Saw any people using tobacco on TV | 463 (40.81) | 330 (40.2) | 133 (42.0) |
| Saw any people using tobacco in social media platforms | 283 (24.2) | 215 (26.9) | 68 (19.0) |

| | Total, n (%) | Boys, n (%) | Girls, n (%) |
|-----------------------------------------------------------------------------|--------------|-------------|--------------|
| Saw any advertisements or promotions for tobacco products at points of sale | 197 (17.0) | 151 (17.1) | 46 (17.0) |
| Would wear something that has tobacco company/product name in it | 382 (51) | 281 (52) | 101 (50) |
| Ever offered a free tobacco product | 104 (9.7) | 82 (10.9) | 22 (7.3) |

In the past 30 days, 16% of adolescents had been exposed to tobacco-related messages on conventional media (such as television, radio, the internet, billboards, posters, newspapers, magazines, and movies), while 10% encountered such messages on social media platforms. Additionally, 41% reported seeing people using tobacco on television and 24% on social media. Tobacco advertisements or promotions at points of sale were noticed by 17% of adolescents. On the personal engagement side, 51% said they would wear something bearing a tobacco company or product name, and 9.7% had ever been offered a free tobacco product. Overall, both boys and girls exhibit similar exposure trends. Table 59 presents data on adolescents' exposure to anti-tobacco media messages in the DRC during the past 30 days.

Table 59: Exposure to anti-tobacco media messages by adolescents in the past 30 days in DRC

| | Total, n (%) | Boys, n (%) | Girls, n (%) |
|------------------------------------------------------------------------------------|--------------|-------------|--------------|
| On television, radio, internet, billboards, posters, newspapers, magazines, movies | 202 (15.5) | 139 (15.2) | 63 (16.1) |
| On social media platforms | 139 (10.2) | 39 (9.1) | 100 (10.71) |

Overall, 15.5% of adolescents reported encountering these messages through traditional media channels—such as television, radio, internet, billboards, posters, newspapers, magazines, and movies—with similar exposure percentage for boys (15.2%) and girls (16.1%). Additionally, 10.2% of adolescents reported seeing anti-tobacco messages on social media platforms, with slightly higher exposure among boys (10.7%) compared to girls (9.1%).

4.5.22. Second-hand tobacco smoke Exposure

Table 60 presents data on adolescents' exposure to second-hand tobacco smoke in various settings over the past 30 days.

Table 60: Second-hand tobacco smoke exposure

| | Total | | Boys | | Girls | |
|---------------------------|-------|---------------------|------|---------------------|-------|---------------------|
| | n | % [95% CI] | n | % [95% CI] | n | % [95% CI] |
| At home | 1,366 | 25.08 [25.07-25.10] | 816 | 27.20 [27.18-27.22] | 550 | 22.72 [22.70-22.75] |
| In enclosed public places | 795 | 12.53 [12.52-12.55] | 480 | 14.36 [14.34-14.38] | 315 | 10.50 [10.48-10.51] |
| Outdoor public places | 558 | 8.67 [8.66-8.68] | 332 | 10.37 [10.36-10.39] | 226 | 6.77 [6.76-6.79] |
| School | 833 | 13.01 [13.00-13.02] | 469 | 14.58 [14.57-14.60] | 364 | 11.25 [11.24-11.27] |

Overall, 25.1% of adolescents reported exposure at home, with boys experiencing a higher proportion (27.2%) than girls (22.7%). In enclosed public places, 12.5% reported exposure, again with a higher percentage among boys (14.4%) compared to girls (10.5%). Exposure in outdoor public places was reported by 8.7% overall, with boys at 10.4% and girls at 6.8%. Finally, at school, 13.0% of adolescents were exposed to second-hand smoke, with boys (14.6%) more affected than girls (11.3%).

Table 61 presents the frequency with which adolescents are exposed to smoking at home by different household members or other individuals.

Table 61: Frequency of exposure to smoking at home

| Frequency of exposure | Father n (%) | Mother n (%) | Brother/Sister n (%) | Another person n (%) |
|-----------------------------------|--------------|--------------|----------------------|----------------------|
| Don't have/don't see these people | 716 (13.9) | 680 (12.9) | 727 (12.8) | 711 (13.2) |
| About every day | 485 (7.2) | 109 (1.4) | 203 (2.8) | 340 (5.1) |
| Sometimes | 475 (7.8) | 253 (3.5) | 462 (8.7) | 1,112 (18.7) |
| Never | 2,811 (65.6) | 3,473 (76.8) | 3,062 (69.4) | 2,342 (57.7) |

For exposure from their father, 65.6% of adolescents reported never being exposed, while 7.2% encountered smoking about every day and 7.8% sometimes; 13.9% indicated they do not have or see their father. In the case of mothers, a larger share (76.8%) reported no exposure, with only 1.4% exposed daily and 3.5% sometimes; 12.9% reported not having or seeing their mother. For brothers or sisters, 69.4% reported never being exposed, with daily exposure at 2.8% and occasional exposure at 8.7%, while 12.8% did not have or see these individuals. Exposure from another person showed the lowest "never" rate (57.7%), with 5.1% exposed daily and 18.7% sometimes, and 13.2% indicating the absence of such a person. Table 62 shows the frequency with which in-school adolescents observed teachers smoking at school.

Table 62: Frequency of observing teachers smoking at school (just for in-school adolescents)

| Teacher smoking at school | n | % |
|---------------------------|-------|------|
| Had not seen teacher | 247 | 7.8 |
| About every day | 155 | 2.4 |
| Sometimes | 721 | 11.8 |
| Never | 2,875 | 73.5 |
| Refused to answer | 140 | 4.4 |

The majority of respondents (73.5%) reported never seeing teachers smoke at school. A smaller proportion indicated that they observed teacher smoking sometimes (11.8%), and an even lower percentage (2.4%) reported seeing it about every day. Additionally, 7.8% stated they had not seen a teacher, and 4.4% refused to answer.

5. DISCUSSION

5.1. Summary of main findings

This study provides a comprehensive analysis of tobacco and nicotine product use among adolescents in the DRC, revealing significant patterns and associated factors that offer insights into the prevalence and determinants of these behaviors.

Prevalence of tobacco and nicotine use

The overall prevalence of ever using any tobacco or nicotine product among adolescents was 18.5%. Within this group, tobacco products were the most commonly used, with 18.4% of adolescents having ever used any form of tobacco. Specifically, 9.5% of adolescents had ever-smoked manufactured cigarettes, while this was 5.6% for hand-rolled cigarettes, and 2.4% for shisha. 9.6% of adolescents reported having ever used smokeless tobacco products. Although electronic cigarettes and nicotine pouches are less common, they still represent emerging trends, with 0.8% having ever used nicotine products; 0.8% having ever used nicotine pouches and this was 0.2% for electronic cigarettes.

About 11.9% of adolescents reported currently using any tobacco or nicotine product. Current use of tobacco products was reported by 11.8% of adolescents. Manufactured cigarettes remain the most prevalent form, with 6.7% of adolescents currently smoking them, while this was 3.3% for hand-rolled cigarettes, and 1.6% for shisha. The use of smokeless tobacco was still significant, with 5.9% of adolescents reporting current use, highlighting its sustained popularity. Current use of nicotine products was reported by 0.6% of adolescents and this was mainly nicotine pouches (0.6%).

Factors associated with tobacco use

At the individual level, adolescent boys showed higher likelihood of using tobacco compared to girls, especially for smoked tobacco products, whereas girls have a slightly elevated likelihood of using smokeless tobacco, indicating a need for gender-specific interventions. Older adolescents (13–17 years) are more likely to use smoked tobacco compared to younger adolescents (10–12 years), while receiving pocket money and being self-employed notably increase the odds of tobacco use. School enrollment strongly reduces the likelihood of smoked tobacco use. Moreover, having a functional disability considerably lowers the odds of tobacco use across all forms, especially for smokeless tobacco. At the household level, having family members who smoke emerges as an exceptionally strong risk factor for all tobacco product types. Adolescents from female-headed households have consistently lower odds of tobacco use across all categories. Household wealth is influential primarily for smokeless tobacco use, with adolescents from lower wealth categories at increased risk. Environmentally, urban residence significantly reduces the likelihood of using any tobacco products compared to rural settings.

Patterns of use

Adolescents in the Democratic Republic of Congo typically start using tobacco and nicotine products between 11 and 14 years old. Peer influence is the primary reason for initiation, especially for cigarettes (59.1%), roll-your-own cigarettes (59.3%), and shisha (66.1%), whereas smokeless tobacco use is often driven by family influence (47.2%). Emotional distress contributes to heated tobacco use (38.1%), while curiosity leads to e-cigarette experimentation (18.9%). Most adolescents initiate tobacco use with friends (67.6%–79.7%), though smokeless tobacco is often introduced by family members (52.3%). Consumption occurs primarily at home, though schools, restaurants, and entertainment venues are also common sites. Knowledge about tobacco risks is low, with 23.2% unsure if tobacco is harmful, and 50.3% uncertain about the existence of "safe" tobacco products. Additionally, 29.7% believe smoking makes young people more attractive, and 25.2% think it improves social interactions. These findings highlight the need for targeted awareness campaigns, stricter sales regulations, and stronger policies to reduce adolescent tobacco initiation.

Other findings

About a quarter of adolescents reported being exposed to second-hand tobacco smoke at home (25.1%), whilst this was 12.5% for enclosed public places, and 8.7% for outdoor public places. By comparison, Peltzer (2011) found about 25.7% exposed at home and roughly 34.2% outside—with 18.3% experiencing both—while Mamudu et al (2016) reported around 21% at home and 39% outside (45% overall). The WHO GYTS report for the DRC and the GTSS African Region Atlas indicate home exposures typically range from 20% to 40%, with public exposures between 10% and 20%. These figures collectively highlight that indoor (home) exposure tends to be higher than in public settings, although methodologies differ. 16% of adolescents reported seeing promotions on television, radio, billboards, and print media, while 10% encountered pro-tobacco content on social media, 17% saw advertising at points of sale and 9.7% of adolescents reported that they had been offered free tobacco products. This low level of exposure to tobacco advertising and promotion is encouraging but could be strengthened through comprehensive tobacco advertising, promotion and sponsorship bans. This is particularly important considering the general increase in accessibility to different media platforms in Africa (at present accessibility to some media channels may be limited in DRC, especially in rural environments). A recent study by Addo, I.Y. et al. (2024) documented similar figures for social media and retail exposures among adolescents in Gambia (around 10–15%), while the South Africa GYTS indicated that approximately 15% of students were offered free products. Although our figures appear lower, differences in survey methods and definitions likely account for these variations (for example our study was conducted in both rural and urban settings, targeted in-school and out-of-school adolescents).

Despite existing regulations, tobacco remains easily accessible to minors, with kiosks and street vendors being the most common sources. Single cigarette sales are widespread, with 90.4% of adolescents who had ever purchased cigarettes reporting that their last purchase was of single sticks rather than packs. Enforcement of age restrictions on sales is also weak, as 84.0% of adolescents who attempted to buy cigarettes were not refused due to age, and similar patterns were observed for roll-your-own cigarettes (56.3%) and smokeless tobacco (56.0%). These findings emphasize the need for stronger enforcement of smoke-free policies in public spaces, stricter regulations on tobacco advertising, better controls on single cigarette sales, and improved enforcement of age-based purchase restrictions to protect adolescents from tobacco exposure and consumption.

5.2. Agreements and disagreements with other studies

To our knowledge, no other study of this scale and coverage has been conducted previously in the DRC. However, two earlier studies offer useful comparisons. The MICS PALU (2018), conducted nationwide, reported lower prevalence of tobacco use among adolescents aged 15–19 years, with 13.8% of boys and 2.9% of girls having ever used tobacco, and current use at 6.3% among boys and 0.8% among girls. In contrast, our study identified substantially higher prevalence, with ever-use at 23.2% among boys and 13.0% among girls, and current use at 16.1% among boys and 7.1% among girls. This difference could be explained by our broader age range and wider geographic coverage, potentially capturing adolescents from regions or demographics with higher tobacco use prevalence.

Conversely, compared with the Global Youth Tobacco Survey (GYTS, 2008), which focused exclusively on school-going adolescents in Kinshasa and Lubumbashi, our study reported a lower prevalence of cigarette smoking among students (10.5% ever-smoked in our study vs 22.3–24.6% in the GYTS). Possible reasons for this difference include the much larger sample size and broader geographical range of our study, including rural areas where tobacco use is generally lower compared to urban centers. Additionally, the time elapsed (16 years) since the GYTS data collection may reflect changes in tobacco consumption behaviors. Nevertheless, despite these variations, the overall prevalence of tobacco and nicotine product use observed in our study remains notably high, underscoring a persistent public health challenge.

According to the GYTS data analyzed by Chuanwei Ma et al. in 2021, which included data from 143 countries from 1998 to 2018, reported a global prevalence of 17.9% (16.1–19.6) for current tobacco use among adolescents aged 13–15 years². In comparison, our study found almost the same current use prevalence of 19% (18.93 – 18.97) among adolescents in the same age group. This suggests that the DRC have the same tobacco use prevalence among younger adolescents aged 13 to 15 compared to the global average.

The variations in prevalence across these studies highlight the complexity of tobacco use among adolescents in the DRC. The higher prevalence in our study compared to MICS PALU 2018 suggest that tobacco use might be increasing among younger populations, or it could reflect improved reporting or detection methods.

5.3. Strengths and limitations

Strengths

- Nationally representative sample and detailed demographic breakdown provide a robust analysis of tobacco use patterns.
- Inclusion of a broad age range from 10 to 17, which is missing from most studies on tobacco.
- Inclusion of diverse tobacco products by examining various forms of tobacco and nicotine products, including smoked, smokeless, and electronic cigarettes, the study offers a comprehensive overview of adolescent tobacco use in the DRC.
- The study's exploration of a wide range of associated factors, such as age, socioeconomic status, and environmental exposure, provides a nuanced understanding of the drivers of tobacco use among adolescents.

Limitations

- The reliance on self-reported data introduces the potential for underreporting or social desirability bias, particularly among adolescents who may be reluctant to disclose tobacco use.
- Sub-regional representativeness: The study was designed to be nationally representative and is not able to address specificities in each of the 26 provinces and 519 health zones to allow for local specific policy implementation.

5.4. Implications for policy and practice

The findings of this study highlight critical gaps in tobacco control policies in the DRC and underscore the urgent need for targeted interventions. The following policy and practice recommendations aim to reduce tobacco use among adolescents and strengthen regulatory enforcement.

- Strengthening smoke-free environments: Expand and enforce smoke-free regulations to include all enclosed public spaces, such as schools, healthcare facilities, public transport, and entertainment venues.
- Implement strict penalties for violations, including fines for establishments that allow smoking in prohibited areas.
- Restricting tobacco advertising and promotion: Ban all forms of tobacco advertising, promotion, and sponsorship, particularly on television, radio, social media, and billboards.
- Strengthen monitoring of digital platforms to prevent tobacco companies from targeting youth with online marketing.
- Support the implementation of Decree 041 of the Ministry of Public Health and Social Welfare, which prohibits advertising, promotion, and sponsorship of tobacco, tobacco products, and their derivatives, and bans smoking in public places.
- Reducing access to tobacco products for adolescents: Strictly enforce age restrictions on tobacco sales, ensuring penalties for vendors who sell to minors.
- Prohibit the sale of single cigarettes and small packs, which make tobacco more affordable and accessible to adolescents.
- Regulate and monitor the sale of tobacco through vending machines and online platforms to prevent underage access.
- Increasing public awareness and education: Develop and implement comprehensive youth-focused anti-tobacco campaigns that highlight the health risks of tobacco use. Integrate tobacco control into the national education system by including modules on the dangers of smoking in school curricula, emphasizing the risks of early initiation and dispelling myths about “safer” tobacco products. For out-of-school adolescents, establish community-based educational programs and peer-led interventions in partnership with local organizations, youth centers, and health facilities to ensure prevention messages reach this vulnerable group.

