GLOBAL ADULT TOBACCO SURVEY SOUTH AFRICA

IMPLEMENTATION PROCESS

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ISSUP Webinar Series – Part I
25 October 2022

BACKGROUND

- Tobacco use is a major preventable cause of premature death and disease globally

  - 8 million+ people die annually due to tobacco-related illnesses

- About 1.4 billion people aged 15+ years use tobacco in various forms

- Through MPOWER, the WHO has provided demand-reducing measures to scale back tobacco use

- Tobacco use surveillance and monitoring forms an important function of the demand-reducing measures

mpower

Monitor tobacco use & prevention policies

Protect people from tobacco smoke
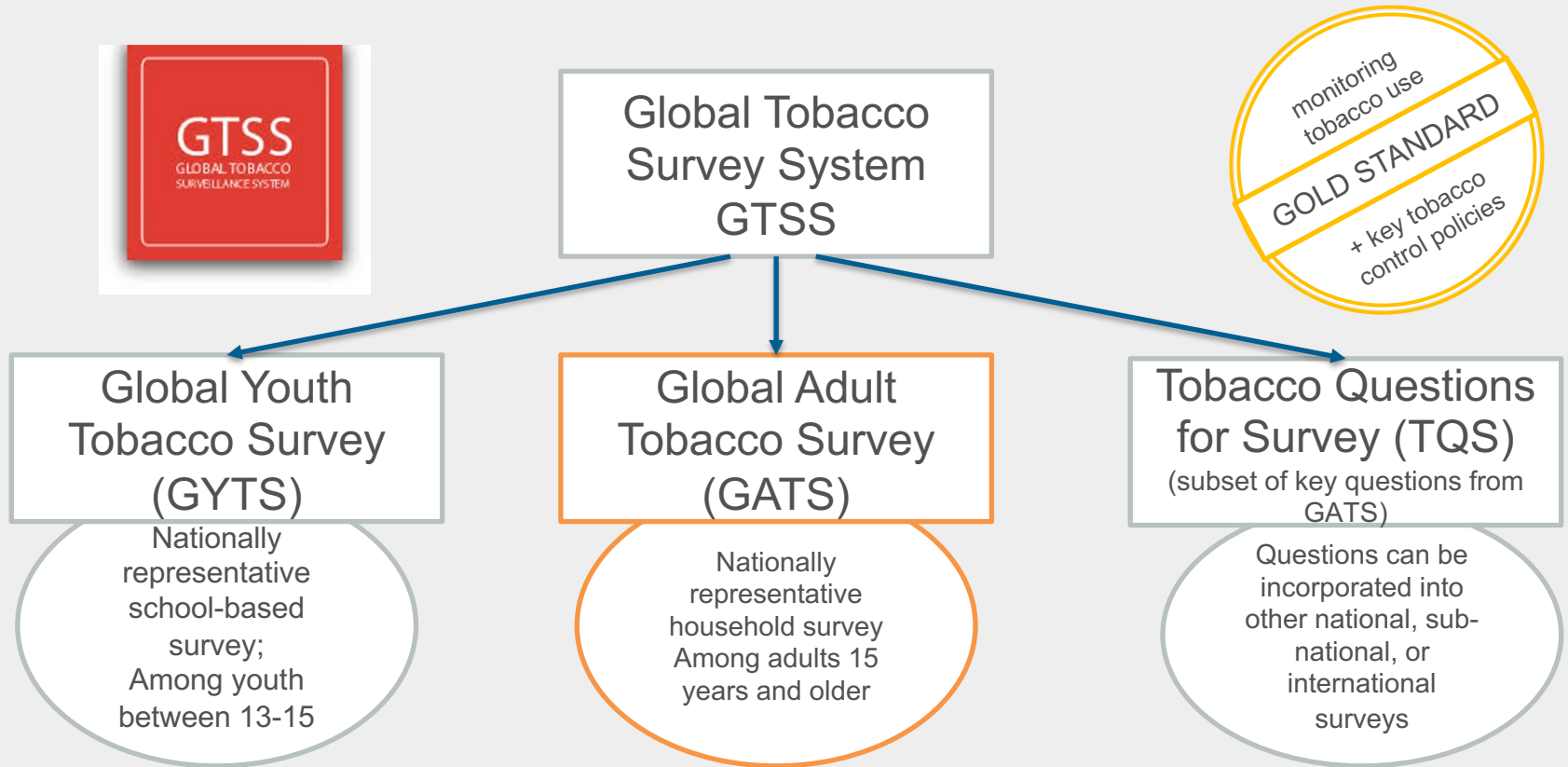
Offer help to quit tobacco use

