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# An iterative approach to connecting policymakers with actionable data on adolescent tobacco use

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## Abstract

Data on adolescent tobacco and nicotine use in Sub-Saharan Africa is sparse, yet when it exists, it shows tobacco and nicotine use to be an increasing problem. In response to policymakers' need for high-quality, accessible evidence to support improved policies and programs, Development Gateway: An IREX Venture (DG), catalyzed a network of researchers and key stakeholders to design and conduct primary data collection on tobacco and nicotine use among children aged 10-17 in the DRC, Kenya, and Nigeria.

This article describes the unique approach used to design, conduct, and disseminate this research, guided by three key objectives: 1) to examine how adolescent tobacco and nicotine research can be designed to address the specific contexts, priorities, and needs of stakeholders in tobacco control; 2) to explore how research findings can be shared to build trust, inform key decisions, and be used to develop evidence-based policies to curb tobacco and nicotine use by adolescents; and 3) to present a case study pilot linking research to action in Nigeria through a youth advisory group.

Engaging an iterative process in collaboration with a diverse stakeholder base fostered a strong sense of trust and ownership of this research and results. The findings of this adolescent-focused research will be integrated into existing country-specific websites designed using a similar approach which have already shown great user engagement and success. By sharing this experience, along with a case study focused on Nigeria, the authors of this article aim to promote meaningful stakeholder engagement as a way to maximize data use through shaping research that responds to specific stakeholder priorities in Sub-Saharan Africa and beyond.

**Keywords:** tobacco control, participation, data, engagement, policy

## 1. Introduction

Tobacco use is a growing public health problem in Sub-Saharan Africa. While smoking rates in some countries remain relatively low, they are rising quickly. Between 1990 and 2015, the number of smokers in the region increased by nearly 75% and is projected to continue growing (Worth, 2023). This trend is being fueled by population growth, urbanization, and aggressive marketing by the tobacco industry targeting low- and middle-income countries.

Young people are especially vulnerable; one study across 22 African countries found that about 19% of adolescents aged 11 to 17 use tobacco products, with some countries like Zimbabwe showing rates as high as 47% (Worth, 2023). Globally, over 40 million adolescents aged 13 to 15 have already begun using tobacco (WHO, 2020). Increasingly aggressive tobacco industry activity in Sub-Saharan Africa directly targets African youth, resulting in high e-cigarette and tobacco usage (Folayan, 2022). Smoking has been found to be negatively associated with academic performance, which is particularly worrying since more than 20% of youth have initiated smoking by the age of 8 in several Sub-Saharan African countries surveyed (Chido-Amajuoyi et al., 2021; Lelei et al., 2021).

Without stronger policies, the number of smokers in Sub-Saharan Africa could rise to 208 million by 2030, a 148% increase that would place enormous strain on public health systems (Davison et al., 2024). Robust and representative data is needed to help policy makers make smart and timely decisions. Currently, many countries do not have enough up to date and detailed data on the factors that shape tobacco and nicotine use, making it difficult to design evidence-based policies and programs that truly work. With stronger data, leaders can better understand trends, target the most affected groups, and track the success of their efforts. Good data also helps make the case for funding and support from both national and international partners. Without it, tobacco and nicotine use may continue to grow, putting more people, especially adolescents, at risk.

In 2020, Development Gateway: An IREX Venture (DG) launched the Tobacco Control Data Initiative (TCDI), focused on adult tobacco consumption in six Sub-Saharan African countries. To prioritize meaningful collaboration, we co-designed the program with key stakeholders, successfully led primary data collection, and built digital dashboards that bring together primary and secondary research findings about adult tobacco use. This primary and secondary research is now available on publicly-available, country-specific web platforms and is being used by policy makers for decision making.

Based on needs identified during TCDI, DG designed the Data on Youth and Tobacco in Africa (DaYTA) program to address gaps in knowledge specifically related to tobacco and nicotine use among adolescents aged 10 to 17 years. The three countries selected for the DaYTA program—the Democratic Republic of the Congo (DRC), Kenya, and Nigeria—demonstrated increased interest in filling data gaps to improve policies and programs aimed specifically at adolescents. Given that tobacco and nicotine use often starts during adolescence, and its use by young people in Sub-Saharan Africa is a growing public health concern with significant implications for the region's future health and economic outcomes, findings from the DaYTA program will be especially useful for tobacco control policymakers (Pokothoane et al., 2025). The prevalence of tobacco use among adolescents in this region is influenced by a combination of factors, including increased accessibility to tobacco products, aggressive marketing strategies by the tobacco industry, as well as policies and norms that may not discourage smoking (Blecher & Ross, 2013).