²Ma C, Xi B, Li Z, Wu H, Zhao M, Liang Y, et al. Prevalence and trends in tobacco use among adolescents aged 13–15 years in 143 countries, 1999–2018: findings from the Global Youth Tobacco Surveys. *The Lancet Child & Adolescent Health*. 1 apr 2021;5(4):245-55. [https://doi.org/10.1016/S2352-4642\(20\)30390-4](https://doi.org/10.1016/S2352-4642(20)30390-4)

- Train health zones on integrating tobacco control into primary healthcare, specifically within the Minimum Package of Activities (MPA) and Complementary Package of Activities (CPA) across all 26 provinces of the DRC.
- Engage community leaders, parents, key influencers, teachers, and social media influencers on TikTok, Instagram, Facebook, etc., to promote anti-tobacco norms, counter peer influence, and raise awareness of tobacco's harmful effects through skits, videos, or testimonials.
- Capitalize on each World No Tobacco Day to alert the general public, decision-makers, the government, associations, and all stakeholders to the urgent need to protect adolescents from tobacco use.
- Enhancing cessation support for adolescents: Establish youth-friendly cessation programs, including counseling and behavioral support in schools and healthcare centers.
- Train healthcare providers and educators to identify at-risk adolescents and offer interventions for tobacco cessation.
- Integrate proven tobacco control programs that have been implemented and have combined awareness raising, community support, and targeted interventions, which are three major factors that maximize their impact.
 - **Example: Truth Initiative (United States):** This program uses powerful media campaigns to educate young people about the dangers of tobacco. It focuses on tobacco companies' marketing strategies and their impact on adolescents. Campaigns include videos, social media, and community events.
 - **Smoke-Free Class Competition (Europe):** This program encourages students to remain smoke-free for a specified period of time. Participating classes can win prizes, which motivates young people to avoid tobacco while strengthening peer solidarity.
- Strengthening research and implementation policy: Conduct regular national tobacco surveillance to monitor trends and assess the effectiveness of policies. Strengthen collaboration between government, civil society, and international organizations to implement best practices in tobacco control. Include an analysis of the economic impact of youth smoking, such as healthcare costs and lost productivity, to strengthen advocacy with policymakers. Offer solutions to local retailers to diversify their income and reduce their dependence on tobacco sales. Promote partnerships with other countries that have implemented successful tobacco control campaigns to exchange best practices.

5.5. Implications for future research

Future research should consider the following areas:

- Conduct cohort studies to track adolescents over time and understand how tobacco use evolves from initiation to regular consumption or cessation. Examine factors influencing transitions from experimentation to daily use, particularly among vulnerable groups.
- Evaluate the effectiveness of existing tobacco control measures, such as smoke-free laws, advertising bans, and sales restrictions. Assess enforcement challenges and identify strategies to improve policy implementation, especially in informal and rural settings.

- Investigate how online and social media platforms influence adolescent tobacco use.
- Assess exposure to digital marketing and the effectiveness of counter-messaging campaigns targeting youth.
- Conduct qualitative studies to explore why adolescents start and continue using tobacco.
- Examine the role of peer influence, stress, and misinformation in shaping tobacco-related behaviors.
- Monitor the use of heated tobacco, e-cigarettes, and nicotine pouches, which are becoming more popular among youth. Evaluate awareness and misconceptions about harm reduction claims associated with these products.
- Investigate regional variations in tobacco use to tailor interventions for urban and rural populations. Explore gender differences in initiation, use patterns, and quitting behaviors.
- Assess the availability and effectiveness of cessation programs for young users.
- Identify psychosocial and economic barriers preventing adolescents from quitting.
- Study the tactics used by tobacco companies to target youth, including sponsorships, corporate social responsibility programs, and point-of-sale marketing. Investigate policy loopholes that allow the industry to bypass regulations.
- Extend this study to include the 18–24 age group in the DRC.

6. CONCLUSION

This study employed a comprehensive cross-sectional design to evaluate tobacco and nicotine product use among adolescents aged 10-17 across 16 representative provinces of the Democratic Republic of Congo (DRC). A representative sample was collected using stratification and different levels of selection to ensure representativeness of the target population. A household survey was conducted, and data were gathered using structured questionnaires, focusing on the prevalence of tobacco use, types of products consumed, initiation age, and associated sociodemographic factors. The study's inclusion of both in-school and out-of-school adolescents provides a robust overview of tobacco use within this demographic structure, making the findings crucial for guiding public health initiatives.

The study found that 18.5% of adolescents in the DRC had ever used tobacco or nicotine products, with a higher prevalence among boys (23.5%) compared to girls (13.0%). The prevalence of current use of tobacco and nicotine products was 11.9% (16.1% among boys and 7.1% among girls).

Considering factors associated with tobacco use: adolescent girls had lower odds of tobacco use compared to boys, except for smokeless tobacco; older adolescents, self-employed adolescents, and those receiving pocket money had higher odds, while functional disability and school attendance were protective. Family smoking substantially increased tobacco use risk, female-headed households lowered it, and living in urban areas offered additional protection.

The findings underscore the need for targeted tobacco control interventions in the DRC, particularly aimed at delaying initiation, reducing current use, and addressing the specific needs of high-risk groups such as boys, out-of-school adolescents, and those from lower socioeconomic backgrounds. Public health strategies should focus on comprehensive education campaigns, stricter enforcement of tobacco control laws, and culturally sensitive prevention programs tailored to the unique social and cultural contexts of different regions within the DRC.

Further research should explore the long-term effectiveness of these interventions and better understand the social and environmental factors contributing to tobacco use among adolescents in this setting. Addressing these issues could significantly reduce the burden of tobacco-related harm among the adolescents in the DRC.

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APPENDICES

A1. Sample Size Distribution

The sample size for this study was estimated using the United Nations' formula for estimating sample sizes in prevalence studies (United Nations, 2005). The sample size formula for DRC is given by:

$$n_M = \frac{z^2 r(1-r)(deff)}{p^2 \times moy \times k \times marge^2}$$

where:

- z corresponds to the factor needed to reach the 95% confidence level. It is equal to 1.96
- r is the predicted/forecast value of the indicator (prevalence of smoking among adolescents), expressed as a proportion
- deff is the design effect for the indicator, which defaults to 1.5
- p represents the proportion of adolescents in the total population
- moy corresponds to the national average household size
- k is the expected response rate
- marge represents the relative margin of error 12% of r

The sample design effect was set at 1.5 and a non-response rate of 10% was considered. The estimated level of tobacco prevalence for the country was computed based on the most recent estimates from recent studies i.e. 25% for the DRC. The adolescent population proportions were estimated based on national statistics and are 23% and the average household sizes used were 5.25. This resulted in national representative samples of 4,804 adolescents in the DRC.

Table A 1: Sample size by subgroup

| Domains (counties / provinces) | Sample size |
|--------------------------------|-------------|
| Nord-Ubangi | 133 |
| Sud-Ubangi | 241 |
| Tshuapa | 178 |
| Kasaï | 311 |
| Kasaï-Oriental | 375 |
| Lomami | 276 |
| Haut-Lomami | 227 |
| Lualaba | 341 |
| Tanganyika | 176 |
| Nord-Kivu | 514 |
| Sud-Kivu | 357 |
| Kinshasa | 575 |
| Kongo Central | 228 |
| Kwilu | 291 |
| Bas-Uele | 166 |
| Tshopo | 415 |

| Strata | |
|----------------------------------------|-------|
| Equateur | 552 |
| Kasaï | 962 |
| Katanga | 744 |
| Kivu | 871 |
| Léopoldville | 1094 |
| Oriental | 581 |
| Place of residence (settlement) | |
| Urban | 1,802 |
| Rural | 3,002 |

A2. Weighting Procedures

Weighting is a method used to obtain parameters from the data to represent the total population. DaYTA in DRC used a two-step weighting procedure:

- **Step 1:** Computation of base weight for each sample participant.
- **Step 2:** Adjustment of the base weights for differential non-response in the sample. Because population totals were unknown, a post-stratification calibration adjustment of weights was not applied.

A2.1 Base weights

Base weights were calculated as inversely proportional to the overall selection probabilities for each sample participant. Calculations in this stage included probabilities of selection of PSUs (these are EAs, corresponding to avenues/villages in DRC), selection of households, and selection of eligible individuals.

Table A 2 : Allocation of the PSU by strata and province, DRC

| Strata | Provinces | Urban | Rural | Total |
|--------------|-----------------|----------|-----------|-----------|
| Equateur | Nord-Ubangi | 3 | 6 | 9 |
| | Sud-Ubangi | 3 | 6 | 9 |
| | Tshuapa | 3 | 6 | 9 |
| | Subtotal | 9 | 18 | 27 |
| Kasaï | Kasaï | 3 | 6 | 9 |
| | Kasaï-Oriental | 3 | 6 | 9 |
| | Lomami | 3 | 6 | 9 |
| | Subtotal | 9 | 18 | 27 |
| Katanga | Haut-Lomami | 3 | 6 | 9 |
| | Lualaba | 3 | 6 | 9 |
| | Subtotal | 9 | 18 | 27 |
| Kivu | Tanganyika | 3 | 6 | 9 |
| | Nord-Kivu | 3 | 6 | 9 |
| | Sud-Kivu | 3 | 6 | 9 |
| | Subtotal | 6 | 12 | 18 |
| Léopoldville | Kinshasa | 9 | 0 | 9 |
| | Kongo Central | 3 | 6 | 9 |
| | Kwilu | 3 | 6 | 9 |
| | Subtotal | 6 | 12 | 27 |

| | | | | |
|--------------|----------|----------|-----------|-----------|
| | Bas-Uele | 3 | 6 | 9 |
| Oriental | Tshopo | 3 | 6 | 9 |
| | Subtotal | 6 | 12 | 18 |
| TOTAL | | 54 | 90 | 148 |

A2.2 Non-response adjustments

In the end, verbal consent was obtained from 4,675 households and adolescents, representing an overall response rate of 95.6%. The initial sampling weights are then adjusted to account for non-response, by dividing the weights of respondents by the response rates. The final weight is finally normalized to ensure that the sum of weights matches the population totals by dividing each final weight by the sum of the final weights and multiplying by the desired population size. These weights are used for the analysis to ensure that the results accurately represent the target population.

Table A 3: PSU

| | |
|------------------------------------------------|---------------|
| PSUs (EAs) | |
| PSUs successfully surveyed | 144 |
| PSUs not accessible or demolished | 0 |
| Total | 144 |
| PSU Response Rate | 100% |
| HOUSEHOLD | |
| Completed Household – 1 person selected | 4,867 |
| Completed Household – No Eligible in Household | |
| Household Refusal | 25 |
| Unoccupied/vacant/abandoned | |
| Demolished | |
| No one home | |
| Other Household Non-Response | |
| Total | 4,892 |
| Household Response Rate | 99.49% |
| INDIVIDUAL | |
| Completed Individual Survey | 4,675 |
| Incomplete | 176 |
| Not Available | |
| Selected Participant Refused | 16 |
| Does not speak study language/disability | |
| Total | 4,867 |
| Individual Response Rate | 96.05 |
| Overall Response Rate | 95.57 |

Household and Individual disposition, DRC

Notes: 1. Overall Response Rate = PSU Response Rate * Household Response Rate * Individual Response Rate

2. In DRC, the households to be surveyed were sampled from eligible households (i.e. those with at least one adolescent).

Table A 4: Household and individual response rates by analytic domains, DRC

| Strata/ Province | PSU Response Rate | Household Response Rate | Individual Response Rate | Overall Response Rate |
|-------------------------|--------------------------|--------------------------------|---------------------------------|------------------------------|
| Equateur | 100% | 99.82% | 94.61% | 94.44% |
| Nord-Ubangi | 100% | 100% | 94.47% | 94.47% |
| Sud-Ubangi | 100% | 100% | 96.36% | 96.36% |
| Tshuapa | 100% | 99.48% | 93.26% | 92.77% |
| Kasaï | 100% | 99.70% | 93.58% | 93.30% |
| Kasaï | 100% | 99.70% | 81.57% | 81.33% |
| Kasaï-Oriental | 100% | 100% | 100% | 100% |
| Lomami | 100% | 99.39% | 99.39% | 98.78% |
| Katanga | 100% | 99.87% | 96.71% | 96.58% |
| Haut-Lomami | 100% | 99.60% | 98.01% | 97.62% |
| Lualaba | 100% | 100% | 93.65% | 93.65% |
| Tanganyika | 100% | 100% | 98.44% | 98.44% |
| Kivu | 100% | 98.53% | 96.78% | 95.36% |
| Nord-Kivu | 100% | 100% | 95.02% | 95.02% |
| Sud-Kivu | 100% | 97.05% | 98.60% | 95.69% |
| Léopoldville | 100% | 99.55% | 98.55% | 98.11% |
| Kinshasa | 100% | 98.65% | 97.81% | 96.50% |
| Kongo Central | 100% | 100% | 100% | 100% |
| Kwilu | 100% | 100% | 97.85% | 97.85% |
| Oriental | 100% | 99.66% | 94.95% | 94.63% |
| Bas-Uele | 100% | 100% | 99.66% | 99.66% |
| Tshopo | 100% | 99.33% | 90.24% | 89.64% |

Table A5: Household background characteristics (weighted percentage)

| | N (%) |
|------------------------------------------------------------|-------------------|
| Number of people in household, mean (SD) | 5.0 (2.4) |
| Number of eligible adolescents in the household, mean (SD) | 2.0 (1.1) |
| Age of household head, mean (SD) | 40.7 (15.3) |
| Sex (household head) | |
| Male, N (%) | 9,515,761 (68.4) |
| Female, N (%) | 4,395,104 (31.6) |
| Disability status (household head) | |
| Person with disability, N (%) | 725,371 (5.2) |
| Person without disability, N (%) | 12,425,037 (89.3) |
| Main income activity (household head) | |
| None, N (%) | 2,578,447 (18.5) |
| Unestablished own business, N (%) | 2,325,683 (16.7) |
| Established own business, N (%) | 228,479 (1.6) |
| Informal casual, N (%) | 1,253,583 (9.0) |
| Informal salaried, N (%) | 582,559 (4.2) |
| Formal salaried, N (%) | 1,525,246 (11.0) |
| Formal casual, N (%) | 424,102 (3.0) |
| Agriculture, N (%) | 4,232,309 (30.4) |
| Marital status (household head) | |
| Not in a union, N (%) | 1,871,639 (13.4) |
| Married, N (%) | 7,935,660 (57.0) |
| In a union, N (%) | 1,758,777 (12.6) |
| Divorced, N (%) | 207,864 (1.5) |
| Separated, N (%) | 777,773 (5.6) |
| Widowed, N (%) | 1,260,353 (9.1) |
| Refused to answer, N (%) | 27,386 (0.2) |
| Education level (household head) | |
| No education, N (%) | 1,881,098 (13.5) |
| Primary, N (%) | 3,023,973 (21.7) |
| Secondary, N (%) | 6,593,412 (47.4) |
| Technical/Vocational, N (%) | 378,858 (2.7) |
| Higher, N (%) | 1,190,476 (8.6) |

| Household wealth quintile | |
|-------------------------------------------------------|-------------------|
| 1st quintile: lowest, N (%) | 2,822,722 (20) |
| 2nd quintile: low, N (%) | 2,827,279 (20) |
| 3rd quintile: middle, N (%) | 2,815,280 (20) |
| 4th quintile: high, N (%) | 2,833,380 (20) |
| 5th quintile: highest, N (%) | 2,808,677 (20) |
| Household wealth quintile | |
| Rural, N (%) | 10,987,500 (79.0) |
| Urban, N (%) | 2,923,365 (21.0) |
| Head of household with health insurance | |
| Yes, N (%) | 1,014,539 (7.3) |
| No, N (%) | 12,135,870 (87.2) |
| Number of household members with insurance, mean (SD) | 0.3 (0.9) |
| Strata | |
| Equateur, N (%) | 599,077 (4.3) |
| Kasai, N (%) | 1,861,135 (13.4) |
| Katanga, N (%) | 1,109,377 (8.0) |
| Kivu, N (%) | 5,783,404 (41.6) |
| Leopoldville, N (%) | 3,403,243 (24.5) |
| Oriental, N (%) | 1,154,653 (8.3) |

Note: The wealth index is assigned to each household and is calculated on the basis of the number and kinds of consumer goods households own, ranging from a television to a bicycle or car, and housing characteristics such as source of drinking water, toilet facilities, and flooring materials. These scores are derived using principal component analysis, and then dividing the distribution into five equal categories, each comprising 20% of the population.

