

Project Name	Tobacco Free Environments for Youth
Project location	Ulaanbaatar, Mongolia
Project Timing (start and finish date)	October 1, 2004 to March 31, 2005 (6 months)
Implementing Agency	Adventist Development and Relief Agency (ADRA) in Mongolia
Contact Person	Meghan Kimmel, Health Projects Coordinator or Michelle Lewis, Programs Coordinator Central P.O.B. 1038 Ulaanbaatar 210613 Mongolia Tel: (976) 95151253 Fax: (976) 11311970 <a href="mailto:health@adra.org.mn">health@adra.org.mn</a> or <a href="mailto:programs@adra.org.mn">programs@adra.org.mn</a>
Implementing Partners	Ulaanbaatar City Environment Department
Total Funds Requested	10,000 USD

## 1. Brief Background to Situation

### Mongolia Background

Mongolia is a large landlocked country located in the northern part of Central Asia, between two world powers, China and Russia. In 2000, Mongolia had a population of approximately 2.65 million people (57.4 % urban and 42.6% rural) spread throughout a geographical territory of 1.56 million square kilometres, making it one of the least densely populated countries in the world. The combined resident population of the three largest cities of Ulaanbaatar, Darkhan and Erdenet, was approximately 1 million (about 40% of the population).<sup>1</sup> The demography of the Mongolian population is very young, with 46.6% of the population aged up to 18 years and 12.1% aged 19 to 24 years old<sup>2</sup>. The average life expectancy at birth, one of the three main human development indicators, was 63.5 (60.8 for males and 66.5 for women) in 2002.<sup>3</sup>

With the transition in 1990 from socialism to a market economy, Mongolians have had to cope with a period of drastic political, economic and social change. Prior to 1990, there was no recorded income poverty and unemployment due to the heavy external subsidies and the assured export of Mongolian products. When this external support was cut, the extensive social service network that had been established across the nation was simply not sustainable with Mongolia's limited national

<sup>1</sup> The United Nations *Human Development Index Report Mongolia 2003*

National Statistical Office of Mongolia. *Mongolian Statistical Yearbook 2001*. Ulaanbaatar 2002.

<sup>2</sup> *National Programme of Action For the Development and Protection of Children 2002-2010*, National Council for Children

<sup>3</sup> The United Nations *Human Development Index Report Mongolia 2003*

resources. The 2000 *Living Standards Assessment*<sup>4</sup> revealed that 36% of the population lived below the poverty line, and 20% were 'extreme-poor'.<sup>5</sup> Real unemployment is estimated at 15% of the population,<sup>6</sup> with rates as high as 30% in urban areas. The combination of the deterioration in social services and the loss of employment from the closing of former state industries have led to Mongolia's present problems in poverty and human security.

## Global Tobacco Epidemic

Tobacco is a leading cause of death and disease in the world. According to WHO estimates, there are approximately 1.3 billion smokers in the world. Of these, about 1 billion smokers are found in developing countries. Tobacco causes 5 million deaths per year and that total will increase to 10 million deaths by the 2020's. It is predicted that by the 2020's tobacco will also cause more deaths worldwide than HIV, Tuberculosis, maternal mortality, motor vehicle accidents, suicide and homicide combined. Economic and health impacts of tobacco consumption are sources of drain on the world's financial resources.

Some of the established ill health effects of tobacco consumption include:

- Cardiovascular Disease (Coronary heart disease, heart attacks and strokes)
- Cancer (lung, laryngeal, oral, esophageal and bladder cancers. Associated with gastric and pancreatic cancers)
- Lung Disease (chronic bronchitis, emphysema)
- Complications in women's health (infertility, miscarriage, fetal growth retardation, prematurity, stillbirth, birth defects, intellectual impairment of offspring, sudden infant death syndrome)

Environmental tobacco smoke (ETS) is an established environmental pollutant that harms the health of both smokers and non-smokers. ETS contains basically all the same carcinogens and toxic agents that are inhaled by smokers. Non-smokers who suffer prolonged exposure to ETS can lead to higher death rates from cardiovascular diseases, lung cancer, and other respiratory illnesses when compared to non-smokers not exposed to passive smoke.<sup>7</sup> Youth are particularly vulnerable to the health impacts of smoking as the tobacco industry is increasingly targeting them. Children and youth exposed to parent's cigarette smoke suffer significant respiratory disease, reduced lung function and development of asthma and acute and chronic middle ear disease. . The younger the child, the more serious the consequences of exposure to environmental tobacco smoke.<sup>8</sup>