Previous research shows that weak tobacco control policies and enforcement in many countries contributes to the rising rates of tobacco use among young people (Drope et al., 2018; Ranabhat et al., 2019; World Health Organization, 2019). Trusted evidence about adolescent tobacco and nicotine use is crucial to support the development of policies and programs tailored to this

specific group. Collaborating with different stakeholders to examine the drivers and barriers to adolescent tobacco use has shown that meaningful conversations with young people are vital to understanding how these can be reframed (Kurji et al, 2021).

The aim of this paper is to present the engagement work conducted before and during a household survey designed to examine prevalence and factors correlated with tobacco and nicotine use in three Sub-Saharan African countries. The authors feel that it is important to illustrate how improved stakeholder engagement can lead to research and evidence that is context-specific, credible and trusted.

## 2. Objectives

- To examine how adolescent tobacco research can be designed to address the specific contexts, priorities, and needs of stakeholders in tobacco control.
- To explore how research findings can be shared to build trust, inform key decisions, and used to develop evidence-based policies to curb tobacco and nicotine use by adolescents.
- To present a case study of a pilot linking research to action in Nigeria through a youth advisory group.

## 3. Methods

The methods used to achieve the objectives listed above include: 1) desk research and key informant interviews, 2) an implementation assessment with individuals who conducted the household survey, and 3) a co-creation approach to a pilot adolescent participation group in one focus country, Nigeria.

Prior to beginning household data collection in 2023, key documents were identified and analyzed related to adolescent tobacco control research and policy from the three countries. Team members from each country worked together to analyze these documents for themes and to identify key needs, priorities, and gaps. During this same time period, team members in-country conducted in-person and virtual semi-structured interviews with key stakeholders, building on the feedback shared during a similar assessment conducted in 2022 with many of the same respondents. Findings from those two approaches fed into rapid assessment reports (one per country) which informed the research design and tools used for the household survey.

At the midpoint of the household survey, key themes from the three initial assessment reports were systematically reviewed and incorporated into the impact assessment. Data collectors used semi-structured interview guides to learn about successes, challenges, and changes made during the household survey data collection process from field coordinators, data collectors, and other partners. Insights from earlier assessments helped shape the new interviews, and the questions asked varied according to the priorities and experiences of each respondent.

Finally, a pilot youth advisory group was formed in Nigeria to bring young people's voices into the project. Twenty organizations, represented by over thirty individuals, were selected to reflect diverse backgrounds and experiences with young people. They included youth-focused groups (both youth-led and youth empowerment and advocacy bodies), tobacco control advocacy groups, research and policy organizations, public health entities, government agencies, and media consultancies. Six of the twenty participating organizations identified as youth-led. The advisory group gave feedback on study tools, helped shape outreach strategies, and shared ideas to make the research more youth-friendly and relevant.

As the results of the DaYTA household survey are beyond the scope of this paper, they will be shared in a forthcoming publication. This cross-sectional household survey focused on adolescents aged 10-17 years in urban and rural areas of the DRC, Kenya, and Nigeria, and used a multi-stage stratified sample design to ensure representation across diverse geographic and demographic characteristics (Kisia et al, 2024).

## 4. Results

### 4.1. Rapid Assessment

As an initial step, the DaYTA program began with a desk review and rapid assessment to inform the development of the data collection tool and research methodology and to determine how well existing efforts met the data needs for youth tobacco control. This included reviewing pre-existing data on youth tobacco and nicotine use, assessing research designs and age-appropriate survey instruments, and identifying best practices for interviewing adolescents in Sub-Saharan Africa on sensitive topics. In total, 17 relevant surveys—spanning different study designs, populations, and contexts—were included in the review. The team analyzed Global Youth Tobacco Survey (GYTS) questions for possible adaptation to the DaYTA survey. The program's first peer-reviewed paper, "Prevalence and determinants of tobacco use among school-going adolescents in 53 African countries: Evidence from the Global Youth Tobacco Survey," helped contextualize the primary research findings. This review identified both limitations and opportunities to enhance the accessibility, availability, and representativeness of adolescent-focused tobacco data in Sub-Saharan Africa.