Table A6: Adolescent characteristics

| | Sex | | |
|-----------------------------------------------------|-------------------|-------------------|-------------------|
| | Boys | Girls | Total |
| Age, mean (SD) | 13.0 (2.3) | 13.2 (2.3) | 13.1 (2.3) |
| Schooling status | | | |
| Out-of-school, n (%) | 1,712,004 (11.8) | 1,650,570 (12.7) | 3,362,574 (12.2) |
| In-school, n (%) | 12,773,253 (88.2) | 11,342,153 (87.3) | 24,115,406 (87.8) |
| Pocket money (weekly)^a, mean (SD) | 2,640 (5,788.6) | 1,923 (4,739.2) | 2,299 (5,326.4) |
| Engagement in work | | | |
| Employee, n (%) | 976,148 (6.7) | 172,660 (1.3) | 1,148,807 (4.2) |
| Self-employed, n (%) | 1,242,524 (8.6) | 1,310,080 (10.1) | 2,552,604 (9.3) |

| | | | |
|----------------|-------------------|-------------------|-------------------|
| No work, n (%) | 11,397,772 (78.7) | 10,680,916 (82.2) | 22,078,688 (80.4) |
| Refused, n (%) | 868,813 (6.0) | 829,067 (6.4) | 1,697,880 (6.2) |

Marital status⁵

| | | | |
|-------------------------|------------------|------------------|------------------|
| Not in a union, n (%) | 4,974,574 (99.2) | 4,276,337 (95.4) | 9,250,911 (97.4) |
| In a union, n (%) | 24,050 (0.4) | 80,841 (1.8) | 104,890 (1.1) |
| Separated, n (%) | 0 (0.0) | 12,956 (0.3) | 12,956 (0.1) |
| Partner deceased, n (%) | 3,230 (0.1) | 88,369 (2.0) | 91,599 (1.0) |
| Refused, n (%) | 12,387 (0.2) | 24,702 (0.6) | 37,089 (0.4) |

Religion

| | | | |
|--------------------------------------|-------------------|-------------------|-------------------|
| No religion, n (%) | 74,0615 (5.1) | 388,441 (3.0) | 1,129,055 (4.1) |
| Christianity, n (%) | 12,629,642 (87.2) | 11,791,408 (90.8) | 24,421,051 (88.9) |
| Islam, n (%) | 516,788 (3.6) | 336,359 (2.6) | 853,147 (3.1) |
| Hinduism, n (%) | 40,235 (0.3) | 42,264 (0.3) | 82,499 (0.3) |
| Indigenous/Prophetic churches, n (%) | 440,551 (3.0) | 366,152 (2.8) | 806,703 (2.9) |
| Refused, n (%) | 117,426 (0.8) | 68,099 (0.5) | 185,525 (0.7) |

Functional disability

| | | | |
|----------------------------------|-------------------|-------------------|-------------------|
| Person with no disability, n (%) | 13,726,510 (94.8) | 12,322,737 (94.8) | 26,049,247 (94.8) |
| Person with disability, n (%) | 758,747 (5.2) | 669,986 (5.2) | 1,428,733 (5.2) |

Household wealth quintile

| | | | |
|-------------------------------|------------------|------------------|------------------|
| 1st quintile: lowest, n (%) | 3,014,060 (20.8) | 2,328,601 (17.9) | 5,342,660 (19.4) |
| 2nd quintile: low, n (%) | 2,843,764 (19.6) | 2,703,008 (20.8) | 5,546,772 (20.2) |
| 3rd quintile: middle, n (%) | 3,281,176 (22.7) | 2,667,052 (20.5) | 5,948,228 (21.6) |
| 4th quintile: high, n (%) | 2,725,920 (18.8) | 2,658,863 (20.5) | 5,384,782 (19.6) |
| 5th quintile : highest, n (%) | 2,620,338 (18.1) | 2,635,199 (20.3) | 5,255,537 (19.1) |

Biological mother alive

| | | | |
|---------------------|-------------------|-------------------|-------------------|
| Yes, n (%) | 12,458,814 (86.0) | 11,173,781 (86.0) | 23,632,596 (86.0) |
| No, n (%) | 803,393 (5.5) | 696,258 (5.4) | 1,499,651 (5.5) |
| Do not know, n (%) | 22,383 (0.2) | 2,894 (0.0) | 25,277 (0.1) |
| Not declared, n (%) | 1,200,667 (8.3) | 1,119,790 (8.6) | 232,0456 (8.4) |

Biological father alive

| | | | |
|---------------------|-------------------|-------------------|-------------------|
| Yes, n (%) | 11,896,566 (82.1) | 10,529,731 (81.0) | 22,426,297 (81.6) |
| No, n (%) | 1,273,159 (8.8) | 1,266,364 (9.7) | 2,539,523 (9.2) |
| Do not know, n (%) | 114,865 (0.8) | 76,838 (0.6) | 191,704 (0.7) |
| Not declared, n (%) | 1,200,667 (8.3) | 1,119,790 (8.6) | 2,320,456 (8.4) |

Residence

| | | | |
|---------------------|-------------------|-------------------|-------------------|
| Rural, n (%) | 11,505,558 (79.4) | 10,443,674 (80.4) | 21,949,233 (79.9) |
| Urban, n (%) | 2,979,699 (20.6) | 2,549,048 (19.6) | 5,528,747 (20.1) |
| Strata | | | |
| Equateur, n (%) | 541,310 (3.7) | 459,969 (3.5) | 1,001,279 (3.6) |
| Kasai, n (%) | 2,293,889 (15.8) | 1,494,839 (11.5) | 3,788,728 (13.8) |
| Katanga, n (%) | 1,233,864 (8.5) | 961,907 (7.4) | 2,195,771 (8.0) |
| Kivu, n (%) | 6,270,318 (43.3) | 6,327,326 (48.7) | 12,597,644 (45.8) |
| Leopoldville, n (%) | 2,897,993 (20.0) | 2,784,943 (21.4) | 5,682,936 (20.7) |
| Oriental, n (%) | 1,247,884 (8.6) | 963,738 (7.4) | 2,211,622 (8.0) |

Note: Two quantitative variables describe the characteristics of adolescents: age and pocket money. Adolescent age has a normal distribution. It ranges from 10 to 17, with a median value of 13 years old. On the other hand, weekly pocket money of adolescents is asymmetrically distributed to the right. It ranges from 0 to 150,000 Congolese Francs (CDF), with a median value of CDF 1,000.

Table A7 summarizes adolescents' knowledge, attitudes, and perceptions regarding tobacco products in the DRC.

Table A7: Knowledge and attitudes about tobacco products among adolescents in DRC

| | n | % [95% CI] |
|------------------------------------------------------------------------------------------------------|-----|----------------------|
| Do you think using tobacco is harmful to your health? | | |
| Definitely not | 85 | 11.2 [11.17 - 11.23] |
| Probably not | 86 | 11.0 [10.97 - 11.03] |
| Probably yes | 165 | 19.9 [19.89 - 19.96] |
| Definitely yes | 269 | 34.5 [34.46 - 34.54] |
| Refused | 2 | 0.2 [0.20 - 0.21] |
| I don't know | 192 | 23.2 [23.14 - 23.21] |
| Do you think it is safe to use tobacco for only a year or two as long as you quit after that? | | |
| Definitely not | 147 | 17.1 [17.05 - 17.12] |
| Probably not | 128 | 15.3 [15.25 - 15.31] |
| Probably yes | 97 | 12.8 [12.76 - 12.81] |
| Definitely yes | 105 | 12.8 [12.79 - 12.85] |
| Refused | 7 | 0.4 [0.44 - 0.45] |
| I don't know | 315 | 41.6 [41.55 - 41.64] |
| Do you think there are safe tobacco products? | | |
| Yes | 93 | 10.3 [10.32 - 10.37] |
| No | 32 | 38.7 [38.66 - 38.75] |
| | 7 | |

| | n | % [95% CI] |
|--------------|-----|----------------------|
| Refused | 6 | 0.7 [0.67 - 0.69] |
| I don't know | 373 | 50.3 [50.23 - 50.31] |

Do you think the smoke from other people's tobacco smoking is harmful to you?

| | | |
|----------------|-----|-----------------------|
| Definitely yes | 246 | 30.4 [30.33 - 30.41] |
| Probably yes | 189 | 26.7 [26.62 - 26.69] |
| Definitely not | 162 | 15.0 [14.93 - 15.00] |
| Probably not | 158 | 20.6 [20.53 - 20.60] |
| Refused | 41 | 7.2 [7.20 - 7.24] 0.2 |
| I don't know | 3 | [0.22 - 0.23] |

Level of knowledge

| | | |
|--------|-----|----------------------|
| None | 143 | 18.0 [17.99 - 18.06] |
| Low | 396 | 50.7 [50.66 - 50.75] |
| Medium | 189 | 22.4 [22.36 - 22.44] |
| High | 71 | 8.9 [8.84 - 8.89] |

Do you think using tobacco makes young people look more or less attractive?

| | | |
|--------------------------------|-----|----------------------|
| More attractive | 252 | 29.7 [29.70 - 29.78] |
| Less attractive | 236 | 27.4 [27.32 - 27.40] |
| No difference from non-smokers | 97 | 13.2 [13.19 - 13.25] |
| Refused | 15 | 1.9 [1.93 - 1.96] |
| I don't know | 199 | 27.7 [27.70 - 27.77] |

Do you think smoking tobacco helps people feel more comfortable or less comfortable at celebrations, parties, or in other social gatherings?

| | | |
|--------------------------------------|-----|----------------------|
| More comfortable | 231 | 25.2 [25.14 - 25.21] |
| Less comfortable | 339 | 39.9 [39.87 - 39.95] |
| No difference whether smoking or not | 167 | 22.4 [22.34 - 22.41] |
| Refused | 59 | 12.3 [12.29 - 12.35] |
| I don't know | 3 | 0.2 [0.22 - 0.23] |

Attitude/Perception

| | | |
|----------|-----|----------------------|
| Negative | 259 | 34.6 [34.59 - 34.67] |
| Positive | 540 | 65.4 [65.33 - 65.41] |

When asked whether tobacco use is harmful, 34.5% answered "definitely yes" and 19.9% "probably yes," although 23.2% expressed uncertainty. Concerning the safety of short-term tobacco use, 41.6% reported not knowing if it is safe to use for a year or two before quitting, while about one-third disagreed with its safety. Regarding the existence of safe tobacco products, 50.3% were unsure, with

only 10.3% affirming their safety. Over half (57.1%) believed that second-hand smoke is harmful. Most adolescents displayed low levels of tobacco-related knowledge (50.7% low, 8.9% high). Views on attractiveness and social comfort were mixed, with 29.7% perceiving tobacco as enhancing attractiveness and 39.9% thinking it makes social gatherings less comfortable. Overall, 65.4% held a positive (tobacco is attractive, comfortable) attitude toward tobacco products.

A3. The Taro Yamane's (1967) formula

The Taro Yamane's (1967) formula was used to determine the number of provinces to be covered during data collection. n_p of provinces to be covered during data collection.

It is defined by:

$$n_p = \frac{N}{1+Ne^2} \quad (1)$$

where N is the total number of current provinces and e is the sampling error.

Key provinces (such as Kinshasa) will be sampled by default. Other units will be randomly selected using the sampling scheme described in this section.

Knowing that $N=26$ provinces and setting a precision of $e = 15\%$ the number of provinces to be selected is $n_p=16$ provinces.

³⁴ At the first level, the DRC is divided into six (06) strata, corresponding to the six (06) former provinces (1947 to 1963). These strata are: Katanga, Kasai, Léopoldville, Équateur, Orientale, and Kivu.

Given the sample size determined above ($n_p=16$ provinces), this number is proportionally distributed according to the number of new provinces in the stratum; this gives the number of provinces to be selected per stratum. For each stratum, the corresponding number of provinces is drawn at random. The Table 1 below gives details of the number of provinces to be drawn per stratum.

³ In December 2005, the Constitution of the Third Republic was adopted by referendum in the DRC. It relaunched the decentralization of the country, which had been initiated in 1982 through an ordinance-law on territorial reform. To implement this decentralization, a pilot phase was introduced in 1988, which led from nine (09) regions to eleven (11) provinces. In 2011, a generalized decentralization law was passed, stipulating an increase from eleven (11) to twenty-six (26) provinces. This law became effective in 2016.

⁴ <https://www.jeuneafrique.com/240375/politique/decoupage-en-rdc-ce-qui-va-reellement-changer-la-vie-des-congolais/#:~:text=exp%C3%A9rimentation%20in%20the-,Kivu,%2C%20which%20was%20scind%C3%A9>

A4. Household questionnaire

APPENDIX 4: HOUSEHOLD QUESTIONNAIRE

The household questionnaire will be administered to the consenting head of household or acting head of household. The household questionnaire collects information on demographics and socio-economic status.