## Western Pacific Region

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<sup>4</sup> National Statistical Office of Mongolia. World Bank 2001

<sup>5</sup> *The UN 2000 Human Geography Report on Mongolia* defined the poverty line as being 17,600 tugrugs (approximately \$17.60 USD) per month for Ulaanbaatar. 'extreme-poor' was defined as below 11,000 tugrugs per month (approximately \$11 USD)

<sup>6</sup> United Nations *Human Development Index Report Mongolia 2003*

<sup>7</sup> American Council on Science and Health. *Cigarettes: What The Warning Label Doesn't Tell You*. Prometheus Books, 1997.

<sup>8</sup> *Ibid*

The Western Pacific Region, one of the 6 regions of the World Health Organization, was set up in 1948. There are 37 member states and areas in the region, one of which is Mongolia. One of every three smokers in the world is in the Western Pacific Region. Tobacco use significantly adds to the disease burden in the region. The World Health Report 2002 identified tobacco consumption as one of the top three major risks to health within developed and developing countries in the Western Pacific region <sup>9</sup> as sixty per cent of men and eight percent of women are smokers, and the use of tobacco continues to increase. <sup>10</sup> The three current Regional Action Plan on Tobacco or Health 2000 – 2004 objectives are to:

- ❑ To deter and control tobacco use and to reduce smoking prevalence rates.
- ❑ Deter the onset of tobacco use, particularly among adolescents and women
- ❑ To motivate and support people to quit tobacco use.

### Mongolia and Tobacco

For adults in Mongolia the two main causes of death are cardiovascular disease and cancer. Between 1980, 1997 and 2002 the death rates per 100,000 population for diseases of the circulatory system and cancer have continued to rise. Approximately 58 % of all deaths in 2002 were attributed to cancer and cardiovascular disease<sup>11</sup>.

Table 1: Death Rates per 100,000 population<sup>12</sup>

Diseases	Cases 1980	Cases 1997	Cases 2002
Cancer	28.7	131.1	130.2
Cardiovascular Diseases	43.3	197.3	223.02
Respiratory Diseases	80.8	348	44.29*

\* Respiratory Disease has declined over the last 5 years and has fallen from the 3<sup>rd</sup> highest cause of mortality in Mongolia to the 5<sup>th</sup>.

Cancer causes about 30% of all cancer deaths, 17% of all heart disease and about 80% of all respiratory disease.<sup>13</sup> No official estimates for mortality caused by tobacco in Mongolia are available.

### Smoking Rates in Mongolia

Smoking prevalence among men and women in Mongolia is among the highest of countries located in the Western Pacific Region of Asia. According to the results of ADRA Mongolia's Annual

<sup>9</sup> Annette M. David, World Health Organization, *Regional Summary for the Western Pacific Region*

<sup>10</sup> WHO Western Pacific Region, *Regional Action Plan on Tobacco or Health 2000-2004*

<sup>11</sup> United Nations: Human Development Report Mongolia 2003

<sup>12</sup> Ministry of Health Statistics Country Profile 2004

<sup>13</sup> [www.ash.org.uk/html/factsheets/html/basic01.html](http://www.ash.org.uk/html/factsheets/html/basic01.html) Accessed July 16, 2004.

KAP survey conducted in Ulaanbaatar in collaboration with the Ministry of Health (MoH) from 1999 to 2004, it has been found that: <sup>14</sup>

Question	Year 2000	Year 2001	Year 2002	Year 2003	Year 2004
Smoking Prevalence: Total Population	40%	52%	45%	45%	39%
Smoking Prevalence: Men	61%	68%	65%	65%	57.4%
Smoking Prevalence: Women	19%	26%	20%	21%	20%

Of particular concern, of all of the current and ex-smokers surveyed 21% reported that they started smoking between the ages of 15-19 years, 10.2% at the ages of 20-25 years and 5.4% at the ages of 10-14 years. From these results it can be interpreted that the majority of smokers in Ulaanbaatar began smoking before the age of 25. More importantly, the survey found that 42.9% of current and ex-smokers were influenced to take up smoking by their friends. These above findings indicate that peer pressure, peer environment and age are big risk factors for Mongolians to begin smoking.