### 4.1 A. Methods

To complement the desk review, a series of assessments—primarily through key informant interviews—were conducted to understand the current landscape of youth tobacco control data. These assessments consisted of a broader tobacco control landscape assessment carried out in 2020, followed by a rapid assessment in 2022 focusing exclusively on youth and any landscape changes since the prior evaluation. We conducted key informant interviews with officials from national ministries, civil society organizations (CSOs) representatives, and academic researchers with expertise in tobacco control. These interviews were designed to address three central questions:

- What data on tobacco use and control currently exists?
- Who is responsible for collecting and using this data?
- How is it being utilized to inform policy and programmatic decisions?

The primary objective of these assessments was to systematically map existing data systems relevant to youth tobacco control and to recognize where critical gaps remain. By engaging directly with stakeholders positioned at different points within the data ecosystem, the interviews provided insight into data availability, accessibility, and use.

### 4.1 B. Results

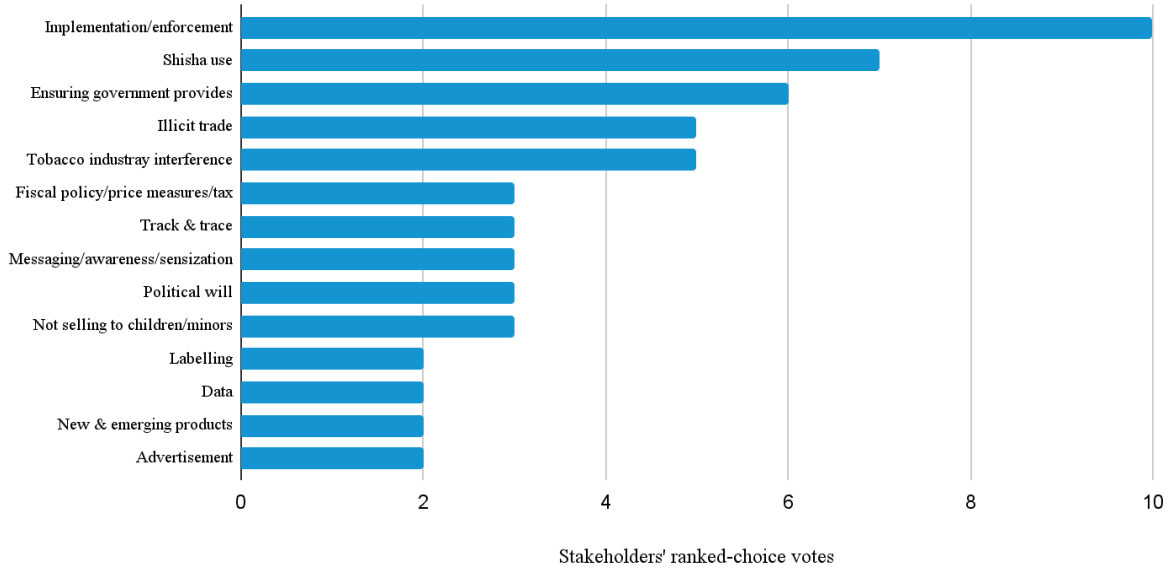
Key insights from the 2020 assessment included the overwhelming lack of data on youth tobacco use. The Global Adult Tobacco Survey (GATS) and the Global Youth Tobacco Survey (GYTS) were frequently referenced as being the most trusted tobacco-specific surveys that existed. However, gaps in the younger age range (<13) and lack of national representation, among other factors (as outlined in the figure below), limited its usability by policymakers.

Figure 1: Publicly available data on minors as of 2020

| Country | Survey | Year | Age | Limitations |
|---|---|---|---|---|
| Nigeria | Global Youth Tobacco Survey (GYTS) | 2008 | 13-15 | In-school only; 4 cities & 1 state |
| | Global Adult Tobacco Survey (GATS) | 2012 | 15+ | Not youth-focused |
| | Demographic Health Survey (DHS) | 2018 | 15-49 | Not tobacco- or youth-focused |
| DRC | Global Youth Tobacco Survey (GYTS) | 2008 | 13-15 | In-school only; 2 cities |
| | Demographic Health Survey (DHS) | 2014 | 15-49 | Not tobacco- or youth-focused |
| Kenya | Global Adult Tobacco Survey (GATS) | 2014 | 15+ | Not youth-focused |
| | Global Youth Tobacco Survey (GYTS) | 2018 | 13-15 | In-school only |

Additionally, the assessment underscored that youth data was both a priority and cross-cutting issue—affecting other priorities such as enforcement, new and emerging products (such as e-cigarettes), and advertising, promotion, and sponsorship of tobacco and nicotine products.