BACKGROUND INFORMATION

| No | QUESTIONS | CODING CATEGORIES |
|------|-----------------------|----------------------|
| I | County | _____ |
| II | Sub County | |
| III | Location | |
| IV | Sub location | |
| V | EA Number | |
| VI | Village Name | |
| VII | Geographical Location | 1. Rural 2. Urban |
| VIII | Household Number | |
| IX | Start Time | |
| X | Date of Interview | |
| XI | Field Workers Name | |

MODULE 1: HOUSEHOLD ROSTER

| I would like to ask you questions about this household and the people who usually live here, starting with the head of the household. | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|--------------------------------------------------------------------|------------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| LINE NO. | NAME | RELATIONSHIP TO HEAD OF HOUSEHOLD | What is (NAME'S) sex? | RESIDENCE | DISABILITY STATUS |
| HH101 | HH102 | HH103 | HH104 | HH105 | HH106 |
| | What is the name of the person ? | What is the relationship of (PERSON) to the head of the household? | Is (PERSON): 1. male 2. female | Is (PERSON) here today; or, if not, did they sleep in the household the night before? (1 = Yes, 2 = No) | Is (PERSON) a: 1 = Person with difficulties 2 = Person with no difficulties |

CODES FOR HH103: RELATIONSHIP TO HEAD OF HOUSEHOLD

01 = HEAD

07 = PARENT-IN-LAW

02 = SPOUSE/PARTNER 08 = BROTHER OR SISTER

03 = SON OR DAUGHTER

09 = OTHER RELATIVE

04 = SON-IN-LAW/ DAUGHTER-IN-LAW 10 = ADOPTED/FOSTER/ STEPCHILD

05 = GRANDCHILD

11 = NOT RELATED

06 = PARENT

-98 = DON'T KNOW

-97=REFUSED

| Age in completed Years | ELIGIBILITY (10-17 years) | IF AGE 10-17 YEARS, SURVIVORSHIP OF BIOLOGICAL PARENTS | | AN EMANCIPATED MINOR | MAIN INCOME | MARITAL STATUS [ASK IF AGE 15 OR OLDER] |
|--------------------------------------------------------|--------------------------------------------|-----------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------|-------------|--------------------------------------------|
| HH107 | HH108 | HH109 | HH110 | HH111 | HH112 | HH113 |
| How old is (PERSON)? IF 95 OR MORE, RECORD '95' | Eligible 10-17 years? (1=Yes, 2=No) | Is (PERSON) biological mother alive? (1=Yes, 2=No) | Is (PERSON) biological father alive? (1=Yes, 2=No) | Is (PERSON) an emancipated minor? (1=Yes, 2=No) | | What is (PERSON)'s current marital status? |

CODES FOR HH112: MAIN INCOME

00 = None

01 = Unestablished own business

02 = Established own business

03 = Informal casual

04 = Informal salaried

05 = Formal salaried

06 = Formal casual

07 = Rural Agriculture

08 = Urban Agriculture

09 = Other (specify)

-97=Refused

-98 = I don't know

CODES FOR HH113: CURRENT MARITAL STATUS

01 = Never married

06 = Widowed

02 = Married

-97 = Refusal to answer

03 = Living together

04 = Divorced

05 = Separated

| EDUCATION | | HEALTH INSURANCE | ADDITIONAL HOUSEHOLD MEMBERS |
|--------------------------------------------------------------------|----------------------------------------------------|----------------------------------------------------------------------------|------------------------------------------------------|
| HH114 | HH115 | HH116 | HH117 |
| What is the highest level of education that (PERSON) has attained? | What is the highest grade completed at that level? | Is (PERSON) covered by a health insurance scheme? 1 = Yes 2 = No | Are there any other people living in this household? |

CODES FOR HH114: EDUCATION

00 = No education

01 = Primary

02 = Secondary

03 = Technical/Vocational

04 = Higher

-98 = Don't know

-97 = Refused

| MODULE 2: HOUSEHOLD CHARACTERISTICS | | | | | |
|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------------|-------------|
| I would like to ask you questions about the characteristics of this household. | | | | | |
| VARNAME | QUESTIONS | CODING CATEGORIES | SKIPS | SOURCE | CORE |
| HH201 | What is the main source of drinking water for members of your household? | <p>PIPED WATER</p> <p>1. Piped Into Dwelling 2. Piped To Yard/Plot 3. Public Tap/Standpipe 4. Tube Well Or Borehole</p> <p>DUG WELL</p> <p>0. Protected Well 0. Unprotected Well</p> <p>WATER FROM SPRING</p> <p>0. Protected Spring 0. Unprotected Spring 0. Rainwater 0. Tanker Truck 0. Cart With Small Tank 0. Surface Water (River/Dam/Lake/Pond/Stream/Canal) 0. Bottled Water 0. Irrigation Channel</p> | | DHS | |

| | | | | | |
|---------------------------------------|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----|--|
| | | 96. Other____(SPECIFY) | | | |
| HH202 | What kind of toilet facility do members of your household usually use? | 1.Flush Or Pour Flush Toilet 2.Traditional Pit Latrine 3.Ventilated Improved Pit Latrine (Vip) 4.Composting Toilet 5.Bucket Toilet 6.Hanging Toilet/Latrine 7.No Facility/Bush/Field 96. Other_____(SPECIFY) | Code 7, 96 → HH205 | DHS | |
| HH203 | Do you share this toilet facility with other households? | 1. Yes 2. No | Code 2→ HH205 | DHS | |
| HH204 | How many households use this toilet facility? | _____ Households | | DHS | |
| PREFACE BEFORE QUESTIONS HH205-HH219: | | | | | |
| Does your household have: | | | | | |
| HH205 | Electricity? | 1. Yes 2. No | | DHS | |
| HH206 | A radio? | 1. Yes 2. No | | DHS | |
| HH207 | A television? | 1. Yes 2. No | | DHS | |
| HH208 | A telephone/mobile telephone? | 1. Yes 2. No | | DHS | |
| HH209 | A refrigerator? | 1. Yes 2. No | | DHS | |
| HH210 | A freezer? | 1. Yes 2. No | | DHS | |
| HH211 | A computer/laptop? | 1. Yes 2. No | | DHS | |
| HH212 | A stove? | 1. Yes 2. No | | DHS | |

| | | | | | |
|-------|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----|--|
| HH213 | A microwave? | 1. Yes 2. No | | DHS | |
| HH214 | Home internet connectivity? | 1. Yes 2. No | | DHS | |
| HH215 | A wardrobe? | 1. Yes 2. No | | DHS | |
| HH216 | A sofa? | 1. Yes 2. No | | DHS | |
| HH217 | A bed? | 1. Yes 2. No | | DHS | |
| HH218 | A table and chairs? | 1. Yes 2. No | | DHS | |
| HH219 | Windows with glass? | 1. Yes 2. No | | DHS | |
| HH220 | What type of fuel does your household mainly use for cooking? | 1. Flush or Pour Flush Toilet 2. Traditional Pit Latrine 3. Ventilated Improved Pit Latrine (Vip) 4. Composting Toilet 5. Bucket Toilet 6. Hanging Toilet/Latrine 7. No Facility/Bush/Field 96. Other_(Specify) | | DHS | |
| HH221 | Is the cooking usually done in the house, in a separate building or outdoors? | 1. Yes 2. No | Code 2, 3 -> H223 | DHS | |
| HH222 | Do you have a separate room which is used as a kitchen? | 1. Yes 2. No | | DHS | |

| | | | | | |
|-------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----|--|
| HH223 | <p>MAIN MATERIAL OF FLOOR</p> <p>OBSERVE AND CHECK THE CORRECT ANSWER.</p> | <p>NATURAL FLOOR</p> <ol style="list-style-type: none"> 1. Earth/Sand 2. Dung 3. Mud/Clay <p>RUDIMENTARY FLOOR</p> <ol style="list-style-type: none"> 0. Wood Planks 0. Palm/Bamboo <p>FINISHED FLOOR</p> <ol style="list-style-type: none"> 0. Parquet Or Polished Wood 0. Vinyl Or Asphalt Strip 0. Ceramic Tiles 0. Cement/Terrazzo 0. Carpet 96. Other____(Specify) | | DHS | |
| HH224 | <p>MAIN MATERIAL OF THE ROOF</p> <p>OBSERVE AND CHECK THE CORRECT ANSWER.</p> | <p>NATURAL ROOFING</p> <ol style="list-style-type: none"> 1. No Roof Thatch/Palm 2. Leaf/Grass Dung/Mud 3. Sod <p>RUDIMENTARY ROOFING</p> <ol style="list-style-type: none"> 0. Rustic Mat 0. Wood Planks 0. Cardboard 0. Tin Cans 0. Palm/Bamboo 0. Sticks With Mud And Dung 0. Plastic/PVC <p>FINISHED ROOFING</p> | | DHS | |

- 0. Corrugated Iron
- 0. Wood
- 0. Calamine/Cement
Fiber
- 0. Asbestos Sheet
- 0. Concrete
- 0. Tiles
(Ceramic/Brick/Etc.)
- 0. Roofing Shingles
- 0. Tin
- 0. Slate
- 96. Other_(Specify)

HH225

MAIN MATERIAL OF
THE EXTERIOR
WALLS

OBSERVE AND
CHECK THE
CORRECT
ANSWER.

NATURAL WALLS

- 1.No Walls
- 2.Cane/Palm/Trunks
- 3.Dirt

DHS

RUDIMENTARY WALLS

- 0. Dung/Mud/Clay
- 0. Sticks With
Mud/Clay/Dun
g
- 0. Bamboo With
Mud/Clay/Dun
g
- 0. Stone With Mud
- 0. Carton
- 0. Reused Wood
- 0. Plywood
- 0. Cardboard
- 0. Uncovered Adobe

FINISHED WALLS

- 0. Cement

| | | | | | |
|---------------------------------------------------------------------------------|---------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----|--|
| | | 0. Stone With Lime/Cement 0. Bricks 0. Cement Blocks 0. Wood Planks/Shingles 96. Other_(Specify) | | | |
| HH226a | How many rooms are in the household? | Number Of Rooms: | | | |
| HH226b | How many rooms are used for sleeping? | Number Of Rooms: | | DHS | |
| PREFACE BEFORE QUESTIONS HH227-HH233: Does any member of your household own: | | | | | |
| HH227 | A bicycle? | 1. Yes 2. No | | DHS | |
| HH228 | A motorcycle or motor scooter? | 1. Yes 2. No | | DHS | |
| HH229 | A Bajaj? | 1. Yes 2. No | | DHS | |
| HH230 | A car or truck? | 1. Yes 2. No | | DHS | |
| HH231 | A boat with a motor? | 1. Yes 2. No | | DHS | |
| HH232 | A watch? | 1. Yes 2. No | | DHS | |
| HH233 | An animal drawn cart? | 1. Yes 2. No | | DHS | |
| PREFACE BEFORE QUESTIONS HH234-HH243: Does any member of your household own: | | | | | |
| | Cows (Cattle)? | 1. Yes 2. No | Code 2 → HH236 | DHS | |

| | | | | | |
|-------|--------------------------------------------------------------------------------|-----------------------------------------------------|----------------|-----|--|
| HH234 | | | | | |
| HH235 | Milk cows? | 1. Yes 2. No | | DHS | |
| HH236 | Bulls? | 1. Yes 2. No | | DHS | |
| HH237 | Goats/Sheep? | 1. Yes 2. No | | DHS | |
| HH238 | Poultry (e.g., ducks, chickens)? | 1. Yes 2. No | | DHS | |
| HH239 | Dogs? | 1. Yes 2. No | | DHS | |
| HH240 | Other animals (camels, horses, donkeys)? | 1. Yes 2. No | | DHS | |
| HH241 | Does any member of your household own any agricultural land? | 1. Yes 2. No | Code 2 → HH243 | DHS | |
| HH242 | How many acres/hectares of agricultural land do members of this household own? | Hectares_ [] Acres [] Don't Know -8 | | DHS | |
| HH243 | Does any member of this household have an active bank account? | 1. Yes 2. No | | DHS | |

A5. Adolescent questionnaire

DATA ON YOUTH AND TOBACCO IN AFRICA (DaYTA) SURVEY

APPENDIX 5: INDIVIDUAL QUESTIONNAIRE

The individual questionnaire will be administered to the selected eligible adolescent. The questionnaire collects information on individual characteristics and the use of tobacco and nicotine products.

| MODULE 1: BACKGROUND INFORMATION | | | | | |
|-----------------------------------------------------|-----------------------------------------|-------------------------------------------------------------------|---------------|-----------------|-----------------------|
| Section 1: Socio-demographic characteristics | | | | | |
| VARNAM E | QUESTIONS | CODING CATEGORIES | SKIPS | SOURCE | CORE/OPTIO NAL |
| GENDER 101 | Is the Respondent Male or Female? | Male = 1 Female = 2 Refused= -97 | | GENERAL | C |
| AGE 102 | How old were you at your last birthday? | Age in Completed Years __ Don't Know Age = 98 Refused = -97 | | ITC SURVEY | C |
| EVESCH 103 | Have you ever attended school? | Yes = 1 No = 2 Refused = -97 | 2 → MONEY 107 | PHIA, VACS, DHS | C |
| SCH104 | Are you currently enrolled in school? | Yes = 1 No = 2 Refused = -97 | 2 → MONEY 107 | ICT-YATV S | C |

| | | | | | |
|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------|---|
| SCHTYP1 05 | What type of school are you currently attending? | Public/ government = 1 Private for profit = 2 Private for non-profit = 3 International schools = 4 Other (Specify) = 96 Refused = -97 | | | |
| CURGRD1 06 | What grade are you in now? | Grade ____ Refused = -97 | | GYTS, ICT-YATV S | C |
| MONEY1 07 | During an average week, how much money do you have that you can spend on yourself, however you want? [ADJUST CATEGORIES FOR SPECIFIC COUNTRY] | _____ Amount of money in the local currency Refused = -97 | | GYTS | C |
| ETHNIC10 8 | What is your ethnic/cultural / others] background? [ADJUST CATEGORIES FOR SPECIFIC COUNTRY] | [ADJUST CATEGORIES FOR SPECIFIC COUNTRY] OTHER = 96 SPECIFY:_____ REFUSED = -97 | | STEPs | C |
| WORK109 | At any time during the past 12 months did you engage in any work as an employee, or self-employed individual? | Employee= 1 Self-employed= 2 No work= 3 | | PHIA | C |

| | | | | | |
|-------------|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------|--|
| | | Refused = -97 | | | |
| RELIG110 | What is your religious affiliation? [ADJUST CATEGORIES FOR SPECIFIC COUNTRY]? 01 = No religion | 01 = No religion 02 = Christianity; 03 = Islam; 04 = Hinduism 96 = Other (Specify) ____ Refused= -97 | | | |
| MARITAL 111 | What is your current marital status? Would you say you are single, married, separated, divorced, or widowed? | 01 = Never married 02 = Married 03 = Living together 04 = Divorced 05 = Separated 06 = Widowed -97 = Refusal to answer 1. Single 2. Married 3. Separated 4. Divorced 5. Widowed Refused = -97 | | GATS | |

MODULE 1: BACKGROUND INFORMATION

Section 2: Functional Difficulties

Now I am going to ask you questions about difficulties you may have doing certain activities. I will ask about difficulties seeing, hearing, walking or climbing stairs, remembering or concentrating, self-care, and communication (expressive and receptive).

| | | | | | |
|--------|---------------------------------------------------------------------------|------------------------------------------------------------------|--|------|---|
| DIS101 | Do you have difficulty seeing, even if wearing glasses? (VISION) | 0. No difficulty 1. Some difficulty 2. A lot of difficulty | | WGSS | C |
|--------|---------------------------------------------------------------------------|------------------------------------------------------------------|--|------|---|

| | | | | | |
|--------|----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|--|------|---|
| | | 3. Cannot do entirely Refused=-97 | | | |
| DIS102 | Do you have difficulty hearing, even if using a hearing aid? (HEARING) | 0. No difficulty 1. Some difficulty 2. A lot of difficulty 3. Cannot do entirely Refused = -97 | | WGSS | C |
| DIS103 | Do you have difficulty walking or climbing steps? (MOBILITY) | 0. No difficulty 1. Some difficulty 2. A lot of difficulty 3. Cannot do entirely Refused = -97 | | WGSS | C |
| DIS104 | Do you have difficulty remembering or concentrating? (COGNITION REMEMBERING) | 0. No difficulty 1. Some difficulty 2. A lot of difficulty 3. Cannot do entirely Refused = -97 | | WGSS | C |

| | | | | | |
|--------|-------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|--|------|---|
| DIS105 | Do you have difficulty with self-care (such as washing all over or dressing)? (SELF-CARE) | 0. No difficulty 1. Some difficulty 2. A lot of difficulty 3. Cannot do entirely Refused = -97 | | WGSS | C |
| DIS106 | Using your usual language, do you have difficulty communicating, for example understanding or being understood? (COMMUNICATION) | 0. No difficulty 1. Some difficulty 2. A lot of difficulty 3. Cannot do entirely Refused = -97 | | WGSS | C |

MODULE 2: MANUFACTURED/FACTORY- MADE CIGARETTES

The next section has questions that ask about smoking manufactured or factory-made cigarettes.