Warn about the dangers of tobacco

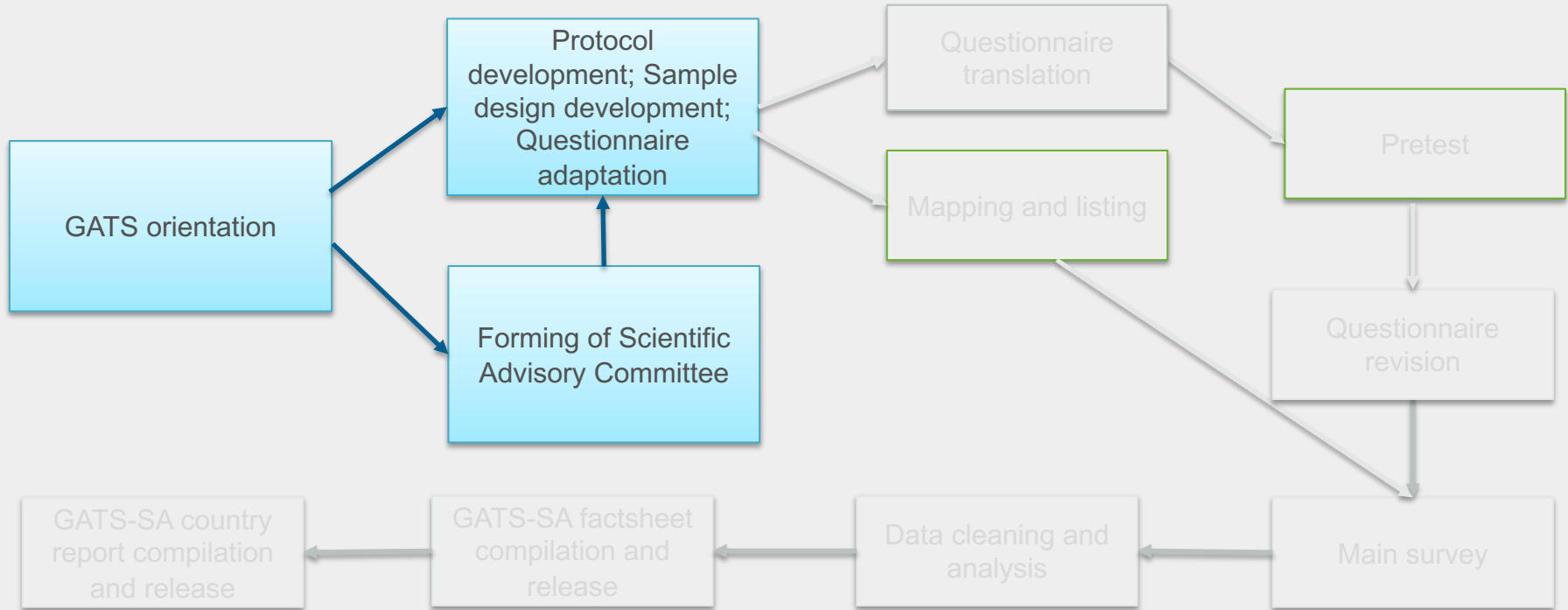Enforce bans on tobacco advertising, promotion, & sponsorship

Raise taxes on tobacco

GLOBAL TOBACCO SURVEILLANCE SYSTEM

GATS IMPLEMENTING COUNTRIES (N=34)

Africa	Asia	Americas	Europe
• Botswana	• Bangladesh	• Argentina	• Greece
• Cameroon	• China	• Brazil	• Poland
• Egypt	• Kazakhstan	• Costa Rica	• Romania
• Ethiopia	• India	• Mexico	• Russian Federation
• Kenya	• Indonesia	• Uruguay	• Ukraine
• Nigeria	• Malaysia		
• Senegal	• Pakistan		
• **South Africa**	• Panama		
• Tanzania	• Philippines		
• Uganda	• Qatar		
	• Saudi Arabia		
	• Thailand		
	• Türkiye		
	• Viet Nam		

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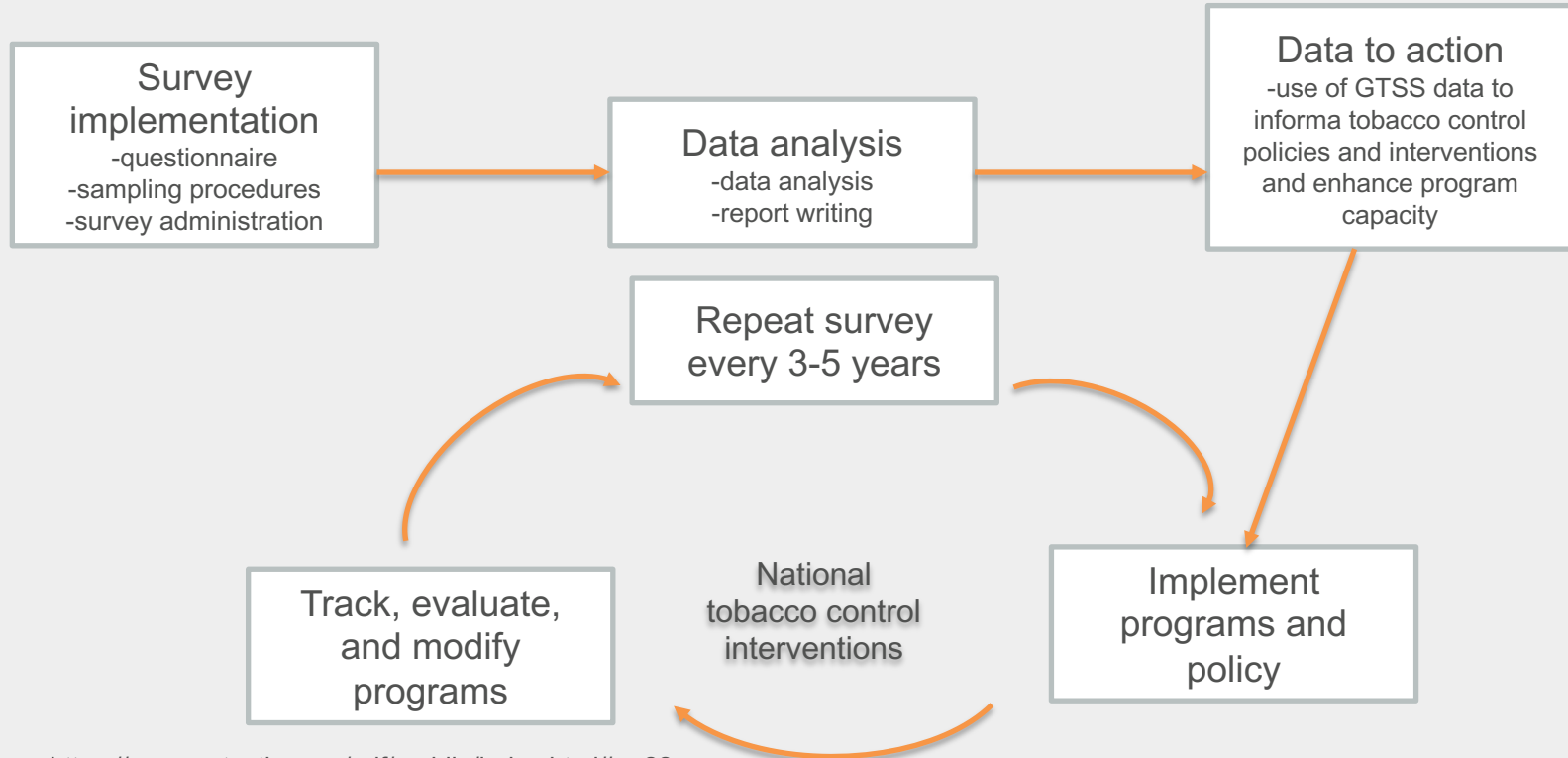
GATS ORIENTATION

