

Preface

The Global Youth Tobacco Survey (GYTS) is the first comprehensive and representative school-based study of youth smoking knowledge, attitudes and beliefs conducted in Uttaranchal. This study, which was conducted by School of Preventive Oncology, Patna in collaboration with Tata Institute of Fundamental research Mumbai, used an internationally standardized instrument that facilitates comparing youth behaviour regarding tobacco use at the regional as well as the international level.

Moreover, the study design, data collection and analysis were carried under the direct supervision of the office of Tobacco and Health- Centers for Disease Control and Prevention (OSH/CDC) and the Tobacco Free Initiative South East Asia Regional Office of the World Health Organization (TFI/SEARO/WHO).

Introduction

Tobacco use is one of the chief preventable causes of death in the world. The World Health Organization attributes some four million deaths year to tobacco use, a figure expected to rise to about 8.4 million by the year 2020. By that time, 70% of those deaths will occur in developing countries. Most people begin using tobacco in their teens, and recent trends indicate rising smoking prevalence rates among children and adolescents and earlier age of initiation. If these patterns continue, tobacco will result in the deaths of 250 million children and adolescents alive today, many of them in the developing world¹. In India tobacco use is estimated to cause 800,000 deaths annually².

The international society, spearhead by the Tobacco Free Initiative (TFI), World Health Organization (WHO), United Nations Children's Fund (UNICEF) and the Office on Smoking and Health (OSH), Centers for Disease Control and Prevention (CDC), has been developing

international programs and initiatives to combat this man-made plague which is devastating the lives of millions of people worldwide. However, regardless of the worldwide movement against tobacco, tobacco companies still control the tobacco market. They produce over one trillion sticks, over a billion smokers and influences ever increasing people, especially the young to start smoking every year.

Despite the harm caused by smoking only modest success has been achieved in global tobacco control. It is clear that children and young people are now more at risk than over before; and they should be the primary focus for intervention strategies.

Uttaranchal is geographically located at latitude 27.40 N Longitude: 80.00 E, covering a population of 8,479,562(4, 316, 401, Men, 4, 163, 161, Women) at a decadal growth rate 19.2%. Sex ratio 964 women per 1000 men and literacy rate was 72.3% (84.0 % Men, 60.2 % women).³

The GYTS is a schools-based tobacco specific survey which focuses on adolescent's age 13-15 years (grades 7-10). It assesses students' attitudes, knowledge and behaviour related to tobacco use and exposure to environmental tobacco smoke (ETS), as well as youth exposure to prevention activities in school curricula^{4,5}. Community programs and media messages aimed at preventing and reducing youth tobacco use. Also the GYTS provides information on where tobacco products are obtained and used, as well as the effectiveness of enforcement measures.

The GYTS will attempt to address the following issues:

- Determining the level of tobacco use.
- Estimating the age of initiation of cigarette use.
- Estimating the levels of susceptibility to become a cigarette smoker.
- Estimating the exposure to tobacco advertising.
- Identifying key intervening variable, such as attitudes and beliefs on behavioural norms with regard to tobacco use among young people

- Assessing the extent to which major prevention programs are reaching school-based populations and establish the subjective opinions of those populations regarding such interventions.

Methods

The 2002 Uttaranchal-GYTS is a school-based cross sectional survey which employed a two-stage cluster sample design to produce represent able sample of students in grades eight to ten in all government and private schools having grade 8-10.

Data about schools (number of students by section/ class and range of ages) were obtained from the Department of Education Department and District education officers' office.

The first stage sample frame consisted of all schools containing any of the grades eight to ten. The data extracted from the Education department documents was forwarded to OSH, CDC to draw the study sample. For each group of schools, a tow- cluster sample design was used to produce a representative sample of students. Schools were selected with probability proportional to school enrollment size. A total of fifty schools were selected. Within each school, a computer generated list of random numbers of classes was produced to randomly select the classes, grades 8-10, to participate in the survey.

The second sampling stage consisted of systematic equal probability sampling with a random start of classes from each school that participated in the survey. All classes in the selected schools were included in the sampling frame. All students in the selected classes were eligible to participate in the survey. The total number of eligible classes accounted for 66 strata with an average of 41 students per class. 3160 students and fifty schools were eligible to participate in the survey. All schools responded. The final sample included 2641 students. The overall response rate was 83.6%.