| VARNAM E | QUESTIONS | CODING CATEGORIES | SKIPS | SOURCE | CORE/OPTIO NAL |
|----------|--------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|--------------------|------------------------|----------------|
| T201 | Have you ever smoked manufactured cigarettes, even once or twice?? (USE SHOWCARD)? | Yes = 1 No = 2 Refused = -97 | Code 2, -97 → T209 | ICT-YATV S, GYTS, NYTS | C |
| T202 | How old were you when you first smoked a manufactured cigarette? | Age in years _____ Refused = -97 | | | C |
| T203 | When you first smoked manufactured cigarettes, why did you smoke them? (Select one or more) | A. A friend smoked them A. A family member smoked them | | NYTS/ITC -Survey | C |

| | | | | | |
|--|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| | | <p>A. They costed less than other tobacco products, such as e-cigarettes</p> <p>A. They were easier to get than other tobacco products, such as e-cigarettes</p> <p>A. I had seen people on TV, online, or in movies smoke them</p> <p>A. They are less harmful than other forms of tobacco, such as e-cigarettes</p> <p>A. I could use them to do tricks</p> <p>A. I was curious about them</p> <p>A. Because I felt anxious, stressed, or depressed</p> <p>A. To get a high or buzz</p> <p>A. Packaging looks nice</p> <p>A. Easy to hide</p> <p>A. To get social acceptance</p> <p>X Other reason (specify: _____)</p> | | | |
|--|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|

| | | | | | |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------------|----------|
| | | Refused =-97 | | | |
| T204 | <p>Who were you with when you first smoked manufactured cigarettes?</p> <p>(Multiple responses allowed)</p> | <p>A. Alone</p> <p>A. With one friend</p> <p>A. With more than one friend</p> <p>A. With a family member</p> <p>A. With more than one family member</p> <p>A. With a new acquaintance</p> <p>X.Others (specify)</p> <p>_____</p> <p>Refused= -97</p> | | | |
| T205 | <p>During the past 30 days, on how many days did you smoke manufactured cigarettes?</p> | <p>_____days (0-30)</p> <p>Refused = -97</p> | <p>Code 0, -97 → T209</p> | <p>ICT-YATV S, GYTS, NYTS</p> | <p>C</p> |
| T206 | <p>During the past 30 days, on the days you smoked manufactured cigarettes, about how many manufactured cigarettes did you smoke per day?</p> <p>FW: A pack usually has 20 cigarettes in it</p> <p>(USE SHOWCARD)?</p> | <p>_____</p> <p>manufactured cigarettes per day</p> <p>Refused = -97</p> | | <p>ICT-YATV S,NYTS</p> | <p>C</p> |

| | | | | | |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------|---|
| T207 | <p>The last time you smoked manufactured cigarettes during the past 30 days, how did you get them? (SELECT ONLY ONE RESPONSE)</p> | <ol style="list-style-type: none"> 1. I bought them in a store or shop 2. I bought them from a street vendor 3. I bought them at a kiosk [COUNTRY-SPECIFIC] 4. I bought them from a vending machine [COUNTRY-SPECIFIC] 5. I got them from someone else <p>96. I got them some other way, specify _____</p> <p>Refused =-97</p> | | GYTS | C |
| T208 | <p>The last time you smoked manufactured cigarettes, during the past 30 days, where did you smoke them?</p> | <ol style="list-style-type: none"> 1. At home 2. At a restaurant 3. At a bar or club 4. At school 5. At work 6. At friends' houses 7. In public spaces (e.g. parks, shopping centers, street corners) <p>96. Other. [Please specify]</p> <p>Refused =-97</p> | | | C |
| T209 | <p>During the past 30 days, did anyone refuse to sell you manufactured cigarettes because of your age?</p> | <ol style="list-style-type: none"> 1. I did not try to buy manufactured cigarettes during the past 30 days. 2. Yes, someone refused to sell me manufactured cigarettes because of my age. 3. No one refused to sell me manufactured cigarettes because | | GYTS | C |

| | | | | | |
|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------------------|---|
| | | <p>of my age.No, my age did not keep me from buying manufactured cigarettes.</p> <p>Refused =-97</p> | | | |
| T210 | When was the last time you bought manufactured cigarettes? | <p>1.The last 30 days 2.2-3 months 3.4-6 months ago 4.7-12 months ago 5.More than 12 months ago 6.I have never bought manufactured cigarettes</p> <p>Refused =-97</p> | Code 6, -97 → TN213 | | C |
| T211 | The last time you bought manufactured cigarettes, did you buy them as single stick(s) or pack(s)? | <p>1.Single sticks 2.Pack of 10____ 3.Pack of 20____ 4.Pack of 30____</p> <p>96.Any others (specify)_____</p> <p>Refused = -97</p> | Code -97 → TN213 | | C |
| T212 | The last time you bought manufactured cigarettes, how much money in total did you pay for the pack containing 10 cigarettes or 20 cigarettes, or for a single stick, or any other pack size? | <p>Amount paid _____</p> <p>Refused =-97</p> | | NACAND A 2022- Kenya | C |
| T213 | Do you think you will smoke manufactured cigarettes in the next 12 months? | <p>1. Definitely yes 2. Probably yes 3. Probably not 4. Definitely not</p> <p>Refused = -97</p> | | NYTS | C |

| | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------------|---|
| T214 | If one of your best friends were to offer you a manufactured cigarette, would you smoke it? | 1. Definitely yes 2. Probably yes 3. Probably not 4. Definitely not Refused = -97 | | NYTS | C |
| T215 | If one of your close relatives were to offer you a manufactured cigarette, would you smoke it? | 1. Definitely yes 2. Probably yes 3. Probably not 4. Definitely not Refused = -97 | | | C |
| MODULE 3: HAND-ROLLED/ROLL-YOUR-OWN (RYO) CIGARETTES | | | | | |
| The next section has questions that ask about smoking hand-rolled or roll-your-own cigarettes. Whenever the question refers to hand-rolled cigarettes, remember that it is also referring to roll-your-own cigarettes | | | | | |
| T301 | Have you ever smoked hand-rolled cigarettes, even once or twice? (USE SHOWCARD)? | Yes = 1 No = 2 Refused = -97 | Code 2, -97 → T309 | ICT-YATV S, GYTS, NYTS | C |
| T302 | How old were you when you first smoked a hand-rolled cigarette? | Age in years _____ Refused = -97 | | | C |
| T303 | When you first smoked hand-rolled cigarettes, why did you smoke them? (Select one or more) | A. A friend smoked them A. A family member smoked them A. They costed less than other tobacco products such as manufactured cigarettes | | NYTS/ITC -Survey | C |

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| | | <p>A. They were easier to get than other tobacco products such as manufactured cigarettes</p> <p>A. I had seen people on TV, online, or in movies smoke them</p> <p>A. They are less harmful than other tobacco products such as manufactured cigarettes</p> <p>A. I could use them to do tricks</p> <p>A. I was curious about them</p> <p>A. Because I felt anxious, stressed, or depressed</p> <p>A. To get a high or buzz</p> <p>A. Packaging looked nice</p> <p>A. Easier to hide</p> <p>A. To get social acceptance</p> <p>X. Other reason (specify:_____)</p> <p>Refused = -97</p> | | | |
| T304 | Who were you with when you first | A. Alone | | | C |

| | | | | | |
|------|-------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------|----------|
| | <p>smoked hand rolled cigarettes?</p> <p>(Multiple responses allowed)</p> | <p>A. With one friend</p> <p>A. With more than one friend</p> <p>A. With a family member</p> <p>A. With more than one family member</p> <p>A. With a new acquaintance</p> <p>X.Others (specify)</p> <p>_____</p> <p>Refused = -97</p> | | | |
| T305 | <p>During the past 30 days, on how many days did you smoke hand-rolled cigarettes?</p> | <p>_____ days (0-30)</p> <p>Refused=-97</p> | <p>Code 0,-97 → T309</p> | <p>ICT-YATV S, GYTS, NYTS</p> | <p>C</p> |
| T306 | <p>During the past 30 days, on the days you smoked, about how many hand-rolled cigarettes did you smoke per day?</p> | <p>_____</p> <p>Hand-rolled cigarettes daily</p> <p>Refused=-97</p> | | <p>ICT-YATV S</p> | <p>C</p> |
| T307 | <p>The last time you smoked hand-rolled cigarettes during the past 30 days, how did you get them? (SELECT ONLY ONE RESPONSE)</p> | <p>1. I bought them in a store or shop</p> <p>2. I bought them from a street vendor</p> <p>3. I bought them at a kiosk [COUNTRY-SPECIFIC]</p> <p>4. I bought them from a vending machine [COUNTRY-SPECIFIC]</p> | | <p>GYTS</p> | <p>C</p> |

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| | | <p>5. I got them from someone else</p> <p>96. I got them some other way, specify _____</p> <p>Refused = -97</p> | | | |
| T308 | The last time you smoked hand-rolled cigarettes, during the past 30 days , where did you smoke them? | <p>1. At home</p> <p>2. At a restaurant</p> <p>3. At a bar or club</p> <p>4. At school</p> <p>5. At work</p> <p>6. At friends' houses</p> <p>7. In public spaces (e.g. parks, shopping centers, street corners)</p> <p>96. Other. [Please specify]</p> <p>Refused = -97</p> | | | C |
| T309 | During the past 30 days , did anyone refuse to sell you hand-rolled cigarettes because of your age? | <p>1. I did not try to buy hand-rolled cigarettes during the past 30 days.</p> <p>2. Yes, someone refused to sell me hand-rolled cigarettes because of my age.</p> <p>3. No one refused to sell me hand-rolled cigarettes because of my age</p> <p>4. No, my age did not keep me from buying hand rolled cigarettes.</p> <p>Refused = -97</p> | | GYTS | C |
| T310 | When was the last time you bought hand-rolled cigarettes? | <p>1. The last 30 days</p> <p>2. 2-3 months</p> <p>3. 4-6 months ago</p> <p>4. 7-12 months ago</p> <p>5. More than 12 months ago</p> <p>6. I have never bought</p> | Code 6, -97 → TN313 | | C |

| | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-----------------------|----------------------|---|
| | | hand-rolled cigarettes Refused = -97 | | | |
| T311 | The last time you bought hand-rolled cigarettes, what pack size (or how much) did you buy? | _____ (Pack size/ Amount/ Weight) Refused = -97 | | | C |
| T312 | The last time you bought hand-rolled cigarettes, how much money in total did you pay? | _____ (Amount) Refused = -97 | | NACANDA 2022 - Kenya | C |
| T313 | Do you think you will smoke hand-rolled cigarettes in the next 12 months? | 1. Definitely yes 2. Probably yes 3. Probably not 4. Definitely not Refused = -97 | | NYTS | C |
| T314 | If one of your best friends were to offer you a hand-rolled cigarette, would you smoke it? | 1. Definitely yes 2. Probably yes 3. Probably not 4. Definitely not Refused = -97 | | NYTS | C |
| T315 | If one of your close relatives were to offer you a hand-rolled cigarette, would you smoke it? | 1. Definitely yes 2. Probably yes 3. Probably not 4. Definitely not Refused = -97 | | | C |
| MODULE 4: SHISHA, WATERPIPE OR HOOKAH | | | | | |
| The next section has questions that ask about shisha smoking. Shisha is also known as hookah or waterpipe. Whenever the question refers to shisha, remember it is also referring to hookah or waterpipe. | | | | | |
| T401 | Have you ever smoked shisha, even one or two puffs?? | Yes = 1 No = 2 | Code 2, -97 → T411 | GYTS, NYTS | C |

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| | (USE SHOWCARD)? | Refused = -97 | | | |
| T402 | How old were you when you first smoked shisha? | Age in years _____ Refused = -97 | | GYTS, NYTS | C |
| T403 | When you first smoked a shisha, why did you smoke it? (Select one or more) | <ul style="list-style-type: none"> A. A friend smoked it A. A family member smoked it A. To try to quit using cigarettes A. It costed less than cigarettes A. It was easier to get than cigarettes A. I had seen people on TV, online, or in movies smoke it A. It is less harmful than cigarettes A. Smoking shisha may be less harmful to people around me than smoking cigarettes A. It was available in flavors, such as menthol, mint, candy, fruit, or chocolate | | NYTS/ITC - Survey | C |

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| | | <p>A. I could smoke it unnoticed at home or at school</p> <p>A. I could use it to do tricks</p> <p>A. I was curious about it</p> <p>A. Because I felt anxious, stressed, or depressed</p> <p>A. To get a high or buzz</p> <p>A. Packaging looked nice</p> <p>A. To get social acceptance</p> <p>A. I could smoke it in places where I can't smoke cigarettes</p> <p>A. To cut down the number of cigarettes I smoke</p> <p>96. Other reason (specify: _____)</p> <p>Refused=-97</p> | | | |
| T404 | <p>Who were you with when you first smoked shisha?</p> <p>(Multiple responses allowed)</p> | <p>A. Alone</p> <p>A. With one friend</p> <p>A. With more than one friend</p> | | | C |

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| | | <p>A. With a family member</p> <p>A. With more than one family member</p> <p>A. With a new acquaintance</p> <p>X.Others (specify) _____</p> <p>Refused = -97</p> | | | |
| T405 | During the past 30 days , on how many days did you smoke shisha? | <p>_____ days (0-30)</p> <p>Refused = -97</p> | Code 0, -97 →T411 | GYTS, NYTS | C |
| T406 | During the past 30 days , on the days you smoked shisha, about how many shisha sessions did you participate in on a typical shisha smoking day? (USE SHOWCARD)? | <p>_____</p> <p>shisha sessions on a typical shisha smoking day</p> <p>Refused=-97</p> | | GATS | C |
| T407 | The last time you smoked shisha during the past 30 days , how did you get it? | <p>1. I bought it in a store or shop</p> <p>2. I bought it from a street vendor</p> <p>3. I bought it at a kiosk [COUNTRY-SPECIFIC]</p> <p>4. I bought it from a vending machine [COUNTRY-SPECIFIC]</p> <p>5. I got it from someone else</p> <p>6. I bought it from a restaurant/bar /club</p> <p>96. I got it some other way, specify</p> | | | C |

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|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------|---|
| | | Refused = -97 | | | |
| T408 | Was any of the shisha that you smoked in the past 30 days flavored to taste like menthol, mint, clove or spice, alcoholic drinks, candy, fruit, chocolate, or any other flavor? | Yes = 1 No = 2 Refused = -97 | | NYTS | C |
| T409 | Was any of the shisha that you smoked in the past 30 days mixed with other drugs such as bhang/marijuana? | Yes = 1 No = 2 Refused = -97 | | | C |
| T410 | The last time you smoked shisha during the past 30 days , where did you smoke it? | 1. At home 2. At a restaurant 3. At a bar or club 4. At school 5. At work 6. At friends' houses 7. In public spaces (e.g. parks, shopping centers, street corners) 96. Other. [Please specify] Refused=-97 | | Nigeria survey, GYTS | C |
| T411 | During the past 30 days , did anyone refuse to sell you shisha because of your age? | 1. I did not try to buy shisha during the past 30 days. 2. Yes, someone refused to sell me shisha because of my age. 3. No one refused to sell me shisha because of my age. 4. No, my age did not keep me from buying shisha. Refused = -97 | | GYTS | C |

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| T412 | When was the last time you bought shisha? | 1. Refused = -97 | Code 6, -97→T414 | | C |
| T413 | The last time you bought shisha, how much in total did you buy ? A. Complete hookah setup (a Hookah Pipe, a Hose, A Bowl, Shisha Tobacco, Charcoals, Tongs, Tin Foil or a Heat Management Device, Something to Light Your Charcoal) | _____ /Complete hookah setup Refused = -97 | | | C |
| | B. OR Shisha session | _____/Shisha session Refused = -97 | | | |
| | C. OR Shisha Pot | _____/Shisha Pot Refused = -97 | | | |
| | D. OR Per gram | _____/gram Refused = -97 | | | |
| | E. OR Others (specify)___ | _____/Others (specify) Refused = -97 | | | |