- Attended by SAMRC, NDOH, WHO country office
- Presentations
  - Introduction to GTSS and GATS
  - Country tobacco policies – presentation by country
  - GATS questionnaire, processes, and manuals
- Data management training
- Country discussions
  - Sample design
  - Questionnaire review
  - funding

GTSS PLAN AT A GLANCE

Source: https://www.gatsatlas.org/pdf/mobile/index.html#p=22

GATS ORIENTATION

GATS-SA LEADING AND COLLABORATING ORGANISATIONS

- Leading organisations
  - South Africa Medical Research Council (SAMRC)
  - The National Department of Health (NDOH)
  - StatsSA provided key population level materials
- Collaborating organisations
  - US Centers for Disease Control and Prevention (CDC)
  - World Health Organisation (WHO)
  - Research Triangle international (RTI)

- GeoSpace International Pty (Ltd) was appointed to conduct the fieldwork for the study

PROTOCOL REVIEW

- GATS review committees
  - Protocol review committee
  - Sample design review committee
  - Questionnaire review committee
- SAMRC scientific review process
- SAMRC human ethics research committee

SCIENTIFIC ADVISORY COMMITTEE

Institution	N members
South African Medical Research Council	3 (including chairperson)
Africa Centre for Tobacco Industry Monitoring and Policy Research	1
Statistics South Africa	2
Research Unit on the Economics of Excisable Products	2
National Department of Health	1
World Health Organisation Country Office	1

GATS-SA IMPLEMENTATION FLOW – PART 2
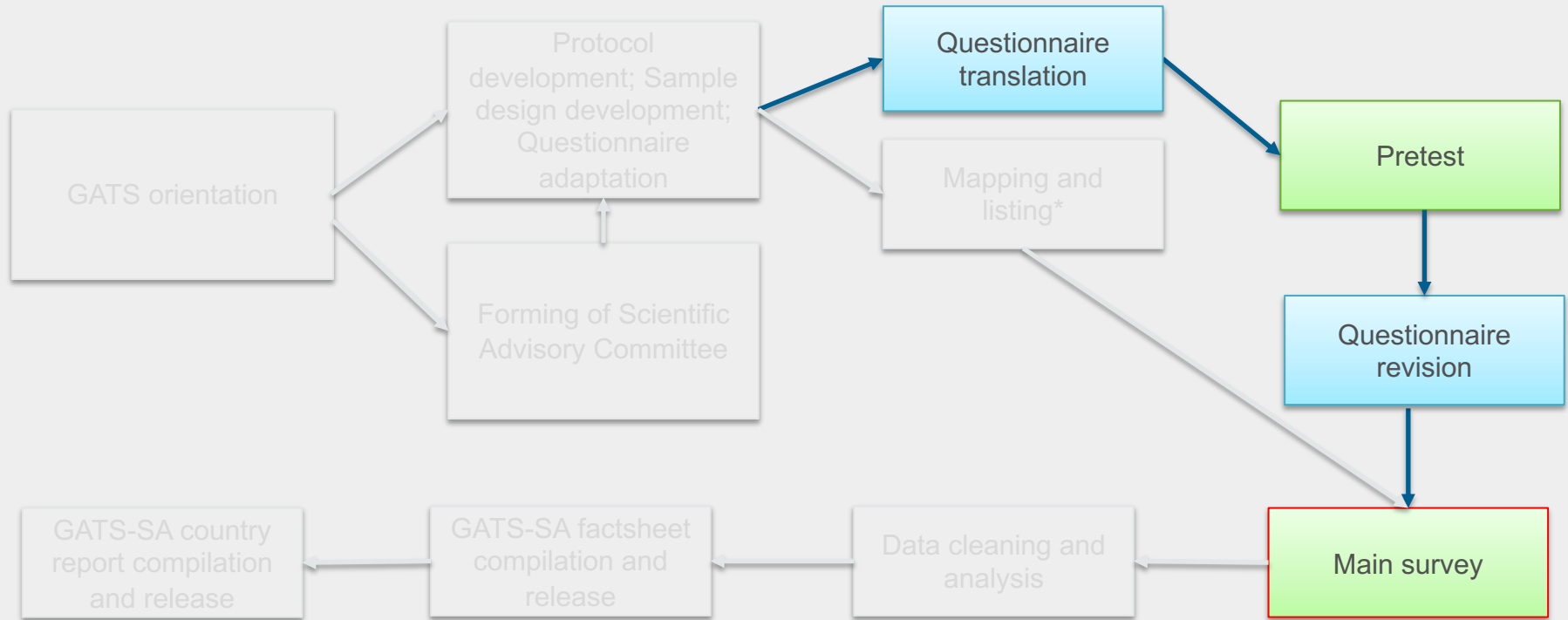
QUESTIONNAIRE CONTENT