### **ADRA Mongolia's Tobacco Control Project Experience**

Throughout the past 4 years, ADRA Mongolia has been the only agency, governmental or non-governmental running a tobacco control program with full-time staff. ADRA has become the recognized agency of authority on tobacco control in Mongolia. Since September 2000, ADRA Mongolia in collaboration with ADRA Australia has completed 4 individual tobacco control projects.

The first three years of main project activity, Tobacco Free Youth (2000-2003) Project included:

- Development of a smoking cessation program You Can Quit specifically for Mongolians
- Information and Education Sessions for youth
- An annual Knowledge, Attitude and Perception (KAP) survey was completed in Ulaanbaatar (2000-2003)
- Information, education and communication (IEC) materials were developed and distributed
- World No Tobacco Day activities were held
- A draft tobacco and health curriculum was designed for secondary school students
- Awareness activities were completed for the general population and
- Training of Trainers to run Smoking Cessation sessions and complete awareness activities was completed

ADRA Mongolia's 'You Can Quit!' community based tobacco cessation programs were developed from 2000- 2001. 'You Can Quit!' sessions were introduced as a community group-based tobacco

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<sup>14</sup> For more information and statistics from the Annual KAP Survey please contact the Health Projects Coordinator at [health@adral.org.mn](mailto:health@adral.org.mn)

cessation program early in 2001. This five-step program titled 'You Can Quit!' was developed with assistance from an international expert consultant, Dr Terry Butler, and significant feedback was given from government departments, concerned non-government organizations and smokers themselves.

Since 2002, ADRA Mongolia has completed training of trainers for 'You Can Quit' facilitators to be able to complete these sessions independently. ADRA staff continue to monitor each " You Can Quit " program and provide feedback to the program facilitator. ADRA Mongolia has achieved great effectiveness of the "You Can Quit" program. The proportion of program participants still not smoking after one year is very high and effectiveness appears to have improved over time.<sup>15</sup>

During July 2000, the MoH and ADRA Mongolia also surveyed a total of 1,426 students between 12 and 16 years of age from public high schools in the 6 main districts of Ulaanbaatar. Approximately one third (32.7%) of students reported having had experimented with smoking, and, of greater concern, only 43% of students could recall attending lessons in the previous twelve months that taught about the dangers associated with smoking. One third (33.9%) of students claimed that they had never attended any type of class discussion on smoking and health during school.

At the beginning of project implementation in 2000, project focus included Ulaanbaatar. The project was expanded in 2002 to include Darkhan and Erdenet, Mongolia's second and third largest cities in project activities.

Since July 2003- July 2004 ADRA Mongolia has been implementing a project, Say Goodbye to Environmental Tobacco Smoke, in Ulaanbaatar, Darkhan and Erdenet containing the following elements:

- Promotion of smoking restrictions in public and workplaces
- Promotion of smoke free home environments
- Information dissemination
- World No Tobacco Day activities
- Mass media counter-advertising
- 5<sup>th</sup> Annual KAP survey was completed (2004)

Along with these main project activities, ADRA Mongolia received small amounts of funding to complete two projects, Channelling the Outrage Phase I and II in Mongolia (COM) from the World Health Organization. Both COM projects focused on publicizing the FCTC to Parliamentarians, community leaders and media personnel. COM also included lobbying, distribution of information materials and training activities with political leaders and policy makers about the tobacco situation in Mongolia. Subsequently, Mongolia has ratified the FCTC, but Parliament has not yet ratified the Revised Mongolian Tobacco Law that has been discussed in Parliament since the Autumn 2002 session. Each year the decision is delayed until the next session of Parliament.

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<sup>15</sup> For more specific information about results of the You Can Quit sessions, please contact the health projects coordinator at [health@adra.org.mn](mailto:health@adra.org.mn)

**Goal: To improve the health of youth in Ulaanbaatar by minimizing exposure to environmental tobacco smoke in the home and at work (school).**

### **Objectives**

1. Within 6 months of project implementation, target schools will have set up smoke free school zones.
2. By the completion of the project, the numbers of children being exposed to environmental tobacco smoke in the home and at school will be reduced.
3. Within 6 months, students, teachers and parents in the target schools will have been briefed on the dangers of environmental tobacco smoke and cigarette smoking.

### **Strategies**

The objectives of the project will be achieved through the following strategies:

*Strategy 1:* Establishing smoke free school zones in target schools of Ulaanbaatar.

*Strategy 2:* Completion of at least one tobacco cessation program at each of the target schools for students, parents or teachers interested in quitting smoking.