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| T414 | Do you think you will smoke shisha in the next 12 months? | 1. Definitely yes 2. Probably yes 3. Probably not 4. Definitely not Refused = -97 | | NYTS | C |
| T415 | If one of your best friends were to offer you shisha, would you smoke it? | 1. Definitely yes 2. Probably yes 3. Probably not 4. Definitely not Refused = -97 | | NYTS | C |
| T416 | If one of your close relatives were to offer you shisha would you smoke it? | 1. Definitely yes 2. Probably yes 3. Probably not 4. Definitely not Refused = -97 | | | C |

MODULE 5: HEATED TOBACCO PRODUCTS

The next section has questions that ask about heated tobacco products. These devices heat actual tobacco (in sticks or capsules) to create an aerosol that is inhaled. These are NOT THE SAME as e-cigarettes, which use liquids. Heated tobacco products include brands like IQOS ([CA/UK: HEETS; US: Marlboro HeatSticks])

| VARNAM E | QUESTIONS | CODING CATEGORIES | SKIPS | SOURCE | CORE/OPTIO NAL |
|----------|----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-------------------------|----------------|----------------|
| HTP501 | Do you own a heated tobacco device (SHOWCARD)? | Yes = 1 No = 2 Refused = -97 | Code 1, -97 → HTP504 | ICT-YATV S | C |
| HTP502 | Before this survey, had you seen or heard of heated tobacco products? (USE SHOWCARD) | Yes = 1 No = 2 Refused = -97 | Code 2, -97 → HTP504 | ICT-YATV S | C |
| HTP503 | Where did you first see or hear about heated tobacco products? | 1. Traditional media: Television, radio, newspapers 2. The internet (online malls, news and | | Nigeria survey | C |

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| | | <p>3.non-news web pages) Social media (Facebook, twitter, Instagram, WhatsApp groups) Friends Social gatherings (parties, lounges)</p> <p>96.Others specify_____</p> <p>Refused = -97</p> | | | |
| HTP504 | <p>Have you ever smoked heated tobacco products, even one or two puffs? (USE SHOWCARD)</p> | <p>Yes = 1</p> <p>No = 2</p> <p>Refused = -97</p> | <p>Code 2, -97 → HTP514</p> | <p>ICT-YATV S</p> | <p>C</p> |
| HTP505 | <p>How old were you when you first smoked heated tobacco products?</p> | <p>Age in years ____</p> <p>Refused = -97</p> | | <p>ICT-YATV S</p> | <p>C</p> |
| HTP506 | <p>When you first smoked heated tobacco products, why did you smoke them? (Select one or more)</p> | <p>A. A friend smoked them</p> <p>A. A family member smoked them</p> <p>A. To try to quit smoking cigarettes</p> <p>A. They costed less than cigarettes</p> <p>A. They were easier to get than cigarettes</p> <p>A. I had seen people on TV, online, or in movies</p> | | <p>NYTS/ITC -Survey</p> | <p>C</p> |

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| | | <p>smoking them</p> <p>A. They are less harmful than cigarettes</p> <p>A. Smoking heated tobacco may be less harmful to people around me than smoking cigarettes</p> <p>A. They were available in flavors, such as menthol, mint, candy, fruit, or chocolate</p> <p>A. I could smoke them unnoticed at home or at school</p> <p>A. I could use them to do tricks</p> <p>A. I was curious about them</p> <p>A. Because I felt anxious, stressed, or depressed</p> <p>A. To get a high or buzz</p> <p>A. Packaging looks nice</p> <p>A. To get social acceptance</p> <p>A. I could smoke them in places where I can't</p> | | | |
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| | | <p>smoke cigarettes</p> <p>A. To cut down the number of cigarettes I smoke</p> <p>X. Other reasons (specify: _____)</p> <p>Refused=-97</p> | | | |
| HTP507 | <p>Who were you with when you first smoked a heated tobacco product?</p> <p>(Multiple responses allowed)</p> | <p>A. Alone</p> <p>A. With one friend</p> <p>A. With more than one friend</p> <p>A. With a family member</p> <p>A. With more than one family member</p> <p>A. With a new acquaintance</p> <p>X.Others (specify) _____</p> <p>Refused = - 97</p> | | | C |
| HTP508 | <p>What specific variety of heated tobacco product do you smoke most often?</p> <p>[ADJUST CATEGORIES FOR SPECIFIC COUNTRY]</p> | <ol style="list-style-type: none"> 1. Marlboro Original (silver) 2. Marlboro Fresh Menthol 3. Marlboro Smooth Menthol 4. Amber 5. Yellow 6. Sienna 7. Mauve 8. Russet 9. Teak 10. Green (menthol) 11. Turquoise (menthol) | | ICT-YATV S | C |

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|--------|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------|---|
| | | <p>12. Blue (menthol)</p> <p>13. Other (Please specify:)_____</p> <p>14. I don't use a specific variety more often than others</p> <p>I don't know the type = -98</p> <p>Refused = -97</p> <p>[ADJUST CATEGORIES FOR SPECIFIC COUNTRY]</p> | | | |
| HTP509 | During the past 30 days , on how many days did you smoke heated tobacco products? | <p>_____ days (0-30)</p> <p>Refused = -97</p> | Code 0, -97 → HTP514 | ICT-YATV S | C |
| HTP510 | During the past 30 days , on the days you smoked a heated tobacco product, about how many times did you smoke it each day? | <p>1. 1 time per day</p> <p>2. 2 to 5 times per day</p> <p>3. 6 to 10 times per day</p> <p>4. 11 to 20 times per day</p> <p>5. More than 20 times per day</p> <p>6. Don't know</p> <p>Refused = -97</p> | | ITC | C |
| HTP511 | What brand of heated tobacco product did you smoke most often in the past 30 days ? | <p>1. IQOS</p> <p>2. glo</p> <p>3. Ploom</p> <p>4. iFuse</p> <p>5. lil</p> <p>6. Other (Please specify:)_____</p> <p>7. I don't have a usual brand</p> | | ICT-YATV S | C |

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| | | I don't know the brand=98 Refused=-97 | | | |
| HTP512 | What flavors were the heated tobacco products that you have smoked in the past 30 days? (Select one or more) | A. Menthol A. Mint A. Clove or spice A. Fruit A. Chocolate A. Alcoholic drinks (such as wine, margarita, or other cocktails) A. Candy, desserts, or other sweets 96. Some other flavor not listed here (Specify: _____) Refused = -97 | | NYTS | C |
| HTP513 | The last time you smoked heated tobacco products during the past 30 days, where did you smoke them? | 1. At home 2. At a restaurant 3. At a bar or club 4. School 5. At work 6. At friends' houses 7. In public spaces (e.g. parks, shopping centers, street corners) 96. Other. [Please specify] | | GYTS | C |
| HTP514 | During the past 30 days , did anyone refuse to sell you heated tobacco | 1. I did not try to buy heated tobacco products during the past 30 days. | | GYTS | C |

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|--------|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------|---|
| | products because of your age? | <p>2. Yes, someone refused to sell me heated tobacco products because of my age.</p> <p>3. No one refused to sell me heated tobacco products because of my age</p> <p>4. No, my age did not keep me from buying heated tobacco products.</p> <p>Refused = -97</p> | | | |
| HTP515 | When you smoked heated tobacco products during the past 30 days , how did you get your heated tobacco products? (Select one or more) | <p>A. I bought them myself</p> <p>A. I had someone else buy them for me</p> <p>A. I asked someone to give me some</p> <p>A. Someone offered them to me</p> <p>A. I got them from a friend</p> <p>A. I got them from a family member</p> <p>A. I got them from a store or another person</p> <p>X. I got them in some other way (specify: _____)</p> <p>Refused = -97</p> | | NYTS | C |
| HTP516 | If you bought these products, how much | _____/full package | | | C |

| | did you spend for a full package? | Refused = -97 | | | |
|--------|-----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------|---|
| HTP517 | During the past 30 days , where did you buy heated tobacco products and devices? (Select one or more) | <p>A. I did not buy heated tobacco products during the past 30 days [EXCLUSIVE RESPONSE]</p> <p>A. I bought them from another person (a friend, family member, or someone else)</p> <p>A. A gas station or convenience store</p> <p>A. A grocery store</p> <p>A. A drugstore</p> <p>A. A mall or shopping center kiosk/stand</p> <p>A. A vending machine</p> <p>A. On the Internet (such as a product website or store website like eBay or Facebook Marketplace)</p> <p>A. Through the mail</p> <p>A. Through a delivery service (such</p> | | NYTS | C |

| | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------|---|
| | | <p>as DoorDash or Postmates)</p> <p>A. A vape shop or tobacco shop</p> <p>X. Some other place not listed here (specify): _____</p> <p>Refused = -97</p> | | | |
| HTP518 | Do you think you will smoke heated tobacco products in the next 12 months? | <p>1. Definitely yes</p> <p>2. Probably yes</p> <p>3. Probably not</p> <p>4. Definitely not</p> <p>Refused = -97</p> | | NYTS | C |
| HTP519 | If one of your best friends were to offer you a heated tobacco product, would you smoke it? | <p>1. Definitely yes</p> <p>2. Probably yes</p> <p>3. Probably not</p> <p>4. Definitely not</p> <p>Refused = -97</p> | | ICT-YATV S | C |
| HTP520 | If one of your close relatives were to offer you a heated tobacco product, would you smoke it? | <p>1. Definitely yes</p> <p>2. Probably yes</p> <p>3. Probably not</p> <p>4. Definitely not</p> <p>Refused = -97</p> | | ICT-YATV S | C |
| MODULE 6: OTHER SMOKED TOBACCO PRODUCTS | | | | | |
| <p>The next section has questions that ask about smoking other tobacco products such as cigars, cheroots, cigarillos. These exclude manufactured, hand-rolled cigarettes, shisha or heated tobacco products which have already been explored.</p> | | | | | |
| T601 | <p>Have you ever smoked other tobacco products such as cigars/cheroots/cigarillos, even once or twice?</p> <p>(USE SHOWCARD)</p> | <p>Yes = 1</p> <p>No = 2</p> <p>Refused = -97</p> | Code 2 →T609 | ICT-YATV S, GYTS, NYTS | C |

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|------|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------|---|
| T602 | How old were you when you first smoked other tobacco products such as cigars/cheroots/cigarillos? | Age in years _____ Refused=97 | | | C |
| T603 | When you first smoked other tobacco products such as cigars/cheroots/cigarillos, why did you smoke them ? (Select one or more) | <ul style="list-style-type: none"> A. A friend smoked them A. A family member smoked them A. To try to quit smoking cigarettes A. They costed less than cigarettes A. They were easier to get than cigarettes A. I had seen people on TV, online, or in movies smoking them A. They are less harmful than cigarettes A. Smoking other tobacco products such as cigars, cheroots or cigarillos may be less harmful to people around me than smoking cigarettes A. They were available in flavors, such as menthol, | | NYTS/ITC-Survey | C |

| | | | | | |
|------|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|---|
| | | <p>mint, candy, fruit, or chocolate</p> <p>A. I could smoke them unnoticed at home or at school</p> <p>A. I could use them to do tricks</p> <p>A. I was curious about them</p> <p>A. Because I felt anxious, stressed, or depressed</p> <p>A. To get a high or buzz</p> <p>A. Packaging looks nice</p> <p>A. To get social acceptance</p> <p>A. I could smoke them in places where I can't smoke cigarettes</p> <p>A. To cut down the number of cigarettes I smoke</p> <p>X. Other reasons (specify:_____)</p> <p>Refused = -97</p> | | | |
| T604 | Who were you with when you first smoked other tobacco products (such as | <p>A. Alone</p> <p>A. With one friend</p> | | | C |

| | | | | | |
|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------|---|
| | cigars/cheroots/cigari llos)? (Multiple responses allowed) | A. With more than one friend A. With a family member A. With more than one family member A. With a new acquaintance X.Others (specify) _____ Refused=-97 | | | |
| T605 | During the past 30 days , on how many days did you smoke other tobacco products such as cigars/cheroots/cigari llos? | _____days (0-30) Refused = -97 | Code 0 →T609 | ICT-YATV S, GYTS, NYTS | C |
| T606 | During the past 30 days , on the days you smoked other tobacco products such as cigars/cheroots/cigarillos, about how many did you smoke per day ? (USE SHOWCARD)? | _____ cigars/ day _____ cheroots/day _____ cigarillos/day _____ other tobacco products (specify)/day Refused = -97 | | ICT-YATV S | C |

| | | | | | |
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| T607 | <p>The last time you smoked other tobacco products such as cigars/cheroots/cigarillos during the past 30 days, how did you get them?</p> <p>(SELECT ONLY ONE RESPONSE)</p> | <p>1. I bought them in a store or shop I bought them from a street vendor I bought them at a kiosk [COUNTRY-SPECIFIC]</p> <p>2. I bought them from a vending machine [COUNTRY-SPECIFIC]</p> <p>3. I got them from someone else</p> <p>Other way specify _____</p> <p>Refused = -97</p> | | GYTS | C |
| T608 | <p>The last time you smoked other tobacco products, during the past 30 days where did you smoke them?</p> | <p>1. At home</p> <p>2. At a restaurant</p> <p>3. At a bar or club</p> <p>4. At school</p> <p>5. At work</p> <p>6. At friends' houses</p> <p>7. In public spaces (e.g. parks, shopping centers, street corners)</p> <p>96. Other. [Please specify]</p> <p>Refused = -97</p> | | | C |
| T609 | <p>During the past 30 days, did anyone refuse to sell you other smoked tobacco products such as cigars/cheroots/cigarillos because of your age?</p> | <p>1. I did not try to buy other smoked tobacco products during the past 30 days.</p> <p>2. Yes, someone refused to sell me other smoked tobacco products because of my age.</p> <p>3. No one refused to sell me other smoked tobacco products because of my age.</p> <p>4. No, my age did not keep me</p> | | GYTS | C |

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| | | <p>from buying other smoked tobacco products.</p> <p>Refused = -97</p> | | | |
| T610 | <p>When was the last time you bought other smoked tobacco products such as cigars/cheroots/cigari llos?</p> | <p>1. The last 30 days 2. 2-3 months 3. 4-6 months ago 4. 7-12 months ago 5. More than 12 months ago 6. I have never bought other tobacco products such as cigars</p> <p>Refused = -97</p> | Code 6 → TN613 | | C |
| T611 | <p>The last time you bought other smoked tobacco products such as cigars/cheroots/cigarillos, did you buy them as a rod or pack(s)?</p> | <p>1. Rods 2. Packs</p> <p>Refused = -97</p> | | | C |
| T612 | <p>The last time you bought other smoked tobacco products such as cigars/cheroots/cigarillos, how much did you spend for a pack?</p> | <p>_____/cigar rod/pack</p> <p>_____/cheroots rod/pack</p> <p>_____/cigarillos rod/pack</p> <p>_____/other smoked tobacco product (specify) rod/pack</p> <p>Refused = -97</p> | | | C |
| T613 | <p>Do you think you will smoke other tobacco products such as</p> | <p>1. Definitely yes 2. Probably yes 3. Probably not</p> | | NYTS | C |

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| | cigars/cheroots/cigarettes in the next 12 months? | 4. Definitely not Refused = -97 | | | |
| T614 | If one of your best friends were to offer you other smoked tobacco products such as cigars/cheroots/cigarettes, would you smoke them? | 1. Definitely yes 2. Probably yes 3. Probably not 4. Definitely not Refused = -97 | | NYTS | C |
| T615 | If one of your close relatives were to offer you other smoked tobacco products such as cigars/cheroots/cigarettes would you smoke them? | 1. Definitely yes 2. Probably yes 3. Probably not 4. Definitely not Refused = -97 | | | C |

MODULE 7: SMOKELESS TOBACCO

The next section has questions that ask about smokeless tobacco use. This includes (FILL AS APPROPRIATE): i) chewing tobacco such as tobacco leaf, tobacco leaf and limeapplying tobacco such ii) as, tobacco toothpaste-dentobac etc.; tobacco tooth powder-lal, etc.; snuff).