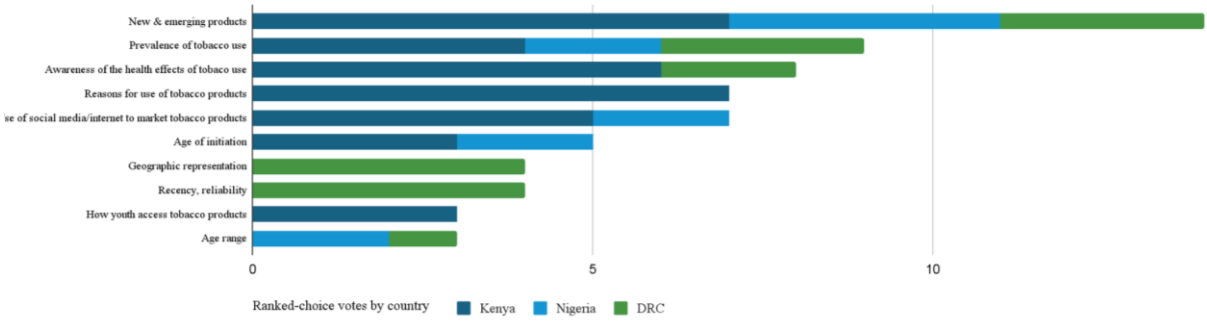
Figure 2: Priorities for tobacco control in Nigeria in 2020




*Source: TCDI Nigeria assessment report, 2020*

During the 2022 assessment, many of the key findings from the previous assessment were reinforced. For example, stakeholders overwhelmingly cited the main data gap as the use of new and emerging products (such as e-cigarettes) by young people. This was further supported by the linked themes of recency of data, awareness of the health effects of tobacco use, and tobacco industry marketing tactics, as these new products are often promoted as harmless and flavored to specifically appeal to the youth market.

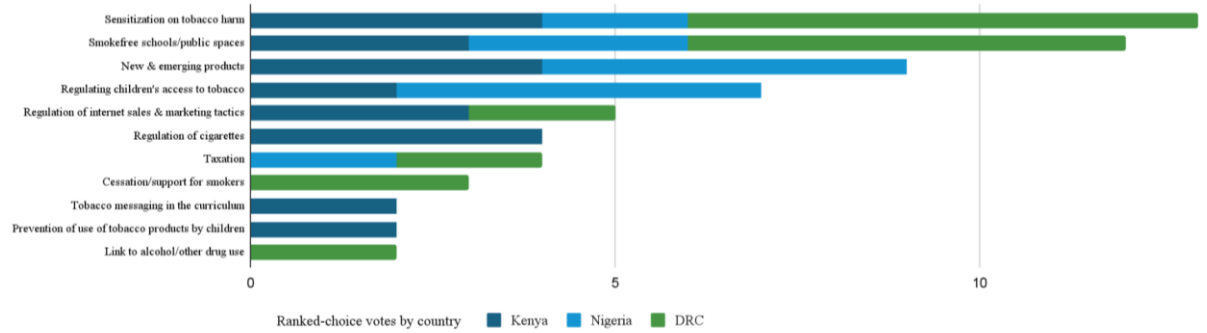
Figure 3: Data Gaps in Kenya, Nigeria and the DRC in 2022




*Source: DaYTA DRC, Nigeria, and Kenya assessment reports, 2022*

This theme was further echoed in the conversation around policy priorities. Demonstrating the alignment between data (or lack thereof) and policymaking, stakeholders prioritized sensitization on tobacco harm and new and emerging products as their first and third priority, followed closely by the regulation of access and promotion of these products. Additionally, they placed a high importance on the value of smokefree public spaces, especially schools.