*Strategy 3:* Health promotion and information sessions conducted for secondary school students in target schools.

#### **Strategy 1: Establishing smoke free school zones in target schools of Ulaanbaatar.**

This project will work closely with at least one representative of the Ulaanbaatar City Environment Department and the Ministry of Health to identify appropriate schools to participate in the projects planned activities. Schools approached to participate in project activities will be asked to sign memorandums of understanding with ADRA Mongolia, helping to assure active participation by the school. Guidelines for administrators and seminars on defining and creating a smoke free school zone will be developed and delivered to school administrators. After their seminars, administrators will be expected to set up smoke free school zones at their schools for the students. Technical assistance and problem solving will be provided by ADRA and the Ulaanbaatar City Environment Department to assist in setting up and implementing the smoke free school zone. Capacity building will be completed with the city's representative to ensure that in the future the Ulaanbaatar City Environment Department and ADRA Mongolia could expand the project activities and creation of smoke free school zone trainings to a much larger percentage of schools in Ulaanbaatar, if the pilot project is successful. To help facilitate the creation of the smoke-free school zone, one IEC resource material will be developed for use in the schools.

By creating smoke free school zones, students exposure to environmental tobacco smoke will be decreased, the schools will have shown a commitment to creation of a tobacco free healthy environment for their students, schools will be learning about, supporting and implementing the current Mongolian tobacco law and helping prevent their students from beginning to smoke.

### **Strategy 2: Completion of at least one tobacco cessation program at each of the target schools for parents or teachers interested in quitting smoking.**

ADRA Mongolia will continue to utilize their expertise in tobacco cessation by offering at least one cessation program at each of the target schools to encourage and support those students, parents or teachers who would like to quit smoking. A special emphasis will also be placed on the harmfulness and danger of environmental tobacco smoke in the home and the effects it can have on the health and performance of people exposed to it.

This strategy will directly focus on improving the health of the students who are living in homes with parents who smoke and to help parents, teachers and students to quit smoking. The project will encourage the students, parents and teachers to make the informed decisions not to smoke, not to smoke in the home, not to smoke near others and to ask others before lighting up a cigarette near them.

### **Strategy 3: Health promotion and information sessions conducted for secondary school students in target schools.**

A pre-test and post- test will be designed and completed at the beginning and end of the project for each school, measuring the knowledge of tobacco related issues. Throughout the course of the project, at least once a month one information education session will be conducted at each of the target schools for the students, teachers and interested parents about the following:

- ❑ tobacco and its harmfulness
- ❑ the definition of environmental tobacco smoke and how to prevent it
- ❑ how to support the smoke free school zone
- ❑ how to avoid peer pressure to start smoking
- ❑ about the Mongolian Tobacco Law and the FCTC

### **Project Outputs**

1. At least 8 smoke free school zones will be established in Ulaanbaatar secondary schools chosen in collaboration with the Ulaanbaatar City Environment Department and the Ministry of Health
2. At least 8 tobacco cessation programs will be completed for at least 120 people.
3. At least 1 type of information education resource material will be developed to support creation of the smoke –free school zone
4. At least once a month information distribution and health promotion sessions will be completed at each of the 8 target schools for students, teachers and interested parents.

### **Evaluation Methodology**

1. The project manager will be responsible for monthly narrative reports that will be submitted to both the Programs Coordinator and the ADRA Health Projects Coordinator.
2. Pre- tests and post -tests measuring knowledge of tobacco and environmental tobacco smoke related issues will be completed among selected school administration, teachers, students and parents.

3. At least monthly monitoring trips will be completed by project staff to school premises for monitoring and evaluating the implementation of the smoke free school zones.
4. Regular progress reports will be submitted as requested with completion of the project final report no later than 60 days after the completion of the project.
5. A separate bank account will hold all project funds, with accounting records kept in the ADRA Mongolia country office. Monthly financial statements will be provided for project staff to review.

### **How Project will Address Development Needs/Issues**

Children and youth who see people around them smoking, especially role models such as parents or teachers, are being given the message that smoking is an acceptable choice to make. Research suggests that children who live in homes where family members smoke, miss more days of school due to respiratory illnesses than those living in smoke free homes. Finally, it has been found that children who go to schools that don't have smoking bans on their premises are 2 times more likely to become smokers as youth than children who go to schools that do not allow smoking by students or adults on school grounds.<sup>16</sup>

ADRA feels that given the significant national and personal costs that result from smoking tobacco and exposure to environmental tobacco smoke, sustainable poverty alleviation strategies for Mongolia should include tobacco control initiatives. Furthermore, educating Mongolia's population, especially young persons, about the risks associated with environmental tobacco smoke and smoking is an act of empowerment allowing the individuals to make an informed choice about the health risks they will allow themselves and their family to be exposed to.