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| ST701 | Have you ever used smokeless tobacco products such as chewing tobacco, snuff, or dip, even just a small amount once or twice? (USE SHOWCARD)? | Yes = 1 No = 2 Refused = 97 | Code 2→ ST710 | GYTS, NYTS | C |
| ST702 | How old were you when you first used smokeless tobacco such as chewing tobacco, snuff, or dip? | Age in years _____ Refused = -97 | | GYTS, NYTS | C |
| ST703 | When you first used smokeless tobacco products such as chewing tobacco, snuff, or dip, why did you use them? | A. A friend uses them A. A family member uses them | | NYTS/ITC -Survey | C |

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| | <p>(Select one or more)</p> | <p>A. They costed less than cigarettes</p> <p>A. They were easier to get than cigarettes</p> <p>A. I had seen people on TV, online, or in movies use them</p> <p>A. They are less harmful than other forms of tobacco, cigarettes</p> <p>A. I could use them to do tricks</p> <p>A. I was curious about them</p> <p>A. Because I felt anxious, stressed, or depressed</p> <p>A. To get a high or buzz</p> <p>A. Packaging looked nice</p> <p>A. Easy to hide</p> <p>A. To get social acceptance</p> <p>X. Other reason (specify:_____)</p> <p>Refused = -97</p> | | | |
| ST704 | Who were you with when you first used a smokeless tobacco product? | <p>A. Alone</p> <p>A. With one friend</p> | | | |

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| | (Multiple responses allowed) | <p>A. With more than one friend</p> <p>A. With a family member</p> <p>A. With more than one family member</p> <p>A. With a new acquaintance</p> <p>X.Others (specify) _____</p> <p>Refused=-97</p> | | | |
| ST705 | During the past 30 days , on how many days did you use smokeless tobacco such as chewing tobacco, snuff, or dip? | _____ days (0-30) Refused = -97 | Code 0, -97 - >ST710 | GYTS, NYTS | C |
| ST706 | During the past 30 days , on the days you used smokeless tobacco such as chewing tobacco, snuff, or dip, about how many times did you use it per day? | _____ times/ day Refused=-97 | | | C |
| ST707 | The last time you used smokeless tobacco such as chewing tobacco, snuff, or dip during the past 30 days , how did you get them? (SELECT ONLY ONE RESPONSE) | <p>1. I did not use smokeless tobacco such as chewing tobacco, snuff, or dip products during the past 30 days</p> <p>2. I bought them in a store or shop</p> <p>3. I bought them from a street vendor</p> <p>4. I bought them at a kiosk [COUNTRY-SPECIFIC]</p> <p>5. I bought them from a vending</p> | | GYTS | C |

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| | | <p>machine [COUNTRY-SPECIFIC] I got them from someone else</p> <p>96. I got them some other way. Specify _____</p> <p>Refused = -97</p> | | | |
| | <p>Was any of the smokeless tobacco products such as chewing tobacco, snuff, or dip that you used in the past 30 days flavored to taste like menthol, mint, clove or spice, alcoholic drinks, candy, fruit, chocolate, or any other flavor?</p> | <p>Yes = 1</p> <p>No = 2</p> <p>Refused = -97</p> | | NYTS | C |
| | <p>The last time you used smokeless tobacco products, during the past 30 days, where did you use them?</p> | <p>1. At home 2. At a restaurant 3. At a bar or club 4. At school 5. At work 6. At friends' houses In public spaces (e.g. parks, shopping centers, street corners)</p> <p>96. Other. [Please specify]</p> <p>Refused = -97</p> | | | C |
| | <p>During the past 30 days, did anyone refuse to sell you smokeless tobacco products such as chewing tobacco, snuff, or dip because of your age?</p> | <p>1. I did not try to buy smokeless tobacco products during the past 30 days.</p> <p>2. Yes, someone refused to sell me smokeless tobacco products because of my age.</p> <p>3. No one refused to sell me</p> | | GYTS | C |

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| | | <p>smokeless tobacco products because of my age.</p> <p>5.No, my age did not keep me from buying smokeless tobacco products.</p> | | | |
| ST711 | <p>When was the last time you bought smokeless tobacco products such as chewing tobacco, snuff, or dip?</p> | <p>1.The last 30 days 2.2-3 months 3.4-6 months ago 4.7-12 months ago 5.More than 12 months ago 6.I have never bought other tobacco products such as cigars</p> <p>Refused = -97</p> | Code 6 - >STN714 | | C |
| ST712 | <p>The last time you bought smokeless tobacco products, what pack size (or how much) did you buy?</p> | <p>_____ (Pack size/Quantity Amount)</p> <p>Refused = -97</p> | | | C |
| ST713 | <p>The last time you bought smokeless tobacco products, how much money in total did you pay?</p> | <p>_____ (Amount)</p> <p>Refused = -97</p> | | NACANDA 2022 - Kenya | C |
| ST714 | <p>Do you think you will use smokeless tobacco in the next 12 months?</p> | | | NYTS | C |
| ST715 | <p>If one of your best friends were to offer you smokeless tobacco, would you use it?</p> | | | NYTS | C |

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| | | Refused = -97 | | | |
| ST716 | If one of your close relatives were to offer you smokeless tobacco, would you use it? | Refused = -97 | | | C |
| MODULE 8: ELECTRONIC CIGARETTES MODULE | | | | | |
| <p>The next section has questions that ask about electronic cigarettes, or e-cigarettes. Electronic cigarettes are electronic devices that usually contain a nicotine-based liquid that is vaporized and inhaled. You may also know them as vapes, vape-pens, hookah-pens, electronic hookahs (e-hookahs), electronic cigars (e-cigars), electronic pipes (e-pipes), or e-vaporizers. Some look like cigarettes and others look like pens or small pipes. These are battery-powered devices that produce vapor instead of smoke.</p> | | | | | |
| ET801 | Before today, had you ever seen or heard of electronic cigarettes or e-cigarettes such as JUUL, SMOK, Suorin, Vuse, blu, Puff Bar, or STIG? (USE SHOWCARD) | Yes = 1 No = 2 Refused = -97 | Code 2, -97 ->ET803 | GYTS | C |
| ET802 | Where did you first see or hear about electronic cigarettes such as JUUL, SMOK, Suorin, Vuse, blu, Puff Bar, or STIG? | 1. Traditional media: Television, radio, newspapers? The internet (online malls, news and non-news web pages)? 2. Social media (Facebook, twitter, Instagram, WhatsApp groups)? Friends? Social gatherings (parties, lounges) 96. Other specify ____ Refused = -97 | | Nigeria survey | C |

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| ET803 | <p>Have you ever smoked an electronic cigarette, or e-cigarette such as JUUL, SMOK, Suorin, Vuse, blu, Puff Bar, or STIG, even once or twice? (USE SHOWCARD)</p> <p>FW note: Ask for all the responses in ET801</p> | <p>Yes = 1 No = 2 Refused = -97</p> | Code 2, -97->ET8123 | ICT-YATV S, GYTS, NYTS | C |
| ET804 | <p>How old were you when you first smoked an electronic cigarette?</p> | <p>Age in years _____ Refused = -97</p> | | | C |
| ET805 | <p>When you first smoked electronic cigarettes, why did you smoke them? (Select one or more)</p> | <p>A. A friend smoked them A. A family member smoked them A. To try to quit smoking cigarettes A. They costed less than cigarettes A. They were easier to get than cigarettes A. I had seen people on TV, online, or in movies smoking them</p> | | NYTS/ITC -Survey | C |

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| | | <p>A. They are less harmful than cigarettes</p> <p>A. Smoking electronic cigarettes may be less harmful to people around me than smoking cigarettes</p> <p>A. They were available in flavors, such as menthol, mint, candy, fruit, or chocolate</p> <p>A. I could smoke them unnoticed at home or at school</p> <p>A. I could use them to do tricks</p> <p>A. I was curious about them</p> <p>A. Because I felt anxious, stressed, or depressed</p> <p>A. To get a high or buzz</p> <p>A. Packaging looks nice</p> <p>A. To get social acceptance</p> <p>A. I could smoke them in places where I can't smoke cigarettes</p> | | | |
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| | | <p>A. To cut down the number of cigarettes I smoke</p> <p>X. Other reasons (specify:_____)</p> <p>Refused=-97</p> | | | |
| ET806 | <p>Who were you with when you first smoked an electronic cigarette?</p> <p>(Multiple responses allowed)</p> | <p>A. Alone</p> <p>A. With one friend</p> <p>A. With more than one friend</p> <p>A. With a family member</p> <p>A. With more than one family member</p> <p>A. With a new acquaintance</p> <p>X.Others (specify)</p> <p>_____</p> <p>Refused = -97</p> | | | C |
| ET807 | <p>During the past 30 days, on how many days did you smoke an electronic cigarette?</p> | <p>_____ days (0-30)</p> <p>Refused = -97</p> | <p>Code 0,-97 → ET813</p> | <p>GYTS/ NYTS</p> | C |
| ET808 | <p>During the past 30 days, on the days you smoked an electronic cigarette, about how many times did you use it each day?</p> | <p>1. 1 time per day</p> <p>2. 2 to 5 times per day</p> <p>3. 6 to 10 times per day</p> <p>4. 11 to 20 times per day</p> <p>5. More than 20 times per day</p> | | <p>ITC</p> | C |

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| | | 6. Don't know Refused = -97 | | | |
| ET809 | Which of the following best describes the type of electronic cigarette you have smoked in the past 30 days ? If you have used more than one type, please think about the one you use most often. | 1. A disposable electronic cigarette (for example, Puff Bar or STIG) 2. An electronic cigarette that uses pre-filled or refillable pods or cartridges (for example, JUUL, SMOK, or Suorin) 3. An electronic cigarette with a tank that you refill with liquids (including mod systems that can be customized by the user) 4. I don't know the type | | NYTS | C |
| ET810 | Were any of the electronic cigarettes that you smoked in the past 30 days flavored to taste like menthol, mint, clove or spice, alcoholic drinks, candy, fruit, chocolate, or any other flavor? | Yes = 1 No = 2 Refused = -97 | Code 2, -97 → ET812 | NYTS | C |
| ET811 | What flavors were the electronic cigarettes that you have smoked in the past 30 days ? (Select one or more) | A. Menthol A. Mint A. Clove or spice A. Fruit A. Chocolate A. Alcoholic drinks (such as wine, margarita, or | | NYTS | C |

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| | | <p>other cocktails)</p> <p>A. Candy, desserts, or other sweets</p> <p>X. Some other flavor not listed here (Specify:_____)</p> <p>Refused = -97</p> | | | |
| ET812 | The last time you smoked an electronic cigarette during the past 30 days, where did you smoke it? | <ol style="list-style-type: none"> 1. At home 2. At a restaurant 3. At a bar or club 4. School 5. At work 6. At friends' houses 7. In public spaces (e.g. parks, shopping centers, street corners) <p>Other. [Please specify]</p> <p>Refused = -97</p> | | Nigeria survey, GYTS | C |
| ET813 | During the past 30 days, did anyone refuse to sell you an electronic cigarette device, pods, cartridges, or e-liquid refills because of your age? | <ol style="list-style-type: none"> 1. I did not try to buy an electronic cigarette device, pods, cartridges, or e-liquid refills during the past 30 days. 2. Yes, someone refused to sell me an electronic cigarette device, pods, cartridges, or e-liquid refills because of my age. 3. No one refused 4. My age did not keep me from buying an electronic cigarette device, pods, cartridges, or e-liquid refills. | | GYTS | C |

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| | | Refused = -97 | | | |
| ET814 | <p>During the past 30 days, how did you get electronic cigarette devices, pods, cartridges, or e-liquid refills?</p> <p>(Select one or more)</p> | <p>A. I bought them myself</p> <p>A. I had someone else buy them for me</p> <p>A. I asked someone to give me some</p> <p>A. Someone offered them to me</p> <p>A. I got them from a friend</p> <p>A. I got them from a family member</p> <p>A. I got them from a store or another person</p> <p>X. I got them in some other way (specify: _____)</p> <p>Refused = -97</p> | | NYTS | C |
| ET815 | <p>If you bought these products, how much did you spend for a full package?</p> | <p>_____/full package (in local currency)</p> <p>Refused = -97</p> | | | C |
| ET816 | <p>During the past 30 days, where did you buy your electronic cigarette devices, pods, cartridges, or e-liquid refills?</p> <p>(Select one or more)</p> | <p>A. I did not buy e-cigarettes during the past 30 days [EXCLUSIVE RESPONSE]</p> <p>A. I bought them from another person (a friend, family</p> | | NYTS | C |

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| | | <p>member, or someone else)</p> <p>A. A gas station or convenience store</p> <p>A. A grocery store</p> <p>A. A drugstore</p> <p>A. A mall or shopping center kiosk/stand</p> <p>A. A vending machine</p> <p>A. On the Internet (such as a product website or store website like eBay or Facebook Marketplace)</p> <p>A. Through the mail</p> <p>A. Through a delivery service (such as DoorDash or Postmates)</p> <p>A. A vape shop or tobacco shop</p> <p>X. Some other place not listed here (specify): _____</p> <p>Refused = -97</p> | | | |
| ET817 | Do you think you will smoke electronic cigarettes in the next 12 months? | <p>1. Definitely yes</p> <p>2. Probably yes</p> <p>3. Probably not</p> | | NYTS | C |

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| | | 4. Definitely not Refused = -97 | | | |
| ET818 | If one of your best friends were to offer you an electronic cigarette, would you smoke it? | 1. Definitely yes 2. Probably yes 3. Probably not 4. Definitely not Refused = -97 | | NYTS | C |
| ET819 | If one of your close relatives were to offer you an electronic cigarette, would you smoke it? | 1. Definitely yes 2. Probably yes 3. Probably not 4. Definitely not Refused = -97 | | | C |
| MODULE 9: Knowledge, Attitudes, Perceptions, Intentions | | | | | |
| KAPI901 | Are your parents/legal guardians aware that you use a tobacco product? | 1. Yes 2. No 3. Don't know Refused = -97 | Not applicable for those who responded no to all of the following: T201; T301; T401; HTP504; T601; ST701; ET803 | | C |
| KAPI902 | Do any of your family members, relatives, /tutor/teacher, or neighbor use tobacco products? (More than one response allowed) | A. None A. Father A. Mother A. Tutor A. Teacher A. Sister A. Brother | | GYTS | C |