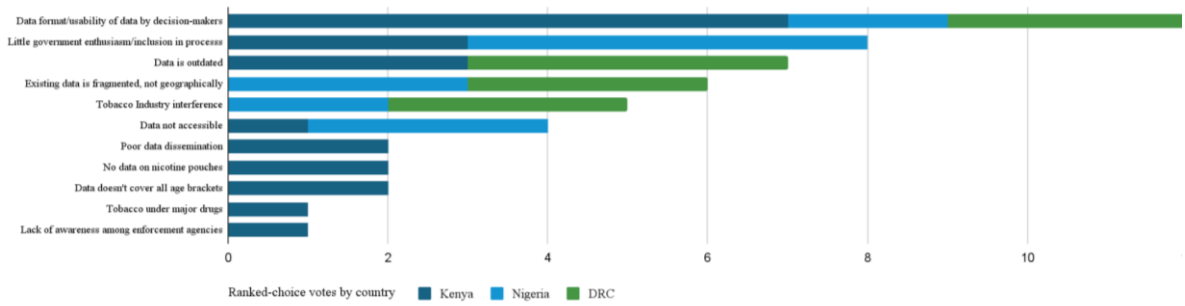
Figure 4: Policy Priorities in Kenya, Nigeria and the DRC in 2022




*Source: DaYTA DRC, Nigeria, and Kenya assessment reports, 2022*

The most common challenges cited included common data pitfalls, such as usability, availability, and accessibility. As noted above, considerable data gaps exist, and the available data is often fragmented across various formats and locations, impeding accessibility and proper analysis. Additionally, an overarching theme emerged, indicating that national governments had not been actively included in all phases of the data collection process—from survey design to dissemination of the results.

Figure 5: Challenges in Kenya, Nigeria and the DRC in 2022




*Source: DaYTA DRC, Nigeria, and Kenya assessment reports, 2022*

These findings were shared with our stakeholders at country-specific validation workshops, culminating in a regional workshop in Naivasha, Kenya in 2023, where core stakeholders from all three DaYTA focus countries convened to align on priorities and build momentum for the next phase of research activities: data collection. These assessments and accompanying workshops were pivotal to informing the design of the research, particularly the content included in the questionnaire—including tobacco use, use of new and emerging products, access to tobacco and new and emerging products, and multi-level factors associated with tobacco use among adolescents. Additional optional content on exposure to tobacco smoke in indoor and outdoor public places, as well as knowledge, attitudes, and perceptions about tobacco and nicotine use and its consequences, was adopted by all three countries, underscoring the buy-in from all country representatives to coordinate cross-country data collection so as to facilitate direct comparison of results.

## 5. Impact Assessment

A complementary assessment was conducted in late 2024 to capture implementation experiences related to our primary data collection on youth use of tobacco and nicotine products. While the methodology was similar to the initial assessment, the content and interviewee base was distinct due to its timing in the overall implementation cycle.

### 5. A. Methods

We conducted a series of key informant interviews to elicit feedback from field coordinators and data collectors, country research team leads/principal investigators, and other key stakeholders on the successes, challenges, and adaptive strategies encountered and deployed during the initial phases of data collection. Guided by open-ended questions to encourage the exploration of relevant subtopics, this assessment provided us with a deeper understanding of not only operational realities but also the practical potential of the DaYTA approach in diverse contexts.

The interviews explored how teams navigated constraints—ranging from resource limitations to stakeholder coordination—and documented innovative solutions that enabled continued progress. This experiential lens helped highlight the flexibility and responsiveness of the DaYTA model, reinforcing its relevance and scalability across settings.

To inform the questionnaire's development, insights from the initial rapid assessment reports conducted in 2023 were systematically reviewed, allowing us to identify key themes to be incorporated into this assessment round. This approach ensured thematic continuity across assessments and helped interviewees recall and build upon their earlier contributions. This

iterative methodology enabled the research team to refine data collection tools and strengthen the alignment between on-the-ground realities and overall project objectives.

## 5. B. Results

Participants shared insights from their direct engagement in the field, providing grounded accounts of logistical, cultural, and institutional dynamics that influenced data collection processes and necessitated adaptable and context-specific solutions. Two examples of challenges and the associated mitigation strategies are outlined in the table below:

| Challenge | DRC Example | Kenya Example | Nigeria Example | Cross-Cutting Theme |
|---|---|---|---|---|
| Access and scheduling issues | Rugged terrain and the frequent absence of heads of household required repeated visits to complete interviews | Wealthier gated communities posed access challenges | Scheduling challenges due to the unpredictability of household availability | Door-to-door data collection demanded meticulous planning and flexibility to navigate complex and variable on-the-ground realities |
| Cultural norms influenced participation | Proactive engagement addressed parental resistance, and some parents even encouraged participation due to the survey's educational value | Youth appreciated being asked for consent, which fostered a sense of respect and ownership in the research process | Mistrust was mitigated through clear communication and using local slang to build rapport | Culturally sensitive strategies—embedded in linguistic and ethnic alignment, respectful engagement, and community-specific insight—proved essential in fostering trust and eliciting candid, meaningful data from adolescent respondents. |