Questionnaire topics	MPOWER
Prevalence: current tobacco use, tobacco smoking, use of novel nicotine and tobacco products Age of initiation	Monitor use and policies
Exposure to second-hand smoke in public places, workplace, home	Protect from second-hand smoking
First of the day, intention to quit, attempts to quit, advice from HCPs	Offer help to quit
Beliefs about dangers, impact of health warnings, impact of anti-cigarette and anti-tobacco advertisement	Warn of dangers
Advertising and promotion of tobacco and nicotine products	Enforce marketing bans
Cost and affordability of cigarettes and tobacco, expenditure on cigarettes and tobacco	Raise prices

QUESTIONNAIRE TRANSLATION

- English to 10 other official languages – backtranslated

- English and translated versions loaded on GTSS system

- Virtual translation review sessions between translators and RTI

*written participant information sheet and consent forms were also translated and backtranslated

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PRETEST

AIM: To test survey procedures and questionnaire and its translated versions

PRETEST: METHODS, TRAINING, DATA COLLECTION

- Purposive sample of 122 dwelling units in Gauteng

- Recruited and trained fieldworkers
  - Didactic and roleplay methods

- Debriefing session with fieldworkers post completion of interviews

- Lessons learned informed revisions to procedures and questionnaire
  - Syncing of data
    - need to spend more time on this aspect at training
    - need to verify successful syncing of interviews - put an alert mechanism for data manager when an interview has been submitted to server
  - Translated questionnaires
    - identified and implemented needed changes to capture cultural nuance in languages

- Data manager received virtual training on GTSS system

# GATS-SA IMPLEMENTATION FLOW – PART 3
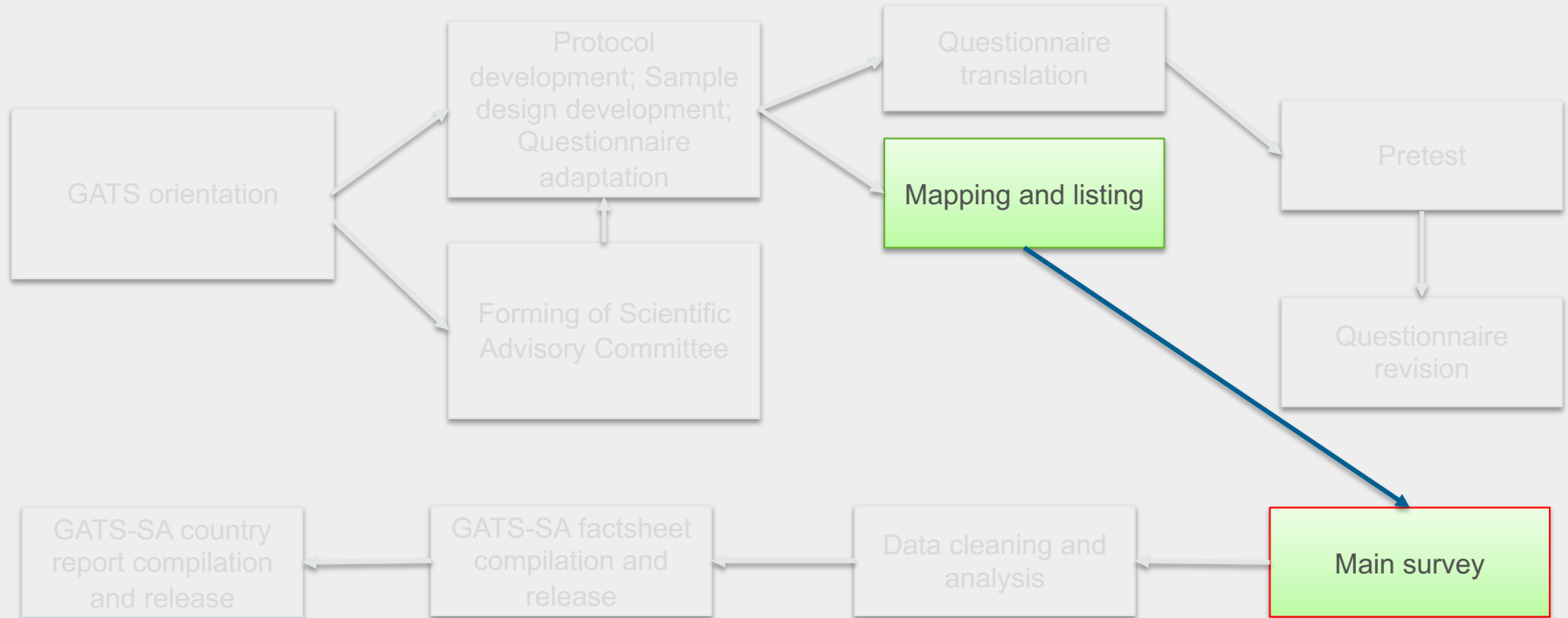
MAPPING & LISTING

AIM: To generate a list of dwelling units to be sampled for main survey

METHODS, TRAINING, DATA COLLECTION

- Obtained Master Sampling Frame (MSF) from StatsSA

- Selected primary sampling units (PSUs) from each of 9 provinces

- Recruited and trained fieldworkers
  - Didactic and roleplay methods
  - Practice session in area near training venue

- Fieldworkers visited all selected PSUs

- Data collected using handheld devices

- All structures given a classification code – e.g. school, hospital, dwelling unit etc.