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| | | <p>A. Another family member</p> <p>A. Neighbor</p> <p>A. Don't know</p> <p>X. Others specify _____</p> <p>Refused = -97</p> | | |
| KAPI903 | Do any of your closest friends use tobacco? | <p>1. None of them</p> <p>2. Some of them</p> <p>3. Most of them</p> <p>4. All of them</p> <p>Don't know = -98</p> <p>Refused = -97</p> | | GYTS C |
| KAPI904 | How many young people aged between 10 and 17 in your immediate circle consume tobacco products? | <p>_____ young people</p> <p>Refused = -97</p> <p>Don't know = -98</p> | | C |
| KAPI905 | Do you think using tobacco makes young people look more or less attractive? | <p>1. More attractive</p> <p>2. Less attractive</p> <p>3. No difference from non-smokers</p> <p>Refused = -97</p> <p>Don't know = -98</p> | | GYTS C |
| KAPI906 | Do you think using tobacco is harmful to your health? | <p>1. Definitely not</p> <p>2. Probably not</p> <p>3. Probably yes</p> <p>4. Definitely yes</p> <p>I don't know = -98</p> <p>Refused = -97</p> | | GYTS C |
| KAPI907 | Do you think it is safe to use tobacco for only a year or two as | <p>1. Definitely not</p> <p>2. Probably not</p> <p>3. Probably yes</p> <p>4. Definitely yes</p> | | GYTS C |

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| | long as you quit after that? | I don't know = -98 Refused = -97 | | | |
| KAPI908 | Do you think there are safe tobacco products? | 1. Yes 2. No I don't know = -98 Refused = -97 | Code 2, -98 or -97 → KAPI910 | | C |
| KAPI909 | What tobacco products are safe (mention all the products)? | | | | C |
| KAPI910 | During the past 12 months, did you read in your school texts or books about the health effects of tobacco? | 1. Yes 2. No 3. I do not have school texts or books Refused = -97 | | GYTS | C |
| KAPI911 | Do you think the smoke from other people's tobacco smoking is harmful to you? | 1. Definitely not 2. Probably not 3. Probably yes 4. Definitely yes I don't know = -98 Refused = -97 | | GYTS | C |
| KAPI912 | Do you think smoking tobacco helps people feel more comfortable or less comfortable at celebrations, parties, or in other social gatherings? | 1. More comfortable 2. Less comfortable 3. No difference whether smoking or not Refused = -97 | | GYTS | C |
| KAPI913 | On average, how much do you think a pack of 20 manufactured cigarettes costs? | _____ Cost (in local currency) I don't know = -98 | | GYTS | C |

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| | | Refused = -97 | | | |
| KAPI914 | During the past 30 days, did you see or hear any anti-tobacco media messages on television, radio, internet, billboards, posters, newspapers, magazines, movies? | 1. Yes 2. No Refused = -97 | | GYTS | C |
| KAPI915 | During the past 30 days, did you see or hear any anti-tobacco media messages on social media platforms such as Instagram, Facebook, WhatsApp, TikTok, Twitter, LinkedIn, Pinterest, YouTube, and Snapchat? | 1. Yes 2. No Refused = -97 | | GYTS | C |
| KAPI916 | During the past 30 days, did you see any people using tobacco on TV? | 1. Yes 2. No Refused = -97 | | GYTS | C |
| KAPI917 | During the past 30 days, did you see any people using tobacco in social media platforms such as Instagram, Facebook, WhatsApp, TikTok, Twitter, LinkedIn, Pinterest, YouTube, and Snapchat? | 0. Yes 0. No Refused = -97 | | GYTS | C |
| KAPI918 | During the past 30 days, did you see any advertisements or promotions for tobacco products at points of sale (such as FILL APPROPRIATE COUNTRY EXAMPLES: stores, shops, kiosks, etc.)? | 1. I did not visit any points of sale in the past 30 days 2. Yes 3. No Refused = -97 | | GYTS | C |

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| | | | | | |
| KAPI919 | 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? | 1. Yes 2. Maybe 3. No Refused = -97 | | GYTS | C |
| KAPI920 | Has a person working for a tobacco company ever offered you a free tobacco product? | 1. Yes 2. No Refused = -97 | | GYTS | C |

OPTIONAL MODULES

| OPTIONAL MODULE 1: NICOTINE POUCHES | | | | | |
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| The next section is about “nicotine pouches” such as Zyn, on!, or Velo. These small pouches contain nicotine, and users place them in their mouth. Nicotine pouches are different from other smokeless tobacco products such as snus, dip, or chewing tobacco, because they do not contain any tobacco leaf. | | | | | |
| VARNAME | QUESTIONS | CODING CATEGORIES | SKIPS | SOURCE | CORE/OPTIONAL |
| OPM101 | Before today, had you ever seen or heard of nicotine pouches? (USE SHOWCARD) | Yes = 1 No = 2 Refused = -97 | Code 2, -97->OPM1 03 | NYTS | 0 |

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| OPM102 | Where did you first see or hear about nicotine pouches? | 1. Traditional media: Television, radio, newspapers? 2. The internet (online malls, news and non-news web pages)? 3. Social media (Facebook, twitter, Instagram, WhatsApp groups)? 4. Friends? 5. Social gatherings (parties, lounges) 96. Others specify _____ Refused = -97 | | NYTS | 0 |
| OPM103 | Have you ever used nicotine pouches, even once or twice? (USE SHOWCARD)? FW Note: Ask this question for all the responses in OPM101 | Yes = 1 No = 2 Refused = -97 | Code 2, -97->OPM111 | NYTS | 0 |
| OPM104 | How old were you when you first used nicotine pouches? | Age in years _____ Refused = -97 | | NYTS | 0 |
| OPM105 | When you first used nicotine pouches, why did you use them? (Select one or more) | A. A friend uses them A. A family member uses them A. To try to quit using other tobacco products, such as cigarettes A. They costed less than cigarettes | | NYTS | 0 |

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| | | <p>A. They were easier to get than cigarettes</p> <p>A. I had seen people on TV, online, or in movies use them</p> <p>A. They are less harmful than other forms of tobacco, such as cigarettes</p> <p>A. They were available in flavors, such as menthol, mint, candy, fruit, or chocolate</p> <p>A. I could use them unnoticed at home or at school</p> <p>A. I could use them to do tricks</p> <p>A. I was curious about them</p> <p>A. Because I felt anxious, stressed, or depressed</p> <p>A. To get a high or buzz</p> <p>X. Other reason (specify:_____)</p> <p>Refused= - 97</p> | | | |
| OPM106 | <p>Who were you with when you first used nicotine pouches?</p> <p>(Multiple responses allowed)</p> | <p>A. Alone</p> <p>A. With one friend</p> <p>A. With more than one friend</p> <p>A. With a family member</p> <p>A. With more than one family member</p> | | | 0 |

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| | | <p>A. With a new acquaintance</p> <p>X.Others (specify)</p> <p>_____</p> <p>Refused = -97</p> | | | |
| OPM107 | <p>During the past 30 days, on how many days did you use nicotine pouches?</p> | <p>_____ days (0-30)</p> <p>Refused = -97</p> | <p>0→OPM1 1 1</p> | NYTS | 0 |
| OPM108 | <p>Were any of the nicotine pouches that you used in the past 30 days flavored to taste like menthol, mint, clove or spice, alcoholic drinks, candy, fruit, chocolate, or any other flavor?</p> | <p>Yes = 1</p> <p>No = 2</p> <p>Refused = -97</p> | | NYTS | 0 |
| OPM109 | <p>What flavors were the nicotine pouches that you have used in the past 30 days?</p> <p>(Select one or more)</p> | <p>A. Menthol</p> <p>A. Mint</p> <p>A. Clove or spice</p> <p>A. Fruit</p> <p>A. Chocolate</p> <p>A. Alcoholic drinks (such as wine, margarita, or other cocktails)</p> <p>A. Candy, desserts, or other sweets</p> <p>96. Some other flavor not listed here (Specify:_____)</p> <p>Refused = -97</p> | | NYTS | 0 |

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| OPM110 | The last time you used nicotine pouches during the past 30 days , where did you use them? | <ol style="list-style-type: none"> 1. At home 2. At a restaurant 3. At a bar or club School 4. At work At friends' houses 5. In public spaces (e.g. parks, shopping centers, street corners) <p>Other. [Please specify]</p> <p>Refused = -97</p> | | Nigeria survey, GYTS | 0 |
| OPM111 | During the past 30 days , did anyone refuse to sell you nicotine pouches because of your age? | <ol style="list-style-type: none"> 1. I did not try to buy nicotine pouches during the past 30 days. 2. Yes, someone refused to sell me nicotine pouches because of my age. 3. No one refused to sell me nicotine pouches because of my age. 4. No, my age did not keep me from buying nicotine pouches. <p>Refused = -97</p> | | GYTS | 0 |
| OPM112 | During the past 30 days , how did you get your nicotine pouches? (Select one or more) | <p>A. I bought them myself</p> <p>A. I had someone else buy them for me</p> <p>A. I asked someone to give me some</p> <p>A. Someone offered them to me</p> <p>A. I got them from a friend</p> <p>A. I got them from a family member</p> <p>A. I took them from a store or another person</p> <p>X. I got them in some other way (specify: _____)</p> | | NYTS | 0 |

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| | | Refused = -97 | | | |
| OPM113 | <p>During the past 30 days, where did you buy nicotine pouches?</p> <p>(Select one or more)</p> | <p>A. I did not buy nicotine pouches during the past 30 days [EXCLUSIVE RESPONSE]</p> <p>A. I bought them from another person (a friend, family member, or someone else)</p> <p>A. A gas station or convenience store</p> <p>A. A grocery store</p> <p>A. A drugstore</p> <p>A. A mall or shopping center kiosk/stand</p> <p>A. A vending machine</p> <p>A. On the Internet (such as a product website or store website like eBay or Facebook Marketplace)</p> <p>A. Through the mail</p> <p>A. Through a delivery service (such as DoorDash or Postmates)</p> <p>A. A vape shop or tobacco shop</p> <p>X. Some other place not listed here (specify): _____</p> <p>Refused = -97</p> | | NYTS | 0 |
| OPM114 | If you bought these products, how much | <p>_____/pack</p> <p>Refused = -97</p> | | NYTS | 0 |

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| | did you spend for a pack? | | | | |
| OPMN115 | Do you think you will use nicotine pouches in the next 12 months? | 1. Definitely yes 2. Probably yes 3. Probably not 4. Definitely not Refused = -97 | | NYTS | 0 |
| OPMN116 | If one of your best friends were to offer you a nicotine pouch, would you use it? | 1. Definitely yes 2. Probably yes 3. Probably not 4. Definitely not Refused = -97 | | ICT-YAT VS | 0 |
| OPMN117 | If one of your close relatives were to offer you a nicotine pouch, would you use it? | 1. Definitely yes 2. Probably yes 3. Probably not 4. Definitely not Refused = -97 | | ICT-YAT VS | 0 |

OPTIONAL MODULE 2: CESSATION OF TOBACCO USE

The next questions ask about tobacco use cessation

| VARNAME | QUESTIONS | CODING CATEGORIES | SKIPS | SOURCE | CORE/OPTIONAL |
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| OPM201 | How easy or difficult would you find it to go without using all tobacco products for as long as a week? | 1. Very difficult 2. Fairly difficult 3. Fairly easy 4. Very easy Refused = -97 | | GYTS | 0 |
| OPM202 | How easy or difficult would you find it to give up using all tobacco products altogether if you wanted to? | 1. Very difficult 2. Fairly difficult 3. Fairly easy 4. Very easy Refused = -97 | | GYTS | 0 |

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| OPM203 | Are you seriously thinking about quitting the use of all tobacco products? (Please choose the answer that best describes your situation) | <ol style="list-style-type: none"> 1. Yes, during the next 30 days 2. Yes, during the next 6 months 3. Yes, during the next 12 months 4. Yes, but not during the next 12 months 5. No, I am not thinking about quitting the use of all tobacco products <p>Refused = -97</p> | | NYTS | 0 |
| OPM204 | Thinking about the last time you tried to quit, how long did you stop using all tobacco products? | <ol style="list-style-type: none"> 1. MONTHS_____ 2. WEEKS_____ 3. DAYS_____ 4. LESS THAN 1 DAY (24HRS)_____ 5. I have never tried to quit <p>Refused= -97</p> | 5 -> OPM208 | GYTS | 0 |
| OPM205 | Thinking about the last time you tried to quit, did you receive any help or support to stop using tobacco (Select all that apply) | <ul style="list-style-type: none"> A. Yes, from a program or professional A. Yes, from a friend A. Yes, from a family member. A. I tried to quit using medication A. No, I tried to quit on my own without any help | | | 0 |

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| | | Refused = -97 | | |
| OPM206 | Thinking about the last time you tried to quit, what was the main reason you decided to stop using all tobacco products? (SELECT ONE RESPONSE ONLY) | 1. To improve my health 2. To save money 3. Because my family doesn't like it 4. Because my friends do not like it 96. Others specify _____ Refused = -97 | GYTS | 0 |
| OPM207 | Thinking about the last time you tried to quit, when you stopped using all tobacco products, how did you feel about it? | It was very difficult It was rather difficult It was rather easy It was very easy Refused = -97 | GYTS | 0 |
| OPM208 | Have you ever received help or advice to help you stop using tobacco? (SELECT ONLY ONE RESPONSE) | A. Yes, from a program or professional. A. Yes, from a friend. A. Yes, from a family member. A. Yes, from both programs or professionals and from friends or family members. A. No Refused = -97 | GYTS | 0 |

OPTIONAL MODULE 3: SECONDHAND SMOKE EXPOSURE

The next questions ask about exposure to secondhand tobacco smoke

| VARNAME | QUESTIONS | CODING CATEGORIES | SKIPS | SOURCE | CORE/OPTIONAL |
|---------|----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-------|--------|---------------|
| OPM301 | During the past 30 days, on how many days has anyone smoked inside your home, in your presence? | ____ days Refused = -97 | | GYTS | 0 |
| OPM302 | How often do you see your father (stepfather or mother's partner) smoking in your home? | 1. Don't have/don't see this person 2. About every day 3. Sometimes 4. Never Refused = -97 | | GYTS | 0 |
| OPM303 | How often do you see your mother (stepmother or father's partner) smoking in your home? | 1. Don't have/don't see this person 2. About every day 3. Sometimes 4. Never Refused = -97 | | GYTS | 0 |
| OPM304 | How often do you see your brother/sister smoking in your home? | 1. Don't have/don't see this person 2. About every day 3. Sometimes 4. Never Refused = -97 | | NYTS | 0 |
| OPM305 | If the response for OPM304 is 2, 3, or 4, is the sibling younger or older? Select all that apply | A. Younger A. Older Refused = -97 | | | 0 |

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| OPM306 | How often do you see other people smoking in your home? | 1. Don't have/don't see these people 2. About every day 3. Sometimes 4. Never Refused = -97 | | GYTS | 0 |
| OPM307 | During the past 30 days, did you visit any schools? | Yes = 1 No = 2 Refused = -97 | 2 -> OPM309 | GATS | 0 |
| OPM308 | Did anyone smoke inside of any school buildings that you visited in the past 30 days? | Yes = 1 No = 2 Refused = -97 | | GATS | 0 |
| OPM309 | How often do you see teachers smoking in or around the school? | 1. Don't have/don't see these people 2. About every day 3. Sometimes 4. Never Refused = -97 | | | 0 |
| OPM310 | During the past 30 days, on how many days has anyone smoked in your presence, inside of any school, university or health facility buildings ? | 1. I did not visit a school, university, or health facility during the past 30 days 2. I have visited a school, university, or health facility but no one smoked in my presence 3. 1 to 2 days 4. 3 to 4 days 5. 5 to 6 days 6. 7 days 7. More than 7 days Refused = -97 | | GYTS | 0 |
| OPM311 | During the past 30 days, on how many days has anyone smoked in your presence, inside any public transportation | 1. I did not use public transportation during the past 30 days 2. I used public transportation | | GYTS | 0 |

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| | vehicles, such as trains, buses, or taxicabs? | but no one smoked in my presence 3. 1 to 2 days 4. 3 to 4 days 5. 5 to 6 days 6. 7 days 7. More than 7 days Refused = -97 | | | |
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