Alongside retrospective reflections, the interviews featured visioning exercises that invited participants to consider the future of tobacco control, particularly as the DaYTA survey addressed critical evidence gaps in youth tobacco and nicotine use. Respondents shared aspirations for stronger data systems, youth-centered advocacy, and leveraging data in policymaking. These forward-looking insights revealed both current capacities and emerging opportunities. In Kenya, a youth advocate highlighted the potential for DaYTA data to support advocacy around graphic health warnings, tax increases, and enforcement of existing laws like the single-stick cigarette ban. In Nigeria, an impact-driven media advocate emphasized the value of data in driving impactful storytelling and policy engagement, particularly in efforts to increase taxes, strengthen smoke-free laws, and improve warning labels.

Overall, this assessment provided a valuable contextual understanding of data system implementation while reinforcing DaYTA's dynamic and adaptable nature as both a framework and a platform for action.

## 6. Case Study: Nigeria Youth Advisory Group

The formation of the Nigeria Youth Advisory Group (YAG) was a response to the need to actively and sustainably integrate the perspectives of youth into tobacco research in Nigeria, serving as a pilot and model for adaptation in other countries. The growing number of tobacco and nicotine users among Nigerian adolescents exposed critical gaps in understanding youth attitudes, behaviors, and contexts surrounding tobacco use. As a result, the YAG was created to close the gap and incorporate youth voices to ensure the research results impactfully affect policies and programs designed to protect young Nigerians.

## 6. A. Methods

A co-creation approach was adopted to create and launch the YAG. The launch involved a diverse set of youth-focused organizations and stakeholders from different parts and sectors of Nigeria. The founding members were identified through consultations with the Federal Ministry of Health and Social Welfare of Nigeria, other key external stakeholders who included the government, civil society, and research organizations. The stakeholders selected for the YAG included national youth bodies like the Ministry of Youth Affairs, the National Youth Council of Nigeria, the National Youth Service Corps, the National Union of Nigerian Students, and faith-based and community-oriented youth groups. The selection process prioritized diversity in geography, gender, socio-economic backgrounds, and educational contexts.

The members of the YAG underwent an orientation session aimed at covering the objectives, methodology, and their expected contributions to the DaYTA program during the inaugural convening to align member roles and the group's collective mandate.

Key sessions from the inaugural convening included:

- Tobacco use among youth: the global and national burden
- Education on global and national legal frameworks for tobacco control, including the WHO Framework Convention on Tobacco Control and Nigeria's national laws
- DaYTA survey methodology and findings: data-driven advocacy
- Drafting youth-led tobacco control action plans

## 6.B. Results: Resulting Action Plans & Quotes from the Inaugural Meeting

Participants co-created actionable plans to empower youth, encourage advocacy, and promote education. The plans emphasized:

- Creating structures to strengthen the capacity of youth advocates on tobacco control
- Increasing awareness of the increasing tobacco and nicotine prevalence by leveraging new media platforms to counter the tobacco industry's influence
- Strengthening the enforcement of tobacco control policies at the grassroots level
- Creating relatable and impactful communication strategies for youth-directed anti-tobacco messaging

Notable quotes captured that illustrate insights and the urgency of involving youth in tobacco control include:

- “One of the things we can do... is ensure that we empower as many youth as possible, spreading this awareness and ensuring that at the grassroots level, each and every one of us is aware of these dangers.”
- “Young people shouldn't be an addition to the problem. They should be more of a solution.”
- “Tobacco is the only product, if used according to the manufacturer's description and as intended, can kill you, unlike other harmful products that require abuse to cause harm.”