- Structures that met inclusion criteria were included in the sample
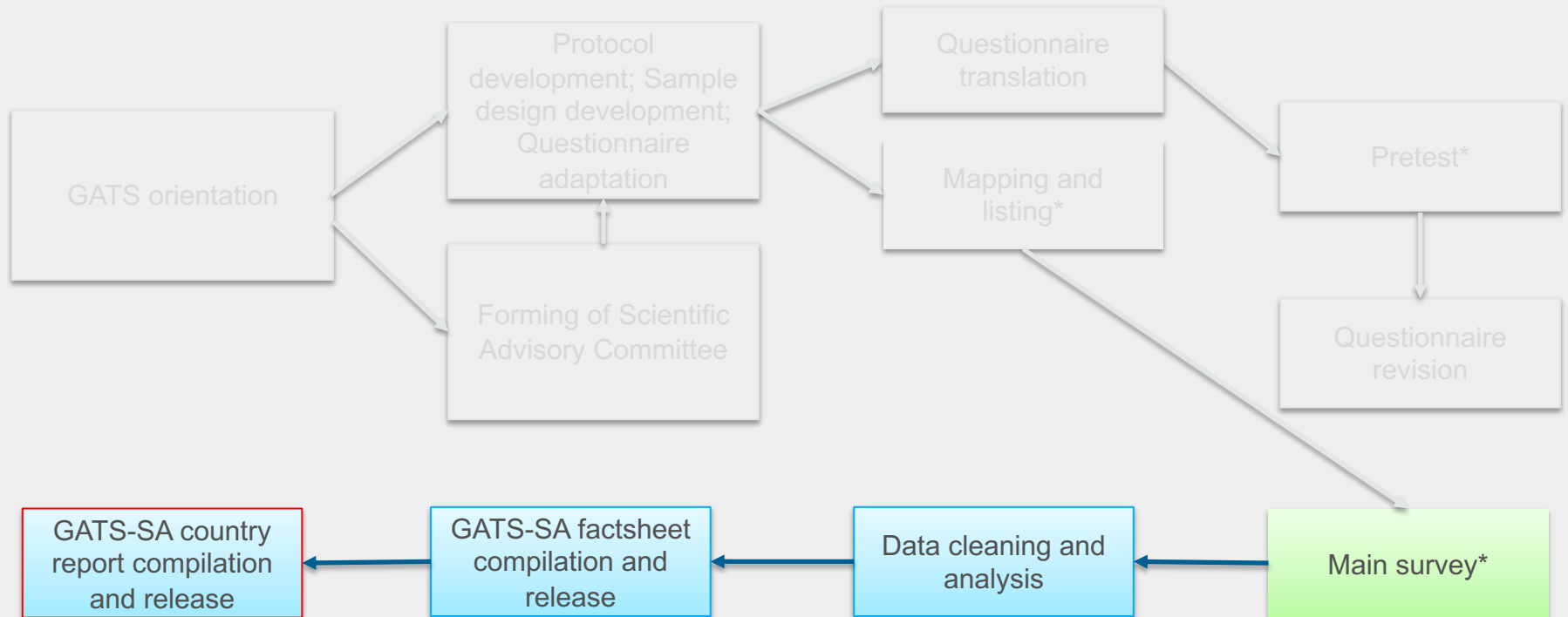
MAIN SURVEY

AIM: To generate rural-urban and nationally representative data on adult tobacco use and key tobacco control measures that can be compared with those of other GATS implementing countries

METHODS

- Cross-sectional design

- National, household survey

- Multi-stage stratified sampling procedure

- Target Population
  - Adults- i.e. aged 15 years+
  - Non-institutionalised
  - Usual residents in the country (S.A. resident ≥6 of past 12 months)
  - Usual residents in the household (HH resident ≥6 of past 12 months)

SAMPLING DESIGN

1

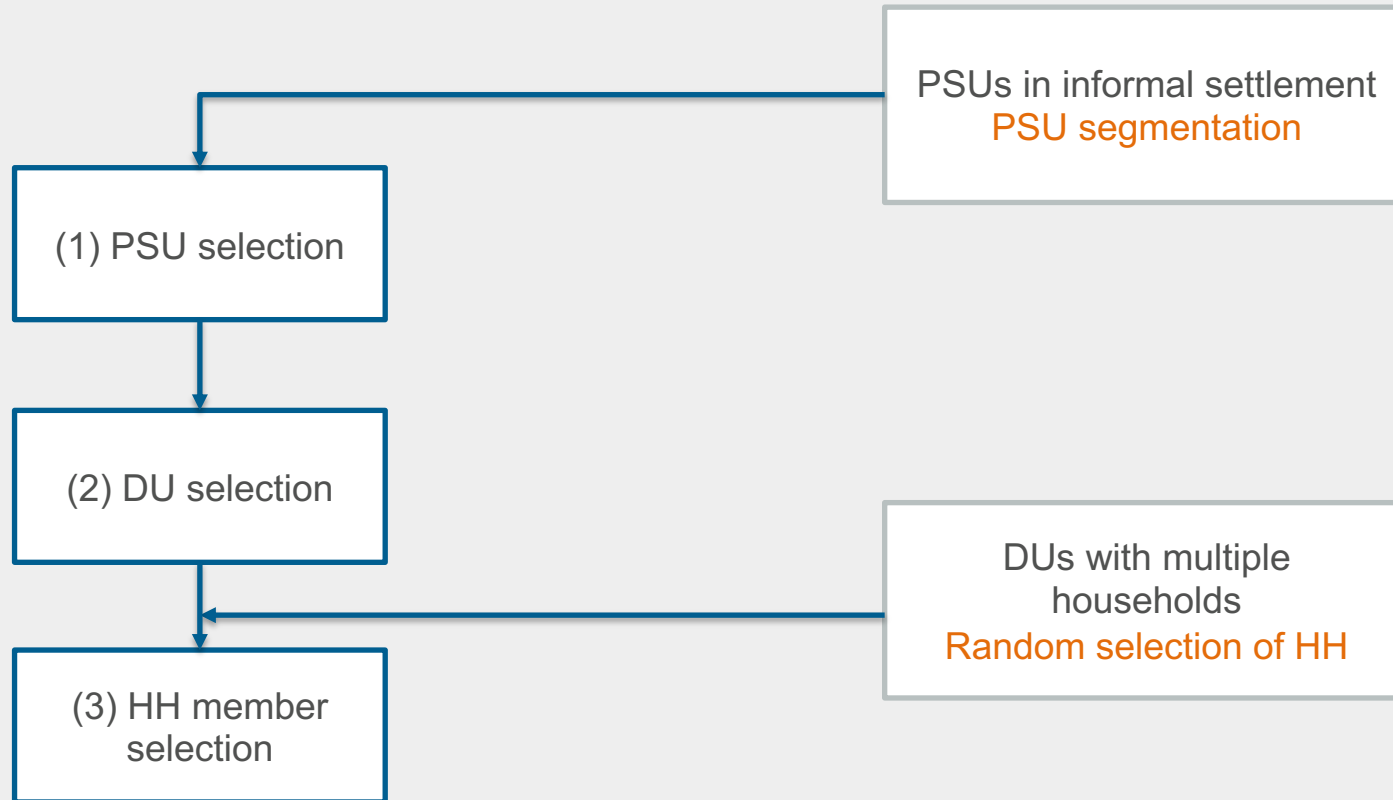- selection of primary sampling units (PSUs)
- Probability proportionate to size

