

BACKGROUND TO THE GLOBAL YOUTH TOBACCO SURVEY

UNF Project

The WHO, Tobacco Free Initiative (TFI) was awarded a grant, by the United Nations Foundation for International Partnerships (UNFIP), as a tobacco prevention grant, to initiate a joint project with UNICEF titled “Building alliances and taking action to create a generation of tobacco free children and youth”. The aim of the project is to pull together the evidence, technical support, and strategic alliances necessary to positively address the negative impact of tobacco and to encourage and support children and adolescents in leading healthy and active lives free of tobacco. The project initially focused on a small group of developing countries, one from each WHO six Regions, and drew upon the combined technical expertise and operational resources of a number of UN agencies in particular WHO, UNICEF, and the World Bank. The agencies were to work together with the global scientific community, governments and non-governmental agencies, institutions and health systems within countries, the media, and with young people to show that together they can make a difference on this important public health issue.

The project was conceived as a dynamic and interactive process, whereby the activities and products of each phase are used to inform and guide activities in the subsequent phases. The project was to consist of three distinct, but overlapping phases. The first phase focused on harnessing the evidence for action: synthesising the existing evidence from countries; undertaking new areas of research to support actions; and establishing the research-based evidence for developing future actions.

The second phase was the activating phase. Country Activating Groups (CAGs), with broad membership, were formed in each of the participating countries as the coordinating and implementing mechanism at the country level to select and develop the components of a comprehensive country-based approach, to addressing tobacco use among children and young people. Opportunities to promote the exchange of experiences and issues between countries and global activities have been developed and strengthened.

WHO and UNICEF technical staff from country offices, headquarters and regional offices, and other technical partners (e.g., The World Bank and the US Centers for Disease Control and Prevention Office on Smoking and Health) have played a key role in supporting the country-level work, in particular: through assistance with the identification, development and dissemination of program support tools and resources; with guidance of specific tobacco control strategies, with suggestions and strategies for involving, young people in the project activities. In addition, WHO and UNICEF were to ensure that tobacco is included as a component of existing programs they operate within the countries and any plans or agreements they develop with relevant governments. The third phase, involved, taking the project to scale: producing and disseminating resources; strengthening regional capacity to sustain activities; integrating the products and results of the project into ongoing tobacco control work at the national, regional and global levels; transferring technology and experience between countries and regions and strengthening Co-operation and collaboration at all levels.

The overall coordination of this project has been through WHO. Harnessing the evidence, for action phase of the project is coordinated by WHO, in collaboration with identified research experts from a range of developing countries. The activating phase is coordinated by UNICEF country offices, with technical support and assistance from WHO.

Seven countries were selected to participate in the activating phase of this project: China, Jordan, Sri Lanka, Fiji, Venezuela, Zimbabwe, and Ukraine. UNICEF and WHO supported a group of countries in the Caribbean and Pacific regions to participate in the technical elements of the project, using their existing resources. As a first step in this Phase, WHO and CDC organized a small technical meeting in Geneva on 7-9 December 1998 to plan for the development and implementation of an initial baseline assessment of youth tobacco use in each country using a school survey instrument, the Global Youth Tobacco Survey (GYTS). The purpose of the meeting was to work with a key tobacco control expert from each country to develop a suitable instrument to use for the survey in the respective countries. The survey was intended to enhance the capacity of countries to design, implement, and evaluate the tobacco control and prevention programs for young people, which is to be initiated at the country level. By end of 2002 over 150 of the 191 WHO member states will be active in GYTS. The survey questionnaire was designed to have a “core” set of questions to be used by all the participating countries, but also to be flexible to include questions on specific issues and individual needs of each of the participating countries (i.e., optional questions). The GYTS core questionnaire includes questions on: tobacco use, knowledge and attitudes, access to tobacco products, media and advertising exposure, school curriculum, cessation and environmental tobacco smoke (ETS).

The GYTS

The GYTS is school-based survey, which focuses on adolescents aged 13 – 15 years in (in Kenya, std. 7 – form 2). It assesses student’s attitudes; knowledge and behaviors related to tobacco use and ETS exposure, as well as youth exposure to prevention curriculum in schools, community programs and media messages aimed at preventing and reducing youth tobacco use. The GYTS provides information on where tobacco products are obtained and used, information related to the effectiveness of enforcement measures. School surveys are useful tools in gathering data as they are relatively inexpensive and easy to administer, tend to report reliable results and refusal are significantly lower than in household surveys. The most common approach for this specific population has been the self – administered questionnaire. Therefore, all the above, reasonably justify why a school based survey has proved to be most appropriate.

Objectives

The GYTS is a school-based tobacco specific survey that focuses on students aged 13-15 years. The objectives of this survey are:

- 1) To document and monitor prevalence of tobacco use including cigarette smoking, and current use of smokeless tobacco, cigars or pipes.
- 2) To better understand and assess students' attitudes, knowledge and behaviors related to tobacco use and its health impact, including: cessation, environmental tobacco smoke, media advertising, minors' access to tobacco and the school curriculum.
- 3) To guide the development of effective and appropriate Youth Tobacco prevention and control programs.
- 4) To inform the Public Health Community and policy makers to support tobacco prevention and control programs.

The GYTS will attempt to address the following issues,

- a) To determine the level of tobacco use among the youth.
- b) To estimate age of initiation of cigarette use.
- c) To estimate levels of susceptibility to become cigarette smokers.
- d) To ascertain the level of exposure to tobacco advertising.
- e) To identify key intervening variables, such as attitudes and beliefs on behavioural norms with regard to tobacco use among young people, which can be used in prevention programs
- f) To assess the extent to which major prevention programs are reaching school-based populations and establish the subjective opinions of those populations regarding such interventions

Contents of GYTS:

1. Smoking status of youth
2. Age of initiation of cigarette use
3. Number of cigarettes smoked in lifetime
4. Frequency of smoking
5. Likelihood of smoking
6. Knowledge and attitudes towards smoking
7. Knowledge and attitudes towards cessation
8. Exposures to environmental tobacco smoke (ETS).
9. Access to cigarettes
10. Exposure to media and advertising
11. School curriculum