With the experience ADRA gained working in promoting smoke free homes and workplaces for business and government organizations, ADRA has gained importance knowledge in how to educate people about the dangers of environmental tobacco smoke. ADRA is in an ideal position to focus new efforts working with youth, parents, teachers and school administrators in schools in Ulaanbaatar on promotion of creating and maintaining a healthy smoke free environment for youth in their homes and at work (secondary schools). This project would also very clearly support articles of the FCTC, the Regional Action Plan on Tobacco or Health and elements of a comprehensive National tobacco control program and the current Mongolian Tobacco Law.<sup>17</sup>

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<sup>16</sup> <http://www.ingcat.org>

<sup>17</sup> For more information regarding the FCTC and the current Mongolian Tobacco Law, please see attachment 1.

## Attachment One

### Mongolian Tobacco Law

Mongolia's current tobacco law was developed in 1993 in conjunction with WHO's Western Pacific Regional Office. In 1994, the *Law of Mongolia On The Struggle Against The Dangers of Tobacco* was ratified. Neil Collishaw, an international evaluator of ADRA Mongolia's Tobacco Program (April- May 2004), Final Report Stated: the law (tobacco law) is comprehensive but the law was not followed by a budget and the Ministry of Health has placed only small amounts of funding and emphasis on the law's implementation. As a result the current tobacco law has never been properly respected or enforced.<sup>18</sup>

Further findings of Mr. Collishaw's evaluation found that cigarette smuggling is rampant, cigarette packages are improperly labeled, cigarette advertisements are frequently seen and smoking is widespread in public places and workplaces where the current tobacco law prohibits this. A further area of concern with the current law is that its fine violations are very small and so they do not encourage respect.

Problems with the current tobacco law have forced the Mongolian government to prepare a revised tobacco law that would expand legislation and address many of the problems of the current law. However, this draft law has been under discussion in the Mongolian Great Hural (Parliament) since Autumn Session 2002 and has not yet been ratified.

### Comprehensive Tobacco Control and Framework Convention on Tobacco Control (FCTC)

Best practice and lessons learned from international tobacco studies and projects have shown that the most effective way to facilitate reductions in tobacco use is through the implementation of comprehensive tobacco control programs with the over-reaching goal being to reduce disease, disability and death related to tobacco use.

Mongolia has recently ratified the FCTC (January 2004), and now the Mongolian government has made an international commitment to implement comprehensive tobacco control in Mongolia. The FCTC is a treaty that clearly defines the elements that a comprehensive National tobacco control program should include. The elements of the FCTC that this project would support include:

- **Article 8 – Protection from exposure to tobacco smoke:** Provide protection from exposure to second-hand tobacco smoke in all indoor workplaces and public places.
- **Article 12 – Education, communication, training and public awareness:**
  - Broad public awareness of tobacco's risks, the benefits of smoking cessation and the nature of the tobacco industry.
  - Effective training for health and education workers, media professionals and community leaders.
  - Participation of NGOs in implementing comprehensive tobacco control

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<sup>18</sup> For a copy of Neil Collishaw's Full Evaluation Report, please contact the Health Projects Coordinator at [health@adra.org.mn](mailto:health@adra.org.mn) (International Evaluator), ADRA Mongolia Evaluation Report, 2004

- **Article 14 – Demand reduction measures concerning tobacco dependence and cessation:** Implement effective smoking cessation programs.
- **Article 16 – Sales to and by minors:** Sales to and by minors are banned, as are candy cigarettes. Access by adolescents to vending machines is also prohibited.

Mongolia, in the future will need to ensure all the articles of the FCTC are being implemented and enforced at all levels to provide Mongolia with a comprehensive tobacco control strategy. The FCTC provides guidelines for action but assuring these guidelines are implemented and followed can only happen at the National Level. Therefore, the FCTC's success is dependent upon individual countries to effectively implement and enforce the FCTC.<sup>19</sup>

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<sup>19</sup> Annette M. David, World Health Organization, Regional Summary for the Western Pacific Region, 2003