2

- Selection of dwelling units within selected PSUs - systematic sampling

3

- random selection of one adult household member (age ≥15 years) after household screening

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SAMPLING DESIGN (CONDITIONAL) MODIFICATION

	PSUs in informal settlement **PSU segmentation**
(1) PSU selection	
(2) DU selection	
	DUs with multiple households **Random selection of HH**
(3) HH member selection	

SAMPLE SIZE

|	Target	Actual
PSUs	121	120
Urban	55	55
Rural	66	65
Household	7245	6424
Individual		6311

FIELDWORKER TRAINING

- Conducted by
  - SAMRC team (with assistance from GeoSpace)
  - and National Department of Health
  - with support from the CDC and WHO AFRO and country office

- Five-day, face-to-face, with strict compliance to COVID-19 protocol

- Gauteng province (Pretoria)

- Combined didactic and role play methods

- Mock interviews in English and local languages.

FIELDWORK TRAINING

DATA COLLECTION FLOW
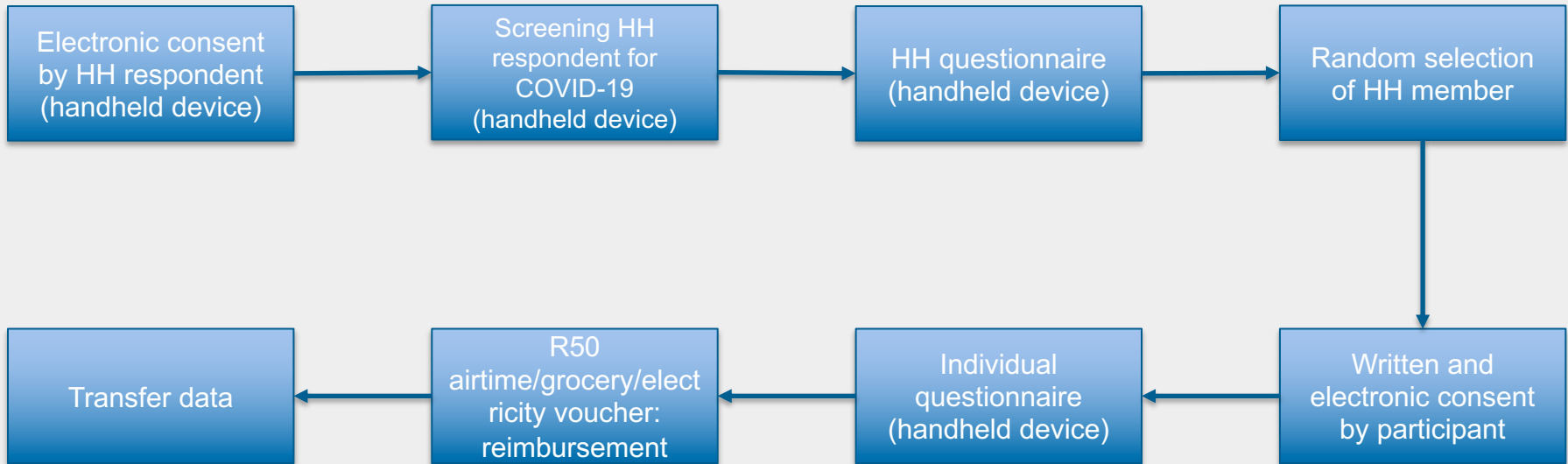
DATA COLLECTION

- Facilitated by GeoSpace International

- Conducted by 44 trained fieldworkers (33 field interviewers and 11 field supervisors)

- Data were collected using handheld devices (tablets)

- Tablets were programmed with:
    - GTSS software: DU details, random selection of HH member, and questionnaire
    - M.Appenterprise: to monitor data collection
    - KOBO software: random selection HHs where >1 HH
    - FLASH software: airtime and grocery voucher purchase

- Data collection took place over ~3.5-month period (17th May to 1st September 2021)
    - Face-to-face interviews at each selected HH using tablets

- Data were transferred from the handheld devices to the central database daily in line with data transmission protocol