Figure 6: Key Youth Advisory Group Activities and Outcomes

| ○ **Activity/Session** | ○ **Objectives** | ○ **Key Outcomes** |
|---|---|---|
| Education | Educate the YAG about the harms of tobacco use | Increased awareness among the YAG; Capacity built for advocacy efforts |
| Legal and Policy Education | Inform the YAG about global and national tobacco control policies | Youth participants understood legal frameworks, which enhanced their advocacy potential |
| Data-Driven Advocacy | Present DaYTA survey findings and advocate using evidence | Equipped youth to use data effectively in advocacy and policy engagement |
| Youth Action Plan Development | Create clear and actionable strategies for tobacco control | Strategic, actionable youth-led plans to guide local tobacco-free campaigns |
| Follow-up Actions | Ensure sustained engagement and implementation of strategies | Established clear follow-up and accountability mechanisms |

## 7. Discussion

The results presented here show how adolescent tobacco research can be designed for impact by centering the priorities and voices of both national stakeholders and adolescents themselves. From the beginning, we prioritized conversations with government officials, community groups, and youth networks to understand what kinds of data were needed and how it should be collected. Engaging different stakeholders during each phase of the research—from planning and design to analysis and dissemination—helped make this work more meaningful to policymakers and other potential data users. It also allowed the research to reflect the diverse contexts in which young people live, making it more useful for those working on tobacco control across different sectors. In this way, the study did more than collect information—it built relationships, created shared goals, and fostered trust in evidence that responds to real-world needs in adolescent tobacco control.

If research findings can be created and shared in ways that build trust and support evidence-based decision-making, tobacco control data becomes more than just numbers collected by external parties—it becomes a story that people can connect to. When stakeholders are involved in shaping the research questions and interpreting findings, they are more likely to trust the results and apply them to their own goals. In our case, discussing the findings with policymakers helped spark new conversations about what kinds of policies might actually work, why they are needed, and how to communicate them to the public. If the findings clearly reflect real gaps, needs, and priorities, they are more likely to be used to shape policies that matter—like restricting flavored tobacco products, updating warning labels, or improving school-based education efforts. This approach builds long-term trust and leads to stronger, more relevant responses to the growing issue of adolescent tobacco and nicotine use.

The pilot youth advisory group in Nigeria played a key role, from identifying issues around adolescent tobacco use to co-designing data collection tools that made sense to their peers. Their insights helped ensure that the research remained grounded in the everyday lives and concerns of young people. This group did not just give input—they were active partners who shaped the direction of the study and ensured that the findings were clear and useful. Just as importantly, they helped translate the research into real conversations with local leaders, teachers, health workers, and others in their communities. They shared what they learned, raised awareness, and helped create space for youth voices in policy discussions. This pilot

highlights the power of meaningful youth engagement in turning research into action. Because of its success, we are now exploring ways to build similar advisory groups in other countries.

As the research findings from the household survey are validated by national stakeholders, they will be added to the Tobacco Control Data Initiative (TCDI) dashboards as individual web pages. These dashboards are already used by governments and advocates to support decision-making and policy development, and we expect the DaYTA pages to serve the same purpose for youth-focused tobacco control. The dashboards offer a public, easy-to-navigate space where data can be explored and shared. They make it easier for users to find what they need, compare different indicators, and see how patterns of tobacco use are changing over time. This is especially useful in settings where access to up-to-date, reliable data is often limited.

By linking the research findings to existing tools like the TCDI dashboards, we are helping ensure that this youth-centered data becomes part of a growing system for informed action. The DaYTA pages are designed to be clear and easy to understand, supporting transparency and helping a wide range of audiences—government officials, public health advocates, community groups, and youth organizations—use the information in ways that support their goals. In our experience implementing the TCDI program and over decades of prior program implementation, we know that when data is both accessible and relevant, it is far more likely to lead to action. This kind of integration strengthens the bridge between research and practice, showing how adolescent-centered findings can be embedded in national systems that guide important policy changes.

## 8. Conclusion

The DaYTA program built on the foundation of TCDI by deepening stakeholder engagement and expanding the research focus to include adolescents, whose voices are often missing from tobacco control research. Through a co-designed process that included national stakeholders and youth advisors, the research was not only more inclusive but also produced evidence that can be used for necessary and wanted policy action. By engaging meaningfully with diverse stakeholders and making the findings accessible by integrating them into digital dashboards, the program has taken a strong step toward turning data into decisions. Just as TCDI made adult tobacco data actionable, DaYTA shows how adolescent-focused data can be both trusted and impactful when the right people are involved in shaping the questions and sharing the answers. Together, these programs demonstrate that research grounded in collaboration and relevance yields robust evidence for change**.**

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