- Full time data manager monitored the collected data on a daily basis

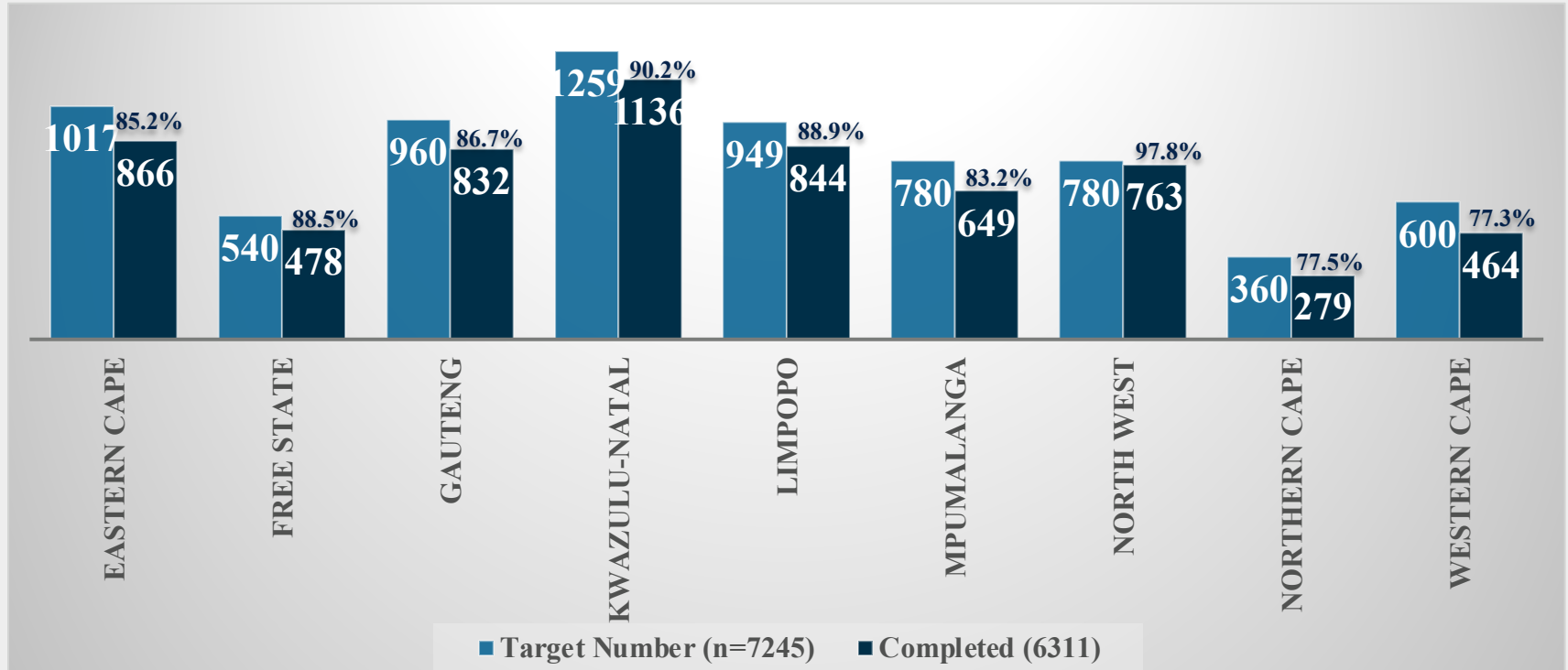# DATA COLLECTION

COVID-19 PROTOCOL

- FWs self-screened every morning (temperature check, symptom check, risk exposure)

- FWs wore facemasks throughout fieldwork

- Participants were provided facemasks

- FWs sanitized cars before fieldwork daily

- FWs sanitized and screened interview respondents

- Respondent positive screen: revisited 10 days later (compliance monitored closely)

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QUALITY ASSURANCE

- Use of software to monitor data collection (e.g. location)

- FWs provided comments for all non-completed interview visit outcomes

- FWs provided photos for vacant buildings/land for verification

- Access to GTSS system codes for opening cases in certain conditions restricted to data manager

- Monthly meetings with fieldworkers to pick up on field challenges, troubleshoot, and provide support

- Daily checks of data on the server conducted by data manager

- Weekly meeting by project team to review data collection
  - Review weekly report from data manager

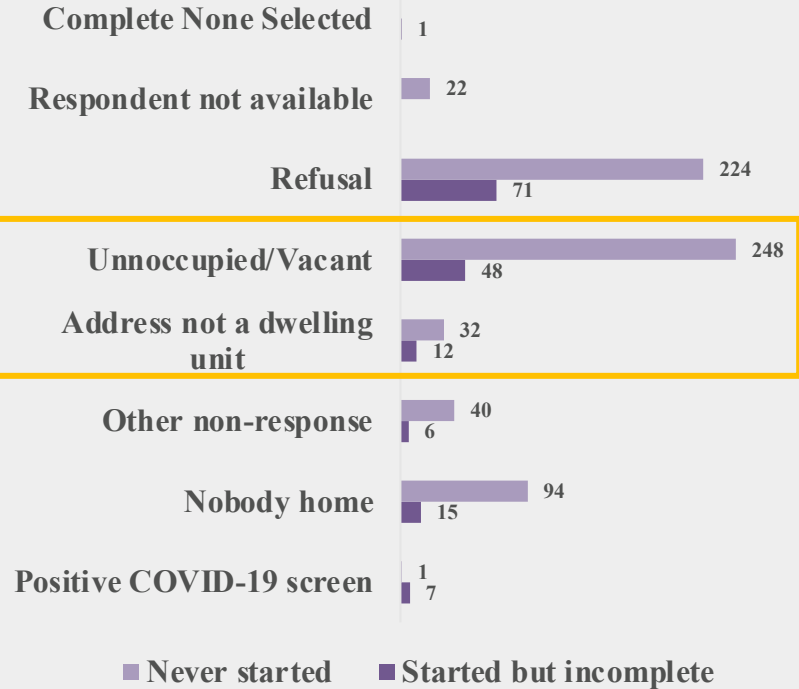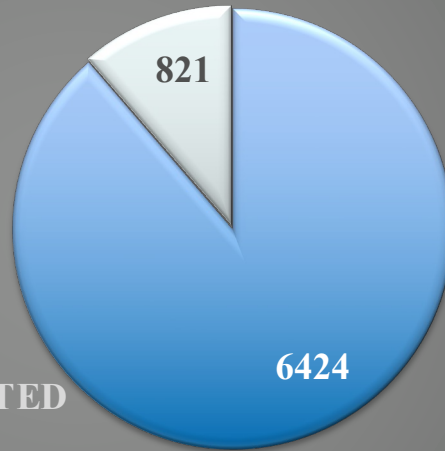# % COMPLETED INTERVIEWS PER PROVINCE

HH INTERVIEW OUTCOMES

INDIVIDUAL INTERVIEW OUTCOMES

Response rate (PRR): 98.4%

- COMPLETED
- NOT COMPLETED

106
6311

Breakoff — 2
Ineligible — 3, 1
Refusal — 25, 19
Respondent incapacitated — 14, 5
Other non-response — 2, 1
Respondent not at home — 29, 3
Positive COVID-19 screen — 2

■ Never started   ■ Started but incomplete
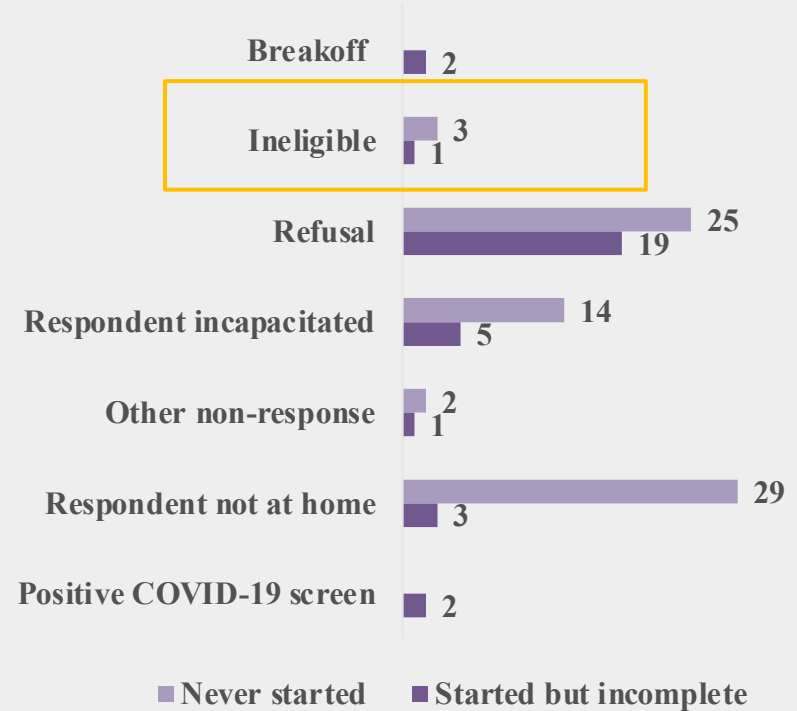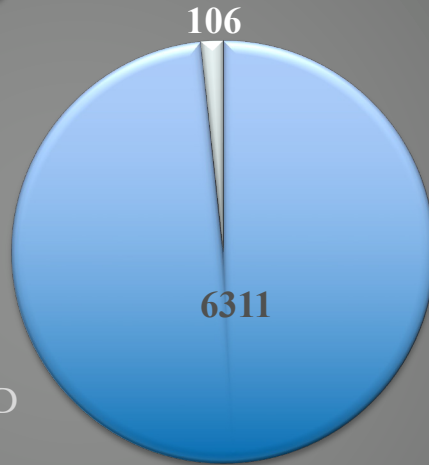
Overall response rate = HRR*PRR = 91.5%

CHALLENGES

- Lengthy process to gain access to PSUs

- COVID-19 prevented access at a food farm – fear of contamination

- Potential respondents' fear of signing informed consent forms

- Reimbursement for participants in remote areas

- GTSS software for questionnaire – syncing, preassigned DUs

- Suspension of fieldwork due to COVID-19 third wave (mainly Gauteng) and protests (KZN)

- Extension of fieldwork – required additional resources

SUCCESSES

- Overall response rate = 91.6%

- Gained access to all except 1 PSU

- Generally good reception at HHs, including high-walled areas

- Completed fieldwork without reported incidences of
  - COVID-19 among fieldworkers
  - Crime-related or other victimization of teams

ACKNOWLEDGEMENTS

- Funder: CDC Foundation & Bloomberg Philanthropies

- National Department of Health

- Collaborating/supporting organisations: CDC, WHO (AFRO and SA offices), Statistics South Africa, Research Triangle International (RTI)

- Participants and gatekeeping authorities for willingeness to participate and granting access/permissions, respectively

- Scientific Advisory committee members from SAMRC, SMU/UP, UCT, WHO, NDoH, StatsSA

- GeoSpace International (Pty) and all the dedicated fieldworkers

- SAMRC Team: Catherine Egbe (Lead investigator), Samuel Manda (Statistician), Sebenzile Nkosi (Project Manager) and Mukhethwa Londani (Data Manager) Phindile Ngobese (Research Assistant)

Thank you